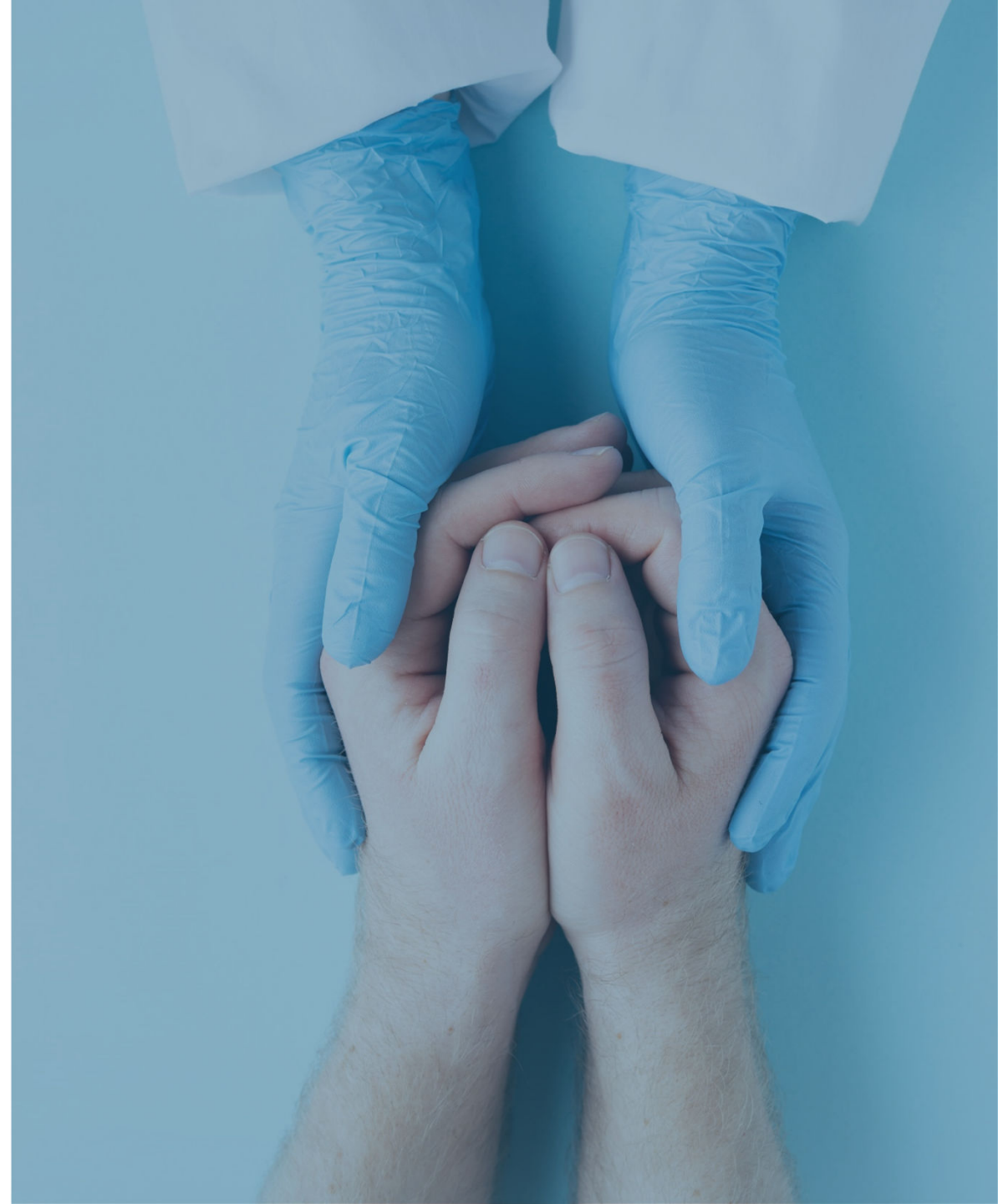


# How to Deliver *Excellent* Customer Service in Your ASC

Presented by: Elizabeth Monroe  
*Senior Consultant, BSM Consulting*



# Learning *Objectives*

- Identify the key elements of customer service in an ASC setting
- Manage patient expectations and satisfaction
- Improve service recovery and prevent escalation

