

*THE BEST HEALTHCARE  
INCLUDES GOOD CULTURE*

**40th Annual Oregon Rural Health Conference**

**October 12, 2023**

**Jeff Harper**



---

# LEARNING OBJECTIVES

WE WILL DETERMINE HOW TO EXAMINE YOUR RURAL HEALTH CLINIC'S CULTURE. WHAT IS YOUR CULTURE? HOW TO DETERMINE YOUR CULTURE BY INTERVIEWING BOTH CLINICAL AND NON-CLINICAL STAFF.

WE WILL DETERMINE WHAT A GOOD RURAL HEALTH CLINIC CULTURE LOOKS LIKE. HOW GOOD CULTURE AFFECTS BOTH PROVIDERS AND STAFF.

WE WILL DETERMINE WHY GOOD CULTURE IS PROFITABLE FOR PROVIDERS, STAFF AND PATIENTS.

Anxiety and  
Depression have  
risen to record-  
high levels

Suicide and  
suicidal  
thoughts have  
increased  
dramatically.

## DO WE HAVE A PROBLEM?

33% of your  
waking hours are  
at work

Employee burnout is a  
term we never heard of  
until The Great  
Resignation.

# Defining Clinic Culture

**Culture** is like Gumbo\*, the name doesn't tell you Anything.

You can have good Gumbo and you can have bad Gumbo and **Clinic Culture is the same way.**

When you get it right, Gumbo is more than the sum of its parts and **likewise so with Culture.**

\*Definition of Gumbo – a hearty stew from Louisiana

# Basic Elements of Gumbo

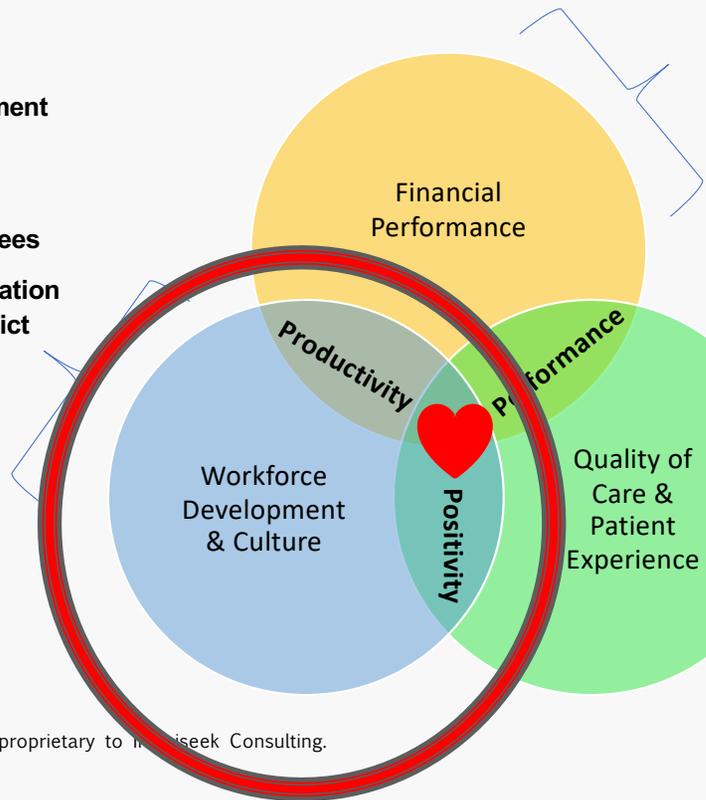
ROUX the foundation of Gumbo / **LEADERSHIP** is the foundation of Clinic Culture

Gumbo has the Trinity of celery, bell peppers and onions & **Culture** has a Trinity also, sense of belonging, care/consideration, and growth opportunities

After these vital ingredients the rest is creativity and so it is with **Clinic Culture**.

# Healthcare Safety Net Provider Improvement Model\*

Leadership Development  
 Team-Based/Servant Leadership Models  
 Empowering Employees  
 Improved Communication Styles/Creative Conflict



Revenue Cycle Performance Improvement  
 Consistency of Data Reporting/Accounting Methods  
 Optimization of Systems

