

Where Hospitals and Clinics Drop the Ball on Customer Service

By Sherry Smith, RN, MSN, MBA

Nationally, the focus on health care reform, Accountable Care Organizations (ACO) and the medical home models are gaining a lot of attention. While these debates and programs develop, executive hospital leadership is focusing on the patient experience, results of satisfaction surveys, and how to maintain their market strength in what has become a very competitive atmosphere. While much attention is paid to the patient and family member's perception of the acute care process, an area not examined is the pre-and post telephonic experience of this population. Not to mention the internal team members experience of scheduling tests and appointments among departments.

In addition to being unaware of telephone statistics related to ASA, abandonment rates or hold times, healthcare organizations rarely provide basic education on telephonic skills. This leads to inconsistency in how phone encounters are handled and, more importantly, the customer service experience and satisfaction.

This article addresses some of the opportunities acute care facilities and clinics should be considering in evaluating the patients' customer service experience when contacting their organization. It will also outline some practical steps for hospitals that are considering consolidation of all their call contacts into a centralized call center as a one call resolution strategy.

Why Customer Service is so Important

As with all sectors and industries, customer service in healthcare is essential. There are numerous components of healthcare service are unique. The 'customers' of healthcare organizations are in some way vulnerable, so a high levels of customer care is more important than in other industries.¹

That said, virtually all hospitals across the country have metrics related to customer satisfaction imbedded into performance dashboards and quality reporting. Many organizations dedicate specific personnel to either provide navigation or concierge services for patients and families. Attention is geared toward staff consistent messaging, rounding, and leadership visits to assure their customer service programs are being regularly applied.

Patients reserve their good word of mouth and loyalty for hospitals where they feel their needs were anticipated and met by a courteous and caring staff. ²Hospitals are paying greater attention to customer feedback and perceptions of care given the competitive nature of health care in many markets, but also in small community organizations as many community leaders are active members of the Board of Trustees. Even health plans designate awards for superior outcomes and customer service scores. The unfortunate fact remains that all the sources for feedback routinely do not include any questions or scoring related to what the patient's perception of quality was during telephonic encounters for registering, scheduling or contacting the hospital or clinic. Telephone service levels are not typically reported as part of quality metrics by departments internally, either.

In 2008, the Institute of Medicine (IOM) Committee on Future Directions for Healthcare Quality and Disparities added a priority focus area related to health systems infrastructure capabilities to include improved communication across settings for coordination of care.³ Inherent in that mandate is the ability to transfer information in a timely and consistent manner through various media. It also addresses efficient and effective communication among providers. This includes the customer service

¹ <http://www.blurtit.com>; Why do you think Customer Service is Important in Healthcare?

² Lee, Fred; *If Disney Ran Your Hospital*. Second River Healthcare Press; 2004

³ <http://www.ahrq.gov>; The IOM Committee's Eight recommended National Priority Areas for Health Care Quality Improvement

levels experienced when trying to reach offices for follow-up appointments, ability to get through, and ability to have your questions and needs met without being putting on hold for extended periods of time or being dropped off the line. Think back to a recent contact with a healthcare organization. At the end of the encounter, were you asked if there was anything else they could do for you and were all your needs met? Not likely.

Where to Focus Resources and Reporting

A first step in the assessment of the patient and family member's telephonic experience could be as simple as adding questions to existing organizational satisfaction surveys:

- Was their call answered promptly?
- Could the patient hear the agent or clinician smiling?
- If placed on hold, were they asked first? Given a chance to respond and told the reason why?
- Did they feel the information provided was clear and concise?
- Were they able to get all needs met in one call?
- In their opinion, was their call handled professionally?

Another way to assess the customer service level is through development of a "secret or mystery shopper" audit tool. The tool is used to score qualitative and quantitative aspects while listening to either live calls or recoded calls. A basic understanding of the phone system and capabilities can be discussed with the telecom support team. They are also the individuals who should be able to start producing reports for various areas around answer times, hold times, abandon times and "blockage" (what % of time does a caller get a busy signal when they dial).

