

“Service Recovery Effectiveness Project”

Windsor Regional Hospital

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Executive Summary: “Service Recovery Effectiveness” Project

Purpose: To generate recommendations for a sustainable Service Recovery Program that will significantly improve the overall patient satisfaction at Windsor Regional Hospital.

Methodology: Data used for this project was mainly gathered through extensive research of available journal articles and reports about service recovery programs, procedures applied and best practices from Canada and other countries. Additionally, an investigation was conducted to get an insight into the existing policies, systems, and structures relating to service recovery that are currently in place at Windsor Regional Hospital.

Service Recovery and Why it is Important: Service recovery could be defined as a planned, organizational approach to actively solicit and then resolve customer concerns quickly, fairly, and in a manner that makes the offended customer feel satisfied with the process, as well as the outcome. Service recovery is considered extremely important for hospitals because the effectiveness of service recovery efforts ultimately determines patient satisfaction and loyalty. In addition, an effective service recovery program benefits a hospital in many ways, including direct impact on cost savings, interdepartmental coordination, organizational accountability, employee motivation, brand building and creating customer loyalty.

What Windsor Regional Hospital is Doing Now: Windsor Regional Hospital’s current patient-centered care revolves mostly around devising methods in dealing with service failures concurrently. There is a lack of preventive measures for mitigating service failures, as well as a lack of systems implemented in following up with patients following a service failure.

Recommendation: The Odette MBA Team recommends that Windsor Regional Hospital adopt a comprehensive, end-to-end service recovery program that emphasizes preventative measures, concurrent standard operating procedures, and a value chain system for follow up procedures. This solution includes alterations to Windsor Regional’s culture, operational procedures, training, hiring, and performance evaluation.

Summary of Implementation:

- 1) Define and develop the role of a Process Owner or Service Champion
- 2) Conduct a procedure mapping study
- 3) Make alterations to the current performance appraisal system
- 4) Carefully select candidates for patient-facing roles
- 5) Include a “Service Recovery Crash Course” during employee orientation
- 6) Have all new employees sign a written “promise” regarding patient-focused care
- 7) Establish a tiered complaint escalation procedure & integrate the role of the patient representative
- 8) Scripting for patient interaction should be provided to all staff
- 9) Develop a culture of committed patient service via standard operating procedures and top management behaviours
- 10) Annual or semi-annual training on service recovery best practices

Purpose of “Service Recovery Effectiveness” Project

The purpose of the “Service Recovery Effectiveness” project is to generate recommendations for a sustainable Service Recovery Program that will significantly improve the overall patient satisfaction at Windsor Regional Hospital. Through the use of basic research, evaluation of best practices, and investigation into the current systems and resources of Windsor regional Hospital, the Odette MBA team aims to develop a comprehensive service recovery solution that is ready for implementation.

Methodology

The necessary data for the project was mainly gathered through extensive research of available journal articles and reports about service recovery programs, procedures applied and best practices from Canada and other countries. In addition, thorough investigation was made to get an insight into the existing policies, systems and structures relating to patient satisfaction and service recovery that are in place at Windsor Regional Hospital. Particular emphasis was made to survey the resources of the hospital, in particular the resources that are currently available, the methods used by the hospital to promote service recovery, level of commitment of the management, and how best practices could be integrated into the current system.

Service Recovery in Healthcare Setting

Services have become an increasingly important component of the Canadian economy. Services represented 71.8% of the total economy in 2010, up from 68.9% in 2006. However, Canada’s aim to become a knowledge-based economy largely depends on how effectively and efficiently service organizations create and deliver services to the clients. Like many other service industries, striving for superior client satisfaction has become a core strategic objective for health-care organizations, both public and private (DiBenedetto *et al.*, 1999). The health care sector now focuses intensively on the patient as a customer, and improving customer satisfaction has taken on new and greater significance since the 1990s (Rao *et al.*, 1997).

Research suggests a strong correlation between the quality of customer service and an improved operational efficiency of the service provider (Steiber & Krowinski, 1990). A service recovery situation may arise if a patient’s expectations are not met or not met in full, which may make them feel disappointed or frustrated (Friele *et al.*, 2008). According to Leebov & Scott (1994), a patient’s perception is a key indicator of quality customer care. Numerous other studies demonstrate that the long-term sustainability of health-care organizations mainly depends on how effectively they could manage the gap between customer’s expectations and perceptions of service quality (Ashill *et al.*, 2005). It is evident from research that to a growing number of health-service providers, such as Windsor Regional Hospital, creating a strong service quality perception has been the main strategic priority. This growing strategic focus on the “customer” has led to the innovations and institutionalization of different types of customer complaint handling programs including service recovery (Dasu & Rao, 1999). Over the last few years, service recovery has emerged to be one of the most important components of quality services in a healthcare setting. DiBenedetto *et al.*, 1999 argues that superior customer satisfaction is possible only if a hospital could develop and incorporate a comprehensive service recovery program as the very fabric of the hospital’s organizational culture.

With a view to understanding the theoretical and operational implications of service recovery, a thorough investigation of literatures available in the context of health services sector of Canada

and the US was carried out. In addition, literatures examining service recovery practices in other developed countries, such as in New Zealand were reviewed. Particular emphasis was placed on reviewing relevant service-recovery theories, models and best practices focusing on areas such as the importance of service recovery, nature and determinants of customer expectations of service recovery, key success factors affecting service recovery outcome, and measures that could be taken for effective implementation of service recovery programs. Extensive research was conducted on understanding service recovery performance and outcome variables in order to design and propose a sustainable Service Recovery Program for Windsor Regional Hospital (WRH). Particularly, the goal was to formulate specific implementation recommendations for WRH which they can apply to enhance their organizational and management ability and effectiveness in remedying service errors in the form of service recovery program.

In a healthcare setting, service recovery covers a wide range of issues, from the length of waiting time in the emergency department, to the ease of securing car parking in the parking lot, to complex issues relating to a clinical matter. Any of these apparent minor or major issues may create a situation where a customer is unhappy about the services delivered compared to the services anticipated. It is therefore imperative that service provider makes every possible effort to deliver a satisfactory experience in the first time. However, due to high levels of human involvement, failures are often inevitable in a service delivery process. It is this failure that provides the service provider with a second chance to provide a positive service experience and to recover from the previous mistake (Miller *et al.*, 1999). Service recovery program means better patient services and quality of care that aims to minimize the frequency and intensity with which patients become dissatisfied (Schweikhart *et al.*, 1993). A successful service recovery can not only restore a dissatisfied customer to a state of satisfaction but also can make him more committed to the service provider (Ashill *et al.*, 2005). Bitner *et al.* 1990 argues that it is not service failure or poor quality service that affects customer satisfaction, but it is the service provider's actions or recovery following the failure that results in (dis)satisfaction. Service recovery is therefore considered a key strategic issue in the implementation of a customer-focused services marketing and management program in a healthcare setting.

Service recovery is defined as *“doing things very right the second time”* (Ruyter & Wetzels, 2000). It is the actions that a service provider takes to respond to service failures (Grönroos, 1988; Bendall-Lyon & Powers, 2001). According to Osbourne (1995: p. 11), service recovery means that a service breakdown has occurred and the staff correct the problem to the patient/customer's satisfaction. Osbourne (1995: p. 5) further states that service recovery is a planned, organizational approach to actively solicit and then resolve patient/customer concerns quickly, fairly and in a manner that makes the offended patient/customer feel satisfied with the process, as well as the outcome. WRH defines service recovery as *“the process of making things right after something has gone wrong with the healthcare experience. It's doing all that we can in a sincere way that satisfies the patient and their loved one – when service has failed”* Miller *et al.*, (1999: p. 388) defined service recovery as *“those actions designed to resolve problems, alter negative attitudes of dissatisfied consumers and to ultimately retain these customers. According to Gutbezahl & Haan (2006: p. 4), “how companies respond to customer complaints is called service recovery”* Service recovery is what service firms attempt to do to redress negative customer satisfaction in response to a service failure (Bowen & Johnston, 1999).

Service recovery aims to alter the negative perceptions of dissatisfied customers as well as strives to maintain business relationship with these customers (Schweikhart *et al.*, 1993). For a hospital, a patient's perception is a key indicator of quality care; hence service recovery must be considered important and taken seriously (Leebov & Scott, 1994). Once a customer forms a negative opinion or attitude about service quality, these can be hard to reverse, whatever the standard of care following (Ashill *et al.*, 2005). Therefore, it is extremely important that healthcare organization anticipate potential service failure situations to prevent customer dissatisfaction and address customer feelings about services delivered (Osbourne, 1995; Ashill *et al.*, 2005). In this regard Dasu & Rao (1999) recommends developing a customer-complaint capturing system, which timely notifies the concerned authority about service failures or customer dissatisfaction. In such situation, the care provider must address the dissatisfaction immediately by showing empathy, expressing apology or offering some sort of monetary compensation to the customer even if it was not the service provider's fault. This is the central idea of what is called the notion of service recovery.

According to Keith (1998), satisfied patients are more apt to have continued loyalty toward service providers; hence customer satisfaction is considered a strategic priority for a hospital. Kennedy (1996) supports the argument by saying that healthcare is increasingly becoming highly competitive, in terms of cost and quality effectiveness, therefore sustainability of a healthcare organization depends on how best quality services could be delivered to the customers. Service recovery interventions are highly significant in ensuring overall service quality, restoring patients' trust in healthcare and in renewing patients' commitment to the hospital (Friele *et al.*, 2008). In summary, service recovery can be said to be a process that includes thanking the patient for bringing a service failure situation to management's attention, apologizing for the mistake, promising to do something immediately about the situation, asking for further information including what it will take to meet their needs, correcting the mistake, informing the patient of the action taken, and checking back with the patient to determine the level of satisfaction (Stichler & Schumacher, 2003; p. 2).