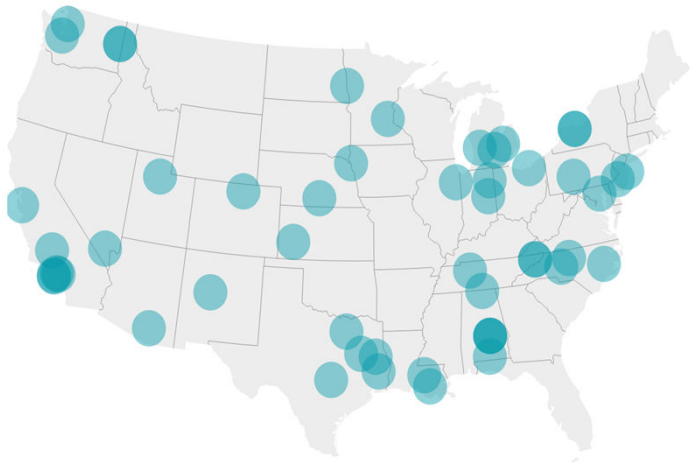


# *Customer Service* in the ASC

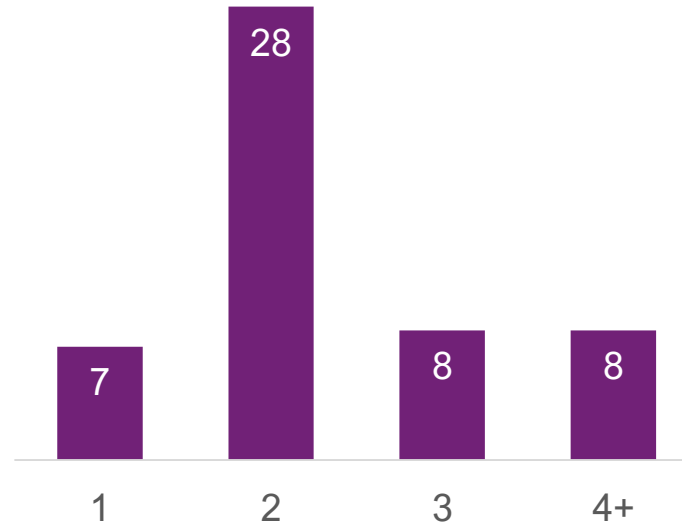
# Pre-Webinar Survey | ASC Customer Service

