

# *Clinical Center Customer Service Initiative Summary Report*

*Year One: June 2001-June 2002*



***CONTACT: YOU MAKE THE DIFFERENCE***

*NIH Clinical Center  
Office of the Director*



## I. Executive Summary

The Clinical Center (CC) identified *customer service* as a key initiative in its 2001 strategic and operating plans. The project was undertaken at the direction of John I. Gallin, Director, CC, with input from the CC Patient Advisory Group and CC Board of Governors. The goal of this initiative is to improve the level of customer service received by all Institute patients who participate in research at the Clinical Center.

What is *customer service*? Customer service refers to the encounters patients have with staff as they participate in protocols, including such processes as referral, admission, diagnostic/treatment and support services provided by the Clinical Center and other NIH staff. *How* these encounters are experienced is the strongest source of *customer satisfaction* for patients.

There were several key influences that led to this focus in 2001. Although the CC enjoys an excellent reputation, that reputation creates high expectations from patients and their families. Constant attention to the changing and unique needs of our customers requires us to rapidly adapt our service delivery to meet those needs. In order to sustain the highest quality care and services, the focus must begin with how we interpret the relationship *between* ourselves and those we are committed to helping. In addition to feeling a special obligation to provide comfort, convenience and personal support to the people we treat, we want Clinical Center employees to offer a committed partnership to their colleagues. These two levels of service-orientation are critical to distinguishing the good healthcare organizations from the extraordinary ones.

Additionally, the change in consumer expectations about healthcare is strongly influencing their willingness to participate in clinical research. The traditional flow of referrals from physicians has decreased and patient self referral is now the predominant avenue for recruitment. Patient recommendations based on outstanding experiences are now requisite to maintaining a strong referral system. As we prepare for the new Clinical Research Center (CRC) to open in 2004, we can expect increased expectations in all service areas for process efficiency and service quality.

The Customer Service Initiative was designed to create and sustain an increased commitment to outstanding customer service. Training, Management Support, and Process Improvement were the three key areas strategically used to create a sustainable infrastructure. Activities in all three areas lead to significant accomplishments and short term outcomes. For Year One, the accomplishments include the training of 2200 employees throughout every level of the organization. and outstanding training program evaluations, (see page 14 for quantitative results). As of January 2002, a customer service critical element is in each employee's annual

performance plan which allows management to begin to build accountability in performance. Leadership is being encouraged to examine how they use their leverage as managers and supervisors to enable employees to excel in customer service. At least one new customer service process improvement plan has been identified by each department and initiated in 2002. Although process improvement has been used by the Clinical Center in the past, attention to multiple customers and shared processes that impact across departments are being analyzed with a renewed perspective on patient and other key customer satisfaction perspectives.

Feedback on barriers to customer service was collected from all CC employees who attended the customer service training. This data is a training outcome that is being used as critical input to drive process redesign priorities. An employee survey was conducted this year to provide baseline data on tracking customer service practices and perceptions. The survey results will be correlated with patient satisfaction dimensions. The feedback from these surveys will immediately and in the long term influence strategic and operational planning as well as continual process improvement opportunities. The long term outcome of repeat surveys will be the development of a data base to evaluate improvement in employee and patient satisfaction. Year Two will build on the activities and outcomes of the first year to strengthen the collaboration between employees, the efficiency of processes, and the quality of services to patients.

## Message from the Director



**John I. Gallin, MD**

I am excited to share this *Year One Summary Report* with you as we continue to work together to make customer service in the Clinical Center a front line priority.

This Customer Service Initiative was launched as a result of my conversations with the Clinical Center's Patient Advisory Group who brought attention to this need based on their personal experiences. The NIH Clinical Center is often viewed as "the last best place" as people enter our doors. What an opportunity for us to help people in time of need.

We need to make sure that caring is evident in each interaction with every patient. Each interaction with a patient is a moment of truth. The sum of these countless interactions reveals the true quality of our customer service. We are aiming to create customer service that is unparalleled. This will take time. Any lasting organizational change requires perseverance and excellent teamwork. But above all, service excellence requires a strong desire to do the right thing - for the patient, the employee, the health care provider, and the public that we serve.

I recognize that employees who feel valued for their contributions give better customer service. Therefore, I am counting on management to share a commitment to this initiative. Management leaders should be strong role models. Through their own behavior they can provide numerous examples of excellent customer service and partner with employees to problem solve from a customer-service perspective.

Please join me in the challenge to constantly ask ourselves and each other: what can we do to make the people we are trying to help feel well understood, well advised, and well served? Most of all what can we do to make our patients feel welcome? If we improve our customer service we also make the Clinical Center a better place to work.