Importance of Service Recovery in Healthcare Setting

Effective application of service recovery techniques may enable service providers to maintain or even increase customer loyalty (Miller *et al.*, 1999; Hart, Haskett & Sasser, 1990). A successful service recovery program actually demonstrates the hospital's commitment and concern for building a long-term relationship with their patients (Schweikhart *et al.*, 1993). Schweikhart *et al.*, 1993 emphasised the need for an *enlightened management* in which top management supports service recovery programs and sends staff members an important message that they are truly accountable for their attitudes and behaviours to make the program a success.

Our research indicates that effective service recovery leads to numerous external and internal benefits including higher customer satisfaction and loyalty, higher profitability, higher employee commitment and increased organizational efficiency. Miller *et al.* (1999) demonstrates that a higher percentage of customers returns if service recovery efforts are successful. In fact, an effective service recovery program could benefit a hospital in numerous ways, including direct positive impact on cost savings, interdepartmental coordination, employee accountability and motivation, brand building and in creating customer loyalty (Schweikhart *et al.*, 1993; Michel *et al.*, 2007). In addition to many external benefits, service recovery program also provides tangible

evidence to the employees that caring for and satisfying patients is part of the hospital's culture, a value to be shared by all. This also provides employees with enough reason to take pride in their organization as well as in the work they do (Schweikhart *et al.*, 1993).

Service recovery is extremely important because the effectiveness of service recovery efforts ultimately determines patient's satisfaction with the service provider (Bitner *et al.*, 1990). Effective service recovery restores satisfaction and improves customer's loyalty, whereas ineffective service recovery worsens the customer's perception of the service provider (Maxham 2001; Smith, Bolton & Wagner 1999; Gutbezahl & Haan, 2006). Effective recovery requires that the solution process starts soon after the failure is discovered, and the requisite action is taken immediately. In fact, the delivery speed is the most important element in recovery process in addition to factors such as sequence, cost effectiveness and technique used (Schweikhart *et al.*, 1993). Such efforts greatly influence customer loyalty as well as repeat patronage (Miller *et al.*, 1999). Dasu & Rao (1999) demonstrates that customers experiencing failures that were handled properly by the provider experienced greater levels of satisfaction than customers who did not experience any problems (p. 3). Therefore, for service recovery to be successful, it is important that a minor failure be identified early, addressed, and resolved before it becomes a major problem.

According to Steiber & Krowinski (1990), dissatisfied customers who leave the hospital without complaining are very likely to spread the word about their dissatisfaction. Customer service research has demonstrated that the average dissatisfied customer will tell between 9 and 10 other people about their unsatisfactory experience, and 1 in every 8 customers with a service problem will recount the event to more than 20 individuals while a satisfied customer will talk about a positive experience with only 3 or 4 people (Steiber & Krowinski, 1990; Stichler & Schumacher, 2003). When customers do not receive satisfactory remedy against service complaints, most of them are likely to choose another provider or start disseminating negative word-of-mouth about the organization (Gutbezahl & Haan, 2006; Blodgett *et al.*, 1993; Spreng *et al.*, 1995). On the other hand, Dolinsky (1995: p. 42) reports that if consumer's complaints are favorably resolved in the first place, their satisfaction ratings improve dramatically, and their likelihood of repeat purchase increases. However, if a service failure is left unattended, it can lead to a number of repercussions, from negative word-of-mouth to the switching of service providers (Dolinsky, 1995; Maxham, 2001; Oliver & Swan, 1989; Susskind, 2002; Swanson & Kelley, 2001; Keaveney, 1995). In this regard, Steiber and Krowinski (1990) states that if a customer complaint is promptly resolved, in 95% of the cases the patients will seek the services of the same provider again. Few empirical researches also demonstrate that an excellent recovery can lead to even higher satisfaction and loyalty intentions among consumers than if nothing had gone wrong in the first place (Bitner *et al.*, 1990; McCollough, 1995; McCollough & Bharadwaj, 1992). It is therefore extremely important that the management of a hospital carefully manages each of their employees interface with the customer while that customer is under their care (Steiber & Krowinski, 1990: p. 3).

According to Buttle & Burton (2002), effectiveness of service recovery program will have a direct impact on increasing customer retention, which in turn improves organization's performance in terms of increased revenues and reduced costs. Research found that a 5 percent increase in customer retention can improve profitability at least by 25 percent and reduce

overhead at least by 10 percent (Johnston & Mehra 2002; Gutbezahl & Haan, 2006). Strasser & Davis (1991) estimates that the value to a hospital in successful recovery of a service failure, in terms of future business over that customer’s lifetime and word-of-mouth effects, could conservatively be estimated as \$6000-\$8000 per patient. Roselli, Moss & Luecke (1989) estimates that the hard cost of losing a customer could mean \$25,000 in lost profit for a hospital, while soft cost could cost up-to \$400,000 per dissatisfied patient. These findings provide strong evidence to suggest that potential cumulative financial benefit/loss of a service recovery/failure could be significant.

From internal management perspective, effective service recovery program not only enhance staff accountability to performance deficits, but also work as a tool for employee performance improvement (Schweikhart *et al.*, 1993). The information provided by patients or their family members/friends to the concerned patient representative regarding a particular staff member, whose behaviour they found to be either inappropriate or helpful, could be used as an important feedback on staff motivation. Furthermore, such information may be useful for employee appraisal and performance management. It is important for a hospital to note that service recovery thrive in a customer-focused environment where customer complaints are viewed as source of process knowledge as well as a key to keeping customers happy.

Industry Overview

The Health Care industry is one of the fastest growing industries. Global Health Care market is several billion dollar industries, and it has an important effect on the global economy. North America is the largest segment for global health care industry, while the Asian market shows future growth potential. Health spending accounted for 11.4% of GDP in Canada in 2009, almost two percentage points higher than the OECD average of 9.5% (Fig.1) Health spending as a share of GDP is much lower in Canada (Fig 2) than in the United States (which spent 17.4% of its GDP on health in 2009) and it is also lower than in a number of European countries such as the Netherlands (12.0%), France (11.8%) and Germany (11.6%).

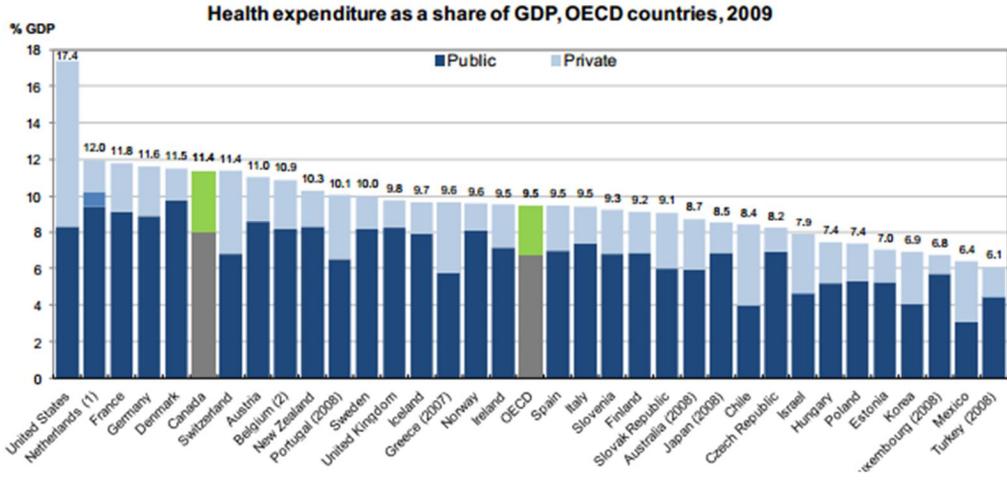


Figure 1 - Source: OECD Health Data 2011, June 2011.

The healthcare industry consists of the following segments:

- *Hospitals:* Hospitals provide complete medical care, from diagnostic services, to surgery, to continuous nursing care. The hospital based care may be on inpatient or outpatient basis.

The number of health care workers depends on the size of the hospital, geographical area, funding, etc. This is the segment that Windsor Regional Hospital is located within.

- *Nursing and residential care facilities:* Nursing care facilities provide inpatient nursing, rehabilitation, and health-related personal care to those who need continuous nursing care, but do not require hospital services.
- *Dentist offices:* The majority of dental offices employ a small number of health care workers, who provide preventative, cosmetic, or emergency dental care.
- *Home healthcare services:* Skilled nursing or medical care is sometimes provided in home, under a physician's supervision. Home healthcare services are provided mainly to the elderly.
- *Offices of other health practitioners:* This segment of the industry includes the offices of chiropractors, optometrists, laboratory and medical technicians, therapists, psychologists, pharmacists, public health inspectors, and speech language pathologists and audiologists. Services of this health care segment are paid by the patients either directly or through health insurance.
- *Ambulatory healthcare services:* This segment includes outpatient care centers and medical diagnostic laboratories. These facilities provide different medical tests.

