VHA HANDBOOK 1003.2 Transmittal Sheet February 4, 2004

SERVICE RECOVERY IN THE VETERANS HEALTH ADMINISTRATION

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides information on the management of and procedures for complying with VHA Veteran Customer Service Program.

2. SUMMARY OF CONTENTS: This VHA Handbook:

- a. Introduces the concept of Service Recovery (SR) that, together with other veteran initiatives, is expected to increase veteran satisfaction and with loyalty to services provided by VHA.
 - b. Identifies the elements of SR.
 - c. Provides instruction on organizing for SR.
- d. Identifies distinctions between the SR process and Patient Safety and Risk Management (tort claims prevention) actions.
 - e. Provides examples of successful SR strategies.
 - f. Clarifies "Comping."
- **3. RELATED ISSUES:** VHA Directive 1003 and VHA Handbook 1003.1.
- **4. RESPONSIBLE OFFICE:** The Office of the Deputy Under Secretary for Health for Operations and Management (10N). Questions can be directed to the Director, National Veteran Service and Advocacy Program at 518-626-5673.
- **5. DOCUMENTS RESCINDED:** VHA Handbook 1003.2, dated August 6, 2003, is rescinded.
- **6. RECERTIFICATION:** This VHA Handbook is scheduled for re-certification on or before the last working day of February 2009.

S/ Nevin M. Weaver for Robert H. Roswell, M.D. Under Secretary for Health

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SERVICE RECOVERY IN THE VETERANS HEALTH ADMINISTRATION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides information on the management of and procedures for recognizing Service Recovery (SR) as a critical component of an effective, integrated VHA Veteran Customer Service Program.

2. DEFINITION OF SERVICE RECOVERY (SR)

- a. SR is the systematic approach to proactively solicit veteran feedback while responding to complaints in a manner that creates loyalty and utilizes information to make system improvements.
 - b. It is a four-stage process that:
 - (1) Identifies a service expectation that was not met.
 - (2) Effectively resolves service problems.
 - (3) Classifies the root cause(s).
- (4) Yields data that can be integrated with other sources of performance measurement to assess and improve the system.
- c. SR entails making a person "feel whole" by staff demonstration of politeness, concern, and candor. It is taking a negative experience and turning it into a positive and memorable one. It is the "second chance," so it must be done very right the second time.
- d. A key to a successful SR culture is to ensure that SR expectations are presented during the hiring process, reiterated through on-going training, and the coaching and modeling of interactions to promote employee empowerment during each phase of providing service.
- e. SR starts before a complaint is ever filed. The system needs to identify process breakdowns and empower employees to make adjustments and/or modifications as needed. Employees need to have the ability to remedy a situation on the spot with minimal supervisory involvement. Employee empowering remedies range from simple things like offering a sincere apology or giving a free canteen meal ("comping") to arranging to reschedule a service. NOTE: It must be remembered that the medical care appropriation cannot be used as a source of funds for tangible items.
- f. <u>SR always relates to service, not quality of clinical care,</u> and should never be used, or viewed, as an alternative to tort claims and/or malpractice issues or in a situation requiring a more formal Root Cause Analysis (RCA).

3. RATIONALE FOR SERVICE RECOVERY

Patients who actually lodge a complaint represent only 10 percent to 20 percent of those who had a basis to complain, but chose not to complain. Disappointed veterans share their experiences with many others, eroding VA's reputation. SR efforts can facilitate recovering the confidence and loyalty of the veteran, assist in preventing veterans from "disenrolling" because of un-addressed issues, and maintain VHA as the veteran's provider of choice.

4. RESPONSIBILITIES

NOTE: The National Veteran Service and Advocacy Program (NVSAP) is a component of the VISN Support Service Center (VSSC).

- a. The National Veteran Service and Advocacy Advisory Board or subcommittee, is responsible for:
 - (1) Providing advice and assistance to facility staff as they implement this initiative.
 - (2) Developing, promoting, and disseminating this information across the VHA system.
- (3) Monitoring the Veterans Integrated Service Networks (VISNs') progress towards this initiative.
- b. The Director, NVSAP, is responsible for establishing national SR guidelines and standards that are consistent with the VHA National Health Care Service Standards. This role with regards to SR is to:
- (1) Emphasize the role of <u>all</u> employees in patient advocacy and SR. This includes empowering employees, regardless of their current duties, to assist veterans and their dependents in fulfilling the SR goals.
- (2) Institute SR education, training programs, and national conferences by working in conjunction with Employee Education Service (EES).
- (3) Publicize the NVSAP's Knowledge Management Portal on the Web, tailored specifically to Veteran Customer Service and SR (see http://vaww.vsscportal.med.va.gov/patientadvocate/).
- (4) Enhance the VSSC web page on Veteran Customer Service and SR references (see http://klfmenu.med.va.gov/).
- (5) Include successful initiatives for SR in future editions of the Veteran Health Services Best Practices Sourcebook and other VA media in conjunction with VHA Virtual Learning Center.
 - (6) Update the VHA Service Recovery Handbook.
 - c. VISN Directors are responsible for ensuring:
 - (1) Each facility is utilizing SR concepts.

- (2) Maximization of the impact of an SR system. It is important that the design of any services reflect a commitment from the organization's top management. It is critical that all managers throughout the Department of veterans Affairs (VA) promote the belief that SR can play a vital role in improving organizational performance, efficiency, and the satisfaction of veterans and staff.
- d. The VHA Office of Quality and Performance (10Q) is responsible for measuring satisfaction and dissemination of satisfaction data and performance measures.

