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An Evolving Customer Service Plan at Keller Army Community Hospital:

Doing More with Less, and Doing It More Nicely

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Abstract

Customer service is a critical determinant of patient loyalty. Exceptional service leads to high levels of satisfaction which, ultimately translates into higher patient enrollment. To be successful, the Military Health System (MHS) must demonstrate the ability to change and be focused on meeting customer needs. The Department of Defense is now offering a comprehensive medical program called TRICARE. The Surgeon General of the Army recently stated that "TRICARE is the future" and "If we expect to survive as an MHS, we had best get on board." Knowledge of customer service/patient satisfaction offers insight into the MHS-patient relationship and other essential components associated with health care delivery. **Purpose**: The purpose of this project was to produce a viable customer service training module that could be implemented at Keller Army Community Hospital (KACH), West Point, New York. The reason for conducting this study was to provide the senior leadership at KACH with a training module that would enhance personnel performance and develop customer loyalty. **Methods**: This was a qualitative type of inquiry and evaluation that was designed to capture variations in program experience and individualized outcomes. The study examined customer service by distributing a 10-item questionnaire to four military hospitals and four civilian hospitals that all demonstrated "best practices" regarding customer service. **Results**: The final product has served to continuously update the customer service skills and awareness of the staff. By instituting this process, the leadership at KACH hopes to enhance the quality of care being provided within the organization. **Conclusions**: This study showed that the phenomenon of customer service is one that is growing in popularity and one that will require much more attention in the future. Patients have now been empowered to voice their displeasure with the customer service they receive and, by doing so, have a powerful influence on the MHS. Further research would be required to determine the effectiveness of the customer service program at KACH.

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Introduction

This research project was designed to produce a viable customer service training module that could be implemented and measured at Keller Army Community Hospital (KACH), West Point, New York. The study first determines the overall patient satisfaction level at KACH using the Department of Defense Health Affairs survey, then examines the results of similar sized health care organizations (both civilian and military) regarding their respective customer service programs. This data was analyzed and codified in such a manner that it became the cornerstone for the development of the training module that is currently being implemented at KACH. It has just been in the past few years that customer service in health care has become a serious topic of discussion. Consumers of health care are no longer passive participants in the health care process. Their new predominance is increasingly influencing the strategy, operations, investment and policy decisions of military and civilian health care organizations. As a result of this ongoing dialogue and increased emphasis on customer service, Health Affairs has mandated that each Military Treatment Facility (MTF) within the Military Health System (MHS) develop its own customer service program following specified guidelines.

Customer service is a critical determinant of patient loyalty! Exceptional service leads to high levels of satisfaction which ultimately translates into higher patient enrollment. To be successful, a company must demonstrate the ability to change and be focused on meeting customer needs (Jones, 1997). For purposes of this project, the term customer will always refer to the patient unless otherwise noted. The health care industry today represents the epitome of change. It has been proposed that health care providers expand their attention beyond traditional purchasers of services, employers and insurers, and focus on redesigning customer satisfaction programs and tools to fit the new environment. Because customers are now paying an increasing portion of their health care costs directly through increased premiums, copayments, and

deductibles, providers and administrative personnel are forced to consider the customers demands and needs in order to remain competitive (Jones, 1997). The MHS is not exempt from this growing phenomenon!

Conditions which Prompted the Study: As pressures continue to constrain health care services and managed care organizations continue to expand, customers will spend an increasing portion of their discretionary income on paying directly for health care services. In doing so, they will demand more information on costs, quality, and expected results of those expenses (Jones, 1997). This will result in customers selecting providers who are more convenient to access, more responsive to meeting their needs and preferences, and better able to make them feel good about the outcomes. The systems in place for the delivery of health care services have continually evolved to deal with many of the new challenges put forth by the American public. One of the major challenges facing the industry today is that of customer service; this plays an important role in determining patient satisfaction levels.

Under TRICARE, Department of Defense (DoD) beneficiaries in this region now have the option to receive their health care from sources other than this hospital. TRICARE is DoD's marketing term for its health care reform plan. It is a comprehensive DoD medical program for active-duty, retired and family members of all military services. The goals of TRICARE are: 1) increased patient access, 2) consistent quality in military facilities or in participating civilian facilities, 3) cost containment for the beneficiary and the government through capitation budgeting and contracting, 4) enhanced beneficiary freedom of choice, and 5) support of readiness (Gillert, 1996). In an attempt to improve access and quality of care while reducing cost, the MHS is offering TRICARE beneficiaries a choice of health care options. However, the ultimate success of the program depends heavily on the enrollment of the beneficiary population (Noyes, 1997).

For the first time, our patients will be customers with a choice; and that choice will directly affect our resources. A loss of beneficiaries to other health care plans due to a perception of poor customer service will certainly have a direct adverse impact upon the ability of the staff to provide high quality patient care and sustain readiness skills and strength. Military Treatment Facilities (MTF) will soon be funded based on enrolled population. Therefore, it is in KACH's best interest to ensure that the maximum number of beneficiaries get enrolled in TRICARE Prime. As a result of Enrollment Based Capitation (EBC), customer service/satisfaction is now at the forefront of military medicine. The only way to assure an adequate level of funding is to increase market share; and the only way to increase market share is to maximize efficiencies in our system. This issue now has commanders' attention at all levels.

Lieutenant General Blanck, the United States Army Surgeon General, directed in his Customer Service/Customer Focus Policy, that all Regional Medical Commands (RMC) develop a hospitality training plan, and report the status and effectiveness of training programs on a quarterly basis. Major General Burger, the Commander of the North Atlantic Regional Command (NARMC), sent a letter on point of service courtesy to all NARMC MTFs in February of 1997 detailing his expectations. In it, he touched on the all-important concept of the customers' perceptions at the customer interface point. He said:

> *"The NARMC commits to radically improve how we serve our customers through systematically managing customer service, by focusing on the multiple interfaces (points of service) that will result in our becoming the easiest health care system for our customers to use."*

The goal is to set reasonable plans in motion and do a better job of providing consistently good customer service. Regardless of all the training in the past, the MHS still does not do a consistent job of providing exemplary customer service.

The quality triangle presented below illustrates how service, cost and technical outcome work together to achieve quality (Zeithaml, Parasuraman, & Berry, 1990). This triangle within the context of the MHS seems to be somewhat out of balance. It appears the MHS spends much more time and effort managing technical outcome and cost than it does on the service aspect. For example, the MHS has entire departments such as Resource Management, Quality Improvement, and Utilization Management devoted to these two corners. There are a multitude of management reports and meetings to oversee finances and quality; yet the MHS has committed very few resources to managing service. As a result, the customer service aspect of the quality triangle is lacking. It is as simple as, "*What gets paid attention to gets done*" (Burger, 1997).

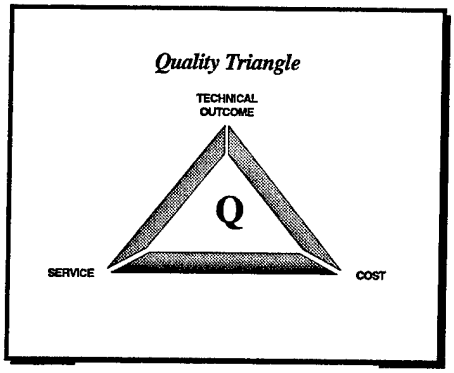

Fig. 1. Quality Triangle

Recent patient satisfaction surveys, conducted by the Office of the Assistant Secretary of Defense for Health Affairs (OASDHA), show that many of KACH's beneficiaries are now less satisfied with access and quality of care than they have been in the past. The survey also indicates a decline of interpersonal relationships between the staff at KACH and the beneficiary population. The implementation of TRICARE in Region I may be a factor in this trend. KACH has attained a 57 percent Prime enrollment rate of all eligible beneficiaries in this particular catchment area (Vancosky, 1998). While not a bad number given the amount of time the program has been implemented, the senior leadership within the hospital needs to be sure this figure will continue to rise. So, how does the leadership assure itself of continued growth? The answer is to develop customer loyalty! The issues surrounding interpersonal relationships must be addressed quickly if KACH is to continue to be a practicable health care facility.

To assist the senior leadership in making this conception a reality, the researcher developed a viable customer service training module to be used by the hospital. Customer satisfaction within a health care organization is an element that has proven to be a critical determinant of job performance as it relates to the staff (Weisman & Nathanson, 1995). Therefore, the Health Affairs quarterly customer satisfaction survey was examined to better understand the satisfaction levels of beneficiaries using KACH as their primary treatment facility. Also, an in-depth questionnaire was distributed to similar hospitals thus forming the basis for a comprehensive and workable training module. This training module is currently being executed at KACH. It is now evident that customers are no longer passive participants in the health care process, and numerous studies have shown that their new predominance in the industry has influenced the strategy, operations, investment and policy decisions of all types of health care organizations – to include the military.

Statement of the Management Question: This study asked the question; what are similar sized hospitals doing in the arena of customer service? After determining the answer to this question, a comprehensive and well thought out training module was developed in accordance with the directive mandated by Health Affairs. As part of this process, the quarterly survey conducted by the Office of the Assistant Secretary of Defense for Health Affairs (OASDHA) was used to gain additional insight into the customer satisfaction levels here at KACH. This is a customer satisfaction measurement tool used by DoD allowing medical facilities to gauge their success on a regular basis against results from similar facilities. The leadership at KACH felt it was important to understand the trend regarding customer service/satisfaction at KACH prior to adopting any particular style of training.

By obtaining data on how other facilities plan, implement, and evaluate customer service, KACH's leadership found itself in a better position to develop its own customer service training

module. The current training module is expected to have a positive impact on the overall quality of care provided at this facility. Competition is now being waged with customer preferences in mind. Many believe the MHS as a whole is far behind its civilian counterparts in the realm of customer service. For example, almost 80 percent of civilian health care executives recently surveyed indicated their organizations are going beyond conventional patient feedback mechanisms, such as questionnaires, patient surveys and toll-free numbers. They are now linking compensation to survey results, benchmarking provider and staff performance, and compiling report cards showing action taken as a result of findings (Campbell, 1998).

The MHS is not even close to implementing these standards but needs to be aware of what it is competing against. Developing a customer service training module that can be quickly implemented and frequently monitored will prove to be a step in the right direction. It is not enough to simply talk about customer service. It needs to be a part of the MHS culture and employees need to be held responsible for its implementation.

Literature Review

Background Information: Customer service has been defined as the "disposition to be helpful, thoughtful, considerate, and cooperative...[it is] a set of attitudes and behaviors that affect the quality of the interaction between hospital employees and patients (or more broadly, the staff or any organization and its customers)" (Hogan, Hogan, & Busch, 1984). It seems as though everyone now conducts some sort of evaluation of service quality and satisfaction on some level. As health care organizations become more aware of their own (and their competitors') levels of patient-perceived quality and satisfaction, as well as the important outcomes associated with these aspects of health care, competition is likely to increase even further. Attention has slowly begun to shift to those meaningful organizational and communication processes that serve to influence customer satisfaction and service quality.

Unfortunately, a general lack of empirical studies exist on behalf of health care organizational and provider/employee variables (such as service orientation) that could reasonably serve to influence service quality. This has resulted in a knowledge void. This void, coupled with a growing appetite on the part of health care managers for some direction as to how to effectively improve and measure service orientation, has resulted in an immense opportunity for those interested in this particular domain of health services management (O'Connor & Shewchuk, 1995). The MHS has also recognized this as an issue and is grappling with how to implement programs that will answer this growing need. It is fully understood that customer service has a direct effect on perceived quality and other important variables – namely patient enrollment. Hence, there is a strong need for those involved in both providing and managing military medicine to become personally acquainted with the concept of customer service.

The Service Imperative: Customer service has been a consistent topic in the popular management press for over a decade, yet very little quantifiable change has occurred. While the concept of customer service is not new, it has only recently been given the attention it deserves. The market is now demanding a revival of customer service. In most markets, health systems can no longer compete on price alone – they have already been cut to the bone. The majority of Health Maintenance Organizations are being forced to raise prices to remain in business and in many cases, employers are already receiving the lowest possible price for group insurance. As a result, many health care executives are claiming that it is imperative to provide great service in an attempt to set themselves apart from competitors. Excellent clinical care is available at many institutions, but it is not always coupled with great service. Some systems are investing millions in customer service while beefing up patient surveys, tying bonuses to customer satisfaction, and hiring competent staff to meet customer needs (Hudson, 1998). The standard is constantly being raised in health care.

The very fabric of our economy and the way we do business in this country is also changing rapidly. The transformation from a marketplace focused on goods to one focused on services has been referred to as the "second revolution" (Albrecht & Zemke, 1985). Albrecht and Zemke, 1985, also contend that if this shift from products to services is to be fully leveraged as a driving force, it will require a parallel transformation in the way organizations are conceptualized, structured, and most important, managed. Today, over 70 percent of the gross national product and 75 percent of all jobs can be attributed to the service sector (Rosen, 1998). Health care constitutes a large portion of the service industry. If health care organizations are to survive in the coming decade, they will need to embrace this change and put services and service operations at the forefront of their strategic plans.

Customer Expectations: Customers demand a high degree of service. Health care has become much more than the mere application of technology to diagnose and treat medical conditions, but rather a complex business of relationships to optimize health, not just minimize illness. One of the most telling trends in the health care industry is the cutomers' perspective on empowerment and a move toward valuing relationships (Mycek, 1998). An important area in which the MHS has concentrated its efforts is that of quality. The goal has been to raise the quality of military medicine to where it could be compared to that provided in the civilian sector. A congressionally mandated study, called the 733 study, compared the quality of military medicine to that of civilian health care using objective measures. The study concluded that military medicine was as good, if not better, than civilian care (Comprehensive Study of the MHS, 1993). Although this is a success story, the service component of providing care is still something that requires special attention. Customers seeking care in the MHS now expect much more than equitable quality of care as part of the process. They want "service with a smile" and if the MHS expects to survive, it had best answer this call.

