Raising the bar in healthcare: Industry customer service

It’s time for the healthcare industry to raise its level of customer service—and step on it. The stakes are high when you mistreat patients: Lawsuits can be triggered as easily by simple unkindness as by bona fide medical mistakes; institutions have a hard time growing when they are unable to command patient (or employee) loyalty.

The biggest obstacle to improving customer service in healthcare is the industry’s insular nature and the way this makes 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 O.R. – 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 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, it’s time to benchmark healthcare customer service against the best in service-intensive industries, because that’s what your patients and their loved ones 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.

Here are some quick “wins” gleaned from the science of customer care that I offer to my clients in healthcare to help them raise themselves up in the eyes of your patients and their loved ones: in other words, your customers.

• Concentrate first on getting your hellos and goodbyes right. Psychological research, most notably by memory researcher Elizabeth Loftus, has proven that the first and last items in any list are by far the most easily
remembered. In customer service, the same principle holds 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. It is very hard to recover the goodwill of a patient whose first impression is:

- A front-desk staff member’s irritation at being “interrupted”—even for that telltale half-second.
- Spending a long, tense time finding a parking space (and when she does, the space she finds is a six minute walk to the front door—and she’s on crutches).
- Signage in the building that is confusing (once she finally does manage to hobble the six minutes to the front door).

As far as good-byes, your good-bye needs to be better than just a chilly invoice sent through the mail by your billing service. (Why do veterinarians universally follow up to see how Rover is doing but physicians rather rarely do the same? It could make all the difference.)

- **Make adjustments based on changed expectations of what “timeliness” means; your patients are not as patient as they used to be.**
  Patients live in a world where Droids and iPhones, laptops and iPads, can connect them – instantly! – to vetted advice from the Mayo Clinic. Where Amazon.com can get them a book of expert advice instantly in electronic form, or within eleven hours in hardcover. So to think you can get back to patients with information at the same sluggish pace you always have doesn’t cut it. Patients don’t want you to shoot from the hip, but they need to be kept informed. Frequently and speedily. And, by the way, they don’t expect lab results to take three days. Nothing takes three days anymore, outside of the healthcare industry.

- **Everyone on your team needs to learn how to apologize.**
  It is time to get 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. Resolving patient issues means knowing how to apologize for service lapses pointed out by a patient. 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.

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