5. PRINCIPLES OF SERVICE RECOVERY

- a. Principles of SR include:
- (1) Focus on achieving fairness and true veteran satisfaction.
- (2) Anticipate and correct problems before they occur.
- (3) Acknowledge mistakes without placing blame or making excuses.
- (4) Sincerely apologize for not meeting service expectations.
- (5) Take corrective actions in a timely manner.
- (6) Ensure appropriate follow-up and feedback to the veteran.
- (7) Establish an effective data collection and analysis system to drive improvements.
- b. Effective SR programs provide a process that is user-friendly and allows easy access for veterans to voice complaints. For example, some private sector organizations utilize toll-free phone numbers and the Internet.
- c. It is also important to personalize the recovery experience and involve the veteran in the decision and/or resolution. These gestures contribute to the perception of a fair outcome.
- d. In some circumstances, it may be appropriate to provide the veteran with tangible items such as calling cards, canteen certificates, etc. (see subpar. 10b(1)). It is important to understand that tangible goods may not be what the veterans are seeking or what the veteran thinks is important. In many instances, the veteran simply wants to know that the next time the veteran comes in there will not be a long wait to be seen, and that other aspects of care will "work."

6. ORGANIZING FOR SERVICE RECOVERY

When services do not meet expectations, consistently recovering and repairing the relationship between the patient and the medical facility is critical and cannot be accomplished if the organization has not planned, organized, and implemented effective processes.

a. <u>Standards.</u> The Malcolm Baldrige Quality Award criteria and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards support a planned approach to patient, family, and veteran satisfaction.

- b. **Strategies.** While SR strategies vary, they have one thing in common, i.e., the need for a designated "process owner," either an individual or team. The "process owner" identifies SR standards and issues; oversees implementation and evaluation of improvement activities; and ensures staff members receive training on SR strategies and tools.
- c. <u>VISN Model.</u> The VISN is the "process owner" with a designated person, team, or council to oversee SR. The "process owner" drives the program throughout all VISN facilities. Best practices are identified and implemented and a standardized approach to SR is used. Organizing for Veteran Customer Service and SR activities at the VISN level provides leadership and allows for a comprehensive and consistent approach. *NOTE:* Network Veteran Service, Patient Advocate, Consumer Affairs or Patient Satisfaction Committees, Boards or Councils often fulfill this need. Most committees or councils have membership from the VISN office, all component facilities, and are interdisciplinary.

d. Facility Model

- (1) Each VA facility independently organizes and provides SR at the facility level. The process owner is the facility Director who may delegate to the Patient Advocate, or other designee(s), as appropriate. This approach focuses on identifying facility-specific issues and implementing recovery strategies that are tailored to meet the individual needs of the facility's patient population. *NOTE:* There may be a requirement to provide feedback on SR issues to the VISN.
- (2) Facility level staff most directly influence satisfaction and have the greatest opportunity to make a positive impression with every interaction. A proactive Veteran Customer Service Program can substantially reduce the number of complaints. It is important to continually review performance for areas of improvement and to identify strategies when service expectations are not met. Facility leadership needs to establish a recovery structure, and promote and reward a "culture" of recovery.
- e. <u>Process Owner Responsibilities.</u> In both the VISN and the facility models, the process owner is charged with the following responsibilities:
 - (1) Ensuring SR requirements are communicated to all staff.
 - (2) Identifying processes and procedures for successful SR.
 - (3) Disseminating national and network-wide standards, policies and best practices.
- (4) Training front-line staff on the use of appropriate SR tools and strategies and empowering them to act.
- (5) Informing patients and families of the complaint process and facilitating their ability to state a concern or complaint.
 - (6) Establishing an effective complaint management process.
 - (7) Tracking veteran service results.
 - (8) Recommending strategies for improvement.

f. <u>Fundamental Operating Principle</u>. Whether a VISN or facility model is adopted, a <u>fundamental operating principle</u> is that staff at the <u>point-of-service</u> be trained, equipped, empowered, encouraged, and rewarded for "recovering" the veteran as soon and effectively as possible. SR strategies and behavior <u>must</u> be an integral part of the organizational culture. Staff must be taught what they are able to do to resolve a problem in order to foster independent, secure actions without fear of reprisal.

7. STAGES OF SERVICE RECOVERY

- a. <u>Stage 1: Identify an Opportunity to Correct an Unmet Service Expectation.</u> Set up processes, methods, and opportunities to quickly and completely identify situations where service has not met expectations. The veteran who complains is giving VHA an opportunity to serve the individual better and is giving insight into process problems. *NOTE:* Examples of methods used to identify opportunities to improve services are listed in Appendix A.
- b. <u>Stage 2: Resolve the Problem.</u> Once staff are aware of a service problem, every effort first needs to be made to engage in a resolution process meeting three characteristics:
 - (1) The veteran considers the solution just and fair.
 - (2) The resolution is fast and convenient for the veteran.
- (3) VA staff interaction with the veteran is courteous, honest, and sincere. Successful approaches include:
 - (a) A sincere apology.
 - (b) Scripted responses (see App. E).
 - (c) Thanking the veteran for voicing concern.
 - (d) "Comping," e.g., canteen cards, meals, coffee (see subpar. 10b(1)).
- c. <u>Stage 3: Communicate and Classify the Unmet Service Expectation.</u> The nature of the unmet service expectation must be classified and entered into a data system. It then must analyzed along with service data from other sources. Many industries have staff at all levels use a specific format and reporting procedure on a daily basis.
- (1) An "analysis" needs to be performed to separate isolated instances from patterns of unmet service expectations with correctable interventions. Patient Advocates are expected to use the Veterans Health Information Systems and Technology Architecture (VistA) Complaint/Compliment-Tracking System at this stage. While other tracking systems may be used for staff entry (see par. 9), it is strongly recommended that consideration be given to expanding use of the Patient Advocate Tracking Package to other staff.
- (2) VHA Directive 1050.2 mandates the use of the national, computerized Patient Advocate Tracking Package for tracking and trending of complaints and compliments. Instructions for proper entry are provided on a reference guide and videotape. *NOTE:* Copies may be obtained by calling the NVSAP at 217-554-4578. Reports can be generated to trend issues, as well as to

identify locations where service failures are occurring most frequently. These reports provide a basis for proactive, non-punitive plans for system changes.

d. <u>Stage 4: Integrate with Other Data and Improve Service (see par. 9).</u> An important outcome of SR is making modifications, large or small, to products, processes, and interactions that are part of VHA care. Based on assessment of the integrated data, not only is the individual veteran "recovered," but future interactions and systems are also improved.