According to research conducted by Columbia/HCA Healthcare Corporation, customers expect the best clinical outcomes, respect, reasonable prices, and compassion. Patients will no longer choose to simply receive care but instead will partner with providers while taking a more active role in their own care (Labovitz, 1998). In fact, it could be argued that we have made considerable strides in these areas. Larkin, 1998, suggests we need to go even further and develop a "zero barriers to care, zero wait time" mentality. He suggests that packaging would be especially useful (i.e., services previously scattered would now be coordinated and consolidated). The idea is instead of making the patient traverse the system, the system would come to the patient. Still, what patients will continue to want most fervently is choice. The Department of Defense has capitalized on this shift and the public's demand for health care reform by creating TRICARE, which has resulted in a regionalized managed care program. One of the key points in this plan is patient choice, thus mirroring one of the President's key health care reform principles (Anonymous, 1997).

Ultimately, health care consumers will want the best quality at the lowest cost. And, in the new millennium, patients and physicians will coalesce to make this happen. If this is true, the MHS must work very hard in making this a reality in military medicine. It must be known that eligible beneficiaries within the MHS now have a choice in where and how they receive their health care. Providing care to these individuals can no longer be looked at as simply "doing them a favor", nor can the MHS afford to operate under the philosophy that health care is purely an entitlement – a take it or leave it mentality. "The customer is always right" is probably the most shopworn of all business slogans, but it has never been more true than in the health care industry today.

Factors to Consider: While health care has historically been practitioner active and patient passive, this is no longer the case in today's environment. As baby boomers continue

to age, their desires and concerns will leap into the forefront of health care. As this generation begins to worry about osteoporosis and chest pain, it will become sophisticated, demanding, and well informed (Bartlett, 1997). It is precisely this group of people for which the MHS is currently struggling to provide care. A large portion of the retiree population falls into this category. If the MHS continues to operate under a 'business as usual' strategy, it may discover it has very little business left.

Past, present, and future patients, as well as the staff and physicians, have all been identified as customers in the health care system. Each type of customer makes up an integral component of the system and each has an impact on the quality of service delivered by the system. The health care industry continuously evaluates the roles of these customers while attempting to provide quality services and increase customer satisfaction (Mercier & Fikes, 1998). The concept of treating the patient as a customer is a relatively recent development. In the past, the patient was looked upon merely as an individual in need of medical attention. The patient is now perceived as an active participant in the delivery of services and should be viewed as the most important customer.

When looking at the delivery of quality services, there are several factors a health care organization must consider. These factors include the patients' active participation in their delivery of care, the nature of the clinical procedures, and the management of the interaction of all the customers involved in the process (Mercier & Fikes, 1998). An important way of creating patient satisfaction is to actively shape patient expectations so that they are realistic. This can be accomplished in part through clear and comprehensive communication. It is important that every employee of the hospital clearly communicate what is happening at each stage of the hospital visit. The patient's perception of quality and value is a key component of the patient's satisfaction with services received. Patients expect the care they receive will be (1) applicable to

their needs, (2) delivered in a timely manner, and (3) delivered with sufficient expertise (Mercier & Fikes, 1998). All aspects of the patient care delivery process influence the perception of the quality of services received, including the relationship between the patient and the hospital staff. This includes the responsiveness of the staff to the patient's individual needs as well as the clinical procedures provided. These factors have all been considered in the development of KACH's new customer service training module.

A Framework for Great Service: Evaluating the delivery process from which services are delivered is an important first step in achieving the goal of overall customer satisfaction. The key is to examine each step of the process and to evaluate its impact on customer satisfaction. A truly satisfied customer is one who is not only satisfied with specific interactions in the health network, but with the network itself (Girard-diCarlo, 1998). Ten years ago, customers were more interested in good clinical outcomes than they were in personal service. Today they expect both. Before establishing a framework for service, it is important to understand what a service culture really is. In a nutshell, "it is a coalition of employees, physicians, and volunteers working collaboratively to support change, as well as the programs, processes, policies, and services customers identify as most important to them" (Oswald, 1998). If customer service is to truly become a mainstay at KACH, a service culture incorporating these characteristics must be accepted and adhered to by the employees.

Why "great service?" What is wrong with "good service?" Good service is not good enough to insure differentiation from competitors, to build solid customer relationships, or to inspire employees to want to become even better at their work and at their lives (Berry, 1995). Thomas, 1993, asserts that health care providers will have to incorporate a service orientation that begins long before a patient utilizes a particular service and continues long after the experience is over. It has often been said that an organization can only be as effective as the

people in it. This aphorism is especially true for health care organizations that are increasingly demanding interdependent and teamwork behaviors to achieve goals.

Statement of Purpose

The primary purpose of this project was to produce a viable customer service training module that could be implemented at Keller Army Community Hospital. In keeping with the premise set forth by Thomas, 1993, the leadership at KACH requested the development of a product that would start working long before a patient utilizes a particular service and continues long after the service is complete. Therefore, the goal was to collect as much information as possible to enable the researcher to accomplish the task. A considerable amount of the data used to develop the training module was obtained from the 10-item self-administered questionnaire, as well as other information received from the participating hospitals. The questionnaire was sent out prior to December 4, 1998, to four Army community hospitals in the U.S. Army Medical Command (MEDCOM) and was hand-carried to four civilian hospitals located throughout the Mid-Hudson Valley Region of New York. The quarterly Health Affairs survey was also examined for additional pertinent data.

The dependent variable in this study was customer service itself. For the purpose of this study, service was defined as "the ability of providers and staff alike to change and be focused on meeting every customer need" (Jones, 1997). Within the same construct of customer service, one will also find customer satisfaction. This refers to the customer's feeling of satisfaction or dissatisfaction based on all the customer's experiences with the service organization. The milieu of customer service is broad and extensive. In an attempt to gather relevant data, the researcher administered a questionnaire containing several questions to like organizations. These questions represent the independent variables in the study. The ten independent variables in the form of

questions provided an adequate assessment of how other facilities are proceeding with the provision and measurement of customer service.

The researcher collected and analyzed the data. Ultimately, this data formed the basis for the actual customer service training module. The goal was to compile the most pertinent information from other civilian and military facilities' programs. The dependent variable, customer service, along with the supporting independent variables, remained constant throughout the entire study. The aim of the study was simply to gain information to formulate a practicable customer service training module, not to conduct an in-depth statistical analysis of the data.

Methods and Procedures

Study Design: The customer service questionnaire sent out in December, 1998 was descriptive in nature and was designed to capture the who, what, when, where, and how much of a particular variable exists. In this study, the variable of interest was that of customer service. This is representative of a cross-sectional study which is normally conducted to represent a snapshot of one particular point in time (Cooper and Emory, 1995). Also, the parameter being evaluated in this study was the actual degree of customer service taking place at similar facilities. This was a qualitative inquiry and type of evaluation that was designed to capture variations in program experience and individualized outcomes (Patton, 1990).

Although this study was cross-sectional in nature, it does lend itself to future analysis in the form of a longitudinal study. This could be accomplished by administering additional customer service questionnaires in the future to measure progress and gain further insight (Cooper and Emory, 1995). By using the same survey instrument and similar data collection methods, one could compare the findings of future questionnaires with the data that was collected in this study. In doing so, those involved may gain additional knowledge and would be

in a better position to improve upon the current customer service training module. It is important to note that this is an ongoing process that must be constantly improved upon and evaluated.

Supporting data from the quarterly Health Affairs survey was used to evaluate and get a better understanding of customer satisfaction levels at KACH. No statistical inferences were drawn from this data other than to obtain an understanding of how the beneficiaries view KACH following TRICARE implementation on June 1, 1998. The researcher took this information into account during the development of the customer service module - thus following the principle "listening to the customer" and learning from their experiences (Krivich & Boyd, 1997).

Sampling Strategy: The population for this study included four similar sized Army Community Hospitals in the MEDCOM and four other similar sized hospitals in the Mid-Hudson Valley. As previously discussed, a sample of this population was obtained by distributing a self-administered questionnaire to the various hospitals. A qualitative research method was employed which permitted the researcher to study selected issues in depth and detail; the fact that data collection was not constrained by predetermined categories of analysis contributed to the depth and detail of such data (Patton, 1990).

The participating military hospitals were identified and selected through the Office of The Surgeon General. Selection criterion was based on MTF customer satisfaction levels as it relates to interpersonal relations. The data extracted for these purposes came directly off the Health Affairs survey. The three questions used to formulate this data centered around friendliness and courtesy, attention given to what the customer has to say, and personal interest being shown to the patient (See Appendix A). The criteria for specific MTF selection required the hospital to be an inpatient facility, score 89 percent or above on average and have a least one period greater than or equal to 90 percent. Although there were several hospitals to choose from, the researcher was able to narrow the field to four based on the established set of criteria.

Participating civilian hospitals were identified through the President, Northern Metropolitan Hospital Association (NORMET). NORMET is a membership organization committed to helping health care facilities in the Mid-Hudson Valley to increase their operational effectiveness and better meet the public's health care needs. The organization offers numerous programs, including group purchasing and other shared services, which support its members commitment to provide effective and efficient health care to their respective communities. There was no definitive data to base this decision on as there has yet to be any type of consolidated report card developed for the hospitals in the Mid-Hudson Valley.

Nevertheless, the President of NORMET has been in the area for over 20 years and has worked in several of the hospitals in the region. He made his recommendations of the four hospitals based on his experience and first-hand knowledge of these facilities. Although each of the hospitals visited by the had their own survey or other mechanism for measuring customer service and patient satisfaction, there was no standardized measuring tool to compare the hospitals against one another. A consolidated report card has been developed and is currently being tested but could not be used for the purposes of this study. Only similar sized hospitals were selected for the study. There were no hospitals with less than 30 beds and none with more than 150 beds even considered.

The data collected represented various levels of progress regarding customer service, both from a military and a civilian perspective. The majority of the data was qualitative in nature, which provided apposite material for the development of the training module. The most salient points from each response and any supporting documents were expunged and used in the preparation of KACH's training module. The researcher was fortuitous in that much of the information used in the development of the training module came from supplemental pamphlets, brochures, and other additional handouts received from the participating hospitals. This

information was above and beyond that gleaned from the particular questions in the questionnaire. All participants, regardless of whether they were military or civilian, received the same questionnaire. Although the same survey instrument was used, a separate analysis was conducted thus differentiating civilian versus military facilities.

Because this was a qualitative inquiry, the aim was to focus in-depth on relatively few samples. According to Patton, 1990, this is referred to as "purposeful sampling" which allows the evaluator to gather relevant data from few sources for the purpose of producing confident generalizations. The goal of this research was to go a step further and actually use this information to produce a quality customer service training module that takes into account the lessons learned from the sources evaluated. The reason for "purposeful sampling" is to select information-rich cases which will illuminate the questions under study (Patton, 1990). The objective of the mailing was to reach similar sized hospitals who have engaged in "best practices" methodologies in achieving optimal customer service. Hence, the researcher relied on information from OTSG and the President of NORMET.

Survey Instrument: The 10-item questionnaire used in this study was developed around the notion that other hospitals are actively engaged in providing distinguished customer service and have valuable information to offer. The purpose of the questionnaire was to provide a tool that would assist in codifying the information into a professional document, which will hopefully lead to an improvement in customer service/satisfaction at KACH (See Appendix B).

The researcher intuitively designed the questions with one premise in mind; the idea was to gather the most pertinent data available in the realm of customer service. An effort was made to assemble the "best practices" from all the participants and take a close look at the specific elements involved in making their respective programs successful. Although there was important information gleaned from the questionnaire, the most useful information came from

additional pamphlets, brochures and other documents shared by the organizations. Much of this information was collected during face-to-face interviews the researcher initiated with the civilian facilities.

In addition to the questionnaire, the Health Affairs survey was used purely as a tool to better understand customer satisfaction. This is a 17-item patient survey of which the reliability and validity has been thoroughly tested. The verbal anchors for the seven point rating scale used in this survey range from: 1) Completely Dissatisfied, 2) Very Dissatisfied, 3) Somewhat Dissatisfied, 4) Neither Satisfied nor Dissatisfied, 5) Somewhat Satisfied, 6) Very Satisfied, and 7) Completely Satisfied. The questions in this survey are meant to gather pertinent information that will enable the researcher to make educated generalizations about the satisfaction levels of beneficiaries receiving health care at KACH. The survey specifically targets the beneficiary population using KACH as their direct health care facility. As discussed earlier, there were three questions that provided this data; and they all focused on interpersonal relations.

Data Collection: The questionnaire developed for this study was distributed prior to December 4, 1998. With each individual questionnaire, a return self-addressed envelope was attached along with complete instructions for filling out the survey. As noted earlier, Quality Branch Chiefs at other Army Community Hospitals within the MEDCOM and their equivalents at civilian hospitals assisted in the study by collecting and providing responses to the questions. Civilian responses were gathered in person. The researcher scheduled appointments to meet with these individuals in order to accumulate the data. A request was made to the military survey recipients to complete and return the survey by January 11, 1998. Upon receipt, the questionnaires were reviewed to ensure they had been completed correctly.

Participant Confidentiality: All survey participants taking part in this study were assured in writing that their responses would be held in the strictest confidence. No biographical

information about the participating hospital was collected. Self-addressed return envelopes were mailed in conjunction with each questionnaire further protecting the respondent's anonymity. Finally, a conscious decision was made not to code the questionnaire in any particular fashion in order to prevent it from being used at a later time to identify those who participated in the study.

