

CAROL MARSHALL, MA



# Satisfied Customers *Seldom Sue*

A Guide to Exceptional Customer  
Service in Long-Term Care

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A Guide to Exceptional Customer Service in Long-Term Care

CAROL MARSHALL, MA

HCP Pro

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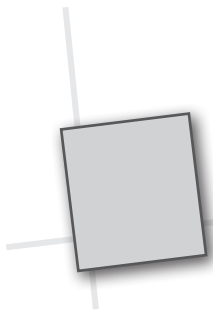
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## About the Author

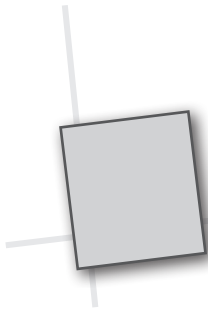
### **Carol Marshall, MA**

**Carol Marshall, MA**, is a risk management specialist based in Fort Worth, TX. For the past 18 years, she has trained managers and staff members in long-term care facilities across the country about the benefits of exceptional customer service and risk management. She has offered training programs at numerous state conferences, professional groups, and individual facilities.

Marshall's expertise includes regulatory compliance consulting, site audits, and regulatory research for skilled nursing units, rehabilitation units, and other postacute and long-term care facilities. Her areas of expertise include risk management, quality assurance and performance improvement, program development, and training. She holds a master's degree in speech pathology and has more than 18 years' experience in long-term care management and consulting.

Throughout her career, Marshall has held positions as a university professor, a clinician in private practice, and a clinician and manager in acute care hospitals and long-term care facilities. She has also published articles on clinical care issues. She obtained her bachelor's degree at California State University in Los Angeles and her master's degree at San Francisco State University.





## **Note to the Reader**

I have written this book in an attempt to make it as easy as possible to implement an exceptional customer service program in the long-term care setting. This program contains hands-on suggestions, plans, and tools that you can use to design a true partnership between facility staff, residents, and residents' families. The CD-ROM is designed to assist you in implementing the SHARE program, its philosophy, and campaign.

As with many programs, the learner will have questions. You are invited to contact me with your questions, comments, and suggestions. E-mail Carol Marshall at *carolmarshall2008@gmail.com*.

# Why Customer Service Is the Key to Success

## Introduction

The concept of customer service has become an important facet of long-term care as facilities deal with the risk of litigation and more recently Quality Indicator Surveys (QIS) and the Centers for Medicare & Medicaid Services' (CMS) Five-Star Quality Rating System on Nursing Home Compare.

The long-term care profession has historically had a “captive population,” offering few choices for consumers. In the past, when the elderly became too ill to live alone, families turned to long-term care experts only to be frustrated by the lack of services. In recent years, however, there has been an increase in long-term care services: home health, assisted living, senior apartments, and continuing care retirement communities. Families have a variety of choices to make for the optimal care model for their loved ones. While price may be the consideration for many, service is the consideration for all.

Historically, customer service was something expected at hotels and restaurants and has now expanded to hospitals and healthcare to long-term care. In today's world, customer service spans every industry. Consumers demand exceptional service with all services, from plumbing to cable installation, or they take their business elsewhere. With the wide use of the Internet, sites have cropped up that expose poor service for every type of company. CMS has recently changed the game in long-term care by ranking nursing homes using a five-star system designed to be more user-friendly to the average consumer.

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With the inclusion of interviews as part of the Minimum Data Set (MDS) 3.0 and QIS, exceptional customer service is a requirement for a successful business model. Good customer service not only leads to increased business, a strong reputation, and improved standing in the community, but it also impacts the CMS Five-Star Rating, quality indicators, and accuracy on the MDS.

Exceptional customer service has benefits for the long-term care setting. It:

1. Improves or sustains the facility's good reputation
2. Increases the facility's resident census
3. Decreases the facility's risk for lawsuits
4. Increases employee retention
5. Welcomes community contributions
6. Creates a positive business image
7. Motivates acute care hospitals to refer patients and families
8. Creates pride in employees
9. Inspires confidence from families
10. Establishes the facility as the facility of choice in the community

Customer service is the foundation of all successful businesses. Customers' freedom of choice—their ability to choose where to conduct their business—is at the core of a successful business. When consumers choose to be customers, business prospers.

