

Golden Gloves: Customer is King - Let's roll out the red carpet

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Abstract

Patients, in the hospital, come stumped and frustrated. Sometimes the situations are beyond our control (they had a terrible day, or they are just a natural-born complainer etc.), which sometimes creep into the nurses' usual support. Nurses need to be confident in handling all situation at work place and need to be persistent to deal with them and figure out what they want. So, to ensure consistent delivery of a high value experience everyday regardless of who happens to be on the front lines of the delivery process by creating a caring and compassionate environment for patients and caregivers, a one- month campaign "Golden Gloves" was launch by the Department of Nursing across the Apollo Hospitals Groups. This article is showcasing the campaign details at Indraprastha Apollo Hospitals, New Delhi (India). Weekly activities were planned which involved members of non- nursing departments as well like Doctors, Human Resource Department, Food & Beverages, Housekeeping Department etc. The outcome of the campaign was overwhelming. Nurses gained confidence in their communication skills which helped them to deal with patients' problems. The NPS score across the group has improved and there was a mass reduction in patient complains also which amplifies the result across the group

Key Words: Customer satisfaction, Therapeutic Communication, Nurse- patient Relationship, Patient satisfaction

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I. Introduction

There are certain customer service skills that every employee must master if they are forward-facing with customers. Without them, we run the risk of finding our business in an embarrassing customer service train-wreck, or we simply lose customers as our service continues to let people down. Keeping this in mind our thought leader Group Director Nursing rolled out the red carpet for customer delight with a title **GOLDEN GLOVES**. Each customer contact is a "moment of truth" and has the potential to make or break the image of our organization. Attitude and behaviour related complaints feature prominently in Voice of Customer (VOC) and are a cause of concern. The campaign was rolled out with the aim to ensure consistent delivery of a high value experience everyday regardless of who happens to be on the front lines of the delivery process by creating a caring and compassionate environment for patients and caregivers. There was concern with nursing Comparative score card (>70%)/ Number of attitude and behaviour related patient complaints (measure existing and target stage wise reduction)/ Number of compliments from patients/ Compliments from consultants for exemplary service/ Number of Tender Loving Care (TLC) moments/ Number of rewards and recognition for staff. Most of the time we come across people that we'll never be able to make happy. Every patient behaves in an anxiety state and battles anger, depression, fear and a host of other negative emotions when sick - The empathy to understand their state of mind is the key to compassionate care.

II. Methodology

The project was conceptualized by the Group Nursing Director, organized by the Department of Nursing and was implemented at Apollo Group of Hospitals across India in July 2018. This article is emphasizing on the campaign highlights of Indraprastha Apollo Hospitals, New Delhi.

It was a scheduled programme – A detailed toolkit explaining the activities and methodology was prepared and discussed with the nursing leadership team. [Table 1]

Sample- The target group for the campaign were customers:

External customers (patients) are most significant person in healthcare and we need to raise the bar for service by offering often small, yet heartfelt acts of hospitality to evoke powerful lived experiences that is an important element of the healing process.

Internal customers (nurses) are our valued resource and are our best brand ambassadors. In order to remain strong in our industry we need to keep our nurses engaged by creating a milieu that fosters patient safety they impact our reputation, reimbursement, image and outcomes.

No cost was incurred for the campaign. There were challenges to get staff out of work environment, but it was made feasible by meticulously planning of shift duties so that work does not suffer in the patient units. Post campaign it has become a work /service culture and staff nurses seem to welcome the change they adopted during the campaign.

Table 1- Calendar of Events under the Campaign

WEEK	DATE	ACTIVITY
	28 th June- 30 th June	Announcement of project / Pre-Launch Activities
Week 1	2 nd July – 7 th July	Crafting lasting first impressions - The Apollo Look
Week 2	9 th July- 14 th July	Back to Basics- Ask them before they ask you
Week 3	16 th July- 21 st July	Creating Compassionate connections - Gratitude is the best attitude
Week 4	23 rd July- 28 th July	Creating a culture of compliance
Week 5	30 th July –31 st July	Rewards and Recognition

Details of Weekly Activities Done under the campaign-

Pre- Launch Activities- Announcement of Project

- Announcement of the Service Excellence Campaign was made
- Heads of various departments were appraised about the upcoming events and requested their support as required
- Delegated custodianship and formulated a team of Charge Nurses and Staff Nurses for the campaign

Week 1- Crafting lasting first impressions - The Apollo Look

Monday – Wednesday: Crafting lasting first impressions

☉ The Apollo Look – Organized a Hairstyle and make up competition (The look should be professional – not causal or semi-formal. Make up should be subtle and not loud) among all units to create professional look for nurses. The competition was judged by a collaborative team having a mixture of male and female judges HOD's, 1-member form nursing team is mandatory. Judging criteria was announced in advance