51 total respondents

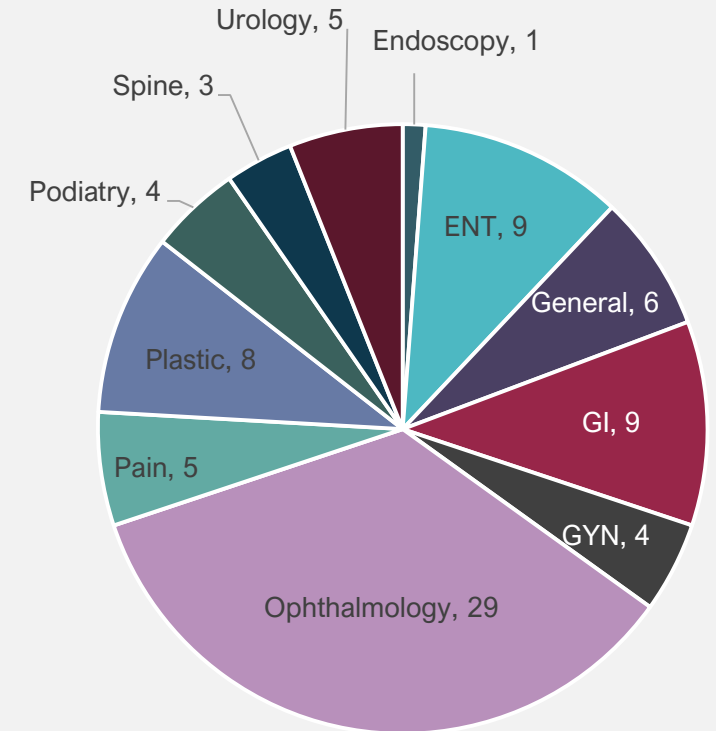
### ASC Locations



### # of ORs



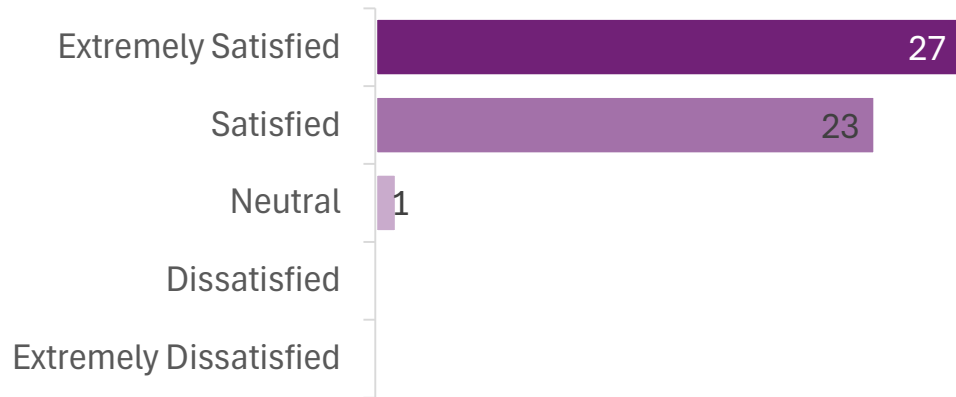
### Specialty



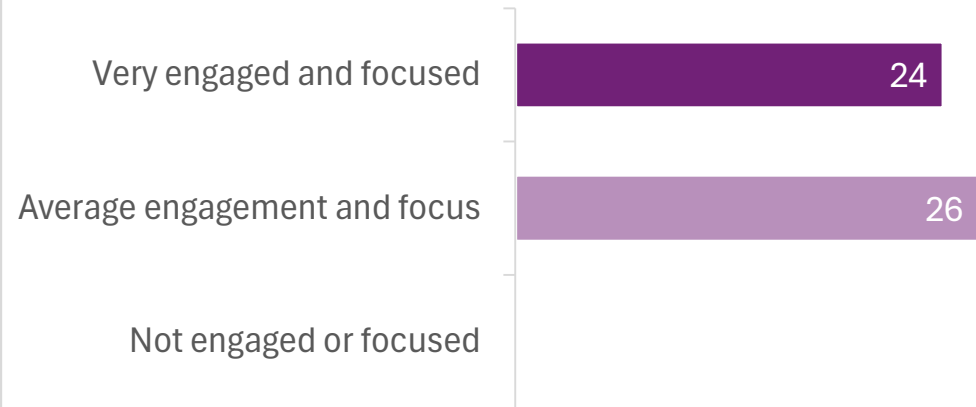
# Pre-Webinar Survey | ASC Customer Service

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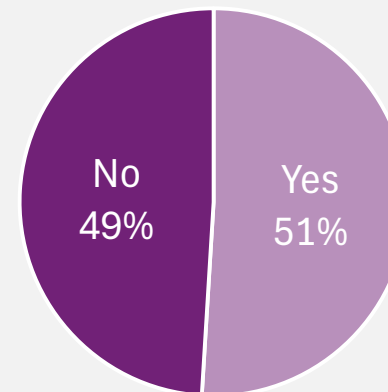
**In general, how would you rate your customer satisfaction currently?**



**How would you rate your staff engagement and focus on customer satisfaction?**



**Do you provide customer service training/ orientation for all your employees?**



# What's the *Big Deal?*

**1 UNHAPPY CLIENT** who escalates  
their issue to management...

...represents  
**50 OTHER UNHAPPY CLIENTS**  
who will either complain locally or  
don't complain at all.

**75%** will complain to **8 OTHERS**  
face-to-face or via the phone

**12%** will complain to **8 OTHERS**  
via email or chat

**13%** will complain to **60 OTHERS**  
via blog, tweet, or social media

equals **1375** cases of negative  
**WORD OF MOUTH!**

# Why Patients Leave

Percentage of patients who decided to seek care elsewhere because of staff discourtesy.

68%

# 5-Star ASC Online Reviews

★★★★★ a month ago

From the moment I walked in for a procedure, I felt comfortable. The receptionist helped me sign in and the paperwork was a breeze! When it was time, a nurse called me back. Her name was Lisa. Friendly, confident, respectful, and caring, Lisa told me what I needed to do and what I needed to expect. She made me feel so reassured and comfortable from the moment I got into the bed to wheeling me into the surgical room. The anesthesiologist (her name was Felicia) listened to my requests and made my procedure fly by. From PACU to the car was simple and I was home in no time. What a great experience. Thank you Lisa, thank you Felicia, and thank you to the surgery center for making my experience as easy and comfortable as possible!



Composite score for this ASC online was 3.8 Stars under Google Reviews

★★★★★ 4 months ago

Staff is very kind and considerate, I was nervous to get my first surgery ever but front desk staff and nurse were very polite and welcoming. Helped put me at ease



# Negative ASC Online Reviews

★☆☆☆☆ 3 months ago

Come early for them, then the docs run over an hour before we ask status, these people don't seem to have Any respect for patient timeline. Most have not eaten nor drank anything for 24 hours. Come on. Some status update would go a Long way, for a procedure that is "scheduled" and yet we anxously wait our Turn. How about this idea, patient gets money Back for every minute docs run behind.

★☆☆☆☆ 5 months ago

Nurses and Doctor were all very nice. However, everyone gave us different answers on medication and bathing and cleaning on surgery area!  
I did notice this surgery center especially in being in Scottsdale area needs a deep cleaning inside and out! The bathrooms are used all day and should be cleaned more often! It doesn't have a clean smell in waiting area or surgery area either. I notice no one using a mask at this place but the surgeons and staff doing surgery!  
I heard people coughing around and no mask on front counter! No water was available! Old out dated tv's!

★☆☆☆☆ 11 months ago

Terrible experience. IV was not properly placed, resulting in my awakening mid surgery in terrible pain. I paid their bill in full shortly after surgery. 12 months later I received a new bill for the exact amount (down to the penny) that I already paid. I explained to them I had already paid it and had the original invoice/check to prove it. They said their computer system did not allow them to access the original invoice and they insisted this was a new amount owing - kind of suspicious that it is for the same amount as the original bill. They are threatening collection agencies and there is nothing I can do but ignore them, since they won't accept hard copy proof of payment. STAY AWAY FROM THESE PEOPLE.

# The *Elephant* in the Room



To be successful, we must first master the basics.

Some of us fall short on customer service.

# Customer Service *Elements*

1

**Respect the patient**

2

**Listen to the patient's concerns/problems**

3

**Identify the patient's need**

4

**Help design appropriate solutions to resolve the patient's concerns**

Customer service involves all members of the staff in all aspects of the ASC.

