JUNE 2022

Customer Connections

Alert Management and Service Recovery

Version 2.1.1
© NRC Health. All rights reserved.

NRC Health Corporate Headquarters
1245 Q Street | Lincoln, NE 68508

nrchealth.com
P: 1 800 388 4264 | F: 1 402 475 9061

Contents & Recording Roadmap

Key sections of the Connections Session are listed below, with the associated time within the video recording found here: https://player.vimeo.com/video/720663163

Human Understanding Program

The Human Understanding Program captures what matters to each patient—before, during, after, and beyond clinical encounters—giving you the opportunity to provide truly personalized care, ensure timely follow-up, improve care faster, and create lasting relationships.

Through this holistic approach of capturing information, alerts are triggered to the care or service teams when necessary, enabling efficient and effective care delivery or service recovery.

Data Insights

Service recovery is a foundational aspect to your service program. It is the right thing to do for patients and has serious impact on patient-experience metrics.
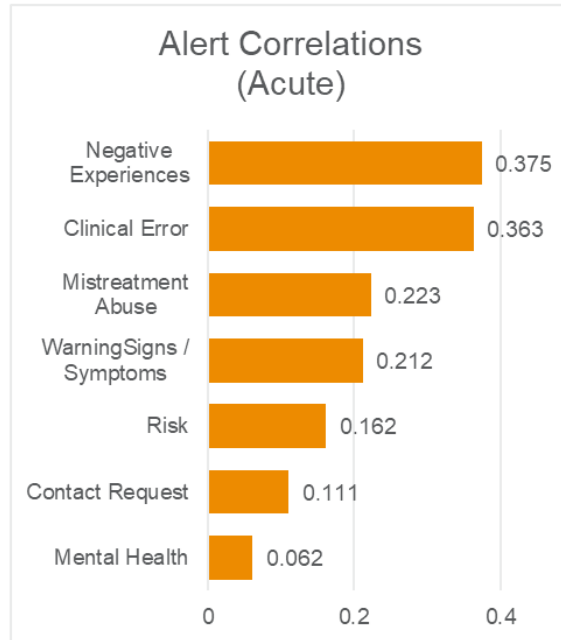
Alerts are high-priority comments that require immediate attention. Patients whose feedback results in a service alert are eight times more likely to be NPS detractors, and of all alert types, the Negative Experiences/Global Triggers alert category is the one most highly correlated with customers' likelihood to recommend. Negative Experiences/Global Triggers alerts are comments that express significant dissatisfaction with an aspect of care, that express anger, or that make reference to unsafe or dangerous conditions; this type of alert also includes comments that reflect an intent not to return for future care.

Negative experience service alerts are the strongest predictor of Net Promoter Score of all comment alert categories —what is your service recovery plan?
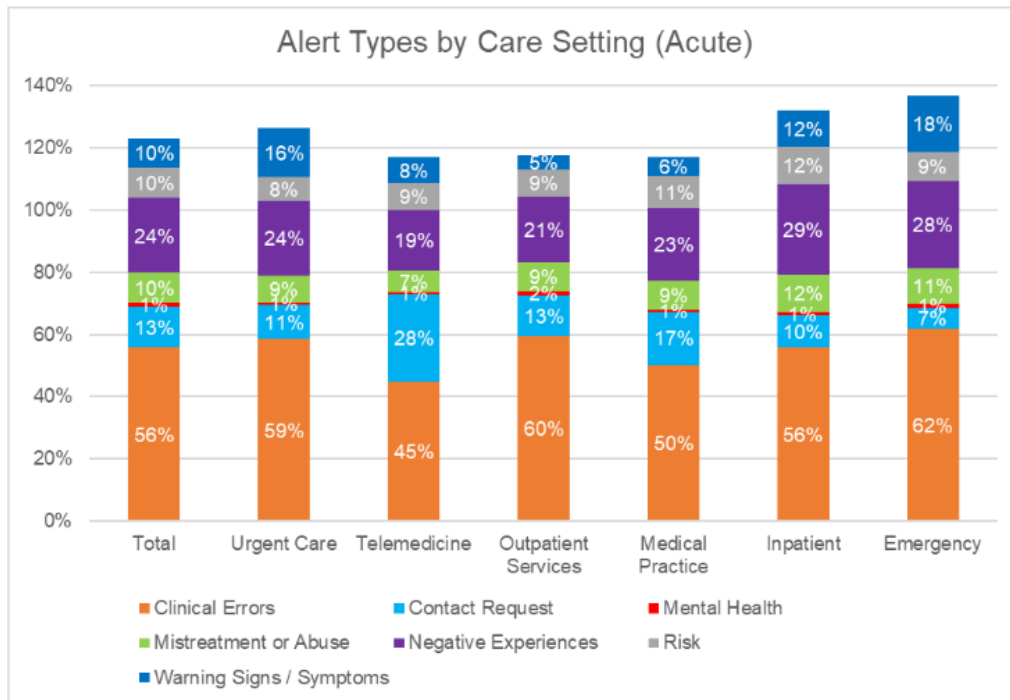
Immediate insights from NRC Health's Real-time Feedback solution enables you to implement service recovery at the earliest possible stage.