The same holds true for healthcare consumers. All consumers have a choice about where they receive their healthcare. Consumers often select their physician and choose their hospital, and in every case they have a choice when choosing a long-term care placement.

Physicians may be selected by insurance coverage, specialty, or location. But patients judge the quality of a physician's care by his or her bedside manner. Patients will state "I love my doctor"

based on the way the physician treats them when they interact. The typical patient does not know whether the physician prescribed the right brand of medication, the right dose, or used the right suture weight when closing a wound. However, they do know how they feel when the physician has conversations with them, answers their questions, and listens to their complaints. It is that relationship that the patient uses when describing the physician to others. It is the same criteria when residents and families describe the services provided in a long-term care facility.

### ***The time is right***

Now like never before, the concept of providing good customer service is paramount to succeeding in the long-term care industry. Not only is every facility vying for the scarce long-term care dollar, but with escalating lawsuits and insurance claims, the Five-Star Rating, state surveyor interviews, and the MDS 3.0, the long-term care industry is taking a hard look at the relationship between the facility and the resident and the resident's family.

The old adage "friends don't sue friends" holds true in today's litigious long-term care environment. Even egregious acts pass without lawsuits when families feel as though the facility had nothing to hide, supported the family during the crisis, and communicated openly.

Additionally satisfied customers spread the good word. It is essential that facilities treat residents, families, and staff members with the utmost respect and consideration in an effort to stave off the chance of litigation, an insurance claim, or poor reputation.

When facility staff members form a true partnership with residents and families, the concept of joining together to provide the best possible patient care must become the all-consuming mutual focus. By committing to these goals, the facility lays the groundwork for lasting and trusting relationships that may prevent the satisfied customer from seeking legal counsel, complaining to state surveyors, or moving their loved one to a competing facility.

There couldn't be a more appropriate time for a book written specifically for long-term care facilities that can benefit from developing a customer service program. It is the intention of this program to instill confidence, create trust, and build lasting relationships between facility staff members and residents. While there is no guarantee that strong relationships will result

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in successful state surveys, a higher Five-Star Rating, or reduced risk of claims or suits, it is certainly a necessary approach to achieving customer satisfaction, increased census, and improved reputation.

Implement this program to initiate a culture change that becomes the lifeblood of the facility. For a “customer first” program to work, it must become a way of life for every employee. No matter the employee’s responsibility or job assignment, the primary job description is “customer first.” It must be an ongoing, supported program that starts from the top. Buy-in from the administrator and managers is critical to the success of the program so that it becomes so well integrated that it becomes the “personality” of the facility. It must be introduced at new employee orientation and be part of every aspect of the facility’s culture.

It simply will not work to instruct staff members to conduct themselves in a customer-friendly manner if management does not become a role model. Managers will be most successful when treating staff members in the manner with which they expect the staff members to treat families and residents. Managers can ensure success by being the model of exceptional customer service.

### Why Is Customer Service Important?

Every business needs customers to succeed. Customers provide the money so the business can remain in business. Successful companies enjoy continued success because they develop and keep satisfied customers.

Many employees in the long-term care industry believe they are in the healthcare business. But that is only partly correct—they are in the *people* business. Providing medical or long-term care is the vehicle that brings people together, but long-term care is more than a medical service: It is the business of serving all the people who enter the long-term care setting. Those customers include families, delivery people, physicians, therapists, visitors, contractors, and staff members.

Long-term care does not just provide medical and custodial care to the residents. Customers expect staff members to answer their questions, solve their problems, and do it cheerfully. Satisfied customers have their needs met, but loyal customers see staff members exceed their expectations. Long-term care facilities must focus on giving customers superior service to succeed.

### **Customer loyalty**

Businesses rely on customer loyalty for continued success, so it is important to understand what keeps customers satisfied. Staff members should answer the following questions:

#### **Would you go to your favorite restaurant if the wait staff members were rude every time?**

- Would you complain, or just never return?
- Would you tell your family and friends?
- Did someone else get service before you, even if he or she came in after you?
- Have you ever waited too long for your meal to arrive?