8. FRONT LINE ISSUES AND PRACTICES

Employees are the key to successful SR. The day-to-day process can be challenging and stressful. Skills are required that differ from the technical requirements of the job. Employees must be provided tailored education and training on SR techniques. The success of patient advocacy and SR depends on the involvement of all employees. In order to foster an environment that encourages and supports employee involvement, it is important to identify opportunities to improve service, instead of finding fault and disciplining employees for wrong doing. *NOTE:* Important employee strategies for successful SR can be found in Appendix G.

9. DATA SYSTEMS

- a. An effective data collection system is essential to continuously track improvements in Veteran Customer Service and/or SR. Data needs to be:
- (1) Gathered from various internal and external sources, compiled, and disseminated to those who are responsible for implementing system improvements.
 - (2) Timely, i.e., broken down at the national, VISN, and facility unit of care
 - (3) Provider-specific. if possible.
 - (4) Distributed to all levels of the organization in a way that is easily understood.

NOTE: To ensure that unmet service expectations are truly corrected, it is important to continue tracking both positive and negative veteran feedback until satisfaction rates are improved.

- b. In addition to quantitative data, narrative reports and examples of what veterans say, in their actual words, are sometimes far clearer and motivating to front-line employees, supervisors, and top management. This can be shared from the Patient Advocate database without identifying patient information.
- c. Relevant data collection systems, especially useful for SR Stage 3, Communicate and Classify the Unmet Service Expectation, and SR Stage 4, Integrate with Other Data and Improve Service, are:
- (1) Deputy Under Secretary for Health for Operations and Management/VSSC web site: http://vssc.med.va.gov.
- (2) **Patient Advocate Complaint/Compliment Tracking Package.** The Patient Advocate Complaint/Compliment Tracking Package is found on VistA.

(3) National and Local Patient Satisfaction Surveys

- (a) Information regarding the national surveys of ambulatory care patients and recently discharged inpatients is available on the Office of Quality and Performance (OQP) Web Page at: http://vaww.oqp.med.va.gov. Look under "OQP Services/Programs" on the left of the main page. Results from past national surveys can also be found at all levels: national, VISN, facility, and clinic/bed section/program.
- (b) Information on the design, approval, and implementation of local satisfaction surveys is found under the "Local Veteran Satisfaction Surveys" section of the Satisfaction Surveys link on the OQP web page.
- (c) Information on and support for the use of the Patient User Local Satisfaction Evaluator (PULSE) systems are available under the "Local Veteran Satisfaction Surveys" section of the OQP Web Page.
- (4) **National and Local Employee Satisfaction Surveys.** Current professional literature provides ample proof that employee satisfaction is a leading indicator of customer satisfaction. The following two efforts contribute to an environment supportive of SR by identifying opportunities to improve staff satisfaction and retention.
- (a) The VA National Employee Survey explores staff attitudes about various aspects of employment: Leadership, Resources, Rewards and Recognition, Planning and Evaluation, Diversity Acceptance, Employee Development, Cooperation, Supervisory Support, Innovation, Veteran Service, Work-Family Balance, Pay Satisfaction, and Conflict Resolution. These dimensions, along with assessment of an employee's team, work group, facility performance, and personal job satisfaction indicate overall employee satisfaction.
- (b) VHA also surveys employees about work stress (job demands, control, role conflict), work hours (shift work, mandatory overtime, floating), the safety climate(threats and assaults), and hazards (blood-borne pathogen injuries and ergonomics).
- (5) **National Performance Measures Results.** National Performance Measures program results are available on the OQP Web Page: http://vaww.oqp.med.va.gov. Follow the links to Performance Measures under "OQP Services/Programs" on left of the main page.
- (6) **Direct Employee Feedback** (suggestions, forums, and committee reports). This approach provides an informal method for staff to share attitudes and feelings about their employment, as well as to suggest improvements to their work environment.

10. LEGAL ISSUES OF RISK MANAGEMENT AND PATIENT SAFETY

- a. SR efforts must be kept separate from the medical tort claim process. While effective SR may help reduce the frequency and severity of medical tort claims, it does not replace the tort claims process. Filing a claim for malpractice and/or negligence, wrongful death, or lost or damaged property is always a patient's right; veterans need to be fully informed of that right. SR efforts should never be implemented in hopes of obviating a tort claim.
 - b. The three key areas where SR strategies have risk-management implications: are

