Ten Principles of Service Excellence and Tips for Peak Performance

Principle 1. We work in a service industry.

Health care is a pure service industry. Unlike manufacturing or agrarian industries we make no tangible product. We produce no goods. We grow nothing. What we offer cannot be picked off a shelf at Wal-Mart nor can it be ordered “on-line” and delivered. All that we have to offer is our service!

Tip: Start by ensuring that everyone in your practice understands that our only product is service.

Tip: As leader, recognize that you work with “service experts.” We all receive services day in and day out. We all know when we receive good service, when we receive exceptional service, and when we receive poor service. We are all experts. Dialogue with staff to explore examples of each type of service. Using a department store or an auto repair service as examples will enable co-workers to think about personal experiences in which they have been on the receiving end of the service experience. Most often, staff will realize that person-to-person interactions define the service experience.

Principle 2. We should strive to provide the best service.

Patients have choices. We all want our patients to choose us. If our product is “service” then it follows that patients will choose us based on whether it is their belief that we provide the best service. The operative word is “choose.”

Tip: Help employees understand that all of us make choices based on whether we perceive a product or service is superior. We go to one restaurant rather than another if the food is better or the service is better. We chose one auto dealer or department store for the same reasons. Likewise, patients have choices. Our job is to ensure that they receive the “best” service at our office.

Principle 3. Service is noticed when it either exceeds or fails to meet expectations. Service that simply meets expectations usually goes unnoticed.

This principle is perhaps the most important. Our brains are bombarded with a myriad of sensations and experiences each day and most are quickly forgotten. Usually, we remember events, often unexpected, that trigger an emotional response. To a wine connoisseur it might be a very special wine. To the moviegoer, certain scenes remain vivid while others are forgotten. Similarly, a particularly rude clerk in a department store might be all that we remember a week or two after a shopping trip. This is equally true in health care. Our service is only memorable when it exceeds, or fails to meet, what our patients expect.

Tip: Dialogue with staff examples of both exceptional and poor service. What makes them so? Most often, it will become apparent - or you as leader can point it out - that exceptional and poor service result from the type of person-to-person interactions.
Explore further this concept and write down on a flip chart those personal behaviors that stand out.

**Principle 4. Our goal should be to exceed the expectations of our patients.**

The logic is quite simple. If we exceed the expectations of our patients, they will recognize or remember our service (care) as “the best” and they will choose us in the future for their dermatological care. They will be more likely to become loyal patients. Loyalty is an important concept to understand. In his article, “A Satisfied Customer Isn’t Enough,” Thomas Stewart describes the important difference from a business perspective between loyal and satisfied customers. Eighty percent of customers who described themselves as “satisfied” indicated that they would switch to a competitor if the competitor were more convenient [2]. On the other hand, loyal customers, as defined by Frederick Reichheld in his book “The Loyalty Effect,” are those who would remain with the service provider despite inconvenience of location or even service shortfalls. Loyal customers are also more likely to tell friends and family about the service they received thereby amplifying their effect on business [3]. Loyalty derives from perceived exceptional service. Our goal is patient loyalty, not the absence of complaints.

**Tip:** The number one reason that patients don’t come back is the perception of disinterest on the part of those caring for them. They feel that the caregivers are unengaged. “I’m just a number.” “I’m just next in line.”

**Tip:** Satisfaction does not equal loyalty. People sense when they are being treated as an individual and this treatment leads to loyalty. “He cares about me and my problems.”

**Tip:** Start person-to-person; end person-to-person

This means, we should enter a room with quiet confidence and warmth. Look the patient in the eye. Smile. Make contact such as with a handshake. Introduce yourself by name and ask the patient for pronunciation of his/her name if possible. Introduce yourself to family. Introduce any who accompany you into the room such as nurses or resident physician. Entering the room without a warm smile or while looking at a chart or immediately going to the computer does not allow the personal connection necessary for a positive first impression. In other words, “prepare your entrance.”

Similarly, end person-to-person means that it is preferable for the doctor to discharge the patient with warmth, some type of contact, and a statement of continued care. For example as you touch her arm, “Mrs. Smith, is there anything else we can help you with today? Please call me if you have any questions or concerns. It’s been a pleasure caring for you.” A proper exit completes the visit in a way that the patient is fully satisfied with the encounter. Not spending this time may leave the patient unsatisfied or desiring more or your time.
The nurse can develop a style and behaviors that are sure to please. Greeting the patient and family in the reception area with a warm smile, handshake and introduction is preferable to simply calling a name and asking them to follow to the exam room. Using a patient’s name when he/she leaves helps the patient perceive that they are known and will be remembered.

**Principle 5. We have good people working with us.**

It is easy to blame service shortfalls on our co-workers. For example, we might think, “if only my receptionist weren’t so abrupt” we would be perceived as providing better service. Or, “if only my partner weren’t so abrasive with the office staff” then we could develop a culture of service excellence. We often complain about our co-workers, but we rarely take positive initiative to actually work with them to elevate the level of service to our patients. People can, and will, do extraordinary things when they know their work is worthwhile. A desire for greatness, or excellence, exists within everybody. We have to be willing to take the harder yet more rewarding road of working to bring the best out of our people. It can be done.