☉ Winning look was implemented throughout the hospital starting from the 3rd week of the campaign i.e. 16th July with the aim to standardize accessories, lipstick shade, transparent nail polish etc. (Pic. 1 & 2)

Thursday – Saturday - Marketing the “Apollo Look”

☉ Awards were distributed to the first three winners and were delegated the responsibility to address the nurses on how to create and carry the look. They trained 1 nurse from each area who in turn were made responsible for training all nurses in their unit (**done in change room when off duty**)

Week 2- Back to Basics & Ask them before they ask you

Monday – Wednesday: Back to Basics

☉ Reinforcement was done on the following:

- Week process
- SHhh(Silent Hospital Helps Healing) protocols and practices - Reinforcement on silent zones in recovery and ICU and silent hours in wards (at noon and nights)
- Call bell response and resolution - Night communication/ Hourly rounds
- AIDET (Acknowledge, Introduction, Thank) scripts
- Telephone etiquettes
- Fond welcome and fond farewell for every patient

☉ Training for charge nurse and above on TLC (Tender Loving Care), creating Acknowledge Discover Customize Act (ADCA) format and raise the bar for TLC and ADCA and aimed for a 10% increase in the number of TLC's and ADCA's (Pic. 3, 4 & 5)

☉ Random audits and spot checks were conducted to evaluate these.

Thursday – Saturday: Ask them before they ask you

☉ Listed the top 10 common queries for which patients call or feel upset about and created answers for the same and proactively informed patients about the same (The list was different for different categories of patients) (Pic. 7)

- E.g. No. 1 - Queries on doctor's round timing- The nurse asked the Doctor in advance and proactively informed the tentative time to the patient
- E.g. No. 2 – Expected time of reports availability – were told while drawing the blood sample
- E.g. No 3 – Expected time of medication administration –informed while shift takeover
- ⦿ Reinforced all nurses to ask patient “Is there anything else I can do for you” before leaving patient's room.

Week 3-Creating Compassionate connections - Gratitude is the best attitude

Monday – Wednesday:Creating Compassionate Connections

- ⦿ Handover times prayer–All Registered Nurses (RNs) to pray in front of the patient during shift hand over. Both the handing over and taking over nurses to be present and involve the patient and attendants. It was implemented in all 3 shifts. (Pic. 8)
- ⦿ Patient grooming – Standardized across the hospital example two braids/plaits for bed bound female patients/ morning shave for men/ lip balms and moisturizers
- ⦿ Meal times – Removed clutter from the patient surrounding,switched on lights and opened window curtains, adjusted screens uniformly if it is a multi-bed unit, proper position was given to the patients, encouraged hand wash before eating, helped patient unwrap the food, provided assistance as applicable, encouraged patient to consume full meal as it is part of the therapy and noted the consumption in nurse's notes and piped music if available or through some source throughout the meal timings
- ⦿ Visitor times - Asked housekeeping to prepare the beds and service the floors before visitors' time; nurses were asked to redo patients' grooming and were encouraged to engage with visitors
- ⦿ Sleep times - Initiated dim lights during sleep hours and beds in low position where applicable

Thursday – Saturday: Gratitude is the best attitude

- ⦿ Each one thank one – was done on a daily basis on these 3 days by every nurse. Each staff thanked at least 1 individual from any department for some act of goodness that helped her in taking care of her patient throughhandwritten notes/ Scrubs Meet Suits (SMS)/ WhatsApp/ e-mails- any medium as deemed fit and appropriate
- ⦿ At the end of the month the individual who got the maximum gratitude notes from staff nurses was recognized and awarded as “The Helping Hand” –by CEO in the board room.

Week 4 (Monday – Saturday)- Creating a culture of compliance

- ⦿ Each One Teach One – Throughout the week buddies and mentors were identified who asked at least 10 question to each other e.g. Nurse A(Mentor) asks B(Buddy) 10 questions. On the same day Nurse B (Mentor) will ask nurse C (Buddy) 10 questions and the chain continues. Questions related to service were predetermined; questionnaire was created by the unit
- ⦿ Daily shift drill - Taking 10 minutes to set up the day before start of each shift in a standardized format which was led by the shift senior(SS)
- ⦿ A Staff feedback register was made in each unit in which staff Nurses used to write their comments/ feedback/challenges faced in each shift. Each nurses had to mandatorily enter her comments – Good/ Bad/Help Needed/Suggestions etc. Charge nurse used to take corrective action based on the same on a daily basis and escalatedthe same to Nursing head who could get help from other departments if needed
- ⦿ Nursing head organized open forum at the end of the month to hear the concerns of staff nurses and took appropriate action – This was a SKIP session between staff nurses and the nursing head only (Pic. 9, 10 & 11)

Week 5 (Monday & Tuesday): Rewards and Recognition

Rewards and recognitions were given for example unit with best VOC and NPS (Net Promoter Score)/ Maximum Number of TLC and ADCA andnursed who have performed exemplary work etc.

