



St Basil's
—living well—

Closing the Experience Gap

THE ENGINEERING OF DIGNITY

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Intro

I have spent my career operating in high pressure environments where the margin for error is razor thin. My perspective was forged during nearly five years in military operations as frontline deployed soldier, where I learned the underlying truth that under extreme stress, people do not rise to their intent; they fall to the level of their operational system design. That design determines what happens when things get hard.

That foundation of discipline led me into the precision of the commercial kitchens as a Chef, where I first saw how quality is the result of repeatable, rigorous processes. It eventually took me into global leadership roles with organizations like Disney, the Ritz-Carlton, and Carnival Cruise Lines global cruise operations, where I witnessed firsthand how experience is engineered at scale and how a system can be authorized to produce excellence

Throughout my journey, I have sought to bridge the gap between technical rigor and human experience. Whether earning a Master's in Hospitality Management to understand the science of service or a Lean Six Sigma Black Belt to master the mechanics of business transformation, my focus has remained on how we design systems that actually work for people

In recent years, I have applied Human-Centered Design and Behavioral Psychology to the aged care sector. I have realized that the experience gap we see today is not a failure of values or a lack of effort from our teams; it is a structural design flaw. What our residents experience is actually the exact output our current legacy systems were built to produce. Today, I work in aged care, navigating the exact same system as you.

We often talk about person centred care as our goal, but our operating models are frequently over engineered for task efficiency and compliance. This creates predictable collisions, or combustion points, where operational pressures make upholding a resident's dignity mathematically impossible. In those moments, the system requires a trade off, and dignity is usually the engineered casualty.

I have put this resource together to help you identify systemic collisions and rethink the permission structures within your organization. If we want a different experience for our residents, we must change what our systems reward and start owning the blueprint of our governance. I hope this resource helps as you begin redesigning your own system for dignity and excellence.

Ivan

Blueprint for Experience



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The Foundations of Exceptional Experience



Defining the Experience Gap

The experience gap represents the disconnect between an organisation's aspirational goals and the actual lived reality for residents. This gap is essentially a structural design challenge; in high pressure environments, people do not rise to their intent, they fall to the level of their system design. What we observe in daily operations is the exact, engineered output of legacy systems working as designed. To close this gap, leaders can move from service delivery to system design by re-engineering operating models to balance competing priorities, such as the Five Experience Tensions. Tools like Customer Persona mapping and Journey Mapping allow executives to identify specifically where the system currently prioritises efficiency over dignity.

The Five Levels of the Experience

Understanding your position on the service hierarchy is vital for converting residents into loyal brand Ambassadors. This hierarchy categorises delivery from Level One (Toxic) and Level Two (Average) up to Level Three (Good), Level Four (Great), and Level Five (Exceptional). Elevating an organisation requires an intentional commitment to the I.C.A.R.E. principles: Impression, Connection, Attitude, Response, and Exceptionals. By implementing the L.E.A.R.N. or H.E.A.R.T. service recovery frameworks, teams can ensure that when systems face pressure, the response is designed to restore trust and exceed expectations rather than simply meeting a clinical baseline.

Practical Magic vs. Happenstance

World class service is the result of intentional engineering rather than accidental heroics or simply hiring "nice" people. Practical Magic is the concept that spontaneous wonder for a resident is the result of meticulous backstage operational planning. My time at Disney and the Ritz-Carlton demonstrated that legendary service is engineered through system design that removes frontline ambiguity. By establishing a Common Purpose (like Cleveland Clinic "Patients First") and structuring priorities through the Four Keys—Safety, Courtesy, Show, and Efficiency—leaders align the 3Ps (People, Process, and Place). This alignment ensures the right behaviour becomes the easiest behaviour to execute.

The Architecture of Guestology and Alignment

Guestology: From Care Recipient to the "Host-Guest" Relationship

While we rightly call our facilities a "resident's home," the institutional reality often sends a different signal. Guestology is the science of understanding the person behind the clinical profile to ensure that "home" is defined by hospitality rather than just habitation. By treating the resident with the reverence of a guest, we move away from the "clinical consumer" model and toward a relationship where their comfort, identity, and social rituals are the primary focus. This shift ensures that even within a regulated environment, the atmosphere is defined by warmth and welcome rather than task completion.