Now convert those questions through the eyes of the residents in the facility when meals are served in the dining room:

#### **How would you feel if the servers were rude every day, but you had no option but to tolerate their rude behavior?**

- Would you complain, even if you were afraid of retaliation?
- Would you tell your family and friends?
- Did another resident get his or her food before you, even though you were in the dining room first?
- Do others at your table get their meal before you?
- Does your food arrive hot? If not, can you send it back?
- How long do you have to sit in the dining room before your meal arrives?

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### **What was the most outstanding service you ever received at a hotel?**

- Were you there on vacation?
- Were you there on business?
- Did hotel staff members call you by name?
- Did they answer your questions?
- Did staff members make you feel special?

Now convert those questions through the eyes of the residents in the facility:

### **What was the most outstanding service you have received at the facility?**

- Were you planning on a short stay, or is this your permanent home?
- Do staff members call you by your name, or by terms like “sweetie,” “honey,” or “darling”?
- Do staff members answer your questions?
- Do staff members make you feel special?
- Do staff members offer to help you, or do you have to ask?

### **Remember the worst service you ever received at a store?**

- Did someone ignore you?
- Was the clerk waiting on someone else?
- Were all the clerks too busy to wait on you?
- Were the clerks visiting with each other instead of helping customers?

Now convert those questions through the eyes of the residents in the facility.

### **Do staff members ignore you, especially when you need help?**

- Do staff members help others and forget about you?
- Are staff members too busy to ask you if you are okay?
- Do staff members visit with each other in front of you, leaving you out of the conversation?
- Do staff members speak in a language you do not understand?

### **Have you ever waited for a repairperson or service technician to arrive?**

- Did you have to be home between 8 a.m. and 5 p.m.?
- Did you ever have to wait for another visit because the service wasn't done correctly the first time?

Now convert those questions through the eyes of the residents in the facility.

### **Have you ever waited for staff members to find pieces to your wheelchair?**

- Have you ever wished your wheelchair could be cleaner?
- Have you ever waited all day for an appointment?
- Have staff members ever had to redo something that wasn't done properly the first time?
- Have you ever lost items that are important to you, and nothing could be done to help you find them?

### **Have you ever been overcharged for items you have purchased?**

- Did the company apologize?
- Have you ever sent a payment, only to receive a late notice because the company did not post the payment?

Now convert those questions through the eyes of the residents in the facility.



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### **Have you ever been charged for services to which you did not agree?**

- Have you ever been charged for poor service, and had no choice but to pay for it?
- Did the company apologize?
- Have you ever been told your payment was late because the company did not post the payment?
- Do you receive monthly statements about your trust account?

Poor customer service is fraught with emotions. Staff members must realize that when they encounter poor service as customers, they have the advantage of taking their money and their business elsewhere. In the long-term care setting, residents are “captive customers” who must endure the service staff members provide with little or no on-the-spot recourse.

However, customer loyalty in the long-term care industry cannot be assumed—someone currently residing in the facility will not necessarily remain there. What would happen if the residents in your facility had an opportunity to move to a facility with a better reputation that suddenly had a vacancy? What if family members research facilities on CMS’ Nursing Home Compare Web site and identify a local facility with a better rating? It is not safe to assume that once the resident admits to your facility that he or she will stay.

Loyalty to a facility is based on the way staff members make the resident and family feel about their care.

### **How Customer Service Affects Litigation**

One factor that threatens the entire long-term care industry is the mountain of lawsuits filed against nursing homes and assisted living facilities. While some states such as Texas have passed strong tort reform, others are in the center of a lawsuit firestorm. Lawyers have built a mountain of litigation against long-term care facilities based on the complaints of disgruntled family members and residents. Experts agree that the spate of lawsuits against long-term care facilities is here to stay.

What may be an acceptable policy, care protocol, or process (e.g., providing continence care every two hours) can be fodder for plaintiff's attorneys who convince juries of "egregious" acts of neglect and abuse. Attorneys search for staff members who will testify that they "work short" often. Attorneys advertise for clients and family members, who will file complaints of neglect and violation of resident's rights assured under the Omnibus Budget Reconciliation Act of 1987. Every day, seemingly normal encounters can initiate customer dissatisfaction, which may ultimately lead to lawsuits.