Patients whose feedback results in a service alert are **8x more likely** to be NPS detractors.

Alert Correlations (Acute)

Category	Value
Negative Experiences	0.375
Clinical Error	0.363
Mistreatment Abuse	0.223
WarningSigns / Symptoms	0.212
Risk	0.162
Contact Request	0.111
Mental Health	0.062

The largest alert category is Clinical Errors, followed by Negative Experiences. These negative-experience alerts are highly correlated to your key metric, and in terms of volume, their presence shows that there is a lot of opportunity to make a difference for your patients and your score improvement.

Alert Types by Care Setting (Acute)

	Total	Urgent Care	Telemedicine	Outpatient Services	Medical Practice	Inpatient	Emergency
Warning Signs / Symptoms	10%	16%	8%	5%	6%	12%	18%
Risk	10%	8%	9%	9%	11%	12%	9%
Negative Experiences	24%	24%	19%	21%	23%	29%	28%
Mistreatment or Abuse	10%	9%	7%	9%	9%	12%	11%
Mental Health	1%	1%	1%	2%	1%	1%	1%
Contact Request	13%	11%	28%	13%	17%	10%	7%
Clinical Errors	56%	59%	45%	60%	50%	56%	62%

Organizations that reached out within two days of receiving a service alert score higher on their Net Promoter Score (NPS) than those that don't
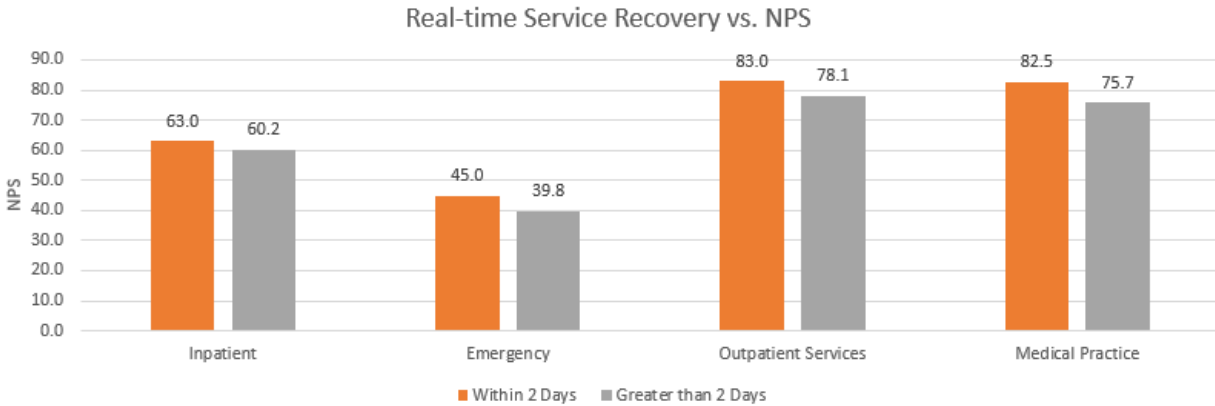
Data in this report represents 8,168,254 comments collected from January to December 2021.

