

THE COMBUSTION CHRONICLES

**EPIISODE EIGHTY-THREE
VISION BOARDS, BRIDGE
BUILDERS, & MUSHROOMING
COLLABORATIVES**

**HOST: SHAWN NASON
GUEST: CASSANDRA CROWE**

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Shawn (00:01):

Welcome to the seventh season of The Combustion Chronicles podcast, where bold leaders combine with big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO, and founder of MOFI. As a maverick-minded, human-obsessed, experienced evangelist, I believe the only way to build a sustainable and thriving business is to put people first. Throughout this season, we'll be connecting you, the listener, with cutting edge leaders in the experience world who are challenging old ways of thinking with bold, new ideas and a commitment to human-centric design. Experience matters, people matter and revenue matters. That's why it's time to ignite a people-first experience revolution.

My guest today, Cassandra Crowe, serves as Chief Experience Officer at Sharp HealthCare, her latest stop in 20+ years of leadership and patient experience and service excellence. Before joining Sharp HealthCare, she served as Vice President of Patient Experience for University of Maryland Upper Chesapeake Health; Senior Director, Office of Patient Experience and Service Excellence at University of Colorado Health; and Director of Service Excellence with Banner Health, a Certified Patient Experience Professional, Cassandra holds an MBA from Pfeiffer University. She's a dynamic professional with a proven track record of elevating the human experience through collaborative relationships and high impact strategies and initiatives. Welcome to The Combustion Chronicles, Cassandra.

Cassandra (01:39):

Thank you, Shawn. I'm excited to be here.

Shawn (01:42):

Yeah. You know what a journey you've had through the healthcare system, but I wanna talk specifically, like you decided that in October 2020, in the middle of, you know, something happening in our world that you were going to join a new company and basically move across the country. Can you tell me what that transition was like? Because as we know, healthcare was in an uproar at that point, so give us some insights on that.

Cassandra (02:10):

So first of all, that little company was called Sharp HealthCare, which is renowned for the Sharp experience. So I said, I'm taking this leap of faith. So I will tell you a funny story.

I am a big believer in vision boards and manifesting your dreams. So, earlier in January, my daughters and I have a New Year's Eve ritual where we make our vision boards, we now do them virtually and send them to each other on LinkedIn. And two things I have put on mine, you can and you will find your dream job and move to California. About April, I wanna say sometime early April, I'm laying in bed on a Saturday morning, Listerv comes up, I see this job, Chief Experience Officer, Sharp HealthCare. Well, I knew the person who had this job, and I was like, oh, I wonder what's happening.

So I sent an email and said, hey, I saw this position's open. Can you you tell me what's going on? She responds, tells me she's retiring. I was like, okay, cool. Apply for this job. She, no, I said, can we chat? We talked. She says, oh, so many people have applied for that job. It's like, well, throwing my name in the hat anyway. I had an interesting interview with the recruiter, and I will never forget, it was the Monday after the George Floyd incident. So it was a very pivotal moment with a lot going on. Just so much going on back where I was working. And when I was talking with the recruiter, she was explaining Sharp's response to that incident versus how the organization where I was at responded. And it, it was like the stars aligned, like this is meant to be. So went on, did the whole interview cycle, and it was a cycle and was fortunate enough to land this job with this great company, met the CEO, the senior leadership team, and the more the stars aligned, I said, this is the fit. This is the place I should be, and here I am. Last week of September, the moving truck came, I loaded up my goodies and moved close to Beverly Hills, like the Clametts, but not quite, but even better. So here I am with Sharp HealthCare, inspired to continue that legacy that has made the Sharp experience so legendary and figure out how do we evolve that and take it forward in this post COVID environment where there's, you know, the world has changed. It just really has changed and there's, there's a lot of good that came out of healthcare's learnings from COVID in terms of how we can be nimble and flexible and really truly patient focused first. Like we flexed very quickly. So I'm hoping we take those learnings of being nimble into the future and really keep that high focus on connecting with, with people first, and then processes and scores, et cetera.