The Guestology Compass

To truly make a facility feel like a home, we must look beyond basic care plans and map the Guestology Compass. This tool helps us understand the four dimensions of a resident's experience: Needs (clinical and physical safety), Wants (personal preferences and lifestyle), Stereotypes (the fears they have about "losing their home" to an institution), and Emotions (the underlying feelings of their journey). In aged care, addressing Stereotypes is crucial for maintaining a home-like environment. If a resident fears that "home" means "loss of control," our system must be designed to prove otherwise through autonomy and flexibility. Understanding their Emotions ensures we recognise that a meal or a morning routine is a lifelong ritual, not just a clinical task.

Establishing a True North: "Person First"

In a complex, high-pressure environment, a simple Common Purpose acts as the strategic "True North" for every member of the team. For example, when the Cleveland Clinic adopted the "Patients First" principle, it aligned every staff member—from clinicians to cleaners—around a single goal. In our context, a True North provides the permission structure required for a staff member to stop a task and sit with a resident who needs connection. It acts as a litmus test for every decision: does this action make this feel more like a home, or more like an institution? By aligning around this purpose, we ensure that the resident's dignity is never the engineered casualty of our operational efficiency.

The Core Delivery Systems



The 3Ps Framework: The Engine of Experience

To move from a mission statement to a lived reality, we must look at the three delivery systems that actually produce the resident experience: Process, People, and Place (or Setting). These are not separate departments; they are an integrated engine. In world class systems, these three elements are seamlessly aligned to ensure that the resident's journey is consistent and dignified. If any one of these is out of alignment—for example, if you have great people but a broken process—the experience fails. By viewing these as a combined framework, we can identify where the "machinery" of our care model is supporting or hindering our True North.

Process and "Combustion Points"

In any high pressure environment, we must plan for Combustion Points. These are moments where operational complexity and competing priorities collide, and where the system is most likely to break. For example, when time pressure is put against a resident's need for dignity during a meal, a collision is forced. These are not random staff mistakes; they are the predictable result of a process that has made person centred care mathematically impossible. To fix this, we must "debug" our systems. This involves identifying these friction points early and redesigning the process so that it supports the human moment rather than forcing it to become a casualty of efficiency.

Setting: "Everything Speaks"

The physical and virtual environment is not just decoration; it is a lived audit trail of our true governance and priorities. In world class service design, we recognise that Everything Speaks to the resident through all five senses. If a dining room feels clinical and institutional, it is not an accident by an architect; it is the physical manifestation of an upstream decision to prioritise throughput and infection control over hospitality. Every detail in the setting—from the lighting to the noise levels—sends a signal about whether this is a place of care or a place of clinical processing.

People: Everyone is a Caregiver

In a high performing culture, we move away from rigid hierarchies toward the concept of the Cast Member, where everyone is a caregiver regardless of their job title. This mindset, famously used by the Cleveland Clinic and Disney, levels the organisation so that every employee takes personal ownership of the experience. When the laundry team, the maintenance crew, and the clinical staff all see themselves as essential to the resident's dignity, the system becomes resilient. It moves the responsibility of "experience" away from a single department and makes it the shared mission of the entire team.

Structuring Priorities and Making Trade-offs

The Four Keys: A Hierarchy of Permission

In the heat of a shift, staff are constantly forced to make split-second decisions. Without a clear hierarchy, they often default to what is easiest or fastest. The Four Keys—Safety, Courtesy, Show, and Efficiency—provide a strict ranking of quality standards to guide those choices. The genius of this framework is placing Efficiency last. This explicitly authorizes a staff member to stop a task to uphold a resident's dignity or safety. It transforms "compliance" from a ceiling into a baseline, giving the team a clear permission structure to prioritise the human moment over the speed of the process.

Five Experience Tensions

The dining room and the daily care routine are where system design and human dignity collide most visibly. To move toward an exceptional experience, we must manage the five structural tensions that exist in every aged care home:

- Safety vs. Hospitality: Balancing clinical risk (like choking hazards or falls) with the warmth, choice, and "dignity of risk" of a real home environment.
- Efficiency vs. Dignity: Navigating the choice between "processing" residents quickly to meet a roster and allowing them the time and autonomy to move with grace.
- Systems vs. Flexibility: Ensuring our rigid operational processes (like set waking or meal times) don't override the resident's personal hunger, rhythms, or preferences.
- Compliance vs. Experience: Moving beyond just ticking boxes for an audit or accreditation to ensure the resident actually finds joy and quality in their day.
- Task vs. Meaning: Shifting the focus from the functional act of "completing a shower" or "serving food" to the importance of the human connection made during those moments.

Recognising these tensions allows us to stop blaming individual staff members and start redesigning the "collisions" that make these trade-offs feel unavoidable.



Strategic Balance

At an executive and governance level, we must balance competing organisational priorities to ensure the system remains sustainable and healthy.

