

SERVICE EXCELLENCE SELF LEARN PACKET

Introduction

Service excellence is a way of working, a way of interacting and a way of thinking about our jobs as we work together with others. Everything you do from a service aspect impacts our hospital's success. Although there are many things outside of our control in healthcare, we do have total control over the way we treat our patients and guests. It's about creating positive experiences for customers from the word go, through an endless string of needs understood and promises kept.

Customers who access our services deserve to be treated just like we and our families want to be treated. Important customer needs are feeling welcome, being informed, knowing what will happen next and being treated courteously and respectfully. Customers today demand great service. After all, isn't that what we all want too?

We need to appreciate how our customers perceive us as healthcare providers. Our customers expect us to provide expert care. They expect us to have good technology. They expect quality care. *But what they hope for is compassionate care and service.*

Mercy Medical Center is a great healthcare organization filled with wonderful employees who are committed to providing the very best of care to all who seek our services. Yet why do we so often fail our customers by rendering poor service? The most likely answer is simple. It is because we concentrate too much on the expert components of our jobs and forget to also focus on the most basic of human needs.... that of comfort, respect and acceptance.

Goals of Self Learn Packet

- Recognize the importance of service excellence
- Review / explain our "Need More Cowbell" theme
- Explore three (3) strategies for all employees to improve customer service
- Understand the service excellence expectations required of all employees

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NEED MORE COWBELL!



Overview of SNL Cowbell Skit

The “Need More Cowbell” skit is ranked as one of the top Saturday Night Live skits of all time. While great comedy; the skit also has much underlying meaning. In the skit, Blue Oyster Cult is embarking on their first studio recording contract and the band has a series of interactions surrounding the enthusiastic playing of a cowbell. There are a number of lessons learned during the episode.

Lesson #1 Individuals need to work together as a team in order to achieve an outcome!
In Blue Oyster Cult’s case, the team was their band. In Mercy’s case, every employee of the Medical Center is our team. Blue Oyster Cult did not perform great music until every member of the band appreciated each other’s contribution and they played in concert with each other. We at Mercy are no different. Each of us play an important role in achieving service excellence. When one of us fail, we all fail.

Lesson #2 Listen to your customers!
In the skit, the music producer was Blue Oyster Cult’s customer but the band failed to hear what he was saying. Repeatedly, the music producer exclaimed “I need more cowbell!” But his request fell on deaf ears. Why didn’t Blue Oyster Cult understand what their customer wanted? They didn’t hear the music producer because they were too busy being expert musicians. Don’t we fall into that same trap at Mercy? How many times are we so busy performing the expert tasks demanded of our jobs that we lose sight of the real reason we are here.....our patients and customers? We provide quality care, expertly perform our tasks and offer great technology but we forget to treat our customers as people who have fears, anxieties and needs. Our customers expect expert care and processes or they wouldn’t come here in the first place. However, they really rate us on how we provided that expert care or interaction.....compassionately, respectfully and with a smile.

Lesson #3 Perform your job with enthusiasm! Your customers will recognize your passion and feel good about their experience!

Admittedly, the cowbell was the least important instrument in Blue Oyster Cult's band. But ironically, it was the cowbell that made their music really come together. When Will Ferrell played his cowbell, one could not help but smile. The music producer said it best....."I have a fever and the only prescription is more cowbell!" If each of us at Mercy performed our job with enthusiasm every day, our customers could not help but to recognize and appreciate our efforts. When you perform the "heck out of your job" every day, customers will perceive Mercy as a great hospital. Regardless of your role or the department where you work, you interact with our customers daily. Your contact may be as a direct caregiver or it might just be a friendly face in the hallway. We all need to ring our cowbells!

Lesson #4 Service excellence is no longer just a great option. It is a requirement for success.

Blue Oyster Cult's end product was great music and their reward was a recording contract that secured them a place among other rock band legends. Mercy's end product is service excellence. Will we be able to achieve legend status among healthcare providers? Our ongoing success and ultimately our job security depend on it!

Ring your cowbell enthusiastically and our customers will notice! Help make Mercy Medical Center a destination hospital!

SERVICE EXCELLENCE STANDARDS

All employees of Mercy Medical Center have a role in ensuring that patients, families, physicians and guests receive the best possible care and service in a personalized, professional manner. Service excellence does not just pertain to direct caregivers but involves everyone who works within our organization. We have developed standards of behavior to guide us in achieving and maintaining service excellence by identifying the specific attitudes and actions that are essential to providing quality service.