Shawn (04:55):

So I wanna talk about that. So at MOFI, we talk about the Experience Ecosystem™, and as you know too, I worked for Disney, I had this passion around experience. So big hospitals and systems through the pandemic and through all this have to think about and have had to really think about the experience of the patients. You know, what do you do with visitors? How do you deal with your staff and your employees, doctors who practice there, your clinicians, vendors, so forth, so forth, so forth. So let's be real, there are a lot of silos there. So how can people in roles like yours as Chief Experience Officer, break down those silos in the health system, especially today in this new generated focus?

Cassandra (05:40):

That's such a great question, Shawn. One of the things I did when I first came to Sharp, so our system offices are sort of like the state, our federal government and our entities are our hospitals. We call it the state government. So it's, but I realized our federal government didn't really know the people, the players in the state government offices. So we really reached out to form better relationships. So I think our roles as experience officers are the, the bridge builders, the dot connectors, the collaborative formers. And we did just that. We created a system wide collaborative where we brought together the people who were key players in creating that experience. Well, it was interesting. As we formed this collaborative, it mushroomed on us because everybody touches that experience. So it's not just that office of patient experience or the person with the patient experience title.

Then we discovered every collaborative from the ED collaborative to the OR collaborative, to the anesthesia collaborative, everybody was working on some element of patient experience. So we had to just come up for air and say, time out, let's get a bigger strategy around how all these collaboratives are working. Let's, rather than create a whole other collaborative to work on just patient experience, how do we figure out what these other collaboratives are doing with patient experience? Provide them with the right information, the right data points, and then work on the patient experience more holistically. So I think our job really is to build that bridge to find out who's doing what and rather, so sometimes that disruption is not like we're gonna blow it up and do it differently, but, okay, if you're already doing this, how do we do what you're doing

differently rather than just blow up the ship. Now do I still think there is a space for the other collaboratives? Absolutely. But I think that's more for a project, a defined project. We need to do X, Y, Z by this date. So we're gonna work with the PFAC, Patient Family Advisory Council collaborative to do that, or the volunteer collaborative to do that, but also to keep track of, okay, that has concluded, we can close that collaborative down. Because that was the other discovery is, some of these collaboratives came together to work on a project. That project has long since closed out, but they keep going on. So what happened during COVID was they were just having meetings and attendance kept dwindling, and dwindling, and dwindling because there wasn't meaningful work. So I think our job is also to make sure the work is meaningful and connected to a bigger strategic objective, but that the people on the collaborative really understand this is the why behind what you're doing.

Shawn (08:36):

Yeah. Great points. Love it. I think collaborative, whatever you wanna call them, committees, whatever it is, about 80% need to be shut down most of the time. Because, and I love the way that you actually just told that story around that they were created for a project, but then when the project was done, no one said, hey, we, we need to not do this collaborative anymore. Like, but you know, you've done your job. Awesome. Let's move on to the next thing.

Cassandra (09:02):

Let's celebrate you and keep moving. And you know, I think you know this Shawn, there's like, if you look, when I started looking at the roster, it's the same 20 people doing all the work.

Shawn (09:13):

80-20 rule.

Cassandra (09:14):

80-20 rule. Let me give you back some time in your day by saying, we probably don't need this committee. Or if that committee was working on something, could it be incorporated into what another team was doing?

Shawn (09:27):

That's a great powerful simple lesson, but so hard to execute. People were like, oh, that's so simple, but really hard to execute at times. I wanna talk about your personal journey then. Cause there's not a roadmap, or in our world, there's not a journey map that says you go from point A to point B to become a Chief Experience Officer. Right? So how did you embark on this journey and to experience and, and did your childhood dream, you know, was to be a candy striper, have anything to do with this decision or anything?