# Customer Service *Standards*



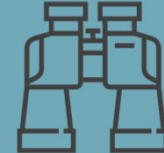
Determine what is  
good customer  
service



Identify how you want  
patients to feel



Document service  
standards for your  
team



Continue searching  
for ways to improve









# CAHPS Patient Experience Requirements

Outpatient and Ambulatory Surgery CAHPS Survey  
The official website for news and information about the OAS CAHPS Survey

Home General Information Training For Vendors **Survey Materials** Data Submission For Facilities

You are here: Survey Materials

Survey Materials

|   | English  | Spanish  | Simplified Chinese   | Traditional Chinese  |
|---|--|--|--|--|
| Protocols and Guidelines Manual Version               |  |  |  |  |
| Version 1.3   |  11/11/2016 |  |  |  |
| Questionnaire   |  |  |  |  |
| Mail Questionnaire                                    |  6/8/2016   |  3/3/2017 |  6/8/2016 |  6/8/2016 |
| Alternative instructions for scannable questionnaires |  6/8/2016   |  6/8/2016 |  6/8/2016 |  6/8/2016 |

Getting Timely Care, Appointments & Information (core).

How Well Providers Communicate (core).

Care Coordination (core).

Courteous and Helpful Office Staff (core).

Patient's Rating of Provider (core).

Access to Specialists.

Health Promotion and Education.

Shared Decision Making.

Health Status/Functional Status.

Between Visit Communication.

Helping You to Take Medication as Directed.

Stewardship of Patient Resources.

# *Focus* on the Patient Journey



01

Preparation  
for surgery or  
procedure

02

Check-in  
processes

03

Cleanliness of  
the facility

04

Communication  
with facility staff

05

Discharge  
process

06

Billing,  
coding, and  
finance

# Who are your internal customers?

# Customer Service to Physicians

- ✓ Be bright. Be brief. Be gone.
- ✓ Ask for feedback and act on it.
- ✓ Customize communication.
- ✓ Avoid assumptions.
- ✓ Practice patience.
- ✓ Understand workplace priorities.



# Customer Service for Colleagues

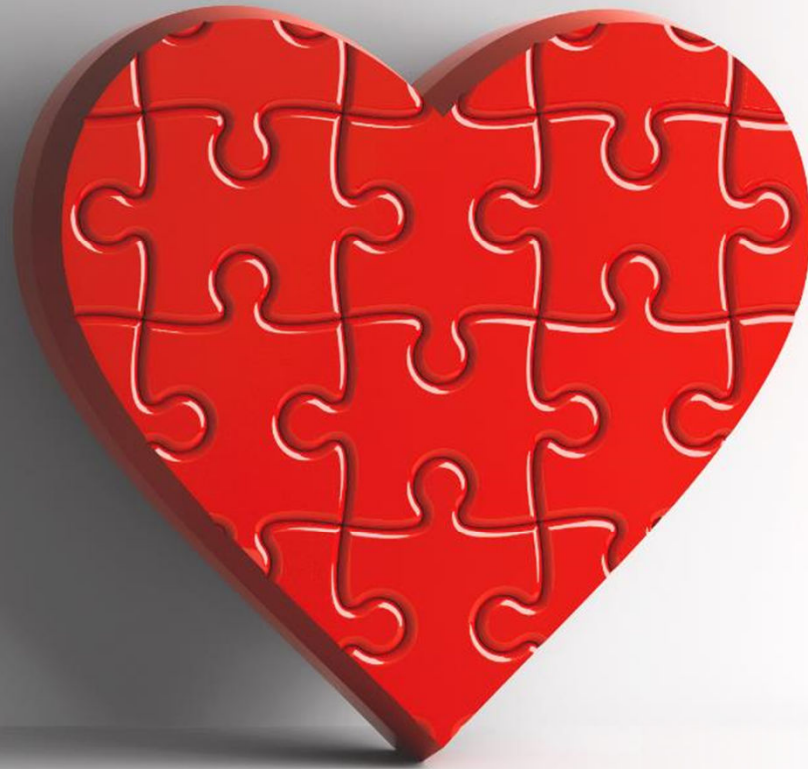
- ✓ Positive attitude
- ✓ Reliable
- ✓ Efficient
- ✓ Quality work
- ✓ Patience
- ✓ Reinforce standards



# Do you stand out as a Good Citizen?



# *Managing* Patient Expectations



People Don't Buy *What You Do*,  
They Buy *Why* You Do It.

# LAER

*Listen, Acknowledge, Explore, Respond*

*You will get to the heart of a problem or situation, build positive relationships, and become more productive and trustworthy!*



**L** *isten*

**A** *cknowledge*

**E** *xplore*

**R** *espond*

① **Focus on the Person**

- Look directly at them.
- Observe their body language (does it back up what they are saying?).
- Don't interrupt.

② **Don't Get Distracted**

- Don't let other people or events happening around you stop from listening.
- Don't try to predict what they are going to say.
- Don't let your mind wander.
- Don't start to plan how you will respond.

③ **Demonstrate You Are Listening**

- Nod your head.
- Smile or frown occasionally.
- Avoid fiddling with pens, phones, etc.

**L** *isten*

**A** *cknowledge*

**E** *xplore*

**R** *espond*

**Once you have listened to the person, take time to acknowledge what they have said.** Acknowledging what someone has said demonstrates that you have listened to them and are interested in them.