Results

This study surveyed four Military Treatment Facilities and four civilian hospitals; all were chosen based on their ability to provide quality customer service. Results from the questionnaire along with other materials collected from the hospitals were compared and the most pertinent data was extracted. Response rates to the questionnaire sent out in December, 1998 were excellent. Because this study was primarily a qualitative research effort, the researcher embarked on a method that would facilitate the study of selected issues in depth and detail. The fact that there were only eight hospitals examined made it relatively easy to track each of them in a close manner. Subsequently, the researcher achieved a 100 percent response rate from all participating facilities. This can most likely be attributed to the concise nature of the questionnaire, the interest the facilities showed in the topic, and the small number of facilities being queried.

In general, the overall response of the majority of the hospitals was one of interest. Surprisingly, not every hospital questioned had a customer service program. Each of the civilian hospitals did however have some formal training program in place to reach at least part of their employees. Two of the four civilian hospitals had formal training for all employees and the other two had a training class prepared which could be taught at the request of departments within the hospital. There was one civilian hospital that had gone so far as to hire a consulting agency for a period of six months to come into their facility and train each department separately. This technique seemed to be working well as the researcher noted this particular

hospital was the friendliest and appeared to have the most enthusiastic employees of all the hospitals visited.

Ironically, of the four military hospitals chosen for the study, only two of them had a formidable customer service program. It was almost an all or nothing scenario with the military facilities. The two hospitals with active programs had obviously spent much time and effort constructing their projects and took the notion of customer service quite seriously. The other two facilities were aware and interested in the concept of customer service but had done very little in terms of putting together a formal training program.

Ultimately, the information, collected from the participating hospitals, resulted in the development of a formidable customer service training module. The final product is a well thought out and logical training module that addresses the specific needs and concerns of KACH personnel. The implementation of this program has already proven to be a success and much greater things are expected in the future.

Discussion

After reviewing all the collected information, there was no single facility that provided a clear and concise program of which the researcher found worthy of emulating. However, the research, questionnaire, and particularly the face-to-face interviews did prove to be a valuable combination. The customer service training pamphlet (See Appendix C) provides a host of information for those seeking to enhance their customer service skills. This pamphlet represents the most appurtenant data collected from the participating hospitals. The researcher codified the information in such a manner to cater to the specific needs of KACH. The goal of this pamphlet was to discuss the issues most closely related to service leadership, service quality, and to provide the information necessary to develop both skills and knowledge with regards to customer service.

The leadership at KACH also decided to use this pamphlet as a means to elucidate the requirements mandated by the North Atlantic Regional Medical Command (NARMC). There were five separate areas addressed by NARMC; they include: (1) defining customer service, (2) knowing what your customers expect, (3) honing your non-verbal communication skills, (4) telephone techniques, and (5) handling upset customers (Burger, 1997). Additionally, the Commander of KACH thought it was necessary to provide some guidance in the form of an overview and to spell out the hospitals intentions for rewarding those individuals who demonstrate good customer service on a consistent basis. Finally, an effort was made to point out common mistakes that all personnel should be careful not to make.

Although there is a large amount of information contained in Appendix C, it is expected to serve a specific purpose. The idea was to produce a document that personnel could take with them and refer to as they find themselves in situations that require special training. Therefore, the customer service training pamphlet has been used as a supplement to the training in that it is given as a handout during the actual customer service presentation. The presentation is a mandatory four-hour block of instruction given to all hospital personnel (See Appendix D). Again, this presentation is a product of the information gathered by the researcher. A portion of the information came from the U.S. Army Medical Department's "Center of Excellence for Customer Relations". Other segments of the presentation were gleaned from both civilian and military facilities that participated in the study. The researcher then added specific topics to the presentation that the leadership at KACH thought was necessary.

When more closely examining the individual variables influencing both military and civilian facilities service orientation, it is clear that there is room for improvement. For example, of all the hospitals queried, there was only one facility that had a notion of how much money was being dedicated towards improving customer service in their particular hospital. This supports

the idea that the quality triangle is out of balance, especially if 75 percent of the U.S. GNP and 75 percent of all jobs can be attributed to the service sector. Not only does the health care industry need to devote more resources toward improving customer service, it needs to get an accurate account of what is currently being spent toward achieving this goal. Without a clear understanding of where one is and where one wants to go with regard to a specified budget, it is virtually impossible to devise a comprehensible and workable customer service program.

Fortunately, most facilities did indicate they were making an effort to enhance their current program and those facilities still in the beginning phases have begun to take notice. The Commander of KACH formalized the customer service program at this facility by establishing a hospital policy (See Appendix E). This policy letter spelled out the Commander's philosophy toward providing quality service and the expectations the command has of all personnel.

Several initiatives and various methodologies regarding customer service were pointed out in the questionnaire. The questionnaire asked the facilities ten basic questions (See Appendix B). The first question asked whether or not the facility even had a program. Surprisingly, only two of the four military hospitals queried had a viable program. All four civilian hospitals had programs but two of them needed a considerable amount of work for them to be adequate. The second question was trying to determine who at the various facilities was responsible for the program and how many people they had working with them. The answer to this question was basically the same for both the military and civilian hospitals. It was either the Quality Department or the designated Patient Representative with overall responsibility; and they all had between one and five personnel.

The third question asked specifically about funds dedicated toward improving customer service. Only one military facility out of the four questioned had an idea of how much was being spent in this area. Not a single civilian facility could answer this question with any confidence.

The fourth question asked about specific things the facilities were doing to improve customer relations. One military facility indicated that they were addressing customer service potential on individual evaluation reports. The rest of the facilities mentioned things such as initial and refresher training, patient surveys and comment cards. The fifth question looked at specific plans being developed to improve customer service. The two military facilities that did not have a program eluded to the train-the-trainer course, sponsored by Madigan Army Medical Center, as a means of getting their respective programs started. This is the home of the "Center of Excellence for Customer Relations". Other facilities, both military and civilian indicated initiatives geared towards following up with customers after a visit and an increased use of volunteers to assist with customer needs.

Regarding the sixth question and what facilities viewed as the most important factors in maintaining excellent customer relations, the answers took on many directions. They included things such as education, holding personnel accountable, rewards for demonstrating good service and talking with the customers to understand their expectations. The seventh and eighth questions asked about tracking customer satisfaction and capturing customer wants and expectations. All facilities relied on some type of survey for this information. Two of the civilian facilities and one military facility also used "focus groups" to collect this information. Customer "complaint cards" were also mentioned as a method for gathering this data.

The ninth question asked about recognition and rewards for those who provide outstanding customer service. It was disheartening to find that only two of the hospitals had a method to recognize and reward those who provide good customer service on a consistent basis. This included one civilian facility and one military facility. This is definitely an area that requires much attention. Finally, the last question was asked to determine what kind of training was being done and who from the facilities participated in the training. Again, the answers took

on many different directions. The training included formal classes as well as impromptu lessons on points of service and common courtesy. All facilities, regardless of whether they were military or civilian, indicated that the training either was or would be intended for all employees.

In extensive personal interviews with several members of the civilian hospital's staff, it was apparent that the individuals responsible for teaching and monitoring customer service at these institutions were more involved than their military counterparts. Even the civilian hospitals that had a simplified customer service program still showed a high degree of confidence in their employees' abilities and expertise. In addition to the high degree of confidence the civilian hospitals showed in their employees, each of the four hospitals the researcher visited also displayed an upbeat customer service attitude, individualized care, and responsiveness to customers needs. Military hospitals are beginning to come along but it has been a long road in changing the "take it or leave it" ethos that for so many years has dominated military medicine. Yes, the MHS is moving in the right direction, but the time for change is now! Otherwise, the MHS runs the risk of being downsized considerably in the not so distant future.

These particular findings are supported, in part, by a study conducted by the Health Care Financing Administration in the U.S. Department of Health and Human Services that projects health care costs will double by the year 2007 - from $1 trillion in 1996 to $2.1 trillion (Solomon, 1998). The fear about health care cost inflation should compel an examination of any company's health care strategy - to include cost, quality of care, access and customer service. Those involved in military medicine should heed this warning and do everything possible to maximize efficiencies within the system. It must be known and accepted that the customer is the very reason for the existence of the MHS. If the MHS does not wholeheartedly embrace this concept and begin to put the customer's needs first and foremost, someone else will assume this role and the MHS will have lost the battle of becoming the best health care system available.

Conclusions and Recommendations

This study showed that the phenomenon of customer service is one that is growing in popularity and one that will require much more attention in the future. While most organizations have been tracking patient satisfaction for years, the data are now being used more regularly to choose providers, to facilitate contract negotiations, and to help determine provider bonuses. Customer service performance by providers will increasingly be tied to monetary rewards as patient satisfaction gains in importance (Zimmerman, Zimmerman, & Lund, 1997).

Major General Burger stated NARMC's customer service vision very simply: "*We will be the easiest health care system for our customers to use.*" To make this vision a reality, the staff of KACH must buy into the strategy of becoming a more customer-focused organization. This is where the utility of developing a customer service program can best be seen. The implementation of the training module is expected to thoroughly improve how customers are served and establish a systematic approach to managing customer service.

In a study of twenty-five Fortune 500 U.S. employers representing millions of employees, it was discerned that patients have serious issues with the manner in which they are receiving health care (Zimmerman, Zimmerman, & Lund, 1997). Virtually all of the patients who were interviewed expressed some dissatisfaction with the customer service they received in either hospitals or medical offices they visited for care. The patients mentioned lack of respect as a primary source of irritation. The patients generally defined good customer service as compassion, fast service, and friendliness. More than 90 percent said customer service was extremely important to them and reported that their hospitals and providers routinely fell short of their expectations (Zimmerman, Zimmerman, & Lund, 1997). Ironically, many of the hospitals interviewed did not view the patient as their primary customer.

A major problem for any health care organization attempting to improve customer relations involves targeting their services properly. To make this a reality, it is important to know exactly who one considers to be their primary customer. The MHS has begun to accept the patient in this role but it has not been universally accepted as of yet. Patients have now been empowered to voice their displeasure with the customer service they receive and, by doing so, have a powerful impact on the health care system. Future patient volumes may depend to a large extent on the customer service offered by providers and institutions. By directing their attention and resources toward the customer service aspects of medical care, the MHS will gain competitive advantages and help secure its future. As a result, KACH has adopted the philosophy of providing the best possible care for its beneficiaries in a compassionate, expeditious, and friendly manner. The leadership at KACH believes that the customer service training program developed in this study is one of the key resources in making this phenomenon a reality at West Point.

The intent of this study was to examine how other hospitals are currently managing their customer service programs and use this information to establish a workable training module at KACH. The intent has been met. The final product has allowed the staff to enhance the process and the quality of care currently being provided within the organization. It has also served to continuously update the customer service skills and awareness of the staff. Satisfied patients are more likely to continue using specific medical services, to preserve a connection to a specific organization, and to follow specified medical regimens (Thomas and Penchansky, 1984). This is a continuous process that allows for incorporation of improvement strategies into the program. Therefore, it is essential for everyone to unite as a team and begin to focus on the needs and desires of the patient. This will help the leadership of KACH to achieve its goal of providing quality health care.

The researcher recommends this study be given further consideration in the near future. The study lends itself to future analysis in the form of a longitudinal study. Again, this could be accomplished by administering additional customer service questionnaires in the future to measure progress and gain further insight (Cooper & Emory, 1995). By using the same survey instrument and a similar data collection method, one could compare the findings of future questionnaires with the data collected in this study. By doing so, the researcher could gain additional insight and would be in a better position to improve upon the current customer service training module. This should be an ongoing process to prevent an organization from becoming complacent with such important subject matter.

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APPENDIX A

MTF Customers Satisfied with Interpersonal Relations

Green >= 95% | Amber 86% to <95% | Red < 86%

Performance Rpt:	SEP 98 TOPS	TSG TOP 20	JUN 98 TOPS		
Reporting Period:	Mar 98-May 98	Jan 98-Mar 98	Dec 97-Feb 98		
ARMY WIDE	**89%**	**89%**	**89%**		
MEDCENS:					
WRAMC	95%	94%	94%		
BAMC	94%	91%	91%		
WBAMC	92%	93%	90%		
EAMC	91%	94%	96%		
TAMC	91%	89%	88%		
MAMC	90%	92%	93%		
MEDDACS:				Average	
MONMOUTH	97%	97%	96%	97%	
ALASKA	93%	90%	89%	91%	➡
LEAVENWORTH	91%	92%	93%	92%	
KNOX	91%	90%	88%	90%	➡
LEONARD WOOD	90%	87%	87%	88%	
HOOD	89%	89%	87%	88%	
LEE	89%	87%	88%	88%	
CARSON	89%	87%		87%	
REDSTONE	88%	91%	96%	92%	
BENNING	88%	90%	90%	89%	➡
RUCKER	88%	87%	90%	88%	
JACKSON	88%	86%	88%	87%	
RILEY	88%	86%			
HUACHUCA	88%				
IRWIN	87%	92%	*	90%	
EUSTIS	87%	88%	92%	89%	➡
BELVOIR	87%	87%	88%	87%	
WEST POINT	86%	93%	96%	91%	
MEADE		87%	90%	87%	
POLK		86%			
DRUM		*	*		
CAMPBELL			86%		
STEWART					
SILL		86%	86%		
McCLELLAN			0:89		
BRAGG	*	*	*		

* No data available

➡ denotes 4 best

Source: OSD(HA) Monthly Customer Satisfaction Survey (Questions:

Q3a. "Friendliness and courtesy shown to you by clinic's staff?"

Q3b: "Attention given to what you had to say?"

Q3e: "Personal interest in you and your medicial problems?"

Measurement:	% average of questions rated "Excel", "Very Good" or "Good"	% average of questions rated "Excel", "Very Good" or "Good"	% average of questions rated "Excel", "Very Good" or "Good"
Unit of Measure:	All Users	All Users	All Users

File: Otsg5/19/99

APPENDIX B

CUSTOMER SERVICE QUESTIONNAIRE

☐ Yes, I would like a copy of Keller's plan once it is completed.

