

Leadership for Great Customer Service

Satisfied Patients, Satisfied Employees

Thom A. Mayer and Robert J. Cates
Foreword by Tom Peters

LEADERSHIP FOR
GREAT CUSTOMER
SERVICE

Satisfied Patients,
Satisfied Employees

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Getting Started: Why Worry About Customer Service in Healthcare?

ONE OF THE most intriguing and troubling questions facing healthcare leaders is, *How do I create a meaningful and lasting culture of customer service in my institution?* Improving customer service and patient satisfaction are critical issues in administrative offices and hospital boardrooms across the country. Over twenty books have been written on the application of customer service to healthcare. (Don't they look nice on the bookshelf?) The problem, of course, is that there is plenty of legitimate and genuine concern in the executive suite, but too little practical guidance in the patient care areas where clinical care and customer service are to be provided. The *intention* is almost universally good, but the *execution* is often lacking. Despite posting eloquent mission statements, paying substantial fees to consultants, providing training materials and sophisticated web sites, and delivering appropriately passionate statements at management team meetings to exhort the troops, for many healthcare institutions, when it comes to customer service, the words and the music just don't match.

“Between the idea
And the reality
Between the motion
And the act
Falls the shadow.”

—T. S. Eliot
The Hollow Men

Why is there such a long shadow between the idea of service excellence and the reality required to bring it to fruition? Why is there such a gap between the proclaimed commitment to and the actual delivery of customer service in healthcare institutions? Noted scholar of organizational behavior Chris Argyris (1993) comments, “For many institutions, the funda-

mental problem is the dissonance between the espoused strategy and the enacted strategy.”

Part of the reason for the dissonance between carefully espoused strategies of customer service and the enacted strategy seen in the patient care areas is that the staff, charged with enacting the strategy and providing the service, can clearly understand why it is important to the CEO, but not why it is important to *them*. As the old story goes,

The CEO of a large regional healthcare system took one of her key managers to the top of a hill overlooking the city. Pointing down at a ridge just below them, she said, “Imagine a beautiful house sitting atop that ridge, overlooking the city. Can you see it?” “Oh yes, I can see it,” said the manager. She continued, “Imagine there is a swimming pool just behind the house, can you see it in your mind?” “Yes, yes I can!” said the manager, getting more excited. “Imagine there is something off to the right of the house—it’s a tennis court! Can you see it?” “Yes,” said the manager, “I can see it!” The CEO continued, “If this customer service initiative is successful and we continue to increase our market share, someday all of that will be... mine.” (Adapted from Belasco and Stayer 1993)

Too often, it is apparent to healthcare providers that customer service initiatives may be great for the leaders and managers of

healthcare, but it is often far less apparent why it is good for those who provide that care on a daily basis. We will show you how to make the concept clear.

This book is written for healthcare leaders, but with an understanding that transformation to a culture of service excellence requires not just the *intention* of the leadership but also the constant *attention* of doctors, nurses, radiology technicians, laboratory technicians, registrars, and housekeepers across the organization. For this reason, our intent is to give you direction on how to give them direction to accomplish this. This book, of necessity, presents leaders with an approach to address those who provide service, including numerous clinical examples to use with your staff. While we have found that senior leadership's commitment to service is essential (and we will give you plenty of examples of what you need to do), we have also found that simply exhorting the troops and acting as an example of service are insufficient to create service excellence throughout the organization. The clinicians must be shown *how* this can be done. The bedside examples we give are highly successful strategies to accomplish this. Our greatest hope is that you will finish this book, hand it to your leadership team, and say, "Put this into action!" If you do, you *will* transform your organization.

Many in healthcare feel as if they are "at the ramparts," evoking images of a besieged, embattled industry facing declining revenues, increasing demands, an aging population, healthcare personnel shortages, emergency department crowding and diversion, and the fundamental reality that key providers of service—physicians—are typically neither employed nor controlled by the healthcare system. Into the midst of such difficulties comes the demand for improved customer service and patient satisfaction. Add to this the threat of chemical, biological, nuclear, and explosive terrorism and the rise of new "natural" infectious diseases such as SARS, and healthcare providers may legitimately ask themselves, Is this *really* the time to be focusing on customer service in healthcare?