Ten (10) categories of performance standards are specified to define how job tasks are to be carried out. They provide a framework of expected behaviors that every employee will exhibit when dealing with customers and coworkers. They also provide the criteria by which an employee is evaluated. These standards are a vital part of our service excellence culture at Mercy Medical Center and all employees must sign an agreement indicating they will follow these standards.

Our Standards of Service Excellence include:

- Appearance
- Attitude
- Commitment to Co-Workers
- Communication

- Confidentiality
- Patient / Customer Waiting
- Elevator Etiquette
- Privacy
- Safety
- Sense of Ownership

A Service Excellence Standards booklet is provided to you that outlines the specific parameters for each of these standards. It is your responsibility to carefully review and meet these standards consistently.

SERVICE EXCELLENCE STRATEGIES OUR NON-NEGOTIABLE PRACTICES

Much of truly great service excellence really is common sense. Great service can best be defined as treating our customers the way we would want to be treated. Sounds simple when you put it this way, doesn't it? Just treat customers like family. If we can all just approach our jobs from the customer's point of view, we *will* meet or exceed customer expectations.

To help us treat our customers as family, we have adopted three (3) practices that must now be consistently carried out. We call these our non-negotiable practices, meaning.....it is not an option not to uphold these practices. It is a fact that if we all consistently conform to these practices, we will significantly improve our customer satisfaction scores. You have learned about these 3 practices in your service excellence class. Please review the following so you completely understand how to comply with these non-negotiable practices.

Non-Negotiable #1 - On Stage / Off Stage Behavior

Our behaviors can make or break us in the eyes of our customers. People pick up on our facial expressions, our body language, or tone of voice and our attitudes. Whether you like it or not, when you come to work, you are on stage. Customers are constantly watching you and forming opinions and perceptions based on what they see and hear.

Disney pioneered the concept of On Stage / Off Stage behavior as a way of creating a memorable experience for their guests. To create this memorable experience, Disney manages the environment and the behavior of their employees. No detail is overlooked. The environment is clean and orderly. Employees are happy, courteous and helpful. After all, guests at Disney are paying premium prices with the expectation that they have a wonderful time.

Now, we all understand that Disney is entertainment and healthcare is serious business. But are our customers really that different? Our customers are paying hefty prices for their care. Even more so, our customers are often anxious, worried and frightened by their health issues. Aren't they looking for a memorable experience of another kind? Our customers want compassion, respect, a friendly face and someone to ease their fears. Therefore, we are adopting On Stage / Off Stage Behavior as the first of our non-negotiable behaviors.

Employees are expected to practice On Stage behaviors whenever you are in the sight or ear-range of our customers including patients, visitors, physicians or other guests. On Stage areas include but are not limited to hallways, nursing stations, procedural areas, patient rooms, cafeteria and elevators. When On Stage, our customers are the focus. It is not about you! Examples of On Stage behaviors include:

- Smile and eye contact with customers
- Clean and professional appearance
- Clean and uncluttered environment
- Low noise levels
- Courteous and prompt responses to questions or needs
- Customers first.....tasks second. Interrupt non-essential tasks to address customers.

Off Stage behaviors are those that can create a negative impression for our customers or those that suggest our customers are un-important. Off Stage behaviors include personal conversations or activities of employees. *Remember, when at work, it is not about you!* Off Stage behaviors should be restricted to areas where customers cannot see or hear you such as break areas or closed offices. Examples of Off Stage behaviors include but are not limited to:

- Personal conversations
- Personal phone calls
- Expressions of anger or frustration
- Cluttered or unclean environment
- Personal tasks such as grooming, games, reading magazines, etc.
- Blame game – complaining to the customer about other departments or about processes that don't work well at Mercy
- Complaining about anything

Non-Negotiable #2 – AIDET Communication

In keeping with Mercy's commitment to provide a positive experience and excellent service to our patients, families, physicians and employees and in conjunction with our determination to elevate and enhance the training of our staff at all levels, we are introducing five goals that will be characterized and identified by the acronym **AIDET**. This acronym will represent to our Mercy family the following Five Fundamentals of Communication that should become a part of our Mercy culture.

