Service Excellence in Healthcare and why it is important

Michael A. Noble MD FRCPC
Chair: UBC Program Office for Laboratory Quality Management
We TALK about Patient Centered Care
But what do we MEAN
And what do we DO?

We think we mean THIS
We TALK about Patient Centered Care
But what do we MEAN
And what do we DO?

But patients report it can feel more like THAT
Editorial:
Putting quality and people at the centre of health systems
Lancet. 2018 Sep 5.

... *people have become invisible* in measurements of quality across *health systems worldwide*. The focus is on “inputs”, **even though these are not what matter to patients**.

... data show that 5 million lives could potentially be saved through quality improvements.

Accountability, trust, and confidence in the health system are all people-led initiatives that will follow with quality improvements.
Let’s start with the Basics:
Who or What is a Customer?

ISO 9000:2015 defines a **Customer** as...

Person(s) or organization(s)
that receives, or could receive
a *product* or a *service*
that is intended for, or required by,
this person or organization.
We can Categorize Customers:

- In the medical laboratory we have three tiers of “customers”

<table>
<thead>
<tr>
<th>Customers</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct and active involvement</td>
<td>Patients</td>
</tr>
<tr>
<td></td>
<td>Physician(s)</td>
</tr>
<tr>
<td></td>
<td>Healthcare Professionals</td>
</tr>
<tr>
<td></td>
<td>Infection Control, Quality Team, Nurse Practitioners, Caregivers</td>
</tr>
<tr>
<td>Interested Parties</td>
<td>Family members</td>
</tr>
<tr>
<td>Can be significantly impacted</td>
<td>Selected Healthcare Providers (including laboratory workers)</td>
</tr>
<tr>
<td>directly or indirectly</td>
<td>Public Health</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>Insurers</td>
</tr>
<tr>
<td>No direct impact but have a</td>
<td>Accreditors</td>
</tr>
<tr>
<td>professional duty of</td>
<td>Ministry</td>
</tr>
<tr>
<td>responsibility or oversight</td>
<td>Media</td>
</tr>
<tr>
<td></td>
<td>Litigators</td>
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<td></td>
<td></td>
<td>Media</td>
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<td>Nurse Practitioners</td>
<td></td>
<td></td>
<td>Litigators</td>
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Am I meeting everyone’s or anyone’s needs?
ISO 9001 is pretty clear about what organizations should do...

- Top management shall demonstrate leadership and commitment with respect to customer focus by ensuring that:
  - a) customer requirements are *determined, understood and consistently met*;
  - b) the risks and opportunities that can affect conformity of products and services and the ability to enhance customer satisfaction are determined and addressed;
  - c) the focus on enhancing customer satisfaction is maintained.

ISO 15189:2012 is not as clear...

The following conditions shall be met when the laboratory *enters into an agreement* to provide medical laboratory services.

a. The requirements of the customers and users, and of the provider of the laboratory services, including the examination processes to be used, shall be defined, documented and understood

b. The laboratory shall have the capability and resources to meet the requirements.

c. Laboratory personnel shall have the skills and expertise necessary for the performance of the intended examinations.

d. Examination procedures selected shall be appropriate and able to meet the customers’ needs

e. Customers and users shall be informed of deviations from the agreement that impact upon the examination results.

f. Reference shall be made to any work referred by the laboratory to a referral laboratory or consultant.
What does ISO 15189:2012 say about customer service?

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All about “Requirements” and the Examination Phase.

Nothing here about...

Pre- or Post- examination activities

enhancing customer satisfaction
Many organizations understand there is are **STEPS BEYOND** Satisfaction

- Customer Awareness
- Customer Satisfaction
- Service Excellence
At a MINIMUM, we should Measure Satisfaction both PASSIVELY and ACTIVELY.

...and use the information to IMPROVE service.
Service Excellence means providing service that goes *beyond* “Meeting the Needs...”
Noriaki Kano

Academic and Engineer.
Customer Satisfaction.

The Kano Model (1984)
Theory of Attractive Quality and its Creation.
the inequality of product and service benefits for the end user or customer.

The Kano Model is accepted as the core foundation for understanding and improving customer service.
Noriaki Kano

By applying the model, organizations create higher levels of customer loyalty than others.

Come More Often!
Buy More – Spend More!
and
Bring a Friend!
Noriaki Kano

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Come More Often!
Buy More – Spend More!
and
Bring a Friend!

These may not be terms that have relevance to Canadian Health Care.
Noriaki Kano

By applying the model, organizations create higher levels of customer confidence and trust and respect.

But these do!
Kano Levels of Service

• **Must-be Quality**
  Requirements *that the customers expect and are taken for granted.*
  When done well, customers are just neutral. Done poorly, customers are very dissatisfied.
Kano Levels of Service

- **Must-be Quality**
  
  *Requirements that the customers expect and are taken for granted.*
  
  When done well, customers are just neutral. Done poorly, customers are very dissatisfied.