 = Mission/Vision

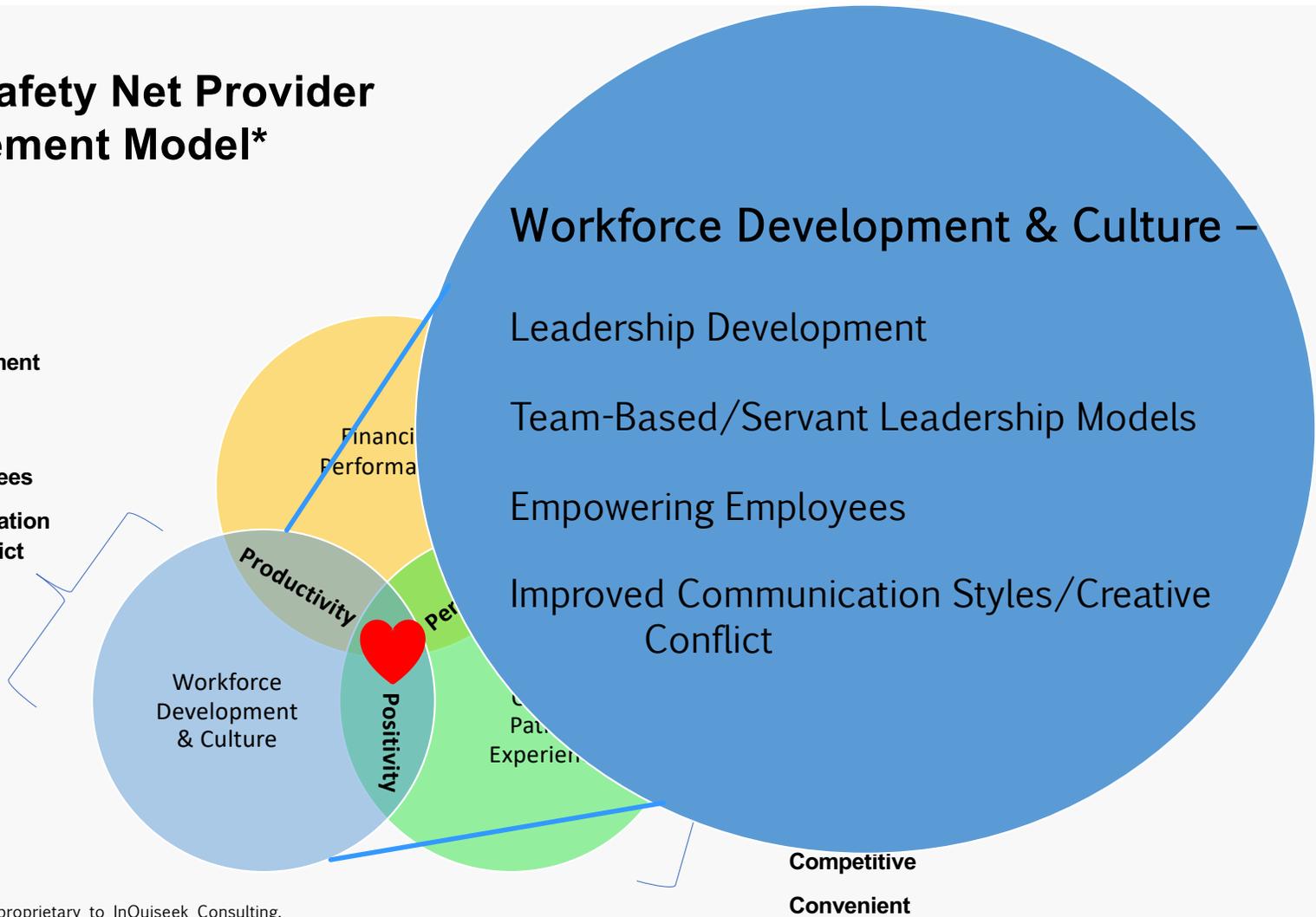
“Digestible” QAPI  
 Increased Patient Engagement  
 Rebranding  
 Patient-Centered  
 Competitive  
 Convenient



\*This model is proprietary to inQuiseek Consulting.

# Healthcare Safety Net Provider Improvement Model\*

Leadership Development  
 Team-Based/Servant Leadership Models  
 Empowering Employees  
 Improved Communication Styles/Creative Conflict



WHAT DOES BAD CULTURE LOOK LIKE?  
OR TASTE LIKE?

AS YOU CAN SEE,  
IT'S HARD TO TELL  
WHAT'S IN GUMBO

You have to get closer to tell, so it  
is with ***Clinic Culture***



*We can't see in the pot but there are the bubbles that bubble up.*

Non-inclusive Leadership

Bosses frequently belittle by showing no respect

Employees have no voice.

Self-serving

Higher levels of Stress and burnout

Lack of motivation and enthusiasm

Accountability-leaders fail to take responsibility for actions.

