Policy Title/Number:	Service Recovery	OP 10-10.25

Manual:	Operations Policy Manual

Categories:	General

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Review Responsibility:	Operations Policy Committee

Effective Date:	August 2005

Last Revised Date:	March 2007

Team Members Performing:
  __X__ All faculty and staff
  _____ All faculty and staff providing direct patient care or contact
  _____ MD
  _____ RN
  _____ LPN
  _____ VUSN/VUSM students
  _____ Other licensed staff (specify): _____
  _____ Other non-licensed staff (specify): _____
  _____ Not Applicable

Guidelines Applicable to:
  __X__ VUH
  __X__ VMG*
  __X__ VCH
  __X__ VPH
  _____ VUSM
  _____ VUSN
  _____ Other (specify): _____
  _____ Exceptions (specify): _____
  _____ Not Applicable
* Includes satellite sites unless otherwise specified.

Specific Education Requirements: __X__ Yes _____ No _____ Not Applicable
- Inservice module for current staff; part of Hearts & Minds Credo orientation for new staff. Unit/work area orientation includes specific examples of how to apply Service Recovery protocol.

Physician Order Requirements: _____ Yes _____ No __X__ Not Applicable

SERVICE RECOVERY

I.   Outcome Goal:

To provide a real-time response to sources of patient, family member, and/or friend ("Patient") dissatisfaction within Vanderbilt University Medical Center (VUMC) to improve Patient experiences.

II.   Policy:

All employees participate in the service recovery program, and are expected to identify dissatisfied Patients and to use these tools and guidelines to provide timely and effective service recovery.

III.   Specific Information:

A.   The Vanderbilt Credo promotes exemplary patient care. When this goal is not met, Patient dissatisfaction may result. When Patient dissatisfaction occurs and comes to VUMC staff attention, service recovery – "making right what went wrong" *(Berry, 1995)* – becomes necessary. Some Patients who have experienced service recovery become loyal Patients, so efforts are made to achieve the best outcomes possible.

B.   All employees are responsible for identifying service recovery opportunities.

C.   **"HEART" Protocol**

When a Patient identifies less than "very good" or "excellent" service, staff handle the concern at point of service. Use your best judgment and the HEART protocol: **H**ear the Patient, **E**mpathize, **A**pologize, **R**espond, and **T**hank.

1.   **H**ear the Patient

   a.   Introduce yourself;
   b.   Show compassion and a positive presence (positive body language);
   c.   Listen attentively and DO NOT INTERUPT;
   d.   Don't argue or be defensive; don't take the complaint personally;
   e.   Don't share your frustrations with the Patient;

      f.   Do not exhibit jousting (the process of one health care professional or other staff criticizing another or the institution).

2.   **E**mpathize

Acknowledge the Patient's frustration or difficulty:

      a.   "I can see how upsetting this is to you."
      b.   "I can hear how frustrated you are."
      c.   "I can appreciate how frustrated you must be."

3.   **A**pologize

      a.   If an apology seems appropriate, make it personal, specific, immediate and blameless (i.e., do not place the blame on anyone else). After review, responsibility may need to be acknowledged, but generally at the time of discovery all of the data may not be available.

      b.   Be genuine and sincere.

      c.   Apologize for experiences, not acts:

            i.   "We really regret that your experience was less than favorable but really appreciate your bringing your concerns to our attention."
            ii.   "We certainly regret the frustration that this caused you and extend our apologies to you."
            iii.   "We are very sorry that you feel …."

4.   **R**espond to the problem

      a.   Respond as immediately as possible; if you cannot address the situation immediately, tell the Patient what you will do, the anticipated result, and what time frame (estimate reasonably, but generously) can be expected.
      b.   Appreciate the opportunity to make a difference.
      c.   If you sense that the problem is still unresolved, *move it up* (speak with your manager or supervisor) and tell the Patient what to expect.
      d.   Refer to another resource, such as the Office of Patient Affairs, if needed and as deemed appropriate for the situation.