- (1) "Comping." Options offered to a veteran to make up for an unmet service expectation must be within the bounds of law and VHA policy. For example, beneficiary travel funds may be used to pay for travel only for veterans eligible for that VA benefit. In addition, only two appropriation funds may be available for the purpose of procuring items to be used to make up for a service failure. The Under Secretary for Health has determined that General Post Fund monies available to the facility may be used for this purpose (see VHA Directive 4721). If it determines that doing so would promote added business for the Canteen and win increased customer support from VA patients and employees, the Veterans Canteen Service may decide to use its Revolving Fund to pay for items to be used to make up for a service disappointment. NOTE: The medical care appropriation cannot be used to purchase tangible items for this purpose.
- (2) **Patient Records.** Confidentiality regulations and the Privacy Act must be followed during SR like any other program that accesses identifiable patient information. Documentation of patient complaints should not be placed in the patient's medical record.
- (3) **Apologies.** Apologies for unmet service expectations are not admissions of liability. Care needs to be taken not to unnecessarily "admit liability" when apologizing for a service failure. Do not apologize in a way that compounds the service failure. For example, instead of saying: "Your clinic delay was inexcusable, especially since you missed your transportation," it would be better to say: "I am sorry you had to wait, it would be upsetting to me also. What can I do now to help you?"
- a. In the United States, deaths occur each year due to errors in medical care, many of which are preventable. For a prevention effort to be effective, it is necessary to establish methods of gathering and analyzing data that generate the most accurate picture possible. The responsibility for improving patient safety resides at all VHA levels. A team effort is required. Front line staff are in the best position to identify safety issues and solutions; managers can allow implementation and dissemination of "lessons learned;" and the veteran patients must be empowered to question staff about issues relating to the safety of their VHA experience.
- b. All employees are encouraged to identify and report any unmet service expectation or "close call" that relates to patient safety to the Facility Safety Officer so it can be considered for potential RCA or through the Patient Safety Reporting System. In this way, patient safety can be impacted, monitored, and improved through Veteran Customer Service and/or SR activities. **NOTE:** The reporting process is described in greater detail in VHA Handbook 1050.1.

11. SUMMARY OF VISN AND FACILITY IMPLEMENTATION OF SERVICE RECOVERY

When implementing SR at the VISN and facility levels, strong consideration needs to be given to the following key elements:

- (1) Establish VISN and/or facility level Customer or Patient Service Councils, which incorporate SR initiatives.
- (2) Ensure that staff at all VISN levels have a solid fundamental understanding of SR, know performance expectations, and are empowered to act.

- (3) Provide staff training and education in SR.
- (4) Feature "Best Practices" and examples of SR in various VISN and/or facility media.
- (5) Use Veteran Customer Service and/or SR tracking systems to monitor performance and ensure continuous improvement.
- c. Provide Senior Leadership-sponsored incentives for high performance and innovation in Veteran Customer Service and/or SR.
 - d. Establish a culture that supports employee development of "Best Practices" in SR.
 - e. Employ scripted responses.

12. COLLECTIVE BARGAINING

This handbook must be interpreted consistent with collective bargaining agreements.

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EXAMPLES OF METHODS USED TO IDENTIFY OPPORTUNITIES TO IMPROVE SERVICE

(Service Recovery Stage I)

- 1. <u>Providing Photographs and Biographies</u> (from the Department of Veterans Affairs (VA) <u>Medical Center, Battle Creek, MI).</u> Posting a photo of providers with personal information such as hobbies, education and special interests in clinic areas and other locations where veterans will see them, makes it easier to identify with a staff member and lodge a complaint.
- **2.** QuickCards, Unit Specific Profiling (from the Veterans Integrated Service Networks (VISNs) 2 and 16, the VA Medical Center, Kansas City, MO, and the VA Medical Center, Loma Linda, CA). Feedback mechanisms that provide rapid cycle, often real time feedback from veterans with immediate site staff follow-up on comments/feedback.
- 3. "Phantom Shopper" and "Fresh Eyes" (from VISNs 2, 4, and 16; the VA Medical Center, Memphis, TN; and the VA Medical Center, East Orange, NJ). Having a new patient or staff member provide feedback on their impression of the quality of service.
- **4.** <u>Leadership Rounds</u> (from the VA Medical Center, Togus, ME, and from the VA Western New York Healthcare System). Senior leaders elicit feedback periodically from staff and patients on all tours.
- **5.** <u>Speak to the Director.</u> Stations located throughout the facility provide an opportunity to complete a form with questions or concerns and submit it confidentially for a response from the Director.
- **6.** <u>Posted Timeliness Standards</u> (from the VA Western New York Healthcare System). Publicly displaying the expected time standards, i.e., "Our Promise to You."
- 7. <u>Kiosks (from VISNs 2, 10, and 11).</u> Multi-media kiosks to make basic information available and allow easy access to enter complaints.
- **8.** Advisory Boards and Focus Groups. Veterans have an opportunity to candidly describe areas of past and potential service failure. A high value is placed on capturing the comments and words of the veterans in order to identify how service failures have affected them as well as to identify what they see as potential problems.
- **9.** <u>Call Centers and Toll-Free Numbers.</u> Must be accessible in VA patient care areas, and are linked to Patient Advocates or other trained and responsive individuals.
- **10. Exit Interviews.** Random interview of veterans at the completion of their visit to determine if service expectations have been met.

EXAMPLES OF RECOGNITION PRACTICES

(The following are good examples of organizational recognition that fall within the framework of policy set forth in VA Handbook 5017. These or similar forms of recognition may be used by your organizations to recognize excellence in customer service.)