Lower Performance

***Oh No! There are more bubbles.***

**Poor Communication**

**No Team Approach to Patient Care**

**No Sense of Belonging**

**Passion for Healthcare seems to be lost**

**Staff Centered not Patient Centered**

**Higher Employee Turnover Rate**

**Blaming Patients for Problems in the Clinic**

**Staff does not have authority to improve**

---

---

# WHAT DOES GOOD CULTURE LOOK LIKE?

Good Culture is when everyone thinks they had something to do with it.

# GOOD GUMBO TAKES TIME WITH THE ROUX

***Leadership** is like Roux, if you don't invest the time & energy you will not end up with the culture you want.*



First sign of Good Culture is having a clear vision and mission. Then walking out that vision.



Historically, performance in healthcare has been measure by financial metrics. While financial performance indicators are still valid and reliable in reporting the operational health, they are not a representation of the total health of a rural health clinic.

The culture of the RHC—both the employee and patient experience—stabilizes a rural health clinic. The impetus is mission and value-driven. Financial success results from a multi-dimensional, walking out of the vision.

There is no standard formula for transforming a poor culture into a great culture. However, it is a series of baby steps that everyone within the clinic takes until they are walking out the mission. A great culture results!

# Ingredients for Good Culture

---



HOW DO YOU DETERMINE THE KIND OF  
CLINIC CULTURE YOU HAVE?

# ASK

Interviewing will not work without trust. Usually if your culture is not good you will not receive the truth.

Ask the most despondent employee to interview the staff with one set of questions and get the most respected employee to interview using slightly different questions.

Ensure responses are anonymous.



Email me for a list  
of interview  
questions

# THEN

Embrace the Truth even  
though it hurts OUCH!

# LET'S GO BACK TO THE ROUX

**Leadership** must be the first thing to develop if this thing is going to taste good.



## Looking in the Mirror: Would you follow you?

---

- Any one can be a leader!
- Leaders can be either good examples or poor examples
- A good leader is anyone who possesses characteristics that other people want to follow.
  - Moral Character
  - Expertise and Skill
  - Energy or Enthusiasm
  - Work Ethic
  - People Skills
  - Something that Others want to replicate in themselves or their workplace



Character Change comes  
before Culture Change

Be Vulnerable with  
the staff

Ask the staff to hold you  
accountable for change

Make everyone comfortable  
with their input

Make every win  
theirs not yours

Celebrate every step  
regardless how small

Communicate & Communicate  
while listening & listening

It starts with  
**YOU!**



***While adding things to your Culture, the Change might look messy but be Patient***

## ***More Ingredients & Spices***

- *Healthcare is Consumer-Driven Even in Rural*
- *Healthcare has to be convenient and assessable*
- *The patient experience is what creates repeat customers and prevents out-migration.*
- *The mean age of the rural patient is mid-30s. Knowing who your market is becomes very important in delivering care*
- *Technology is expected*
- *Star-ratings, online reviews and social media—perception matters!*



# Patients are your consumers! Businesses need customers!

---



A healthy clinic culture is patient-centered.

The patient is #1—not the physician, not the C-suite, not the care team.

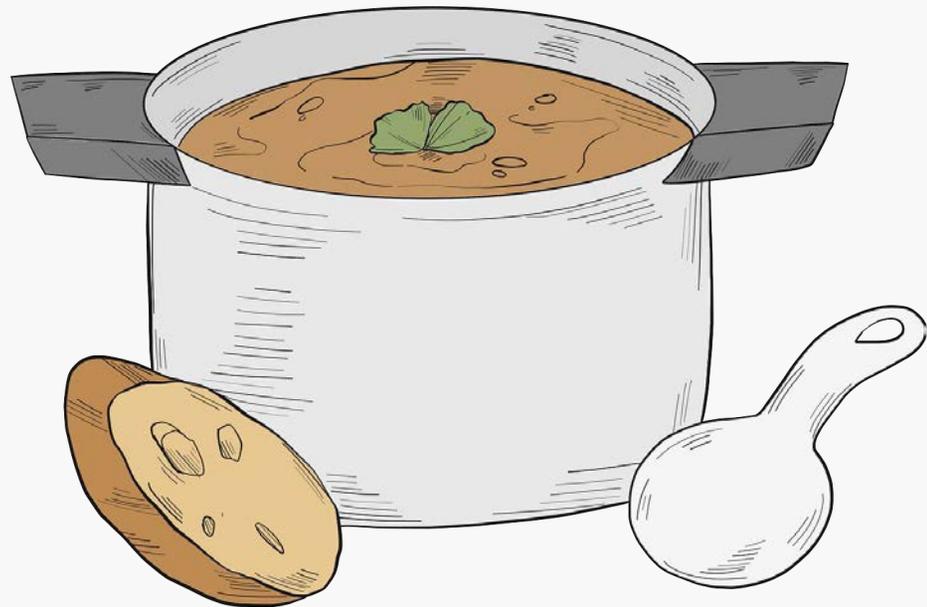
Patients who are well-cared for, respected and who have a positive experience will be your best advertisement.