In Canada, the health care system is divided in three types of services:

- *Primary Care Services (family doctors):* Primary care services represent the first point of contact of the patients with the health care system. Family doctors provide several services to their patients such as emergency services, treatment of common diseases, injuries, etc. In cases when a patient needs a special medical treatment or a visit to a specialist, the family doctor coordinates the appointment with a specialist.
- *Secondary Care Services:* These include a wide range of specialized medical services that cannot be provided by family doctors. These services are provided by mainly by hospitals and medical clinics.
- *Additional Care Services:* These include medical services not usually covered under provincial health insurance plans, such as dental care, vision care, etc. A part of these services sometimes is covered by the benefits that patients get from their employers.

The Canadian health care system is characterized by a mix of public and private health providers. The Government controls the public health sector by setting the rules, providing funding, etc. The private health care providers include non-government organizations that provide health care services through private hospitals and clinics. The patients of these services pay expenses out-of-pocket as these services are not covered by the government-provided health plan.

Hospitals as Semi-Private Facilities

The majority of hospitals in Canada operate as private, not-for-profit organizations. A community board or voluntary organization makes decisions about the daily activities, human resources, and financials. Funding for hospital services is regulated by the Public Hospitals Act. Funding is provided to each hospital annually. Budgets are allocated to each hospital based on historical data and annual cost adjustments. Approximately 85% of total funding is provided by the provincial government with the remaining part obtained from other sources such as charges for semi-private and private accommodation, worker's compensation payments, etc. The province of Ontario has 227 hospitals which are grouped into four different types: public, private, federal, and Cancer Care Hospitals. The public hospitals are governed by a board of directors and are, in the majority of cases, incorporated under the Corporations Act.

In order to improve overall quality and create a patient-oriented system, the government of Ontario has introduced the Ontario's *Excellent Care for All Act*. The legislation of this act includes the following requirements:

- Quality committees, which will report to health care organizations on quality-related issues
- Annual quality improvement plans, which each health care organization will be required to develop, implement, and make publicly available
- Requiring that executive compensation be linked to achieving improvement targets set out in the annual quality improvement plan
- Instituting patient, client, and caregiver surveys to assess overall satisfaction of services
- Staff surveys to assess satisfaction with employment experience and views about the quality of care provided by the health care organization
- Declarations of values that will be developed after public consultation by health care organizations
- Patient relations process to address patient experience issues and reflect its declaration of values

Under this act, every health care organization must utilize a survey to measure overall patients' satisfaction. The surveys are required to be instituted annually. Another survey should be conducted every two years involving all the employees. The purpose of these surveys is to better understand what the hospitals have done well and what improvements are needed.

NRC Picker is a company hired by the province of Ontario to conduct the patient satisfaction survey for all hospitals located within the province. This survey selects patients that experienced a hospital stay lasting more than 24 hours (defined as in-patient services). The participation is voluntary and confidential. NCR Picker completes the survey and delivers the results to each hospital. The survey is used as a benchmark for the quality of service provided by hospitals. Furthermore, the survey divides satisfaction scores by department and aspect of service.

Key Success Factors of Service Recovery Performance in Healthcare Setting

Understanding the nature and determinants of service recovery performance is a critical starting point in developing and implementing service recovery program in a hospital. To simply implement a service recovery program will not guarantee a desired increase in patient satisfaction. Moreover, a poor service recovery experience can, in fact, compound a patient's level of dissatisfaction. This cause and effect relationship between the quality of service recovery and patient satisfaction presents both an important risk and a high upside reward. In order to reduce this risk of compounded dissatisfaction, an organization can ensure that it adheres to the inclusion of a set of key success factors.

The most important of all is top management's commitment in creating a culture in which every hospital staff becomes part of service recovery. It is evident from research that strong institutional policy, employee empowerment, teamwork, role clarity and organizational commitment are significant determinants of service recovery performance (Ashill *et al.*, 2005). Other important factors include employees' level of commitment to the organization as well as the delivery of quality healthcare. Research suggests that hospital management must explicitly design and establish organizational policies on employee empowerment, education/training and role responsibilities for effective service recovery performance. However, a comprehensive guide of key success factors is provided in the fusion of two major frameworks. These frameworks span two separate stages, development and execution, and each possess a series of

sub-components. The first relates to management’s commitment to service quality (MCSQ) and the second relates to execution during the service encounter.

Management Commitment to Service Quality (MCSQ)

Rod and Ashill assert that in order to achieve an optimal service recovery program, there are four driving management practices that must be properly executed. These driving forces drive two separate outcomes: organizational commitment and job satisfaction. Together, these two outcomes result in the necessary performance outcomes and behaviours that supply an effective service recovery program. The four “appraisal variables” are employee rewards, customer service training, empowerment, and customer service orientation – as depicted in Figure 2 (found in Appendix).

Employee Rewards

Employee rewards and service performance illustrate a strong and significant relationship (Parasuraman, 1987) MCSQ. While employee rewards can act as positive reinforcement for desired behaviour, the reward system can demonstrate management’s commitment to service quality – a critical component in developing a service-oriented culture (Rondeau, 1994) MCSQ. As for the question of what type of rewards should be offered to health services employees, “the healthcare sector is likely to attract staff with more intrinsic motivation to the extent that money may not be the only reward that is valued (Mee, 1999)” REFERENCE FROM MCSQ. In other words, non-monetary rewards may have the most significant impact on employee satisfaction and commitment to the organization.

Customer Service Training

Training in the art of customer service is a necessity as poorly trained employees are not properly equipped to deal with clients that are readily prepared to vent negative emotions. This lack of skill in dealing with customer complaints is a major barrier to a successful service recovery program. The presence of customer service training programs also sends an outward signal to an organization’s employees that it is committed to creating a service-oriented environment. Moreover, customer service training “positively impacts job satisfaction as it helps employees to develop the skills to handle the service failures effectively” (Babakus et al., 2003; Benoy, 1996; Schneider and Bowen, 1995) MCSQ. Training in service recovery should be provided as early as possible. The orientation program that new employees are required to take is an excellent time to expose new employees to the patient-centric culture within the organization. Service recovery training programs during orientation for employees in the health care system have a powerful impact on patient satisfaction. According to a study of Swedish Healthcare (Kammerlind et al., 2004), there is a positive correlation between quality improvement initiatives and employee satisfaction, as well as client satisfaction. Ott and van Dijk (2005) conducted a unique study that combined data on employee and client satisfaction. The authors suggest that job-related training is the most relevant activity for client satisfaction. Creating an orientation program focused on the function of service recovery for new employees will allow them to understand the expectations and become aware of the patient-centric culture right from the beginning of their employment.

Empowerment

In the recent past, achieving excellence in customer service has become the key to a hospital’s success and perhaps survival; hence for a hospital developing a systematic patient satisfaction

program comprising staff that listen and take action against concerns expressed by customers is a must (DiBenedetto *et al.*, 1999). Fundamental to the overall process of improving patient satisfaction in a hospital is having a clearly articulated service recovery protocol that empowers all primary hospital staffs who directly and regularly interact with customers. Studies have found that empowering frontline staffs such as nurses in particular, could significantly improve their job satisfaction and service recovery performance. Nurse empowerment also means emancipation from the paternalism and control of doctors, a key impediment to customer-focused service delivery. In recent years, there has been increased emphasis on teamwork, and coordination between doctors and nurses for achieving better service recovery outcome. Therefore, service recovery programs should be designed to achieve commitment of the hospital's doctors along with the other frontline employees.

Research indicates that service recovery performed by the frontline staffs is the most critical component in maintaining service quality and reputation (Ashill *et al.*, 2005). Employees who are closest to the customer are in a better position than management to detect and remedy service failure, so service recovery programs should not only address the needs of customers, but also the needs of these employees. In the case of service failure, these employees need to be given the power to fix the problem (Hart *et al.*, 1990; Schweikhart *et al.*, 1993; Miller *et al.*, 1999). DiBenedetto *et al.* (1999) investigation of service recovery practices in a Rehabilitation Hospital in Washington D.C. reveals that a small-scale empowerment of frontline staff member in which they're allowed to spend up to \$50 for resolving patient complaints and expediting service recovery, significantly improved overall customer satisfaction. It is therefore necessary for a hospital's management to take steps in empowering their frontline with the authority to make independent decisions, allowing them adequate freedom to deliver quality service (Yavas, 1999). In addition, frontline staffs also require adequate training to resolve service failures when they occur in the first place. Furthermore, decentralized management and less restriction by layers of hierarchy are required to facilitate employee empowerment and motivation to better service recovery performance. Besides, policies and programs that reduce role ambiguity of front-line staffs are important for effective service recovery. It means that hospital management should clearly communicate service quality expectations to the frontline employees, clarifying their roles and responsibilities as well as levels of authority. Ashill *et al.* (2005) demonstrates significant relationship between employee empowerment, role clarity and service recovery performance of frontline staff. Few other studies recommend strong training and staff orientation programs to focus more on staff behavioral skills for effective handling of customer complaints.

