

# NRC Interview with Mike Puchtler, ChristianaCare

**Brian Wynne:** Hi everybody. Thank you for joining us for another episode of Patient No Longer podcast. I'm Brian Wynne, VP of NRC Health going by my cohost Brian Donohue, Solutions Expert in the field. And we're pretty excited about this, because we're filming actually live on location at the annual NRC Health Symposium event.

We're joined today by a fantastic guest, Mike Puchtler, VP of Patient Experience for ChristianaCare Health System. Thanks for stopping by and saying hi.

**Mike Puchtler:** Glad to be here. Thanks for having me.

**Brian Wynne:** This is fortuitous for us because first of all, we're in person and that's great, right? It's been a minute.

**Ryan Donohue:** What is this? It's amazing.

**Brian Wynne:** Fortuitous for a second reason, too, because actually here at the event, Mike just gave a terrific presentation on feedback management, service recovery. And it's one of those things we talk a lot about these like moments of truth in healthcare. These events that just have great magnitude and not everything is equal, right? Not every piece of engaging is equal. You're an expert in service recovery. Maybe just talk to us a little bit about that.

**Mike Puchtler:** I think ideally it starts with hopefully not needing service recovery. Right? If your service delivery is exceptional, then not needing service recovery is the obvious first step. And then I think there's even an opportunity to lean into times where, you know, the patient or the family, maybe having a challenge haven't expressed it yet, and kind of being a little proactive about it.

You know, sometimes when you have somebody who's waiting for a while, for example, in any one of our care settings, kind of leaning into that and being proactive with the service recovery, I think is an important step as well.

**Brian Wynne:** So, I completely agree. The best service recovery is to not need it. Take that waiting room example, consumers tell us all the time they have little to no tolerance for inconvenience, for waiting all those things. And we know that healthcare is kind of famous for making people do that.

And so maybe you're in the office, you're a caregiver. You see somebody waiting, that's going to be potentially uncomfortable conversation, but an important one. Then how do you coach your teams to go and have that proactive conversation about something that you can kind of tell isn't going the way that you want it to be.

**Mike Puchtler:** So, we leveraged the HEAT model first, hear empathize, apologize, and take action are the four primary steps from the service recovery perspective. I think a big part of it too, is around expectations and understanding the patient's expectations. Doing our best job to appropriately manage those expectations.

So, you know, sometimes the wait is what it is for a reason, right? It takes some time to process the lab specimen, for example, that isn't instantaneous. So, I think, engaging consumers and patients in that conversation around how long it's going to take, just to help inform them about the processes, is an important step as well.

**Ryan Donohue:** I do have to think that I affected you on that Mike, because he was in my concurrent session just a few moments ago, talking about expectations. So, I love to hear that you said something in your session earlier today about anticipating consumer needs. And I love the way that you said that because you were tying it into the model of experience and recovery.

But anticipating consumer needs is a phrase. Going back to what you said, Brian. Where we've heard everybody say we've got to do a better job of anticipating these needs, and then you get into the noise of it. The event, the experience has started. And we're just back on our heels, trying to survive.

Tell us a little bit about within the organization of ChristianaCare, how have you been able to break through that and get more people on board with anticipation for the experience than just do the best we can during.

**Mike Puchtler:** So, one of our behavior statements, our two core values are love and excellence. And one of our behavior statements underneath love, it's the first one is we anticipate the needs of others and help with compassion and generosity. We're trying to kind of hardwire that in from a cultural perspective, just in general.

The work is hard, right? And I think that's where technology can really be helpful for us. So, some of those things where consumers have expectations around being able to do online scheduling, to make their own appointments, to do the virtual visit stuff, to not have to fill out the same paperwork over and over again. So, some of those things that it's really, I think about leaning into that consumerism a bit, as a way to try to get in front of those expressed needs they may have.

**Ryan Donohue:** And you know that he believes that. And by the way, you said your mission statement and your values like effortlessly in a conversational tone. He's not reading those somewhere. I think we struggled with that. So let me ask you this. You've made an impact on this. You obviously were on our radar as a main stage speaker.

We'll go into boardrooms for example, and we'll really struggle. Not because everybody's not on board with that, but the love, the excellence, all those things. Everyone's got a different vision of how that should go. And a lot of times in those meetings, everyone forgets about the patient, their actual opinion on what that would mean to them.

So, tell us a little bit more on the organization. How have you been able to take what you know. You've internalized it, right? How do you spread that throughout the organization so that leadership or whoever it might be, has a unification around that vision?