The overall care, policies and procedures, or protocols in the facility may meet the standards enforced by state and federal government regulations, but they may fall short when it comes to the satisfaction of the most important person in the long-term care industry: the customer. It is the customer who ultimately determines whether the quality of the care provided is satisfactory, negligent, or abusive. The measure of quality care is not in the technical aspects of the implementation of procedures or policies, but in the method and perceived logic of the delivery of services. The perception by families that their loved one is "always wet," or must wait too long for an answer to his or her call light, especially on weekends, can turn into perceptions of neglect and poor care. The next step families could take is to call their attorney.

### ***Friends don't sue friends***

Creating a trusting partnership with residents and families may help protect facilities from lawsuits and complaints to the state. Remember the concept that "friends don't sue friends," and then keep in mind that 91% of all claims against long-term care facilities are filed by disgruntled sons and daughters of residents.

Consider these two true scenarios that demonstrate the reasons why family members chose not to file lawsuits:

1. A resident at a nursing facility suffered fatal injuries from a fire that ignited while he was smoking unsupervised. The resident demonstrated the ability to independently manage his smoking materials on every smoking assessment instrument administered quarterly, but the fire occurred despite his skills. The family would have had good cause to sue the facility, and in fact the facility was at fault for not supervising the resident. However, the

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family did not sue, because the daughter stated, “He loved each and every one of you. He would be so angry if he knew I was upset with any of you. I could never sue people we all love so dearly.”

2. A resident suffered a stroke and as a result was unable to eat without severe risk of aspiration. The speech pathologist was working diligently to teach the resident to take food safely. Despite the best efforts of staff members, the resident aspirated and suffered a severe bout of aspiration pneumonia and nearly died. Subsequently the resident was unable to take any food or beverage by mouth. While the facility staff members failed to follow the specific approaches outlined by the speech pathologist, and that failure caused the resident to aspirate, the husband believes that the care provided in the facility is top notch. In fact, the resident’s husband celebrates special occasions in the facility with staff members and contributes to the festivities with food, beverages, and a heart felt speech of appreciation.

In both of these scenarios, family members established a continuing relationship with staff members who clearly could have prevented the injuries. It is the perception of quality care, and the caring behaviors of staff members make a difference between a lawsuit and care partner.

### How Consumers Measure Quality Healthcare

“Quality care” is a term heard often in the long-term care environment. This concept has been addressed in many forms:

- Quality indicators derived from coding on the MDS.
- Scope and severity citations on the state survey.
- Posting facility data on the Internet on sites such as *www.nursinghomecompare.com* and *www.memberofthefamily.net*. There are several watchdog sites that report quality of care.
- Newspaper reports when one facility has a crisis.

## Why Customer Service Is the Key to Success

State regulators try to measure it, families demand it, physicians expect it, and residents require it. Knowing how the facility and staff members provide and measure quality care is another matter.

How does the consumer measure “quality care” in the long-term care facility? The majority of healthcare consumers do not have the clinical knowledge to determine whether the care provided by nursing staff members is the highest possible quality. The average consumer is not able to determine whether the medical care prescribed and delivered is the accurate medical model that is best for the resident. The average consumer is not able to determine whether staff members administer the accurate medication, whether a physician uses the proper techniques, whether a physical therapist uses the proper approaches in gait training, or whether a speech pathologist uses proper instructions when correcting a swallowing disorder.

The average consumer measures the quality of healthcare by the tangible measurement of the way the facility’s staff members treat them. Residents and their family members measure quality of care by determining care provisions such as:

- Was my loved one kept clean?
- Is her hair combed and make-up applied?
- Was the nurse nice to me?
- How well does the doctor explain the problem?
- Does the doctor see me when he comes to the facility?
- Was the coffee hot and was the juice cold?
- Was the room clean?
- How does the facility smell?
- How long does it take for staff members to answer call lights?
- Is the weekend care equal to the weekday care?

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- Are the linens clean and in good condition?
- Is the paint current and free from chips and scratches?
- Is the furniture in good condition?
- Is the food flavorful, and do I have choices in what to eat?

