

Head Off Patient Telephone Nightmares with Proven Etiquette Tips

Presented by:

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[DISCLAIMER]

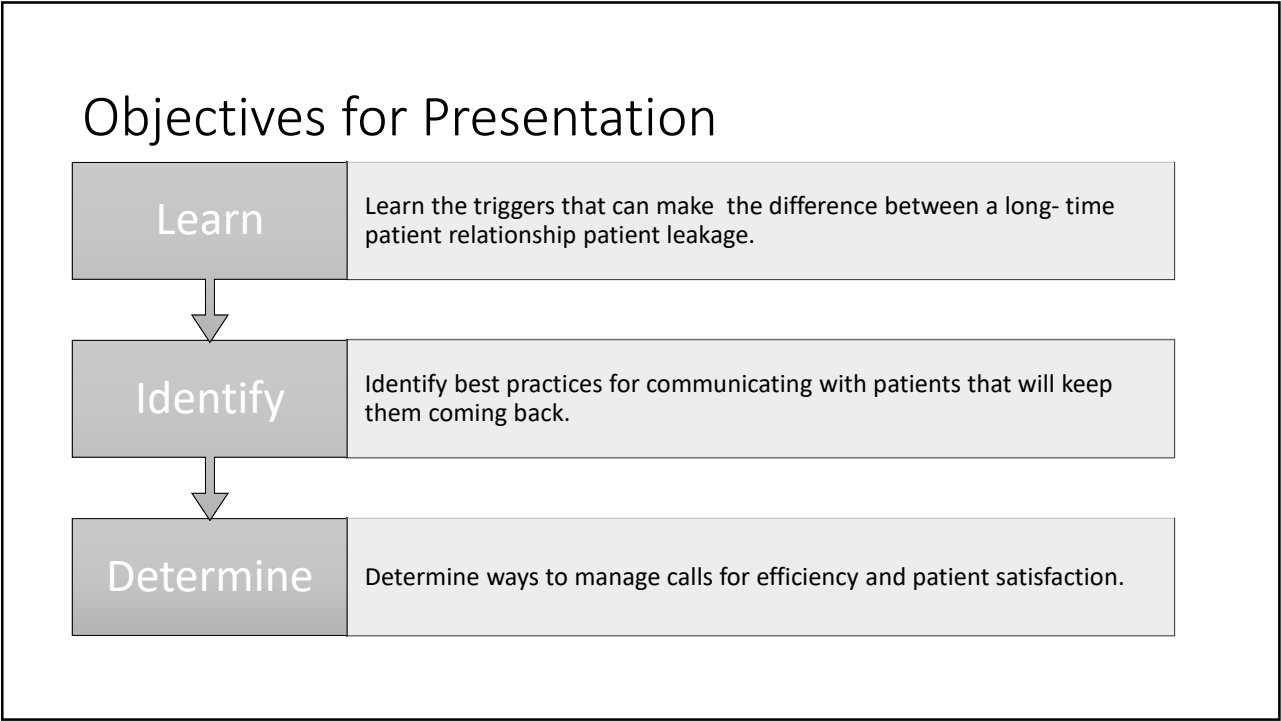
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Did you
know....

Patient frustration comes from unmet expectations.

Customer service and phone etiquette are mutually
exclusive.

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Did you Know....

80% of first - time patients' contact with
your organization is by telephone.

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Did you Know....

- You have only 30 seconds to make a good impression with the caller.

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Did You Know.....

- 35% of callers to a medical practice reported they were unlikely to keep an appointment or return to the practice based on a poor interaction from the first telephone call.

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Did You Know.....

- Patient satisfaction has become a key criterion to evaluate the quality of healthcare services.

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Key Phone Elements Associated With Patients' Likelihood to Return:

- Phone Access
- Greeting
- Communication
- Appointment Access
- Closing

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Phone Access

- Negative impacts associated with a patients' likeliness to return or not return include:
 - Encountering voicemail at first contact
 - Having to hold in a queue
 - Waiting longer than 3 rings for someone to answer
 - Experiencing a call transfer

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Greeting

- A proper greeting is associated with increased in patients' likeliness to return.
- Patients expect to be spoken to with respect and sincerity.

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Communication

- Communication style and attendant's behavior are associated with a patient's likelihood to return to your organization.
- Includes:
 - Not interrupting before the patient is done speaking
 - Speaking slowly and clearly
 - Ask need-defining questions

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Appointment Access

- The Baird Group survey found patients who were offered an appointment within two weeks are more likely to access your organization.
- Patients who were offered appointments more than two weeks out were 4.4 times less likely to use your organization for care.
- Those patients told there are no appointments available are nearly 5 times more likely to go elsewhere.