**Mike Puchtler:** The key is patient-centricity. But from the perspective of, you know, removing our own operational silos, right? If you think about what a patient experiences and their journey, we can't think about it in terms of our own operational construct.

It has to be from the patient perspective. And then once you do that, you're like, wow, we're making that really challenging. We have different phone numbers to call and various ways to schedule different services, as opposed to that one unified experience. And so that's some of the work that we're embarking on is trying to really drive that patient centricity message throughout the organization.

**Ryan Donohue:** Brian, you've got a good phrase on this. I'm just thinking back to watching you. You've got a phrase about...share that one and your perspective on that.

**Brian Wynne:** Yeah, it takes so much support to simplify and streamline things. It's easy to see how organizations are so big, like millions of moving parts. It's easy to see how we've created processes that are good for the health system, as efficient, we know how to do that. It's only fairly recently that we've started to think about that. What is the patient perspective on?

We've made this very easy for us. Persons who need this service don't know how to access or how to navigate. And it's something that if it's slowly being rectified. Talk about how ChristianaCare has made that evolution to be more patient centric or human centric.

**Mike Puchtler:** I think I would start with; I don't know that it's actually working for us, right? So, we have these operational constructs and silos to manage our business, but it's a low margin business. Care providers, caregivers are oftentimes pretty stressed out. Pretty burnt out.

You know, you hear from physicians in just the joy and satisfaction with work and what they do, I feel like is waning. There's more and more paperwork behind the scenes. So, I actually don't even know that it's working for us either.

We're at a pretty risky time in healthcare and that if we don't take consumerism and those tenants a little more seriously, we will see new market entrants that do and are expert in that space. So, I think we have to figure it out.

**Brian Wynne:** We talk about the cautionary tale all the time, right? There's lots of examples from other industries where maybe they were less customer centric than they could have been, maybe designing self-serving programs. It's a dangerous spot. I love the candor here and the transparency because clearly in a situation where it works for nobody, is not going to persist. It can't go on and on that way.

So that tells me that in most cases we can actually be quite innovative in healthcare, right? I mean, you see it all the time in the practice of medicine, but even in the way that we

approach customer design, things like that. So maybe when the hand gets forced a bit. When really these new entrance or non-traditional healthcare providers are in space taking share all that, maybe that is the catalyst.

**Ryan Donohue:** We were just talking about this really at the conference with a couple of other associates about NRC health. You know, this idea of price transparency. It's a great example where we definitely don't have it figured out, right. And to comply with the CMS Final Rule, we've been taking the charge master file, the .XML file and like shoving it somewhere down the site map where no one can intelligibly find it, but we could say we posted it.

And what was interesting was everyone talking about how now there's startups who can scrape that data because it's publicly available. It's not that the consumer is going to find it, but it's a third-party company that could start putting it together, making more searchable price indexes. So, I'd have to hope too, that, you know, we'll see that grow as we say, listen, we don't want to do it, but we might be caught dragging along because someone else has forced our hand.

Consumers desperately want the hospital to be front and center on this. So, if we've got a third-party app that's working for scheduling or something for pricing, whatever it might be, it feels like we're just so hesitant to put ourselves out there. We put their name out. All the tele-health portals in the last year who were overwhelmed and didn't say the hospital brand on it. It was somebody else, third party.

How have you been able to at ChristianaCare, I know you guys care about your brand. You see it as a resource. How have you been able to put that front and center? If you had to fight some internal battles on that? Are people reluctant to do that? Or have you been able to just say, no, we want consumers to see our brand in everything we do

**Mike Puchtler:** So, we had a brand refresh that was done maybe two or three years ago at this point. That was a big step for us. It kind of followed on from our core values refresh, which was about four or five years ago, or so. That brand refresh really, I think was our position around health and delivering health to our community and not just healthcare. Not just healthcare, right. And especially in the community that we serve, we have that opportunity.

We have a pretty significant portion of the market share there. So, the idea of caring for our community is something that's pretty accessible for us. We have really talented folks and our IT teams, our CMIO. We're pushing this consumerism conversation forward. Even the price transparency point, you mentioned. We have a pretty robust. It's actually not hard to find on our website. And our CFO, Rob McMurray...

**Ryan Donohue:** That's as good as it gets in health care. Not hard to find is the goal compared to the standard.

**Mike Puchtler:** Even just the way to parse out the information too. It's the clearest and cleanest I've seen. I know you love to check out hospital websites. It's good, like it's like real price transparency kind of content. And so, we're, we're leaning into this stuff. And I think

that our whole organization and senior team on down kind of gets it. So, we've been able to invest in those types of initiatives.