The Quintuple Aim serves as our strategic framework for this balance:

- Better Health: Improving clinical outcomes and safety for our residents.
- Better Care: Enhancing the individual experience of care and upholding personal dignity.
- Lower Cost: Managing resources, waste, and financial stewardship effectively.
- Provider Wellbeing: Ensuring our staff are supported, valued, and not burnt out by flawed system designs.
- Health Equity: Ensuring fairness, inclusion, and accessibility for every resident in our community.

By using this framework, leadership can ensure that an "Efficiency" drive doesn't come at the cost of "Provider Wellbeing" or "Better Care," maintaining the long-term integrity of the organisation.

The I.C.A.R.E. Principles (The Interface)



Impression: The First Signal

Everything a resident or family member sees, hears, or smells creates an immediate imprint of the quality of care they can expect. Mastering the Impression means recognising that employee professionalism and a pristine, welcoming environment are not just "nice to haves"; they are signals of safety and competence. If the setting is clinical or neglected, the subconscious impression is that the care will be equally institutional. By intentionally designing the "on-stage" experience, we ensure the very first interaction builds confidence rather than doubt.

Connection: Turning Residents into Ambassadors

The Connection is the pivot point where a clinical transaction becomes a human relationship. It is built through deliberate, personalised communication and the slow earning of trust. When we move beyond "delivering a service" and start connecting with the person's history and identity, we convert residents and their families into brand Ambassadors—loyal advocates who feel seen and valued by the organisation.

Attitude: The Filter of Excellence

An organisation's Attitude acts as the filter for everything employees think, say, and do. Fostering a "Yes" mentality means having the idealism to believe that our residents deserve an incredible product every single day. This isn't about forced smiles; it's about a cultural commitment to being "solution-oriented" rather than "barrier-oriented". When the default attitude is one of hospitality, the resident feels like a person in their home, not a number in a system.

Response: Owning the Recovery

In any system, things will eventually go wrong. Response is about taking personal responsibility in those moments of crisis and acting with genuine urgency. Service recovery is a designed process, not a defensive reaction. By using frameworks like L.E.A.R.N. (Listen, Empathise, Apologise, Resolve, Normalise) or H.E.A.R.T. (Hear, Empathise, Apologise, Respond, Thank), we ensure that even a mistake becomes an opportunity to strengthen the bond with the resident.

Exceptionals: The Backstage Investment

Exceptionals are the extraordinary results that only happen when the "backstage" is healthy. This requires a deep investment in culture, teaming, and training to ensure employees feel safe and empowered to go above and beyond. You cannot mandate a "magical moment"; you can only build a system where employees are authorised and inspired to create them.

Building a High-Performing Culture



Building Safety: The Foundation of Connection

A high-performing culture starts with the brain's biological need for security. We build this through "belonging cues"—consistent eye contact, active listening, and energetic exchanges—that signal to the amygdala that "we are safe here". Based on the research of Daniel Coyle (The Culture Code) and Amy Edmondson, these signals halt internal competition and defensive posturing. By quieting the brain's "threat-detection" system, teams can stop protecting themselves from each other and instead channel their collective energy outward toward the resident experience.

Sharing Vulnerability: The Cooperation Loop

Trust is built through the courage to be wrong, not the facade of perfection. A "Vulnerability Loop" starts when a leader or peer admits a mistake or a gap in their knowledge; this signal invites others to be equally honest, replacing defensiveness with cooperation. To turn this into a routine, we utilise After-Action Reviews (AARs)—short huddles held immediately after a service failure to dissect the "why" without assigning blame. This ensures we focus on fixing the system rather than the person, preventing the same mistake from happening twice.

Establishing Purpose: High-Purpose Signals

High-purpose environments are engineered by "flooding the zone" with small, vivid signals and heuristics that constantly link present actions to the ultimate goal. These "rules of thumb" serve as cognitive shortcuts, ensuring that even the most repetitive daily task is viewed as a vital contribution to the resident's dignity. When the purpose is clear and visible, the team doesn't need a manual to know how to act—they simply follow the signal.

Internal Customer Service: The Mirror Effect

You cannot provide world-class service to residents if you aren't providing it to each other first. This principle applies the hospitality standards of the Ritz-Carlton to our colleagues, treating them with the exact same reverence and urgency provided to the paying customer. By eliminating toxic hierarchies and serving our teammates, we ensure the "backstage" culture is healthy enough to sustain the "on-stage" excellence our residents deserve.

