

THE PERFECT KEYNOTE FOR YOUR NEXT MEETING:
Well-known speaker, author and customer-care expert
Larry Johnson and his wife, CJ, present:

THERE IS NO "THEY"

Delivering Care from the Customer's Perspective

While on a bicycling vacation in 2003, CJ, who is Larry's wife and life partner of 38 years, was involved in an accident that changed their world. Despite wearing a helmet, CJ sustained a closed-head injury that put her in a coma for eight weeks, and a persistent vegetative state, from which she emerged seven months later. Going from intensive care to skilled nursing to home healthcare, CJ and Larry have experienced firsthand what it's like to be health care customers.

In this dynamic, humorous, and heart-felt presentation, Larry shows the audience how they can make huge differences in patients' perceptions of the care they receive.

Then, to drive home the point, Larry and CJ share their story. It's a story of frustration and reward, despair and hope, tragedy and joy. It's a story that will touch the hearts of the audience and make them glad they have chosen to work in this very noble field.

THERE IS NO "THEY"

Here's what clients and audience members have to say about this presentation:

"Larry Johnson is a true hero. His stories, his adventures and his life are utterly amazing. We thoroughly enjoyed our time with Larry. His ending made a lasting impression on each of us. **Never, no never, take life for granted!** Live each day to the fullest and treat everyone with the utmost respect and dignity no matter where they may be in life. Larry, you were a true blessing to each of us. Keep up the great work."

Thom Mills, *Administrator, Quality Home Health, Jamestown, TN* — tmills@anesis.com

"BLESS YOU — THANK YOU. You brought back to me why I do what I do."

Brian Griffiths, *Administrator, Medical Lodge of Goddard, Goddard, KS, (316) 794-8635*

"Thanks for sharing your personal experience with us. **Hopefully, each of us will be reminded of how important privacy, dignity, and independence are to every elder/resident we care for.**"

Susan Breazeale, *Director of Nursing, Lila Doyle Nursing Care Facility, Serreca, SC, (864) 885-7677*

"Larry, you are a wonderful speaker and it is very interesting to hear about our industry from the client side of the room. **I had never thought about why people wanted the window bed.** I loved the term you used for our semi-private rooms, 'semi-public.' "

Robin C. Jones, RN, *Director of Nursing, Subacute SHRS, (864) 506-3191*



LARRY & CJ JOHNSON

Dear Meeting Planner,

This presentation, which is 20 percent informational and 80 percent inspirational, will rekindle health care professionals' and managers' dedication to serve their patients and residents. By the end of this presentation, the audience will better understand:

- 1. How patients and their families talk to others about the care and services they receive at your facility.** According to TARP, a well-known customer service survey company, happy customers are not as vocal as unhappy ones. The 5/11 rule tells us that on average, happy customers brag about you to five others while unhappy customers tell eleven others how awful you are.
- 2. How managing perception creates the reality of care as much as the actual delivery does.** Obviously, the quality of care we deliver to our patients is important. Unfortunately, patients and families have no way of judging that quality — they only know how they feel about it when it is happening — and that is what they talk about when they tell others about you and your facility. Therefore, it is incumbent on all care providers to actively manage the perceptions their charges have of the care they receive.
- 3. Why care and compassion are important.** CJ and I share the story of her accident and our four-year journey through the health care system.

Why "They" Don't Exist. The title, "There Is No 'They,'" came from people asking me about CJ's status — wanting to know what "they" said were her chances of waking up from the coma, or when "they" thought she could have her stomach tube removed, or if "they" thought she would ever talk or walk again. It was as if everyone interested thought there was some "they" out there who was monitoring our experience to make sure everything was handled just right — and so did we. Unfortunately, we discovered that there simply was no "they." There was just us, and we had to find our own way. This was daunting because even at its best, health care is often disjointed and misdirected.

Many times, the right hand doesn't know what the left hand is doing. Additionally, institutionalization creates great losses for patients and their loved ones: loss of privacy, loss of independence, loss of control, and worst of all, loss of being perceived and respected as an adult human being.

I vividly remember the day I walked into CJ's room at one of the nursing homes in which she stayed, and found her sitting in her wheelchair with her hair done in pigtails and a doll placed under her arm. I knew that the staff member who did this meant well, but I also realized that she did not perceive CJ as the 57-year-old adult woman I knew and loved: the student who maintained a 4.0 GPA all through college; the brilliant mortgage banker who managed a team of 10 loan officers; the woman who achieved Life Master status as a tournament bridge player; an active contributor to various political causes; and the mother of a successful adult daughter.

Of course, these losses are often the unavoidable side effects of leaving critical health care in the hands of strangers. Most institutions do the best they can with the resources they have, but they are not family, and can never care for a loved one the way family would. They must follow procedures, policies, and processes to get the work done. This kind of care can't help but be impersonal. Nor, with the numbers of people involved, can snafus and missteps always be avoided.

CARETAKERS WHO CARE MADE THE DIFFERENCE

The saving grace for us in going through this impersonal and imperfect system however, was that along the way there were many enlightened medical professionals and care providers who went beyond just doing their jobs.

We called them **CARETAKERS WHO CARE**. There was Richard, the RN who spent hours comforting me and our family in the intensive care unit as CJ lay there in a complete coma. And there was Alecia, the aide who treated CJ like an old friend and would share family stories and gossip with her, even though CJ was in a persistent vegetative state at the time and could only stare at the ceiling. Thankfully, CJ has since emerged from that condition and can now talk and respond.

The final outcome of this presentation is that audience members will feel encouraged and motivated to be **CARETAKERS WHO CARE**, because in doing so, they make all the difference in how patients and their families perceive the entire experience.

Larry Johnson