- Does your facility have a customer service plan? YES - NO

- What department within your facility has the responsibility for gathering data and measuring the success of the customer service plan and how many people work in that section?

- Approximately how much money does your facility spend on customer service annually? Please include salaried personnel, training costs, materials, etc.

- Are there quantifiable things your facility is doing to improve customer relations?

- Are there other special plans being developed to improve future customer service plans? If so, please describe!

- What does your facility view as the most important factors in maintaining excellent patient relations?

- How does your facility track customer satisfaction?

- How does your facility capture customer wants and expectations?

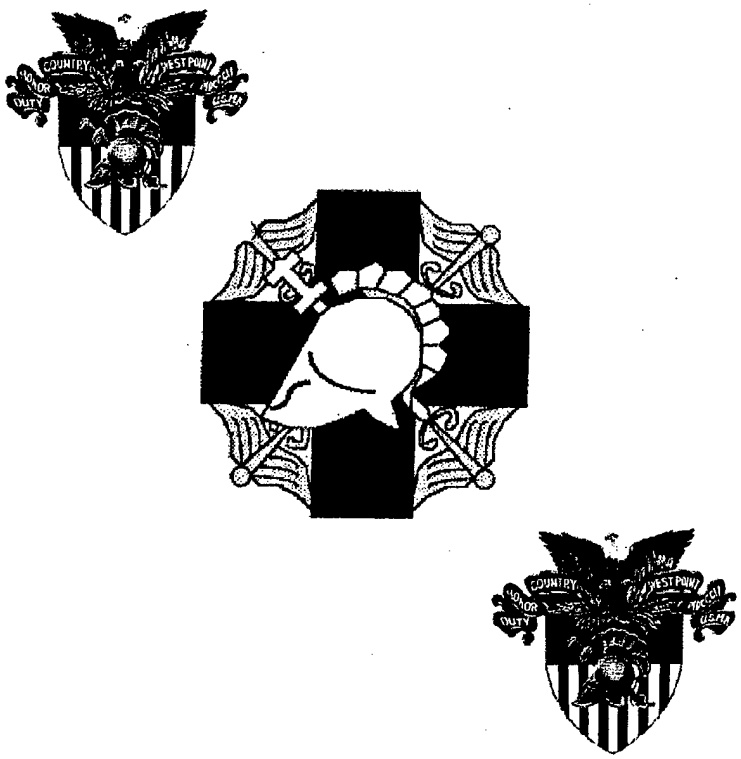
- How does your facility recognize those who provide outstanding customer service and is there a reward system in place?

- What customer service related training do you do and who is the target audience?

APPENDIX C

CUSTOMER SERVICE

Keller Army Community Hospital



Customer Service: A Smile Goes a Long Way

Table of Contents

OVERVIEW

It has often been said that an organization can only be as effective as the people in it. This concept is especially true for health care organizations. Ten years ago, customers were more interested in good clinical outcomes than they were in personal service. Today they expect both! This hospital has always been known for its quality of health care. We need to build on that reputation and exceed our patients' expectations. Our goal is to construct a customer service culture here at Keller that begins long before a patient uses a particular service and continues long after the experience is over.

What does a service culture really mean? In a nutshell, it is a group of employees, physicians, and volunteers working together to support change, as well as the programs, processes, policies, and services customers identify as most important to them. We need to treat our customers in the same manner we would like to be treated under similar circumstances. Remember, beneficiaries in this region now have the option to receive their health care from sources other than Keller. The information contained in this booklet is meant to increase customer service awareness and provide some tools for improvement. Knowing what is right and doing what is right are two different things – Let's all do our part in being the leaders of change!

CECILY DAVID
COL, MC
Commanding

MISSION

EXERCISE LEADERSHIP AND PROVIDE HEALTH CARE SUPPORT TO ENSURE QUALITY HEALTH CARE TO BENEFICIARIES, WHILE SUSTAINING TECHNICAL AND TACTICAL READINESS.
"LEAD – CARE – PREPARE"

VISION

TO LEAD BY PROVIDING WORLDCLASS HEALTH CARE AND BATTLEFIELD READINESS THROUGHOUT OUR NARMC SUBREGION.

VALUES

LOYALTY, DUTY, RESPECT, SELFLESS-SERVICE, HONOR, INTEGRITY, PERSONAL COURAGE

Customer Relations Potential Scale

(The purpose of this document is to help you assess your customer service potential)

I control my moods most of the time.	10 9 8 7 6 5 4 3 2 1	I have limited control over my moods.
It is possible for me to be pleasant to people who are indifferent to me.	10 9 8 7 6 5 4 3 2 1	I simply can't be pleasant if people are not nice to me.
I like most people and enjoy meeting with others.	10 9 8 7 6 5 4 3 2 1	I have difficulties getting along with others.
I enjoy being of service to others.	10 9 8 7 6 5 4 3 2 1	People should help themselves.
I do not mind apologizing for mistakes even if I did not make them.	10 9 8 7 6 5 4 3 2 1	Apologizing for a mistake I didn't make is wrong.
I take pride in my ability to communicate verbally with others.	10 9 8 7 6 5 4 3 2 1	I would rather interact with others in writing.
I'm good at remembering names and faces, and make efforts to improve this skill when meeting others.	10 9 8 7 6 5 4 3 2 1	Why bother remembering a name or face if you will never see that person again?
Smiling comes naturally for me.	10 9 8 7 6 5 4 3 2 1	I am more serious by nature.
I like seeing others enjoy themselves.	10 9 8 7 6 5 4 3 2 1	I have no motivation to please others, especially those I don't know.
I keep myself clean and well groomed.	10 9 8 7 6 5 4 3 2 1	Being clean and well groomed is not all that important.

TOTAL SCORE _____

If you rated yourself 80 or above, you are probably excellent with customers, clients or guests. If you rated yourself between 50 and 80, you may need to learn better human relations skills before working with the public. If you scored under 50, working with customers is probably a poor career choice for you.

SERVICE LEADERSHIP

Attitude

Your attitude determines the degree of excellence of service you will perform. Positive attitude is the foundation of service and the determining factor of your ability to serve. Your positive attitude has the best possibility of creating a positive customer perception of Keller Army Community Hospital.

CONSUMER ATTITUDES

- Consumers are interested in meeting their needs.
- Consumers want to participate in decisions.
- Consumers expect equality.
- Consumers want competency and personal attention.
- Consumers believe they have rights and providers have responsibility to them.
- Consumers can be demanding, loud, pleasant and cooperative in order to get what they expect.
- Consumers want to be kept consistently informed.
- Consumers want value for their dollar even when they don't pay directly for the services or products.

CONSUMER PERCEPTIONS OF QUALITY & VALUE

- Consumers want service that is fast, reliable, flexible, consistent, honest and done right the first time.
- Consumers expect to meet their needs as required by the situation or based on a cost necessity.
- Consumers are satisfied when they get what is expected.
- Consumers like getting something extra such as paying a lower price for what they buy or getting service in less time than expected.
- Consumers believe they are entitled to helpful staff who provide information, answer questions and make them feel good.
- Consumers feel they deserve tangible benefits that can be seen as offering value.

First Impressions and Courtesy

The customer's first impression of the organization is based on his perception of the emotional tone of the visit or encounter. It is influenced by how the customer is treated and what the customer sees and hears. You only have one chance to impress a customer. The right words, professional appearance and good body language must be used the first time or you may not get a second chance.

HUMAN BEHAVIOR PRINCIPLES

- The person who speaks first sets the tone for the entire communication exchange, has an influence over the other person's behavior and shapes the person's attitude and behavior in the direction they want.
- The person who takes the initiative and acts positively puts pressure on the customer to react in a positive manner. You obligate the other person to reciprocate with the same type of behavior. If you say "I am sorry you had to wait," the other person usually responds with "That's okay."
- The person who uses well chosen words can enhance the quality of the message. They make the customer pay attention to your ideas and information.
- The person who listens, obtains greater control over the communication exchange.
- The person who uses non-verbals improves the communication exchange. How you say something is as important as what you say. Visual, vocal cues and tone of voice or how we say things makes up 90% of our first impression of someone.
- The person who dresses appropriately is more likely to gain respect of the customer and maintain control over the situation. Customers are more likely to behave aggressively and demand to see "the boss" if you are not well dressed or too casually dressed.

MAKING A GOOD FIRST IMPRESSION

- Look visually attractive. Wear career apparel.
- Take the initiative, reach out and move toward the customer.
- Acknowledge the customer, verbally, visually and physically.
- Use appropriate facial expressions and warm smiles.
- Show concern for the customer's comfort.
- Look pleased to see the customer and make them feel important.
- Use a warm pleasant tone of voice.
- Provide clear and accurate information using well-chosen words.
- Be upbeat, personable, respectful and considerate.
- End the communications exchange with an appropriate statement.

Fundamentals of Customer Service

The formula for successful customer service along with the formula for reducing the risk of heart attack have both been discovered Nevertheless, they both have the same problem - only one in 20 who know the formula will do anything about it. Knowing and doing are two different things. Our challenge is to act on the things we know are right. Below is a list of 12 elements that will make great service possible, regardless of the capacity in which you serve.

12 ELEMENTS THAT MAKE GREAT SERVICE POSSIBLE

- Establishing and maintaining a positive attitude.
- Establishing and achieving goals.
- Understanding yourself, your coworkers and your customer.
- Having pride in yourself, your organization and what you do.
- Taking responsibility for your actions, what happens to you and the success of your organization.
- Listening with the intent to understand.
- Communicating to be understood.
- Embracing change as a natural progression of things and of life.
- Establishing, building and maintaining relationships.
- Gaining the ability to make effective decisions (which means taking risks from time to time).
- Learning to serve others in a more memorable way.
- Working as a team to make everyone more productive.

Problem Solving

PROBLEM SOLVING PROCESS

- Stage One - Awareness: Encouraging customers to relate their problems, concerns and needs. Use active listening to gather information.
- Stage Two - Clarify and Acknowledge: The information regarding the problem is reviewed in the context of the customer's knowledge and perceptions.
- Stage Three - Seek a Solution: Evaluate and share alternatives or options for correcting the problem. Set limits and consequences.
- Stage Four - Gain Commitment: Insure the customer understands and has selected a course of action. Follow up to make sure the customer carries it out.

STAGE ONE - AWARENESS

This stage focuses on understanding the situation and problem from the customer's perspective. It seeks to identify, define and verify the customer's expectations, concerns, needs and desires. Let the customer tell you the specifics of the problem. Focus on what the customer is saying, give your undivided attention, don't jump to conclusions or try to solve the problem, even if you think you know the solution. If you identify various alternatives, hold them until the customer has completed telling you his side of the story.

- Observe - Observe the customer's body language. Use your senses to gather clues to the other person's behavior and attitude. Use good facial expressions, gestures and proper spatial relations to show customers that you are interested in them and their satisfaction is important to you.

- Listen - The good listener uses verbal and physical encouraging, parroting, verifying, facilitating, and recapping. It is knowing when to talk and when to keep quiet. It is using appropriate body language and making eye contact. Active listening uses the following communications steps:
  - Explaining something in clear understandable terms.
  - Listening to the customer's questions.
  - Asking the customer to paraphrase what the staff person has said.
  - Providing clarification, information, answers to questions and repeating explanations.

STAGE TWO - CLARIFY AND ACKNOWLEDGE

This stage focuses on getting the customer to communicate so that you can understand his or her point of view. Once you are clear on what the problem is, you can begin to formulate a viable plan of action. Once again, you must focus on what the customer is saying, give your undivided attention, don't jump to conclusions or try to solve the problem, even if you think you know the solution. Let the customer get their thoughts out in the open.

- Invite - Initiate the conversation about what the customer wants and values. To get the customer to say more, you might say: "You seem a little frightened, Mrs. Jones, please let me help..." or "Tell me more about what happened" or "How do you feel about...?"

- Respond - Acknowledge to the customer that a problem exists. Demonstrate to the customer that you understand their emotions and feelings concerning the situation by reflecting back their feelings and content in your words. Say it's OK to be upset. You might acknowledge a person's anger by saying, for example, "I can see you are getting more and more upset as you talk about the problem, Mr. Smith."

- Fact Find - Determine whether the problem and its causes lie with the organization or the customer. Ask questions to check out your understanding of the problem, to find out information that you feel is missing, or to clarify confusing or conflicting information, verify facts, and determine needs. Ask open ended questions such as "Explain what you mean by..." or "Tell me about..." or "How do you feel we should resolve this...". These types of questions are useful in helping the other person express feelings and experiences.

STAGE THREE-SEEK A SOLUTION

During this stage you will demonstrate your understanding of the problem and situation. Using your knowledge and experience you will develop promising alternative courses of action and solutions that will satisfy the customer without dominating or controlling the situation.

- **Evaluate** - Review the information you have gathered. Use your knowledge, expertise and professional judgment and select two or more alternative solutions. Ask the customer what he or she expects or wants. Be open and avoid the rigid "That is policy" alternative. If you must use policy, explain it, don't hide behind it or use it as an evasion.

- **Share Alternatives** - Using a positive style, offer the alternatives or solutions in a frank, clear, firm and sincere manner. Use "suggest" in your communications because it is supportive and gives the customer the freedom to take an active role. Explain the reasons why you arrived at the alternatives and tell the truth. Use statements such as "Has it occurred to you to try..." or "It looks as if we've found the following options..." or "I have a few alternatives for you to consider."

