INNOVATING HEALTHCARE WITH HOSPITALITY WITH DR. BENJAMIN OSTRANDER

David Mandell:

Hello. This is Dave Mandell, host of the podcast. I've got an interesting episode today, an interesting topic, and that's going to be a conversation with a physician in residency, actually, who's going to talk to us about something that I heard him speak at a national conference. And let me tell you about Ben Ostrander and then we'll get the conversation started.

So Dr. Benjamin Ostrander is current chief resident in otolaryngology, I think I got that right, head and neck surgery, most of us laypeople will call it, at the University of California San Diego. He was born and raised in Northern California, received a BS in bioengineering from UCSD as well, an MD from Johns Hopkins, and a master's in bioengineering innovation design from Johns Hopkins. Really interesting. Medical innovation, healthcare management, surgical process improvement and global surgery serve as key source of inspiration for Ben. Through his multidisciplinary background, diverse experiences, he aims to bridge gaps between disciplines, approach innovation from unique angles and improve the lives of others through clinical work and beyond.

He is pursuing an advanced surgical fellowship in neurotology, ear and lateral skull based surgery. Neurotology. In his free time, Ben enjoys triathlon, oh, boy, cooking elaborate meals and playing music. Dan, welcome to the program.

Benjamin Ostrander:

Thanks for having me, David. Great to be here.

David Mandell:

It's great. I mentioned it was the American Academy of Facial and Reconstruction, Facial Plastic, Reconstruction, AFPRS, where I spoke and I saw Ben's talk as part of the business program and I said, "This is really interesting stuff," and that's why I wanted to have him on. I think those of you watching or listening will take something out of this because it's like his bio applying lessons from another industry, looking at things from a different way to help improve patient care and the experience of patients, I think both in the hospital and the medical practice, and I'm excited to talk about it.

So Ben, let's talk about you first and then we'll get into the topic at hand. What got you interested in medicine? How'd you gravitate to head and neck? And then also, tell us a little bit about your multidisciplinary training. I mean, you've done some things that a lot of doctors haven't done or don't do, so tell us a little bit about you to get us to this point.

Benjamin Ostrander:

So I grew up in California, as you heard. My parents were both engineers, and so I think I was exposed to that side of things early on growing up. And then in high school, I became a little more interested in medicine, biology, enjoyed learning about biology, and I also liked working with people. I think as I started thinking more about what I wanted to do with my career, medicine seemed to combine a lot of those interests in a unique way where I could use science to work with people, help people, and also incorporate some things like engineering and even business all together. So I started off in college as an engineer. I got an engineering degree and went to medical school that was able to keep some of that engineering background alive and apply it to how I think about practicing medicine in some ways.

David Mandell:

It makes sense. Now, once you said, "Oh, my parents are engineers," I was like, "Okay. That makes sense." So tell us, what did you study? What were the work you did in that master's in bioengineering innovation and design at Hopkins? Give us a sense of what you do.

Benjamin Ostrander:

So it's a unique program in bioengineering innovation. It's also called bio design. That program, I would say, started at Stanford. They had this bio design program and it was based off that. The way that the program worked is we had two projects, year-long projects throughout that year. One was focused more on domestic markets, so developing some innovation within healthcare that can be applied to the US market. And then the other was actually trying to develop something for low resource settings, so developing worlds. I think it was interesting to have both those projects going simultaneously because they require completely different ways of thinking, completely different requirements. It was a bit of a learning by doing in these two totally different projects.

I would say one of the main takeaways from the program is thinking about innovation in using this model called the Innovation Spiral. The Innovation Spiral is based on coming up with a problem and developing a solution by thinking about multiple aspects of that solution at the same time. So it's not just what is the healthcare need. You think about what is the need in healthcare, you start with the need, what's a need or an area that people have a pain point, but then you also have to think about what are going to be the regulatory requirements from the FDA, what is the intellectual property aspects that are required, the scientific and engineering principles. So there's all these different aspects that come into creating a problem.

