LET THY PATIENT BE THY GUEST

GETTING HOSPITALITY IN HOSPITALS RIGHT

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HOSPITALITY AND HEALTHCARE

As global healthcare continues to change and grow, so do patient expectations in medical quality and, increasingly, in non-medical quality i.e. great services. On the curative side, we see hospitals and clinics becoming increasingly aware of the pivotal role hospitality and guest satisfaction play in the Patient Experience, while on the preventive and recovery side, hotels and resorts are increasingly adding health and wellness services for their guests with lifestyle, healthy nutrition, medical spa and wellness programmes. We see a global trend of healthcare and hospitality growing and working closer together. In this opinion piece we focus on hospitality in hospitals, and whether or not it suffice to integrate 5 star hotel features such as designer atrium lobbies, VIP suites, 24/7 room service, butler service, spa's, healthy cooking classes, wellness retail shops, gourmet restaurants, and health bars? The answer is both yes and no. ➔

IN SHORT

- With the change in healthcare and healthcare delivery, patients are also becoming more demanding in their expectations of both care and facilities
- A hospitality culture needs to be adopted by the whole organisation, from medical, clinical and nursing teams, and hospital leadership
- To incorporate hospitality in hospitals, we first need to define the scope by identifying which hospitality services are transferable to hospitals such as front desk services, food & beverage and housekeeping, but not forgetting back-of-the-house hospitality operations such as sales, business development and security.

Yes, these features are essentials that need to be taken into account in your hospital design and development stages, and no, there is more to making hospitality really work in your hospital by, most importantly, giving equal attention to having a hospitable team, as well as a service and concept strategy, proper reporting lines and an aligned organisational structure. For the past two years I have had the privilege to visit several acclaimed world-class hospitals throughout Asia, Europe and in the Middle East, and I've seen hospitals with service features that could make a General Manager of a 5 star hotel quite jealous. But hospitality with a soul is not about the 'hardware', it's about the people, the 'software'. So, as impressive as luxury features may be, when we take a closer look behind the curtains of some of those hospitals, we discover that much can still be improved on hospitality culture in order to successfully implement, adopt and deliver hospitality standards consistently.

MISMATCHED HOSPITALITY CONCEPTS

This is an example I came across was in Thailand. It was a about a year ago when I walked into one of the most acclaimed hospitals in the world. Annual monsoons hit Asia a week before I landed and it was raining heavily when the taxi drove up to the posh hotel-like entrance. Almost everything about the welcome was perfect: The well-groomed doorman greeted me with a warm smile, he opened the taxi door while shielding me with an umbrella, and as I walked pass the large glass atrium doors I was greeted by beautifully dressed Guest Service Agents who could fit on the cover of a glossy magazine. The lobby was spacious and tastefully designed with well laid-out sofas, decorative art on the walls, nicely furnished guest areas, excellent lighting, piped lounge music was playing and the Welcome Desk was friendly and informative. I felt welcomed and comfortable and could have sworn I was about to check-in into a 5 star hotel, had someone blindfolded me at the entrance. I requested a tour and received friendly directions and a map, and then, as I looked up at the mezzanine, there was the anti-climax: a big yellow M, almost hidden behind the long line of nurses, doctors and even patients, waiting in line to order lunch. Had I been a patient, my first thought would probably have been 'cure me upstairs, poison me downstairs'? Granted, I am a gourmet lover and in my early career I worked in hotels as Food & Beverage Manager, so I am a bit biased in my beliefs that good food should simply be tasteful and healthy and pleasing to the eye. Yet, why ruin great hospitality with fries and milkshakes flashing so publicly in bright yellow merely seconds after a hospitable welcome? I felt the concept mismatched and it became part of my first, inerasable impression of the hospital. I asked the Welcome Desk why the hospital didn't have one of those trendy health food restaurants that you see in some of the popular Bangkok shopping malls. "Restaurant and retail space is leased out sir", an employee explained. "We also prefer to see healthy food in our hospital, but our lease contracts are for several years, so we have little control over those areas". Now there is a seemingly small, but significant misalignment. Aside from poor space planning, the fact is that someone at senior management level has made a strategic decision to lease out valuable hospital space for revenue purposes without regards for the overall hospitality concept. Such contracts can indeed run for years, and once it's there, 'it's there'. So there is no possible quick change even if the Board or hospital management would want to. My take on this, is that it is vital to integrate in-house and outsourced space planning and hospitality concept design into the early inception stages of new hospitals. Or (if the hospital is already operational) to keep lease contracts renewable on a short-term basis, in order to ease change of tenants.

