

## Creating an Effective Customer Service Program

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### Speaker

Lisa Sergy, Assistant Director at UCLA's Health System in the Faculty Practice Group

### Moderator

Carla Zema, Consultant, CAHPS User Network; Assistant Professor of Economics and Health Policy, Saint Vincent College

### Presentation Available

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### Carla Zema

The Agency for Healthcare Research and Quality's CAHPS User Network welcomes you to the CAHPS podcast series on improving patients' experiences with care. I'm Carla Zema from St. Vincent College and a consultant to the CAHPS User Network. I'm here today with Lisa Sergy, Assistant Director at UCLA's Health System in the Faculty Practice Group. Lisa oversees UCLA's ambulatory staff training program called BRITE. In our earlier podcast in this series we talked about why improving patient experience is so important. As well as some of the factors that are important to any quality improvement effort such as leadership and teamwork.

We then gave you an overview of starting improvements of patient's experiences and are now presenting specific strategies for improving aspects of the patient's experience. Lisa's here today to offer her expertise on improving customer service. Lisa, what prompted UCLA Health System to start the BRITE program?

### Lisa Sergy

Well, our practices were experiencing some high front end denials, meaning that our claims were not going through cleanly with our payers, and we were also having some poor patient satisfaction scores in helpful office staff on the CAHPS Clinician & Group Survey. They wanted a program that would uncover the complexities of our front end job task and develop a training course that would meet the specific learning needs of our organization and it could be tailored to our unique work culture. So with someone with experience in adult learning, I was hired to start up the training program, and they were really doing very little training on service at the time.

### Carla Zema

Sounds like a great opportunity to build a training program from the ground up. So tell us where you started?



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**Lisa Sergy**

First, I looked at what was already going on in the practices, and UCLA Health System had recently done some market research and had some data that was available to me about patient and referring physicians and how they perceived the UCLA Health System at that time. It was videotaped focus groups, and I was able to use some of that information in the training. And it was really eye opening for the staff to hear some of the candid comments straight from our customers and referring physician's mouths about how they perceived us and it really helped me reinforce that change was needed.

And around that same time the system had just begun to deploy a new patient communication strategy that was adapted by Quint Studer, and it embedded the communication strategy into all of our BRITE courses. And it promoted a shared vision for everyone who was in attendance to the BRITE training classes. Finally we asked for feedback from employees, managers, and our business administrative leadership and used it to design the training based on what our core business needs and goals were.

**Carla Zema**

Wow, it sounds like you really took a lot of steps upfront to make sure that the training supported what was already going on. I think it's unique, Lisa, that UCLA chose to hire a trainer to put this program together. Often times they use someone on staff or someone with clinical training, so how did your background as a formal trainer help you to build BRITE?

**Lisa Sergy**

Well, there still are health care expertise, subject matter experts facilitating some of the training, but what the organization found was that a very lecture heavy-type of forum and through some organizational development activities and work sessions, they recognized that they really needed to have a training program that was structured around adult learning and principles. And I knew that the training had to have that in the design. It really helped support staff engagement, retention, and you really want to create a safe place for people to actually practice and try on these new skills and abilities in a forum where they can get feedback and build their confidence before they have to put it into practice in the work place. This is often overlooked, and so it was a great opportunity for me to show them how that could be used to leverage adult learning principles in learning to transfer.

**Carla Zema**

Great. So the question we're always asked is what are the details of what the training entailed?

**Lisa Sergy**

Well, we began first with a customer service training course that we called "Connecting with Customers", and I really wanted that course to teach fundamentals with basic building rapport and communication strategies. Even the simple things sometimes we forget to do, like make eye contact, a smile -- so we wanted to start there. And then a year later after we got that course deployed, we offered a course specifically on dealing with difficult patient situations. And in all honesty, that's what everyone wanted at first, but sometimes situations become difficult because we don't do the basics up front. So my strategy was let's learn the basics and then let's talk about techniques when things go wrong. We wanted to offer a program in a building blocks fashion so that we could advance our employees skill sets over a period of time. Focusing on rapport and communication and then advancing to conflict resolution and service recovery.

**Carla Zema**

Great. So one of the challenges with training is not just the training itself but how do you get your participants to then take what they learned and apply it back in their job?

**Lisa Sergy**

Well, that's a really good question, and it's certainly not always an easy one to answer. Really with any training program, one of the biggest challenges is making training stick, and I've read some articles on that and I looked at some ways in which we can adopt a principle of making training stick. So even though our classes are engaging and people leave very motivated to want to put those new skills and knowledge into practice, you really need to have a support structure in place to ensure that when they get back on the job they're going to be supported with applying that as well as being held accountable to apply it. After all, it's back on the job where the impact is felt, so we designed a few critical aspects to support that part of the training program.

**Carla Zema**

Great. In one of our earlier podcasts, Gregg Meyers shared with us the importance of having leadership engaged in the process not only from the perspective of their support but also from the perspective of having the participants and the staff really see that they are engaged and part of the team. So how did you address this in your training?

**Lisa Sergy**

Well, let's see, first we had an executive leader open every "Connecting with Customer's" training class. I wanted our staff to hear from our leadership why we were doing this training. I mean, we had training before so my fear was that they were going to think well this is just another flavor of the month training class, more talking head, and I really wanted them to recognize that this was different, that we had a shared vision now, and how they played a role in our success. And this helped the staff see just how important it was to leadership, but more importantly, they got the message that we're all in this together as a team.