Customer Service Orientation

Customer service orientation refers to the organizational culture that is developed via the institution of standard operating procedures and policies. According to Jaworski and Kohli (1993) “employees who work in a market-oriented organization will develop a sense of pride as the organization works towards the goal of satisfying customers and will feel that they are contributing to something worthwhile, will have a sense of belongingness and, therefore, commitment to the organization” (Ashill *et al.*, 2005). Ensuring the proper culture, especially in an industry where customer service has historically been a low priority, is imperative to implementing a sustainable service recovery program. It is evident from the research that enhancing employees ability and motivation to develop and make the most constructive use of their skills and experience gives the employees a clear mandate and the confidence to implement

service recovery. This requires that the management whole-heartedly try creating a culture of change that supports employees, promotes teamwork and foster an environment where anyone who appears to need help gets it

Effective service recovery program in a hospital requires developing a complaint-friendly culture that encourages customers to complain. Such culture facilitates development of systems, processes and situations oriented towards patient-focused mission and values, consistent with service recovery (Stichler & Schumacher, 2003). Schweikhart *et al.* (1993) suggests that a hospital’s culture should also be tailored to the specific needs of the employees so that appropriate service recovery attitudes and behaviours are rewarded. In addition, continuous commitment of top management including the CEO is pivotal in ensuring wider adoption of customer-focused culture, systems and processes across the organization. Effective recovery also requires that an information generating system is designed that recognizes a potential service failure as soon as it occurs to enable immediate recovery intervention. Furthermore, it is important for the hospital management to ensure that customers are able to freely express their dissatisfaction without any fear of retribution.

Introduction of Theoretical Framework

The second framework that composes key success factors to an optimal service recovery program is adapted from Schweikhart’s service recovery model. Figure 3 (found in the Appendix) below depicts the basic nature of how a service recovery system can be executed. Spanned over time, delivery of service is divided into two dimensions of psychological and tangible. Essentially this framework can be simplified into a 2-by-3 matrix that highlights psychological and tangible services that can be initiated proactively, concurrently, or as a follow-up. The absence of any one of these six elements results in an incomplete and suboptimal service recovery program that risks resulting in increased service failure incidents (lack of prevention of service failures), decreased customer satisfaction (poor concurrent responses), or recurring service failure types (lack of effective follow up that ensures filling of service gaps).

While the MSCQ framework provides guidance in the development and early implementation of a service recovery program, the second framework provides a grid in which an organization can map specific actions and procedures it currently has in place. Using this grid, Windsor Regional Hospital can effectively analyze the comprehensiveness of its current service recovery program, and thus plan accordingly for areas of needed improvement.

Windsor Regional’s Current Service Recovery Program

Method	Preventative	Concurrent	Post Hoc
Psychological		- Apologize for service failures - “We are willing to Help”	- Apology letter from CEO
Tangible	- Preliminary concierge service	- \$5 Tim Horton’s cards - Free Parking Pass - Free television service	-Sending flowers -Avoidance of charges, if applicable

Table 1: Above is a “heat map” of Windsor Regional Hospital’s current Service Recovery program. Blue suggests there is a lack of resources in place to provide superior service recovery. Red indicates there are sufficient means for providing service recovery. Yellow indicates that there are some resources for providing service recovery.

Windsor Regional Hospital has a current service recovery program that meets some of the criteria desired, as compared to the theoretical model in Figure 3. As depicted in Table 1, Windsor Regional Hospital is considered well-equipped for responding to service failures concurrently. From a psychological aspect, Windsor Regional ensures that its patients are aware that they are being taken care of. When one patient is angered due to a service failure, employees of the hospital are typically prepared to admit their mistakes and are willing to apologize immediately. In terms of providing concurrent, tangible remedies, Windsor Regional Hospital has a stock of \$5 gift cards for Tim Horton's cards, free parking passes, free premium television service, and a handful of other small items.

In terms of the post hoc, or follow-up process, Windsor Regional Hospital is somewhat equipped with appropriate resources. In relevant circumstances, the CEO will reach out to patients following a severe service failure and personally send an apology letter. Additionally, Windsor Regional may send flowers or even cover incidental expenses for patients, should the situation be appropriate. However, it is quite obviously unreasonable to assume that the CEO can write a personalized letter every time there is a service failure. Rather, Windsor Regional should aim to provide a simple follow-up procedure that any member of staff can initiate. However, this type of service recovery depends on a culture of empowerment, ownership, and accountability.

Windsor Regional Hospital has not yet perfected a comprehensive service recovery program, especially within preventative measures. While Windsor Regional certainly does not house a culture of unhelpfulness or brash attitudes (many employees will recognize a lost patient or family member and direct him/her in the right direction), it must aim to take its patient-focused culture to the next level (employees personally walking patients to the department they need to go to). It is imperative that Windsor Regional establish such a culture so that every nurse, doctor, and staff member can have the notion of updating and directing patients to ensure a pleasant experience at the hospital. Take, for example, patients waiting in the emergency room; very few staff members are willing to come up to the patients and give them updates on how long it will take for them to receive care. Furthermore, there is no policy in place that requires a Windsor Regional staff member to apologize for delays or provide updates on wait times. Unfortunately, there have been instances where patients' questions have been mishandled by staff members due to either lack of training, stress, lack of resources, or possibly some other factor.

Another popular area of frustration for patients is when they must be transported between departments. Much of these hardships arise from duplicate questions asked by both departments. This example of inefficiency represents a cause for concern not just for service recovery purposes, but also for operational procedures. Establishing a culture that forces employees to actively imagine how a patient feels in a given situation is a key success factor when developing an effective service recovery program.

The Role of the Patient Representative

The patient representative role has a major impact on ensuring that patient satisfaction is maintained in Windsor Regional Hospital, but this role is also prevalent in most clinical settings. Most clinics and small practices handle patient complaints through informal methods. These informal arrangements however, are not always efficient at satisfying the patient needs and resolving their immediate complaints. This can lead to many problems between staff members and patients. This dissatisfaction causes patients to leave the hospital with a negative attitude towards the staff members and brand. A patient representative helps to solve some of the

complaints that arise. Normally, a patient representative is responsible for overseeing and implementing a complaint management system or a service recovery process. This individual represents the concerns of patients and is more than willing to do whatever is in their power to hinder patient dissatisfaction (Osborne, 1995). The patient representative acts as the mediator between the staff members and patients whereby they listen to all perspectives of a given situation and aims to find a resolution to address all or most concerns (Osborne, 1995). This individual must also be able to review previous systems that have failed to work based on the perspectives of the patients and figure out a method to improve it. This individual may also play a vital role and mentoring and training staff members with service recovery, as well as documenting previous complaints and trends (Osborne, 1995). The patient representative must be able to deal with patients that are not comfortable to deal with the individuals involved in the problem, and develop complex problems that are across departmental- or facility- boundaries (Osborne, 1995).

Windsor Regional Hospital is fortunate to have a patient representative that is able to effectively convey compassion and empathy. Moreover, she solves these complex issues in a way that ensures patients are satisfied in the long run. Monica Staley is the current patient representative at Windsor Regional Hospital. Combining her background of law and nursing, she maintains a unique set of skills that enable her to effectively fulfill her role. While her abilities are certainly an asset, she is faced with an influx of service failures. This influx is, perhaps, the result of a lack of necessary service recovery systems. Regardless, under the current system, many patients feel the need to directly contact Monica in order to solve their problems. While the patient representative role is undoubtedly intended to resolve service failure situations, the involvement of the patient representative should be reserved for escalated situations. There is a clear need to integrate layers of service recovery empowerment between patients and the patient representative in order to alleviate the workload of the patient representative, but also to ensure that only appropriate cases are handled by the patient representative.

Examples of Best Practices

Service recovery thrives in a complaint-friendly culture that regards complaint as a gift, a foundation for continuous improvement and an opportunity to demonstrate to the patient that management cares enough about each individual patient to right a wrong. Such a culture encourages customers to complain and provides valuable input into the processes that enables the service provider to turn a wrong into a right and consequently transform a dissatisfied person into a loyal customer. It is extremely important for a hospital to create a culture that is built around handling failures quickly, to learn from the situation, to manage failures to prevent their recurrence, and to reward the staffs for positive attitude about patient complaints.

An example of taking action to correct a customer complaint was cited by Stichler & Schumacher, 2003 in their study of service recovery best practices in hospital setting. The director of a large women's hospital in Southern California explained that she had received a letter of complaint from a patient's husband whose camera had been accidentally dropped by a staff member who was moving the over-bed table in the patient room. The father explained that the camera had just recently been purchased, no longer worked properly, and that he felt the hospital had the obligation to reimburse him for the loss. The director called the father immediately, apologized that this had happened to him, and promised to send a check reimbursing him for the loss. A check worth \$400 was sent to the father within a few days. This

is a classic example of a compliant-handling culture, in which it doesn't matter if the patient has a legitimate complaint or not, the issue is legitimate in their perception and important enough to bring to someone's attention. The director in this case could have responded that it was the father's responsibility to protect the camera better and to put it in a safer place. In the director's opinion, a \$400 resolution of the issue was far less expensive than the potential loss of a patient and the bad press that would have been shared with the father's community or circle of friends. Upon receiving the check, the father wrote the director again expressing his surprise and gratitude that his request for reimbursement was heard, and he was frankly amazed at the quick resolution of the problem. He assured the director that he would tell others of how well the hospital had addressed his concerns. Apparently, the complaint was unreasonable but the hospital handled and managed it reasonably. The outcome of the incident was a highly contended customer who will likely spread positive word-of-mouth with others, and strongly recommend this hospital to his family and friends for care.

