Service Recovery in Health Care

Eight Steps to Service Recovery





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Hello! I'm Carrie Howard, program manager with Stratis Health, here again for the second installment in a 4-part series on Service Recovery in Healthcare. This session describes the step-by-step approach for frontline staff to recognize, address, and prevent problems in real time. I'll be describing the 8-step process of Service Recovery and providing some simple scripting that can help staff address service failures.



In the first session, we talked about what Service Recovery is and why it matters so much in the healthcare setting. As a quick reminder, we use AHRQ's definition which states Service recovery is the process used to "recover" dissatisfied patients by identifying and fixing the problem or making amends for the failure in customer or clinical service." Now that we know WHAT service recovery is and WHY it matters, we're going to learn more about the HOW.

Axioms of Service Recovery

- Axiom 1: All customers have basic expectations.
- Axiom 2: Successful recovery is psychological as well as physical.
- Axiom 3: Work in a spirit of partnership.
- Axiom 4: Customers react more strongly to "fairness mistakes" than "honest mistakes".



When problems with service do occur—and they will—your organization has to be prepared with a service recovery program that is designed to turn a disgruntled patient or member into a happy, loyal one. AHRQ's Service Recovery Program resources state that based on previous work in this area, researchers have developed what they term the "axioms of service recovery." The more your staff understand these axioms, or principles, the easier it will be for them to respond effortlessly and appropriately to service problems when they arise.

Axiom 1: All customers have basic expectations.

Researchers have found that five categories of customer expectations account for 80 percent of the differences between high and low customer satisfaction. These factors are:

- •Reliability signals organizational competence and promotes confidence and trust in the organization or clinician. It is the most important of the five.
- •Assurance involves reassurance that everything is going as it should or, if it isn't, that something will be done to remedy the problem quickly.
- •Tangibles are the visible, concrete signs that influence the other expectations. When the furnace repair person shows up with dirty hands, no one is surprised. When the doctor walks in the room with a filthy white coat

and dirty hands, something else is communicated quickly and convincingly to the patient. Old magazines in the waiting room, dirty bathrooms, and chaotic registration areas all suggest that an organization is not under control.

- •Empathy conveys that you are listening and concerned about the experiences and care of your members and patients. When something happens to disrupt trust, reconnecting with the patient or member in a personal way that conveys you understand is critical to the service recovery process.
- •Responsiveness refers to the expectation that things should happen in a timely fashion and that people should be kept informed about where they are in the process. The opposite of responsiveness is indifference and lack of communication. Solutions to problems need to be timely and responsive to the person's need.

Axiom 2: Successful recovery is psychological as well as physical.

Perhaps the most important step in the recovery process is listening to the person and letting them vent their frustration and blow off steam. Letting the person tell their story and describe the impact of the failure is essential.

Axiom 3: Work in a spirit of partnership.

Involve the person in helping to solve the problem. However, this does not mean that the first question should be, "So what do you want me to do about it?" Work cooperatively to come up with a solution that makes the person feel like part of the problem solving and that acknowledges his or her needs.

Axiom 4: Customers react more strongly to "fairness mistakes" than "honest mistakes."

Research on service recovery indicates that the only effective solution when a person feels like they have been unfairly treated is extreme apology and atonement. When a situation like this occurs, the patient or member is a prime candidate for overt retaliation. Communication about what went wrong and compensation or atonement are essential in these situations. From the patient safety movement, we know that a critical component of resolution in these kinds of situations is letting the person know that you and your organization will make sure this never happens to the patient or anyone else again.