Not just a top down directive, but truly across the organization, we were here to make this a better place for our patients to get care, our doctors to practice medicine and our employees to come to work every day.

The second thing we looked at was our managers. We asked our managers to come to the training first. They could not send their employees until they attended, and that strategy was because I wanted them to know firsthand what was being taught, what the message was because I was going to ask them to model it, walk the talk, but also support it. How are you going to support this behavior change back on the job if you don't even know what we've asked them to do differently.

And the third thing was all employees in attendance had to sign a commitment statement. We created a commitment statement. Myself, our COO, and CEO at the time wrote a wonderful commitment statement that was addressed to myself, as the attendee, my colleagues and my patients and their families about the desired behaviors we wanted them to commit to. And it was a three part form, so once they signed that commitment statement, they got a copy, we sent a copy to the manager, and a copy went to their personnel file. And that was also part kind of the accountability model there.

**Carla Zema**

You really engaged leadership at different levels, at all levels within your organization, that's great. That reminds me that Wendy Leebov was with us in an earlier podcast and offered ways to support QI effort through personnel and HR. So are there other ways that you engaged your staff from an HR perspective?

**Lisa Sergy**

Well, in addition to the commitment statement that went to the HR employee file, we also asked managers to think about how they could catch employees doing something right. You know it just seems to be in manager's nature, myself included, that we tend to focus on the things, the corrective actions, and I really wanted this to be a positive experience for the employees in the classroom as well as back on the job. So I challenged managers by giving them a starter kit, a little recognition starter kit, as soon as employees come out of this training--it's your job to catch them doing something. It doesn't have to be perfect, it doesn't have to be every aspect of the training, but reinforce in a positive way when they applied it so that they get that positive recognition. They know that this is something we want them to continue to do, and we also ask managers to find strategies of how they're going to measure and review outcomes, we offered some examinations in the form of the dreaded word test. So after every class, we would give a multiple choice questionnaire, and we would actually score it.

Our expectation was that employees were going to retain what they were learning in the classroom, taking the training seriously. We were looking for the threshold of 85% to be in good standing and use that as a teaching tool for what further development might be necessary back on the job and again to hold staff accountable for what they were learning.

**Carla Zema**

That's wonderful. The most important question we always get from our users is, well, what happened?

**Lisa Sergy**

Well the BRITE program has been with us now for, we just had our 5 year anniversary, I've been with the health system now for 5 years. Looking back over the last 5 years, I could say that it's really been instrumental in changing our learning culture. Prior to BRITE being deployed, my opinion is that employees really didn't take the classroom training very seriously by the way they initially behaved when they came to the training. The way they would show up late for class, kind of expect to be able to leave early and still get credit.

We put some infrastructure in place relative to training policies and procedures that elevated the level of importance with the training and the employee's role in using the training and attending the training timely as part of another job function really. By establishing a structure and a more centralized program because now we're doing not only the training delivery, but we're doing the training communication, the coordination and the development with those adult learning principles in place. I believe it really elevated the importance of staff learning and development in our organization with our employees and with our managers.

The employees tell us they're grateful, and we survey on the way out of every class. And in addition to that survey, they stop and talk to us and tell us how different this is from any other training experience they've had at UCLA and how much they appreciate and value the experiential training approach. I think it shows in our staff results and the CAHPS surveys. We've seen improvement in office helpfulness and courteousness, and we saw a significant increase in our scores following the trainings as we deployed it across the organization.

**Carla Zema**

Great results from a wonderfully designed program. Thank you so much, Lisa, for sharing all of your expertise with us today. You did a really great job of not only giving us a lot of detail on the specifics you did to improve

customer service, but all of the other factors that you addressed that are needed to support the employees to help them put those learnings into practice. If you would like to see more information on the specific results of the training including the magnitude of the changes of their actual CAHPS scores you can access the September 24<sup>th</sup>, 2009 Webcast: *Improving Patient's Experiences: How Primary Care and Specialty Practices Are Using the CAHPS Clinician & Group Survey* where Lillian Martinez of UCLA presented early results from the BRITE program.

Lisa, thanks for providing us with an update on how things are going, it's so great to see this program continuing to make such great strides for the staff and patients.

In our next podcast, Stan Hudson will be talking about an initiative in Missouri to improve how providers address health literacy. You can download all of the podcasts in the series and the webcast I mentioned previously at the CAHPS User Network Web site at [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov). That's [www.c-a-h-p-s.a-h-r-q.gov](http://www.c-a-h-p-s.a-h-r-q.gov) [[www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)].

For more information on strategies to improve customer service check out the CAHPS Improvement Guide on the Web site. The guide has a lot of useful information from planning a QI initiative all the way through specific strategies that you can use. You can also access other quality improvement resources such as case studies detailing the use of the CAHPS survey results for QI.

The CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS helpline at 1-800-492-9261 or via e-mail at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov). That's cahps, the number 1, at [[@](mailto:cahps1@ahrq.gov)] a-h-r-q.gov [[cahps1@ahrq.gov](mailto:cahps1@ahrq.gov)]. We thank you for joining us today and we looked forward to bringing you more stories and experiences from users of CAHPS surveys.

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