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- relevant articles from healthcare industry experts
- case study success stories
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Are They Patients or Are They Customers?

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Your healthcare organisation has spent several thousand dollars on a consultant to educate your staff on the critical juncture of customer service and healthcare. The CEO and governing board of your organisation have charged you with assuring that a customer service initiative is developed and implemented that positions the organisation in a positive fashion in the community. However, you are a little concerned because the first few hours of the presentation have not gone as well as you had hoped. If you were forced to summarise the course, up until this point, your staff has basically been told, “Smile, be nice, even when it hurts!” That message hasn’t been very well received by the staff, who seem to be increasingly restive. You have nervously communicated your concerns to the speaker during the break, who assures you that everything will be fine; the “Big Message” is coming.

Now the training is near its end and the speaker has indicated he is coming to the climax, where his message is really going to “grab the audience.” You await in anxious anticipation — after all, you are the one who invited this speaker, committed the dollars for training, and “sold” the staff on the needs for a customer service course in the first place. The speaker is clearly coming to what he thinks is an important juncture in the talk and there are only 20 minutes left in the seminar. With great drama he says, “Stop calling them patients.” A long pause. “Start calling them customers.” Another long pause. “That’s the key to the customer service transition.” As you look through the evaluations of the course as the staff shuffles out, it’s apparent this has not been the dramatic kick to your customer service program that you had hoped for. The verbal and nonverbal signals you are getting are even worse.

Training in healthcare customer service takes many forms, from homegrown programs developed by individuals within the healthcare system to consultants and/or professional speakers who provide a more defined, yet often generic product. Regardless of the source of the customer service initiative or the individual doing the training, one of the essential dilemmas that all healthcare customer service training faces is developing a concise, clear, meaningful, and pragmatic answer to the question:

Are they patients or are they customers?

What’s the answer? To give you our answer, it may be constructive to understand our perspective, which has been developed from over 45 combined years of clinical practice in emergency medicine and several years of customer service training at over 150 institutions. We embarked upon customer service training not because we wanted to develop it as a product line, but for a much simpler reason.

We practice in a 65,000 visit emergency department that functions as a regional referral tertiary care and level 1 trauma centre. We train medical students, residents, and fellows in emergency medicine and paediatric emergency medicine. At the time we began our initiative, our emergency department and the entire hospital had enviable reputations for clinical excellence. At the same time, it occurred to us that the intersection between healthcare customer service and clinical excellence was going to be an increasingly important one for our future. In essence, we intended to hold our staff accountable for a skill — customer service excellence — in which they had never been formally trained. In most instances in healthcare, if managers want to hold their staff accountable for a specific set of clinical skills, they assure the staff is educated in that area. Advanced Trauma Life Support, Advanced Cardiac Life Support, and Advanced Paediatric Life Support courses are excellent examples of ways in which staff can be trained to assure that there is less variation and more clearly delineated clinical excellence among diverse staff members responding in clinical situations.

We simply wanted to apply that concept to customer service training by developing a course that the entire staff of the emergency department was exposed to, to help them deal with the customer service quandary in a practical fashion. We designed an eight-hour course, the curriculum for which is listed in Figure 1.

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**Figure 1**

ED Survival Skills® Course

**Participants:**
All ED Staff

**Components:**
- ED Mission
- Basic Customer Service
- Industry Benchmarks
  - Ritz-Carlton
  - Disney
- Stress Recognition and Management
- Service Fail Safes
- Point of Impact Interventions
- Verbal Communications Skills
- Service Excellence
- Proactivity
- Change Management

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The Patient-CustoMeter® is an exercise that imagines that each healthcare professional has a “barometer” by which we rate individual scenarios as being either primarily “patient” or “customer” in nature. The staff are then exposed to various scenarios (see text) and asked to provide their response of whether the needle points to patient or customer.

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All of the emergency department staff, including doctors, nurses, administration workers, social workers, radiology and respiratory therapy attended. (We do not have pathology technicians in our emergency department.) The results following training in the course that we called Emergency Department Survival Skills® were dramatic. As Figure 2 illustrates, patient complaints dropped dramatically, from approximately 2.5 per 1,000 to approximately 0.5 per 1,000 while patient compliments rose from 0.5 per 1,000 to 5.1 per 1,000ED visits (p<0.0001). We also saw a statistically significant rise in all key quality characteristics identified on our patient satisfaction survey.

In our view, the key question in developing our customer service training was assuring that we had a clear answer to the question, “Are they patients or are they customers?” For healthcare professionals and other service providers with whom they work, this is a fundamental question, which must be asked by any customer service initiative. Not surprisingly, many staff approach this question with a bit of an acerbic mind-set, often making statements such as:

- Customers may be fine at Kmart, but this is not a department store.
- While we may have beds in this hospital, we are not a hotel, much less Ritz Carlton or Four Seasons.
- This is not McDonald’s and we don’t provide medicine upon demand.
- We’re too busy saving lives for customer service.
- Forget about customer needs, what about our needs?