**Tip:** As physician, recognize that in the office arena of service provision, we are all on a level playing field. Value everyone’s input. Again, we are all experts in service since we receive services daily. Listen to the good people you work with and truly value their ideas.

**Principle 6. Service excellence is a skill that can be taught, developed and learned. It is not genetic.**

While it might be true that some people have better inherent “people” skills, many of these skills are learned behaviors. For example, physician-patient communication is a skill set that can be taught. The Bayer Institute for Health Care Communication demonstrates through research data that improved communication skills can be learned and continuously improved upon. Communication is analogous to a procedure that can be taught and then mastered through practice [4]. Similarly, office personnel can learn behaviors that please patients, family members, and co-workers.

**Tip:** Use examples to explore with staff this concept of skill building. Certain hotel chains have employees that are expert in providing pleasing service while others do not. Why? The answer is not that the former has better people but that the employees in those chains have been better trained. The same is true when comparing clerks in department stores. Some are consistently pleasing to deal with while others are not. Your employees will have ample examples. Once they understand that training will allow all in the office to provide better service, they will not be threatened.

**Tip:** Begin to explore the concept of behavioral standards. What is the very best way to answer the phone? What is the very best way to greet a patient in the reception area or in
the examination room? What will the nurse say when she discharges the patient? What will the receptionist actually say to the patient when she presents at discharge?

**Tip:** Be explicit. Behavioral standards are agreed upon and written. In so doing, personnel will become more accountable for their behaviors.

**Tip:** Review standards regularly. Update or revise them as needed. They must become “the way we do things here.” In other words, they help to develop the office culture.

*Principle 7.* Service improvement occurs best at the work unit level by teams of individuals who best understand the issues of their work environment.

Service excellence is not static. Patient expectations change over time just as our expectations change. For example, how many of us are satisfied with gas stations that have pumps that don’t accept credit cards? Yet, ten years ago we were all satisfied without them. Once we experience a service, we become familiar or accustomed to it. As we improve service delivery, patients have higher expectations and we need to continuously improve in order to deliver exceptional care. Such improvement efforts are best accomplished by teamwork where everyone is working toward a common goal.

**Tip:** Regularly meet to work on service delivery. Those in the office must understand that service is the most important part of the job. Discuss service more than financials.

**Tip:** As you discuss service, include all and value all.

**Tip:** Teach the concept of the moving target in service delivery. Use examples outside of health care. How many of us are briefly annoyed when the gas pump won’t take our credit card? Yet, a few years ago such service was not available. We become used to higher and a higher levels of service and if we wish to continue to exceed expectations we need to continuously improve to stay ahead of the rising expectations of our patients.

*Principle 8.* Measurement of service from the customer’s perspective and timely feedback of data to the work unit should drive process improvement.

We cannot have an accurate understanding of how we are perceived by our patients without asking them. We all have “blind spots.” Systematic measurement of service will help us identify areas of service strength and areas in which our patients perceive we can improve. Ideally, the measurement tool should be benchmarked against a database of similar practices so that we can compare our practices with others. Inherent in any survey tool are biases and comparing practices that use the same methodology can provide valuable insight. For example, we might be deluded into thinking that a 90% good or excellent rating is “good enough.” If, however, comparative ranking indicated that such scores placed our practice in the 25%ile in patient satisfaction we would be less satisfied. Ideally, the tool would measure specific areas such as physician or provider perceived quality and communication skills, waiting times, convenience in making appointments,
confidentiality, and nursing skill. This data can serve as a catalyst for the office staff to brainstorm and implement processes for improvement.

**Principle 9. Physicians must lead.**

Physicians are the leaders in health care. Our office personnel look to us for direction. We cannot abdicate the responsibility for service improvement to others. We cannot send our nurses, secretaries and receptionists to “charm school” and expect that our offices will provide exceptional service. Just as we lead the work unit in the delivery of care through our technical expertise or diagnostic acumen, so too must we lead the health care team in the area of service improvement.

**Principle 10. We should celebrate success rather than punish shortfalls.**

Positive reinforcement of behavior is more effective than negative reinforcement in obtaining desired behavior on a consistent basis. It is more effective and certainly kinder to praise someone for doing something “right” rather than criticize him/her for doing something “wrong.” Praise raises self-esteem and positively reinforces that desired behavior. If praise is public – performed in an office meeting or within earshot of other employees – we can also amplify its effect by reinforcing desired behaviors in the minds of other co-workers. On the other hand, criticism is often hurtful and lowers self-esteem, and if done in public can adversely affect morale. Even “constructive criticism” is rarely perceived as constructive.

After we internalize and commit to these principles of service excellence, what is the implementation process?