Inova Fairfax Hospital ED

Customer Service

Customer service – measured by Press Ganey - is a major initiative for our ED and an area of focus for our attendings and nurses. The take home message for us is that good customer service scores should reflect that we treat patients and families with kindness and respect. Being skilled at customer service will also make you valuable in your subsequent jobs. Customer service scores are being reported by physician and adequate performance will likely be part of your first contract out of residency. Below are components of our customer service “tool kit” that our attendings and residents are expected to utilize.

The beginning of any patient encounter is where things are usually won or lost in terms of customer service. Spending a little extra time in the beginning will generally set up a successful encounter.

* If at all possible sit down when you first see the patient. Sitting down is a time multiplier. Studies have shown that sitting down leads to patients thinking you spent more time in the room than you actually did.
* When you introduce yourself, do so as a resident and that you are working together with an attending “as a team”.
* Make eye contact and smile
* After introducing yourself, allow the patient and family to talk with little or no interruption for about a minute. This shows your respect for the patient.
* Acknowledge in some way that you are sorry they have to be in the ED
* Ask about pain. Are you having pain? Do you need pain medicine? I’m sorry you’re in pain. If it makes any clinical sense, ask about or mention the word “pain”.
* Forecast care. Try to give a general time line and what will be done. In general we say that plain films and labs take about an hour, while abdominal CTs and Pelvic USs can be a few hours. This sets an expectation that is comforting to the patient and may allow family members to make other plans.
* Put your name on the white board in the room. Use the white board to forecast care. Check the boxes for what is ordered and write if you like.
* Update patients and families, especially if things are delayed
* At disposition, have a clear conversation as to why they are being either admitted or discharged. Describe the treatment plan and follow up. Ask if the patient understands their instructions. In some circumstances, you may want to use a teach back method where you ask the patient to tell you specific parts of their discharge instructions.
* At the end of any encounter, close the loop by saying something like “I hope things went well” or “ I hope we did OK for you today”. This shows concern and respect.
* Your next shift back, call at least two patients back your prior shift. Patients love this.