Faced with this type of mindset, how can customer service training overcome this resistance, much less provide a meaningful format in which healthcare professionals and their colleagues can provide excellence in customer service? To begin with, most of us as healthcare professionals expect speakers on customer service to come with their definitions of what constitutes a patient and what constitutes a customer. But in our view, a better approach is to use an exercise that helps the staff realise that they have their own definitions of customers and patients, even if it has not been clearly articulated. We use the Patient-CustoMeter® exercise to help illustrate this.

Figure 3 shows the Patient-CustoMeter®, which is very much like a barometer, in that it swings toward “patient” or toward “customer” based solely on the staff’s reaction to specific scenarios that we provide for them. Following each scenario, we simply ask the staff to tell us whether the needle should point toward “patient” or customer.” We invite you to think of your responses to the scenarios as you read them.

Scenario One: A 55-year-old female is brought to the emergency department by paramedics, who were called to her house because of her sudden onset of crushing, substernal chest pain. As soon as the paramedics walked in the door, she had a cardiac arrhythmia, requiring electrical conversion. She now presents to the emergency department with a normal cardiac rhythm, but with continued chest pain and an electrocardiogram that clearly shows that she is having myocardial infarction. Is this a patient or a customer?
**Scenario Two:** A three-year-old child is brought to the emergency department by his parents at 3:00am., having been seen at the GP’s office at 3:00 p.m. of the same day, where a diagnosis of left otitis media was made and the child was started on an antibiotic and given a “starter pack” to use at home, as well as fever control instructions. The parents bring him in at 3:00 a.m. with a temperature of 38.2, stating that they “can’t get the fever down.” Is this more of a patient or more of a customer?

**Scenario Three:** This scenario is exactly the same as scenario two with one exception. Now the child is your child. Is this more of a patient or more of a customer?

Having utilised this exercise hundreds of times, the results are consistent across institutions and staff members. Scenario One is universally rated as a patient, while Scenario Two is universally rated as a customer (and the parents are often identified as the primary customer). As you might imagine, Scenario Three causes the needle to waiver a bit, as the staff realises that they would be likely to classify their child as a patient, not as a customer, even with the low grade fever identified in this scenario.

When we further question as to why they rate the first scenario as one so clearly representing a patient, the results are also very similar, as summarised in Figure 4. Similarly, the reasons that the second scenario is considered a customer are also consistent across institutions and individuals. Patients are considered to be more acutely ill, are “real emergencies,” have very little choice in where they seek their healthcare, and are largely dependent upon the healthcare provider. Customers, on the other hand, are seen as having substantial choice, are more independent, and have substantially more control over the healthcare encounter than do patients.

One of the Survival Skills Rules is:

*The more horizontal they are, the more they are a patient.*

*The more vertical they are, the more they are a customer.*

All of the scenarios have been illuminating to staff, who realise that they have an internal barometer by which they rate the people that they see as being patients or customers. Further, this internal rating occurs on a daily basis, so that an individual “patient” in the healthcare system may actually change from being a patient to a customer over the course of their hospitalisation. For example, the lady in the first scenario is clearly a patient when she presents to the emergency department. However, as she moves through the healthcare system and becomes more “vertical,” the staff may well begin to realise that there are substantial customer features emerging through the course of her healthcare.

The primary goal of this exercise is to help healthcare professionals understand that they have their own definition of what constitutes a patient and what constitutes a customer — and that definition is remarkably similar among professionals within a given segment of the healthcare system. Rather than having a “talking head” or motivational speaker in customer service provide a definition for them, we have found that it is more beneficial for them to realise that they have their own definition, the features of which are summarised in Figure 4.

**Figure 4**

**The Patient to Customer Recognition**

**Patient**
- Acutely ill
- Dependant
- Passive
- Less choice
- Control with us
- Clarity

**Customer**
- Not acutely ill
- Economic
- Independent
- Choice
- Discretionary purchase
- Control with them
- Diffuse - unclear

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Having been asked to develop training for entire hospitals and healthcare systems, we have also developed scenarios for outpatient settings; intensive care units, medical-surgical units, and even long term care facilities.
Control of Power

Patients are more dependent, passive, and have less choice in the healthcare system, because they are more acutely ill. In most cases, control in “patient scenarios” is with the healthcare provider, who is often busily providing life or limb-saving interventions. Customers on the other hand, are more independent; more actively participate in healthcare interaction, and have substantially more choice in where and how to seek such healthcare. Customers have far more control in the healthcare interaction than do patients, a fact which many healthcare workers tacitly resent. That resentment must be uncovered and addressed in any healthcare customer service training, because it is an essential feature of the distinction between customer and patient interactions. Like any other human being, healthcare professionals like being in control and having power—and they dislike situations when they are not in control and are powerless.