- **Set Limits and Consequences** - If the customer does not accept the alternatives, do not force the issue. Be firm and show respect. Build on the customer's suggestions, offer more choices, and be willing to explore, to change your mind and compromise. No one likes to deliver or hear bad news, however, you may not be able to resolve the problem because the customer's suggestions or expectations are beyond what you are willing or authorized to provide. Stay emotionally detached from the customer, be direct but avoid confrontational statements. Use statements such as "I really wish there was something I could do, but..." or "I'm sorry, but...."

STAGE FOUR-IMPLEMENT

At this stage we want to gain commitment to a solution that is acceptable to both the customer and the organization.

- **Gain Commitment** - Make sure the customer understands what has taken place to date, what is expected in the future and what to do now. Once an agreement has been reached, confirm that the customer clearly understands the agreement and will carry it out. You may ask, "Are you willing to accept the terms as outlined for you?" or "Are you in agreement on everything?" You may also want to ask the customer to summarize, say for example "Would you mind summarizing what I said to be sure I was clear."

- **Follow Through** - DWYPYWD-Do What You Promised You Would Do (The epigram means the same forward or backwards). If you agreed to take some action, follow through promptly and efficiently.

BUILDING SERVICE QUALITY

Systematic Listening

A GOOD LISTENER

- Concentrates on what the customer is saying, not delivery style (accents, grammatical errors, etc.).
- Listens for facts and feelings.
- Takes brief notes of important facts.
- Pays close attention and avoids distractions.
- Asks confused or difficult customers to slow down their communications.
- Sorts out cursing, name calling, and unpleasant language.
- Refrains from interrupting or finishing the customer's sentences.
- Probes for additional information and important issues.
- Asks the customer to paraphrase what they have said.
- Repeats what they understand the customer to be saying in their own words.
- Faces the customer, using appropriate posture and eye contact.
- Uses attentive silence, non-verbal exclamations and head nods.
- Uses verbal reinforcements such as "Ah Huh," "Yes" and "I see."
- Uses a confident, concerned and relaxed voice.

Quality Care and Patient Satisfaction

- Quality is doing the right thing well by delivering services in a caring and respectful manner that satisfies the patient's needs, expectations and functional status.

- Consider three major factors in determining quality – structure, process and outcomes.

  - ✓ *Structure* – refers to the systems, procedures and organizational arrangements needed to deliver health care, such as medical personnel (physicians, nurses etc.); board certified physicians; credentialing and appointment systems; complaint resolution procedures; medical records; risk management; and safety programs. It is felt that the presence of these structural elements leads to better quality care.

- ✓ *Process* – describes what providers do. Processes are a series of goal oriented activities linked together and carried out by the staff. Processes are important only to the extent that they improve patient outcomes.

- ✓ *Outcomes* – are directly linked to prior processes. Outcomes and the results of the processes of good outcomes occur when process goals are met. Outcomes of care are changes in the patient's health status, such as improvement in health, relief of pain, cure of disease, temporary avoidance of mortality and satisfaction. Medical outcomes may be successful or not regardless of the technical skill of the provider.

➢ Patient Satisfaction is the patient's perspective of how good we are in bettering their health status and in meeting and exceeding their needs and expectations. Patients who are satisfied tend to rate the medical care they receive as high quality.

➢ Consider these five areas when determining patient satisfaction.

- ✓ *Access* – Accessibility refers to the ease and timing of obtaining prompt care. Waiting time, appointment system, parking, service hours, and avoiding delays.

- ✓ *Cost* – Value refers to the quality of the service divided by the cost of the service, relative worth of service quality, out of pocket costs, insurance deductibles, and co-payments.

- ✓ *Physical Environment* – This refers to site and facilities, those tangible items such as appearance of the physical facilities and equipment. Patient comfort and safety, infection control, cleanliness, food and security.

- ✓ *Personal Service* – This is the degree of friendliness and courtesy exhibited. It involves taking the time to be with the customer and making them feel as comfortable as possible.

- ✓ *Interpersonal and Job Competency* – This is knowing what you are doing and your ability to perform well in a particular situation. It is how well you combine your knowledge, skills and attitude in performing your functions, tasks and job. It is practicing good interpersonal skills and communications with customers.

Responding to Customer Needs

- Concentrate your efforts on those needs customers perceive as high in importance and less time and resources on needs customers perceive as somewhat low in importance.

QUALITY SERVICE REQUIREMENTS

- ✓ Observe and listen for needs and requirements, recognize tension and concern in the patient's face.
- ✓ Be courteous, use a concerned and genuine facial expression and a soft spoken tone of voice.
- ✓ Offer assistance – go out of your way.
- ✓ Exude competence, give a full explanation of the procedure and perform your tasks competently.
- ✓ Reassure the patient.
- ✓ Don't judge or behave in a condescending manner, avoid comments that may be interpreted as curt, brusque, flippant or rude.
- ✓ Control your facial expressions and body language.
- ✓ Provide personalized attention.
- ✓ Show respect, maintain eye contact and use the patient's name.

- Being aware of how we respond to customer's needs and how we deal with their problems will help avoid negative situations. When we help customers meet their needs, we are meeting the goals of the organization, satisfying our needs for recognition and gaining the satisfaction of doing well on the job.

CUSTOMER NEEDS CHECKLIST

- ✓ Observe customer behavior.
- ✓ Listen to what the customer is saying or not saying.
- ✓ Seek to discover needs and requirements. Ask yourself what may be contributing to the customer's behavior.
- ✓ Say or do what you can to help the customer meet his needs and requirements.

Criteria Exercise

Listed below are twelve criteria often used to select a practitioner such as a family doctor or specialists. Check off the four that are most important to you, then compare with the results of eight studies on criteria consumers use to select a physician.

_____ A. Discusses my medical problems in a private place.

_____ B. Has helpful, polite and courteous office staff.

_____ C. Is knowledgeable.

_____ D. Answers my questions, gives good advice and asks appropriate questions.

_____ E. Has a good reputation, recommended by others.

_____ F. Can get an appointment easily - keeps the appointment.

_____ G. Explains things in simple easy to understand terms.

_____ H. Is caring.

_____ I. Is competent.

_____ J. Takes responsibility for seeing that problems are resolved.

_____ K. Access to preferred hospitals.

_____ L. Values my business.

_____ M. Takes time with me.

Criteria Exercise Study Results

The studies below examined the criteria people use to select a physician. The top four criteria are listed for each of the eight studies. The studies share in common the use of competency and personal service as the major criteria consumers use to select a physician or other providers.

Hill and Garner 1991

Knowledgeable
Interested in my problem
Explains what they are doing and why
Asks appropriate questions

Schieff and Shaffer 1987

Takes time and explains
Can get an appointment easily
Courtesy of the personnel
Keeps appointments

Crane and Lynch 1988

Courteous
Competent
Has a good reputation
Uses interpersonal skills

Gochman, Studenborg and Feler 1985

Is communicative
Caring
Takes time
Competent

Stewart, et al 1989

Good listener
Discusses treatment alternatives
Tries to avoid hospitalization
Has formal qualifications

Lamb, Hoverstad, and Lancaster 1988

Willing to talk about my illness
Recommended by other doctors
Has access to preferred hospitals
Good personality

MacStravic 1987

Caring
Competent
Trustworthy
Informative

Glassman and Glassman 1981

Kind and nice
Is a "good" doctor
Answers questions
Is patient

Studies show over and over that patients want personal concern and competency from their physicians and practitioners. They want their doctor to be knowledgeable and competent, answer questions honestly and completely, explain medical problems to them in a language they can understand and make sure they understand what they have been told.

Case Study

I first came into the hospital in May. The receptionist was like a cold fish. She smiled, said all the right words, called me by my first name, but she had no personality. She did not seem to care for me or my problem. She was just going through the motions. That is her job, and I guess if I saw as many people as she did, I'd be the same way. Well after my interview, I was admitted and brought up to the third floor by a very nice woman. She spoke with me in a very cheerful manner and asked me what my problem was and hoped that I would get better soon. She made up a little bit for that receptionist. About four hours later, an intern came in and took my history and gave me a physical exam. He came rushing in and said hello, introduced himself as Dr. Potter, and in my opinion, gave me a rather perfunctory exam. He did not ask me if I had any symptoms before; he did not ask me why I thought I was having such a problem. He didn't seem to order any tests and said he wanted to consult with the chief of somebody or another first. He just checked my heart, looked in my ears, patted me on the shoulder, and told me everything was fine. Well, I didn't feel fine and he wasn't very convincing or reassuring. I was certainly very glad that he wasn't my regular doctor.

The nurse who took care of me in the evening was great! She was always calm and quiet. She seemed to calm me down and make me feel good. I liked her more than any other person because she took an interest in me as a person. I was on an I.V. most of the time when I was in the hospital. They had to change my arms daily because I would "lose a vein." Well, the regular nurses put me through all kinds of pain, sticking me, trying to find a vein, blaming it on my conditions because I didn't know any better. Well, that's not true because on the weekend, a part-time nurse came in to change my bottle and she was done before I knew it without pain! Now, how do you explain that? As it turns out, there was a problem with my insurance. One of the business office clerks called me on my last day in the hospital and said that my insurance did not cover certain items. We finally worked it out after I got hot under the collar. When I was leaving, I checked out with the business office and the same clerk, who had admitted me into the hospital, called me by my name, smiled, said she remembered our first conversation and hoped that I was feeling better, and was very friendly.

All in all, I was pleased with the care I received. There were problems, but when you get sick, you put up with most anything to get well and get out of there. At times it got depressing, especially because my roommate was so bad. By bad, I mean real sick. They transferred him to I.C.U.. I understand he's okay now, but at the time, it disturbed me greatly. I will relate another item that happened. During my last day at the hospital, a very pleasant staff nurse came in to teach me how to take care of myself now that I was being discharged. She gave me a pamphlet, discussed a lot of statistics and problems that other people were having similar to mine. She didn't seem to have it all together, though. She wasn't sure at times on how to pronounce certain words. When I asked her a question, she said she didn't know, and to me, it seemed like a simple question. I honestly don't know what would happen if I'd have to put my trust in the information and knowledge that this staff nurse gave me. Fortunately, I have a friend who is a nurse and she explained it to me much clearer than the staff nurse did. I honestly don't know what I would have done if I had to depend on the staff nurse.

Case Study

Decide if each episode of care listed below is positive or negative. Determine if the incidents represent examples of competency (C) or personal service (PS) and make a check mark in the appropriate column. Write in the appropriate column the actions of the person who interacted with the patient. Write in the last column what could have been done to make each negative episode of care a more positive experience for the patient.

Episode of Care	C	PS	Describe the actions – How was it handled?	List what could have been done better
Receptionist				
Nice Woman				
Evening Nurse				
Business Office Receptionist				
Dr. Potter				
Regular IV Nurse				
Weekend Nurse				
Nurse Friend				

How do you think the patient in this case rated his experience? Check the appropriate box.

☐ Superior ☐ Mediocre ☐ Bad

How would you rate the overall quality of service delivered to this patient? Check the box that reflects your opinion.

☐ Superior ☐ Mediocre ☐ Bad

DEVELOPING SKILLS AND KNOWLEDGE

Non-Verbal Communications

- Ninety percent of communications is non-verbal, 55% is perceptions, 35% tone of voice and 10% with words. "Your actions speak so loudly I can't hear your words."

- Body language sends messages that either supports or contradicts what we think we are communicating. At the same time, observe the customer's body language for it will steer you in the right direction. Some feelings that are communicated are:

Openness	Happiness
Honesty	Impatience
Boredom	Control
Surprise	Superiority
Sadness	Frustration
Nervousness	Fear
Anger	Aggressiveness
Concern	Close-mindedness

- The following are universal examples of warning signals, facial expressions, non-verbal signals and body language that are expressions of inattentive, impatient, negative, anxious and angry behavior that turns customers off.

Finger pointing/jabbing/wagging	Loud Voice
Gesturing with pencil or pen	Twiddling thumbs
Broken or wobbly voice	Rapid speech
Furrowed brow	Boring in eye contact/glaring
Avoiding eye contact-wandering	Rapid eye movement
Invasion of your personal space	Crossed arms and feet
Clinched fists	Trembling lips
Shrugging shoulders	Hand wringing
Rolling eyes	Tapping or drumming fingers
Signing	Shaking head side to side
Playing with the hair	Cracking knuckles
Silence	Pacing

- Develop a good attending posture because how you position your body shows the customer you are listening. Square off your body to the customer. Avoid entering the customer's personal space (3 feet) as this will increase tension. Become knowledgeable of the cultural exceptions of the customers in your area.

BODY LANGUAGE

- ✓ Face the customer. Keep your head up. Relax.
- ✓ Lean the trunk of your body slightly forward.
- ✓ Maintain an open posture, arms and legs uncrossed.
- ✓ Look directly and openly at the customer. Hold your gaze 3-5 seconds.
- ✓ Gently shift your glance from his eyes to his posture or your papers and back to his face. Avoid quick darting movements. Maintain eye contact 60% of the time.

Understanding Difficult Customers

- We see difficult patients as having a psychological need to get attention with the use of disruptive and negative methods. We see difficult customers as unreasonable no matter what you do for them. We believe difficult customers interfere with our ability to deliver quality health care.

- Dealing with difficult customers involves using communication skills, shared decision making, mutual respect, and thoughtful interchange. Appropriate actions often include communicating clear expectations and enforcing limits.

- Most patients feel threatened by illness. Their inner "psychic balance" is thrown off. They react to their illness by using their natural defense mechanism as they cope with their situations and process information. Some may confront the problem by seeking information and then trying to deal with it. Others may seek to escape or avoid the problem. Some use a combination of mechanisms to help themselves cope with stress. The attempts to cope under pressure or maintain a "psychic balance" can result in exaggerated behavior. We call these coping behaviors. We will examine five common patient personalities and the behavior they would most likely use to restore and maintain their "psychic balance."