If you don't go around this spiral and think about those things in parallel while you're developing a solution, you might have a great medical device or something like that, but regardless of how cool it is or how innovative it is, if it's not fitting into an FDA regulatory pathway or if it doesn't have a CPT code associated with it so that you can get paid if you use it, then it doesn't really matter. So I think it was really interesting to learn about that and about all of the different things that go into actually having a successful innovation and maybe a successful business within healthcare.

David Mandell:

Very practical, so not just theoretical, I mean, what can it get out there? It is really, some of those things you're saying, not dissimilar from even an MBA approach, meaning that it's a little bit different, but what's the marketplace going to be for this

and how are you going to get a product to market that is survival. Even if it's a great widget, like you said, if it doesn't satisfy these other elements, whether it be regulatory or financial or marketplace use or is there something else in the marketplace that's already widely used and this would replace that, how the adoption is going to be, all that kind of thing.

So your talk at AFPRS was on hospitality and how the lessons from that sector can be applied in medicine. How did you come to focus on that? Is that something that popped up in your training already? Was that something that you talked to some of the folks at AFPRS and they kind of assign it to you or how did that come about, that particular area of topic for the lecture?

Benjamin Ostrander:

I think there are a few ways that I made that connection. I think the first is just in thinking about innovation or coming up with new ideas. It's not uncommon to see people borrowing from other disciplines. So I think that happens in a lot of different sectors. In healthcare, the main example is with aviation. So I think I always have my eyes open to other things that I could borrow and apply into my own line of work. And as far as hospitality, I think that just actually goes back to just some of my own personal interests and hobbies.

Growing up in Sonoma County, we're surrounded by food, by the wine industry, and so there is a lot of hospitality-related industries in that area. Having have the chance to go to some nice restaurants and see how they work and really pay attention to the things that they're doing to make the experience special and to make you feel welcomed, I got more interested in that more as a discipline rather than just something that you experience or pay a lot of money for.

So that led me to start delving a little bit more into some of the hospitality literature and some different books that have been written about the topic. And then since I work in healthcare, the connection extended from that. So I was surprised to find there was a fair amount of work that ever had been done and that people had written about actually combining the two disciplines. The more I thought about it, the more it seemed like a natural connection, actually.

David Mandell:

I want to get into that and we'll start to talk about, you can mention some of the books and some of that, but let's just step for a second on aviation because you said, "Hey, that's something that's already out there." And for those of us who might not see that, can you give us a couple of examples of that? Is that redundancy or especially in surgery, the importance of making sure everything is pre-checked and set so that the surgery is pure and free or whatever. Is that where a lot of the aviation ideas have come into healthcare?

Benjamin Ostrander:

Yeah, I think the most famous example is with the checklist. So for many, many years in aviation, they've used checklists before taking off, et cetera, to ensure that everything is absolutely in perfect working order and to maintain a really high safety record. So several doctors have written about this most famously tool, but one day wrote a book called The Checklist Manifesto, and he made the argument that these checklists were really central to preserving safety and making sure that there were no errors.

So he argued that, really, these checklists should be applied in a lot of different areas in healthcare. Peter Pronovost, who was a physician at Hopkins and was later hired for, I think, a large insurance group also made a similar argument, really emphasizing checklists. For the surgeons who are listening, I think we're all familiar with the surgical brief or the timeout. Really, I think a lot of hospitals have made this a requirement where there's a checklist posted on the wall and you have to go through a specified checklist that the institution has said is required and make sure everyone on the team is on the same page before getting started.

David Mandell:

Yeah, that makes sense even for a layperson like me that that would be a good crossover. So let's go back to hospitality. Beyond hospitality and hospital, having the same base word there, what are some of the things or some of the studies or books that you started to dig into as you prepared this talk? You mentioned a couple with aviation, but what's out there on transferring lessons from hospitality over to medicine?

Benjamin Ostrander:

I mean, I think right now, probably the most famous book in hospitality is a book written by Will Guidara called Unreasonable Hospitality, and he made his name working for 11 Madison Park in New York, basically transformed it from a normal, good New York restaurant into a three Michelin Star world-famous restaurant. His idea was to treat hospitality as important as the food and to be unreasonable in the way that you applied it to an experience, to a customer experience.