## II. What is the Customer Service Initiative?

The Clinical Center (CC) identified *customer service* as a key initiative in its 2001 strategic and operating plans. The project was undertaken at the direction of John I. Gallin, Director, CC, with input from the CC Patient Advisory Group and CC Board of Governors. Maureen Gormley, Chief Operating Officer, CC is the executive leader. The customer service project leader is Deborah Gardner, PhD, Chief of Planning and Organizational Development.

The goal of this initiative is to improve the level of customer service received by all Institute patients who participate in research at the Clinical Center. Customer service refers to the encounters patients have with staff as they participate in protocols, including such processes as referral, admission, diagnostic/treatment and support services provided by the Clinical Center and other NIH staff.

What is *customer satisfaction related to service quality*? Service quality is defined as *what* the patient receives as directed by the physician and influenced by the technical and functional dimensions of the health care system. However, the manner in which the technical quality is transferred, *how* the patient receives a service, is the critical source of patient satisfaction. From a patient perspective, *customer service* is how they are related to and cared for by their providers in the delivery of service.

In FY2001 the CC admitted approximately 7000 inpatients and another 73,000 visits were made to the outpatient clinics (*CC/Dept of Network Applications*). Working together as an organization to improve customer service to these patients is the primary focus of this initiative.

## III. Why Now?

***Rising Level of Patient Expectations.*** The Clinical Center (CC) is the core intramural clinical research center of the NIH. Currently, the NIH enjoys an excellent reputation as the world's largest premier clinical research hospital. That reputation creates high expectations from patients and their families. Building patient trust throughout the research experience will always be critical to the process. All patients must be able to assume that their safety and welfare are always first. This effort is sustained through constant attention to the changing and unique needs of our customers and rapidly adapting our service delivery to meet those needs.



***Competition for Patient Recruitment.*** The translation of bench research to clinical practice in areas such as genetic and immunologic therapy will accelerate in the next decade, placing demands on the Clinical Center to respond quickly to new protocols and new approaches to treatment. At the same time, the change in consumer expectations about healthcare is strongly influencing their willingness to participate in clinical research. The changing landscape of healthcare has impeded the traditional flow of referrals from physicians. Patient self referral is now the predominant avenue for recruitment. To maintain a steady stream of participants in protocols and to increase the diversity of our patient volunteers, the Clinical Center established a patient recruitment service in 1996. Internet access has also allowed for a more informed patient referral cohort. Recruitment and retention of patients for clinical research in all centers including the Clinical Center has become increasingly difficult.

***Planning for New Physical Structure.*** Another driver for this project is the construction of the new Clinical Research Center (CRC). This new building will house our most current CC research resources and will undoubtedly increase consumer expectations. This new environmental context will require that the CC develop a more thorough approach to understanding patient needs toward provision of both responsible and responsive customer service.

#### **IV. Benchmarking**

The design phase of planning began with exploration of the contextual factors that influence the level of customer-friendly research / patient care services within the Clinical Center. Site visits were made to other hospitals to evaluate successful strategies for program design, delivery, and evaluation. The goal was to learn how programs have successfully put customer service at the forefront of the organization and kept it there. One of the notable site visits was to Johns Hopkins in Baltimore, MD. Program factors assessed included: employee selection and hiring practices, training, recognition, communication plans, standards and scripting, management role, service recovery, and employee/patient satisfaction survey practices.



## V. **Who are our customers?**

*Patients.* The CC's primary customer is the patient-volunteer who participates in the clinical research protocols at the Clinical Center.

*Employees.* The Clinical Center has over 2200 employees who come together daily to provide the wide array of clinical, research, and support services to our patient-volunteers. Organizational researchers have noted a significant correlation between employee job satisfaction and the compassionate level of patient care in hospitals. They have also found a significant correlation between employee's perception of their level of management support and their job satisfaction. Clinical Research is no longer a simple activity between investigator and patient. It involves many people and encompasses larger systems of care, all of which affect assumptions, expectations, and behaviors of care providers. These can significantly detract from or enhance how a patient perceives the effectiveness of, and ultimately their satisfaction with, the care they receive.

