Character Counts:
Integrating Civility into the Healthcare Culture

A white paper with Chuck Lauer
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Character Counts: Integrating Civility into the Healthcare Culture

Introduction

According to a recent Harvard School of Public Health study (report published in the October 30 issue of *New England Journal of Medicine*), patients in many U.S. hospitals are not satisfied with their care. Only two-thirds of patients would recommend the hospital where they were treated to a friend. Why is U.S. healthcare, which spends more than $2 trillion a year, receiving such low marks?

The answers can be found not just within healthcare, but within the arena of public discourse which has lowered the level of customer service and acceptable community behavior. This paper examines the prevailing climate of rude behavior and offers solutions for healthcare providers seeking to create outstanding consumer experiences.

Customer Service in Healthcare: It Starts with You

- Have you ever gone through a supermarket’s 10-item express lane with more than 10 items?
- Have you typed e-mails while talking to a friend on the phone, unconcerned that your friend hears the distracting tapping of your keyboard?
- Have you taken your children to a restaurant and let them get up from the table and wander around?
- While among friends or co-workers, have you yawned without covering your mouth?

These were just some of the questions posed by the producers of ABC’s 20/20 in a 2006 rudeness quiz. People can’t seem to get through the day without witnessing annoying phone calls, rude or disrespectful behavior, and bad language (Figure 1).
Just as important, people find these behaviors bothersome, with rude and disrespectful behavior viewed as the most objectionable (Figure Two). Men and older people seem to be especially annoyed and troubled by escalating bad behavior.

In 2002, Public Agenda confirmed what so many of us already know—that rudeness was getting worse. Close to 80 percent of more than 2,000 adults said that a lack of respect and courtesy were hurting American society. Sixty percent claimed that the situation had gotten worse in the years prior to 2002.
And consider the culture of 2008-2009, as revealed in these headlines:

- “Judge scolded for rude courtroom remarks”
- “Rude comments while running outside”
- “Parents attitudes about schools insulting and rude”
- “Rude behavior harms productivity”
- “Boston uses ads to target rude riders”
- “Civility disobedience”

Seems like we witness rude and obnoxious behavior wherever we look—in sports, schools, government, shopping malls, and even churches.
The third annual *In the Driver’s Seat Road Rage Survey*, commissioned by AutoAdvantage, revealed that “road rage is too often a way of life” with people “acting out their frustrations with dangerous results” in “a gridlocked, fast-paced, multi-tasking society.”

Even political events where people once waited patiently and politely for candidates to speak are now punctuated with comments such as “Traitor!” “Kill him!” “Liar!” and “Off with his head!” according to an article on *Salon.com*. Considering the negative verbal attacks and high-intensity ads, the volatile response of voters on both sides doesn’t come as much of a surprise.

Happily, the deep deterioration in public and personal behavior and language hasn’t gone unnoticed. Daniel Goleman, author of *Emotional Intelligence and Social Intelligence*, calls for a return to “deep civility” where people tune in to others, empathize and prepare to take action on their behalf. “The ingredients of human connection start with our putting down what we’re doing, stopping our wandering thoughts, and simply paying full attention to the other person,” writes Goleman.

P.J. Forni, author of *Choosing Civility* and co-founder of the Johns Hopkins Civility Project, argues that civility extends beyond good manners to include any act of courtesy or kindness done for another person. The problem, he says, is that civility is downplayed due in part to minimal respect of government, anonymity, stress, and the frenzied pursuit of self-esteem and individual identity in a culture that champions equality.
More than Bedside Manner

Healthcare professionals have already taken notice of the prevailing climate of rudeness and bad behavior. In Spring 2008, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issued a sentinel event alert declaring that rude, hostile and disruptive behavior among physicians, nurses, therapists, pharmacists and support staff would no longer be tolerated. The goal, said JCAHO, was “to create a code of conduct that defines acceptable and unacceptable behaviors and to establish a formal process for managing unacceptable behavior.”

Elsewhere, the American Hospital Association and Hospitals and Health Networks have declared that “the right culture can result in the right outcomes and help avoid costly litigation.” Among the top reasons for errors in the operating room are failures to listen or obtain information from patients, family members or clinicians along with failure to share information about a patient. Such breakdowns increase liability risk—so much so that growing numbers of physicians are being urged to say “I’m sorry” to avoid hearing “See you in court,” reports the New York Times.