Eight Steps to Service Recovery

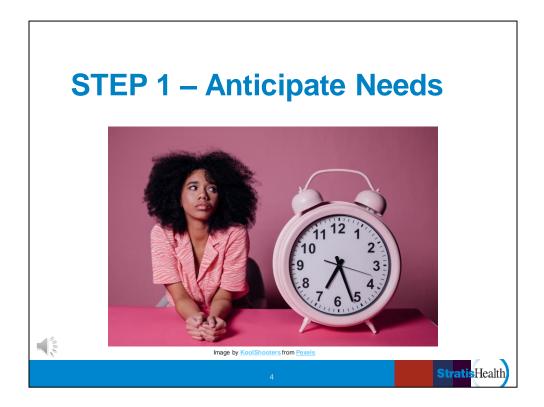
- 1. Anticipate needs
- 2. Acknowledge and apologize
- 3. Listen and ask open questions
- 4. Take ownership and fix the problem quickly and fairly
- 5. Offer atonement
- 6. Thank them and follow up
- 7. Remember your promises



8. Document to foster change

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National experts in service recovery recommend a well-tested process for service recovery. This 8-step process, a modification of AHRQ's 6-steps, details how to handle a range of problems. [Read List] We will discuss each of these 8 steps in detail.



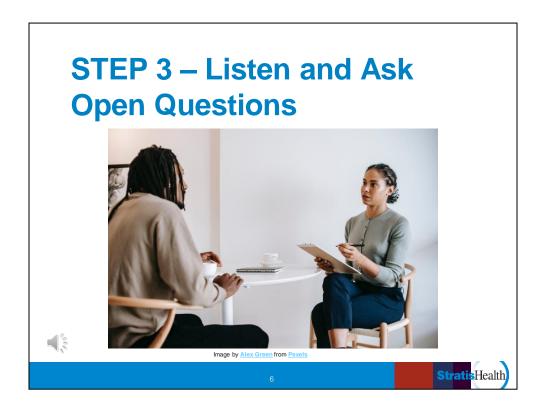
First, we should anticipate needs. You may be able to tell that someone is becoming unhappy, even if they haven't yet verbally shared their issue or concern. Or you may empathetically think, "If I were in this situation, I would be really upset."

We need to understand and proactively meet patient expectations at key points along the experience pathway. For example, reaching out to someone by saying, "I know you've been waiting a long time; can I offer you some water while you wait?" Or taking the initiative to check in with the care team to ask how much longer the wait will be and sharing that information with the person before they even ask. Or offering a blanket to a child with a fever or a box of tissues to someone on the verge of tears. These acts let people know that you are aware of them and the situation and that they have an advocate who really cares. Simple actions let them know you're looking out for them.

And taking this first step, can actually help prevent any further escalation, particularly when used in combination with step 2.



Step 2 is to acknowledge the situation and apologize. Do not argue, blame others, make excuses, justify, quote policies, or explain at this time – simply listen and verbally and non-verbally communicate that you hear and understand the concern. This is not an admission of guilt. This is empathy – acknowledging a person's feelings and expressing regret for the inconvenience, the frustration, and the harm caused by the event. For example, you could say, "I understand, and I am so sorry this happened to you. I can see why you would be frustrated."



Once the topic has been breached, allow the person to tell their story without making assumptions or interrupting, then verbally summarize what you heard to confirm you understand what they shared. Next, ask open-ended questions to clarify the issue and help understand and respond to the person's emotional state.

Example: "If I understand correctly, you are concerned that the rugs in the entryway might cause someone to fall because a rug in your home caused you to fall. Do you have suggestions about how we can make the entry way more safe?"



Once you have heard and explored the story, it's time to take ownership and fix the problem quickly and fairly. It's time for a little DIY! You are capable and willing to help make things right! This is the intentional move from the negative and into the positive action-focused mindset. Ask the person for their solution ideas. Carry out their ideas or offer alternative options to help the patient regain a sense of control. Though some things may be out of your scope or control, there is always something you can do to let them know you're on the case.

For example, you could use phrases like, "How could we make this better for you today and for others in the future?" and then "I like your ideas. Here is what I will do now..." and "I'll take the rest of this feedback to my supervisor for further consideration."

STEP 5 – Offer Atonement

Atonement (noun)

atone·ment | \ ə-ˈtōn-mənt \

Definition of atonement

The act of making amends or giving satisfaction for an offense or injury.