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Closing- (Ending a Call)

- At the end of a call with a patient, when the attendant ensures the caller's needs have been met, patients are more likely to access your organization for care.

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Attitudinal Issues Affecting Patients' Decision to Access Care At Your Organization

- Attendant Friendliness and Empathy
- Attendant Knowledge and Resolution
- Appointment Access

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Attendant Friendliness & Empathy

- Attendant consideration of patients' time
- Attendant's interest in the callers needs
- Attendant who is patient and understanding
- Attendant's sincere interest in patients' needs
- Attendant's ability to be empathetic toward the patient increases the likelihood patient will access your organization.

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Attendant Knowledge and Resolution of Problems

- Patients expect the attendant to be confident and accurately provide needed information the patient requests.

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- **Facts we know:**

- Trust comes from staff competence
- Staff attitudes - main contributor to a positive moment of truth
- One third of patients will switch - "ideal experience"

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Appointment Access

- When patients are offered an appointment that is better than what they expected, they are more likely to access your organization.

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Tips for Best Practices

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Phone Access

- You may be having phone problems if-
 - ⦿ Increasing number of walk-ins
 - ⦿ Complaints about wait times or dropped calls
 - ⦿ Complaints about busy signals
 - ⦿ Repeat calls from patients
 - ⦿ Dissatisfied patients are leaving the practice

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Call Tracking Form

	Rx	Appt	Billing	Refer	Tests	Nurse/ Dr.	Other	Total
8-9	111	111111	11	11	111111	11111	1	25
9-10								
10-11								
11-12								
12-1								
1-2								
2-3								
3-4								
4-5								

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Results of Phone Tracking

Call Reasons	Total calls	Repeat calls	% Repeat calls
Rx	70	3	4.3%
Appt	150	0	0.0%
Billing	35	0	0.0%
Referrals	25	2	8.0%
Tests	135	10	7.4%
Nurse/Dr.	75	5	6.7%
Other	20	0	0.0%
Total	510	20	3.9%

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Phone Access

- Install direct-dial lines for lab, refills, referrals and business office
- Schedule patient follow-up appointments before patient leaves
- Protocol to ask patients about refill needs at each visit
- Set expectations when patients may expect lab/test results
- Record message for directions, hours, etc.

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Phone Access Managing Calls



- Phone facts for average operator
 - Can respond to 250-300 calls a day
 - Can route 800-1000 calls a day
 - Can schedule 50-75 patient calls for appointments with phone duties

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Phone Access

- Answer the phone promptly (3rd Ring)
 - Have a back-up plan
- Minimize on-hold time
- Enunciate
- Don't conduct personal business while someone is waiting



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Greeting

- The telephone greeting is a verbal handshake
- Make a friendly introduction
- Identify the practice and yourself
This establishes credibility with the patient
- Make an offer of help



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Greeting


- A bright cheerful greeting will lift most people's spirits and set the proper tone for the call.
- Speak clearly and calmly at a conversational pace; softly yet audible. This lets the patient know you have time for them.
- Don't mumble or race through the greeting. This can give the impression that you don't have time for the caller.

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Greeting

- "Good morning (afternoon), Family Practice Associates this is _____ how may I help you?"
- "Thank you for calling Dr. _____'s office, my name is _____. How may I help you today?"

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Greeting

- Ask questions
- Be ready to take notes
- Set expectations for a return call

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Greeting

Be Prepared to Take Notes

- Name of caller
- Patient / date of birth
- Physician
- Date/Time of message

- ⊙ Symptoms / duration
- ⊙ Pharmacy / allergy
- ⊙ Phone number
- ⊙ Your initials

Dr.	Name of caller	Patient	DOB	Message date and time
<div><div><div><div><div><div>allergies</div><div>chest pain</div><div>cough prod</div><div>congestion</div><div>dianrhea</div><div>dizziness</div></div></div><div><div><div>fatigue</div><div>fever</div><div>headache</div><div>nasal drainage</div><div>nausea</div><div>pain</div></div></div><div><div><div>rash</div><div>sore throat</div><div>short of breath</div><div>vomiting</div></div></div></div></div><td>Phone #</td><td>pharmacy & phone</td><td>allergies</td><td>initials</td></div>	Phone #	pharmacy & phone	allergies	initials

Nursing/physician orders/follow-up

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Communication

The Facts

- Face to face communication-in person
 - 7% words
 - 38% tone of voice
 - 55% body language
- Phone communication
 - 16% words
 - 84% tone of voice
 - 0% body language

55%
BODY LANGUAGE

WORDS 7%

38%
TONALITY

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Communication

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Communication

- Learn to listen
- Seek to understand
- Patients want to be understood
- Show empathy