Hospitals have long focused on providing adequate treatment, but a study released by the Harvard School of Public Health and published in the New England Journal of Medicine reveals that hospitals can do far more to keep patients satisfied. On average, 63 percent of patients gave their care a high global rating (9 or 10), and an additional 26 percent rated their care a 7 or 8.

One-third of patients gave low ratings to pain management, while 20 percent gave low ratings to communication at discharge. “The data represent a sea change,” said Ashish Jha, the study’s lead author and assistant professor of health policy at Harvard School of Public Health. “We’ve been talking about quality for 20 years, but patients’ experiences have not been part of the discussion.”

Others surveys are slightly more optimistic. Press-Ganey reports steady gains in inpatient satisfaction since 2003, according to its Hospital Pulse Report 2008.

However, Press-Ganey also notes that “to make substantial improvement in the way patients receive care, hospitals must listen to the voices of their patients.” To that end a hospital’s top five priorities must focus on empowering hospital staff to “effectively communicate information and empathy to their patients.”
While hospitals are moving forward in fulfilling patient satisfaction expectations, others believe that poor service still reigns—driving patients to switch providers or run from otherwise qualified providers. The answer, says Katzenbach Partners, is for healthcare organizations to become “empathy engines” by providing patients with an experience “that keeps them in the system, that really solves their problems, and at the same time makes the entire system more efficient and effective.”

That brand of thinking very likely motivated Michael Kahn, MD, when he wrote his treatise on “Etiquette-Based Medicine” for the *New England Journal of Medicine.* “A doctor who has trouble feeling compassion for or even recognizing a patient’s suffering can nevertheless behave in certain specified ways that will result in the patient’s feeling well treated,” he wrote. To that end, Dr. Kahn suggests that clinical professionals follow these guidelines:

- Ask permission to enter the room; wait for an answer.
- Introduce yourself.
- Shake hands.
- Sit down. Smile if appropriate.
- Briefly explain your role on the team.
- Ask the patient how he or she is feeling about being in the hospital.

Said Dr. Kahn: “Etiquette-based medicine would prioritize behavior over feeling. It would stress practice and mastery over character development. It would put professionalism and patient satisfaction at the center of the clinical encounter and bring back some of the elements of ritual that have always been an important part of the healing professions. We should continue our efforts to develop compassionate physicians, but let’s not overlook the possibly more immediate benefits of emphasizing good behavior.”

**What We Need to Do**

It’s easy to assume that patient satisfaction problems can be resolved through yet another customer service program, but that’s only partially true. All too often, organizations introduce a customer service program and then abandon it when it fails to turn the organization around. The truth is that healthcare customer service begins with the servant. It begins with who you are, your attitude and value system, and how you choose to relate to others. If we are to move ahead in healthcare, we need to blend customer service programs with a shift in how we relate
to each other, to our patients, to our organizations, and to our healthcare system.

And that means a return to the very basic levels of civility. Webster’s defines civility as politeness or a civil, polite act or utterance. When you practice civility in a healthcare setting, you make small sacrifices for the good of the people around you—patients, payers, vendors, and co-workers, and for the sake of building a better healthcare system.

The wonderful thing about civility in healthcare is that it builds an almost contagious sense of character and self-respect. Character isn’t something that arises in a crisis. Instead, it’s the sum of everything you do—the thousands of small moments you create when you say “please” to an administrative assistant, “thank you” to an environmental services worker, and “excuse me” to the employee you see everyday in the cafeteria. It means answering the most irate patient or family member with politeness, restraint, generosity, and a commitment to resolve the situation in a positive direction.

Developing character means living with thoughtfulness and thinking with both your head and your heart to put the needs of others over your own needs, wants, and preferences. It means going out of your way to help colleagues, patients, physicians, vendors, and members of your community and profession. Character also means practicing restraint in what you say and how you say it. The words you choose have an incredible impact on the people you serve, which is why you have to be aware of both what you say and how you say it.

Character also means embracing others—not in spite of their differences but because of them. That acceptance includes the 25-year-old Hispanic who works in accounting, the 70-year-old who’s invested 35 years in food service, or the materials management professional who’s made a difference everyday despite being confined to a wheelchair. Embracing differences and becoming a considerate human being can motivate everyone with whom you work to follow your lead.