Cassandra (10:08):

I was told I was a healer. So therefore, and when I was little, there was no, nothing in my mind said, oh, you can be a doctor. I thought I would be a nurse. Went in as a candy striper, saw my first bodily fluid, lost it, realized maybe nursing's not for me, not for me, but maybe I can heal in other ways. Maybe I can heal in other ways. And at that time, you know, I didn't think about therapist or other path, but long story short, I meandered through multiple kinds of jobs. My dad wanted me to be an engineer. That was so not my gift in calling. I'm not that deep into numbers like that. But I was working in marketing, that was my job. I was the director of marketing for a health system in the Carolinas. They were embarking on this thing called service excellence.

And as part of the, the entourage that went to get this started, marketing went with the group. We went to Florida, we went to the Disney Institute's little seven day immersion course into experience, which was the most profound, prolific thing I have ever experienced today in a work sense, not so much in a life sense, but the attention to detail that Disney takes to everything was astounding to me because I'd been to Disney many times, but never paid attention to that level of detail. And then we went on to Baptist to understand the early days of what they were doing with, we didn't even call it patient experience back then. We called it service excellence, which was a new thing. But it was, it crystallized to me as a ha. It made sense. This is what patients should feel good when they come to the hospital.

People should have, it should be nice, it should be like a hotel, but where you get better when you go home. It connected with me much more so than pitching media stories or writing hip replacement brochures or any of the things that I was doing. And I was good at that. But this made more sense to me and it fit. So when I got to Phoenix and there

was a job opening for a service excellence director with Banner Heart Hospital, I applied for the position and I got it. And it was the entree into this life. I think the thing that has given me the most pride in this journey, Shawn, is seeing experience and service become not just a nice extra thing to do the differentiator, but truly a business objective. And that this is the way everybody should experience care, is that you should expect good service when you walk into a healthcare organization. You should have certain expectations of good behavior.

Shawn (12:51):

So I guess where my tension is at that, right? Is this, and our listeners know I talk about it all the time. I spent almost seven years at the Walt Disney Company with a Walt Disney Imagineer I helped bring to life. What if Disney runs your hospital at Disney Institute? I know the service excellence program very well, have used Disney Institute to supplement work we do at MOFI. I am still struggling though because you are in a premier system that has the Sharp experience, and you're working on the Sharp experience to 0.0, like redefining just like Disney anyway. But let's be real, we both know there are a lot of hospital systems, a lot of systems out there and organizations that have Chief Experience Officers, Vice Presidents of Experience, Director of Experience that are still doing it as a check the box. We just have this. Right? And it's something that we talk about a lot at MOFI around moving from experience management to experience as a strategy. And you're very fortunate to work in an organization that does experience as a strategy.

Cassandra (14:08):

Yes. I think I am very blessed by that, which is why I worked so closely with my CEO who gets it to present at other things. Because I would say for my colleagues who are stuck in the experience management, from my experience and I've been around the world, or at least the Southwest in that one stop on the east coast, there are a lot of higher level than most of us in the experience cycle who still see experience as we do this for the HCAP score for that one line of value space purchasing. So it's still kind of limited in scope and in thinking there aren't still a lot of maybe CEOs, COOs, who get the bigger picture. That experience is connected to everything that you do. Your COO,

CFO, CMO, CIO, all of those individuals are connected to how patients perceive their experience. It has nothing to do with that few hours they may or may be in a hospital bed. It should connect all over the place.

Shawn (15:12):

And that's my point. And I'm glad you're willing to go there with this because yeah, there's still a lot of systems that are doing that just for that HCAP score or that MPS score, which, you know, I just keep saying to people, if you focus on the human experience, you'll get the numbers you need.

Cassandra (15:31):

I agree.

Shawn (15:32):

Right? And so tell us this then, because I also have an opinion around certifications, and I will leave that just at that. Can you tell me what's the most important thing you've learned in becoming a Certified Patient Experience Professional?