III. Result

- As nurses remain in the frontline of customers/ patients it is essential and important that they groom themselves to look confident and function confidently and work as scientific nurses with adequate updated knowledge to deal with current medical challenges, and able to communicate effectively with consultant and patients.
- The nurses learned and mastered specific skills that are a means to “WOW” the customers that they interact with on a daily basis.
- Mastering in compassionate care helped RNs dramatically in improving their conversations with customers.

- Staff became **sensitized to** the ability to really listen to patients as it is crucial for providing great service for a number of reasons. They developed ability to use **positive language** in their conversation patterns that created happiness to patients.
- **Confidence** in their communication skills helped them to deal with patients' problems. Staff were perceptive about patients to create a personal experience for them.
- Across the entire group the campaign was run as per the schedule and intent – It also helped develop leadership capabilities at unit level providing nurses the opportunity to learn and lead as brand ambassadors to the organization.
- The time spent in the campaign was fruit full as the NPS score across the group has improved and there was a mass reduction in patient complains also which amplifies the result across the group.
- Relying on frameworks like the Net Promoter Score of Apollo campaign has helped staff to get more patients WOW CARDS. As judges were HOD'S from various department, they were very pleased with the steps taken by our nursing department and they appreciated the initiative
- “Apollo Look” was Marketed, and reinforced among all staff. The winners were delegated with responsibility to address the nurses on how to create and carry the look – Suitable prize and recognition were given to winners. 1 nurse was trained from each area who in turn was responsible for training all nurses in their units (Done in changing room when off duty)
- Training for charge nurse and above on TLC creating ADCA format and raise the bar for TLC and ADCA was done with the aim for a 10% increase in the number of TLC's and ADCA's, random audits and spot checks to ensure compliance and we were able to achieve our aim
- 10 common reinforcing questions helped all nurses to proactively meet patient's informational needs. Asking patient “Is there anything else I can do for you” before leaving the room helped nurses in optimizing the number of call bells.
- At the end of the month evaluation was done to check out the individual who got the maximum gratitude notes from staff nurses and award that individual as “The Helping Hand” – The award was given away in the board room an in public function to give them recognition.

References

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Pic.1- Apollo Look Winners



Pic.2- Apollo Look Sustenance



Pic.3- Tender Loving Care



Pic. 4 - Fond Farewell



Pic. 5- ADCA Celebration



Figure 6- Closing Ceremony



TOP TEN PATIENT/ATTENDANT QUERY

- > When my doctor will come for visit?
- > When my reports(radiology/blood) will come?
- > Who will explain about my operation ?
- > How much time will take for surgery?
- > When i will be allowed to eat food after operation/ultrasound/CT/endoscopy?
- > Which number to call for dietician?
- > Which number to call for room service?
- > Why there is no fix time for serving break fast ,lunch and dinner ?
- > Why my discharge is delay?
- > Why housekeeping are not attending calls on time?

Pic. 7- Attending Attendant's Query

WEEK 3 ACTIVITIES

CREATING COMPASSIONATE CONNECTION



- > Prayer during shift change
- > Standardize patient grooming
- > Arranging clean and presentable environment during meal time , visitor time and sleep time

**Prayer before sending to OT
Apollo Delhi**



Pic. 8- Prayer during Hand- over



Pic. 9- Prayer before each Shift

WEEK 4 ACTIVITIES
CREATING A CULTURE FOR COMPLIANCE

- Daily shift drill
- Each one teach one
- Staff feed back book.

SEQUENCE OF DRILL

- Glass of water after reaching the unit
- Assemble
- Greet all team members
- Check every staff for uniform and grooming
- Prayer
- Reinforcement of SOP(standard operating procedure) and CC (Clinical conference)
- Briefs all regarding highlights of the previous shift and key highlights of what to expect for the shift
- Demonstration of a procedure
- Shake hand and thank them for being on that shift duty with him/her.
- Kick start the day after motivating the team

Pic 10- Creating a Culture of Compliance

WEEK 4

CREATING CULTURE OF COMPLIANCE

1. Each one teach one (Buddy and Mentor)


Asking 10 JCI questions as per day

MONDAY

- > Expand JCI?
- > What is sentinel event?
- > How to manage mercury spill?
- > How to disinfect the suction bottle and how frequently it is to be done?
- > What is DNR policy?
- > What is uniform care concept?
- > What is informed consent?
- > What all are employee rights?
- > How to handle the soiled linen?

TUESDAY

- > Expand HAI ? Which all are hospital associated infections?
- > Expand level of ADR?
- > In which all cases surgical site marking is to be done?
- > How you will manage blood spillage ?
- > Barrier nursing rooms are located in which floor? How many types of rooms are there?
- > What are the inflammable items kept in your stock?
- > How a patient can go for second opinion ?
- > What are the 6rights of medication?
- > What is the colour code of safety manual?
- > What is IPSG



Pic. 11- Each One Teach Ten

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