IMPROVING THE FRONT DOOR: CUSTOMER SERVICE/SERVICE RECOVERY TRAINING IN THE EMERGENCY DEPARTMENT
GENESIS HEALTH SYSTEM

Publication Year: 2013

Summary:
Implementing customer service improvements and creating an educational program on ED customer service and service recovery.

Hospital: Genesis Medical Center
Emergency Departments

Location: Davenport, Iowa

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Category:
- A: Arrival
- B: Bed Placement
- C: Clinician Initial Evaluation & Throughput
- D: Disposition
- E: Exit From the ED

Key Words:
- Information Systems
- LEAN Six Sigma
- Patient Satisfaction
- Service Recovery

Hospital Metrics:
- Annual ED Volume: 76,393
- Hospital Beds: 495
- Ownership: Not-For-Profit
- Trauma Level: East Campus - 2
- Teaching Status: No

Tools Provided:
- Customer Service A3 Training Document
- Service Recovery A3 Training Document
- Graph illustrating Decrease in Complaint Types in the ED

Clinical Areas Affected:
- Ancillary Departments
- Emergency Department

Staff Involved:
- ED Staff
- Nurses
- Physicians
- Registration Staff
- Service Excellence Facilitators
Innovation

The Emergency Department is the "front door" of the hospital, 40% of our inpatients are admitted through the ED. Based on patient feedback from surveys, grievances taken by our patient advocates and information gathered during executive rounding on new admissions, we discovered a major opportunity for improvement in ED customer service skills. These were categorized by leaders as "customer service", and then "service recovery" skills.

The LEAN A3 problem solving tool was utilized to identify the reasons for action, complete a gap analysis and to come up with a solution approach. With the involvement of two service excellence focused facilitators, front line staff created and implemented a training program for 160 ED staff, physicians and ED registrars.

Innovation Implementation

An interdisciplinary team comprised of service excellence facilitators and front line staff, including ED nursing, ED registration and ED physician worked to identify opportunities for customer service improvements and created an educational program on ED customer service and service recovery.

The ED Patient Satisfaction scores historically had a "V-Tach" pattern (up and down) and the ED needed to try another focus on customer service for sustainment. In the past, there was an "ED Best Practices toolkit" which contained all of the expected behaviors and "sign off" sheets to witness and to hold each other accountable, but the ED practitioners were not included in this roll out and they are "the key" to be involved.

- Data was collected from current voice of the customer feedback systems prior to two planning sessions that involved the front line staff and facilitators. This data was then reviewed by the group. Each group reviewed the reasons for action, initial state, target state, and listed the currents gaps in the process and staff behaviors.

- After identifying behavior deficiencies, staff voted on the topics to be covering in training, then outlined a program that could be given in three 15 minute segments- the planning group "one" created three sessions on customer service behaviors and planning group "two" created three 15 minute sessions on service recovery behaviors.

- The key was introducing one concept at time, then following up and building on that same concept the next week with advanced training. Another key piece to the training was tying the staff/physician behaviors back to the Organization's Values. There were six sessions over six weeks that were 15 minutes each (three customer service and three service recovery).

Timeline

Planning process began about two months prior to implementation. The implementation was six 15 minute sessions that were over seven weeks (three customer service, one week break and then three service recovery) sessions.

Results

Results included 3.0 overall mean score improvement in the patient satisfaction survey (as measured by Press Ganey). This resulted in a percentile rank improvement from 63%tile to 87%tile.

- The Nursing section of questions improved from 68 to 97%tile.
- The physician section improved from 78 to 93%tile.

Additionally, comments on surveys and complaints received via phone decreased:

- 62%, nursing related, and
- 14%, physician related.

Notably, the improved communication had the effect of decreasing complaints related to tests and treatments by 86%.
Advice and Lessons Learned

- Cost effective ways to involve front line staff in training and skill building.
- Describe how and why tying in behaviors with the Organizations values and Mission improves compliance.
- Understand how sustainment of any new skill involves practice and reinforcement.

Sustainability
Sustainment of the interventions has meant training charge nursing staff in ways to coach and model behaviors. There was a follow-up meeting/discussion after 30 days. Results and all data are being actively shared with staff. In addition, executive leaders are discussing results during their rounding on staff.

Tools to Download

- Customer Service A3 Training Document
- Service Recovery A3 Training Document
- Graph illustrating Decrease in Complaint Types in the ED
**1. REASONS FOR ACTION**

- Patients dissatisfied with all communication.
- Risk of patient going to another facility.

**Scope:**
- All ED Staff, Registration Staff, Physicians, (Lab, Rad?)

**2. INITIAL STATE**

- ED Satisfaction scores 47% (3-month rolling by discharge date is 64%).
- Complaints in Meds on staff behavior.
- AIDET is not hardwired.
- Not enough recognition.
- NDNQI RN Satisfaction: East ED 50%, West ED 50%.
- Customer Service has not been sustained.

**3. TARGET STATE:**

- Patient satisfaction scores 85%.
- Reduction of complaints on staff behavior.
- Increase in complaints on Meds.
- Receive feedback from outstanding customer service.
- NDNQI RN Satisfaction: East ED 85%, West ED 85%.
- Sustained Customer Service implementation.

