How to Banish Bad Hospital Customer Service

Micah Solomon, speaker and advisor to corporations and professional firms on improving customer service and the customer experience, discusses the problem of poor customer service in the healthcare industry — and how to fix it.

Q: First of all, why has customer service been neglected by the healthcare industry, and what is spurring the change?

Micah Solomon: The healthcare industry has issues of poor customer (patient) service that are shared by other industries, plus it has its own cultural problems spawned by everything from poorly-conceived hierarchical structures to serious battle-fatigue issues.

On top of that, and most seriously, the healthcare industry's insular nature has made its problems self-reinforcing: In other words, healthcare providers and institutions compare themselves to each other — to the hospital in the next town, the surgeon in the next OR — and benchmark their customer service accordingly. And to do so is setting the bar laughably — or should I say, tragically? — low. It's not as if your patients stop being consumers — customers — when they put on a hospital gown. And it's not as if their loved ones surrender their identities as businesspeople, Twitterers, Facebook users, either, when they enter your hallowed gates. So, instead, it's time to benchmark your service against the best in service-intensive industries, because that's what your customers — there I go again: patients — will do. Every patient's interaction with healthcare is judged based on expectations set by the best players in hospitality industry, the financial services industry and other areas where expert players have made a science of customer service.

Change, to whatever extent it is finally coming, is being spurred on by a growing
understanding that the stakes are extremely high when you mistreat patients as human beings. Lawsuits can be triggered as easily by simple unkindness as by bona fide medical mistakes, [and] institutions can have a hard time growing when they are unable to command patient or employee loyalty. And conversely, the knowledge that there is a huge upside if these issues can be turned around.

Q: What common mistakes do hospitals make regarding customer service? And how could they improve?

MS: There are several:

• **Ignoring the importance of hellos and good-byes.** Beginning and ending points in a patient interaction are crucial. Psychological research, most notably by memory researcher Elizabeth Loftus, has proven that the first and last item in any list are by far the most easily remembered. In customer service, the same thing has, time after time, proven to be true: The first and last moments of a customer interaction are what a customer is likely to hold in memory as the permanent "snapshot" that encompasses the whole event.

So if your staff seems irritated to be "interrupted" when a patient arrives — even for that telltale half-second — that is very hard to recover from. If the patient spends a long, tense time finding a parking space (and when she does, it's a six-minute walk from the front door, and she's on crutches, and the signage in the building is confusing once she finally does manage to hobble in the front door), that's very hard to recover from.

As far as good-byes, your good-bye needs to be more than an invoice sent through the mail by your billing service. Why do veterinarians universally follow-up to see how Fifi is doing but physicians rarely do the same? It could make all the difference.
• Not realizing how expectations of speed have changed. We are in the world of Amazon.com being able to deliver a book instantly and of Droids and iPhones that connect us — again, instantly — to vetted advice from the Mayo Clinic. It's not just that patients have different expectations of timeliness than their parents had. They have different expectations of timeliness than they themselves had this same time last year. So to think you can get back to patients with information at the same sluggish pace you always have doesn't cut it. In fact, it's absolutely infuriating. Patients don't want you to shoot from the hip, but they need to be kept informed frequently and speedily. And they don't expect labs to take four days. Nothing takes four days anymore, outside of the healthcare industry.

• Everyone on your team needs to know how to apologize. Resolving patient issues means knowing how to apologize for service lapses pointed out by a patient. It means getting rid of the defensiveness — or, at best, apathy — that tends to mar the healthcare industry when confronted by a patient upset with what she perceives to be a service gaffe. Instead, take your patient's side in these situations, immediately and with empathy, regardless of what you think the "rational" allocation of blame should be. And spread this approach throughout your staff through role-playing and other training devices, so it will serve you fully every time a patient hits the fan.

Q: In addition to the tactical fixes you mention above, are there overall strategic or directional changes that are required in order to increase patient loyalty?