Equally important is the way you feel about yourself. Feel positive about yourself and your role within your organization and the healthcare industry, and it’s bound to affect the choices you make and how you treat others. The good news is that you can improve your own self-esteem and the self-esteem of others by following some very simple suggestions:

- Give sincere and gracious compliments and learn how to accept them.
• Bring "please," "thank you" and "excuse me" into everyday conversation.
• Focus on doing what’s right, ethical and good.
• Set short- and long-term goals, and give yourself a reward when you succeed.
• Develop a personal plan for developing new talents, skills and areas of knowledge.
• Let gratitude be your attitude. Give thanks everyday for your life, your work, your family and your role in fulfilling healthcare’s noble mission.
• Realize that you serve many customers and clients -- patients, health plans, employers, vendors, colleagues, staff members and physicians. You need a consistent approach for dealing with each of them because each one deserves civility, respect, and the fruits of your service mentality.

Secrets to Civility

Here are five secrets for bringing civility into healthcare—and it all starts with you.

Pay attention, focus, and listen.

The healthcare industry generates an abundance of online surveys and focus groups, but somehow we’ve forgotten how to listen—the first step in carrying out a polite, gracious conversation. How do you become a five-star healthcare listener? Just start asking questions—of patients, vendors, payers, community groups, visitors, family members, nurses, physicians and employees. When you do, concentrate on what the person is really saying—not just on what you think you should hear or thought you might hear. Resist the temptation to interject your own opinion of what’s best or right.

Whether you’re conversing with an orthopedic surgeon, pediatric patient, critical care nurse, an IT vendor, or a billing and collections supervisor, it pays to listen more than you talk. Why? Because nothing is more flattering than someone who listens and shows sincere interest and concern. The best way you’ll learn about what patients, employees, physicians, nurses, and payers want is to listen—not talk, preach, or command. If you maintain a lively, almost childlike sense of curiosity about why and how healthcare works and how every person contributes to the healthcare landscape, you’ll have no trouble getting inside the hearts and minds of the people who drive and influence healthcare.
Greet and acknowledge. Be gracious.

Whether you’re standing at a patient’s bedside, in an office board room, or educational session, it pays to acknowledge the people involved. Although some of these lessons seem to go back to junior high, Boy Scouts or Girl Scouts, it’s amazing how much and how quickly we forget. Introductions can set healthcare professionals off on the wrong foot and then wind up tripping over the other. The most important thing about introductions in the healthcare business is that you make them.

Follow the general guideline of mentioning the name of the most important person first, remembering that patients, family members and healthcare consumers outrank the CEO when they come to visit your organization. Engage the other person no matter who he or she happens to be. Neglect this rule and you’ll make someone feel marginalized, embarrassed, or virtually invisible.

Include others in every conversation.

One of the best ways to break the ice with an employee, patient, co-worker, or new acquaintance is simply to ask a question related to the situation, event or setting. Then wait for the answer without thinking about what you need or want to say next. You’re always on safe ground if you begin a conversation with a sincere, specific compliment followed by a polite question. Your question will get the conversation started, while follow-up questions will keep it going.

Then listen. If people compliment you as a “kind person” or “good conversationalist,” it’s typically because you’ve revealed yourself as a good listener. That’s why it’s so important not to lie-in-wait for one of those magical breaks where you can swoop in with your latest agenda item or prepared statement. The most important aspect of including others is to start with a good opener and to close with style and grace. No matter who you engage in conversation, greet them as if they were the most important person in the world. Do your best to find out something about them by asking questions and then sharing small talk and compliments. Close the conversation in a way that leaves people feeling validated, appreciated, and inspired.
Speak with kindness, free from ridicule and gossip.

Many people stoop to incivility because others have been uncivil to them. But if you choose to take the high road, you come away feeling better about the situation, issue and the people with whom you're engaged. And so do they. By treating others—patients, family members, co-workers and clinical professionals—with respect and dignity, you create a win-win situation for everyone. Do so and you just may end up changing someone's bad attitude, uncivil language, and behavior through your own positive example.

And what if you're interrupted, scolded, or cut off while you're waiting in line or going about your business? Assume a calm and respectful attitude and avoid the temptation to make your own loud noises, lose your temper or complain to those around you. If all else fails and you make a mistake or say the wrong thing, don't be afraid to say, “I'm sorry.” The longer you wait, the more the situation will deteriorate and the more anger and resentment will fester.

And remember, the words you choose say a lot about who you are. Even if you are in the locker room, do your best to lay off profanities. You never know who may be standing nearby. Also play it cool with off-color jokes or gossip about co-workers, donors, patients, or colleagues in other markets. Gossip can be fun if you're passing along interesting, life-affirming information about an event in someone's life. But gossip can be dangerous and deadly if it minimizes or demeans another person. Remember, in the end, what you say about other people is what others will say about you.