There's a lot of great quotes from the book that we can discuss, but he doesn't explicitly discuss healthcare, but he has a lot of ... The thesis is that these ideas about being unreasonable on how you model and create the customer experience really can be applied to all disciplines and to all different sectors. And even though it's not explicitly applied to healthcare, I think that there's a lot of great examples in there.

And then aside from a popular book on hospitality, there some literature and interesting studies that have been done. I can talk about a few different ones. For example, there was one that just comes to mind that was done looking at the impact of place and environment within hospitals and studying how things like architecture, decor, lighting sounds, odors can impact perception or experience inside a clinic.

And then for example, there's this one study by Fenko and Loock. They looked at the influence of ambient scent and music on anxiety in the waiting room of a plastic surgeon, and they found that each element, music and scent, reduced level of anxiety, but actually, when they combined both, it did not reduce level of anxiety. And that was kind of interesting, actually, using some quantitative numbers to study this, and that also showed that you have to be thoughtful about how you introduce these things. So more is not always better. Actually, one of the other was better than putting both together. So that was just kind of an interesting study that they came across.

And then of course, there's a few. There's another book specifically about healthcare called Hospitable Health Care that came out I think last year by two PhDs, Shoemaker and Yesawich. They wrote a whole book about how hospitality can

improve the patient experience and came up with as many business-focused books to do. They came up with an acronym called the PAEER mode, P-A-E-E-R, which stands for Prepare, Anticipate, Engage, Evaluate, and Reward, so just a model to put the idea of hospitality in practice within a healthcare setting. So there's a few examples and there are many more that I discussed in the slides and came across throughout my research.

David Mandell:

A couple of comments on that. So first, you started with the Unreasonable Hospitality, and there's a quote in your slide deck, "People will forget what you do, they'll forget what you said, but they'll never forget how you made them feel." That's a great very succinct way of saying it, and it made me think about my own healthcare experience. Like most people my age should be doing, I get a colonoscopy every couple of years whenever I'm supposed to do it. And I can think the last time, it's outpatient setting and I only see the actual gastroenterologist for two seconds. He comes by and says, "Hey. All right, Dave. I'll see you in there." And the anesthesiologist comes by and he's like, "We're going to ..." just goes over a chart with me for about two minutes and I'm gone.

But the nurse, the person who makes sure, "Are you warm enough? Do you need another blanket when you wake up?" They're there and making sure that you're feeling good. That's the memory I have of it is that that person and sort of like a warm blanket that they had these blankets that were already warmed, that's the place I want to go back because when I do it, they give you a choice, "Do you want to go to the hospital or do you want to go to this outpatient clinic?" because I think that the gastro works at both of them here in Fort Lauderdale, and I had a good experience. That memory of, honestly, of the warm blanket and the person being nice makes me feel that I would go back to the outpatient surgery center.

That's obviously a business decision. That's like a financial decision. So whoever owns, and maybe the gastro could be part owner in that outpatient center, that's a good thing for them. Not only am I feeling good about the doc and, again, this has nothing to do with the quality of the colonoscopy because I can't judge that. I can only judge how I felt as a patient there, and it really has nothing to do with the

clinical. I'm assuming that he's doing a good job clinically, but there's no way for me to judge that as a customer, client, et cetera. So anyway, that's one thing.

And then the other thing that you were mentioning some of these quotes, and I just want to read one too, and you had a bunch of them, so I'm just pulling one out of then, "With increasing patient demands beyond just clinical care to generate satisfaction and loyalty, hospitals, and I would say medical practices and dental practices should, are turning to elements of hospitality to increase patient satisfaction, loyalty and to improve the overall patient experiences."