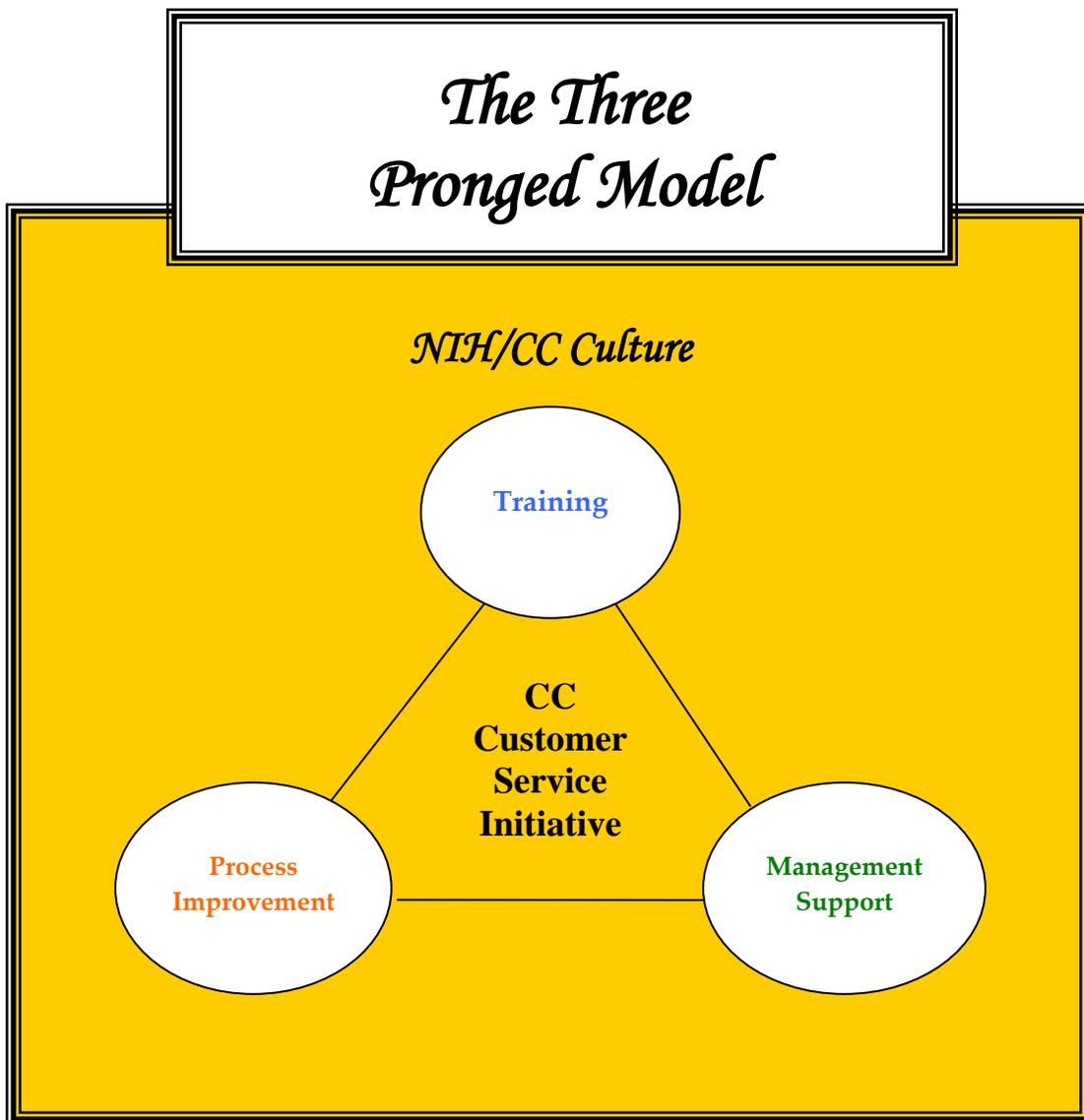
*NIH Intramural Investigators.* Sixteen institutes have active clinical protocols at the Clinical Center. Firmly committed to the research mission of NIH, the CC is equally committed to providing responsive customer service to its NIH intramural investigators and other trans-institute customers.

*Other Key Customers and Stakeholders.* This group includes referring physicians, NIH administration, extramural investigators and collaborators, DHHS, Congress and the public.

## VI. Operational Framework: The Three Pronged Model

The framework used to operationalize this initiative is based on a three pronged model. The three prongs are:

- ✦ Training
- ✦ Management Support
- ✦ Process Improvement



**TRAINING** represents the Clinical Center-wide customized course curriculum delivered to every employee. Sessions were designed for front-line employees, clinical/nursing staff, front-line supervisors, and senior leadership. An internal/external trainer format was used. A train-the-trainer effort was completed to prepare 13 CC employees as internal trainers for the course. The benefits of including internal trainers in the training model are to build on the capacity for excellence in training from the inside out, to enable internal trainers to bridge context of the course with organizational understanding, and to put their genuine commitment out there to model for fellow employees. An outside consultant was teamed with internal trainers to deliver each training class. Key leaders in the organization kicked off sessions by sharing their perspective on the importance of customer service to the Clinical Center.