- 1. "Go for the Gold" Stickers (from the Department of Veterans Affairs (VA) Medical Center, Minneapolis, MN). Employees are encouraged during a campaign to observe good examples of great customer service and provide each other recognition in the form of a "Go for the Gold" ticket. Each employee is given a supply of tickets that state, "You are doing a great job! Thank you!" and told to give tickets to other employees they witness doing good service to internal or external customers. A "Go for the Gold Delivery Table" is also available for those who feel awkward giving the ticket in person. An "interim certificate" is completed with red, white, and blue streamers and gives a brief description of what the recipient did to deserve the recognition. Recipients of the tickets are encouraged to hand them in at a central location. In return, the employees receive a specially designed certificate signed by management.
- **2.** <u>"Caught Caring"</u> (from the VA Medical Center, Houston, TX). A heart-shaped pin is given to employees who provide excellent customer service.
- **3.** <u>"Spotlight Award"</u> (from the VA Western New York Healthcare System). Immediate recognition to non-supervisory employees who have exceeded Customer Service Standards. Employees are presented a \$75 cash award at the work site. The Care or Service Line Manager and other fellow workers are in attendance.
- **4.** "Compliments from Vets" (from VA Puget Sound Healthcare System). Written compliments are posted on bulletin boards and put in staff's file. The person is recognized with a free Latte.
- **5.** "Rose" Program (from the VA Medical Center, Battle Creek, MI). A patient, family member or other staff may nominate a staff member for a gold rose. The employee is presented with a gold rose for good customer service. A Red Rose is awarded to an employee who goes above and beyond the scope of their immediate job.
- **6.** "IMAGES" (Improving Morale and Giving Excellent Service, from Veterans Integrated Service Network (VISN) 7). This Customer Service Award can be given to any employee by the Executive Leadership team. It recognizes employees who promote medical center values by demonstrating pride in the organization with professionalism and a positive attitude. The employee has a choice of \$20 or a 1-hour time-off award. Individual services can also provide awards under this program.
- **7.** "Care Cash Program" (from the VA West Texas Healthcare System). Employee is presented a \$5 certificate for the Veterans Canteen Service (VCS) retail or cafeteria each time a veteran compliments or praises the staff. Whenever possible, the veteran presents the certificate to the staff.
- **8.** "Golden Stars Program" (from the VA Medical Center, Tampa, FL). Compliment forms from patients, staff, and visitors are submitted. Committee reviews nominations and Gold Stars

are delivered to the service for presentation. Those receiving ten gold stars are awarded special parking for a week; those receiving 20 gold stars are awarded a savings bond.

- **9.** "Thank-You Grams" (from the Dorn VA Medical Center, and the VA Medical Center, Bronx, NY). Veteran or staff sends to employees for doing something special. Employee receives a colored certificate with a bag of candy attached or receives cards personally signed by the Facility Director indicating how their extra effort meets the Veterans Health Care Standards.
- 10. The "Perry Buck" and C.A.R.E Award Program (from the VA Central California Healthcare System). The "Perry Buck" (named after Facility Director Al Perry) is a replica of a dollar bill given by designated key staff, front-line supervisors, and Service Chiefs to individuals who exceed veteran customer service expectations. "Perry Bucks" are also provided to employees identified in complimentary letters from veterans. Along with the "Perry Buck", staff (including volunteers) also receive a VA logo T-shirt. The "Perry Buck" may be redeemed at the Canteen. Staff may also be nominated for the Customer Service, Action, Respect, Excellence (C.A.R.E.) Award, which brings \$50, a certificate, a gold "I C.A.R.E." pin, and a VA logo polo shirt.
- 11. "Courtesy in Action (CIA)" (from the VA North Texas Health Care System). Employees are selected each month to be observant of incidents where employees exhibit special efforts to serve patients in a manner outside their normal duties. Special awards are presented and Employees of the Month and Employee of the Year are recognized.

SUGGESTIONS FOR RECOMMENDED SERVICE BEHAVIORS

(Template Responses)

NOTE: Staff members need to be familiar with the following behaviors and need to practice them daily in the work setting. These behaviors need to be used whether dealing with external customers (veteran or patient, family member, Veterans Service Organization (VSO), etc.) or internal customers (fellow staff members).

1. Personal Contacts. A few key basics for handling a non-threatening situation include:

a. Connecting

- (1) Welcome the patient and/or customer warmly. First impressions are long lasting. Make eye contact, smile, and greet the veteran.
 - (2) Introduce yourself. Call the patient by name.
- (3) Keep the patients informed; let them know what to expect. Invite questions. Check back with them frequently and apologize for any delays. *NOTE:* The veterans will be calmer and grateful.
- (4) Do not argue about the facts, negate the patient's feelings, or laugh (the goal is a mutual "win-win").

b. Appreciating

- (1) <u>Put People at Ease.</u> Reach out with friendly words and gestures. Extend a few words of concern. Convey confidence. This is what people remember
 - (2) Respond Quickly. When patients are worried and waiting, every minute is an eternity.
 - (3) Express Gratitude. Thank the patient for bringing this to your attention.
- (4) <u>Respect Privacy and Confidentiality.</u> Watch what you say and where you say it. Respect and protect the patient's rights. Invite the patient to talk in a quiet room or office and sit down.
- (5) <u>Respect the Patient's Dignity.</u> That patient could be your father, mother, grandparent, relative, or friend. Give choices. Cover people up, as appropriate. Knock as you enter the room. Respect the person.

c. Responding

- (1) <u>Take the Initiative.</u> Offer to problem solve with the patient to correct the problem. If you can't help, find someone who can.
 - (2) <u>Treat Patients as Adults.</u> Your words and tone should not insult them.

(3) <u>Keep Quiet.</u> Noise disturbs people when they are anxious. Remember where you are and show consideration. Remind each other. Keep it professional.

d. Empowering

- (1) <u>Listen.</u> When patients complain, don't be defensive. Hear them out and show understanding.
 - (2) Give Alternatives. Do all possible to make things right.
 - (3) Patient's Idea of Justice. Find out from the patient what the patient feels is fair and just.
- (4) <u>Meeting Demands.</u> Attempt to meet reasonable demands, and later discuss how to handle such problems if they reoccur.
- (5) <u>Unable to Resolve.</u> If the problem cannot be resolved, promise to investigate and follow-up within a specified time frame that is mutually agreeable: For example: "I wish that I could do more right now; I assure you that I will call you back by Friday with an update." *NOTE:*Meet that commitment.
 - (6) Follow Through. Own the problem. Tie up loose ends. Close the loop with the veteran.
- (7) <u>Maintain a Professional Image.</u> You're part of the long, proud VA health care tradition. Look the part. Act the part. Use the Connect, Appreciate, Respond, Empower (C.A.R.E.) Program principles.