The impression made by these factors will determine for consumers whether the facility provides good quality care. And it is quality care that will determine the facility's reputation in the community.

### ***Who are customers?***

In long-term care, there are many customers, including:

- Residents
- Fellow staff members
- Contractors
- Vendors
- Surveyors
- Maintenance workers
- Volunteers
- Delivery staff members
- Visitors
- Prospective residents
- Discharge planners
- The community

## Why Customer Service Is the Key to Success

- Every person who enters the facility
- **Regional manager:** Although this person is not in the facility on a daily basis, he or she is an important customer. The regional manager is the driving force behind the success and progress of a facility. And who would dream of being rude to the regional manager? The regional manager is one of the most important customers in the facility and must receive optimal guest services. The regional manager is ultimately responsible for the success of the facility and has a responsibility to ensure that litigation and substandard care are controlled or eliminated.
- **Administrator:** The administrator is the customer who decides who will provide services, gives raises and promotions, and purchases new equipment for the facility. More than a boss, the administrator is the person who makes decisions regarding the method, frequency, style, and “personality” of everything that occurs in the facility. Try treating the administrator in the same style as an honored guest and observe the reaction.
- **Director of nursing:** The director of nursing is the customer who is contacted on every care issue. This person has a direct effect on and gives input on programs, planning, and coordination of everything that transpires in the facility. By treating the director of nursing as a customer, it is likely job satisfaction will increase, cooperative working relationships will bloom, and job-related stress will diminish.
- **Nursing staff members:** Nursing staff members interact on a daily basis with other key customers: the residents and their families. Their role is to ensure excellent clinical care, observe and report resident conditions, and interact with physicians. If all employees treat staff nurses as guests, the cooperative working environment may become less hectic and stressful.
- **Certified nursing assistants (CNA):** One of the most visible customers is the CNA. This is the person who contacts the resident in the most intimate and consistent manner. This staff member also has the closest and most frequent contact with the residents’ families. Too often, however, these employees are perceived as the lowest paid, and therefore are the least respected. However, the CNA is the single most important family contact in the facility. By treating nurse assistants as guests, it is more likely that the CNA will treat others as guests. Try an experiment: Instruct other staff members to treat CNAs as though they were a member of

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the resident's family for three weeks. Measure the difference in job performance and interpersonal relationships with coworkers, residents, and families. Observe body language, eye contact, and facial expressions. Without giving specific instructions to make changes, changes will occur. CNAs are the frontline staff members who must have very strong customer service skills. The staff members who have the most resident and family contact are the staff members who must exercise exceptional customer service skills. CNAs must be able to make decisions and know that the facility will stand behind them. Give CNAs the customer service skills they need to be successful and models of the facility's philosophy and vision.

- **Physicians:** The relationship with the physician as a customer will determine the security, frequency, and nature of referrals. Physicians approve or disapprove the admission of residents every day. Decisions regarding resident care, therapy, prescriptions, and treatments are the sole responsibility of the attending physician. When the physician feels like a guest who is welcomed, respected, and a part of the team, the relationship with the facility staff members will grow in trust and respect.
- **Therapists:** The relationship between therapists and nursing staff members has been a unique one in most facilities. And another unique characteristic is that when facilities do business with a therapy provision company, the facility is actually the therapy company's customer. As a result, the therapists are instructed to treat facility managers as customers. It is necessary to train therapists that in fact their customers are residents, families, physicians, and all staff members. In most therapy relationships, therapists develop an in-depth and intimate relationship with residents who are on their caseload. This occurs simply because therapists have the opportunity to spend lengthy uninterrupted one-to-one time with residents. One of the strongest opportunities for strong customer relationships rests with the therapists.
- **Residents' family members:** Residents' family members are critical customers. Their approval and disapproval often determines whether the resident will remain in the facility or transfer to a competitor's facility. The family member is the one who decides whether or not to sue, who shares information with family and friends, and or complains to the state. The family members bring a host of emotions that may lead to accusations and discontentment. When family members are allowed to feel comfortable and still receive guest treatment despite their frustrations and fears, the relationship with the facility is strengthened.