Sarasota Memorial Hospital, Sarasota, FL: Procedure Mapping

In 2003, *HR Magazine* ran an employee relations article that highlighted the amazing turnaround at a west Floridian coast hospital – Sarasota Memorial. While this turnaround was the product of numerous human resource alterations and employee engagement initiatives, drastic changes to operational procedures were also elemental. Dr. Bill Colgate, the vice president of medical affairs and medical director of emergency services at the time, initiated a task force that mapped out the procedures a patient would have to endure from the moment they wish to park their car to the decision on medical care. Through this process, the task force identified duplications, procedures that added no value, and “sacred cows” – processes that were thought to be required but were in fact a product of legacy procedures, and thus became obsolete. By eliminating these inefficiencies, Sarasota Memorial was able to dramatically reduce turnaround time and provide more efficient and more effective service. Overall, Sarasota Memorial's efforts elevated their patient satisfaction from the 17th percentile to the 90th percentile in a mere three years.

Henry Ford Hospital and Health Network: Registered Nurse Performance Appraisal & The Eleven Standards of Excellence

Based in Detroit, MI, the Henry Ford Health System is a national leader in patient care, research and education. Their leadership in patient care can be derived from a strict adherence to making the patient experience the central focus of their efforts. While it is easy to preach these values, Henry Ford Hospital creates accountability among its employees by incorporating “Eleven Standards of Excellence” into every performance evaluation – company-wide. Appendix A is an excerpt of their 2010 performance evaluation for registered nurses. As one can see, each nurse is critically evaluated on each standard, with explanations required on scores of “Needs Improvement” and “Superior.” These eleven standards of excellence are:

- 1) Display a positive attitude
- 2) Take ownership and be accountable
- 3) Commitment to team members
- 4) Take pride in personal appearance
- 5) Offer open and constructive communication
- 6) Foster and support innovation
- 7) Honor and respect diversity
- 8) Respect and be sensitive to patient privacy

- 9) Be courteous and practice established etiquette
- 10) Maintain a clean and safe workplace environment
- 11) Respond in a timely manner

By creating accountability for behavioural standards, Henry Ford Hospital ensures that it is able to measure the adherence of its staff to a patient-centric culture. This type of culture is essential in instituting an effective service recovery program.

Veterans Health Administration: The Service Recovery “Process Owner”

The Veterans Health Administration is the United States’ largest integrated health care system. Containing 152 medical centers and nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries, its vision is to “continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based.” In a detailed 2004 document titled “Service Recovery in The Veterans Health Administration,” the VHA identifies that despite most hospitals instituting various different types of service recovery strategies, each have one particular element in common – a Service Recovery “Process Owner.” The process owner’s function is to:

- 1) Ensure service recovery expectations and requirements are communicated to all staff
- 2) Identify effective processes and procedures for successful service recovery
- 3) Document relevant standards, policies and best practices
- 4) Train front-line staff on the use of available service recovery tools and strategies and empower them to act
- 5) Ensure patients and families are informed of the process of registering complaints and facilitate their ability to state a concern or complaint
- 6) Establish an effective complaint management process
- 7) Track patient service results
- 8) Recommend strategies for improvement

While proper training, culture, and systems are the necessary ingredients, VHA has shown that a process owner is essential in facilitating the creation and continuity of an effective service recovery program.

Recommendation of Solution

The Odette MBA Team recommends that Windsor Regional Hospital adopt a comprehensive, end-to-end service recovery program that emphasizes preventative measures, concurrent standard operating procedures, and a value chain system for follow up procedures. This solution includes alterations to Windsor Regional’s culture, operational procedures, training, hiring, and performance evaluation.

Implementation

- 1) *Define and develop the role of a Process Owner or Service Champion:* The Veterans Health Administration clearly states that in all of its service recovery programs, a consistent theme is the inclusion of a process owner. Windsor Regional should create this role and quickly aim to fill it. The scope of this role should include creating effective service recovery processes and procedures, documenting best practices, developing service-centred training programs, facilitating a service recovery orientation program, ensuring patients and their families are aware of service expectations and complaint procedures, providing all staff with service

recovery tools, and, most importantly, ensuring all service recovery expectations and requirements are communicated to staff. An ideal candidate for this role should exude a significant interest in the needs of patients. Moreover, this candidate should have a strong understanding of human resource policies, experience in customer service, and the ability to institute a company-wide, long-term initiative.

- 2) *Conduct a procedure mapping study:* Just as Sarasota Memorial Hospital did, Windsor Regional should create a task force (Patient Experience Team) that will map out all procedures a patient and its family will endure from the moment a patient enters the parking lot to the moment they leave. This study will aim to identify and suggest eliminations of duplications, inefficiencies, and obsolete procedures. By removing these unnecessary steps, Windsor Regional will be able to increase patient turnaround, create a streamline of efficient service for its patients, and close gaps between departments where service failures are likely to occur.
- 3) *Make alterations to the current performance appraisal system:* While Windsor Regional's current performance appraisal system has adopted many contemporary human resource suggestions (i.e. 360-degree evaluations), there is an inconsistency between the desired culture and what employees are evaluated on. Specifically, there are two major adjustments that are being suggested:
 - a) Similar to the best practice exemplified by Henry Ford Health System, Windsor Regional Hospital should devise a list, or “creed,” of behavioural standards that aim to embody the desired patient-focused culture. Once these standards have been created, they should be integrated into the performance appraisal for *all* staff, but especially front-line employees.
 - b) Windsor Regional Hospital has numerous recognition programs and awards that recognize employees for remarkable patient service or displays of compassion. While these programs are effective in acting as positive reinforcement for desired behaviours, these achievements are not being reflected in performance evaluations. Windsor Regional should connect or include recognition programs to performance appraisal system that is in place. For example, if a nurse is a recipient of the *Above and Beyond* award in a particular month, his/her end-of-year performance evaluation should recognize this and it be included in the calculation of his/her overall rating.
- 4) *Carefully select candidates for patient-facing roles:* While this suggestion is not aimed to criticize Windsor Regional's past selections, it is a recommendation to consider a behavioural element that may not have been considered in the past – a clear interest in the satisfaction of patients. New employees should appreciate the importance of providing sensitive customer service at all times. While proper training can assist in this matter, new candidates should be able to demonstrate that they feel comfortable in dealing with stressful situations that arise from patient dissatisfaction. Interviewers of new candidates can screen for this quality by asking behavioural questions such as, “Can you tell me about a time where a patient or customer was upset and what you did to resolve the situation?”
- 5) *Include a “Service Recovery Crash Course” during employee orientation:* Veteran Health Administration suggests that the key to a successful patient-focused culture is to ensure that service recovery expectations are made clear immediately from the onset of employment. Our team suggests that all new employees and volunteers attend an orientation program during the initial first days of employment. This orientation program should be developed and facilitated by the process owner/service champion. Key topics that should be covered in

the orientation program should include how patient satisfaction is measured (the NRC Picker), why patient satisfaction is important, a description of The Excellent Care For All Act and how it affects Windsor Regional and its employees, what the expectations of all staff are in creating a patient-focused culture, what service recovery tools are available, an introduction of scripting, what employees are empowered to do and not to do, and an introduction to the complaint escalation system.

- 6) *Have all new employees sign a written “promise” regarding patient-focused care:* In order to symbolically represent the renewed launch of Windsor Regional’s commitment to service recovery and patient-centric care, all staff should sign a written promise. This promise will signify each employee’s commitment to a service-oriented culture. Once all current employees have signed this agreement, this ceremonial function can be shifted to the orientation program for all new employees.
- 7) *Establish a tiered complaint escalation procedure & integrate the role of the patient representative:* As mentioned in the “Role of the Patient Representative” section, there should be layers of service recovery between the patient and the patient representative. This action will allow for the patient representative to have a more defined role, as well as create accountability for front-line staff to resolve service failures on their own. Essentially, Windsor Regional should integrate a system by which service failures are escalated according to their level of severity. Figure 4 (found in Appendix) illustrates how a service failure incident can “escalate” up the pyramid. At each level of the pyramid, the empowerment for problem resolution increases.
 - a) If a particular problem is of minor severity, it will be classified as Tier 1 and can be directly solved by the staff member involved with the situation. Since most service recovery actions involve small interventions – such as rescheduling a patient’s appointment, offering a lunch coupon for a patient who is waiting, locating important equipment, or offering a taxi voucher – every staff member should be empowered to spend up to \$50 to resolve a patient complaint and expedite service recovery.
 - b) If the problem escalates such that it becomes difficult for the doctor, nurse, nutritionist or staff member to deal with, then it escalates to Tier 2 whereby a frontline employee’s manager or supervisor takes ownership of the problem. It is important to note that whenever possible, the procedures should enable one contact person to resolve the problem; *when more than one person is needed, the process must avoid delays and the customer must be kept informed of the process.*
 - c) Finally, if the problem escalates because the patient is unsatisfied with the resolutions suggested at Tiers 1 and 2, it is escalated to the patient representative where it will, hopefully, be resolved.

By having a more organized system where problems are escalated according to their severity, all employees will be encouraged to take ownership of service failures, but will also rest assured knowing that larger issues can be passed along to the proper authority.

- 8) *Scripting for patient interaction should be provided to all staff:* As part of the empowerment process, it is important that staff members are encouraged to anticipate service failures and become “service heroes” by stepping forward to resolve service failures. This could be achieved by developing clear procedures and guidelines for the staffs so that they can face different types of service failure situations with confidence (Gutbezahl and Haan, 2006). Windsor Regional should provide this support in the form of some response templates or scripts that staff members can utilize as a proactive resource. “Knowing what to say” are

powerful pieces of knowledge that will make patient-facing employees feel adequately armed when dealing with patients and their families. The Veterans Health Administration Handbook, Washington, DC illustrates many examples of how best care providers can communicate better with their customers using scripting. To illustrate what should be the nurses’ attitudes toward requests, a nurse or a nurse leader while making a round might say the following:

“Good morning, I am (your name). I am the nurse leader on this unit. I want to assure you that we will do everything possible to exceed your expectations. But, I need your help. This is my pager number and my phone number (write on patient communication board). Please call me the moment you see or find something that we can do better or let me know of an opportunity where we can exceed your expectations. Our goal is to provide you with very good care.”