2. Threatening Contacts

- a. Do not go into a private office if the patient appears to be a threat.
- b. Utilize a panic button or have an established code among co-workers to "alert" the police if the customer appears to be a threat.
- c. If the patient is being verbally abusive or vulgar, staff may set boundaries and respond that the language or behavior is not acceptable. Examples: "I cannot assist you further if you continue to yell at me, etc. I will be able to help you when you are in better control of your language." Pause, use silence until a change in behavior is noted, and then thank the patient. Restate the patient's concerns. "Thank you. I hear you saying that you are upset because you feel that you have been neglected, (etc.). How do you want me to assist you?" This one genuinely spoken statement contains all the essential elements of connecting, appreciating, responding, and empowering.

3. Telephone Complaints or Inquiries

a. The telephone is an important tool in management of patient satisfaction or dissatisfaction. All callers should be treated with respect, courtesy and efficiency. Staff should recognize that patients and families are often worried or upset.

- b. Refer to the patient by Mr. or Ms. __(Last Name)__ and avoid using the patient's first name, unless invited by the patient to do so.
- c. Formal protocols and scripts need to be developed for common situations, i.e., informing a patient that the facility Director is unavailable, or setting boundaries for patients that are not issue-focused and are chronically making broad complaints.
- d. Voice mail messages need to include: the office, staff member's name, and a statement that the voice mail is picking up because the staff member is assisting another patient and cannot answer the phone at this time, but will return the call within 2 hours. If the call is perceived as a life or death situation, consider providing a default number. For a return call, request the caller speak slowly and leave a message with the following information: caller's name, last four digits of the Social Security Number (SSN) and the phone number.
 - e. Maintain patient confidentiality at all times.

ACTIONS AND OPTIONS WHEN THERE ARE CLINIC DELAYS

(A Sample Decision Tree)

NOTE: Decision Trees are written guidelines used by staff to address commonly occurring service failures.

Clinic Delays. When a delay occurs in the clinic, the following are some actions and options that can be taken:

- 1. Invite complaints. Post a sign in the waiting area, "Please speak to the clerk if you have been waiting longer than 30 minutes."
- 2. Apologize to the patient.
- 3. Thank the patient when the patient communicates a problem.
- 4. Take the opportunity to become proactive. Do not wait for a complaint to occur. If aware that there will be a delay, inform the people waiting.
- 5. Inform the patient of the reason(s) for the delay (doctor held up in surgery, or with an admission, or medical emergency, etc.).
- 6. If possible, inform the patient of the expected length of the delay <u>and</u> keep the patient updated as the time progresses (update the clinic whiteboard, or go out into the waiting area and talk with the patients).
- 7. Offer the patient free coffee (from the Volunteer coffee cart).
- 8. Offer the patient an opportunity to view a health topic video from the "On-Demand" system.
- 9. Offer to reschedule the patient's appointment (if appropriate, and <u>only</u> if the new appointment can be made within a few days, and at the patient's convenience).
- 10. If the delay is anticipated to be longer than 15 or 20 minutes, offer the patient a pager (so the patient can leave the area, but is within reach to be called back to be seen).
- 11. If the delay will be longer than 30 minutes, and depending upon your judgment and the clinical appropriateness of the particular situation, offer the patient and/or family either: the \$1 "comping" coupon, the \$5 "comping" coupon, or a long-distance phone card (food may not be good for some patients in some clinics; or a patient needing to make a phone call home to inform family of the delay, may need the phone card).

HOW TO SAY IT

(Scripting)

NOTE: Based on information from the Baptist Hospital, Pensacola FL, Baldrige site visit recipient.

These are just a few examples of how the care provided by the Veterans Health Administration (VHA) can be communicated better. Take this opportunity to learn how to say what patients need to hear. *NOTE:* The topic is in bold print and a potential survey question follows in italics and in parenthesis.

1. Elevator Etiquette

(Staff attitude towards visitors)

Engage the visitor. Say, "Do you have someone in the hospital? We want to provide very good care, can we do anything for you?" Step aside. Don't speak about confidential matters. Let them exit and enter first. Don't sound exasperated and make comments about your job such as, "I'm so glad this day is over."

2. Making Rounds or Nurse Leaders

(Nurses' attitudes toward requests)

Say, "Good morning, I am (your name). I am the nurse leader on this unit. I want to assure you that we will do everything possible to exceed your expectations. But, I need your help. This is my pager number and my phone number (write on patient communication board). Please call me the moment you see or find something that we can do better or let me know of an opportunity where we can exceed your expectations. Our goal is to provide you with very good care."

3. Shift Change

(How well nurses kept the patient informed)

Say, "I am (your name). I will be your nurse until (time). Please let me know the moment we can do something for you or do something better. My goal is to exceed your expectations and provide you with very good care."

4. Privacy

(Staff concern for your privacy)

Every time a nurse, tech, etc., pulls a curtain around a bed or cubicle or closes a door, they say, "I am closing this door or pulling this curtain because I am concerned about your privacy."

5. Leaving a Patient's Room

(Overall cheerfulness of the hospital)

Always ask before you leave a patient's room, "Is there anything else that I can do for you? I certainly have time to help you."

6. Emotional and Spiritual Needs

(Degree to which staff addresses emotional and spiritual needs)

"Being in the hospital can be tough emotionally and spiritually. We have chaplains in the hospital around the clock (if you do) to talk with you about these issues. Would you like me to contact a chaplain for you?"

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7. Needing Directions

(How well staff work together to care for you)

Ask, "May I help you?" If they answer that they're just trying to find a specific department, offer "May I take you where you're going?" and walk them there. It doesn't matter if the time spent doing this makes you late for a meeting. It's an excusable tardiness.

8. Interruptions

(Response to concerns and complaints)

If your patients say, "I'm sorry to bother you," it may be because you've been treating them like an interruption. Stop immediately, and listen. Preface your next statement with, "Of course you're not a bother..."