Acknowledging can take several forms, depending on the situation:

- “Thank you for raising the issue with me.”
- “I didn’t realize you felt like that.”
- “I can understand that this is a problem for you.”
- “What I am hearing is that you are frustrated with the current situation.”
- “I hadn’t thought about it like that before.”

L *isten*

A *cknowledge*

E *xplore*

R *espond*

Once you have acknowledged what the other person has said, take a couple of minutes to **explore** the issue. This will ensure that you fully understand the situation. It also demonstrates that you care about the problem they are experiencing.



Who?

What?

Why?

Where?

When?



**L** *isten*

**A** *cknowledge*

**E** *xplore*

**R** *espond*

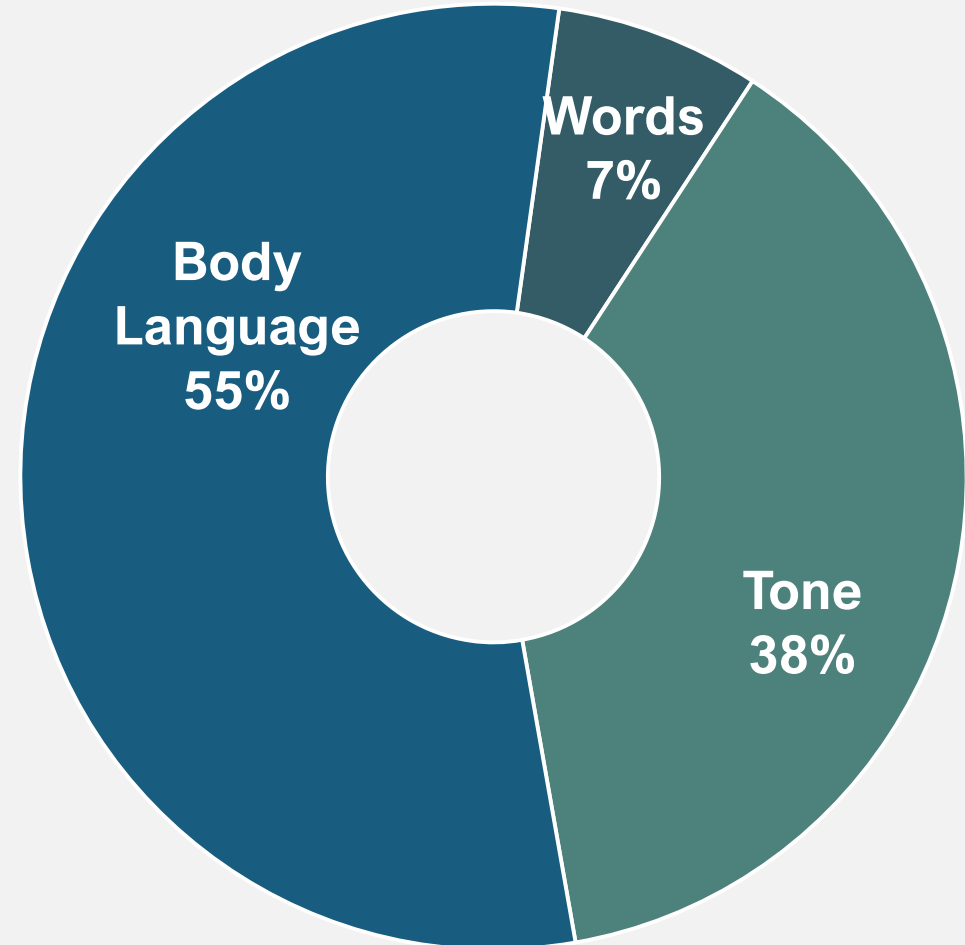
Once you have enough information, you will be able to  
**respond to the situation by:**

- ✓ Solving the problem
- ✓ Being honest and direct
- ✓ Putting forward your opinion on the situation

# The Power of Vocal Tone

- 1 Lower Your Tone
- 2 Slow Your Pace

## Communication



# Don't Take It Personally

“

Nothing others do is because of you.  
What others say and do is a projection  
of their own reality, their own dream.  
When you are immune to the opinions  
and actions of others, you won't be the  
victim of needless suffering.”

~ Don Miguel Ruiz,  
The Four Agreements

A close-up photograph of a person's hand holding a red, textured stress ball. The ball has a black smiley face drawn on it. The background is a dark, textured surface.

# The Yelling or Cursing Patient

- Distance yourself emotionally
- Move the customer from public to private space
- Let the patient vent without interruption
- Avoid generic statements like “I understand”
- Use reflective empathy statements: “So you...”

# Do's and Don'ts

*don't use...* 

No, I can't, I won't

I'm sorry you feel that way.

Unfortunately, I can't help you with that.

You'll have to speak to the manager.

Please calm down.

I'm sorry. It shouldn't be too much longer.

*do use...* 

Let's see what we can do for you.

Thank you for bringing this to my attention. I am so sorry that you had a bad experience. I understand and that would upset me as well.

Please tell me more. It would be my pleasure to help make this right for you.