Cassandra (15:50):

I think what I learned from that process is that your knowledge is your knowledge. I'm kind of probably with you on the certifications on multiple degrees and et cetera. We probably don't wanna go down that path cause it's a whole political thought with me. But I think it confirms that I knew what it takes in terms of creating a good experience. But other people know that too because a lot of it is intuitive. A lot of it is based on regulations, basically in terms of what we have to do. I think adding the credentialing to what we do is a good thing in healthcare space because in the healthcare space, letters behind your name mean a lot to certain people. So I think in that vein, it's a good thing in terms of will it, will it elevate our physician? I hope so eventually, but I don't know.

Shawn (16:42):

I tease with people and I said this yesterday, I was on a, for World CX Day yesterday, I did a couple podcasts and shows, and I still say this, show me your org design and I can tell you how much experience matters. You made a statement a minute ago. I work

with my CEO. I can tell you a system that we've worked with where the Director of Patient Experience doesn't have any interaction with the CEO and it's like seven levels down.

Cassandra (17:17):

Yes. I've worked with systems where my reporting has changed from CEO, to COO, to HR, to marketing, back to nursing. But so that tells me like, if you're not sure where I fit, then we won't ever get to success. I know that the motivation was we wanna get to the people who can have the most impact on fixing the score, but again, fixing it is all of us, all of us.

Shawn (17:46):

Fixing it doesn't mean to be fixated on it. Right?

Cassandra (17:50):

Exactly. Exactly.

Shawn (17:54):

So, because I think you and I could be on this soapbox, and we truly believe, I think you truly believe that the only way to improve this broken healthcare system, and this is part of my rant that I was kind of on today earlier in my morning, if, to think like a maverick and to be a little bit different right out there, we need that now in the healthcare space and really truly put people at every decision of the organization and as the organization makes it. So you said this earlier and on here, but you said that the best thing that happened during the pandemic is that hospitals started to focus more on people than metrics. So how can we keep the human experience? And we both have a very dear friend, Nicole Cable, who actually calls her as the Office of Human Experience, right? How can we keep the human experience at the forefront going forward, right now? I don't want us to lose momentum around this.

Cassandra (18:51):

I absolutely agree. So two weeks ago I took 10 people offline with Joe Pine to be certified again in the experience economy because I really want people to understand

what do I mean when I say experience? And how do we take that, incorporate it into everything that we do? We use, at Sharp, heavily have used experience design methodology and design thinking and planning our events, especially our all-staff event and in some regards in opening new buildings and such. But I want it to be in our alma godda, I think whatever that is called, that forefront of your brain in everything that we do. So I wanted this team to understand what I mean, and then how do we get that seed planted so that if I am about to create a training, am I thinking with the humans at the, who are going to take this training first?

I'm working with my Epic team to say, you know, Epic does a really good implementation, change management, planning around the technology, but what about the people that will receive benefits of Epic at the other end? And so right now that, it's kind of falling on deaf ears of, because Epic, it's so well organized in terms of the implementation, but I've been through three and what I've seen is when the super users go away, there's still the little fallout of humans who panic, who don't give their best selves, who can't handle the glitches in technology that will come. So I'm, I want to, before we launch, have this little band of people who understand how to come along beside that help with that human experience design piece around this implementation, who will understand, okay, we need to think about as this, this is implemented, what's going to happen with X, Y, and Z so that we have a plan to deal with that?

Shawn (20:53):

We had Joe on the podcast, I love the book, The Experience Economy. I read that when it very first came out so many years ago. And I love that you're, you're immersing your team in that. So let me ask you this question, what's an experience idea that healthcare organizations should steal from another industry then?

Cassandra (21:15):

I think you said this line at a a conference. What would Amazon do? And I say that all the time, what would Amazon do? Because I still say Amazon makes it so easy to do business with them. So easy. Healthcare doesn't always make it easy to do business with them. Not always. And we really need to start thinking how can we make it easier to do business with us? It shouldn't take me seven months to get an appointment with a specialist, but I realize it's, that's easier to say than to do. We don't have enough

specialists. So yeah. So there's there, it's gonna take seven months to get an appointment with a specialist. But what is the message we can say to the patient to help them understand why that wait is seven months? And heaven forbid something happens on that day that you have that appointment with a specialist and it gets canceled.