9. Early Birds

(Courtesy of person who took your blood)

"Your physician cares about you very much, so I was asked to get a blood sample very early so the results can be posted on your chart by the time rounds are made this morning."

10. Parking

(Accommodations and comfort for the visitors)

"We have free parking assistance. If you pull into the covered entrance, we'll park your car for you."

11. Patient and Family Knowledge

(Explanations during tests and treatments)

Support patients when they ask a question by saying things like, "I'm glad you asked that." The more they ask, the more knowledgeable they will be. When patients know the reason behind a process, they are more likely to cooperate.

12. Phone Etiquette

(Overall rating of caregiver)

"This is the emergency room (Name your department), Gail Boylan (your name) speaking. How may I help you?"

13. Just One More Thing

(Response to concerns and complaints)

Be receptive when a patient says, "Oh, just one more thing." It's often the most important issue raised. Take your hand off the door, step toward the patient, and listen attentively.

14. Body Language

(Overall rating of caregiver)

If possible, sit down when you speak with a patient. Be on their level, literally and figuratively. It makes for better listening.

15. Noise Level After Visiting Hours End

(Noise level in and around room)

The operator needs to broadcast this message, but if some visitors are particularly noisy and are not leaving: "Because it's after 8:30 p.m. and our hours for visiting patients are over, we're dimming the lights in all patient care areas and will be observing "quiet time." Please take a

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moment to say good-bye and exit this area carefully now. We observe this quiet time to allow your loved ones their rest and recovery for this evening."

16. Cold Food (Temperature of food)

"If your meal is cold, I'll be happy to reheat it." **NOTE:** Sometimes patients are asleep or away having a procedure done when meals are served.

17. Comfort of Visitors

(Accommodations and comfort of visitors)

"Do you know where the rest rooms, cafeteria, gift shop, chapel, etc., are?" "Is the temperature alright?" "Can I get you a blanket?"

18. Discharge Planning

(Help with arranging home health care)

If a patient asks you, "What's going to happen to me once I get out?" Answer, "Has your doctor given you instructions?" If not, say, "Let me have your social worker drop by to see you." Then follow up.

19. Almost Shift Change

(How well the staff worked together to care for you)

"My shift will end in the next few minutes. The nurse for the next 12 (or 8) hours will be (name), who will be in shortly. Is there anything else I can do for you?"

20. Lost Items

(Response to concerns and complaints)

"I'm sorry you've lost your (ex: Bathrobe). Let me try to help you find it." If you can't find it, follow Service Recovery procedures.

21. Privacy At Registration

(Privacy patient felt during registration interview)

"Are you comfortable with filling out this registration here?" If not, "As soon as I am able, I will take you to a private area."

22. Offensive Remark By Co-worker

(This is a staff to staff item, so there is no survey question)

In private and very politely, confirm what you heard was correct by saying, "Did you just say....?" If it was an offensive remark, say "What you just said made me uncomfortable. I would appreciate it if you wouldn't say it again. Thank you."

23. High Noise Level

(Noise level in and around room)

To person or people making noise, "Our patients are resting. Can you please help us to keep it quiet? Thank you."

24. Worry About Being Away From Home

(Staff sensitivity to the inconvenience that health problems and hospitalization can cause)

"I realize that being away from home is inconvenient. Is there something I can do to help, such as making a call for you or giving you a phone book, paper and pen?"

25. Angry Patient

(Concern about wait times)

"I'm sorry your wait is long. Is there anything I can do to make you more comfortable? I appreciate your bringing it to my attention." When a person continues to be belligerent or combative, for instance yelling, contact your supervisor immediately and/or call security.

26. Comfort

(Concern for comfort during tests and treatment)

"For your comfort I am giving you this warm blanket. Would you like some ice chips, juice, or soda? You will be more comfortable if you sip slowly." State to family, "We want to make __(Use Mr., Mrs., and or Ms. (etc.) and the last name of the patient)__ as comfortable as possible. Please let us know if you observe that __(Use Mr., Mrs., and or Ms. (etc.) and the last name of the patient)__ is not."

27. Inconvenience (Staff sensitivity to the inconvenience that health problems can cause)

In some cases hospitalization is unexpected and the patient didn't have time to take care of things while away from home. Say, "I realize that being admitted today was not something you expected to happen. Is there something we can do to make things go smoother at home? Do you need a phone, pen, and/or paper?"

WHAT NEVER TO SAY

1. You can't get the specific appointment you wanted because you needed to call sooner.

INSTEAD say: "I'm sorry that date and time are not available. Let's see what's the closest thing we can do. If we have a cancellation before that, I'll be happy to contact you."

2. It's not my job.

INSTEAD say: "This is not my specialty, let me find someone who can help you."

3. She's not here; can you call back in 5 minutes?

INSTEAD say: "She's not in, can I help you?" If not, "I'll have her return your call if you leave your name and number."

4. We're swamped. I have way too much to do.

INSTEAD say: "Volume is up, but that's good, it means we're needed."

5. We've always done it this way.

INSTEAD say: "I know we've done it this way in the past, but perhaps we could look at it from a new perspective."

6. What's wrong with you? Or, What's your problem?

INSTEAD say: "What can we do for you?"

7. How are we feeling today?

INSTEAD say: "How are you feeling today?"

8. I'm so glad you're my last patient.

INSTEAD say: "I'm so glad you're my patient."

9. Here we go again (when taking a complaint).

INSTEAD say: "What can I do to help you?"

10. Seen better days haven't you!

INSTEAD say: "How are you?"

11. Sally, please walk this way so that I can take your blood pressure.

INSTEAD say: "Ms. Jones, please walk this way so that I can take your blood pressure." (Always use last name until permission to use first name is given.)