Thank you for sharing this with me. I can certainly help make this right.

Sir, I know you are upset and I want to help you. Using that language however, is preventing me from focusing on resolving this issue. So I'm going to ask you to stop using that language so we can focus on fixing the problem.

Thank you for letting me know. I sincerely apologize for the long wait and for disrespecting your time. Let me check with someone about the wait time.

# Helpful Phrases

I would sincerely like to help you. However, if you continue to yell and swear, I am going to ask you to call back another time.

I can solve this problem for you, but we need to discuss it calmly together.

I'm sorry, It is very difficult to help you while listening to that kind of language. If it stops, I can certainly help.

If you'd like a few minutes to calm down before we continue, that would be fine. I would be happy to call you back in 15 minutes so we can discuss a solution.

# Rational Detachment

The ability to manage your own behavior and attitude and not take the behavior of others personally.



Have a plan



Use positive self talk



Release negative energy

# *The Art of* Service Recovery



# Improve Service Recovery

To err is human...



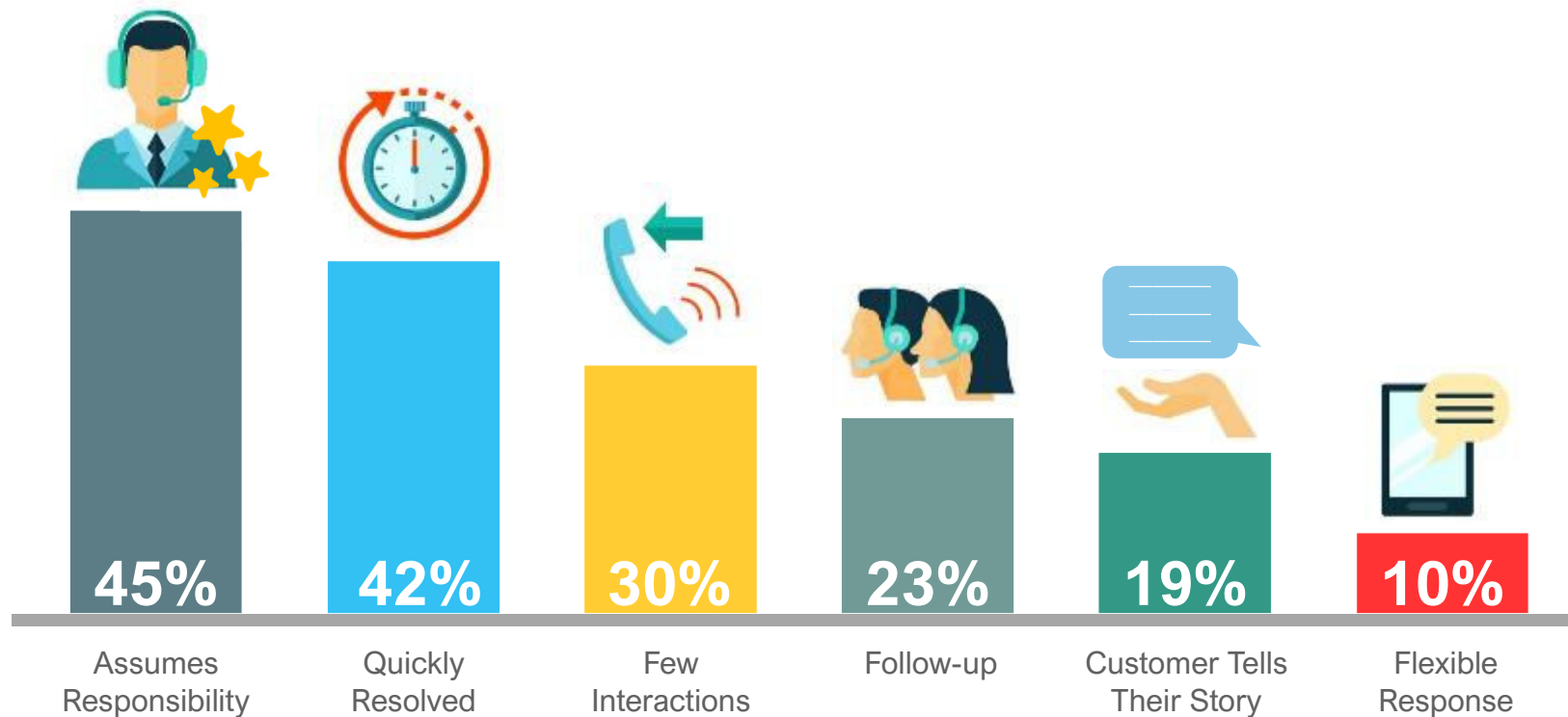
...to recover is  
**DIVINE**

# When things don't go well...

What do customers *really* want?

# The Anatomy of *Great* Recovery

WHAT DOES A FAIR RECOVERY PROCESS LOOK LIKE?  
WHAT CUSTOMERS SAY WHEN ASKED



# Taking Ownership

“


If you own the problem, you  
own the customer.

If you lose the problem, you  
lose the customer.

It's that simple.