MS: Yes, there are two that need to be front and center:

First, the key to a great healthcare team is getting across the difference between each employee's purpose in the organization — as opposed to one's mere job function. A particularly crucial aspect of great patient service is ensuring
that every employee, from orientation onward, understands her particular underlying purpose in your organization and appreciates its importance. An employee has both a function (his day-to-day job responsibilities) and a purpose (the reason why the job exists).

For example, "To create successful medical outcomes and hospitable human experiences for our patients" is a purpose. "To change linens" is a function. A properly trained and managed employee will know [and will be empowered] to stop changing linens if creating successful medical outcomes or being hospitable requires a different action at the moment. And afterward, she will be celebrated for doing so, not scolded for being a few short in the number of linens changed.

If an employee understands that she has an underlying essential purpose such as this in your company, she'll tend to respond to customers differently. Among other things, she'll try harder to comprehend what they need and to come up with creative ways to meet their needs. This can be a huge asset when confusing or stressful service situations arise, including situations that have never been planned for. Even in a mundane situation, this simple understanding, starting from day one, can make all the difference.

Have you ever been to a hospital and stared, obviously bewildered, at a confusing sign, while a security guard idly stands there "protecting" you, all of two feet away? Did the security guard proactively help you out [by saying], "Anything I can help you find?" If he worked in an excellent healthcare facility, he would. At orientation, you would have started him off understanding his higher purpose: "To create successful medical outcomes and hospitable human experiences for our patients." Sure, that could include deterring and apprehending bad guys, but it also includes attending to patients and their families who have that unmistakable lost look on their faces.
Second, if you truly want to glue patients to your institution ... strive to anticipate patient wishes even before they are expressed. When a patient's or family member's wish is met before the wish has been expressed, it sends the message that you care about the person as an individual. This may seem like it requires telepathic ability, but in essence it is simply founded on paying attention and knowing your customers. And it's well worth the effort: The cared-for feeling a customer gets when her — not a "generic customer's" — wishes are anticipated is where you will generate the fiercest loyalty to you and your institution.

To achieve this requires aligning your people and your systems to anticipate what your clients want before they ask for it. This involves hiring support staff and, yes, physicians based on key patient-friendly traits — specifically, warmth, empathy, a bias toward teamwork, conscientiousness and optimism. [It also means] aligning your systems to center on what clients really want from your processes and never, ever, thinking you can save effort by trying to treat everyone the same. Great service requires custom fitting ... every day, hour and minute you interact with the patients who come your way.

Q: What effect does improved customer service have on hospital revenue?

MS: Loyal customers in any industry are far more immune to competitive entreaties, far more interested in your brand extensions and far less price-sensitive. All of these will accrue to the financial advantage of those in the healthcare industry who make a sustained effort to build customer loyalty as I have been outlining. In addition, they will benefit from improved employee morale and retention, as employees begin to understand their purpose in serving patients as overriding the specifics of their day-to-day job function.

Q: Which staff interactions are most damaging to customer service if they go wrong? Who should be involved to improve those?
**MS:** The most immediately damaging are those that happen at an emotionally significant time. There are three especially emotionally significant times:

1. When a customer — whether patient or loved one — is upset
2. The beginning [of customer interactions]
3. The ending of customer interactions.

These are the moments to focus on first in improving service in a healthcare environment. [Everyone] who interacts with the public needs to have a nearly perfect "game" at these moments. And yet they rarely do: As far as beginnings, the receptionist is distracted when the patient or family member walks in for the first time. [Or, if the interaction is] on the phone, [the receptionist] puts you directly on hold when you call in without seeing if you really are able to hold. Maybe you can't hold: Maybe your kid is having seizures!

As far as endings, the billing department argues with your patients, [and] the physician doesn't have time to do a follow-up call. And, as far as needing to learn the skills involved for working with customers who are upset, absolutely anyone in an organization can be confronted with this situation at any time. So the only solution is to get together [institution-wide] and make it clear the outsized importance of these three moments. Make it one of your core strategies. And then make an initiative to absolutely nail these in each part of your operation.

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