Leadership and Governance



Leadership Styles

Effective change requires leaders to understand their primary operating style. Leaders typically function as an Artist (abstract explorer of new visions), a Scientist (concrete explorer testing data-driven theories), a Builder (concrete exploiter of operational scale), or an Evangelist (abstract exploiter who aligns others with the mission). Recognising these styles allows a leadership team to balance innovation with execution, ensuring that visionary ideas are successfully translated into stable, everyday practice.

Managing "Chaordic Tension"

Exceptional service exists in the "Chaordic" space - the thin line between Chaos and Order. Governance must balance the necessary control of scalable systems (Order) with the chaotic freedom required for frontline innovation and unscripted service spontaneity (Chaos). If a system is too rigid, human connection dies; if it is too loose, clinical safety is compromised. The goal is to design a system that is tight on safety but loose on personal expression.

Accountability The Outcome Audit

Leadership must shift from philosophical inspiration to true systemic ownership. Traditional governance often audits activity (did the staff member complete the task?), but true accountability measures the outcome (was the resident's dignity upheld?). Through the "Monday Morning Audit" approach, we accept that service failures are usually symptoms of flawed system design rather than individual negligence. Executive success is defined by creating a system where excellence is the default result, not a heroic exception.

The Monday Morning Audit



We often mistake "caring" for a strategy. But in a complex system, intent is fragile. It breaks under the weight of rosters, rigid compliance, and task-based cultures.

If your systems are designed for efficiency but your mission statement is about dignity, the system will win every single time. Staff will eventually stop choosing the resident because they can no longer afford the "cost" of being human in your design.

Engineering Dignity is the commitment to making excellence the path of least resistance. It means:

- Stop asking staff to be heroes.
- Start designing systems that make their heroism unnecessary.
- Own the collisions between your clinical safety and your resident's soul.

The experience your residents are having right now is exactly what your system is currently designed to produce. If you don't like the outcome, you have to change the design.

If you want to close the gap, start here on Monday morning.

When a staff member chooses dignity over speed, what does your system actually reward?

Where have you built processes that make dignity mathematically impossible?

And are you auditing activity, or lived experience?

Monday Morning Checklist



Audit the "Cost" of Being Human

Spend thirty minutes on the floor during a peak service. Don't look at the residents; look at the staff.

- The Question: When a staff member stops to have a meaningful 30-second connection with a resident, what "breaks" in the system?
- The Action: If that connection causes a clinical delay or a kitchen backlog, your system is currently taxing empathy. Identify that specific friction point.

Run a "Combustion Point" Huddle

Gather a small team for a 10-minute standing meeting. Ask them to identify one "Combustion Point"—a repetitive task that causes the most frustration or waste.

- The Action: Don't solve it yet. Just document it. This is your first target for a Lean "debug" to win back time for care.

Change the Language of the Handover

Shift the focus from tasks completed to outcomes achieved.

- The Action: Instead of only asking "Did everyone get fed?", ask: "Who had the best dining experience today, and why?" This signals to the amygdala that "Connection" is a valued and safe output of their work.

Review Your "Reward" Signals

Look at your internal comms or most recent performance feedback.

- The Action: Check if you are praising efficiency (getting things done on time) or dignity (handling a complex social tension well). If you only reward speed, you are designing a production line, not a home.

Interrogate One Process

Pick one rigid rule—perhaps a mealtime window or a tray service protocol.

- The Action: Apply the Five Tensions lens. Does this rule exist for the resident's dignity, or because it's easier for the kitchen? If it's the latter, that is where you start the redesign.

The Origins of the Frameworks

Guestology and The 3Ps (Place, People, Process)

The term Guestology and the 3Ps framework were pioneered by Bruce Laval at The Walt Disney Company. Laval moved the company from traditional management to a "customer-centric" science, treating the guest experience as a measurable engineering output.

The Four Keys (Safety, Courtesy, Show, Efficiency)

These represent Disney's Quality Standards, a prioritised hierarchy designed to remove frontline ambiguity. By placing Safety at the base and Efficiency at the top, Disney created a "permission structure" that authorises every staff member to stop a task to uphold a guest's experience or safety.

Patients First & Everyone is a Caregiver

These philosophies were famously operationalised by Dr. Toby Cosgrove and James Merlino at the Cleveland Clinic. By partnering with the Disney Institute, they transformed a world-class clinical institution into a world-class service organisation by acknowledging that every interaction—from the surgeon to the cleaner—is a caregiving moment.