Even if you rebrand your clinic, you must back it up with an environment that is patient centric.

# Let's add things for taste

---

- *Recognize Individual Strengths, Knowledge and Skills*
- *Leave Personal Agendas Outside the Door*
- *Strive for a Common Goal or Outcome. Be missional.*
- *Seek for Performance and Process Improvement*
- *Incentivize In a Way that Strengthens Your Team*



# Let's add things for taste

---

- *Prevent Silo-ing!*
- *Encourage Collaboration*
- *Reward Problem-solving and creativity*
- *No one gets thrown under the bus!*
- *Zero tolerance for blame-shifting*
- *Accountability and Responsibility*



# Let's have a Recap

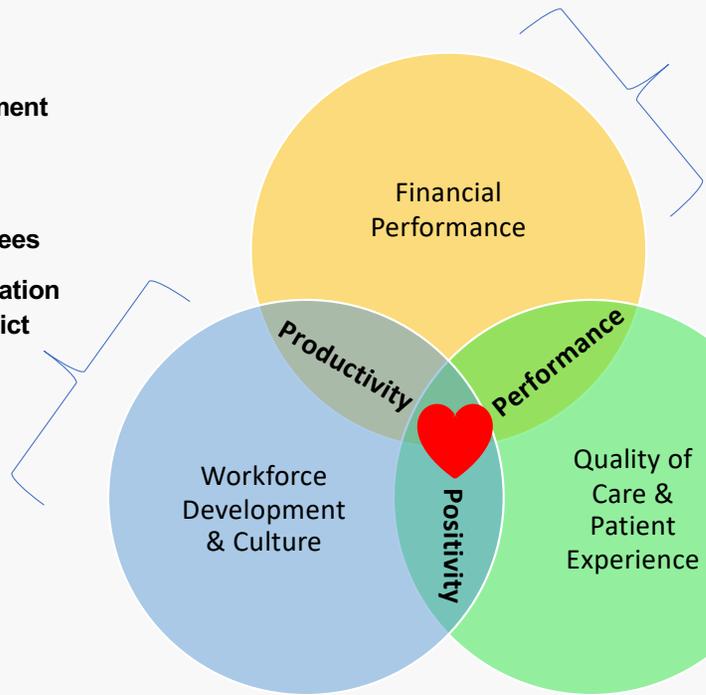
## Do an "I" exam!



- Are you stuck in your old ways?
- Are you getting in your own way?
- Are you provider or patient-centered?
- Are you meeting your patients where they are?
- Are you competitive?
- Are you convenient?
- Are you empowering your employees and staff?
- Are you building a team?

# Healthcare Safety Net Provider Improvement Model\*

Leadership Development  
 Team-Based/Servant Leadership Models  
 Empowering Employees  
 Improved Communication Styles/Creative Conflict



Revenue Cycle Performance Improvement  
 Consistency of Data Reporting/Accounting Methods  
 Optimization of Systems

 = Mission/Vision

“Digestible” QAPI  
 Increased Patient Engagement  
 Rebranding  
 Patient-Centered  
 Competitive  
 Convenient



\*This model is proprietary to InQuiseek Consulting.

# YOU MIGHT BE TIRED AT DAY'S END

*But it was worth it. Fulfillment,  
More Money and Good Gumbo*



**Jeff Harper, CHC®**  
**InQuiseek Consulting**  
[jharper@inquiseek.com](mailto:jharper@inquiseek.com)  
**318-243-5974**

For the past forty-three years, Jeff Harper has been a business leader and innovator. During his emerging career, his accomplishments include: Working with Hospitals and Physician Practices in both urban and rural areas. Leading a regional CPA Firm as Managing Partner of a regional for 8 years; Providing 10 years of strategic financial leadership as CFO; Navigating and heavily negotiating through 16 mergers & acquisitions; and Serving as President of 50-million-dollar international corporation for 3 1/2 years earning INC 5000 for two consecutive years. He presently is a principal of InQuiseek Consulting, a Louisiana-based firm that provides a wide range of consulting services across a variety of healthcare facility types. He is certified in Healthcare Compliance. Harper is in various hospitals and RHCs ever week all over the rural landscape and his diverse experience gives him a unique perspective to address opportunities for improved operational performance and cultural transformation. He has membership in NARHC, NRHA, and HFMA.

