

Customer's Voice; Process proficiency - the pathway to higher patient satisfaction

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Abstract - Hospitals provide care and the life saving procedures, at the same time it is a place which is beset with high level of stress for patients and patient attendants alike. Patient complaints provide a valuable source of insight into safety-related problems within healthcare organizations and can provide important and additional information to healthcare organizations on how to improve patient safety. It is not only the Redressal of the complaints/feedback which affects the satisfaction level positively but also the process in which the complaints are registered and the feedback is collected. At Apollo Hospitals Bhubaneswar, the trend of Satisfaction Score/percentage showed a downward trend. With the negative trend of satisfaction score/percentage in mind a study was undertaken to identify the chinks in the process with the objective of ironing them out for higher patient satisfaction. This work stands out for its comprehensiveness and differentiates itself because of the detailed work that was undertaken where even the minute parts were accounted for in the process of Voice of Customers. This study went in depth, identified the issues and deployed measures that addressed the patient's complaints immediately in an expeditious manner and led to increased patient satisfaction. The study offers a new perspective wherein the focus was shifted to fixing and refining the process of complaint registration or feedback collection and not only on complaint redressal as is primarily the case. The net effect of the new measures that were deployed for complaint and feedback collection ensured a surge in patient satisfaction scores.

INTRODUCTION

In a health care organization, Patient feedback and complaints provide critical and valuable source of insight into safety-related problems. (*Donaldson L.,2000*)During the course of a hospital stay Patients are more aware and sensitive to these problems, and are able to identify, a whole gamut of problems in regard to healthcare delivery (*Weingart, Pagovich, Sands, 2006 et al.*). This affects patient wellbeing and satisfaction. Some of the traditional systems of healthcare monitoring (e.g. incident reporting systems, retrospective case reviews) have been found wanting when it came to identifying issues which represent a problem with patient. (*Levtzion-Korach , Frankel , Alcalai, 2010 et al*) Furthermore, a comprehensive study and in-depth analysis of the process when undertaken, can provide important and additional information to healthcare organizations on how to improve the process of collecting the complaints. Moreover, a streamlined and stringent process of collection of feedbacks/complaints gives an opportunity to collect the feedback on time and consequent analysis of negative patient experiences in the form of feedback/complaint strengthens the ability of healthcare organizations to identify systematic problems which inhibit effective deliver of care. A healthcare organization on an average receives higher volumes of complaints on a range of issues which are diverse and sometimes peculiar in nature . (*Bark P,*

Vincent C, Jones A, et al.,1994) The level of standardization of techniques used to collect and analyze patient complaints is unclear, and there is a case for developing a standardized and reliable taxonomy for analyzing and interpreting (in terms of patient safety) complaint data. Furthermore, through data synthesis, we develop taxonomy for guiding and standardizing the future analysis of patient complaints, with the purpose being to support research and practice on analyzing and using information reported in letters of patient complaints.

Patient complaints usually refer to an 'expression of grievance' and 'dispute within a health care setting'. (*Lloyd-Bostock & Mulcahy, 1994*).They are often formal letters written to a healthcare organisation (or regulator) after a threshold of dissatisfaction with care has been crossed. (*Mulcahy&Tritter, 1998*).Typically, complaints are made by patients or families. (*Carmel,1990*).To resolve complaints, healthcare institutions usually create dialogue on the complaint, investigate it and reach a resolution for the individual patient (e.g., apologize, reject, compensate). (*Lloyd-Bostock& Mulcahy, 1994*). In considering how patient complaint data might be used to identify or reduce problems in patient safety, a number of distinguishing features of patient complaints require discussion. Most of the available subjects led emphasis on the patient's complaints and what they reflect. The first stage of registering a complaint and process of collecting a complaint hasn't received

desire attention that it ought to. The process of complaint Redressal starts with the patient registering a complaint or a feedback.

Nonetheless, patient complaint data can provide unique patient-centered insights into aspects of care that may not be easily captured through traditional quality and safety metrics (eg, dignity). Crucially, when patient complaints are considered at an aggregate level (eg, a hospital), they potentially indicate problematic trends in healthcare provision. Rigorous and systematic analytical procedures of collecting these feedbacks are essential if learning from patient complaints and attending to it is to be facilitated.

Voice Of the Customer (VOC) The “voice of the customer” is a process used to capture the requirements/feedback from the customer (internal or external) to provide the customers with the best in class service/product quality.