The purpose of the training was to engage staff in the vision of the customer service initiative and to insure that everyone has a shared understanding of the skill sets for effective communication, dealing with difficult customer situations, and building partnerships. Another substantial goal of the training was to elicit feedback from all participants on their perceptions of existing barriers in the CC to delivery of excellent customer service. This perception feedback is directing the focus of process improvement activities.

### *Internal - External Trainer Faculty*

#### Internal Trainers

Deborah Gardner  
 Denise Ford  
 Rona Buchbinder  
 Charles Carter  
 Tina Levin  
 Deborah Dozier-Hall  
 Cheryl Starkes  
 Karen Kaczorowski  
 Larry Bauer  
 Susan Squires  
 Susan Gantz  
 Debra Byram  
 Karen Pascal  
 Matthew Corley  
 Michael Daniel  
 Eileen Dominick

#### CC Department

Office of Planning and Organizational Development  
 Office of Planning and Organizational Development  
 Office of Planning and Organizational Development  
 Department of Transfusion Medicine  
 Social Work Department  
 Social Work Department  
 Department of Lab Medicine  
 Ambulatory Care Services  
 Nursing Department  
 Nursing Department  
 Nursing Department  
 Office of Administrative Management and Planning  
 Office of Human Resource Management  
 Hospitality Services  
 Hospitality Services  
 Office of the Director

#### External Trainers

David Celmer  
 Arleen LaBella  
 Steven Jones  
 Fred Lee

#### Organizational Affiliation

Celmer and Associates  
 Professional Resources, Inc.  
 SEJ Consulting  
 Lee and Associates

**MANAGEMENT SUPPORT** is a critical prong to the success and sustainability of this initiative. This is recognized by every employee who participates in training. Management's demonstration of commitment and its ability to create accountability for customer service standards are two key factors. This includes the need for visible top down support for the initiative and the ability of leaders to inspire a commitment through their own role modeling, valuing and concrete reinforcement of employee efforts. Our employees have to feel good about what they do in order to deliver the level of customer service we are seeking. Managers and supervisors hold the key to unlocking that potential.

The implementation of a critical performance element on customer service in every employee's annual performance plan is a tool for management to use to foster accountability and commitment. The customer service critical performance element with behavioral indicators was drafted and reviewed by CC Department Heads in May 2001. After incorporating input from the department heads, it was adopted for inclusion in every CC employee's annual performance plan effective with the 2002 annual performance plan cycle.

#### CUSTOMER SERVICE CRITICAL ELEMENT

*Anticipates, assesses, and responds effectively to the needs of diverse customers, both internal and external, making excellent customer service the first priority.*

#### BEHAVIORAL INDICATORS

- Promotes courtesy to customers through use of verbal amenities (i.e., please; thank you; may I help you?).
- Promptly answers telephone with identification of self and service.
- Demonstrates active listening by acknowledging and clarifying verbal messages to ensure mutual understanding.
- Seeks information to better understand customer needs and requests.
- Proactively keeps customers informed by giving timely and appropriate feedback.
- Assesses problem situations and initiates effective service interventions that result in customer satisfaction (i.e., informs patients about delays).
- Diffuses sensitive or difficult customer situations and creates a climate for mutual problem solving.
- Explores ways of accommodating different customer requests, cultural practices, and age progression in order to provide sensitive customer service.
- Demonstrates through daily interactions that all individuals in the Clinical Center are our customers.
- Coordinates role with staff in other departments in order to effectively meet customer service needs.

**PROCESS IMPROVEMENT** is the third prong in the model. Over two-thirds of customer service complaints can be traced to broken or outdated processes and systems. These must be dealt with to reach the initiative's goals for success and sustained improvement.

**At the department level**, each CC Department has defined an Action Plan for improving processes directly related to customer service. These action plans are being tracked through central CC Leadership for performance measures and outcomes in keeping with an established timeline. Additionally, through the Customer Service *Leadership Outreach Model*, every manager and supervisor will be challenged to identify their own priority areas for leadership development. It is through development of our leaders that we can better enable employees to build their performance around service excellence.

**At the CC level**, feedback from patient satisfaction and employee satisfaction surveys is being aggregated with the perception feedback from the customer service classes to identify the top 5 critical patient care delivery processes for improvement.

**1) PATIENT SATISFACTION SURVEYS... What our patients tell us about their care in our clinical research setting and what drives their level of satisfaction with the overall CC experience:**

Feedback from the patient satisfaction survey conducted April-May 2002 is being analyzed to identify opportunities for patient care and research process improvement.