It is also essential to note that healthcare professionals in general have a high degree of clarity with regard to how to take care of “patients;” many of whom are desperately ill and require timely, aggressive and orderly interventions. However, our staff are very well trained to provide those interventions and therefore have a great degree of clarity with regard to how to approach the “patient.” In contradistinction, because there have been so few effective customer service training interventions in healthcare in the past, many healthcare professionals are very unclear with regard to how to approach the “customer,” who still has the technical healthcare needs, but has substantially more power and control over the encounter than does the “patient.” Many people in healthcare are less sure about how to approach the “customer side of the equation,” and may even be uncomfortable talking about it.

Meeting Expectations

An additional insight comes from asking the audience to answer this question. “Who has higher expectations—the lady in Scenario One or the parents and child in Scenario Two?” How would you answer? Without exception, the audience always states that the “customer” has higher expectations. We then ask as a follow-up question, “What does the lady with the heart attack want?” The audience’s answer? “To live.” To which we respond, “I don’t know about you, but that seems like a pretty high expectation.”

Similarly, what do the parents and child need? Reassurance. Stated in this way, healthcare professionals begin to realise that it’s more than a little odd that we say that someone who wants to live has low expectations, while someone who needs reassurance is felt to have high expectations. This largely comes from a combination of our inherent assumption that “customers” have high expectations, often because we are unclear precisely how to meet them since we haven’t been explicitly trained how to do so. Conversely, we rate the acutely ill patient’s expectations as being low because the life-saving interventions she so desperately needs are ones we clearly know how to deliver — and do so with pleasure and enthusiasm. This dynamic tension in rating the expectations of the “patient” and “customer” is essential to recognise and understand.
Let us return to the example that began this article. In our view, the primary reason that the staff did not accept the speaker is that the message that was given — **STOP CALLING THEM PATIENTS! START CALLING THEM CUSTOMERS!** — is one which healthcare professionals view as being essentially demeaning in nature. If we stop calling them patients and start calling them customers, does that make it any easier to take care of them? Most healthcare workers would respond with an emphatic, "No!" That approach is far too simplistic and is not essentially empowering with regard to utilising our inherent talents and abilities to address both the patient and customer sides of the encounter. Instead, staff need to understand that they have their own internal barometer or Patient-CustoMeter® by which they have rated patients (and their families) on a daily basis since the start of their healthcare career. For many, this is an epiphanous moment, since they recognise that this internal rating system has been in effect for them forever. Rather than having the customer service training define for them what constitutes a patient or customer, the staff define it for themselves in a stunningly consistent fashion. What remains is to put this ability to make the patient-customer diagnosis to work.

Let’s imagine that you could perform a “patient-customer autopsy” on any given patient at any given time. What if we were able to dissect what part patient they were and what part customer they were? We submit that you would find a startlingly simple conclusion, summarised in Figure 5. If the scenario was one of a fairly acutely ill individual, we would probably find that they are mostly “patient,” while still remaining a customer to some degree. If they are 80% patient, they are still 20% customer. Similarly, in scenario two, even if we rate them as an 80% customer, there are still medical interventions which need to be done, so there is still that 20% patient left to deal with. If such patient-customer autopsies could be done, we submit that you would find that it always miraculously adds up to 100%. If this is the case, and if our staff are able to perform such ratings at the bedside, why not develop a strategy where we treat the patient percentage with technical competence and the customer service percentage with customer service skills? In a nutshell, treat the patient part with science, and the customer part with art, and you will end up with not only a healthier individual, but a happier one as well.

So what is the answer to the question:

**Are they patients or are they customers?**

They are always both, to varying degrees.

Combining these two exercises helps delineate that, in fact, they are always both patient and customer, but to varying degrees depending upon the factors listed previously. Furthermore, it is our strong experience in clinical medicine and customer service training that the talented and articulate members who make up your healthcare staff are perfectly capable of making these diagnoses in a fairly accurate fashion on a day-to-day basis. What is needed is a way to provide them with the recognition that all of the people we serve are patients and customers at the same time, but to varying degrees. If we then apply science to the patient percentage and art to the customer percentage, we will almost always end up with more satisfied individuals.

Thus, this is not a transition from patient to customer, which is often viewed as insulting or demeaning of healthcare professionals. Instead, it is a recognition that they are always both, if we can only put our diagnostic skills to work to figure it out. Healthcare organisations must help their staff understand this dynamic and then they have a substantial foundation for an excellent customer service program. Without it, the pragmatic side of customer service is difficult to enact.