AIDET – The Five Fundamentals of Communication

A – ACKNOWLEDGMENT

- Call and identify the patient by name. Don't refer to patients by their room number
- Acknowledge visitors in the hallways, cafeteria or reception areas with a nod or a greeting
- Eye contact and a smile
- Stop whatever you are doing so your customer knows they are important

I – INTRODUCTION / WELCOME

- Welcome the patient or visitor to Mercy Medical Center
- Tell the patient you are pleased to care for them this shift
- Tell the visitor that you are happy to assist them – you have the time

- State your name and title
- Explain your role in the patient's care
- Share an interesting fact about Mercy Medical Center as you take them somewhere
- Tell the customer that great customer service is very important to us

D – DURATION/TIME EXPECTATION

- Explain how long a procedure will take
- Explain how long the test or interaction itself will take
- Explain how long a patient should be expected to wait before getting the test results

E – EXPLANATION

- Explain the role of involved medical staff
- Speak positively about your coworkers and physicians
- Explain the test or procedure
- Explain if the test or procedure will cause pain or discomfort
- Offer to answer any concerns or questions, or resolve any complaints
- Answer questions / take customers to locations when lost
- Explain and apologize for delays

T – THANK YOU

- Exercise courtesy by using the words “please” and “thank you” frequently in conversations
- Say “thank you for choosing Mercy Medical Center for your healthcare needs” when customers are leaving us
- Indicate that you are pleased to assist customers with their needs
- Thank patients for allowing you to care for them during your shift

AIDET is a form of communication that everyone must follow to increase patient/customer satisfaction. If every employee utilized the Five Fundamentals of Communication in every patient/family encounter, think about the impact that this hospital-wide initiative would have on improving both our patient and staff satisfaction. Let's all work together to make Mercy the “hospital of choice.” **We need you!**

Non-Negotiable #3 – Hourly or Interval Rounding

One of the best ways to meet the needs of patients is through hourly or interval rounding. What exactly is hourly rounding and interval rounding?

Hourly Rounding –is when nurses and other hospital staff members work together to check on each inpatient every hour and address any unmet needs. This proactive approach is being put into place at hospitals across the country, not only because it makes our patients happier; but because it helps staff members feel like they're doing a better job helping patients.

Interval Rounding – is when staff works together to conduct regular rounding on patients or customers in procedural areas or departments that service our customers for a shorter period of time. Interval rounding entails connecting with the patient/customer every 15 minutes.

It's no secret that being a caregiver is a tough and often thankless job. Despite high levels of passion and commitment, many of our nation's nurses and caregivers suffer from burnout and job dissatisfaction. No wonder. Caregivers are constantly pulled in all directions as they attend to the needs of doctors and patients alike. One practice that drains much of your time? Call light responses. What was intended to be a valuable lifeline for patients can sometimes be a stumbling block for nurses and other caregivers.

The strategy for hourly or interval rounding comes in the wake of research results from 27 nursing units in 14 hospitals across the country that show the strategy of consistently checking on patient needs effectively reduces monthly call-light use by 38%, patient falls by 50%, and skin breakdowns by 14%, while simultaneously increasing satisfaction scores.

When the concept of hourly or interval rounding is introduced to clinical caregivers, the first response is skepticism. Clinical caregivers think – I'm already strapped for time as it is, so how am I going to add hourly rounds to my busy schedule? Well, it turns out that nurses and caregivers in the national study actually had more time to attend to other tasks when rounding was implemented because patients were using their call lights less frequently. Studies show that patients most often use their call lights because they want relief from pain or have personal needs, such as going to the bathroom or repositioning.

Nurses and clinical caregivers involved in an hourly rounding protocol are finding their shifts less stressful, their time more productive, and patient safety and satisfaction scores hitting all-time highs. They are experiencing fewer call light interruptions, thereby allowing them to better organize their time and reduce stress.

It's a win-win scenario. Patients are less anxious because they know someone will be there to take care of them and clinical caregivers are less harried and more capable of meeting patients' needs. In non-clinical areas that service customers (Examples: registration, medical records or human resources), our customers will appreciate knowing they aren't forgotten and employees should experience a reduction in difficult behavior by customers.

PROCESS FOR HOURLY ROUNDING ON INPATIENT UNITS

Hourly rounding is the primary responsibility of the clinical staff assigned to a particular nursing unit, however all support staff are expected to participate whenever they interact with a patient or go in a patient room. Support staff includes but is not limited to housekeepers, respiratory therapists, physical or occupational therapists, maintenance workers, case managers, etc.

Hourly rounding includes an introduction of yourself and an explanation that you are rounding. . Before leaving, each caregiver should ask the patient if he needs anything else and tell him that you will be back in about an hour. Documentation of rounding should be recorded on the Hourly Rounding Log. A sample of the log is attached at the back of this packet.