**2) EMPLOYEE SATISFACTION SURVEYS... What our employees tell us about how we care for patients in the CC and what drives their job satisfaction:**

Feedback from the employee satisfaction survey conducted April-May 2002 is being analyzed to identify opportunities for patient care process improvements and areas for needed leadership development.

**3) DIRECT EMPLOYEE FEEDBACK about what needs to be fixed:**

Each employee participating in Customer Service Training was asked: "Name one obstacle or barrier that gets in your way of delivering excellent customer service?" Employee responses were gathered from 2000+ employees who participated in the training and then categorized into common themes and analyzed for frequency and impact on patient care.

*Key Customer Inputs for Driving  
CC Level Process Improvement*

**VII. COMMUNICATION PLAN** is critical in leading a change effort...

- Key governing forums were proactively involved in the design and implementation plan for the Customer Service Initiative throughout its inception, initial launch, and at regular intervals throughout the first year. These forums included: Department Heads, Board of Governors, Patient Advisory Group, Medical Executive Committee, Nursing Leadership Group, and the Clinical Center Research Steering Committee (CCRSC).
- To keep employees informed, articles appeared quarterly in the Clinical Center News to announce the initiation of the program and to provide regular updates.



Employees are active participants in hospital-wide training classes (*CC News*, November 2001)



Officer Hamilton is recognized for outstanding customer service by Dr. Gallin (*CC News*, June 2002)



The first 1000 employees are trained! Deb Gardner recognizes some of our internal trainers (*CC News*, January 2002)

## **ACCOMPLISHMENTS IN YEAR ONE** **(June 2001-June 2002)**

**Customer Service Performance Standard** established as a critical element in every CC employee's annual performance plan effective with 2002 performance plan cycle.

**Benchmark surveys of employee and patient satisfaction** conducted April - June 2002.

**Feedback on barriers to customer service collected from over 2000 CC employees** and analyzed for frequency and impact on patient care. Top 5 critical patient care delivery processes identified for improvement.

**Customer Service Leadership Outreach Model drafted for department head review.** Customer Service team to work with departments in integrating service excellence into daily work life. Example of *Leadership Outreach Package* can be found in Appendix I.

**Recognition Program for Collaborative Efforts** in Cross-Departmental Process Improvement developed.

**Department-level Customer Service Performance Improvement Action Plans** were defined and implemented with performance measures, outcomes, and timelines.

**Lunch with the CC Director** has been re-initiated with CC Departments. Small groups of front-line employees are invited to a discussion over lunch with Dr. Gallin to improve communications between senior level leadership and the employees on the front line.

### **Process Improvement Outcomes:**

- Improved parking access for patients through implementation of a Valet Parking Service
- Improved communications for patients and staff through implementation of House-wide Access to 24hour a day Interpreter/Translator Service
- Customer Friendly Makeover of Director's Office
- Access to nourishments for patients who are completing blood work
- Improved physical work conditions for Patient Escort Dispatch Service employees

## **GOALS FOR THE INITIATIVE IN YEAR TWO** ***(June 2002 – June 2003)***

**Institutionalize Customer Service Training through:**

- ✓ **New Employee Orientation**
- ✓ **Promote training across institutes**

**Integrate service excellence into daily work life through  
Customer Service Outreach with all CC Departments**

**Complete Customer Service Training for CC Physicians  
and engage institute physicians in customer service initiative**

**Conduct evaluation of CC department's use of customer  
service performance standard to motivate behavior change  
in employees**

**Aggregate feedback from patient satisfaction survey,  
employee satisfaction survey, and barriers to customer  
service identified by employees to identify and prioritize  
top 5 critical patient care delivery processes for improvement**

