DEALING WITH THE DISSATISFIED PATIENT

Alan A. Ayers, MBA, MAcc
Vice President—Concentra Urgent Care
Content Advisor—Urgent Care Association of America
Course Objectives

- Quantify the lifetime value of an urgent care patient and the marketing value of positive word of mouth to illustrate what happens when patient complaints go unresolved.

- Recognize how patient needs and expectations influence their perceptions of service quality and how tolerance of poor service varies according to the importance patients place on various service attributes.

- Distinguish common causes of patient dissatisfaction in urgent care centers and develop measures and survey techniques to assess and monitor those causes.

- Explain the process for resolving patient dissatisfaction that includes active listening, acknowledgement, and follow-through communication.

- Understand the interaction of formal training, culture, and incentive programs in empowering staff to prevent situations leading to patient dissatisfaction and to implement corrective action when dissatisfaction occurs.
Value of Positive Patient Experiences

- Urgent care is in the “patient satisfaction” business—in consumer eyes *comparable to* retailers, restaurants, and other service providers.

- Successful urgent care centers depend on *repeat business* and *positive word of mouth*.

- Patients who don’t like the experience provided, don’t value it, or don’t think it meets their needs or expectations won’t come back.
New Era of Word of Mouth Marketing

- Patients with negative experiences will tell others, complain to external agencies, and switch to competitors.
- Internet social media has accelerated the diffusion of good and bad experiences.
- Reach has expanded from a handful of “real” friends to potentially thousands of “virtual” friends.
Fantastic service organizations have “full-time” and “part-time” marketers.

“Part time marketers” include retail clerks, bank tellers, airline ticket agents, and appliance repairmen.

Everyone should look at how everything in the organization impacts the customer.

A “moment of truth” is any instance of contact or interaction between a customer and a firm.
‘Urgent Care’…that’s a joke. I’m in pain, I’ve been waiting for an hour, and the staff is joking around with one another.
Patient Perceptions of Wait

When asked the cause of long wait times, “companies don’t care about my time” was provided three times as often as responses related to technology and process.
I asked for a z-pak; she said it was a virus and I’d just have to get over it. I can’t afford any more time off work. What a waste of a co-pay!
Why is your collections agency harassing me? You took my insurance. I owe you nothing...
I worked all day to pay his fee and he couldn’t take five minutes for my daughter…
Customer Service: Not for the Faint of Heart

- Patients *don’t feel good*—they’re sick, anxious, or in pain.
- Patients *did not expect* or *desire* to spend their money on urgent care.
- There are *better things* patients need to be/would rather be doing with their time.
When patients are rude, unreasonable...

- People in “fighting mode” want to bait you into a fight.
- Emotional people are looking for an emotional response—don’t give in!
- Remain professional, objective and kind—it will disarm them and protect you.
- People know when they’re being “jerks”—they’ll usually walk away realizing their behavior was wrong.
When patients are rude, unreasonable...

- Patients will make disparaging remarks but their words should never be taken personally.
- This is about a situation—it’s not about you and it’s not about them.
- People cannot make you feel anything—only you determine how you feel.
- People respond to our reactions to them—if you react defensively, they’ll respond aggressively.
When patients are rude, unreasonable...

- Find points to agree with the patient—acknowledge how they feel (you don’t have to share their feelings):
  - 90 minutes is a long time to wait…
  - The lab should have had the doctor’s orders when you arrived…
  - $150 is a lot of money…

- Acknowledging what is wrong disarms the patient—it takes the “sting” out of the conflict.

- Interact with the patient to resolve the situation. Ask the patient what can be done to bring about satisfaction.
When patients are rude, unreasonable...

- Avoid knee-jerk reactions. Take a mental pause and determine how you will react.

I think we’ve gone as far as we can in this conversation. I need some time to research/reflect upon your concerns. I understand there is more to talk about—can we continue this discussion at such and such time and place?

- Follow-through on your commitments.
Be Empathetic, But Never “Fake” Empathy

- Nothing puts off patients more than a big phony.
- Statements like “I understand how you feel...” must be sincere.
- If you can’t be empathetic, just remain professional and neutral.
- Know the rules—what is and is not possible—don’t overpromise and under-deliver.
- Avoid negative, binding or absolute statements like “can’t,” “have to,” or “the policy states...”
No matter how rough it gets, remember...

