The patient was sobbing. After being instructed to use a restroom in a high-traffic public area wearing only a hospital gown, the woman returned to the pre-operative holding area in tears.

“She told me she had never been so embarrassed in her life,” says Diane Goligoski, RN, a staff nurse at Sharp Memorial Hospital in San Diego.

Goligoski practiced service recovery with the patient, a series of behaviors to make an “oops” better or prevent one from happening.

Goligoski apologized profusely and told the patient this would not happen to anyone else. Then she immediately contacted her manager, Mary Diamond, RN, MBA, CNOR, director of surgical services, to help console the patient. After the procedure Goligoski gave the woman flowers from the hospital gift shop, using a coupon from her service recovery toolkit.

“These bathrooms had always been the place where we directed patients before surgery,” says Diamond, who manages 21 ORs at Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women. “But a new garage opened, and traffic increased. She was the first patient to complain.”

And the last. Preop patients now use another bathroom not in a public corridor.

Service standards

Sharp introduced service recovery almost 2 years ago as part of the “Sharp Experience,” the system’s journey to become the best place to work, receive care, and practice medicine.

Service recovery is the handling of customer dissatisfaction, complaints, problems, or difficulties. Sharp says service recovery is initiated “when a customer has received less than excellent care.” This service culture has 12 standards of behavior, and one is service recovery.

“These aren’t suggestions—they’re standards, especially for managers,” says COO David Tew.

Working with the Studer Group (www.studergroup.com), a consultant based in Gulf Breeze, Fla, Tew sought to make service recovery fun. For instance, at an employee rally, Tew dressed up as one of the Village People and introduced Service recovery by singing “Sharp A-C-T” to the tune of “YMCA.”

ACT is an acronym for:

• Acknowledge and apologize
• Correct
• Take it forward and track it.

Acknowledgment and apologize

Acknowledging a patient’s fears or complaints is the most important piece of service recovery, Tew says.

“The ability to say, ‘I hear you; I’m sorry this happened to you,’ is so significant, Tew says. “Nothing soothes faster than the words, ‘I apologize.’”

Acknowledgment also works to calm physicians, Diamond adds. “The one thing that I always say when I have an angry surgeon who says everything has gone wrong since he got out of bed is, ‘What can I do right now to make it right?’” Diamond says. “Usually, it is nothing. I have done what I needed to do: I let them vent.”

Correct

After acknowledging a person’s issues, empathize and let the person know that
how he or she feels is important to you, Diamond says. For instance, a nurse can say to a patient’s waiting family, “This must have been frustrating for you.”

Compensation also eases the pain, Diamond says. Sharp has empowered staff to give patients gifts if their service expectations were not met. The gifts, stored in a purple envelope on the unit, include vouchers for the hospital gift shop, cafeteria, and coffee shop and local grocery stores as well as prepaid calling cards, video store cards, and local restaurant certificates.

In addition to the flowers for the woman who had the embarrassing bathroom experience, Diamond learned the patient’s favorite restaurant was one in the toolkit. She gave her 2 coupons and a note that said, “When you go home and you’re feeling better, have dinner on us as our way of saying I’m sorry this happened. Thank you for taking the time to tell us.”

The most frequent reasons for toolkit gifts are when patients and their families have had long waits, are from out of town, or have complaints about a department. OR nurses also give physicians coffee vouchers when they’ve had unusual waits.

Tew’s advice for hospitals seeking to assemble toolkits is to “ask what your frontline staff can do—not your director or managers but the person who has the first opportunity to turn the situation around. What can you do to empower them?”

**Take it forward**

The final step in service recovery is to take it forward and track it.

For the customer service blunders the staff can’t handle with kind words and coupons, staff is encouraged to “manage up.” For instance, Diamond speaks to unhappy patients and families. She follows them throughout their stay to make sure their service expectations are met.

“I will say to the patient, ‘My colleagues told me that you have this issue. My name is Mary Diamond, and I’m the director of surgery. I am here to follow up with you.’

“I tell them we’re sorry, what we’re going to do, and see if there is anything else that we need to do.”

If you or your staff hear about a problem with another department, there is a way to handle that under service recovery. For instance, instead of saying, “It must be that imaging department again. Not my problem. It wasn’t on my shift,” you would say, “That’s unfortunate you had that experience. Chris is probably one of the kindest persons I’ve met, and she is certified. I am sorry that happened.”

At first, some managers were concerned that by acknowledging mistakes, they would be encouraging malpractice claims, Tew notes. But he says that hasn’t been the case.

The T in ACT also stands for track it. When the staff dispenses a toolkit item, that is recorded on a tracking form. Nurse managers submit these tracking reports monthly to the Service Recovery Action Team. Tracking identifies costs as well as recurring problem areas to be addressed, such as wait times, parking, or a particular department or unit.

**Service recovery scripting**

The key to service recovery is listening without becoming defensive and acknowledging without assigning blame. Sharp Healthcare provided scripting to help OR nurses know what to say during service recovery opportunities.