We should already have a plan for the service recovery that comes with that. We haven't connected those dots yet, which is where I think technology can help us with that. There's an algorithm there that if this happens, we automatically do that. We have a fantastic data analytics genius in our organization. Another person you should probably talk to as a disrupter that I think if, when we get past this Epic in implementation, which is, you know, obviously taking everyone's brain trust right now, I think we can really start saying, how can we put some of these stop gaps in place to really elevate the experience?

Shawn (22:50):

I love it. Great stuff. So one last question for you, what's the best advice you ever received about leadership?

Cassandra (22:59):

Everybody is a leader. You don't have to have a title to be a leader, you have to have a heart for people. And I really believe that.

Shawn (23:08):

You have to have a heart for people. In our book, Kiss Your Dragons, Michael, on our team and very different of earth, Robin, and Michael jokes with me, I preach a three point sermon for leaders. It's, and I was a pastor, and it is, you have to be transparent. You have to build relationships and you have to love people. If you don't love people, how can you be a leader? I love that. Well, thank you so much for all this conversation, but before we close out though, Cassandra, we do this little thing at the end of every one of our episodes and it's called The Combustion Questions. And there are three randomly selected questions from our human algorithm and they were just past me, so I'm reading them for the first time.

Cassandra (23:58):

Oh boy, okay.

Shawn (23:59):

As I am gonna read them to you, just have fun with it. Tell me your answer when you, you know, off the top of your head. So are you ready for your Combustion Questions?

Cassandra (24:08):

I'm ready.

Shawn (24:09):

Awesome. Number one, what's your least favorite smell?

Cassandra (24:15):

Okay, this is gonna sound really random, but burning flesh. And that's, that's kind of weird, but my uncle maybe, my uncle was a mortician and I remember we were little, we jumped in the van with him when he was, we didn't really know where they were going, but we were just fascinated. And they went to, um, what was a house fire, it had been a house fire and they were retrieving the bodies from that house fire. And I remember them bringing the bags out and that smell of that, I was probably nine, seven, somewhere in the 8, 9, 7, 8, 9 range. And that scent sticks with me to this. When you said least favorite smell that came right away. Probably have never had an answer that morbid, but yes.

Shawn (25:05):

It's okay. All right. Question number two. If you could have any animal in the world as an emotional support animal, which animal would it be?

Cassandra (25:17):

A dog still, really. Still a dog. Still a dog. They're the most loyal, loving, you know, like who doesn't love the way your dog reach you at the end of the day?

Shawn (25:29):

Yep. Listen, I get it. We have three of them at our home and when I go through treatment, one of them wants to be right up in the bed with me. So yes, I totally get it. All right. Last question. What do you think about ice cream?

Cassandra (25:44):

It's edible. It can be good. It's always better with whipped cream and hot fudge on it.

Shawn (25:50):

Always better with whipped cream and hot fudge. Awesome. Well, Cassandra, thank you so much for today. If you wanna reach out to connect with Cassandra, do it on LinkedIn. Can't find her there, connect with me, send me a DM, I'll make sure you get connected. But thank you for being here with us today, so much and for being on this episode.

Cassandra (26:12):

I love it. Thank you, Shawn.

Shawn (26:15):

Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate and review. Remember that I'm always looking to meet more big thinking mavericks. So let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human obsessed, maverick-minded experience ecosystems, go to mofi.co where you'll find ideas and resources to help you ignite your own experience revolution, or go to experienceevangelist.com to learn more about my mission to challenge leaders, to blow up outdated siloed systems and rebuild them with an aligned human-first approach and as always stay safe, be well and keep blowing shit up.