~ Jeffery Gitomer,  
Speaker & Author on Customer Loyalty

# Experience-Based Recovery

A pair of hands, one from the left and one from the right, are positioned to form a heart shape. The fingers are curled inward, and the thumbs are at the top and bottom points of the heart. The skin is a light, natural tone. The background is plain white.

**The heart of  
service recovery is ...**

**RECONCILING THE RELATIONSHIP**  
not resolving the issue

# Service Recovery Script #1

## UPSET PATIENT

“I have been waiting for over an hour for my surgery. How much longer is it going to take?”

“Well, that person just went in ahead of me and I was here first. What kind of system are you running here?”

“It’s totally disrespectful of my time. I was supposed to be in and out of this place! My daughter needs to pick up her kids from school at 3:30 and now she’s not going to make it. She will have to pay extra fees for afterschool care.”

“Fine!” [Sigh of frustration]

## ASC STAFF

“I’m sorry. It shouldn’t be too much longer.”

“I understand. We’re very busy today. But, that patient’s case is different and they are seeing a different surgeon today.”

“Oh, I’m so sorry. Let me check to see how much longer it will be?”

“It should only be a few minutes longer. There is only 1 other patient ahead of you. Would you like to listen to some music while you wait?”

# Service Recovery Script #2

## UPSET PATIENT

“I have been waiting for over an hour for my surgery. How much longer is it going to take?”

“Well, that person just went in ahead of me and I was here first. What kind of system are you running here?”

“It’s totally disrespectful of my time. I was supposed to be in and out of this place! My daughter needs to pick up her kids from school at 3:30 and now she’s not going to make it. She will have to pay extra fees for afterschool care.”

## ASC STAFF

“Thank you for letting me know. I sincerely apologize for the long wait and for disrespecting your time. Dr. Jones has had some cases this afternoon that required some extra medical attention. As a result, he is running a bit behind with his schedule today.

Yes, I can understand why it would be frustrating to see another patient go in ahead of you. I would feel the same way.

# Service Recovery Script #2 (cont.)

## UPSET PATIENT

“Wow, thank you. That won’t be necessary but I appreciate it.”

“Wow, that’s great service!”

## ASC STAFF

“I am really sorry that we have disrespected your schedule. Let me go check with the team immediately about Dr. Jones updated surgical schedule. In the meantime, perhaps I could arrange for a private car service to pick your daughter’s children up and bring them here to our waiting room?”

“I just spoke with the OR nurse about Dr. Jones’ schedule. You are the next patient and will be taken back shortly. To say thank you for your patience, I thought your daughter might want to have dinner delivered tonight since this has been a long afternoon. I have sent a gift certificate for Uber Eats to your email address. I hope you all enjoy!”



# Remember...

Errors are inevitable.  
Dissatisfied customers are NOT

Complaints are a gift

Exercise rational detachment.

YOU ARE FULLY EMPOWERED

1 Complaint = 1375 Negative WOM

Service failure is a unique opportunity to strengthen loyalty

Take ownership & act fast

# Key Takeaways

- Define the “Why” for your ASC
- Set core standards for customer service
- Set expectations for internal service
- Teach and practice Service Recovery
- Empower staff to manage difficult patients



*Thank you!*



**Elizabeth Monroe**

*emonroe@bsmconsulting.com*

# Available to Members on eSupport

## Compliance & Operations > Quality Reporting > OAS CAHPS



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### QUALITY REPORTING: OAS CAHPS

#### **NO LONGER VOLUNTARY BEGINNING 2025**

The OAS CAHPS, which stands for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, was designed to measure the experiences of care for patients who visited Medicare-certified HOPDs and ASCs for a surgery or procedure. The OAS CAHPS website (link below) has news, training, and information about the survey. The survey instrument has been available for voluntary use since January 2016 but is set to become a mandatory component of the ASCQR in 2025.

ASCs **must** contract with a CMS-approved vendor. A list of approved OAS CAHPS vendors can be found below. The approved vendor collects survey data for eligible patients at the ASCs on a monthly basis and report that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

*\*Important Note: Although reporting isn't mandatory until 2025, we recommend you begin researching vendors now. Vendors have different billing structures, and your staff will need to learn how to interface with your individual vendor.*

The five measures are collected via one survey:

- ASC-15a: About Facilities and Staff
- ASC-15b: Communication About Procedure
- ASC-15c: Preparation for Discharge and Recovery
- ASC-15d: Overall Rating of Facility
- ASC-15e: Recommendation of Facility

SEARCH

QUALITY REPORTING

- Quality Reporting Overview
- Data Reporting
- ASC-20 Reporting

OAS CAHPS

Resources

### FAQ

#### ASC-15 OAS CAHPS

CMS proposed the addition of measures 15a-e, the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Provider and Systems, to the Mandatory Quality Reporting Program for ASCs. The ASC Association (ASCA) and ASC industry are in favor of this type of quality reporting, but not in the manner proposed. CMS has since proposed delaying the implementation of these measures through CY 2024. Under this proposal, ASCs that would like to continue to administer the survey under the voluntary national implementation, may do so in CY 2023. For now, the survey will be required and linked to reimbursement in CY 2025 for ASCs.