HOW TO FACE THE DEMANDING PATIENT

- ✓ Show respect. Be clear, brief and stick to business.
- ✓ Don't be intimidated, avoid offending them, but stand up to them.
- ✓ Demonstrate confidence and competence in what you are doing.
- ✓ Explain and enforce your limits, concede in minor areas.
- ✓ Don't give this person less attention than "average" patients by playing down their illness.

HOW TO FACE THE OVERDEPENDENT/DEPENDENT PATIENT

- ✓ Be informed, friendly and supportive.
- ✓ Offer clear specific alternatives.
- ✓ Make them feel that you are doing everything possible for them.
- ✓ Explain limits to their expectations, don't tolerate unrealistic expectations.
- ✓ Assign competent and experienced personnel who can spend time with the patient.

HOW TO FACE THE INDEPENDENT/NON-COMPLIANT PATIENT

- ✓ Show respect for the way they deal with problems. Don't show pity, nor should you reassure them that others will help them get back on their feet.
- ✓ Make them feel that they play a key role in fighting the illness.
- ✓ Make them aware that it takes a strong courageous person to admit they are ill, seek help and take the key part in fighting their illness.

Calming Upset Customers

HOW TO CALM UPSET CUSTOMERS

- Allow the customer to present the problem.
- Listen to what the customer is saying.
- Take responsibility for the situation and don't discuss excuses.
- Take control of the situation by showing confidence and poise.
- Acknowledge errors and mistakes.
- Ignore exaggerations and accusations.
- Set limits on excessive and provoking behavior.
- Use non-defensive words and phrases.
- Use empathy responses to convey that you are listening and understand.
- Use paraphrase to reinforce that you have understood correctly.
- Listen for elements you can agree with and say so.
- Share forthright information and explain their options.
- Call time out when necessary by excusing yourself momentarily.
- End the conversation politely.

Blending Emotions

HOW TO BLEND WITH EMOTIONS

If the person is...	Your response is...
➢ Friendly	Cheerful
➢ Natural	Natural
➢ Angry	Concern
➢ Overburdened	Sympathetic
➢ In an emergency	Urgent

MAGIC TOOLS

- ➢ Acknowledge seriousness of the problem
- ➢ Use persons name
- ➢ Give your personal assurance
- ➢ Give your name and extension
- ➢ Summarize clear plan of action with times

MAGIC WORDS AND PHRASES

➢ Situation I:

Patient/relative:	defensive
Health Professional:	"I'm here to work with your (defense breaker)

➢ Situation II:

Patient/relative:	mistrusting
Health Professional:	"We're going to do this together" (provides reassurance)

➢ Situation III:

Patient/relative	hysterical/out of control
Health Professional:	"Help me help your child/mom etc. (helps person gain control)

OBJECTIVE: TO INSTILL A FEELING OF PARTNERSHIP

Telephone Techniques

- The telephone is the more important or dominant business tool in your organization with the possible exception of the computer. It dominates our industry and sometimes our personal lives and it is often your first and direct "episode of care" with present and potential customers.

- Who you are and the reputation of your organization comes through over the phone in your tone of voice and the words you use.

POSITIVE TELEPHONE COMMUNICATION

- Be ready to talk and smile as you answer the phone.
- Observe your body posture and your facial expressions.
- Answer calls promptly.
- Use a pleasant tone of voice.
- Identify yourself, your organization, and the department you work in.
- Make sure you are understood by speaking clearly and directly into the mouthpiece at a moderate rate.
- Try to visualize the caller, it's easier to become interested if you put a face to a voice.
- Focus your attention on the caller's message.
- Ask for and use the caller's name.
- If you must place callers on hold, ask permission, pause and listen for a response.
- Use active listening – get as much information as possible.
- Take accurate notes – always have a pen and pad close by.
- Refrain from transferring calls when possible.
- Seek to understand and help.
- Speak positively and create solutions. Avoid saying "I can't."
- Focus on the message not the messenger. Don't get frazzled by personal accusations and emotional outbursts by abrasive callers.
- Confirm understanding of the agreements reached and actions taken.
- Close your call in a courteous manner.
- Return calls promptly.

Complaints and Recovery

- Every organization has unhappy customers and some of them complain. Complaints often come from customers who feel their expectations were not met. A complaint is an expression of dissatisfaction by a customer, relative or other representative relating to patient care or the quality of service provided.

- The following are reasons why customers stopped using a service or did not buy a particular product again:

WHY CUSTOMERS STOP COMING BACK

- ✓ They were treated with indifference or ignored.
- ✓ The service was lousy or the product was poor.
- ✓ The staff was insensitive and uncaring.
- ✓ Lack of warmth or friendliness.
- ✓ Failure to listen.
- ✓ Inadequate explanations and confusing terms.
- ✓ Did not get what was expected.

- A major factor influencing patient satisfaction is waiting for the doctor. Patient satisfaction is related to the "acceptability" of waiting and not always to the length of the wait. While the above procedures will not change the fact that customers wait, it will make the customer feel better.

MAKING THE WAIT ACCEPTABLE

- ✓ Go out in the waiting area and inform patients of how long you estimate the wait time to be.
- ✓ Sincerely explain the reasons for the delay.
- ✓ Acknowledge and apologize for extended waits.
- ✓ Encourage patients to ask about wait times when they have to wait longer than normal.
- ✓ If you are behind early in the day, call patients before they arrive and give them a chance to reschedule.

- Studies show that if the customer complains and the problem is resolved quickly, 82% of these customers will return. Resolving customer complaints helps to build customer loyalty. Customers whose complaints are resolved become more loyal than those who never had a problem at all. A study by IBM found that customers were even more likely to bring in repeat business if a problem was resolved satisfactorily than if there hadn't been any problem in the first place.

SUSSESSFUL COMPLAINT HANDLING

- ✓ Listen to the customer describe the full spectrum of their complaint without interruption. Allow the customer time to vent.
- ✓ Take the customer seriously. Treat him or her with respect.
- ✓ Apologize.
- ✓ Tell the customer you will do everything possible to solve the problem.
- ✓ Find out the customer's understanding of the situation. Seek facts, ask questions. Find out what the customer expects.
- ✓ Take notes and use a complaint form.
- ✓ Give the customer your undivided attention. Avoid distractions and interruptions.
- ✓ Develop choices the customer can use to solve the problem, then take immediate action.
- ✓ Resolve the complaint immediately during the initial contact, to the customer's satisfaction.
- ✓ Inform him or her of what will be done to insure that the problem won't happen again and that corrective action will be taken.
- ✓ Follow-up. Ask if you can do anything else.

Customer Recovery

- When we make mistakes or have a complaint, it's vital that we carry out our recovery strategy to reverse customer dissatisfaction. What's important is not the mistakes but a willingness to acknowledge the mistake, apologize, correct the problem if possible and make amends. Think of it as making a negative event into a positive story; as a second chance to meet and exceed customer expectations.

- Recovery is acknowledging, apologizing, minimizing or correcting the damage of service errors. Clinical errors should be addressed with the customer only after consulting with the organization's risk manager.

COMPLAINT RECOVERY CHECKLIST

Acknowledging

✓ When a problem occurs, acknowledge the gap in service delivery and the customer's right to be concerned and upset. Tell the customer what you can do to help them solve the problem on the spot and in the customer's favor, if possible. Say, for example, "I am sorry you had a problem with _____, I will take care of it immediately." Soothe the situation by empathizing with the customer's emotions and feelings. Say for example "I can understand how upset you must be about _____." Or "I know how frustrating it is to be put on hold."

Apologizing

✓ Saying you are sorry does not mean you are accepting blame, it conveys concern for the situation and the customer's feelings. Apologize even when the cause of the problem lies with the patient such as "I am sorry you still have pain" or "I am sorry you were treated rudely, that is unacceptable."

Minimizing

✓ Resolve the complaint quickly, tell the customer what you can do – offer alternatives, but don't make promises you can't deliver. Provide clear and honest information on the situation such as wait time and delays. Explain the steps involved even when there is little you can do to change the situation.

Correcting

✓ Thank the customer for taking the time to bring the problem to your attention. "Thanks for explaining this situation, I appreciate how frustrating and confusing this is, it's good of you to be understanding."

Measuring Performance and Rewarding Excellence

Rewarding those who do a great job and provide impeccable customer service is an essential element of a good customer service plan. Our method of doing this will involve public recognition, a certificate of acknowledgment, the employees picture on a professional display, and a small gift of appreciation.

A strategic goal of KACH is to develop and maintain a service-oriented culture. For this reason, the desire to deliver consistently high-quality service interactions between employees and customers has become paramount. It has often been said that an organization can only be as effective as the people in it. This concept is especially true for health care organizations. As a result, we are attempting to provide the best possible training to achieve success.

Team - This is the concept we are working towards. Currently, our customer service and patient satisfaction potential is measured through the quarterly Health Affairs survey. This instrument provides us with a better understanding of customer satisfaction levels here at KACH. This survey also provided much needed data in the development of our current customer service plan. We have followed the principle of "listening to the customer" and learning from their experiences.

Effort and discipline will serve as the cornerstones for this program's success. We will continue to use the Health Affairs survey as a means of gaining important insight and we expect each member of the "team" to do his or her part in the process.

Mistakes to Avoid

AVOID THESE!

- ✓ Not understanding why there is a renewed interest in customer service.
- ✓ Taking the desired shift in corporate culture lightly.
- ✓ Not taking the competitive threat seriously.
- ✓ Managing customer service as a collection of programs and not as a system.
- ✓ Not buying-in to the vision.
- ✓ Ignoring the requirements.
- ✓ Not implementing and measuring our customer service techniques and practices.
- ✓ Paying lip service to customer service.
- ✓ Tolerating poor service anywhere in your system.
- ✓ Failing to use carrots (rewards) and sticks (accountability) to reinforce desired customer service behavior.
- ✓ Spending more effort on cost or technical outcome than on service.
- ✓ Not reengineering each point of service from the customer's view point.
- ✓ Not communicating the above to every one of your staff members.

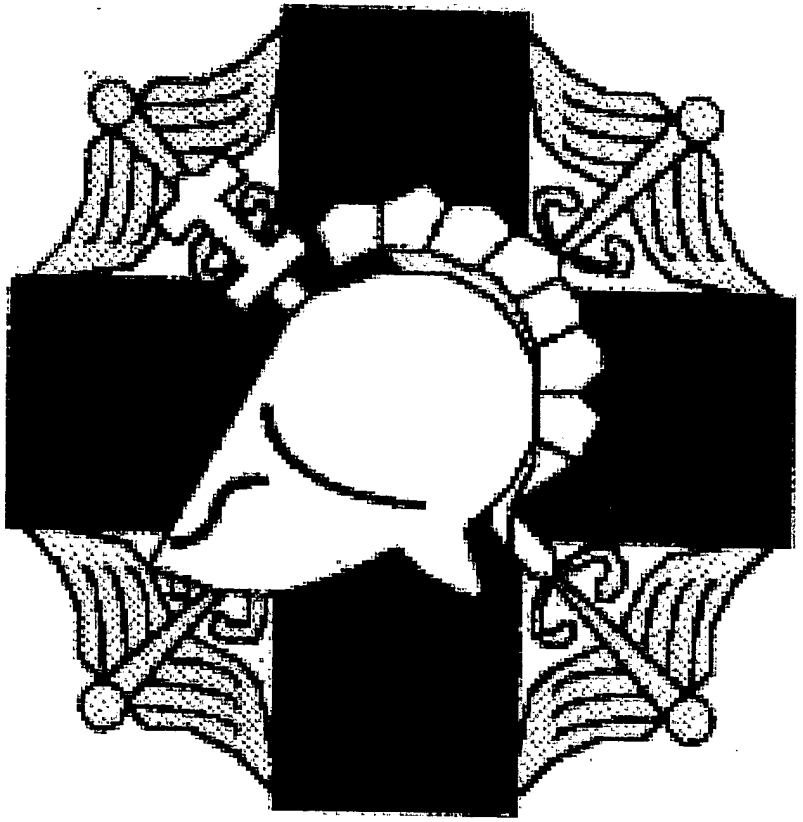
Summary

The NARMC Commander has stated the customer service vision very simply: "*We will be the easiest health care system for our customers to use.*" To make this vision a reality, the staff of KACH must buy into the strategy of becoming a more customer-focused organization. This is where the utility of developing a customer service plan can best be seen. The implementation of the plan is expected to thoroughly improve how customers are served and establish a systematic approach to managing customer service.

As the health care environment reformulates and changes, competition among health care organizations will continue to increase as will consumer expectations for service. The MHS is now demanding not only more productivity and cost efficiencies, but, more positive interpersonal interactions – all while requiring the continued delivery of services with fewer capital and human resources. In other words, health care organizations are being asked to do more with less, and to be nicer while they do it. The future of military medicine depends heavily on this notion.