5.   **T**hank the Patient for bringing their concern to your attention.

   a.   "Thank you for taking time to talk with me about this."
   b.   "I appreciate your telling me this, so that we can do something about it."
   c.   "I really appreciate the fact that you have shared this with me."

D.   Service Recovery Binder

1.   A service recovery binder containing the Service Recovery Policy, the HEART protocol training, and an example of a completed voucher is located in each department/clinic/unit. In most cases, service recovery is accomplished by following the HEART protocol.

2.   Situations differ, so the HEART protocol may occasionally need to be supplemented with vouchers supplied by the manager.

3.   Each patient care unit/clinic manager has a designated amount of money for use. These vouchers may be used by those VUMC employees working with Patients in the area if it is determined that service recovery in addition to the HEART protocol would help ease patient/family dissatisfaction.

4.   Voucher Presentation

   a.   A voucher is a coupon that can be redeemed at a certain location (e.g., gift shop or restaurant).

   b.   When presenting the voucher, staff may say something such as: "I know that this coupon cannot make up for (insert concern) but we would like you to use this voucher at the (gift shop, cafeteria, movie theater) as an additional way for Vanderbilt to say we are sorry for your experience."

E.   Form Completion Procedure

1.   Staff: Complete the Vanderbilt Medical Center Service Recovery Coupon form in its entirety and place the form in the designated place on the unit for the manager's review.

2.   Management: Review issues presented on the vouchers and deliver or mail in the reviewed forms to Patient Affairs weekly.

3. OPA: Document and trend the events requiring coupon distribution for service recovery.

F. Manager Notification

1. The staff member determines if he or she can handle the concern at the point of service or if it should be addressed by one of the following departments:

   a. Office of Patient Affairs (OPA);
   b. General Counsel;
   c. Risk and Insurance Management;
   d. Privacy Office – HIPAA;
   e. Social Work;.
   f. Vanderbilt Police Department (VPD);
   g. Pastoral Services;
   h. Administration (Dial 0 and ask for the "Administrator on Call");
   i. Other resources.

2. Should the matter remain unresolved, the staff member notifies the manager on duty and briefs the manager on all details of the matter as well as the steps taken to resolve it.

G. Office of Patient Affairs Notification

1. OPA is the Centralized Grievance authority for VUMC, acting as a liaison between VUMC and Patients in achieving equitable solutions.

2. The following situations generally require assistance from a Patient Advocate from OPA **even after** service recovery protocols have been followed:

   a. Concerns involving several departments;
   b. Complaints involving physicians;
   c. Patients' desire to terminate doctor/patient relationships;
   d. Any complaint that the Patient feels was not resolved satisfactorily or any repeated complaint;
   e. Abuse allegations/boundary issues (notify OPA, VUPD, and Risk Management);
   f. Complaints regarding Confidentiality Issues (notify OPA and the Privacy Office);
   g. Complaints regarding patient/family injury sustained while on Vanderbilt property (notify Risk Management through Veritas-RM as soon as possible after the event);

h. Allegations of malpractice, litigation, or calling the media (notify OPA and Risk Management);

i. Concerns related to bad outcome (notify OPA and Risk management).

j. Any complaint that is received in a written format.

k. Any complaint requested by the patient/family to be filed as a formal complaint/grievance.

3. Refer questions (including questions from Patients) about these procedures to the Manager on duty or the OPA.

IV. Endorsement:

Operations Policy Committee – February 2007

V. Approval:

Kevin Churchwell, MD, Interim CEO and   2-26-07
Chief of Staff/Assoc. Medical Director, VCH

Larry Goldberg, Executive Director & CEO, VUH   2-25-07

C. Wright Pinson, MBA, MD   2-25-07
Associate Vice-Chancellor for Clinical Affairs
and Chief Medical Officer

Martin Sandler, MD, Associate Vice Chancellor for Hospital Affairs   3-5-07