Making it Right
Training Handbook:
Successful Service Recovery

Paul A. Clark
About the expert

Paul Alexander Clark, MPA, is a senior knowledge manager for Press Ganey Associates. He directs a team of researchers who conduct quantitative and qualitative research to determine best practices for improving patient, employee, and physician satisfaction in healthcare. His team’s research supports more than 100 Press Ganey consultants who actively partner with healthcare organizations to help them improve the services they provide to patients, employees, and physicians. Clark earned an MPA in science and technology policy from George Mason University in Fairfax, VA, and a bachelor’s degree from the University of Pittsburgh. He is now working to complete a master’s degree in bioethics and healthcare policy at Loyola University in Chicago.
Making It Right Training Handbook

Intended audience

This training handbook explains key service recovery concepts and will equip frontline healthcare staff with the tools you need to turn patients’ and family members’ negative experiences in hospitals into positive experiences, creating satisfied, loyal customers along the way.

In addition to introducing staff to the concept of service recovery, this handbook will explain how to

- be aware of opportunities for service recovery
- turn negative experiences into positive outcomes using the steps in the HEART process
- take the extra step to ensure a positive patient experience and create loyal customers

Introduction: What is service recovery?

Healthcare quality refers not only to the quality of a patient’s clinical care but also to everything that happens to the patient during the course of his or her treatment—also known as service quality. And experts say that major payers such as the Centers for Medicare & Medicaid Services are beginning to factor service quality into their overall calculations of healthcare quality.

Service quality includes all aspects of a patient’s healthcare experience, including wait times, meal service, interaction with caregivers, and cleanliness of your facility. Sometimes the quality of service that a patient receives in your facility may fall short of reasonable expectations. This is considered a service failure.
Service recovery involves fixing service failures—that is, making things right after they go wrong.

As a frontline healthcare staff member, you have the power to turn patients’ negative experiences into positive ones, change patients’ complaints into accolades, and transform unhappy patients into loyal customers. Every day during the course of your busy job, you can turn service lapses or failures into service excellence.

Moments of truth

Customers in healthcare or any other service industry will have several distinct episodes that comprise their total experience with an organization. For each of these episodes, the customer has expectations of what he or she believes will happen, what he or she thinks should happen, and what he or she hopes will happen. It is during these episodes, or moments of truth, that service providers define themselves, showing the customer whether the organization fulfills expectations and promises and whether it is worthy of loyalty.

Let’s look at moments of truth from the perspective of a customer of a fast-food restaurant. To isolate each moment, we’ll map out the customer’s entire experience, starting from when he or she drives up to the facility, in the diagram below.
The first step to improving service recovery in your organization is to understand what it is like to be a customer—that is, a patient or a patient’s family member—in your facility.

To start, think about a recent, specific interaction you’ve had with a patient. Now, think about the same interaction from the patient’s or family member’s perspective, from start to finish. With your unit or team, map the various moments of truth.

Look at the following sample diagram, which illustrates moments of truth that occur during a family member’s visit, to help see how to fill in the blank moment-of-truth map based on your own experience. A blank map follows this sample diagram.
Moments of truth: _____________________

Now, use the map you filled in above to analyze the moments of truth. For each moment you identified, think about what would constitute a poor, good, or great impression.

For example, in the sample diagram of a family member’s visit, the family member would have a poor impression if a busy nurse gave him or her rushed and inaccurate directions on how to get to the patient’s room. He or she might have a good impression if the busy nurse stopped what he was doing to give the family member detailed directions and a map. A great impression would result if the busy nurse stopped what he was doing to actually walk the family member to the unit where the patient was staying.

Is every moment in the customer experience you outlined currently great? If not, what will it take to reach your vision for each moment of truth? Identify gaps between the status quo and your vision, who would own the improvement project for each moment-of-truth gap, and what it will take to get there.
Finally, consider the consequences of the entire service experience. Think about a time when you were a customer and the service provider failed in a moment of truth. For example, perhaps you had an unusually long wait at a restaurant—longer than the 15 minutes you were told you’d have to wait. Or perhaps you had a simple request but no one would really listen to you. How did this experience make you feel? Did you complain to someone else in the organization? Why or why not? Did you return to the organization? What did you tell your friends and family?

Now consider that any healthcare service experience will likely evoke a far stronger emotional reaction than any nonhealthcare experience you just recalled.

**Did you know . . . ?**

Most people who are unsatisfied with the quality of service they receive do not complain. According to research, for every person who voices a complaint, there are nearly 25 who do not express their dissatisfaction to anyone in the service organization. Patients say they don’t express their negative experiences because they believe that healthcare staffers won’t listen, will explain away the situation to justify what happened, or will be too defensive.

However, these silently unhappy patients do voice their complaints to others—usually their family members, friends, and colleagues. Unsatisfied patients tell as many as eight to 10 people about their negative experiences—which is twice as many people as satisfied patients tell about positive experiences. And 90% of patients whose negative experiences go unresolved or unremedied will never do business with the organization again.

By being proactive and empathetic when patients voice concerns or complaints to you, however, you can turn as many as 54% of those patients into happy, loyal fans of your organization.