Opportunities in the short term to optimize a callers experience can also include:

- Utilizing soothing queue music or up-selling the organization's services while waiting for calls to be answered or when placed on hold
- Provide options for callers to leave a message rather than hold
- Assure all individuals who answer calls use consistent messaging: at least with name and title
- Provide some basic training on telephonic customer care skills and phone etiquette
- If calls are recorded, provide periodic review of calls with your team and individuals for skill enhancement
- Is the environment where calls are processed private and quiet to minimize back ground noise and disruptions?
- If you outsource calls at any point, what type of reports do they provide related to service levels of your patients and callers? What type of auditing or training do their agents have?

Assessing the current state of 'how calls are actually handled' is the first step in evaluating the strengths and opportunities for improvement.

Case Study from a Clinic Call Center Start-Up

This final section will briefly outline the initial steps and findings from a large hospital who wanted to implement "a central" call center functionality. Interestingly enough, the strategic initiative was the result of leadership receiving multiple complaints about not being able to get through on the phone to schedule new patient visits in the clinics. Specific issues included length of time for calls to be answered, multiple transfers without resolution, and the lack of customer service experienced during calls.

Like most organizations, in their haste to fix the problem, they rushed to centralize all calls for a few busy internal medicine practices in a pilot program. Calls were routed to a make-shift call center in another area of the institution. The unlicensed staff was assigned to go answer calls in the call center in between clinic appointments. They used a centralized scheduling technology for making appointments, sending secure messages to MDs for consultation and office personnel. Over a three month period, they were able to achieve an overall decrease in ASA for the offices by 30%, but it was sporadic and not sustainable. MDs reported patient complaints stating they were receiving duplicate calls for appointment reminders which confused and irritated their largely geriatric population. Upon investigation, apparently individuals were told to make outbound reminder calls for upcoming appointments when the phones were quiet (not assigned or organized).

Fortunately, before expanding the pilot program the organization involved the expertise of external consultants to evaluate the existing program and make recommendations on technology platforms to achieve greater scale.

A “mystery shopper” audit tool was utilized to score the call handling practices of staff members at various times on different days. Additionally, a high level review of the current operations and quality program resulted in identification of the following issues:

- There was no evaluation of call volumes by hour and by day of week to drive the scheduling practices of the call center agents
- No training on telephone etiquette or customer service techniques was provided (after all, they had all been answering phones in between setting up rooms and seeing patients before)
- They did have a “board” for reporting ASA, however it wasn’t monitored in real time for oversight
- Many of the unlicensed staff did not want to be answering phones. They had been hired to assist patient through put in the clinics. The telephonic call center task was not fulfilling to them.
- No one was using head phones which raised ergonomic issues.
- Staff was using inconsistent greetings and closings, and slang phrases. A lack of professionalism on the phones was noted for some agents.
- Staff frequently placed callers on hold while navigating the system or asking for assistance from peers. They did not ask callers’ permission to be put on hold or explain why and then thank them for holding.
- There were risk management concerns with unlicensed providing triage and obvious breach of personal health information (PHI)
- There was no quality oversight or monitoring of calls. They did not track individual phone statistics.
- Staff who knew individual practices scheduling preferences- had found ways to circumvent the system.

Once the organization received the feedback, they were able to move forward with some of the recommendations before scaling. This included phone customer service training, assignment of key individual to monitor real time performance metrics, a call auditing process and RFP process for technology capable of scaling. Key evaluations of these changes were integrated into the organizations satisfaction survey for the patient’s experience with the clinic call center services.

Advancements in technology have enhanced the contact capabilities of patients and families who are seeking and expecting on-line interface capabilities. Organizations must not underestimate reporting on these functionalities as well so as to assure superior response time and consistent handling of messages and information. This article addressed opportunities acute care facilities and clinics can be considering in evaluating the patients customer service experience when contacting their

organization and outlined practical steps for consideration.

Sherry Smith RN, MSN, MBA

Chief Consulting Officer

3CT- Call Center Consulting Team

(603) 707-0151

Sherry.smith@3-ct.org

About 3CT: 3CT is a team of health call center experts available to assist with strategic, operational, or technical projects. They have been instrumental in advising clients on telephonic customer service, measuring program efficiency and ROI utilizing non-clinical and clinical staff. Services include strategic planning, full implementation services, workforce management (in-house and remote), telecom analysis and selection, training and ongoing education, continuous quality initiatives, and "mystery shopping" call quality assessments. Visit our website at www.3-ct.org.