Feedback Management Report

Scott Logan, CSM, navigates the Feedback Management Report and provides utilization tips and best practices. Tune into this section in the recording to learn more! Service Recovery

Service-recovery Best Practices

Despite healthcare employees' best efforts, sometimes things go wrong for patients during the healthcare experience. When employees take ownership of service failures, unmet expectations, and disappointments, they regain patients' trust and earn their loyalty. This is called service recovery, which can be defined as "making right what went wrong." (Leonard L. Berry, Texas A&M University, 1995.)

Service recovery is both a philosophy and a skillset, meaning that every person in your organization is responsible for addressing service-recovery situations, and every person should have the skills to take ownership and handle these situations with empathy. Service recovery is applicable to patients, visitors, and coworkers, and its best practices can be summarized as follows:

1. Follow up as quickly as possible. Research shows that consumers want you to follow up within 48 hours if they leave negative feedback about a provider or their experience. After 48 hours, service-recovery situations can be unrecoverable, putting you at risk of losing patients to your competitors and having your brand tarnished by the negative feedback patients post online.

84%	**74.8%**	**54%**	**46.3%**
of patients expect you to follow up with them if they have a bad care experience.	of consumers want you to follow-up within 48 hours of providing the feedback.	of consumers say phone is their preferred contact method.	of consumers consider the situation unrecoverable if not contacted within 48-hours.

2. Define workflows to get alerts to the right person. Two common approaches to service recovery are centralized and decentralized service recovery.

    a. Centralized: Service recovery is managed by a specific department or designated individuals.

    b. Decentralized: Service recovery is handled by the unit/department/practice where the breakdown occurs.
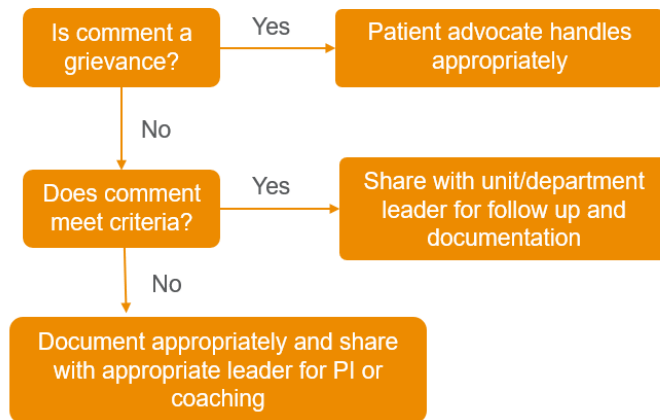
There are pros and cons to each approach. Develop the approach that best fits your organization by assembling a multi-disciplinary team of service-recovery stakeholders, determining the proper criteria for follow-up, and using if/then logic to develop workflows.

Determine criteria for follow-up. For example:

→ Medical urgency
→ Patient requested follow-up
→ Concern may be escalated into something more serious
→ NPS Score 0-6

Develop process

→ If/then logic
→ Who will follow-up
→ When/time frame
→ Documentation

Is comment a grievance? → Yes → Patient advocate handles appropriately

No

Does comment meet criteria? → Yes → Share with unit/department leader for follow up and documentation

No

Document appropriately and share with appropriate leader for PI or coaching

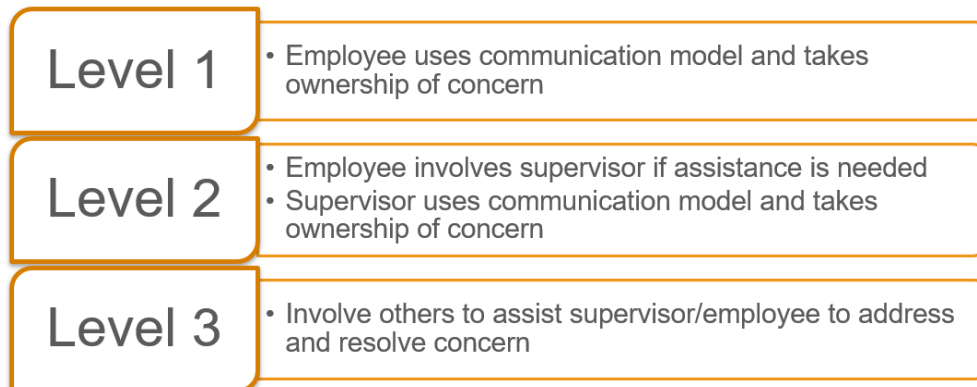3. Ensure that those following up on service alerts (and everyone else in your organization) has the skills to "make the situation right." There are many service-recovery communication models that can be adopted by your organization. The skills that are essential in any model are:

Listen

Empathize — Empathy is the magic in service recovery!