Respect others' time, space and foibles.

Practice civility in everything you say and do. Respect differences in status, education, language, culture and personality. Civility isn't something you can turn on and off for business meetings, conferences, interviews, and private sessions with influentials. Civility is what you say and do—no matter what the time or setting. Civility is the complete mobilization of your character, self-esteem, and common sense to make the people in your life feel comfortable, appreciated, and valued.
So whether you're doing errands in the neighborhood or delivering a presentation at a national meeting, smile even when you're not in the best of moods. Greet and be gracious to everyone with whom you come into contact—even if it involves nothing more than a pleasant “Good morning” or “Have a nice weekend.” Use liberally “please,” “thank you,” “excuse me” and a person’s name. If someone speaks to you, avoid robbing that person of his dignity and self-respect by turning away or offering a perfunctory response. Speak softly in public and private settings and do your best to open doors, pull out chairs, and make the people in your life appreciate who and what they are.

**Organizations to Emulate**

As healthcare professionals, there’s much we can do to create a healthcare system alive with civility, respect, deference and goodwill. Wouldn’t it be nice if other industries tried to emulate our successes rather than the other way around?

*Lesson Learned:*
Create a credo with standards of conduct and behavior.

Maimonides Medical Center in Brooklyn has developed a “Code of Mutual Respect,” according to Julie Salaman in her book *Hospital: Man, Woman, Birth, Death, Infinity, Plus Red Tape, Bad Behavior, Money, God and Diversity on Steroids* (May 2008). Among the provisions: “The medical staff agrees to refrain from any behavior that is deemed to be intimidating including, but not limited to, using foul language or shouting, physically throwing of objects.”

Elements of the medical center’s Respect Survey include the following:

- I have a clear understanding of the Code of Mutual Respect.
- I believe the code of mutual respect will positively enhance our workplace and help us provide better care to our patients.
- I believe physicians and staff are held to the same standards of professional behavior.
- I think our leaders handle disrespectful behavior effectively.
- When I see someone violating the code of mutual respect, I speak up.
• Overall, I feel I am treated with respect by those with whom I work.
• I feel I treat others with respect in my daily interactions.

LESSON LEARNED:
Grant dignity and respect to everyone.

Reach out to meet the extra, personal needs of patients and families. In Philadelphia, Hosts for Hospitals is a not-for-profit agency that offers free lodging and support at volunteer host homes to patients who have traveled to the area for medical care. Due to an unprecedented demand, Hosts for Hospitals recently launched a recruiting campaign designed to find volunteers that provide a comfortable place to sleep and a sense of home. Said one recent eye-care patient at Willis Eye Hospital: “Providence provided not only a place to stay but a caring couple who opened their home and hearts. This was a blessing in a very scary time. At a time when I had no money for a hospital, I applaud Hosts for Hospitals for placing me with people who treated me with such dignity and respect.”

LESSON LEARNED:
Empathize.

Look at the healthcare experience from the patient’s point of view. A six-provider family medicine group in Southern California created a patient visit formula featuring a pre-visit, mid-visit and post-visit, according to the California Academy of Family Physicians. The mid-visit, for example, features sitting at the level of the patient, mirroring body positions, and providing patients with reminder cards and instruction sheets for follow-up care. The post-visit offers e-mails focused on additional information and changes to treatment plans. After implementing the patient visit formula for nine months, the practice has increased its patient satisfaction scores by 15 percent.

LESSON LEARNED:
Create a short cut to easy street by focusing on comfort, ease and convenience.

Rather than asking its patients to wade through government or consumer watchdog Web sites to find data on patient outcomes, Memorial University Medical Center (MUMC) in Savannah, Georgia has made its outcomes data and patient satisfaction scores available at www.memorialhealth.com. The scores show how well MUMC cares for patients with heart disease, heart
attack, pneumonia or surgery as compared to other hospitals that participated in the national Hospital Quality Incentive Demonstration and Surgical Care Improvement Project. For Marty Scott, MD, MBA, the decision to share information honestly and unedited forces MUMC “to continue providing the highest levels of care, and it allows our community to make the best possible healthcare decisions.”