## *Customer Service Training June 2001-June 2002*

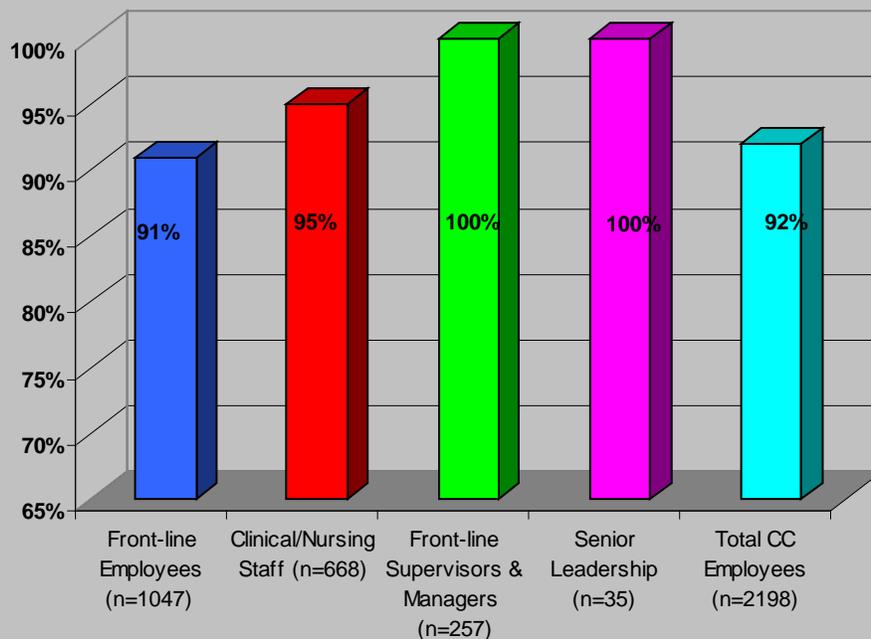
**Front-line Employees.** This group is comprised of staff that have direct service contact with patients and families, but are not a part of the medical care planning process.

**Clinical/Nursing Staff.** These are employees who provide care directly to patients and families, and are participants in the medical care planning process.

**Front-line Supervisors and Managers.** This group of employees provide leadership, direction, and supervision of staff and programs.

**Senior Leadership.** Included in this group are department heads and members of the senior executive team.

**Percentage of Clinical Center Employees Who Completed Customer Service Training 6/01-6/02**

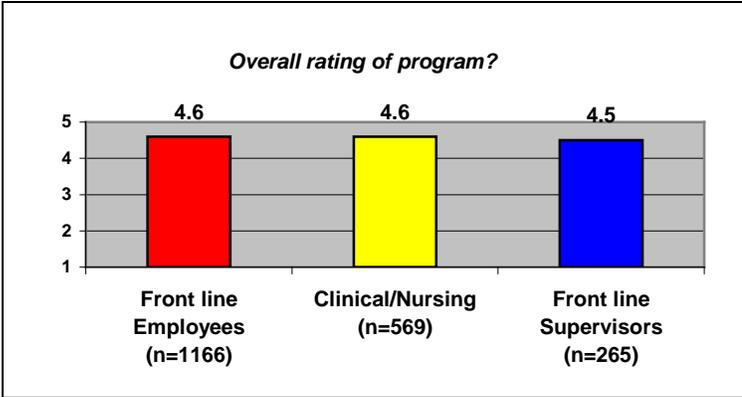


# TRAINING PROGRAM EVALUATIONS

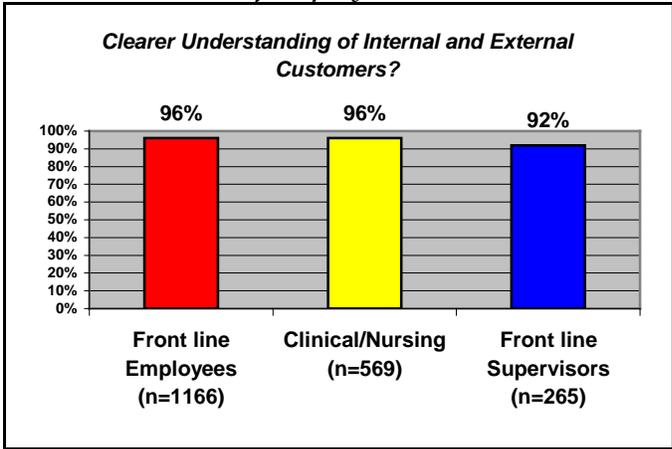
(n=2000 employees)

Scale = 1 (POOR) -----> 5 (EXCELLENT)

**Question #1: Overall, how would you rate this training program?**



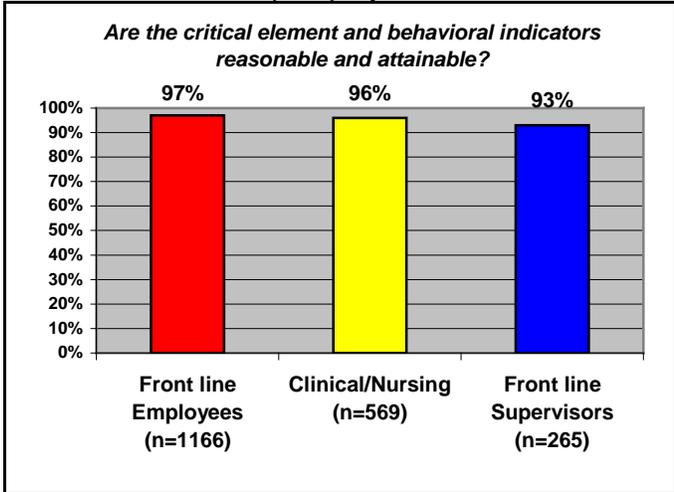
Scale = Percent (%) of Employees who answered "YES"