Apologize

Own

Thank
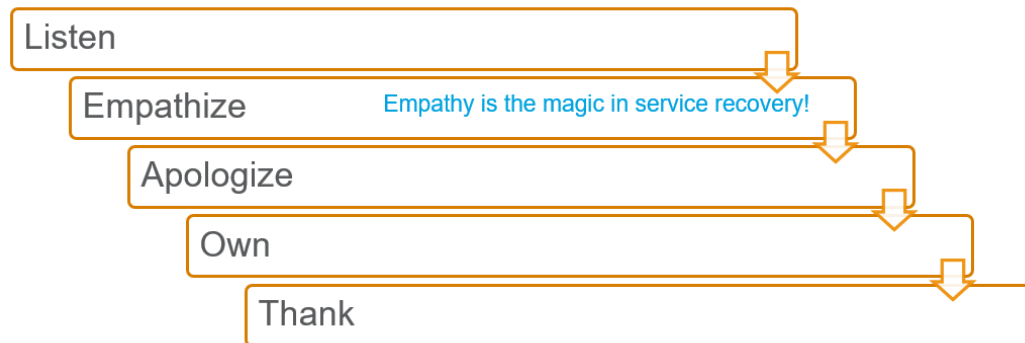
Is there anything else I can do for you?

Performing service recovery can be challenging for employees. The following tactics can be used to relieve the stress associated with performing service recovery:

- Offer ongoing training to teach service-recovery skills.

    o Identify responses to common patient concerns.

- Provide opportunities to debrief service-recovery situations.

    o Create a learning environment to master skills.

- Encourage decompressing after stressful interactions.

    o Involve staff to address recurring service failures.

- Share alerts with other departments who are mentioned in the alert.

    o Create an escalation process. For example:

Level 1	• Employee uses communication model and takes ownership of concern
Level 2	• Employee involves supervisor if assistance is needed • Supervisor uses communication model and takes ownership of concern
Level 3	• Involve others to assist supervisor/employee to address and resolve concern

Discussion and Questions

For those organizations with a decentralized workflow, how did you establish the expectation that local-level leaders would be responsible for that follow-up?

Feedback:

- One organization changed from centralized to decentralized due to its provider being a one-person team and not having the capacity to provide service recovery everywhere it was needed. They established leader rounding on patients, which is done by the nursing leaders; the expectation is that these leaders will know about service-recovery needs before they get to the provider. (This person believes that the patient-experience team should never know more about a unit than the leader of that unit knows.) As a result, these leaders own service recovery. They're held accountable to service recovery during their Voice of the Customer huddle, held in the afternoon every day; they review each service alert, how/if service recovery

was able to be completed, and what their learnings were; their process all rolls up to a centralized location, but the service recovery piece is owned at the local unit level; and local leaders are the ones who are tasked with changing behaviors through reward and recognition or coaching.

How do you recognize or empathize without admitting fault?

Feedback:

- Think of an apology as a gift to the person you're apologizing to. Use the words, "I'm sorry for the circumstance. I'm sorry you feel that way. I'm sorry that happened," as opposed to, "I'm sorry we did that." This keeps the focus on the individual and what they're going through.

- Use language like, "I'm sorry we didn't meet your expectations—what can we do right from here?" This avoids admitting fault.

- Book suggestion: "I'm Sorry to Hear That: Real-life Responses to Patients' 101 Most Common Complaints About Healthcare."

- You can ask what patients would like to see as a resolution, to ensure the outcome addresses what the person wants to be addressed. This will also give some control back to the patient.

Does any organization consider financial impact in the service-recovery process?

Feedback:

- Typically, the apology is what the patient is looking for. If you do use a coupon or voucher, make sure that what you offer matches the complaint. For example, if the complaint centers around waiting a long time, you might offer a parking voucher.

Resources

Make sure you're logged into Real-time for the links below to work!

→ Real-time Resources
→ Empathic Communication and Service-recovery Series