APPENDIX D

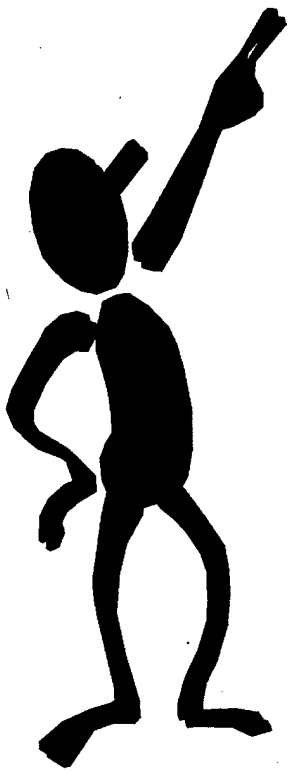
Customer Relations Training



Keller Army Community Hospital

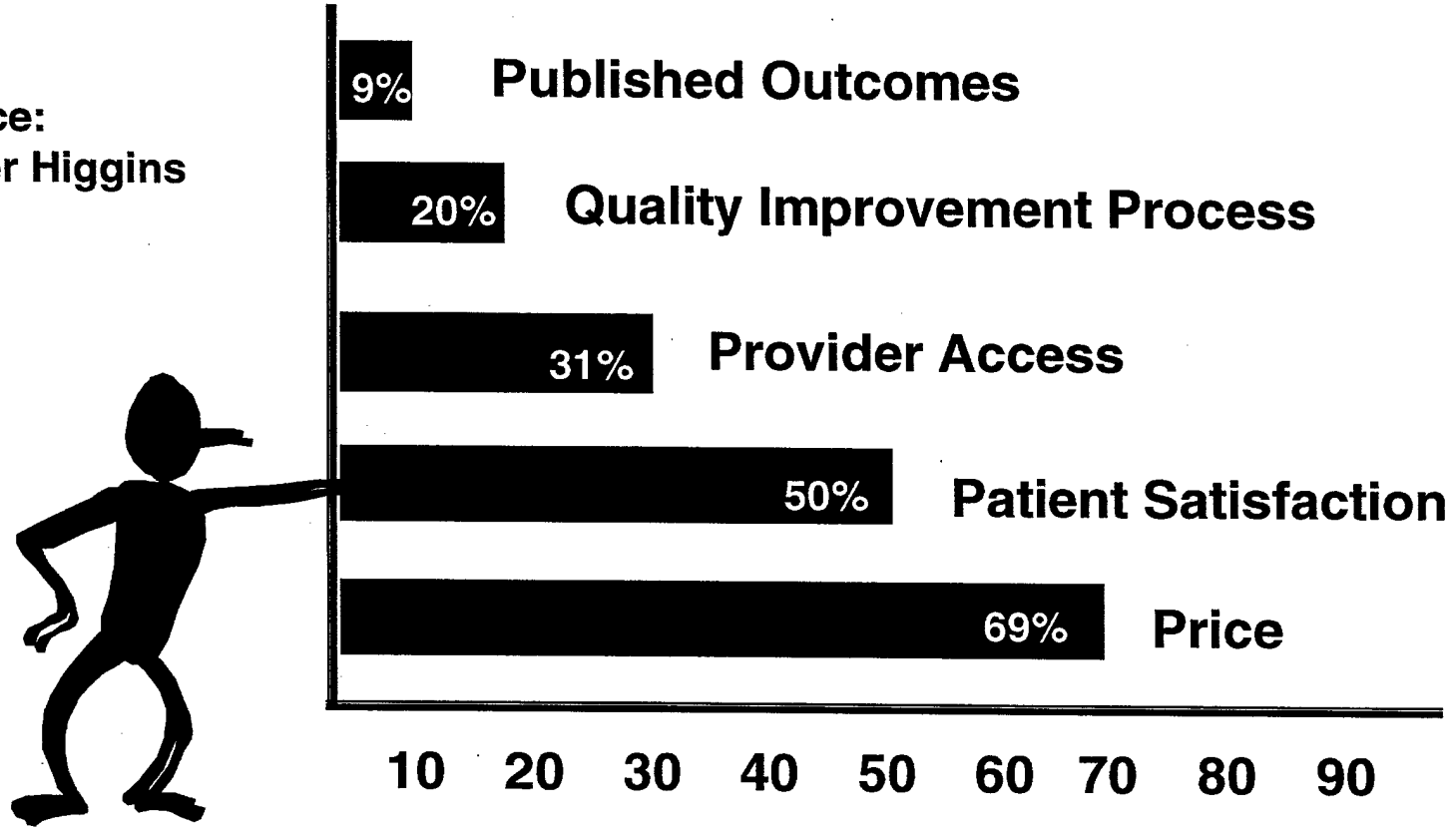
A CASE FOR ACTION

- New Emphasis
  - DoD, USA/SG, NARMC
  - TRICARE
  - Competition



- Old Concept
  - TQM & TAQ

Source:
Foster Higgins



THE UNDERSTANDING BEHIND HOW - TO

- Understanding perception = reality
- Understanding patients judge the generic product on the expected
- Understanding the only reason our staff comes to work is to meet our customers expectations

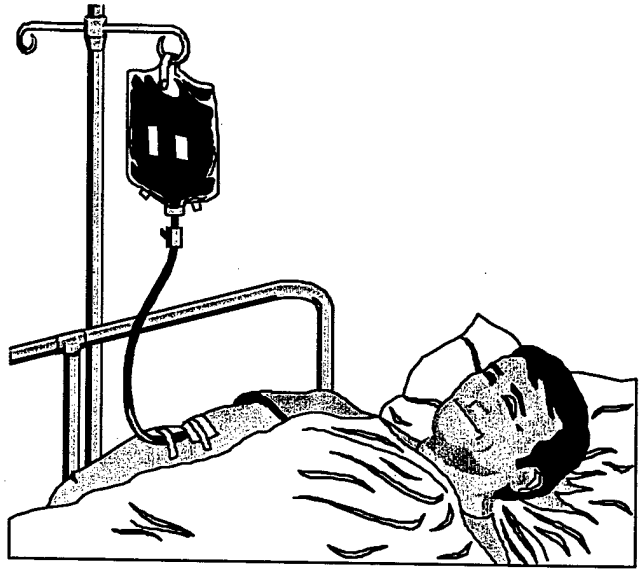
TYPES OF CUSTOMERS

INTERNAL

Examples are: your immediate co-workers, your boss, logistics clerks, pharmacists, housekeepers, physicians, etc.

EXTERNAL

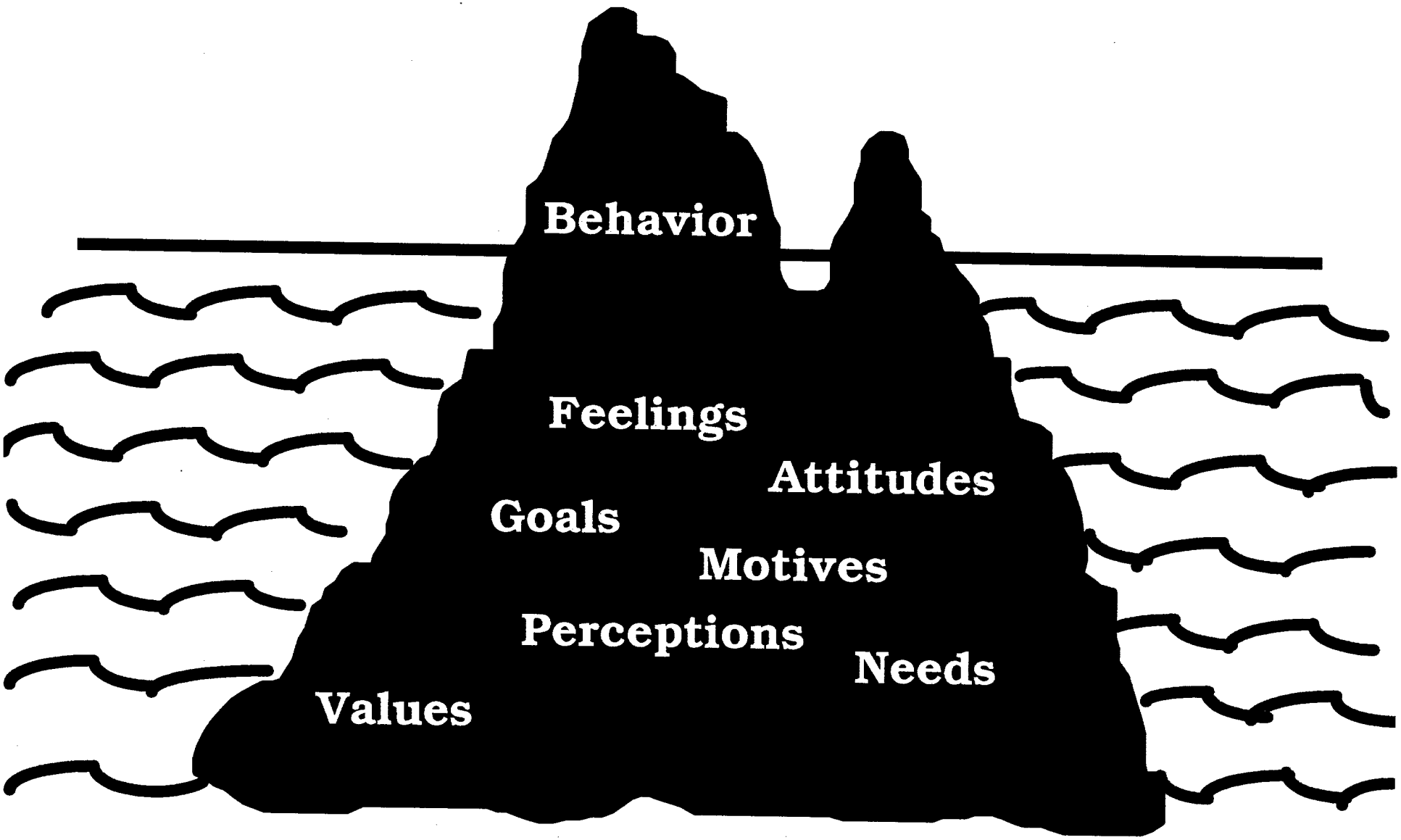
Examples are: the patient, the MTF's in the region, our civilian counterparts, etc.



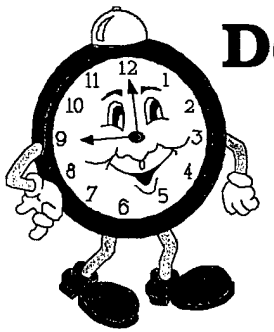
Factors That Influence Customer Attitudes

- Customers do not understand their responsibilities
- Customers do not read instructions
- High technology confuses consumers
- Customers have lower confidence in products and services
- Customer attention is drawn to negative publicity
- Customers do not believe they are getting their money's worth

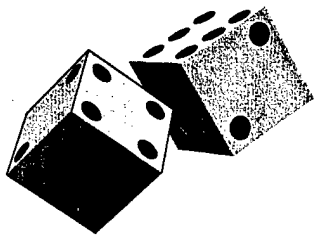
Themes of Behavior



Customer Contact: The Moment Of Truth

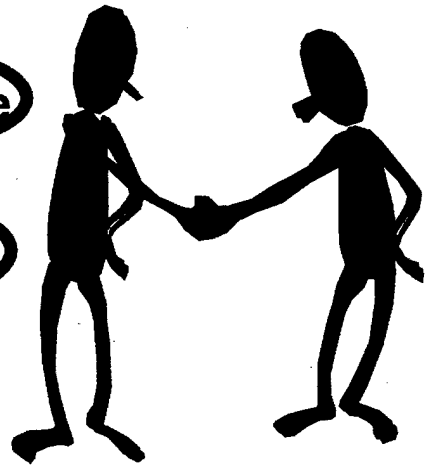


Don't Gamble With The 7/11 Rule!



In (7) seconds of contact, a customer forms (11) impressions about you and your organization...

- Clean
- Empathetic
- Credible
- Friendly
- Professional
- Courteous
- Knowledgeable
- Attractive
- Helpful
- Confident
- Responsive



... AND THEY MAKE 1 OF 3 DECISIONS:

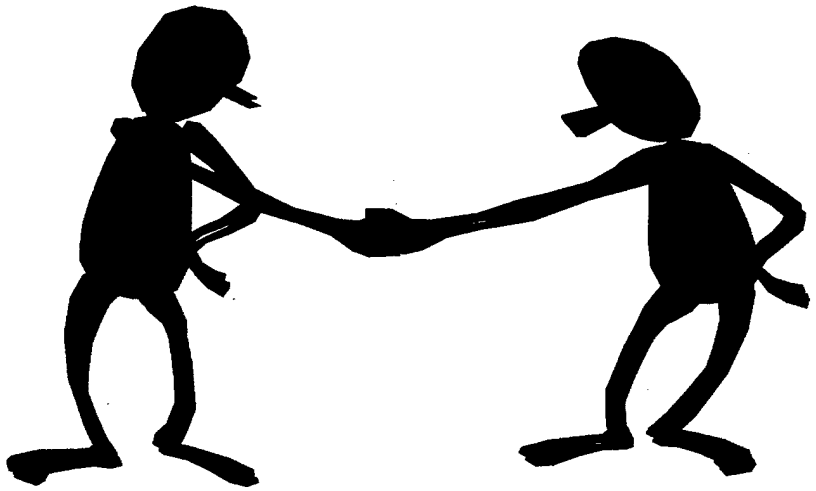
Like - continue to do business

Indifferent

Dislike - will not be back

How - To Speak With Customers

- Don't rush
- Use a caring tone of voice
- Use layman's terms - not too scientific, no acronyms
- Use appropriate non-verbal communications
- No profanity
- Assert yourself: use powerful, positive language



6 Steps To Assertiveness

Shelve your feelings

Suspend all judgments

Gather information (facts)