In order to build a deeper relationship with our customers, deeper engagement on an ongoing and daily basis is important. We should keep meeting them daily, encourage interaction and understand their dissatisfactions and get to the source of it. We call this system VOC (Voice of Customer). The customer voices that we collect contain not only complaints and opinions, but also various customer issues. We share voices from customers with our departments that have contact with customers as well as with other departments within our hospital to solve incidents, to prevent incidents from re-occurring, and for planning and development of new products and services.

Information, sometimes come in the form of customer feedback surveys and other times it may come in the form of complaints from unsatisfied clientele. No matter where the data comes from, businesses must act on the information and learn from mistakes that

Customer complaints, as well as feedback from survey activities, should be taken very seriously no matter how insignificant they may seem. Businesses that allow customer issues to go unresolved run the risk of having these events mushroom into full-blown PR nightmares. In today's first pace and ever changing scenario, there is a need to be pro active and for developing a new perspective that allows evaluating and analyze and stay ahead of the curve.

Background of the Study

At Apollo Hospitals Bhubaneswar Patient Satisfaction Score/percentage was only 37% for the 1st quarter (Jan- Mar 2016) of the year 2016. The same

trend persisted for the last couple of quarters of the year 2016. When the process in place was reviewed it was found that the Patients were only met for the collection of feedback by the VOC team on the discharge day. Also a thorough review could reveal that the number of complaints which were filed daily was handled in a perfunctory manner. Thus the need of the hour necessitated a thorough review of the system in place and a study was undertaken to find ways to record positive trends of higher patient Satisfaction.

The study was initiated with a broader intention ensuring that when a patient gets discharged, he /she goes home with high overall satisfaction, helps in spreading the good word and recommends Apollo Hospitals, Bhubaneswar to his/her family or community. The emphasis of the project is not on minimizing the number of complaints raised but how promptly it is registered and taken cognizance of and how effectively we attend to it contributes to the satisfaction of the patients.

Measurement & Methodology

Going deep into the process of collection of complaints and feedback, the following points were revealed:

1. The grievances and complaints were accumulated in the absence of proper Redressal on a daily basis which reflected on the feedback forms on the day of discharge.
2. A pilot study where the patients/patient attendants were interacted with revealed that patients were wary of airing their grievances primarily because they did not want to antagonize the Consultants and other primary care giving team and compromise on the services they receive during their hospital stay.
3. TAT of resolving a problem raised by a patient on floor was minimum 30 minutes leading to customer disaffection.

Once the problems were identified that were aiding to lower satisfaction scores, hospital set a practical and realizable target to achieve its goal.

Target fixed:

1. To increase the CSAT from 37% to 60%.

2. To attend to daily complaints effectively, so that the patients or family agitation/grievances do not reflect on the patient feedback on the discharge day.

The identified problems were put forth for a discussion with the management. The team responsible for the same required to work on the daily complaints were briefed about the issue and the support required from them.

The following steps were undertaken:

1. AB-PRO – A Whatsapp group was created where everything was tracked and monitored from beginning with the raising of a grievance to its Redressal. The CEO, COO and the Medical Head were also made a member in the group so that the proper oversight is there and staffs are on their toes to resolve the issues at the earliest possible. It gave a huge momentum to help the ball rolling towards attending the daily complaints and their immediate resolutions. As a result we saw an increase in the number of daily complaints and a reduction in complaints as recorded in feedback forms collected during discharge.

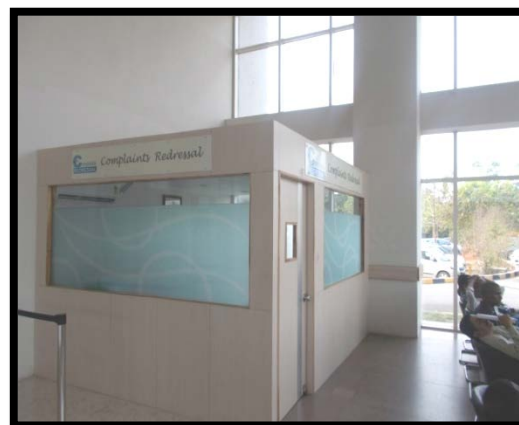
Pic 1: Screenshot of the Whatsapp AB PRO group



2. A patient complaint Redressal cell was also opened in the hospital campus where patient attendants can go and register their grievances which were being duly addressed

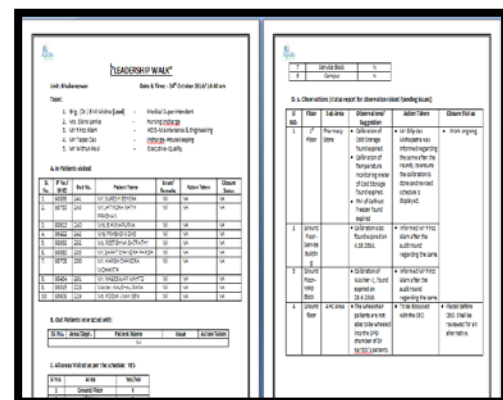
and shared with the patients. This was another platform that was created for patients /patient family to speak and reach out to administration with their concerns.