This honest and straightforward question deserves a frank and direct answer, "Yes!"—but for a reason that is counterintuitive. Having

taught the customer service training course (Patient Care Survival Skills) on which this book is based to healthcare providers for 10 years at over 300 healthcare institutions and to over 75,000 healthcare workers, we have found that the most significant challenge to creating a culture of customer service is providing healthcare leaders and the healthcare team a clear and practical understanding of why customer service and patient satisfaction should be important to them. (We know it's important to you—indeed, your job may depend upon it.) To do so, we pose to them—and to you—a simple exercise. Take a moment to think of what your response would be to the following before proceeding further.

The #1 reason to get customer service right in healthcare is _____.

If you are like the thousands of other members of the healthcare team to whom we have given this exercise, your answers generally fall under the following classifications:

- It's better for the patient
- It's better for the family
- It's better for quality care
- It's better for the medical staff
- It's better for market share
- It's better for risk management
- It's better for reimbursement
- It's better for patient safety

All of these are great reasons to get customer service right in healthcare, but who primarily benefits—the service provider or those who lead and manage the organization? As suggested by the first point in the right-hand column, market share improves when customer service improves. Sounds great—but what if I'm a nurse in a busy, overcrowded emergency department. The reward for good customer service is...*more patients*? That doesn't sound like a reward to us.

Any customer service initiative that answers, “Why are we doing this?” with, “Because the boss says so” or “It's good for market share” is doomed to failure. In fact, this is precisely why most customer service initiatives in healthcare either fail or are not sustainable. The

fundamental paradox is that, while all of the above responses are certainly true (and excellent reasons for getting customer service right), they still miss the fundamental point:

*The #1 reason to get customer service right in healthcare is ...
it makes the job easier.*

It is nearly impossible to effect change in service behaviors in healthcare unless the people providing that care understand this fundamental truth. Anything that is described as customer service should make the job easier. For that reason, there are two simple litmus tests for customer service initiatives and the programs comprising them:

It's called customer service, but...

1. *Does* it make the job easier?
2. *How* does it make the job easier?

If anything that is described as customer service fails either of these two tests, the staff providing the care will fundamentally know that it is not truly customer service. In fact, they understand that things that come labeled as customer service but that do not make their jobs easier are actually *more work*. This is precisely why so many service excellence initiatives in healthcare either fall short of their goals or produce temporary results rather than lasting cultural changes.

How do we communicate this insight in a way that resonates with those who provide care and service to patients on a daily basis? How can we illustrate that customer service makes their job easier? Without a way of creating a widely shared understanding that service excellence works for them—as well as the patient—meaningful and lasting change is unlikely to occur.

We have all seen signs posted at the grocery store or on light poles asking for help in finding lost pets. But you might have missed this one:

About the Authors

Thom A. Mayer, M.D., is president and chief executive officer of BestPractices, Inc., a national resource in physician leadership and management.

Dr. Mayer has been the keynote speaker at numerous healthcare leadership conferences and also serves as the medical director of the NFL Players Association. He is one of America's foremost experts on healthcare customer service, trauma and emergency care, pediatric emergency care, and medical leadership. He has published over 60 articles and 60 book chapters and has edited 10 medical textbooks.

On September 11, 2001, Dr. Mayer served as one of the command physicians at the Pentagon Rescue Operation, coordinating medical assets at the site. The BestPractices physicians at Inova Fairfax Hospital were the first to successfully diagnose and treat inhalational anthrax victims during the 2001 anthrax crises. Dr. Mayer is the lead editor of *Emergency Department Management: Principles and Applications*, the benchmark text on emergency leadership, and has served the Department of Defense on the Defense Science Board Task Forces on Bioterrorism and Homeland Security.

Robert (Bob) J. Cates, M.D., is a practicing emergency department physician and chairman of the Inova Fairfax Hospital's department of emergency medicine in Falls Church, Virginia. Under Dr. Cates's leadership, the emergency department has won numerous awards and grants, most recently the prestigious Robert Wood Johnson Foundation Urgent Matters Grant.

Dr. Cates received his undergraduate degree at Southern Illinois University, his master's degree in biochemistry at Indiana University, and his M.D. at Indiana University. His postgraduate training included a medicine internship at Indiana University Medical Center, a medicine residency at Georgetown University, and four years as a clinical associate and staff associate at the National Institutes of Health (NIH) in the Cancer Institute. He is a widely sought speaker on the application of customer service in healthcare.