**Brian Wynne:** Mike, I remember during the spring we had a big Round Table Forum. You were part of that. The issue of price transparency came up and there were very different ideas on the spectrum of how an organization is going to approach that. An organization in Florida said that they wanted to disclose as the minimum amount of, as possible, because it was not in their best interest, they thought to be overtly transparent.

And Mike had a very different approach that as he just said. You know, try to make things understandable, make sure that people can find it and comprehend it when they see it. And you very much viewed it as a competitive advantage, for the brand, right? Because other competitors who may be able to actually be more transparent, and maybe even price beat them.

I want to swing this back around to this idea of service recovery. Right? We have a lot of data at NRC that shows that when we're looking at NPS ratings, essentially loyalist to a brand, we'll see loyalty increase for patients who have had a poor experience and have had that appropriately identified and resolved.

The become more loyal to the brand. They rate the brand higher than people who had an okay experience to begin with. You can see what happens with service recovery has done well, and obviously there's different types of clinical service recovery. Right. Transitions home safely. They fill their script. All that kind of stuff.

And there's more experience with it. How do you guys look at bifurcating the two and give different teams associated with resolving each type of alert. Maybe we talk a little bit about how you're sort of thinking about those.

**Mike Puchtler:** Yeah, sure. So first, I think from a service recovery perspective, we are in the process. It's work that we're still embarking on, but that's an everybody responsibility. I think it's easy for folks to say, well, I'm going to escalate that to my supervisor. Right. I have to get my supervisor to kind of weigh in on that. So, if you can empower your caregivers. Really have them feel empowered to do the service recovery themselves.

That's going to contribute to a better work experience, for them. You can address the situation in the moment versus having any kind of lag or challenge there. From a core philosophy perspective is where we're trying to go. And then with the surface alert process itself, when those things come through, we currently are, the patient experience team, are triaging those to the appropriate local leader.

So, if it's about the clinical care, we'll send it to the Nurse Manager or the Unit Base Medical Director in the inpatient setting. If it's an environment of care thing, it'll go to Facilities or Environmental Services. So, we're very careful to try to get it to the folks that can most adequately respond to the challenge.

**Ryan Donohue:** I love that routing. Cause I think sometimes that's the problem is we're collecting it. We've got feedback and it sits and it sits in these little choke points. It doesn't

get to where it needs to go. And certainly not as quick as it needs to go there. You had flash something on the screen that you use at ChristianaCare. It was the Making Tomorrow Happen Dashboard, which is like the first dashboard I've ever heard of that's actually a title that's interesting.

These are our KPI Matrix, you know, Theme, whatever. And tell me a little bit more about that dashboard, not just your routing of it, but your internal sort of reporting process. Who all sees it? Who's involved. What's the awareness level inside the organization?

**Mike Puchtler:** Yeah. So, making tomorrow happen. We talk about that as our operating system. And so, I gave you the first behavior underneath love earlier. The first behavior underneath excellence is we commit to being exceptional today and even better tomorrow. Our Chief Clinical Officer came up with, so if that's one of our behavior statements and that's the first one under Excellence, if it's about a better tomorrow, how do you make tomorrow happen?

So, making tomorrow happen became the way that we kind of think about our process improvement structures. And so, what you saw was a picture of our Huddle Board. It's a standardized Huddle Board for the entire organism. And there is the cascading kind of Huddle Process. So, you know, local teams will meet first thing in the morning.

They'll escalate things up to the next level of hierarchy that they couldn't resolve at their own huddle. It keeps on kind of feeding up the chain, ultimately culminating in the system support and resolution huddle. And that's the one system-wide, it includes ambulatory practices, the three acute care facilities, all of our outpatient locations, it's the one at nine o'clock.

And that Section Three, there's a key metric section. And we've decided for patient experience, our one metric we're going to talk about on a weekly basis is the NRC Service Alerts and how many are open longer than seven days. And that's a combination of a variety of things, right?

So, if we're doing a really good job and we don't need the service alerts, there's less alerts to address just period. So, there's less, hopefully open longer than seven days. And then we're leaning into the service recovery and really kind of walking towards our problems. If we're addressing service alerts in a timely fashion, that's a key metric for us.,

**Brian Wynne:** I love the notion of that. Walking towards the problem. And that's something I've been trying to think about how I can frame this to you because this very statement has gotten me in trouble in board rooms. It's because of the way that it makes people feel to hear that. That always gets you in trouble, by the way, if that's a bad feeling.

You know, you talked about leveraging technology to address service-related issues, customer related issues. Obviously, we're proud partners of you, to be able to do that work. So now, knowing this technology exists, that it is so effective and it's so important, it's such a crucial time in somebody's life and their engagement with you in that experience.