Everyone who enters the facility is a customer. The state surveyor, mail carrier, x-ray vendor, food service delivery staff members, and even salespeople are customers. Everyone can use an impression made by a brief encounter to influence the facility's reputation in the community.

### Three Distinctions of Quality

Whether dining at a restaurant, staying at a beach resort, or trying to choose a long-term care facility, consumers are looking for quality. There are three distinctions when measuring quality. Features or characteristics that:

1. Must be present
2. Add value
3. Are pleasant surprises

#### ***Essential services***

First, consider what must be present: If certain features or characteristics that must be present are absent, the customer will be frustrated or angry. Without these features, the resident or family has no reason to consider the long-term care facility. For instance, to provide adequate care in a nursing home, there must be round-the-clock care, including assistance with dining, dressing, and toileting. There must also be prompt response to call lights.

The absence of a "must" feature will disappoint or anger the customer, but the presence of it brings the service up to average, where there is common ground with competitors. The level of care provided as a "must" is considered an expected level of service, and when questioned, customers will describe service as "below average." Providing only "must" services will leave customers wanting more and does not allow them to feel special or welcome. Not-for-profit companies have the reputation as providing better care. The fact is that exceptional customer service is free: No matter the staff member's working patterns, the principles of exceptional customer service are an essential service.



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The following are examples of some “must” services for a long-term care facility:

- Competent billing and bookkeeping
- Clinical policy and procedure manuals
- Experienced staff members
- Answers to questions
- Appetizing meals
- Clean environment
- Therapy program with a solid track record and a good reputation
- Prompt response to call lights
- Security
- Safe environment

### ***Added-value services***

Second, consider what is added value: Customers view other features and advantages as “more is better.” The customer doesn’t plan on these features being part of the service but greatly appreciates them and finds that the more they get the better they like it. For instance, a guest might be disappointed by a skimpy towel in a hotel room, while a larger, luxurious towel might be a bonus. In the long-term care setting, personal visits from the administrator, fresh flowers on tables, shiny floors, clutter-free environments, and beautiful carpets are “extras” not seen in every facility. The added-value features will increase customers’ satisfaction levels, and as a result, that facility gains a competitive edge over its competition.

The following are examples of some added-value services for the long-term care facility that gains a competitive edge over the competition:

- Interdisciplinary approach during team meetings that includes family input
- Every resident is screened quarterly for therapy, nutrition, and social needs
- Frequent phone calls to families are made or notes sent with updates on the resident
- Questions are explained clearly
- Greeting cards are mailed to families from residents for special occasions
- Guests are offered refreshments during visits

- A private visiting room is available
- Vases are available for flowers brought by visitors
- Soft music selections are played in the dining room

### ***Pleasant surprises***

Third, consider what are called “delighters”: These are special features or characteristics that the customer does not expect but finds valuable when present. They exceed the typical service program. The more unexpected and more useful a feature in the program, the more likely it is to create true delight. Mints on a pillow, ice in the ice bucket, and a turndown service are all delighters in hotels. In the long-term care setting, paper doilies under desserts, fresh flowers in rooms, commemorative decorations, entertainment, and unexpected outings are considered “delighters” when the facility provides them outside of the expected service model. People seldom inform the service provider what will delight them; it is up to the provider to offer the extras, almost with an element of surprise.

One facility in Fort Worth, TX, instructed all dietary staff members to dress in white shirts and black slacks with black shoes. Remarkably, residents began paying attention to their own appearance at meals, ate more food, and felt as though they were being served a higher quality meal. Complaints about food decreased, despite the fact that no changes were made to the menu or suppliers. Personal appearance for the benefit of the resident seldom occurs in long-term care; most often clothing is for the comfort of the employee. Permitting dietary staff members to wear worn T-Shirts, baseball caps and dirty slacks sends the message to residents that the meal service is not important enough to prepare meals properly and the residents are not important enough to warrant professional dress.

The following are examples of some delighters for a long-term care facility:

- A special community outing program to plays, art shows, and concerts
- In-house instruction for activities such as oil painting, chess lessons, bridge club, cooking, knitting, or gardening
- Parties specifically for families, especially children, and organized by the activities director

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- Periodic phone calls from staff members to families with updates, especially with good news, such as when a resident meets a therapy goal, weight goal, or participates in activities
- Meals served by staff members wearing waitstaff attire
- Tables with tablecloths, cloth napkins, and fresh flowers
- Scented shower rooms
- Pleasant scented room sprays, such as lavender and spice scents

Obviously, the more added-value services and delighters provided by the facility, the greater the span between average providers and superior providers.

