

### *The Patient Experience Post*

Reflections from the Field  
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Since the mid-1990s, Baird has helped healthcare organizations nationwide improve the patient experience and enhance organizational culture. Baird's culture assessment and diagnosis include experience mapping, medical mystery shopping, and focus groups to reveal the real customer experiences within your organization. Using your patients' experiences, Baird and her team prescribe critical next steps for improving patient satisfaction and HCAHPS scores.

## **Tinker Bell Doesn't Work Here**

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It is rare that I work with an organization that, at one point or another in our engagement, doesn't ask for some kind of training. I can usually judge a healthcare organization's commitment to creating a culture of service by the leaders' openness to suggestions regarding not just who should be trained, but on what topics, and in what sequence.

As soon as someone on the leadership team suggests that frontline staff are the problem and that customer service training is the answer, my antennae go up. That isn't to say that I haven't seen organizations where customer service was universally lacking because, unfortunately, I have. And in those organizations, facility-wide customer service training is absolutely appropriate. But before we train the frontline staff, we really should investigate how this situation became the norm, and correct that problem first. Have leaders set clear service standards? Have they been trained in coaching and reinforcing those standards? Are people being held accountable? Because if the answer to these questions is no, then customer service training alone could be a waste of time and money. Furthermore, insisting that frontline staff attend training could damage senior leaders' reputation among the staff.

I was recently training a group of people who were clearly not engaged. Nobody participated in planned brainstorming or small group activities. When I called on people, their body language, tone of voice, and comments communicated very clearly that they didn't want to be there. So I went off script and asked what the barriers were to providing great service. All of a sudden, the group came to life. They painted a picture of an organization that cared more about improving HCAHPS scores than about the health and well-being of both patients and staff. The unwritten, but consistently reinforced message was, "Give the patient whatever he or she wants, whether it's good for them or not."

Staff members cited several examples where this philosophy was counterproductive. They felt powerless to complain because their direct supervisors were the ones who initiated it, and their managers were absentee leaders. Was customer service training really what this organization needed? Perhaps, but they also needed leader ownership and clear direction for improving the patient experience.

The bottom line is that customer service training is not pixie dust. I can't sprinkle it throughout an organization and magically produce a culture of service. Leaders must set a firm foundation upon which to build that culture, and remain open to the possibility that they may be part of the problem. There is no doubt that a culture assessment could have revealed this crucial information, and pre-training work could have been done to set the stage for success.



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Nurse, author, and consultant Kristin Baird, "Healthcare's Customer Service Guru," is the author of *Raising the Bar on Service Excellence: The Health Care Leader's Guide to Putting Passion into Practice* (Golden Lamp Press, 2008), *Reclaiming the Passion: Stories that Celebrate the Essence of Nursing* (Golden Lamp Press, 2004), and *Customer Service In Healthcare: A Grassroots Approach to Creating a Culture of Service Excellence* (Jossey Bass, 2000). The Baird Group provides consulting, mystery shopping, and training services for improving the patient experience. To learn more, please visit <http://baird-group.com> or call 920-563-4684.