

## **Old Practice: New Approach To Customer Service**

### **Statement of Problem**

The administrator, who had just started in her new position in the OB/GYN Department of a multi-specialty clinic, recognized immediately that she would have to address serious service issues. From the outset she received numerous complaints from patients about employees who were unfriendly, rude and unprofessional with patients. The patients also voiced dissatisfaction with the practice's unattractive waiting room and overall unpleasant atmosphere.

After just a few days of observation, the administrator realized the practice was seriously lacking in its attention to customer service and staff morale was dreadfully low. It was apparent that primary focus was on the clinical side of the practice. It seemed as though the employees had not been trained at all in the importance of customer service. Employees were indifferent to patients and did not appear to enjoy interacting with them. They made no eye contact with the patient when they signed in for their appointment nor did they greet them with a smile.

Contributing to the unpleasantness of the office atmosphere was a waiting room suffering from years of neglect. The furniture, although once elegant and very fashionable, was worn and tattered due to age and day-to-day wear and tear. The chairs had broken arms or significant fabric stains. The colors were outdated and dingy. Since the clinic catered to women, it was important to have professional décor that was comfortable and inviting. This was particularly true since a large percentage of the patients would be coming to the office on a regular basis for many months. The administrator also learned that the practice developed a policy three years ago that

prohibited children in the waiting room due to potential exposure of illness to patients. When this policy was implemented women were turned away who arrived with their children because no other area was designated for them. This was uncomfortable for staff and patients and had led to many patients leaving the practice.

Furthermore, the clinic did not have an employee dress code that established guidelines for professional appearance; and consequently, employees wore varying and inconsistent styles of clothing, most of which were not appropriate for a medical office setting. This set a very unprofessional tone and sent a message to patients that the staff was not concerned about their appearance or the impression they made on patients. Permitting this type of dress in the office setting also sent the message to staff that their apathetic and unprofessional demeanor was acceptable.

Over time, the practice administrator also learned the business office staff had not been given the proper tools to complete their tasks correctly and timely. This resulted in staff frustration, which lead to poor attitudes and directly contributed to less than optimal customer service.

Not surprisingly, employee attitudes toward their jobs, patients, practice administration and even each other were poor and exacerbated the unfriendly and impersonal atmosphere of the office. Front office employees frequently asked for transfers to other departments due to the lack of teamwork, their feelings of frustration within the department, and the pressure of patient complaints. The administrator knew that doing nothing to improve customer service would lead to even greater numbers of lost patients and continued high rates of employee attrition. But she also knew that

changing the long-established habits and implementing a completely new approach would be a daunting task for even the most experienced administrator.

### **Alternatives Considered**

The administrator considered taking the path of least resistance, which would be to do nothing and allow employees to continue the direction and policies that were currently in place. This would spare the administrator from the onerous, and likely unpleasant, task of training the employees to treat patients with respect and kindness and to put customer satisfaction at the top of their daily priorities. But the down side would be a continued trend of bad customer service, resulting in ongoing complaints and escalating loss of patients to other physician offices where they could receive similar patient care but in more pleasant surroundings. Not doing anything to improve customer service would serve only to perpetuate the overall decline of the practice.

So, the administrator set out to find a cure for the clinic's ills. She considered implementing methods that she had used in a previous practice that had been successful. Manuals outlining customer service policies were accessible to her and ready to be put in place with minor adjustments. However, some of the same policies, which worked in her previous office, may not work in an office that catered to an all female clientele, so new policies would need to be added. While on paper this seemed relatively simple, the administrator knew that current employees would have to be trained on those policies from another office and might not readily adopt them given the extended period of time they had worked under the current practice policies, or lack thereof. She would likely face significant resistance to change from many, if not most, of the employees.

The administrator considered bringing an outside consultant to access the office and provide objective recommendations. A consultant would bring an objective point of view and staff might react more favorably to suggestions by an independent party. On the other hand, a consultant might prove to be very costly and the staff might feel that they could not offer any suggestion or comments toward any changes.

Another option considered was soliciting input from a number of sources to accurately identify areas of customer service needing improvement. This would require input from patients, staff, management and clinicians. While this would provide a wealth of valuable information, it would be time consuming to devise methods to solicit information and evaluate it once received.

### **Solution and Implementation**

The solution seemed to be implementing a combination of all of the contemplated alternatives, with the exceptions of hiring an outside consultant and keeping the status quo. Realizing that success would require the support of the physicians, the administrator outlined the customer service problems to them in order to solicit their cooperation and suggestions and also shared with them her overall plan for addressing the problems. Their support would be vital to facilitate the transition of the staff to new policies and procedures and a radically updated clinic mission statement. If the physicians did not see the importance of customer service and committing energy and resources to improve it within the clinic, neither would the staff. Fortunately, the physicians responded positively and supported the administrator in her efforts to implement new patient satisfaction initiatives.