I think at OGM, we work with docs of all types, and I speak at conferences at all types, and I think this has already been more adopted, not surprisingly, in the cosmetic areas of medicine because there are people, they're paying with their dollar, they're more demanding and, obviously, for cosmetic experience, talking about a wealthier clientele who want a certain experience in addition to the clinical outcome, and that has everything to do with the way a nice plastics practice or derm practice, et cetera, would have their waiting room and even what neighborhood it's in, all of those all the way through and patient coordinators and all that kind of stuff.

But I think your point and the point of these studies is it should go really beyond cosmetic to any area of medicine. The human being, while they want to have the good clinical outcome, they also want a good experience and they have choice and they make reviews. We've talked about on other episodes here about reputation and branding. You could have a patient who had a pretty good clinical outcome and you did everything right, but they just didn't have a good experience and they give you a bad review, and that's disruptive from a practice and business point of view. So all these things are coming together, I think, to point to this being more and more important. Thoughts on that?

Benjamin Ostrander:

Yeah, I think that's a great point. I think in some ways, you could argue that, obviously, going to the hospital when you're sick is not the same experience as going to a nice dinner or something like that. I do agree that especially the cosmetic elective aspects of medicine like plastics or dermatology, this is a natural place to put

hospitality and those businesses really thrive and depend on doing that. But I do think that these sorts of ideas are important beyond that.

I think healthcare is becoming more and more competitive in all types of medicine. You see large institutions, even I'm in San Diego and there's several huge hospital groups, Scripps, Shark, UC San Diego, and they're all competing with each other. So I think emphasizing these things is really a way to get a leg up in a business. And whether we like it or not, providing healthcare is also a business in this day and age. So I think we should keep that in mind when we build these systems and think about how to improve them.

And then you also touched on how are we as patients judging the care that we're receiving. Well, it's hard for us to know if we're getting quality care or not. We almost have to assume, well, the doctor, the surgeon's doing a good job, but the actual satisfaction is depending a lot more on these hospitality elements. How is the nurse or the doctor making me feel? How are they connecting with me? Does the facility look like it's well-organized and polished? So those sorts of elements end up becoming huge in terms of how someone perceives the quality of care they're receiving even if it's not directly related to the actual medical care they're receiving.

And then finally, I actually think that these sorts of elements can actually impact how someone recovers. So you can imagine if someone's in the hospital and they feel like they're being well taken care of, they have access to good food, their room is the correct temperature, they may actually even recover faster if all of those things are optimized. So that's another aspect to think about even from a healthcare medical outcomes perspective.

David Mandell:

Yeah, for sure. I'm going to tell the stories from my brother who's a cardiologist. He had to spend a night in the hospital for a healthcare issue some years ago, and it really opened his eyes because he's like, "I could not sleep with all the beeping and the machines and all this stuff going on." He's like, "I couldn't get a good night's sleep." He's like, "If I can't get a good night's sleep, how am I possibly going to recover from

anything? I mean, not to mention something that is more serious that put me in the hospital."

So the thinking of, okay, yes, we need monitors, I'm sure all of those things are medically called for, but is there a way so that they could allow the person to sleep better or you mentioned temperature of the room. Nobody likes to be cold or hot. It's not conducive to, again, resting and recovering. So I think there's certainly going to be connections to that, not to mention the mental of, "Am I being cared for?" and just stress level coming down, cortisol levels coming down and letting your body recover.

You mentioned the checklist from aviation. Is there one thing or maybe two that stand out to you from hospitality that you brought up in your talk or that you saw that you think a medical practice, dental practice might think about?

Benjamin Ostrander:

I mean, I think in terms of applying these principles, I like to use a framework that divides it into three elements, people, place and process. Place is some of the things we've already talked about, so the physical environment, facility design. That is low-hanging fruit and easy to understand. And then I think the next thing is process, so just thinking about the customer experience through every touch point, every phase along the pathway and streamlining it, optimizing every touch point using things like service scripts as part of your process. So service scripts is actually something that Disney really popularized with their employees, and that's basically having a script for different scenarios so that you almost have an optimal response for common scenarios that can come up.