- I'm rubber, you're glue, your words bounce off me and stick to you.
- Sticks and stones may break my bones but words will never hurt me.
- I know you are...but what am I?
Security

• Need to feel free from (unthreatened by) physical, psychological, or financial harm (transactions must be predictable).

Esteem

• Need to be treated as a unique and important individual who’s in control (acknowledge the patients’ perspective and rights, provide relevant information).

Justice

• Need to be treated fairly (in terms of financial and labor costs, policies/procedures, processes/systems and social interactions).

If patient needs are violated, they won’t return.
More than anything, patients expect to be treated fairly.

Benefits received relative to the costs paid or burdens endured (value delivered).

Steps a person has to go through to complete a transaction (hassle, fairness, flexibility of systems, rules and procedures).

Tone used by employees (bedside manner).
Patient Expectations Are The Basis for Performance Standards

- When patient expectations are met, they are neither excited nor disappointed (they’re satisfied).
- When there are gaps between what’s expected and what’s delivered, the result is delight or frustration.
- Patient “zone of tolerance” varies greatly depending on what service attributes are important to the patient.
Five Attributes of Service Quality

- **Reliability:** Ability to perform service dependably and accurately (mastering the fundamentals).
- **Assurance:** Knowledge and courtesy of employees and their ability to convey trust and confidence.
- **Empathy:** The caring, individualized attention provided to customers.
- **Tangibles:** Appearance of physical facilities, equipment, personnel and marketing materials.
- **Responsiveness:** Willingness to help patients and provide prompt service.
Zones of Tolerance Vary by Patient and by Service Attribute

Service Quality Perception

Most Important Attributes:

Low

Expectation of What Service Will Be

Adequate: Minimum Acceptable

Desired: What Patient Expects

High

Least Important Attributes:

Low

Expectation of What Service Will Be

Adequate: Minimum Acceptable

Desired: What Patient Expects

High
# Handling Patient Expectations

<table>
<thead>
<tr>
<th>Delivery Phase</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Pre-Service       | Establish Rapport with Patients  
                    Learn what Patients Expect  
                    Tell Patients What to Expect |
| During Service    | Communicate Processes  
                    Monitor Performance  
                    Modify Service if Possible  
                    Explain and Correct Shortcomings |
| After Service     | Solicit Patient Feedback  
                    Measure Satisfaction  
                    Implement Grievance System  
                    Follow-up and Make Changes |
Seek employees with a positive attitude.

Leading service firms expect employees to smile and project a friendly demeanor.

Emotional labor of appearing happy, even if you aren’t, is to assume a role—it’s easier to act happy than be happy.
Rewards/Incentives Should be Based on Satisfaction Measures

- If you’re not listening to your patients in an deliberate and intelligent way, you won’t know how to improve service quality.
- Measure performance relative to patient expectations.
- Link patient satisfaction to employee performance appraisals.
- Share “great care” stories and recognize/reinforce examples of “good service” as they occur.
Service Quality Information Sources

- Transactional Surveys
- Mystery Shoppers
- New, Declining and Lost Patient Surveys
- Focus Group Interviews
- Patient Advisory Panels
- Service Reviews
- Patient Complaint, Comment and Inquiry Capture
- Total Market Surveys
- Employee Surveys
- Service Operating Data Capture
“On a scale of 1 to 10, rate your likelihood to recommend us to others.”

0-6: Detractors

7-8: Passives

9-10: Promoters

The goal is to increase net promoter score by “neutralizing” detractors and “converting” passives.

Undermines future business.

Wooed by the competition.

Extends sales and marketing.
Culture and Staff Empowerment

- Culture is the summation of what’s important to an organization—why it exists, what it stands for, how it does business, and what differentiates it from competitors.
- Culture guides employee behavior.
- Culture gives meaning and value to work.
- Culture fills the gap between what an employee can be trained to do and what an employee must actually do to meet customer expectations across a variety of situations.
- Culture is supported by formal development programs and reward systems to reinforce positive behaviors.
"The Orange Book is a little book with a big goal: to redefine the patient experience by performing welcoming, respectful, skillful actions—every colleague, every day, every location."
Our Opportunity…

Research suggests consumers feel health care companies focus too much on their financial bottom lines, rather than a dedication to individual patient care. And they want a better patient experience.

The combination of a retail experience with quality health care is a unique offering.
Alan Ayers, MBA, MAcc
Dallas, Texas
Email: aayers@ucaoa.org
www.alanayersurgentcare.com