**Question #2: As a result of the training, do you think CC employees will have a clearer understanding of internal and external customers?**

Scale = Percent (%) of Employees who answered "YES"

**Question #3: Do you think the customer service critical element and behavioral indicators are reasonable and attainable?**

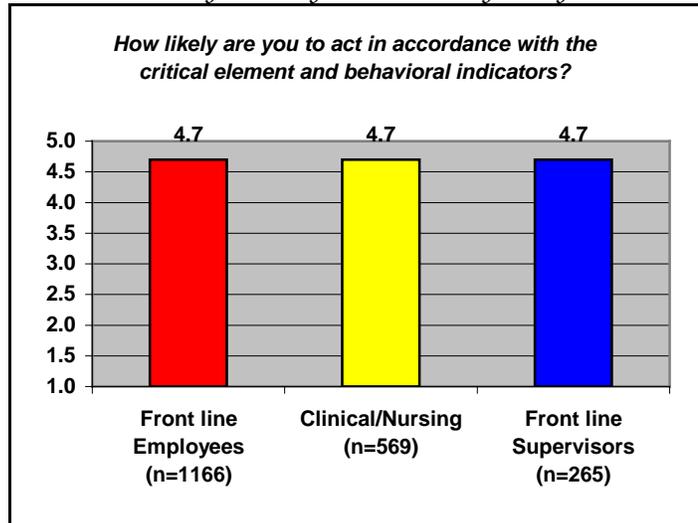


## TRAINING PROGRAM EVALUATIONS (cont'd)

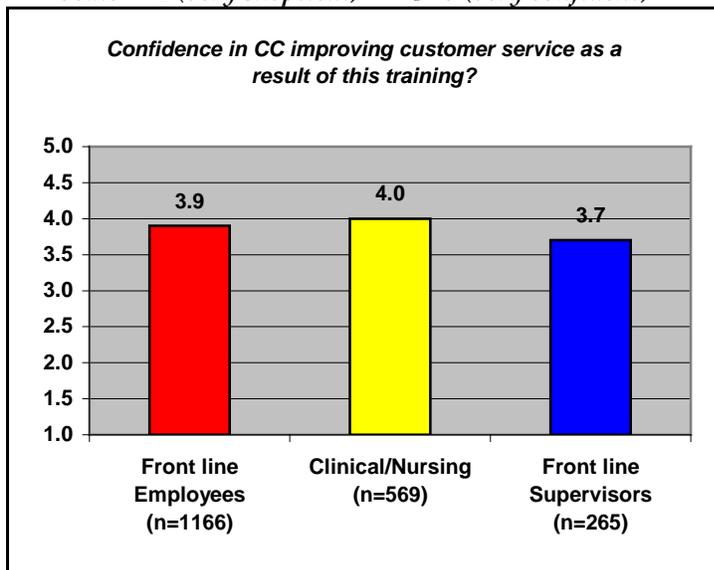
- *An interesting finding: all categories of employees trained were more likely to believe that they as an individual could act in accordance with new customer service expectations, but were not as likely to believe that the CC as a whole could change*

**Question #4: After participating in this training session, how likely are you to act in accordance with the critical element and behavioral indicators presented?**

Scale = 1 (very unlikely) --- → 5 (very likely)