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Communication

- Active Listening
 - Give the speaker time and space
 - Express appreciation for the sharing
 - Builds trust and encourages dialogue
 - Paraphrase, re-state or summarize key points
 - Affirm your understanding
 - Helps build on the dialogue
 - Remain non-judgmental and ask non-threatening questions
 - Builds understanding
 - Tell the patient what you intend to do and then follow through



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Communication

Tone of Voice – 4 Critical Factors

- Energy- This reflects attitude and enthusiasm
- Rate of Speech - A normal rate of speech is 125 words per minute; anything faster will seem rushed. A slower rate will impart a sense of disinterest and boredom, or worse, a feeling of condescension.
- Pitch-Height or depth in the tone of voice. Monotone pitch is boring; high pitch can grate on the nerves of callers.
- Quality-A major way to express your ideas to others.



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Communication

Mood Altering Language



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Communication Becoming a Skilled Communicator

- “I” language vs. “You” language
 - “I” language
 - Holds you responsible for your own emotional state and reaction towards a situation
 - Is more accurate and less provocative way of expressing a complaint
 - Encourages dialogue rather than seeks blame

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Communication Become a Skilled Communicator

- “I” language vs. “You” language
 - “You” language
 - Injures or attacks even when you actually don’t intend to
 - Points a finger and finds blame for your own reaction or emotional state
 - Assumes knowledge of others’ motives and states of mind
 - Elicits defensive and argumentative response

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Communication

Phone Etiquette

- Visualize the caller
- Be aware of sounding hurried
- Listen for the emotion of the patient
- Be friendly and show empathy
- Keep distractions to a minimum



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Communication Phone Etiquette

- Use caller's proper name...when in doubt, verify name pronunciation
- Call patients by their first name only when authorized to do so
- Show empathy to people in distress
- Treat all callers as customers

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Communication Phone Etiquette

- Create written procedures/scripts
- Add outgoing, non-rolover lines
- Set expectations and follow through
- Have nursing staff schedule triaged calls
- Have a back-up for periods of heavy volume

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Communication Phone Etiquette

- Important characteristics of good phone etiquette
 - Reliability – Deliver what you promise
 - Responsiveness- Be patient with the caller
 - Assurance- Convey knowledge and courtesy
 - Empathy- Show you care

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The Close Ending the Call

- Thank the caller for choosing to call your office
- Use their name in the closing
- Ask if their needs were met
 - “Is there anything else I can do for you today Mrs. Jones? My name is _____. If you need anything else, don’t hesitate to call and ask for me.”
- Offer your name as a contact for future calls

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Phone Etiquette



- Ask permission before placing the caller on hold
- Excuse yourself before interrupting a conversation to answer the telephone
- When on the phone, acknowledge the patient in front of you with a smile and nod
- Never interrupt a patient who is talking, let them finish

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Phone Etiquette Verbal Messages To Patients

- Watch use of jargon or medical terms
- Explain any unfamiliar terms
 - Clarify details
- Listen before replying
 - Show concern
- Learn to say “thank you” and “I am sorry”
 - Respond assertively

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Phone Etiquette Transferring Calls

- Let the caller know WHY you need to transfer them and ASK permission
- If they do not agree to the transfer, ask to take a message
- Let the caller know WHERE and to WHOM you are transferring them
- If you know they will be going to voice mail, explain how your office policy works for return calls. Example: a nurse call that goes to voice mail or a call to the billing office.

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Phone Etiquette Answering Machines

- Introduce yourself with first and last name, company and/or department name
- State the date and time of your call
- Leave contact information clearly
- Say phone numbers slowly
- Speak clearly and don't rush

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Phone Etiquette

- Answering Machines
 - Be clear - make sure the recipient will understand why you are calling or what you want them to do
 - Repeat your contact information

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Dealing with Difficult Patients by Phone

- REMEMBER: Its not what you say, but HOW you say it
- Give the patient your name, and use their name in the conversation
- Determine whether the caller is in medical distress
- Ask the patient if they have a specific question you can answer.
- Assure the patient that your goal is to help.



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Dealing With Difficult Patients by Phone

- Stay calm- remain diplomatic and polite.
- Sincerity – Always show your willingness to resolve the problem, or conflict and be sincere
- Be empathetic- Try to think like the caller; put yourself in their shoes
 - “I understand why that would be upsetting to you”
 - Tell me what is wrong so I might try to be of help”
- Pass the call to a supervisor or manager if necessary



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“No one can make you feel inferior
without your permission.”

Eleanor Roosevelt

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Phone Etiquette The Final Word...

- Devote time and resources to assist staff to be confident and exhibit the best communication skills
- When staff interact with effective, empathetic and compassionate communication- they build unbreakable, long-term relationships that will generate a steady stream of “word- of- mouth” referrals.

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