If you don't do this work, you're choosing to not know. It's that statement that gets me in trouble. You're choosing ignorance essentially. And so, I clearly, ChristianaCare just didn't, you know you chose to know. You chose to know. Right.

But I'm sure there was some sort of organizational lift. Maybe some heated conversations internally about making the move to NRC, number one. But like this work, right, this process related. So maybe talk a little bit about that. Like how did you get everybody aligned, and on your side of the table.

**Mike Puchtler:** Organizationally, we have the bias for action, but rooted in really deep listening. And frankly human understanding, right? As we're talking about here at the symposium. So that whole philosophy and mindset around, I really want to understand the experience and then have a bias to do something with the information that I have. You know knowing itself actually isn't sufficient. Once I know now, I got to do something about it.

**Ryan Donohue:** And some people confuse the knowing for the doing. Well, we collect all of this, so you should see our dashboard. It's amazing. 160 cells on it. So, we're doing our job. Right.

**Mike Puchtler:** And I think going to your original question Brian. It's hopefully about better. It's about easier. It's about a more rewarding, uplifting experience. Let's imagine through the service alert process that you learn a process deficiency or something you can improve. Right. And then you put that into place. You're hopefully elevating your caregiver's experience, your staff experience. You're elevating the patient experience. You won't have those types of complaints anymore. So yes, it takes some time to do, but if we care deeply about patient experience, which we do, you kind of got to do it. You got to do the hard work.

**Brian Wynne:** It is so apparent that you, your team, your organization does care so deeply. Are so connected to this important work. Everything you're saying is proactive. It's like compelled to do more. We're compelled to raise the bar. And I think that is one thing to be infectious. It would be like that spirit.

**Ryan Donohue:** Right? There's an intrinsic motivation, I think sometimes with dashboards or with these sorts of programs, there's that external motivator, I need to comply with this. I need to get through. I need to sort of deal with what's next on KPIs or what have you.

I feel like you guys are doing the action because you believe in doing it and then you measured that secondarily through the board. So, I have a question for you on this Huddle Board. I love this concept and like Ryan knows we're going to go back home and start, you know, making ours for NRC Health.

So, you talked about how you have our metric and service alerts being open long than seven days. Tell me this, so in five years what's a metric that will be on that Huddle Board in healthcare in 2026, that's not on there today.

**Mike Puchtler:** Again, going back to our positioning in the market and really wanting to deliver health for our communities. It's going to be something around that. And it's not going to be a traditional quality and safety measure. I think it's going to be some kind of like,

have we improved the quality of life in the areas where we serve people, but that's hard to measure. Right. And there are, there are ways you can do it. Right. Yeah. So that, I think like our ability to deliver health. Finding how we can quantify that, I think will be on the Huddle Board.

**Brian Wynne:** We're basically out of time, but we don't let anybody get away without a pay it forward moment. So, if there's somebody new starting tomorrow, and they're the VP of Patient Experience for a large health system. Knowing what you know. Knowing the traps that you've stepped in and the things that you've succeeded at. What's a couple pieces of advice you'd give.

**Mike Puchter:** Don't allow yourself to get caught up scoreboard watching. I love to use an ice hockey analogy, right? It's like, if you fore-check, if you back-check, if you make the extra pass, if you spend more time in your opponent's zone, more often than not, or the puck bounces different ways. Right. Ice Hockey is kind of wonky. But more often than not, you'll look up and you'll be ahead on the scoreboard.

So, it's kind of like don't scoreboard watch, just focus on playing the game the right way. And it's key from a patient experience improvement perspective, like for your own function or department, but also for your caregivers and your staff. Right. If you're always kind of leading folks through the numbers, as opposed to the practice, like it's about the practice. And I think that being a key focus is something that would serve us all well, I feel like.

**Ryan Donohue:** It's good advice for a first day person. It's good advice in general, even for us on day whatever it is in healthcare. By the way, I have to point out you've done such an incredible job in this setting. We got people walking. We have a harmonica, because it's Nashville. I was going to, I wasn't going to interrupt you because you were rolling, but a firetruck came through. So healthcare, Nashville, it's all converging together.

**Brian Wynne:** It's all happening. Where it's ALL happening. Right here at the Symposium. That's right. That's great. That's great advice. Thank you for that stuff. When the metric overcomes the condition, you would have to back out when that happens. I want to thank you so much for joining us. Thanks for the closing presentation. Thanks for this conversation with Ryan and me.

**Mike Puchter:** Thanks for having me, guys. Really appreciate it.