Since fully understanding the depth and breadth of the problem was critical to solving it, the administrator first undertook the mission of soliciting input from as many sources as possible. The Chief Executive Officer (CEO) of the multi-specialty clinic suggested the administrator present satisfaction surveys for patients to complete in order to receive feedback and as a basis to discuss responses with staff and providers. Liking this idea, surveys were created and distributed. To solicit staff and clinical input, the administrator also formed a leadership team consisting of the front office and clinical supervisors, two front office staff and the practice administrator to ascertain what their perspectives were on the customer service issues and what they perceived to be issues from the perspective of those they managed. She charged the leadership team with attaining as much information as possible from clinic employees about both real and perceived customer service strengths and weakness. The administrator and team leaders of the department also met with other administrators in the community regarding their experience with customer service programs in their practices.

From the information provided by the patients, staff, physicians and other administrators, the administrator devised a customer service program with the goals of making the patient feel respected and important to the practice and creating a positive and comfortable office environment.

Addressing the environmental challenges was the easiest to tackle. The administrator engaged the services of an interior decorator, had broken furniture repaired and worn furniture re-upholstered, and rearranged the waiting room to provide for a more comfortable atmosphere for the patients. Magazine subscriptions were updated to make sure those being ordered for the patients focused on women's interests and issues.

At the same time, the administrator set up meetings with the team leaders and key staff members to set the goals and implement a new customer service process. The administrator and two team leaders were assigned to head up the task force, along with three senior staff members, who would review the patient surveys. Programs to motivate staff to improve self-appearance and encourage co-workers to take pride and ownership in their positions in the clinic were implemented. The administrator put key elements into place at the business office front desk to improve the process for greeting patients along with conveying other information. Staff was given the tools they needed to perform their jobs.

The administrator held frequent meetings to communicate with staff the importance of professional dress, and initiated a new uniform dress code consistent with treating adult women. If the staff did not follow the uniform policy they would be sent home on their own time to change into appropriate attire. The administrator knew the staff would follow the lead of the administrator as well as the team leaders in appearance, therefore the administrative team dressed in appropriate professional attire; keeping it simple but sophisticated was important.

The administrative team set up a program to allow patients with small children to wait in a centralized foyer since no children were allowed in the patient areas. Physicians were encouraged in board meetings to help facilitate these changes by lending their support and encouragement to staff on behalf of the new administrator. The accomplishments of the staff towards the new goals were rewarded with gift cards and positive feedback from the physicians and patients.

## **Outcome**

Staff morale and overall demeanor noticeably improved as the new policies and procedures were implemented. Immediately, the practice began receiving positive feedback from the physicians, patients and other practice administrators within the clinic. Patients complimented staff on their friendliness and professionalism. Phone complaints decreased drastically. The patients noticed and complimented the greatly improved appearance and atmosphere of the waiting room. Patients and staff also complimented the practice for the new policy that allowed mothers with small children to bring them with them but keep them in a separate area that allowed the patient area to remain calm and relaxing.

The administrator continued distributing patient satisfaction surveys, which reflected, continued improvement in patient satisfaction across all categories.

Physicians also observed the changes in the staff and the positive effect they were having on patients. Improvement in patient satisfaction, professionalism and respect for others had an immediate positive impact. Employee satisfaction with their jobs improved greatly which lead to better employee retention.

## **Recommendations**

Do not underestimate the importance of feedback from the patients. Keep current patient satisfaction surveys on file and pass them out on a regular basis. Being able to refer to patient satisfaction surveys is a tremendously helpful tool. Patients will put negative comments on paper but hardly ever voice them to the physicians.

Additionally, monitor and constantly strive to enhance staff morale. Positive staff morale is very important and a must to improving and maintaining patient satisfaction

scores, which is a great marketing tool. Low morale perpetuates unfriendly service to patients. Patients will quickly tell other patients and potential patients when they do not feel comfortable with staff in a medical practice. When patients are comfortable and happy with their treatment they will refer friends and family to the practice.

And finally, provider support is a necessity for successfully implementing changes in a practice that has become comfortable with the statement, “We have always done it that way”. Staff will react much more positively to change if they have the physicians’ support and encouragement. Administrators must learn to discuss patient complaints with physicians and provide them with suggestions to resolve the problems. Administrators may also have to convince the physicians that changes are needed to address complaints and updating old policies and implementing new ones can often also have the added benefit of improving productivity as well as developing a stable and dependable staff.

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