**4. SOLUTION APPROACH**

<table>
<thead>
<tr>
<th>Cause/Priority</th>
<th>Solution</th>
<th>Affecting</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Train all staff on organization expectations and empathy/be nice</td>
<td>All ED Staff and Registration</td>
<td>Basic</td>
</tr>
<tr>
<td>2</td>
<td>Go over organization expectations and empathy/be nice, add AIDET</td>
<td>All ED Staff and Registration</td>
<td>Intermediate</td>
</tr>
<tr>
<td>3</td>
<td>Go over organization expectations and empathy/be nice, AIDET and add communication/learning</td>
<td>All ED Staff and Registration</td>
<td>Advanced</td>
</tr>
</tbody>
</table>

**5. COMPLETION PLAN**

<table>
<thead>
<tr>
<th>Revision</th>
<th>What</th>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Scripting for De-Escalation with wait times</td>
<td>Tysha Allen</td>
<td>08/17/2013</td>
</tr>
<tr>
<td>2</td>
<td>Words/Phrases to prevent gossip at nurses station</td>
<td>Karla Kees</td>
<td>08/27/2013</td>
</tr>
<tr>
<td>3</td>
<td>Voice of the Customer</td>
<td>Tosha Allen</td>
<td>09/09/2013</td>
</tr>
<tr>
<td>4</td>
<td>Interim training sessions</td>
<td>Tosha Allen and Yu Black</td>
<td>09/09/2013</td>
</tr>
<tr>
<td>5</td>
<td>Advanced training session</td>
<td>Tosha Allen and Yu Black</td>
<td>09/19/2013</td>
</tr>
<tr>
<td>6</td>
<td>Training workshops for each session</td>
<td>Tosha Allen and Yu Black</td>
<td>09/29/2013</td>
</tr>
</tbody>
</table>

**6. CONFIRMED STATE**

**JUST DO ITS**

<table>
<thead>
<tr>
<th>Experiment</th>
<th>Anticipated Effect</th>
<th>Actual Effect</th>
<th>Follow-up Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scripting for De-Escalation with wait times</td>
<td>Reduction in Anxiety</td>
<td>Tosha Allen</td>
<td></td>
</tr>
<tr>
<td>Words and Phrases to prevent gossip at the nurses station</td>
<td>Control environment and noise</td>
<td>Tosha Allen</td>
<td></td>
</tr>
<tr>
<td>Voice of the Customer</td>
<td>Recognition of staff daily</td>
<td>Tosha Allen</td>
<td></td>
</tr>
</tbody>
</table>

**Insights**

- Strong focus upon interpersonal relationships among each other.
- I think this task force is excellent.
- Reminds us that our service is to the patients.
- This was a great idea.
- Physician or Mid-level involvement would have been beneficial.
- Need Dr input.
- Not sure 15 minute session is long enough.
1. REASONS FOR ACTION

- Patients dissatisfied with communication.
- Risk of patient going to another facility.
- ED staff complaints in Midas.
- Staff not competent in Service Recovery.

Scope:
- All ED staff, Registration staff, Physicians, Mid-levels

2. INITIAL STATE

- ED Satisfaction score 64%.
- Complaints in Midas on staff behavior.
- Staff unable to de-escalate high risk situations or prevent.

3. TARGET STATE:

- Patient satisfaction scores 85%.
- Reduction of complaints in Midas.
- All ED staff competent in Service Recovery.

4. GAP ANALYSIS

- Gemba walk with ED staff asking them 5 questions and barriers or obstacles to providing de-escalation.

5. SOLUTION APPROACH

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<tr>
<th>Cause/ Priority</th>
<th>Solution</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Training</td>
<td>Empowerment of Staff and Wait Time Training</td>
<td>Tosha/Penny</td>
</tr>
<tr>
<td>Intermediate Training</td>
<td>Empowerment of Staff, Wait Time Training, and LEAD Training</td>
<td>Tosha/Penny</td>
</tr>
<tr>
<td>Advanced Training</td>
<td>Empowerment of Staff, Wait Time Training, LEAD Training, and Management of Pain Requests</td>
<td>Tosha/Penny</td>
</tr>
</tbody>
</table>

6. Just Do It's

<table>
<thead>
<tr>
<th>Experiment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Initiate Signs for Rooms giving out Service Wait times (how long labs take, how long x-ray takes to come, etc.)</td>
<td>High Impact: Can exceed expectations</td>
<td>Penny</td>
</tr>
<tr>
<td>Beds not to be used in Hallway unless completely necessary: Also, if patient is not monitored and waiting for admission, remove from room to use bed</td>
<td>Alleviate Privacy Issues</td>
<td>Amanda</td>
</tr>
</tbody>
</table>

7. COMPLETION PLAN

- Penny and Tosha: All Training.
- Amanda: Bed education.
- Wait time signs: Penny.

8. CONFIRMED STATE

- 30 days: 65%.
- 60 days: 65%.
- 90 days: 60%.
- 120 days: 20%.

9. INSIGHTS

- Productive and Informative!
- Thank you for setting up and implementing it important training!
- Tosha could take fewer pictures!
Decrease in Complaints by Category Type in GMC-Dav EDs July 8, 2013

- **Physician Category**
  - 3Q13 (pre-training): 14% decrease
  - 4Q13 (post-training): 62% decrease

- **Nursing**
  - 3Q13 (pre-training): 86% decrease
  - 4Q13 (post-training): 14% decrease

- **Test/Treatment**
  - 3Q13 (pre-training): 86% decrease
  - 4Q13 (post-training): 14% decrease