Pic 2: Patient Complaint Redressal Cell



3. Leadership ship walks contributed to this project as it created an opportunity for interaction between the higher management, staffs and patients and also to give a fast hand experience to the higher ups on the daily issues that the staff and patients/ family was confronted with. We added tracker sheet as an enclosure in the Leadership Walk Report to capture these complaints observed during Leadership walk with its report to expedite the CAPA and effectively close the same.

Pic -3 scanned copy of Leadership Walk Report



4. Earlier although the floor managers /ward secretaries were hard at their work but there were

no documentation on the same. We created daily reporting from the floor manager's desk which also captured the daily complaints and if pending were carried to the next day for closure. (Enclosure 3: One sample floor report of 4th floor from Apollo Hospitals, Bhubaneswar). The patients raising complaints tracked through daily reports are given special attention to ensure there is no reoccurrence of the incident that made the patient report the complaint.

Pic -4 scanned copy of floor report from the floor



Few Technical skills involved and emphasized:

The Team VOC and floor managers were taught about the finer aspects of engaging with the patients/ family and to be empathetic to their concerns (the expertise that goes in to it is in explicable and can be experienced when we see the team on action)

RESULTS

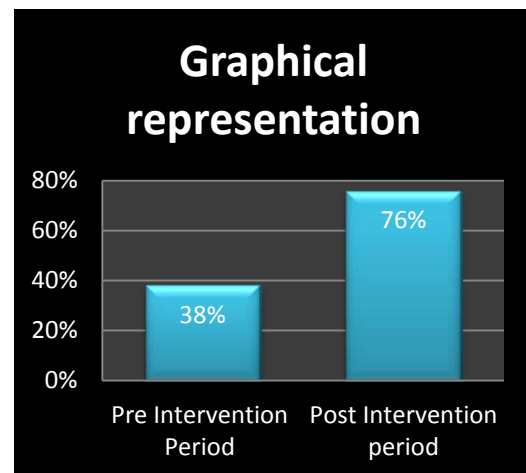
The Positive up shot of the steps initiated are as below:

1. We saw a jump in the percentage points of Customer Satisfaction CSAT from 38% to 76%.
2. Issues on floor were getting resolved faster
3. Number of complaints increased on the floor reports/registers while the overall satisfaction score also increased in the feedback received on the discharge day of the patient.

Table 1: Tabular representation of the IP patient's satisfaction score during pre intervention and post intervention period.

Pre Intervention Period (August 15- Jan 2016)		Post Intervention period (February 16- Oct 2016)	
Month	Patient Satisfaction Rate	Month	Patient Satisfact ion Rate
	IP		IP
Aug-15	43%	May-16	58%
Sep-15	44%	Jun-16	78%
Oct-15	34%	Jul-16	77%
Nov-15	33%	Aug-16	80%
Dec-15	40%	Sep-16	82%
Jan-16	35%	Oct-16	82%
Average %	38%	Average %	76%
Implementation Period			
		Feb-16	42%
		Mar-16	34%
		Apr-16	44%

Graph 1: Graphical representation of the IP patient's satisfaction score during pre intervention and post intervention period.



Conclusion

The study brought to the fore a new perspective and newer way of looking at the VOC process wherein the process of collection of complaints and feedbacks was accorded the same significance and complaints Redressal. The study showcased that greater emphasis on the process of complaints/feedback collection where a hands on VOC team when invested in helping and guiding the patients and patient attendants in registering the complaints; and when made a party to the process of attending to the problems could affect faster resolution of complaints. The study also showed that picking the right personnel for the job could be game changer in VOC process. Personnel who have the necessary people skills and are pleasant and personable can engage better with the patients and get them to freely voice their concerns and issues without any inhibitions. Handling patient complaints is an art and not everybody can do that. Only people who have the feel and knack for it can get it done. The study also showed how communication technology and other platforms can be leveraged to keep track of the process and the progress made on a complaint registered and enable real time monitoring of the whole process.

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