### ***Consumers create reputations***

Every consumer has an opinion of how a business treated him or her, and of its products, services, or outcomes. People share opinions openly between family members and friends. Consider the following:

- Reputations are easy to make and difficult to change
- Reputations of nursing homes and assisted living facilities are readily linked to negative images
- The reputation of a long-term care facility will determine its census
- A good reputation creates an edge over the competition
- Successful facilities have successful reputations
- How a crisis is handled will impact the facility's reputation
- If a discharge planner believes the facility does not provide optimal service, he or she will not refer new admissions

Keep in mind a phenomenon called the “four-eleven rule”: If something good happens, customers tell four people; if something bad happens customers tell eleven people. Customers are part of the facility every day, and every day the facility’s reputation is developed and shared.

### Reputations Are Earned

Reputations are word-of mouth advertising every facility needs to create an ongoing flow of business. Reputations are difficult to establish and easy to lose, but how are they created?

#### **Residents**

Residents will always talk about their environment, the food, fellow residents, and the treatment they receive. What the resident says sets the record for what others say about the facility. Statements like the ones below made by a resident will cement the concept of poor care—when the residents share these concepts with relatives and visitors, the visitors will echo what is said to them:

- “It always takes a long time for the nurse to answer my light.”
- “The food is always the same.”
- “It is always cold in here.”
- “Don’t say anything; I don’t want them to be mad at me.”
- “I hate to ask for help. They don’t have enough people working here.”
- “I can’t have a shower every day, only on certain days.”
- “I had to wait so long I wet myself.”
- “I thought I could go to therapy every day, not just Monday through Friday.”
- “I never go to activities; they don’t do anything except play bingo.”

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### **Family members and visitors**

Visitors will draw conclusions about the entire facility based on a brief encounter. The fable of three blind people describing an elephant is an illustration of what families may encounter:

*Three blind people were taken to the circus to “see” an elephant. Since they were blind it was necessary for them to use their hands to explore this creature called an elephant.*

*The first person felt the trunk and declared, “An elephant is just like a snake: It wiggles and wrapped itself around my hand.”*

*The second person disagreed, “No, an elephant is big and round and has bumps like fingernails. An elephant is shaped like a barrel.” This person had felt the elephant’s leg.*

*The third person disagreed even more, “No, an elephant is not like a snake or a barrel. An elephant is rough like a paintbrush and sways back and forth.” The third person had felt the elephant’s tail.*

When visitors and family members come to a facility and observe the actions of staff members, they conclude that what they observe occurs twenty-four hours a day, seven days a week.

Families who visit only on weekends and evenings believe staffing is bare bones, the person in charge isn’t working to solve problems, meals are casual, and activities are not planned. If families and visitors believe they are observing business as usual, they will rightfully believe the care model is less than adequate.

Family members and visitors will share their observations with anyone who will listen, and thus a reputation is created.

### **Employees**

There are numerous statements employees make without thinking that can quickly spread a negative impression of a facility:

- “I hate working here.”

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- “We are always expected to work short.”
- “This place smells so bad. Why don’t they clean it better?”
- “The administrator is lazy; he never comes out of his office.”
- “They always want me to work overtime.”
- “If my mother needed a place to stay, I wouldn’t bring her here.”

Employees are a beacon for the reputation of the facility. There is a clear link between what the employees think of the facility and the reputation they build with potential customers. Disgruntled employees drive customers away and may persuade current customers to look for a better facility.

### ***Establish a good reputation, the life of the facility***

1. Determine what the reputation of the facility actually is. Conduct surveys with these customers:
  - a. Current residents
  - b. Former residents
  - c. Families
  - d. Discharge planners
  - e. Employees
  - f. Former employees
  - g. People who came to tour
  - h. Physicians
  - i. Contractors
  - j. Vendors
  - k. Therapists
2. Train staff members on how reputations are made, kept, and changed. Use inservices, reinforce appropriate behaviors, and include customer service as part of the annual performance appraisal. Share satisfaction surveys and ask staff members how they can change systems to improve customer service.