Once the issue has been fixed, or the fix has at least been put in motion, the next step is to offer atonement. Atonement isn't a word we use often, but basically it means "Right the wrong." Sometimes an apology is enough, but ensure that the issue and the person's feelings have been satisfactorily addressed. Let them know what you have or will do to correct the issue now and what you will do to ensure it doesn't happen again. Atonement takes your response that extra step. It's making sure the person feels that their courage and feedback is respected and valued. In healthcare this could be something like offering a coffee or gas gift card as a token of appreciation or inviting them to share their story with the patient advocate or quality manager to ensure the issue is considered and addressed at the system level.

In practice, offering atonement might sound like this::

"Thank you for letting us know. Again, I'm so sorry this happened. I have notified your provider team, and I will also let our safety officer know so we can make sure nothing like this happens to you or anyone else in the future. Is there anything else we can do for you?"



As you are wrapping up your real-time conversation, it is so important to say THANK YOU. Thank them for their courage, dedication to quality and safety by identifying opportunities for improvement, their ideas and suggestions for action steps to take, and for their engagement with your facility and the community. We can't fix what we don't know about, so these service failures truly are the best learning and growth opportunities.

After the incident, whether the frontline staff person themselves or other leaders in the facility, follow-up with a conversation or note, and as appropriate, include a small gift or token of appreciation, particularly if something was identified through your discussion and offer of atonement. Also, let them know what systems and processes you've changed to prevent future occurrences.

Example: "We are so grateful that you shared your concerns with us. You have helped us improve care and we wanted to recognize your courage."



Step 7 is to remember your promises and follow through on them. Ensure you do the things you said you would do and close the communication loop with the person as appropriate to provide status updates on those actions. This step is also a reminder to avoid over-promising or making promises that are impossible to keep. For instance, in service recovery, we should make the promise that we will report the issue and bring it forward to the quality and experience improvement team, but we should never say something like, "We will never fail you again!" because, realistically, we probably will at some point. But, as long as we're using our service recovery steps, the disappointment or frustration they feel will be minimized.



The last step in the Service Recovery process is to document the incident to foster change and improvement.

If you hadn't taken written notes along the way, as soon as possible after the incident is resolved, write it down. Whether you have an electronic or paper incident reporting system or you just jot down your summary on a notepad, get it recorded and reported as soon as possible when it is fresh in your mind. Don't be afraid to consult and collaborate with others that may have witnessed or been involved with the incident to ensure you capture as many details as possible. Then submit your summary or report of the incident and your response to your immediate supervisor and/or other departments as appropriate to ensure the issue can be addressed system-wide.

Things we NEVER Say:

- "I can't help you with this"
- "This isn't my problem"
- "It's against our policy"

Instead try: "Let me look into this and see what I can do."



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Before we end this session, it is important to note that there are a few things we should NEVER say in any step of this Service Recovery process. As important as it is to script and practice what to say, it is also important to define, practice, and coach "never phrases". In the Service Excellence and Recovery world, the top 3 no-nos are:

"I can't help you with this" – or related, "You need to talk to someone else". People, particularly when they may already be upset, do not want to retell their story or complaint over and over again. As mentioned previously, Service Recovery is the role and responsibility of ALL staff and "I can't" or "won't" are not acceptable answers.

"This isn't my problem" - or role or responsibility, though this may be true in that you are not an expert in the service or process that has failed, you are a team and each team member has the duty of Service Recovery.

"It's against our policy" – policies are guidelines for how you do your work and they are revisable. Your current policy may be outdated or incomplete, so firm stances based in policies may be leading you astray. The current incident or complaint might be the catalyst that was needed to update your policy.

Instead, a very simple better phrase to use is: "Let me look into this and see what I can do."

Summary

- Service recovery is the responsibility of all staff.
- There are step-by-step approaches to recognize, and address problems in real time.
- Service recovery needs to be practiced and embedded in everyday practice.



In summary, service recovery matters in healthcare, it is the responsibility of all staff, and it needs to be embedded in everyday practice by using the 8-steps to Service Recovery. Consistently providing excellent service is necessary and will improve patient and staff experience, your organizational culture and reputation, and your bottom line.

Thank you for your time and effort to ensure excellent service in our healthcare settings!