**Lesson Learned**

*Give your workforce a code and roadmap for engaging patients.*

Holy Spirit Hospital in Camp Hill, Pennsylvania introduces employees to its SPIRT standards, according to the Central Penn Business Journal (www.centralpennbusiness.com). SPIRIT stands for privacy, integrity, responsiveness, involvement and teamwork, and each employee signs a contract to make each standard a reality of patient care. Holy Spirit nurses visit patient rooms once every hour to identify patient needs and build relationships with families. And it’s not that uncommon to see a hospital executive dropping by for a visit with a patient or family member. Other Pennsylvania service superstars include Lancaster General, which offers a concierge service for out-of-town patients and families and piano music in its large, marble-floored lobby.

**Lesson Learned**

*Turn your workforce into patient and member advocates, champions and cheerleaders.*

Regence Group, a Portland, Oregon-based health plan, turned to simulation tools in its quest to better serve health plan members, according to Workforce magazine. Employees have changed from claims processors into full-fledged patient advocates who can resolve a wide variety of member concerns and complaints. In some cases, these advocates have even referred applicants to competing plans to find a more appropriate care plan. Growing numbers of health plan employees now have conversations with managers about corporate strategies, an indicator of increased employee engagement and satisfaction.

**Lesson Learned**

*Respect patients’ time.*

Show empathy and concern for their situation. St Clare’s Health System in northwestern New Jersey developed its emergency department 30 Minutes Door-to-Door Program to reduce emergency department waiting, overcrowding and congestion and
generate an average waiting time of 30 minutes or less for non-critical patients. If patients wait more than 30 minutes, Charles Finn, vice-president of emergency services at St. Clare’s Hospital in Danville, sends patients a hand-written letter telling them how long they’ve waited beyond the 30-minute goal. He offers an apology and assures patients that they will receive speedy, high-quality care should they visit the emergency department in the future.

**Lesson Learned**

**Mobilize the entire organization behind an excellent patient experience.**

Beth Israel Deaconess Medical Center (BIDMC) and Beth Israel Deaconess Hospital Needham (BID-Needham) have set new goals aimed at eliminating preventable harm to patients and creating a “consistently excellent patient experience” by 2012. Progress on these goals is reported on The Facts at BIDMC (www.bidmc.harvard.edu/thefacts) along with information on other programs such as infection control and patient satisfaction. Both hospitals want to create a “consistently excellent patient experience” based on patients’ national survey responses and “willingness to recommend” the hospital to family and friends.

**Lesson Learned**

**Involve the workforce in creating a better healthcare experience and system.**

Meadows Regional Medical Center in Vidalia, Georgia, introduced the lean manufacturing process of heavy industry to the center’s emergency department, generating revenues of $155 million in 2007, according to Workforce magazine. The key, according to Alan Kent, Meadows Regional Medical Center’s CEO, was to build commitment among employees to improve the patient experience. Meadows wisely got employees to pinpoint problems and then build plans to reduce or eliminate them. “Staff members realize that it’s not just the ER’s problem; it’s everyone’s problem,” says Peggy Fountain, Meadows Regional’s public relations director. “Whatever we can do to improve the process makes everyone’s job easier.”

**Lesson Learned**

**Insist on civility backed by reporting systems and guidelines for discipline.**

When North Shore Medical Center in Salem, Massachusetts, had to confront the case of a physician who threw a pair of scissors that nearly missed a nurse, it responded with a civility policy for its
surgical department, according to the Boston Globe. The experience is being repeated throughout the country as hospitals address the Joint Commission’s requirement for hospitals, nursing homes, and other facilities to adopt “zero tolerance” policies.

Lesson Learned

Make everyone a caregiver.

Delnor Community Hospital in Geneva, Illinois, is one of several hospitals in Illinois that have adopted the Planetree Model, according to an article on Nurse.com. Marjie Schoolfield, RN, BSN, OCN, ONC, CNRN, and team leader in Delnor’s 31-bed med-surg unit, looks for ways to engage patients and families “whether it’s a food service worker remembering a certain patient likes a cup of coffee with lunch or a repair person making sure the TV works properly.” Schoolfield has even heard Delnor physicians arrange for young patients to visit with their pets.

Hospitals have the opportunity and the obligation to create an atmosphere of civility throughout the organization. This kind of commitment improves the patient experience while decreasing potential errors. Everyone who works in the healthcare industry is helping people when they are at their most vulnerable, which underscores the need for civility. The “civility initiative” is not a costly new addition to the bottom line. Rather, embracing a culture of civility reaps rewards for hospitals, staff, and most importantly, for patients.
About the Author

Charles S. Lauer was the publisher of *Modern Healthcare* for more than 25 years, taking it from a monthly money-losing proposition when Crain Communications purchased the magazine in 1976 to the nation’s leading healthcare news weekly. Known throughout the healthcare industry and beyond as a leader, Chuck Lauer is an author, public speaker and award-winning businessman who is in demand for his motivational messages to top companies nationwide.