<table>
<thead>
<tr>
<th>Don’t say</th>
<th>Do say</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General apology</strong></td>
<td></td>
</tr>
<tr>
<td>“I am sorry you’ve reached the wrong number, but I can’t help you.”</td>
<td>“I’m sorry you’ve been transferred a number of times. Let me give you the telephone number before I transfer you.”</td>
</tr>
<tr>
<td><strong>Angry people</strong></td>
<td></td>
</tr>
<tr>
<td>“I am not responsible for the way your other call was handled. What do you want me to do about it?”</td>
<td>“I apologize that this situation has left you feeling angry. I understand you’re upset about the way your previous call was handled. How can I help you now?”</td>
</tr>
<tr>
<td><strong>Delayed procedure/waiting</strong></td>
<td></td>
</tr>
<tr>
<td>“I have no idea when we can respond; we have a 4-hour delay.”</td>
<td>“I apologize no one has responded. I know your waiting is inconvenient. We didn’t meet your expectations. I will have someone call you back within the hour who can answer your questions. Here is my name and number; please call me if you don’t receive a call back.”</td>
</tr>
<tr>
<td><strong>Complaints about other departments</strong></td>
<td></td>
</tr>
<tr>
<td>“It’s not my fault that I’m overloaded with work; if they would just hire more people then I could get things done.”</td>
<td>“I apologize that the service you requested was not performed in a timely manner, and we did not meet your expectation. Thank you for bringing this to my attention. I will make sure your request is completed immediately.”</td>
</tr>
</tbody>
</table>

**Take it forward**

The final step in service recovery is to take it forward and track it.

For the customer service blunders the staff can’t handle with kind words and coupons, staff is encouraged to “manage up.” For instance, Diamond speaks to unhappy patients and families. She follows them throughout their stay to make sure their service expectations are met.

“I will say to the patient, ‘My colleagues told me that you have this issue. My name is Mary Diamond, and I’m the director of surgery. I am here to follow up with you.’

“I tell them we’re sorry, what we’re going to do, and see if there is anything else that we need to do.”

If you or your staff hear about a problem with another department, there is a way to handle that under service recovery. For instance, instead of saying, “It must be that imaging department again. Not my problem. It wasn’t on my shift,” you would say, “That’s unfortunate you had that experience. Chris is probably one of the kindest persons I’ve met, and she is certified. I am sorry that happened.”

At first, some managers were concerned that by acknowledging mistakes, they would be encouraging malpractice claims, Tew notes. But he says that hasn’t been the case.

The T in ACT also stands for track it. When the staff dispenses a toolkit item, that is recorded on a tracking form. Nurse managers submit these tracking reports monthly to the Service Recovery Action Team. Tracking identifies costs as well as recurring problem areas to be addressed, such as wait times, parking, or a particular department or unit.
Preventive medicine

Service recovery also is about preventing service errors and anticipating complaints. For instance, in perioperative services, the staff is encouraged to let customers know how long their wait time will be. If the delay is longer than anticipated, the staff apologizes and explains the reason for the delay.

Tew relates a call he received from a circulating nurse in the OR, who was “managing up” a potential service disaster. “She said, ‘David, I want to let you know about a situation. Mrs Smith has been NPO all day. She is scheduled to have surgery at 2 pm. We just had a heart and two traumas. It’s not going to happen at 2 pm. We will try to work it into the schedule for 7 pm or potentially in the morning. Would you mind going and talking to her?’”

Tew went to the patient unit and talked with the charge nurse, who was aware of the situation. He asked her to come to see the patient with him so there would be continuity.

“I walked in and said, ‘Mrs Smith, Dr Schwartz, your surgeon, and you are fortunate to have him, has just been called in to do 2 trauma cases. As a result, the elective surgery you were going to have at 2 pm will have to be delayed.’

“I stopped; I didn’t say anything. I wanted to see what she had to say, both verbally and nonverbally.

“She said, ‘I really trust Dr Schwartz. I’m grateful that you have come up. It’s not what I had planned. I have family here from out of town. They are quite hungry. They are going to be back in a few minutes.’

“So the first clue was, ‘I have family members who are hungry.’ How can I use service recovery for them? I told her the charge nurse had some food coupons she would bring in. I told her we were really sorry about this delay, and this is what we are going to do for her family. Then I said, ‘Is there anything more we can do for you? We have the time.’”

Tew notes that this woman gave the hospitals all 5s (the highest score) on her discharge survey.

“We didn’t meet her expectations, but we were able to anticipate her issues,” he says.

Other ideal service behaviors he suggests include asking people who look lost if they need help finding their designation and escorting them there, as well as lending a helping hand to new employees.

Competitive environment

Satisfied customers and physicians are especially important in Sharp’s competitive San Diego area. Half of Sharp’s visits are covered by capitated payments. That means patients are covered by plans that pay a per-member, per-month fee to their physicians.

Physicians are independent and shop for the best hospital.

“The number one reason customers are dissatisfied and decide to go somewhere else is the indifferent attitude of staff,” Tew says. “One satisfied customer will share with at least one other person. One really dissatisfied person will tell 20 others, and if they have access to the Internet, it could be 1,000.”

Start-up costs for service recovery were $115,000 for supplies and training, he says. He does not have figures on how much Sharp has spent fixing errors, but he says problems have gone down significantly. “Remember, it costs a lot more to replace a customer than to retain one,” he says.

Training the staff

Diamond trained the staff to implement the ACT of service recovery with a video and competency guide and worksheet. She started by training 30 to 40 of the frontline staff, then eventually all the OR staff.

The most challenging aspect of implementation has been shifting attitudes from, “It’s not my fault. It’s not my department,” to, “I’m sorry you had this experience. What can I do to correct it?”

“There was some major league eye rolling at first,” Diamond says. “People have
a hard time saying they’re sorry for something they didn’t do.”

Each September she refreshes service recovery training for staff during a monthly in-service that covers one of the 12 Sharp standards.

Goligoski of the preoperative holding area says she feels empowered with the service recovery toolkit. On the day she gave flowers to her humiliated female patient, she sent Diamond an e-mail saying it was one of the best days of her 35-year nursing career.

“It makes the patient feel good, and it makes you feel good,” Goligoski says. “It’s so important to make patients feel like we care, and words are so easy to say.”

—Leslie Flowers

Leslie Flowers is a freelance writer in Indianapolis.