- **Being seen to wash your hands**
- **Responding to questions**
- **Producing an Accurate Clinically Relevant On-time Result**
Kano Levels of Service

• **One-Dimension Quality**
  Actions that result in satisfaction when offered and fulfilled and dissatisfaction when offered but not fulfilled.
Kano Levels of Service

• **One-Dimension Quality**
  Actions that result in satisfaction when offered and fulfilled and dissatisfaction when offered but not fulfilled.

Reduce or Prevent Delays in Testing or Reporting Results through reservations and active time savings procedures.
Kano Levels of Service

• **Attractive (Delighter) Quality** attributes that are not normally expected, but appreciated. Actions that provide satisfaction when achieved fully, but do not cause dissatisfaction when not fulfilled.
Kano Levels of Service

• **Attractive (Delighter) Quality**
  attributes that are not normally expected, but appreciated. Actions that provide satisfaction when achieved fully, but do not cause dissatisfaction when not fulfilled.

Phone and follow through with critical results and concerns.
Kano and the Service Satisfaction Model

HIGH SATISFACTION

Attractive / Delighter

One Direction

Must Be

POOR EXECUTION

EXEMPLARY EXECUTION

LOW SATISFACTION
Here’s the Catch
Over time, your customers will EXPECT you to keep providing more satisfaction and are disappointed when you DO NOT.
Kano also mentioned two Failure activities (good intent but little action)

• **Indifferent Quality**
  Actions that are neither good nor bad, and they do not result in either customer satisfaction or customer dissatisfaction.
  Press releases or publications.

• **Reverse Quality**
  Actions done in the name of improving satisfaction but can result in both high satisfaction *and* high dissatisfaction because not all customers are alike.
  Training staff to chat with the patients about testing results.
Kano and the Service Satisfaction Model

HIGH SATISFACTION

POOR EXECUTION

EXCELLENT EXECUTION

LOW SATISFACTION

Indifferent

Reverse
Some Examples of Implemented Service Excellence suggestions in other industries.

• “How are your first bites?” in every restaurant
• Coffee and a newspaper when you visit automobile “service stations”.
• Getting a car wash with your service visit with car dealerships
• Comfortable seating at movie theatres.
• “Special Customer Only” sale days.
• Loyalty Program points
<table>
<thead>
<tr>
<th>Service Excellence and Pre-Analytic Activities</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phlebotomy</th>
<th>Must BE</th>
<th>One Dimension</th>
<th>Attractive</th>
<th>Indifferent</th>
<th>Reverse</th>
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</thead>
<tbody>
<tr>
<td>Easy Requisitions</td>
<td></td>
<td></td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>Reservations</td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td></td>
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<tr>
<td>Minimal wait.</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>Respect Confidentiality</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Correct Identification</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Handwashing</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“Pain free”</td>
<td>YES</td>
<td></td>
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<tr>
<td>“One shot only”</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“Bruise Free”</td>
<td>YES</td>
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<tr>
<td>Graphic Signage</td>
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## Service Excellence and Examination Activities

<table>
<thead>
<tr>
<th>Testing</th>
<th>Must BE</th>
<th>One Dimension</th>
<th>Attractive</th>
<th>Indifferent</th>
<th>Reverse</th>
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<tbody>
<tr>
<td>New Technologies</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
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<tr>
<td>Accuracy</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Specificity</td>
<td>YES</td>
<td></td>
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</table>
## Service Excellence and Post-analytic Activities

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Must BE</th>
<th>One Dimension</th>
<th>Attractive</th>
<th>Indifferent</th>
<th>Reverse</th>
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<tbody>
<tr>
<td>Timely</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Error Free</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Confidential</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Interpretable Report</td>
<td></td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>Plain Language</td>
<td></td>
<td></td>
<td>YES</td>
<td></td>
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<td>Telephone Criticals</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
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<tr>
<td>Error Contact</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td></td>
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</table>
Improved Services by doing better what we are (or should) already be doing

<table>
<thead>
<tr>
<th></th>
<th>Must Be</th>
<th>One Direction</th>
<th>Attractive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available for Consultations</td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Available for Training and Assistance</td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Responding to Compliments, Comments, Concerns, Complaints,</td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Professional leadership</td>
<td></td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Organizational Leadership</td>
<td></td>
<td></td>
<td>YES</td>
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Getting to Service Excellence requires asking the right questions and making the right actions...and use the information to IMPROVE service.
Inputs and Outputs of Service Excellence

Voice of the Customer
Satisfaction Analysis
Innovation

Excellence in Service

Improved Quality
Reduced Error
Customer Loyalty
Why medical laboratories should be seeking out Service Excellence opportunities

• Higher Attentiveness to the “small things”
• Increased Trust and Confidence
• Fewer complaints
• More opportunities for Creativity, Innovation, Imagination, and Action.
• Increased staff satisfaction
• Improved culture acceptance for quality
• Improved culture acceptance for innovation
Why medical laboratories should be seeking out Service Excellence opportunities

If we don’t, others will!!
In response to the Lancet Editorial: 
Service Excellence puts people at the centre of health systems

... people have become invisible in measurements of quality across health systems worldwide. The focus is on “inputs”, even though these are not what matter to patients.

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