12. You really have bad veins.

INSTEAD say: "I'm sorry that I was unable to draw blood. May I try again?"

FACTORS ENABLING EMPLOYEES TO IMPLEMENT A SUCCESSFUL SERVICE RECOVERY

- 1. <u>Selection.</u> Carefully screen potential new employees, using face-to-face interviews, to ensure the candidate embraces, and has practiced, a service philosophy. Required abilities include: written and oral communication skills, active listening, problem analysis, ability to organize and follow-through, and resilience. *NOTE:* Performance based interview questions concerning Customer Service can be found at the following web sites:

 http://www.va.gov/pbi/PBIQuestI-III.htm and http://www.va.gov/ohrm/Staffing/PBI/PBI Web.doc.
- **Training.** Provide staff with Department of Veterans Affairs (VA) Veteran Customer Service and Service Recovery (SR) training pertinent to their responsibilities. Looking outside VA and the health care industry for training sources is also helpful. Some networks have committed to private-vendor programs.
- a. Internally, the VA Employee Education System (EES) offers a variety of programs and media related to Veteran Customer Service and SR. Communications training for all employees is available in the "Treating Veterans With Connect, Appreciate, Respond, Empower (C.A.R.E.)" Program. Clinical staff can benefit from the Bayer Institute for Healthcare Communications series. *NOTE:* The program "Coaching for C.A.R.E." is a companion program that focuses on the manager's role.
- b. EES also subscribes to PBS programming that offers SR-related offerings regularly over the VA Knowledge Network (VAKN) satellite system. There is a diversity of topics on providing service, marketing, communications and interpersonal skills, process improvement and responsiveness for staff, service representatives and administrative management employees. These and other related topics may be accessed by visiting the Employee Education website: http://vaww.ees.lrn.va.gov. Some facilities use the video "It's a Dog's World" that compares services at a veterinarian's office and a physician's office. Cultural competency training has also been started at some facilities. Flexibility is important in providing veteran service training. Other online training may be found in Network 23's Central Plains Network University at http://vaww.cpnu.visn14.med.va.gov/508/cpnu1/about.asp and the ShareNet Portal at http://vaww.vsscportal.med.va.gov/patientadvocate/.
- **3.** Employee Orientation. Assign new employees a "buddy" (an experienced employee) as a partner for up to a year. This provides new staff with someone who: "knows the ropes," answers questions, makes the new person feel comfortable, promotes the concept of veteran service, and demonstrates SR.
- **4.** <u>New Employee Reception.</u> Periodic receptions that include new staff are hosted by Senior Leadership to welcome employees and evaluate their progress with service and SR skills. This supports new employees and is an opportunity for managers to see processes from the new staff's "fresh eyes" perspective.
- **5. Empowerment.** Encourage staff to anticipate service failures and be "service heroes" by stepping forward to resolve service failures. Staff members must be provided with tools, support, and recognition such as:

- a. **Decision Trees.** Decision trees are written guidelines used by staff to address commonly occurring service failures. Examples include: processes for clinic cancellations, medication issues, provider waits and delays, and beneficiary travel.
- b. **Template Responses.** Template responses are written (scripted) SR responses for staff to use in common situations that may involve dissatisfied veterans.
- c. "Comping." "Comping" is an SR tactic that provides staff with tangible and intangible ways to respond to veterans in the event of a service failure. Examples include: verbal apology, canteen food or retail coupons, phone cards, lodging, staff escorts, and temporarily-loaned pagers.
- **6.** <u>Consultant Assessment.</u> A SR approach that involves a neutral party's feedback on observed environment, processes, and interactions among staff and between staff and veterans. The "consultant" observer's feedback should be given to as many staff as possible as soon as possible, in an open discussion forum.
- 7. <u>Communication.</u> A wide variety of methods exist to enhance staff communications such as: E-mail, shared servers, websites, bulletin boards, newsletters and personal visits. Other examples include: Director's Breakfast, Leadership Listening Posts, <u>Veterans Health</u> magazine, <u>Veterans Wellness</u> newsletter, Director's News Release and the technique of "management by walking around."
- **8.** <u>"Thumbs-up and Thumbs-down" Display.</u> Bulletin boards can provide staff with feedback: Thumbs-up is positive; Thumbs-down is negative. They can also display "Here's what they told us" and "Here's what we did about it."
- **9. Stress Control.** It is important to teach staff to recognize signs and symptoms of stress and its negative impact on veteran service. Staff must have access to tools, training, and methods to deal with stress. Examples include:
- a. **Rotation.** Moving staff for brief periods out of high-patient contact areas (such as front-line clerks, patient advocates) to provide temporary decompression.
- b. **Education.** Teaching stress management techniques, such as: deep breathing, exercise at the workstation, nutrition, and humor.
- c. **Massage.** Provide coupons or "on call" service for a 15-minute shoulder and neck massage for staff. May involve hand held devices used by physical therapists.
- d. **Employee Assistance Program**. Organize opportunities for staff to discuss stress-related emotional and physical issues, and ways to deal with stress.
- **10.** Rewards and Recognition. Align reward systems with Veteran Service and Service Recovery goals, such as improving patient satisfaction and reducing waits. Monetary awards and goal sharing support successful attainment of SR goals. Ideally, create quick and visible recognition for staff that provide excellent customer service. Recognition does not need to be costly and should be given as close as possible to the act of SR. Having fun with recognition,

conducting it in a public area or at the staff member's worksite, and having a senior management official perform the recognition are recommended strategies. Many examples of recognition initiatives are listed in Appendix B.

11. <u>Successful Techniques and Practices.</u> Many other Veteran Customer Service and Service Recovery Best Practices can be found in the Veteran Customer Service Sourcebook produced by the VISN Support Service Center (VSSC) in conjunction with the Healthcare Analysis Information Group (HAIG).