**WHERE CAN I FIND A COPY OF THE SURVEY?**  
The survey can be accessed on the OASCAHPS website linked below.  
<https://oascaphs.org/Survey-Materials>

**HOW LONG IS THE OAS CAHPS SURVEY?**  
The survey is 34 questions long and is expected to take patients about 8 minutes to complete. It is divided into the following subsection:  
Before your procedure: 2 questions  
About the facility and staff: 6 questions  
Your recovery: 5 questions  
Communication about your procedure: 9 questions  
Your overall experience: 2 questions  
About you: 10 questions

**ARE OTHER QUESTIONS ALLOWED TO BE ADDED TO THE SURVEY?**  
Facilities may add up to 15 supplementary questions at the end of the survey and can choose to replace their internal patient satisfaction surveys with the OAS CAHPS survey. Vendors may charge additional money for adding questions to the survey.

**ONCE IMPLEMENTED, WOULD THE OAS CAHPS SURVEY REPLACE THE CURRENT PATIENT SATISFACTION SURVEY USED BY ASCS?**  
It is up to each ASC to determine if it will do both the OAS CAHPS and another survey. Alternatively, an ASC could elect to add supplemental questions to the OAS CAHPS survey after the CMS-mandated questions.

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### ABUSE IDENTIFICATION

ABUSE IDENTIFICATION

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### ADVANCED DIRECTIVES IN THE ASC

ADVANCE DIRECTIVES

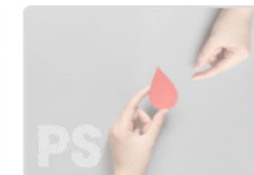
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### DEPARTMENT OF TRANSPORTATION TRAINING

DEPARTMENT OF TRANSPORTATION

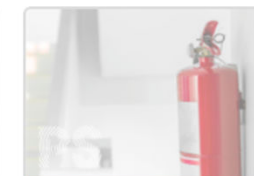
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### FLUOROSCOPIC IMAGING IN THE OR

FLUOROSCOPIC IMAGING IN THE OR

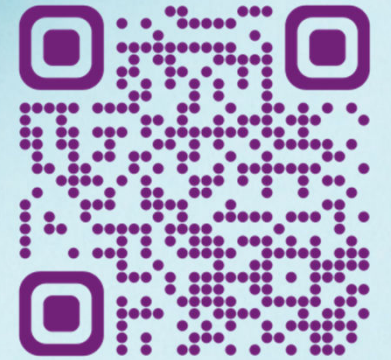
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ASC nurse leaders who want  
to run a compliant, efficient,  
and profitable ASC **with confidence.**



less

**RUNNING AN ASC CAN BE OVERWHELMING**



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*Licensed nurses and CASC credentialed participants are eligible for 1.0 CE Contact Hour and/or 1.0 AEU Credit. Progressive Surgical Solutions, division of BSM Consulting is approved by the California Board of Registered Nurses, Provider #17841 and BASC, Provider #1016.*



1 CE Contact Hour  
per **RN** attendee

1 AEU per **CASC**  
attendee



Complete Course  
Evaluation sent  
via email by  
**Friday, 7/26**



Certificates will be  
processed and  
delivered by  
**Friday 8/9**

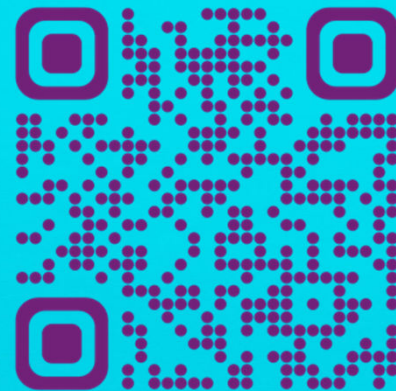


Any questions  
regarding CE Credit,  
contact  
**Jenna@pss4asc.com**



# Join our *Private* Facebook Group

A place to **connect, support,**  
and **network** with other ASC  
managers all over the country.





# Upcoming Webinars

| DATE   |  | CE                  | WEBINAR TOPIC   | SPEAKER                           |
|--------|---|---------------------|---|-----------------------------------|
| JUL 29 | 20  |                     | Harmonizing Success: Unlocking RCM Fundamentals for ASC Excellence              | Nancy Stephens<br>Vanessa Sindell |
| AUG 26 | 60  | RN,<br>CASC         | A Culture of Security: Preventing DEA Scheduled Medication Diversion in the ASC | Gregory Tertes                    |
| SEP 30 | 20  |                     | Before It's Mandatory: Understanding OAS CAHPS                                  | Vanessa Sindell                   |
| OCT 25 | 60  | RN,<br>CASC<br>CAIP | A Comprehensive Review of the ASC QAPI Program                                  | Debra Stinchcomb                  |
| NOV 25 | 20  |                     | Annual Survey Watch Report 2024   | Vanessa Sindell                   |
| DEC 13 | 60  | RN,<br>CASC<br>CAIP | Infection Control Risk Assessment: A Guided Review                              | Crissy Benze                      |

[www.ProgressiveSurgicalSolutions.com/webinars](http://www.ProgressiveSurgicalSolutions.com/webinars)