This type of scripting ensures that patients are provided with the information, line of recourse, and emotional support from the moment they meet their care provider. Appendix B contains nine examples of scripting that should be made available to employees either via Windsor Regional’s intranet site, a provided handbook, or some other accessible medium.

- 9) *Develop a culture of committed patient service via standard operating procedures and top management behaviours:* It is easy to instruct an organization to alter its culture in order to promote particular types of behaviour; however this is much more difficult in practice. Despite this hardship, there are specific steps top management can adopt in order to influence culture. These actions include exemplified behaviours by top management and the creation of standard operating procedures that empower employees:
 - a) The Service Excellence program developed by the Studer Group emphasizes the importance of managers and senior staff rounding on clinical units to elicit feedback on hospital performance from patients, their families, and from hospital employees. So firms must address the problem of unvoiced complaints by “market[ing] the complaint-handling system to customers” (Andreasen & Best, 1977, p. 110).
 - b) Complaint processing must be as simple, fast, and hassle-free as possible for the customer (Bolfing, 1989). In order to ensure this easy process for patients, Windsor Regional should provide toll-free telephone numbers and customer feedback cards, talking to customers during service encounters, and surveying them after encounters.
 - c) Leadership must espouse recovery as a core value that leads to desirable organizational outcomes and then transmit and reinforce that value through cultural forms and practices. For example, stories that recount the outcomes of a successful or failed recovery incident should find their way into company folklore and conversation.
 - d) Physicians need to be part of the hospital’s service recovery program. Off-handed remarks can influence patient perceptions of service failure and service recovery. In addition, physicians receive patient complaints directly, so they should know how to respond to them. Although physicians may resist participation, they may be more interested if service recovery is positioned as a means of dealing with the physician’s frustrations when patients tell them about problems they experience while hospitalized. In order to achieve physician involvement, the process owner should tailor a training program specifically for physicians.
 - e) Windsor Regional should institute a pre-defined response strategy. Management and staff should jointly establish upper and lower bounds on monetary responses or a pre-defined set of potential responses – for example – a service recovery action list – from which

employees can choose the most desirable response. For example, nurses could have the authority to request that a fruit basket be sent to a patient’s room when nurses believe this will resolve a patient’s dissatisfaction with some element of the care received.

- f) In order to complete the cycle, Windsor Regional should integrate a standard follow-up procedure for service recovery incidents. For example, if any front-line employee uses the service recovery program, they must send a small, say 100-word, explanation to the process owner. Once the process owner receives this report, he/she may contact the patient to ensure the resolution was satisfactory.
- 10) *Annual or semi-annual training on service recovery best practices*: Procedures, guidelines, and scripts have no impact unless the staffs have been educated on their content and use. Recognizing this, Windsor Regional (or more specifically, its process owner) should institute regular training that educates its employees on:
- a) How to identify a service failure
 - b) The “language of caring,” or preferred scripting techniques
 - c) How to “mine” communications with customers – not just customer complaints – for service failures, or in other words, how to recognize customer feedback
 - d) How to properly catalog service failure information easily and quickly
 - e) The process of utilizing the tiered escalation system
 - f) Refer to Appendix C (adapted from Bronson Methodist hospital, USA) for a brief handout template that can be distributed to staff

This training could be conducted in two parts. Once a year, managers and employees receive training that is focused on skill and behaviour development. This training would be composed of simulated real-life situations and role playing in order to give employees appropriate recovery skills. The second part could be delivered via a 15-45 minute virtual module. This module would remind employees of how to identify a service failure, what resources are available, what they are empowered to do, how the tiered escalation process works, how to properly follow up with a patient in a service recovery situation, and the importance of maintaining a strong patient-centric focus.

- 11) *Expand job scope of concierge to be focal point of patient service, guidance, and collection of patient complaints*: Albeit the number of concierge within Windsor Regional is limited, however this position holds much potential in the service recovery program. First, the title and description of this role is already very service-centric, which lends itself very well to soliciting complaints, escalating service failures, and providing empowered solutions. Additionally, this role is also physically positioned within the hospital in a strategic way. Because the concierge is located within the hallway and is free to be mobile, the concierge can easily guide patients throughout the hospital as a type of “navigator.” Windsor Regional should expand this role to include service recovery procedures and increase the number of concierge within the hospital.

Ethical Issues

With any new initiative, there is a risk of potential new ethical issues. The ethical issues regarding this service recovery project are divided into three categories:

- Ethical issues between University of Windsor (UoW) consulting team and the client (Windsor Regional Hospital)
- Ethical issues between Windsor Regional Hospital staff and patients
- Ethical issues between Windsor Regional Hospital administrative staff and Windsor Regional Hospital health professionals

Ethical issues between University of Windsor (UoW) consulting team and the client (Windsor Regional Hospital): This project was shaped based on some principles of business ethics that each member of the UoW team has followed. This would serve to ensure the reliability and the fidelity toward the client. Those fundamental principles were confidentiality, honesty, and responsibility. In order to avoid any unethical behaviour and increase the trust of the client, a contract was signed during the initial phase. The team was continuously and constantly poised to understand and respect the culture, the values where the activity of Windsor Regional Hospital is based on and the expectations of its staff. The hospital staff had specific requests for people accessing its facilities and data. We have been asked to get police clearance and proof of vaccination as a necessary condition for the continuation of the collaboration. One other request from the administrative staff of the hospital was to avoid contacts during the visits between our team and people within the hospital there that our team could know. Our team also asked for voice registration of the meetings with key administrative staff in order to avoid any misinterpretation of information. The trust built between our team and the hospital staff allowed the approval to our request.

Ethical issues between Windsor Regional Hospital staff and patients: The crucial challenge of a health care system is to create a solid relationship between patients and hospital staff. This relationship should be based on trust so that the health care providers will promote the patients' interests and will maintain patient confidence. Patients could play an important role in the development of an ethical medical practice environment. If the patients are not satisfied with their health care staff behaviour, or when they feel that the health plan terms and conditions are applied unfairly, their voices should be heard and remedies should be taken to address the complaints. The biggest ethical concerns related to patient satisfaction in Windsor Regional Hospital are related to the delays experienced in the emergency room, and postponing of the surgery dates. The emotional support from the hospital was also to be improved according to surveys. These issues were tackled by our projects and recommendations are given. Our team will suggest key success factors to measure the improve performance of the hospital.

Ethical issues between Windsor Regional Hospital administrative staff and Windsor Regional Hospital health professionals: In every hospital there are two categories of professionals - the administrative staff and nurse & physician staff. They need to collaborate within the same structure and organization to provide satisfactory health service to patients. Ethical issues between the two groups include the implementations of the approved policies and regulations, the leadership role of the administration staff, the responsibilities of each category, conflict management, professional rights of the health care professionals, etc. Related to service recovery it is necessary to streamline the procedures and criteria the administration staff and health care staff should handle every possible patient complaint.

APPENDIX – Figures 2-4

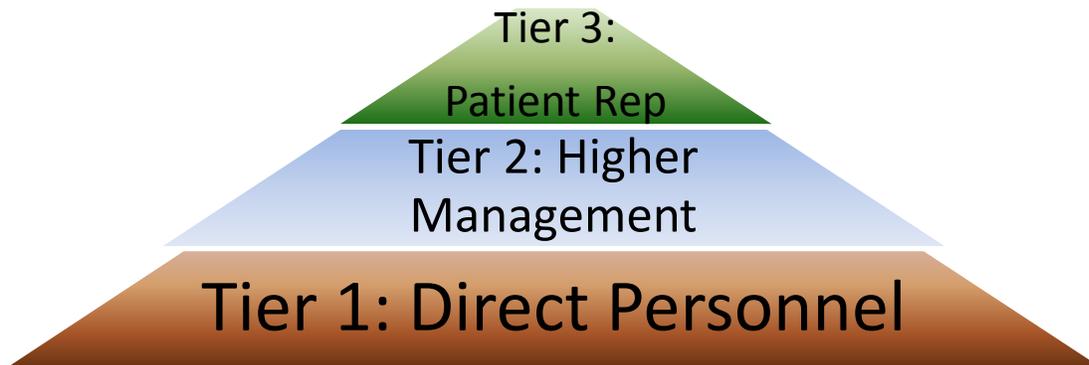


Figure 3:

Service Encounter over Time

Method	Preventive	Concurrent	Post Hoc/Follow-Up
Psychological	Nurse info board in hallway for patient reference	Taking ownership of service failure, apologizing	Send apology/thank you card to client at home
Tangible	Explicit service warranty	Complimentary premium TV service	Reimburse applicable charges

Figure 4: Tiered Escalation System



An outlined system that attempts to solve patient problems according to their severity. If problems have a minor severity (tear 1) then they can be solves by the direct personnel involved. If problems have a medium level of severity (tear 2) upper management can be involved to instigate. If problems have a very high severity (tear 3), then, the patient representative can step in to solve the issue at hand.