Guidelines for Hourly Rounding on Inpatient Units:

1. Hourly rounding includes four (4) basic components and means that someone checks on the patient each hour and addresses four basic components. Hourly rounding occurs 24 hours a day however *patients are not to be awakened*. The 4 components are:

- **Pain** – Evaluate pain level and provide relief if indicated. If you can't administer medication, find someone who can.
 - **Position** – Help the patient get comfortable. If you are unable to do this, find someone who can.
 - **Personal Needs / Potty** – Offer help with toileting needs. If you are unable to do this, find someone who can.
 - **Environmental Assessment** - Assesses the environment, making sure the patient can easily reach the call light, tissues, trash can, TV control, telephone, water, etc.
2. The primary responsibility for hourly rounding will be assumed by the nurses and non-licensed clinical support staff on a particular inpatient unit. However, all staff entering the patient rooms (such as housekeeping, transporters, respiratory therapy, dietary, physical therapists, etc.) are expected to complete the four (4) hourly rounding components prior to leaving the patient.
3. Hourly rounding includes scripting as follows:
- Initial – Introduce yourself along with your credentials. Let the patient know you are rounding and that you will plan to conduct rounding each hour. At the beginning of each shift change, write your name & credentials and date and time of shift on the white board within in view of the patient. Examples:
- Nurse: “Good morning Mr. Brown. My name is Sue and I will be the nurse caring for you this shift. I am here to round. Someone will round each hour so we can make sure we meet your needs.”
 - Housekeeper: “Good morning Mr. Brown. My name is Cindy. I am from housekeeping and I will be cleaning your room this morning.”

Before Leaving the Room – After assessing the (4) components, document your rounding on the Hourly Rounding Log and remind the patient that someone will round again in (1) hour. Examples:

- Nurse: “Is there anything else I can do for you while I am here? I have the time. Either me or another caregiver will be back in approximately 1 hour.”
- Physical Therapist: “Your therapy is finished for this session Mr. Brown. Before I leave, I'd like to make sure you don't have any rounding needs. I'd be happy to help you with anything. I have the time.”

Subsequent Rounding – Reintroduce yourself and inform the patient that you are rounding. Document your rounding on the Hourly Rounding Log.

- Nurse: “Hello Mr. Brown. It's your nurse Sue again. I am here to do rounding.”
- PSA: “Hello Mr. Brown. My name is Judy and I am one of the PSAs working today. I am here to round to make sure you don't need anything.”

4. Units should determine if there is sufficient support staff to have them assist with rounding and how staff will share rounding responsibilities. For example, nursing could round on odd hours and support staff round on even hours.
5. Each rounding episode by clinical caregivers assigned to an inpatient unit should be documented on the Hourly Rounding Log. Support staff or clinical staff not assigned to a

particular inpatient unit (dietitians, physical therapists, respiratory therapists, etc.) are not required to document their rounding on the log. Guidelines for documenting on the log include:

- All caregivers should sign their name and initials at the bottom of the Log
- Rounding criteria are to be evaluated each hour unless the box is shaded. Shaded boxes may be skipped for that particular hour.
- Upon completion of hourly rounding, write your initials in each non-shaded box.
- Hourly Rounding Logs are to be kept at the patient bedside in an area designated by each unit. Logs should be readily visible for patients, visitors and other caregivers.
- A new Log should be utilized each day.
- Completed logs should be forwarded to the nursing leader of the inpatient unit.

PROCESS FOR INTERVAL ROUNDING IN PROCEDURAL AREAS

Interval Rounding is a process utilized in procedural areas where patients/customers spend limited time such as Radiology, Cardiac Diagnostics, registration areas, etc. Interval Rounding should be done every 15 minutes to ensure our customers don't feel forgotten or un-important.

Any Department that deals with customers should define what Interval Rounding means for them. Points to consider include:

- What are your expectations of your employees?
- Is there an acceptable amount of time for someone to be on hold on the phone?
- If patients are waiting to be seen, what is an acceptable amount of time before someone checks back with them and apologizes for the delay?
- What is the script to be used when there are delays?
- Think about the hourly rounding concept of the 3 P's (pain, position, personal needs) and the environmental assessment. How can you incorporate these philosophies into your interval rounding?
- What is an acceptable amount of time for a patient to wait for transport service to take them back to their room? When should department personnel intervene?
- In other words, evaluate your operations and define specifically for your staff what your expectations are in order to provide service excellence.

Guidelines for Interval Rounding in Procedural Areas:

1. Define the Interval Rounding process in writing for your particular department.
2. Determine whether it is feasible to utilize an Interval Rounding Log. Many times it may not be practical. When not practical, how will you ensure Interval Rounding takes place?

CONCLUSION

Thank you for taking the time to review this Self Learn Packet. Service Excellence begins and ends with each one of us. **Remember to ring your cowbell enthusiastically!**

Please complete the attached test and return it to your Director.