Lean Six Sigma (System Design & Debugging)

The methodology for identifying Combustion Points and "debugging" systems originates from Lean Manufacturing (Toyota) and Six Sigma (Motorola). While these concepts are well-established in global healthcare leaders like the Cleveland Clinic to improve clinical outcomes, they are still relatively new to the aged care sector. Lean focuses on removing "waste"—the administrative and physical frustrations that steal time away from resident care—while Six Sigma uses data to reduce variance, ensuring that a high-quality experience is a predictable result every time rather than a lucky accident based on who is on shift. These tools allow us to design a system that supports excellence by default, rather than relying solely on the heroic effort of individual staff members.

Service Recovery (L.E.A.R.N. & H.E.A.R.T.)

L.E.A.R.N.: Widely used in the hospitality industry (including the Ritz-Carlton) to standardise the response to service failures.

H.E.A.R.T.: The specific service recovery framework developed by the Cleveland Clinic to handle clinical and service grievances with empathy and urgency.

The Quintuple Aim

This is an evolution of the Triple Aim, originally developed by the Institute for Healthcare Improvement (IHI). It is the global standard for balancing the competing demands of health systems: better outcomes, better experiences, lower costs, clinician wellbeing, and equity.

The Experience Hierarchy (Toxic to Exceptional)

This framework draws from The Experience Economy by Pine and Gilmore, which posits that businesses must move beyond "commodities" and "services" to create memorable "experiences" that transform the customer into an advocate.

The Origins of the Frameworks

I.C.A.R.E. Principles

The I.C.A.R.E. framework—Impression, Connection, Attitude, Response, and Exceptionals—is the operational translation of the service excellence standards pioneered by the Disney Institute and the Ritz-Carlton. While it is often seen as a soft-skills tool, its DNA is rooted in Disney's Quality Standards, providing a structured "how-to" for executing the keys of Courtesy and Show. It incorporates the H.E.A.R.T. recovery model from the Cleveland Clinic to handle grievances with empathy, and the On-Stage/Backstage philosophy to ensure the physical environment and staff behavior consistently signal safety and hospitality. This interface ensures that the "Practical Magic" of a great experience is a designed, repeatable interaction rather than a random act of kindness.

Five Experience Tensions

The Five Experience Tensions—Safety/Hospitality, Efficiency/Dignity, Systems/Flexibility, Compliance/Experience, and Task/Meaning—is a framework developed by Ivan. It represents a synthesis of professional observation and structural design, codified into a unique tool to identify the predictable, structural collisions between clinical safety and human interaction. These are not random failures, but competing system priorities that must be consciously balanced to ensure operational goals do not unintentionally sacrifice resident dignity. By using these tensions as a design lens, leaders can move beyond "ticking boxes" to ensure that the machinery of care supports nutrition, autonomy, and cultural identity rather than treating them as operational casualties.

Building a High-Performing Culture

The frameworks of Building Safety, Sharing Vulnerability, and Establishing Purpose are anchored in the research of Daniel Coyle (The Culture Code) and the concept of Psychological Safety pioneered by Amy Edmondson. These principles explain the biological necessity of "belonging cues" to quiet the brain's amygdala and allow for cooperation. This is extended by the concept of Internal Customer Service, which applies the hospitality standards of the Ritz-Carlton to colleagues, ensuring that the "backstage" culture is as respectful as the "on-stage" experience.

Leadership and Governance

The Leadership Styles (Artist, Scientist, Builder, Evangelist) and the management of "Chaordic Tension" originate from the work of Dee Hock (founder of Visa) and entrepreneurial management theory. In an aged care context, this governance model balances the Order needed for clinical safety and scale with the Chaos (freedom) required for unscripted human connection. This shifts Executive Accountability and the "Monday Morning Audit" from a philosophical exercise to systemic ownership, moving beyond auditing mere activity to measuring the actual outcome of whether resident dignity was upheld.

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This framework is not just a collection of theories; it is a reflection of the challenges we face and the lessons we learn together every day on the floor.

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I am especially grateful for our shared commitment to the St Basil's values of **Courtesy and Kindness**. These aren't just words on a wall; they are the standard we strive to meet in every interaction, ensuring that our systems always serve the person.

To my Mentors: Both past and present, and everyone who continues to shape my thinking and challenge my perspective.

Engineering Dignity is a collective effort. Thank you for being part of the design.

Ivan Zrinscak
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St Basil's South Australia

ST BASIL'S HOME (SA)

WE STRIVE TO PROVIDE THE BEST QUALITY CARE AND
ENSURE OUR VALUES OF 'COURTESY AND KINDNESS'
SHINE THROUGH IN EVERYTHING WE DO.

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