APPENDIX A. Henry Ford Hospital: Behavioral Standards Section: Registered Nurse

S - Superior ó Consistently and significantly exceeds performance expectations. 3 Points

C - Commendable ó Consistently meets performance expectations. 2 Points

NI - Needs Improvement - Opportunity for improvement ó Significantly fall short of meeting minimal performance expectations. 1 Point

NOTE: Superior or Needs Improvement ratings require a narrative explanation, which supports and documents the rating.

Standard: DISPLAY A POSITIVE ATTITUDE			
S	C	NI	<p>Attitude is everything. Create a lasting impression. Our customers are not an interruption to my work; they are the reason for my work! I will serve them by providing high quality service with care and courtesy.</p> <ul style="list-style-type: none"> • Take pride in the work and fully accept the responsibilities of the job. • Tells patients and others what I can do for them, not what I can't do for them. Never take the attitude of "it's not my job." • Is sincere, courteous and friendly in interacting with patients, visitors, team members, business associates, and physicians.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Standard: TAKE OWNERSHIP AND BE ACCOUNTABLE			
S	C	NI	<p>Serve as an ambassador of Henry Ford Henry Ford Hospital and Health Network Hospital by living the values and taking pride in this organization.</p> <ul style="list-style-type: none"> • Takes responsibility to correct customer problems/concerns. Owns the issue until it is resolved. • Physically escorts "lost" customers to his/her destination. • Represents the organization in a positive manner. • Takes an active role in implementing and supporting process improvements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Standard: COMMITMENT TO TEAM MEMBERS			
S	C	NI	<p>Be a team player, and know that by helping each other we help our patients.</p> <ul style="list-style-type: none"> • Provides coaching and feedback in a positive manner, and says "Thank You." • Shares information, knowledge and resources with team. Does not allow the negativity of others to influence performance, does not participate in gossip. • Volunteers to help others, especially during heavy workload periods. • Displays accountability to team members by adhering to the Attendance and Tardiness policy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

Standard: TAKE PRIDE IN PERSONAL APPEARANCE			
S <input type="checkbox"/>	C <input type="checkbox"/>	NI <input type="checkbox"/>	<p>Look the part. Dress for respect and success!</p> <ul style="list-style-type: none"> Behaves like an owner of the Henry Ford Hospital and Health Network by taking accountability for their appearance. Personal appearance is in compliance with the behavioral standards of personal appearance.
Comments:			
Standard: OFFER OPEN AND CONSTRUCTIVE COMMUNICATION			
S <input type="checkbox"/>	C <input type="checkbox"/>	NI <input type="checkbox"/>	<p>Communication with our customers is critical! I will communicate respectfully with patients and customers giving close attention to both verbal and non-verbal messages. No patient interaction is inconsequential.</p> <ul style="list-style-type: none"> Listens attentively to others to ensure understanding. Maintains eye contact. BE HERE NOW and Does not interrupt. Demonstrates respect for others through verbal and non-verbal behavior. Provides clear thorough and understandable information to customer/family/team members.
Comments:			
Standard: FOSTER AND SUPPORT INNOVATION			
S <input type="checkbox"/>	C <input type="checkbox"/>	NI <input type="checkbox"/>	<p>Innovation is valued and expected.</p> <ul style="list-style-type: none"> Provides innovative and additional ways to support the Henry Ford Hospital and Health Network and its customers by suggesting new ideas for continuous improvement. Embraces change and approaches issues with a goal of creating a win-win opportunity. Puts forth an extraordinary effort to provide the very best service to our customers.
Comments:			
Standard: HONOR AND RESPECT DIVERSITY			
S <input type="checkbox"/>	C <input type="checkbox"/>	NI <input type="checkbox"/>	<p>Treat all individuals with sensitivity and understanding.</p> <ul style="list-style-type: none"> Respects the diverse needs and expectations of our customers. Is aware of and respects the religious and culture difference of patients, families, and team members
Comments:			
Standard: RESPECT AND BE SENSITIVE TO PATIENT PRIVACY			
S <input type="checkbox"/>	C <input type="checkbox"/>	NI <input type="checkbox"/>	<p>Customer information is a private matter. I will respect the need for privacy in all instances.</p> <ul style="list-style-type: none"> Respects customer privacy when entering the room or transporting. Complies with HIPAA regulations and maintains the strictest confidentiality regarding customer information, especially in public areas.
Comments:			

Standard: BE COURTEOUS AND PRACTICE ESTABLISHED ETIQUETTE			
S	C	NI	<p>Telephone, hallway, and elevator etiquette: Treat people with courtesy and respect</p> <ul style="list-style-type: none"> • Observes the 10/20 rule and be courteous when entering and exiting elevators, allowing others to exit the elevator before entering. • Greets others with a "smile". Cordially answers the phone by the third ring and identifies self and department. • Uses service elevators for patient transportation and equipment only.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Standard: MAINTAIN A CLEAN AND SAFE WORKPLACE ENVIRONMENT			
S	C	NI	<p>Promote and maintain a clean environment. I will behave like an owner of Henry Ford Henry Ford Hospital and Health Network Hospital by taking accountability for its appearance.</p> <ul style="list-style-type: none"> • Behaves like an owner of the Henry Ford Hospital and Health Network taking accountability for the appearance of the workplace. • Takes action to maintain a clean and safe workplace.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Standard: RESPOND IN A TIMELY MANNER			
S	C	NI	<p>Timing is everything: Responding to customers' needs and questions is a priority.</p> <ul style="list-style-type: none"> • Delay in service: <ul style="list-style-type: none"> - Responds courteously to all requests. Informs customers of any change in staff assignments. - Prior to procedure start, informs patient/customer of the timing/length of tests or procedures - If a test/procedure is delayed, apologizes for the delay and updates patient/family as to the status of the delay every 15 minutes - Provides a comfortable atmosphere for the waiting patient. • Call lights: <ul style="list-style-type: none"> - Makes sure call lights are placed within reach and answer call lights within the standards of care. - Makes rounds no less than every hour to assess patient needs. - Asks, "Is there anything else I can do for you? I have the time" before leaving the room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

APPENDIX B. Veterans Health Administration Handbook: “How to Say it – Scripting”

Elevator Etiquette (Staff attitude towards visitors)

Engage the visitor. Say, “Do you have someone in the hospital? We want to provide very good care, can we do anything for you?” Step aside. Don’t speak about confidential matters. Let them exit and enter first. Don’t sound exasperated and make comments about your job such as, “I’m so glad this day is over.”

Shift Change (How well nurses kept the patient informed)

Say, “I am (your name). I will be your nurse until (time). Please let me know the moment we can do something for you or do something better. My goal is to exceed your expectations and provide you with very good care.”

Leaving a Patient’s Room (Overall cheerfulness of the hospital)

Always ask before you leave a patient’s room, “Is there anything else that I can do for you? I certainly have time to help you.”

Emotional and Spiritual Needs (Degree to which staff addresses emotional and spiritual needs)

“Being in the hospital can be tough emotionally and spiritually. We have chaplains in the hospital around the clock (if you do) to talk with you about these issues. Would you like me to contact a chaplain for you?”

Needing Directions (How well staff work together to care for you)

Ask, “May I help you?” If they answer that they’re just trying to find a specific department, offer “May I take you where you’re going?” and walk them there. It doesn’t matter if the time spent doing this makes you late for a meeting. It’s an excusable tardiness.

Just One More Thing (Response to concerns and complaints)

Be receptive when a patient says, “Oh, just one more thing.” It’s often the most important issue raised. Take your hand off the door, step toward the patient, and listen attentively.

Body Language (Overall rating of caregiver)

If possible, sit down when you speak with a patient. Be on their level, literally and figuratively. It makes for better listening

Comfort of Visitors (Accommodations and comfort of visitors)

“Do you know where the rest rooms, cafeteria, gift shop, chapel, etc., are?” “Is the temperature alright?” “Can I get you a blanket?”

Offensive Remark By Co-worker (This is a staff to staff item, so there is no survey question)

In private and very politely, confirm what you heard was correct by saying, “Did you just say that?” If it was an offensive remark, say “What you just said made me uncomfortable. I would appreciate it if you wouldn’t say it again. Thank you.”