Mr. Lauer’s career includes early success as a retail representative for *Life* magazine at Time, Inc., and later as a drug merchandising manager of *Look*. The consummate salesman, he served as Midwest Sales Manager for two McGraw-Hill trade publications and was general sales manager for the publications of the American Medical Association where he became the AMA’s director of communications. He also held executive management positions with Family Media, Inc. and Petersen Publishing.

A much-sought after speaker, Mr. Lauer is the author of three books, “Soar with the Eagles,” “Reach for the Stars,” and “Decency” in which he shares his wisdom about the qualities that define personal success, principles of success in action and anecdotes from both personal and professional life that hit home. Part poet, part hard-nosed businessman, Mr. Lauer provides insights that echo a strong set of personal values. His bi-weekly “Lauer’s Letter in Modern Healthcare” is filled with practical power, emphasizing his motto and his mantra that customer service is everything.

Mr. Lauer has spoken to dozens of organizations including the American College of Healthcare Executives, Blue Cross – Blue Shield, HEANO, Hewlett-Packard, Konica, National Rehabilitation Hospital, North Oaks Health System, Amerisource Bergen, Hackensack University Medical Center, IBM, Maryland Hospital Association and Hill-Rom and many others. He has been presented with numerous awards including the Michael E. DeBakey Award for Achievements in Healthcare, Diversity Champion Award, National Healthcare Award from B’nai B’rith International, a lifetime fellowship from the American College of Medical Administrators, Honorary Fellow and CEO of the Year from the American College of Healthcare Executives and the distinguished service award for leadership and service from Ohio State University.

A graduate of Middlebury College in Vermont, Mr. Lauer served in the United States Army as a corporal during the Korean War and continued his postgraduate education at the Northwestern University Medill School of Journalism in Evanston, Illinois.
Also from The Beryl Institute

October 2008
Balancing Consumer and Physician Influence: Finding the “Sweet Spot” in Healthcare Marketing
This paper is authored by Al Swinney, senior vice president of marketing communications for Meridian Health. The paper explores the history of marketing to consumers, the relationship between physicians and hospitals, the physician as the patient influencer, and physician-to-physician marketing programs. Swinney explains how physician-to-physician marketing programs work and the immediate impact they can have on hospital volume.

July 2008
Mystery Shopping the Patient Experience
This paper, written by Kristin Baird, Baird Consulting and a senior faculty member of The Beryl Institute, outlines how mystery shopping goes beyond satisfaction surveys to discover why patients leave before they ever engage a health care provider. This paper explores the value of mystery shopping, how the shopping is done, and how healthcare organizations can turn the results into actionable improvement opportunities.

November 2007
High Performing Organizations: Culture as a Bottom-Line Issue
This paper, written by adjunct faculty members Britt Berrett, CEO of Medical City, and Jason Wolf, Director of Organization Development for the Eastern Group of HCA, outlines the results of a ground-breaking study. It discusses “Seven Truths” about high performing organizations in case study format and provides actionable tips for hospital executives.

August 2007
Moments of Truth: Hospital Switchboards a Bottom-Line Issue
Switchboard operators and other hospital-based call centers are the front-line of the customer acquisition process. Individual healthcare organizations are losing significant dollars by providing poor customer service at this initial touch point. Savvy healthcare leaders will close this “service gap” and transform their switchboards into customer focused and outcomes oriented front-line acquisition centers.

May 2007
It’s Not Just a Call, It’s a Customer
Consumers are becoming more selective in making healthcare decisions and they are demanding convenience and accessibility from service providers. Data reveals that, contrary to popular belief, consumers are not willing to give providers a second chance if they are unable to make contact on the first try. This paper explores reasons why callers hang up before completing the call, the impact of lost revenue as a result of those abandoned attempts, and ways to decrease the number of callers who cannot get through.

March 2007
Ready or Not, Customer Service is Coming to Healthcare
Consumers are gaining more control of healthcare spending. This will lead to a new culture where cost, quality and service are all part of the value equation. With pricing transparency and quality reporting standards, the true differentiator in the future will be service. Savvy healthcare leaders will transform their institutions to be consumer rather than patient focused, leading to new standards in care and service delivery.
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