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3. Request that staff members report all information they have heard about the facility's reputation. Positive and negative statements are essential for forming and maintaining a reputation. Read thank-you cards aloud to staff members during staff meetings, post them on staff bulletin boards, and praise staff members mentioned specifically in cards.
4. Implement approaches to maintain a good reputation or change a bad or mediocre one:
  - a. Build positive relationships with discharge planners, physicians, and referral sources
  - b. Teach staff members the power of their statements to others
5. Participate in community events that may garner positive publicity:
  - a. Plant a tree at a local elementary school
  - b. Donate a bench at a playground
  - c. Join and participate in civic organizations such as Rotary or Lions
  - d. Use stories of residents' lives as human interest stories in the local paper
  - e. Make a knitting group from able residents and donate knitted items to the local hospital for needy babies
  - f. Become a drop-off location for school supplies, toys, coats, or food for the needy
6. Ensure a great reputation with residents. Staff members should address residents by their names and avoid terms of endearment such as "honey, sweetheart, or dear." Residents can interpret such nicknames as demeaning, unprofessional, or patronizing. Some residents were distinguished citizens before admitting to the facility; no one would ever consider calling an attorney or bank president "honey" or "sweetie," regardless of their illness or age.

Employees must keep promises. The facility can shape the expectations of residents through education. The customer needs to know the scope of services available so they don't ask for the impossible—and the staff members must never promise to deliver that which is not possible. For example, just because the resident wants the employee to go

to the local fast-food restaurant to pick up a special meal, the employee does not have to agree to go. However, if the employee promises to go to the kitchen for an extra meal item, he or she must keep the promise.

Knowing what is possible and providing it is the key to making and keeping promises. Require staff members to carry out promised tasks no matter the circumstances.

One of the most-often broken promises happens when answering a call light. Staff members may say, “I will be back as soon as I finish helping the resident next door.” But nurses or nurse assistants too frequently forget to return to answer the call light. It is better not to make a promise in the first place than to break one. Residents wonder why a staff member comes in, turns off the call light, and leaves the room. Residents don’t know how to seek help when they are left in a helpless situation.

Provide prompt and courteous service. Residents who spend a large part of their day in bed, in a wheelchair, or alone, often have a poor concept of time. Seconds can seem like minutes, and minutes can seem like hours. Prompt service to busy staff members may mean 10 or 15 minutes after the request was made by the resident, while to a resident prompt service means immediately.

There is a saying, “Do you know the difference between minor surgery and major surgery? Minor surgery is what happens to the other guy.” The same concept can be applied to prompt service. To the requester, time spent waiting is always longer than the time measured by the staff members providing the service. Courtesy is measured by words, body language, and expressions. It is defined not by the person providing the courtesy, but by the recipient.

7. Keep families informed about a resident’s condition:
  - a. Report any unusual occurrences, such as skin tears or falls. Never leave a message on the family’s answering machine informing them about the incident.

Answering machine messages must be handled with the utmost attention to customer service. Confusing or alarming messages can disrupt a facility-family relationship. To eliminate the risk of an unfortunate message being left on a family’s machine, create a



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message that every staff member must use when leaving a message on an answering machine, such as:

*“This message is for Mrs. Anderson. Please call Happy Hills Facility for a message regarding your loved one. Please call and ask for Nancy Nurse. If I am not available, please speak with Sally Nurse.”*

By using a consistent message, all staff members know to keep information restricted, and to the point. No misunderstandings can occur, and fewer alarmed family members will expect poor treatment.

Report changes in condition, including any declines or improvements. The only surprise a family needs is the one that delights—surprises that disappoint cause distress and lead to distrustful customers.

Families need to know that unplanned does not mean unexpected. Disease processes advance with residents, and those advancements are expected. Even slight changes are important to families. Report falls, weight loss, loss in activities of daily living skills, changes in appetite, changes in interest in activities, changes in skin integrity, etc. Do not fall into the habit of informing families only at care plan meetings. Keep families informed as changes occur.

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