APPENDIX C. Service Recovery Training Handout Template

<p>Customer service standards and expectations</p> <p>Our commitment to customers</p> <p>Windsor Regional Hospital employees have an opportunity and responsibility to make a positive difference for patients, families, physicians and one another. We show that commitment by using these standards every day, every interaction, and every customer.</p> <p>Windsor Regional Hospital employees are personally accountable to:</p> <table border="0"> <tr> <td>Offer assistance</td> <td>Respect Diversity</td> </tr> <tr> <td>Maintain Privacy</td> <td>Protect confidentiality</td> </tr> <tr> <td>Be courteous</td> <td>Care for the environment</td> </tr> <tr> <td>Express empathy</td> <td>Behave professionally</td> </tr> <tr> <td>Follow the standards</td> <td></td> </tr> <tr> <td>Ensure timely follow through</td> <td></td> </tr> <tr> <td>Create a great memorable experience</td> <td></td> </tr> </table>	Offer assistance	Respect Diversity	Maintain Privacy	Protect confidentiality	Be courteous	Care for the environment	Express empathy	Behave professionally	Follow the standards		Ensure timely follow through		Create a great memorable experience		<p>Philosophy of nursing excellence</p> <p>Windsor Regional Hospital attitude of nursing is based on principles of respects, capability, impact and satisfaction. We connect with patients, families, and community through relationship center caring, sharing decision making, evidence based practice and responsibility.</p>
Offer assistance	Respect Diversity														
Maintain Privacy	Protect confidentiality														
Be courteous	Care for the environment														
Express empathy	Behave professionally														
Follow the standards															
Ensure timely follow through															
Create a great memorable experience															
<p>Interaction Process</p> <p>1. Greet Introduce yourself Use their name Make eye contact Use a pleasant tone of voice</p> <p>2. Exchange Ask for questions Listen with empathy Give information Explain delays Check body language</p> <p>3. Close Offer Additional help Confirm satisfaction Summarize your follow up Say “Thank you”</p>	<p>Telephone answering</p> <p>Windsor Regional Hospital Your Department Your name Your Title Offer assistance</p>	<p>Service Recovery:</p> <p>When responding a customer concern</p> <ol style="list-style-type: none"> Acknowledge Restate what you heard. Show empathy. Apologize “I am sorry about that.” “I apologize for that.” Amend Tell what you can do. 													
<p>Suggested scripted phases</p> <ul style="list-style-type: none"> “We have been expecting you.” “We respect your time.” “I am here for you.” “You are the reason I am here.” “It’s been a pleasure to take care of you.” “I am sorry your wait was longer than expected.” “Thank you for choosing Windsor Regional Hospital.” “Is there anything else I can do for you?” “Is there anything I have missed?” “I have the time.” “It’s no problem.” “I am glad you let me know.” “I am the right person help you with this.” “What can do is this.” (rather than “can’t”) “The next step is this.” (rather than “you’ll have to”) 															

References

1. Ashill, N.J., Carruthers, J., & Krisjanous, J. (2005), Antecedents and Outcomes of Service Recovery Performance in a Public Health-care Environment, *The Journal of Services Marketing*; 2005; 19, 5
2. Bendall-Lyon, D. and Powers, T. (2001), The role of complaint management in the service recovery process, *Joint Commission Journal on Quality Improvement*, Vol. 25 No. 5, pp. 278
3. Bitner, M.J., Booms B.H. & Tetreault, M.S. (1990), The Service Encounter: Diagnosing Favourable and Unfavorable Incidents, *Journal of Marketing*, Vol. 54, January, pp. 71-84.
4. Blodgett, J. G., D. H. Granbois, and R. G. Walters. 1993, The effects of perceived justice on complainants' negative word-of-mouth behavior and repatronage intentions, *Journal of Retailing*, 69:399-428.
5. Bowen, D. E., & Johnston, R. (1999), Internal Service Recovery: Developing a New Construct, *International Journal of Service Industry Management*, 10(2), 118-131
6. Business, consumer and property services. Retrieved from <http://www.statcan.gc.ca/pub/11-402-x/2011000/chap/services/services-eng.htm>
7. Buttle, F., and J. Burton. (2002), Does Service Failure Influence Customer Loyalty?, *Journal of Consumer Behaviour*, 1:217-227.
8. Dasu, S. & Rao, J. (1999), Nature And Determinants of Customer Expectations of Service Recovery in Health Care, *Quality Management in Health Care*, 1999, 7(4), 32-50
9. DiBenedetto, N.M., Lewis, D.M. & Conroy, B. (1999), Assessing Customer Satisfaction: The Key to Comprehensive Customer Service, *Top Stroke Rehabilitation*, 1999;5(4):38654
10. Dolinsky, A.L. (1995). Complaint Intensity and Health Care Services: A Framework to Establish Priorities For Quality Improvements Can Be Used to Improve Patient Satisfaction. *Journal of Health Care Marketing*, 15(2), 42647.
11. Friele, R.D., Sluijs, E.M. & Legemaate, J. (2008), Complaints Handling in Hospitals: An Empirical Study of Discrepancies Between Patients' Expectations and Their Experiences, *BMC Health Services Research* 2008, 8:199
12. Funk, V. (2006), Employee and Patient Focus Earns the Baldrige, Retrieved from: <http://www.texasquality.org/SiteImages/125/Reference%20Library/Bronson%20Methodist%20Hospital.pdf>, on 13 February, 2012
13. Grönroos, C. (1988), Service Quality: The Six Criteria of Good Perceived Service Quality, *Review of Business*, 9(3): pp10-13.
14. Gutbezahl, C. & Haan, P. (2006), Hospital Service Recovery, *Journal of Hospital Marketing & Public Relations*, Vol. 16(1/2) 2006
15. Hart, C.W.L., Heskett, J.L. and Sasser, W.E. Jr (1990), The Profitable Art of Service Recovery, *Harvard Business Review*, Vol. 68 No. 4, pp. 148-56
16. Johnston, R., and Mehra. S. (2002), Best-practice complaint management, *Academy of Management Executives*, 16:145-154.
17. Keaveney, S. M. (1995). Customer Switching Behavior in Service Industries: An Exploratory Study, *Journal of Marketing*, 58(April), 71-82.
18. Keith, R.A. (1998). Patient Satisfaction and Rehabilitation Services, *Archives of Physical Medicine and Rehabilitation*, 79, 112261128.
19. Kennedy, M. (1996), Designing Surveys For Maximal Satisfaction: An Interview With Allyson Ross Davies, *The Joint Commission Journal on Quality Improvement*, 22, 369 - 373.
20. Leebow, W., & Scott, G. (1994), Service Quality Improvement: The Customer Satisfaction Strategy For Health Care, *Chicago: American Hospital*
21. McCollough, M. A. (1995). The Recovery Paradox: A Conceptual Model and Empirical Investigation of Customer Satisfaction and Service Quality Attitudes after Service Failure and Recovery, *Doctoral dissertation*, Texas A&M University.

22. McCollough, M. A., and Bharadwaj, S. G. (1992), The recovery paradox: An examination of customer satisfaction in relation to disconfirmation, service quality, and attribution based theories. In C. T. Allen (Ed.), *Marketing theory and applications* (pp. 119). Chicago: American Marketing Association.
23. Maxham, J. G. I. (2001), Service Recovery's Influence on Consumer Satisfaction, Word-of-Mouth, and Purchase Intentions, *Journal of Business Research*, 54(October), 11-24.
24. Michel S., Bowen D. and Johnston R. (2007), Service Recovery Management: Closing the Gap Between Best Practices and Actual Practices, Retrieved from http://www.dienstleistungsmarketing.ch/documents/MichelBowenJohnston_ServRecMgt_Reformed.pdf, on February 12, 2012
25. Miller, J. L., Craighead, C. W., & Karwan, K. R. (2000), Service Recovery: A Framework and Empirical Investigation, *Journal of Operations Management*, 18-2000. 3876400
26. Oliver, R. L., & Swan, J. E. (1989), Post-purchase Communications by Consumers, *Journal of Retailing*, 65(Winter), 516-533.
27. Osbourne, L. (1995), Resolving Patient Complaints: A Step-by-Step Guide to Effective Service Recovery, 2nd Edition, *Aspen: Gaithersburg, MD*.
28. Rao, P.R., Blosser, J., & Huffman, N. (1997), Measuring Consumer Satisfaction in C.M. Frattali (Ed.), *Measuring outcomes in speech-language pathology* (pp. 896112). New York: Thieme Medical
29. Roselli, V.R., Moss, J.M. and Luecke, R.W., (1989), Improved Customer Service Boosts Bottom Line, *Healthcare Financial Management*, 43: 20-28
30. Ruyter, K & Wetzels, M. (2000), Customer Equity Considerations in Service Recovery: A Cross-industry Perspective, *International Journal of Service Industry Management*, Vol. 11 Iss: 1, pp.91 - 108
31. Schweikhart, S.B., Strasser, S. & Kennedy, M.R. (1993), Service Recovery in Health Services Organizations, *Journal of Healthcare Management*; Spring 1993; 38, 1
32. Service recovery in the veterans health administration. VHA Handbook 1003.2. Department of Veterans Affairs .Veterans Health Administration. Washington, DC. Retrieved from http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=433 on March 1, 2012.
33. Smith, A. K., Bolton, R. N., & Wagner, J. (1999). A Model of Customer Satisfaction with Service Encounters Involving Failure and Recovery, *Journal of Marketing Research*, 36(August), 356-372.
34. Spreng, R. A., G. D. Harrell and R. D. Mackoy. 1995, Service Recovery: Impact on Satisfaction and Intentions, *Journal of Service Research*, 9:15-23.
35. Steiber, S.R., and Krowinski, W.J. (1990), *Measuring and Managing Patient Satisfaction*. Chicago: American Hospital.
36. Stichler, J.F. and Schumacher, L. (2003), The gift of customer complaints, *Marketing Health Services*, Vol. 23 No. 4, pp. 14-15
37. Strasser, S., and David, R.P. (1991), Measuring Patient Satisfaction for Improved Patient Service, *Ann Arbor, MI: Health Administration Press*
38. Susskind, A. M. (2002). I told you so! Restaurant customers' word-of-mouth communication patterns, *Cornell Hotel & Restaurant Administration Quarterly*, 43(2), 75-85.
39. Swanson, S. R., and Kelley, S. W. (2001), Service Recovery Attributions and Word-of-Mouth Intentions, *European Journal of Marketing*, 35(1/2), 194- 211.
40. Yavas, U. (1999), Correlates of Satisfaction among Customer-contact Personnel in Retail Banking Services: An Empirical Study, *Contemporary Developments in Marketing*, ESKA, Soup de Co, Montpellier, pp. 547-55