ORGANISATIONAL STRUCTURE AND CHANGE MANAGEMENT

There is nothing worse than a great idea implemented poorly, due to misaligned leadership and incomplete organisational structure. One example is at a hospital corporation in the Middle East, where the Board had the vision to implement 5 star hospitality services throughout various hospitals and clinics in the country, but did not seriously align the hospitality division properly into their organisational structure. Although they were successful in getting together a very experienced and motivated team of professional hoteliers from various international

hotel chains to start the change management process with a hospitality division of more than 1,500 staff, they failed to align local hospital leadership with expatriate hospitality leadership. Problems arose in terms of hiring, procurement, communication, as well as budget and project approvals, much due to the fact that hospitality leadership ended up not reporting directly to the Managing Director, as originally briefed, but to inexperienced local managers with strong tendencies to resist change and with no expertise in hospitality. In addition, they were not involved in the hiring process of the hospitality director, which resulted in a big gap between job expectations and job performance, leading eventually to a team divided. Another example is my visit to one of the best cancer research centres, located in my own home country, the Netherlands, where a distinguished architectural firm had designed and implemented a holistic natural healing environment with hospitality aspects and beautiful aesthetic design. Staff, patients and visitors alike raved about this almost revolutionary new hospital design, however, when I asked to speak to the Hospitality Manager, there was none, it wasn't budgeted, and not deemed necessary.

On the subject of change management and adopting hospitality in hospitals, a simple rule of thumb I like to keep is that doctors and hospital managers are hard skills people who are accustomed to working in evidence-based environments, while hoteliers are soft skills people who are accustomed to working in emotion- or experience based environments. Mix the two together thoughtlessly and there is a recipe for organisational misalignments, poor service standards and, ultimately, unhappy patients. It is without a doubt a major challenge to get hospital managers and hospitality managers to work together as their chemistries are of two different kinds. It is imperative to align leadership well by carefully designing job descriptions, reporting lines, performance criteria and levels of autonomy. Also the place of a large-scale hospitality division within large matrix health organisations must be well defined at board-level before embarking on comprehensive change management processes such as implementing a hospitality strategy.

HOSPITALITY CULTURE

One way to make hospitality standards truly work in a hospital is firstly by adopting a hospitality culture throughout the entire organisation including your medical, clinical and nursing teams, and (very importantly) the hospital leadership. Incorporating a corporate culture requires change management, and change management requires a dynamic and complex set of soft-skills. As hospitality leaders excel in soft-skills, I believe it is also hospitality leadership that should have a leading role higher up in the hierarchy of hospital top management teams. Some hospitals in Germany have two General Managers: A medical GM and a hospitality GM. One of the CEO's of a top hospital corporation in the USA is the former Vice President of Hotel Operations of one of the most renowned luxury hotel brands. Whichever way leadership is incorporated into your hospital's management team, it is essential to understand that hospitality culture can only be accomplished through recognised hospitality leadership. So how to explain hospitality culture to hospital managers?

TRANSFERABLE HOSPITALITY SERVICES

Once you have the organisational fundamentals well in place, it is good to go back to a simplified approach: a hotel is a building with rooms and beds and so is a hospital, and there is also where the similarity ends. To further incorporate the two, we first need to define the scope by identifying which hospitality services are transferable to hospitals. Obviously transferable are front-of-house features such as guest relations, the welcome desk, concierge, hospitality lounge, food and beverages and health cuisine, as well as housekeeping, spas, wellness, recreation and tenant services, as these are all visible. However, back-of-the-house hospitality operations mustn't be overlooked, such as security, HR, learning & development, engineering & technical services, revenue management and, very importantly, sales & marketing and business development. This might seem far-fetched, however, hoteliers are masters in branding, operating in complex international settings, tapping into new (international) markets and managing rooms inventories. Transfer these skill-sets into your hospital management team and you have a recipe for success.

THREE LAYERS OF HEALTHCARE SERVICE AND TRANSITIONING

Another simplified approach is to clearly define the three layers of healthcare services. Layer one is the core service, which is health, including healing, treatment and disease prevention. Layer two is the actual service, being performance of medical services, which translates into the basic patient experience such as clinical results, medical specialism, accreditations, quality of primary, secondary and tertiary care as well as branding and hospital design. The third layer is the augmented service, which is non-medical care and that which enhances the patient experience. This is where there is space for value innovation and differentiation. How? By transitioning from traditional facility management to hospitality management in order to reach value innovation and delivering service excellence with a soul.

▼ **IMAGE 1:** The transition from facility management to hospitality management

FROM **FACILITY MANAGEMENT** (Traditional)	TRANSITION	TO **HOSPITALITY MANAGEMENT** (Value innovation, Blue Ocean)
Patient=Customer/Case		*Patient=Guest*
Managing Facilities		Experience Management
One-dimensional		Multi-dimensional
Logistics-based		Service Culture-based
External results only		Internal & External results
No-value innovation		Value Innovation
Not marketable		Marketable
Basic expectation		Exceeding expectations
Cost & efficiency based only		Incremental Revenue
Low impact on Patient Experience		**High impact on Patient Experience**

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