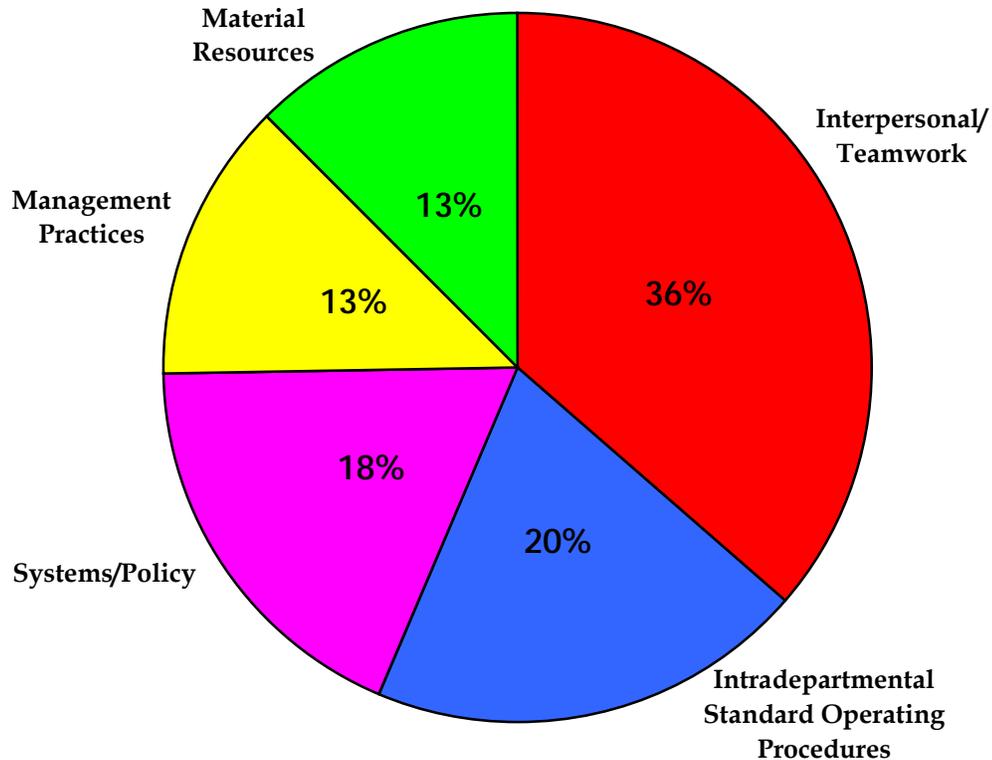


Scale = 1 (very skeptical) --- → 5 (very confident)



**Question #5: How confident are you that the Clinical Center will improve its customer service as a result of this organization-wide training initiative?**

## CC Employee Perceptions of Barriers to Customer Service\*



*\*These five themes were identified by qualitative research methodology (n=2000 employees, 111 training sessions)*

**Interpersonal/Teamwork:** The focus here is on people. Both intra-departmental and interdepartmental issues make up this area. Examples: *lack of respect for fellow employees, don't understand what other departments do, "it's not my job" attitude, hierarchy between scientist/MD, professional, para-professional, and non-professional job categories*

**Intra-Departmental Standard Operating Procedures:** This category identifies the impact of individual department processes on patients and internal customers. Examples: *inadequate access to support services off-hours and weekends, hectic scheduling of procedures stresses patients, delays in service.*

**Systems/Policy:** This is feedback that focused on requirements and structures that are organizational in nature. Examples include: *hiring takes too long, inconsistency of policies across Institutes, cumbersome procurement process.*

**Management Practices:** Since managers are role models for customer service as well as leaders in decision making, capturing perceptions specific to management practices was critical. Examples: *bosses don't listen, employees don't feel appreciated and valued, front line employees need to be empowered to make decisions, lack of basic management/leadership skills.*

**Material Resources:** This is about how we manage and provide for resources. Examples: *unavailability of basic supplies to do our job, broken equipment, hard beds, unmet computer needs, lack of effective signage, parking, security, space limitations and difficulties caused by construction.*

### Historical Events

2000	Board of Governors and the Patient Advisory Group brought forth recommendation for customer service initiative
2001	Customer Service identified as a Key Initiative in the FY2001 Strategic and Annual Operating Plan

### Milestones in Year One

March 2001	Customer Service Program planning and design began.
May 2001	Train-the-trainer sessions started with 3 external consultants and 21 internal CC employees.
May 2001	CC Department Heads approved the Customer Service Critical Element as a component of every employee's performance plan
May-June 2001	3 Pilot sessions for customer service training held for the front-line employee and front-line supervisor designs.
June 2001	13 internal CC employees successfully completed the Train-the-Trainer program and were certified to partner with external consultants as trainers for the front-line employee customer service sessions.
June 15, 2001	Customer service training sessions for <i>front-line employees</i> began
June 20, 2001	Customer service training sessions for <i>front-line supervisors</i> began
October 15, 2001	Pilot session for customer service training held for clinical/nursing design
October 29, 2001	Customer service training sessions for <i>clinical/nursing employees</i> began
November 14, 2001	1000 Clinical Center employees trained
January 15, 2002	Customer service training session conducted with Senior Executive Team and CC Department Heads
March 7-8, 2002	Executive Team/Department Head Annual Retreat - 24 CC Departments presented Customer Service Action Plans
April-May 2002	Benchmark Employee Satisfaction Survey conducted
May 2002	Benchmark Patient Satisfaction Survey conducted.
May 29, 2002	2000 Clinical Center employees trained.
May 31, 2002	Completed customer service training for front-line supervisors and managers
June 13, 2002	Completed customer service training for nursing employees
June 2002	Physician customer service training design underway

## **APPENDIX I**

### **Outreach Leadership Package**