So in a healthcare setting, let's say someone is frustrated because the clinic is running late and their appointment was 30 minutes ago. I mean, this happens all the time. So if everyone, your front staff, your nurses has a script to be able to respond to that optimally, then right then and there, you can avoid some major conflict. So those are some aspects of process that I think about.

And then last but not least is people and really just ensuring that you're hiring good people, that you're taking the time to invest in them and train them. This really came across in all of the books that I read. Unreasonable Hospitality really emphasizes this. There's several books on Disney as well that really emphasize how they're very careful about who they hire and train them extensively before even having them a part of the experience.

Really, I think the idea is if you're taking care of the people around you, if you are [inaudible 00:28:26] that will extend to every part of the experience, it'll extend your customers, it'll help keep them loyal. So those are some of the people, process, place or the main ways that I break it down. I think there's a lot of granular things within those that can be done and applied in healthcare and clinics, hospitals.

David Mandell:

Yeah, I like that. I really like that framework. It's pretty intuitive. Let's focus on the people for a second. One of your slides says, there's a quote here from a study, empirical study, "It's common belief supported by numerous empirical studies that satisfied employees and satisfied customers are highly correlated." That makes sense, right? I mean, anything from the receptionist at the medical or dental practice to the extenders, nurses, PAs, et cetera, if they're in a good mood, if they're happy, they're satisfied, they like working where they're at, that's going to impact how they treat the patients and then the patient's experience.

And if you think about it, and even my story of the colonoscopy, but I'm sure I almost say in any medical or dental setting, the patient's going to interact more with non-physicians than physicians, right? They're going to have their time with the doc, but between the extenders and the receptionists and the billing people, all of those, it's going to be more of those. So you've got to make sure that those folks are representing the practice in the right way. And if they're not happy at the practice in their position, that's going to be more and more unlikely. When the opposite is true, if they are satisfied, they like being part of the team, they feel supported, this is the place they like to go to work, that is likely going to translate into how they treat the patients in addition to some of the things you're talking about, training them up and having processes so that when someone says, "Hey, my appointment was 30

minutes ago," they're not just going off the top of their head, but there's a standard response that is thought through that ideally is making them feel better about things.

Obviously, it's not one or the other. You got to do people, place and process, all of these things, and put it together. Really interesting stuff. I mean, it seems intuitive, but if you really dig in and start to take lessons from these other industries, I think, medical practice, dental practice, hospitals, clinics, all of these would be better off.

As we wrap, Ben, any high-level takeaways or if people wanted to learn more, where would they go? If they say, "Hey, this is something I like. Where would I go to learn more and maybe apply some of this stuff to my practice?"

Benjamin Ostrander:

I mean, I think some big takeaways, I think number one, if you're looking to improve healthcare, improve your business, think about looking outside the box, so innovating by taking something from other disciplines, even hobbies. There's probably something there if you look hard enough. So I think just trying to make those connections and keeping your eyes and ears open for that can be really helpful. Think about how you can apply even little things, little elements of hospitality to your business, to your clinic, and just experiment with it and see how it affects your employees, your patients. I just would be very interested to hear how that goes.

As far as learning more, I mentioned some of the books. Unreasonable Hospitality is a great one. One that's a little more healthcare focused is called Patients Come Second. And there's some other organizations out there that really focus on this. One is called the Beryl, B-E-R-Y-L, Institute. Disney has training for hospitality, training for executives and business owners, including people in healthcare.

David Mandell:

Interesting.

Benjamin Ostrander:

So I think those are a lot of potential resources there. And of course, would be happy to chat more with anyone who is interested in learning more.

David Mandell:

Excellent. Ben, really impressive. Ben's on the road at this point going to interview at fellowships. So this is a young guy who's obviously a superstar, and the idea of applying these topics to medicine is something that I think very experienced docs in every field could learn from, and I'm really glad that you gave that talk and I was able to get you on here. I wish you the best as you go through your training, and thanks again for being on. It was really fascinating.

Benjamin Ostrander:

Yeah, thanks so much for having me. It's been a pleasure.

David Mandell:

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