Focus on facts

Acknowledge their emotions

Take ownership-
solve the problem

Passive

violates
own
rights

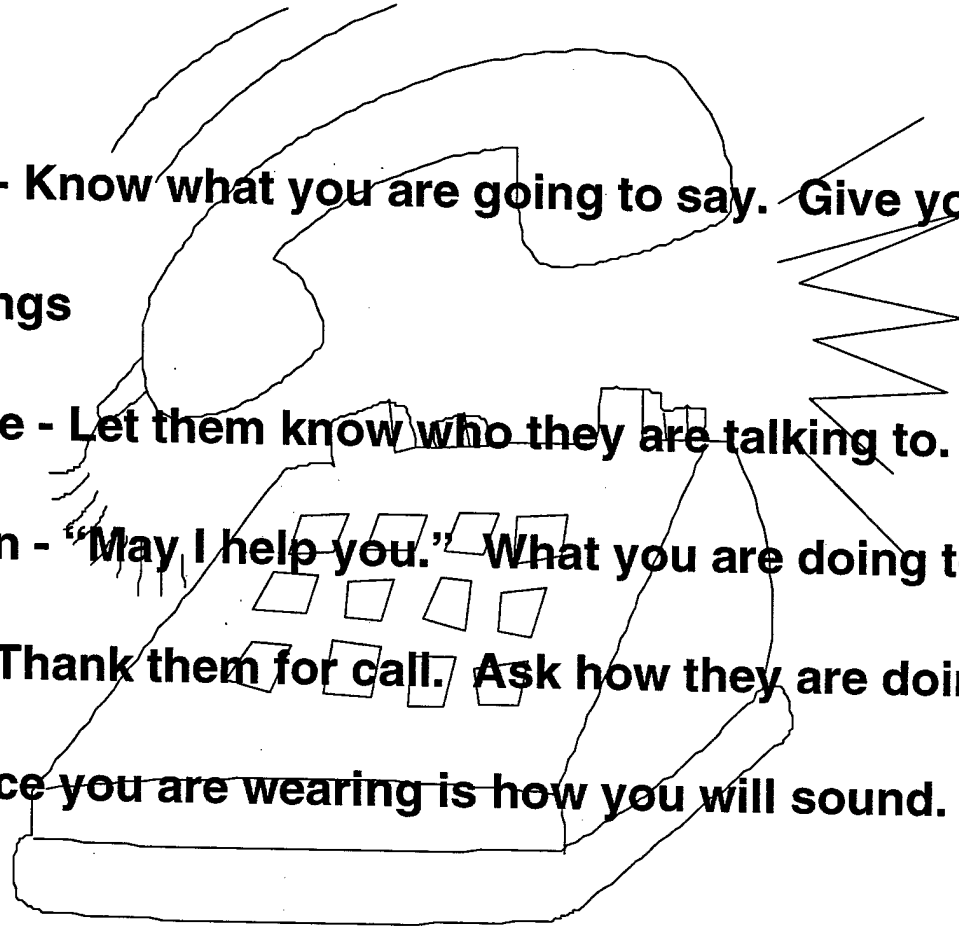
Assertive

Aggressive

violates
others
rights

How - To Telephone Etiquette

Tackling The Telephone - Master The Basics



Brain in gear - Know what you are going to say. Give your full attention.

Answer 2-3 rings

Say your name - Let them know who they are talking to. (ownership)

Indicate action - "May I help you." What you are doing to assist them.

Courtesy - Thank them for call. Ask how they are doing.

Smile - The face you are wearing is how you will sound.

94% of first contact is by phone.

Happy Holding - The Total Care System

- Take ownership
- Only when necessary
- Take number and name
- Ask if they have time
- Listen for answer
- Choice
- Assure caller
- Return within 30 seconds
- Ensure connections

Call back if you should lose them in the transfer

Telephone Turnoffs

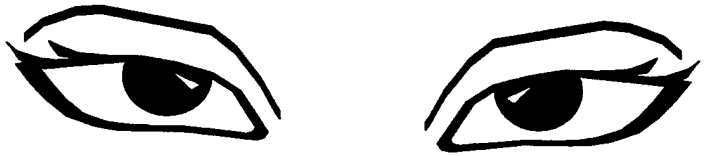
- Eating, smoking, chewing gum
- Not using hold
- Answering phone before prepared
- Crude and rude transfers
- Too Loud
- Too Soft
- Too Fast
- On hold too long
- Interrupting the customer

- No hassle
- Someone who listens
- Verbal feedback
- Immediate action
- Using their name

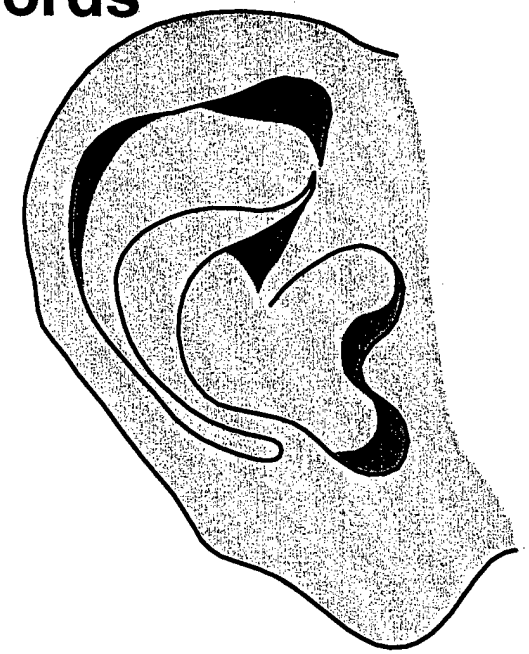
Always Convey The Best Possible Image

- **Don't Say: "Who's calling?"**
- **Say: "May I ask who's calling?"**
- **Don't Say: "He hasn't come in yet." (morning)**
- **Say: "He's not in his office at the moment."**
- **Don't Say: "She's on her coffee or smoke break."**
- **Say: "She's away from her desk at the moment."**
- **Don't Say: "He's left early today." (1430 in afternoon)**
- **Say: "He's out of the office until tomorrow."**
- **Don't Say: "She's sick today."**
- **Say: "She's not in the office today."**

How - To Listen

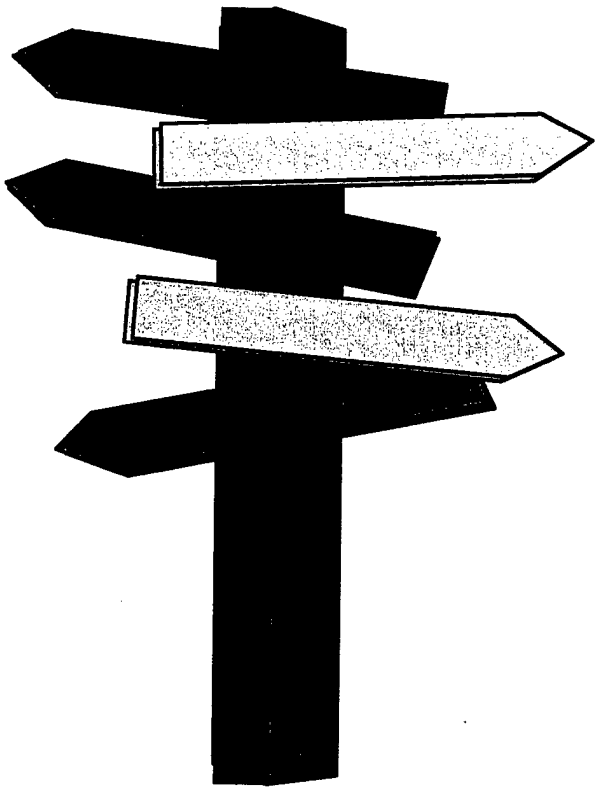


- Look person in the eye / give them your full attention
- Concentrate on what they are saying, not how it is said
- Think about the feelings behind the words
- Do not interrupt
- Make occasional brief response
- Repeat in your own words
- Ask questions
- Do not argue



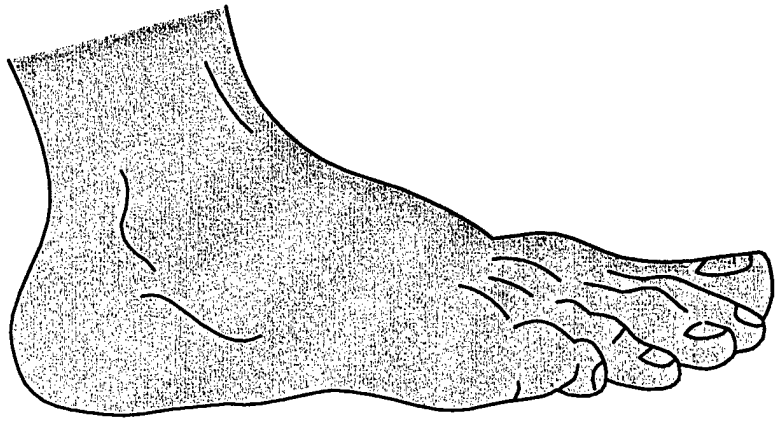
How - To Nonverbal Communication

- Smile
- Open posture
- Forward lean
- Touch
- Eye Contact
- Nod head



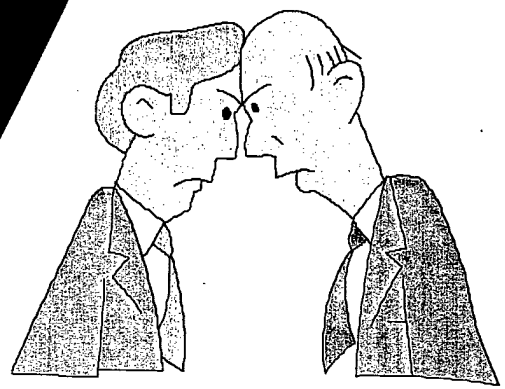
Understanding What The Patient Is Feeling

- Loss of identity
- Loss of privacy
- Change in routine
- Health worries
- Lack of information
- Confused by our system
- Pain and fear are distorting memory and comprehension
- Strange environment



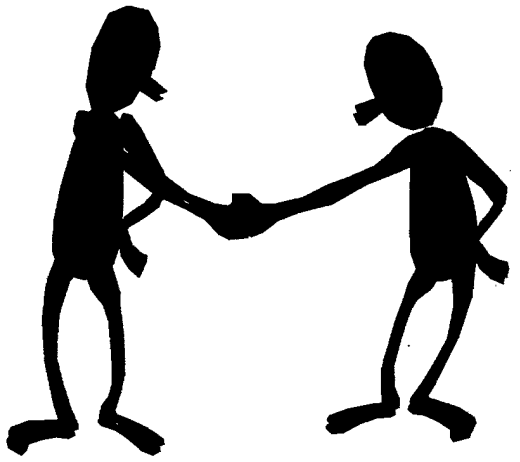
Internal Conflicts

Resolve internal conflicts away from the customer…AND KEEP THEM OUT OF IT!!



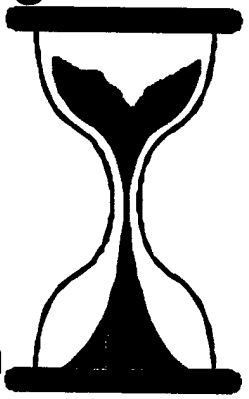
How To Deal With Difficult Customers

- Let customer express themselves
- Interest; show interest
- Set the agenda; watch what you say
- Think; put up your umbrella
- Empathize with customer
- Never lose control



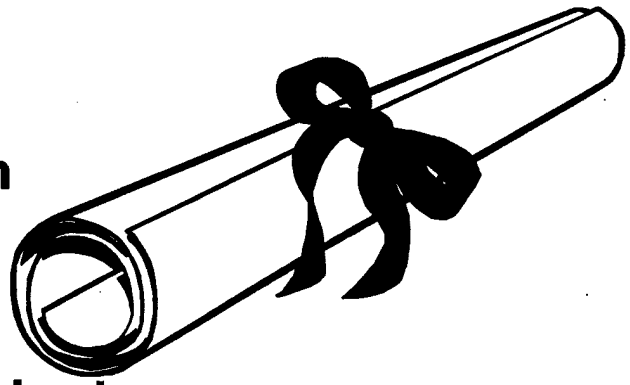
Mistakes to Avoid

- Not understanding why a renewed interest in customer service
- Taking the desired shift in corporate culture lightly
- Managing customer service as a collection of programs and not as a system
- Not buying-in to the vision
- Ignoring the requirements
- Paying lip service to customer service
- Tolerating poor service anywhere in your system
- Failing to use carrots (rewards) and sticks (accountability) to reinforce desired customer service behavior
- Spending more effort on cost or technical outcome than on service
- Not reengineering each point of service from the customer's view
- Not communicating the above to every one of your staff members



All I Really Need To Know I learned in Kindergarten

- Share everything
- Play fair
- Do not hit people
- Put things back where you found them
- Clean up your own mess
- Do not take things that are not yours
- Say you are sorry when you hurt somebody
- Wash your hands before you eat
- Flush
- Live a balanced life: learn some and think some and draw and paint and sing and dance and play and work every day some
- When you go out into the world, watch out for traffic, hold hands and stick together



APPENDIX E

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
West Point, New York 10996-1197

REPLY TO
ATTENTION OF:

MCUD

8 April 1999

MEDDAC POLICY MEMORANDUM #133

SUBJECT: Customer Service Program

1. The West Point Medical Department Activity customer service program is one of the highest priority programs within this command. The MEDDAC is committed to improving our customer service process through training and rewarding our staff in the delivery of our customer service standards. Our customer service philosophy is to consistently provide professional, courteous, and timely service in a caring environment designed to meet our customers' needs at every point of service.

2. Customer service is a critical part of patient loyalty. Recognizing that exceptional service leads to high levels of satisfaction is extremely important. The customer service standards of the MEDDAC include: access, quality, and interpersonal relationships. Customer service is of vital concern to me and will be a matter of commitment by every supervisor and employee of this command. Through active participation we will foster an environment that allows us to provide the best possible care for our beneficiaries in a compassionate, expeditious, and friendly manner.

3. All personnel will participate in initial training with recurrent training done annually. The training will include: customer service relations, knowing your customers, communication skills, telephone techniques, and handling difficult situations. Additionally , each person will receive a customer service pamphlet that may be used as a reference manual.

4. The appropriate recognition and awards will be given to individuals who demonstrate good customer service on a consistent basis. The basis of these awards will focus on customer service excellence beyond that normally expected by our customers. The hospital executive committee will select the personnel who best demonstrate the customer service standards.

5. I strongly endorse the objectives and principles of customer service and challenge this command to embrace the program and make it a success.

CECILY M. DAVID
Colonel, MC
Commanding

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