

EXCEEDING CLIENT EXPECTATIONS IS A TEAM SPORT

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Whether you are a sports fanatic, like I am, or not, you understand that every team, from an individual sport like swimming or track to a team sport, like baseball, soccer or rugby, is dependent upon the relationship each member has to each other member to be successful. From the earliest stages of our education we are encouraged to work together on projects and even at recess groups came together for different activities. With this foundation, you would think that the operation of a veterinary hospital would innately be team-based. It isn't always the case. But in those cases that it is, patient care and client service are world class and the practice has a reputation that is infallible.

WHO IS ON YOUR TEAM?

Every veterinary practice has a number of responsibilities and for each general responsibility there may be one or more individuals expected to complete the tasks required. In some practices, one person, acting alone, actually performs all of the jobs all by themselves. In general, there are some routine job descriptions found in virtually any practice:

Client Service Specialist aka Client Relationship Specialist aka Receptionist

Licensed Technician aka RVT/ LVT/CVT

Veterinary Assistant

Animal Caretaker aka Kennel Person

Bather and/or Groomer

Manager or administrator

Doctor

Owner

Janitor/Maintenance Person

THE DYSFUNCTIONAL HEALTHCARE MODEL

All of these roles perform tasks in zones or departments that bear the same name and these zones seem to exist as an island in many practices with little or no communication or interaction. In fact, in those same practices, individuals in the zones seem to exist independently of even the other people within their zone. This not an effective or efficient way of conducting business. It is frequently and offshoot of the independent, I can do everything by myself, personality of the owner veterinarian. This is a perfect example of "trickle down effect" leadership.

In fact, do you sometimes feel like there is a de-militarized zone between the reception area and the technician area. This DMZ is the area around the door between the "FRONT" of the hospital and "BACK" of the hospital. It is the area that the technical staff is reluctant to enter when leaving the treatment area and concurrently the reception staff avoids as much as possible. The reception staff doesn't think that the technicians work that hard because they don't have to deal with clients as much as they do. The technical staff doesn't think that the reception team works that hard because they don't have to wrestle with Golden Retrievers or clean up poop. And of course, don't ask a technician to answer the phone they'll only mess it up; and, don't ask a receptionist to do anything animal related, they'll think it's gross.

This dysfunctional team is composed of individuals performing tasks that they are assigned to without the greater good of the practice in focus. They all have a 9 to 5 job and don't recognize that those around them exist unless they get in the way of their individual success. And then...watch out. Fur will fly!!!

Can you see the issues that this type of team creates in the business of a veterinary practice where pets and people are passed between multiple people to accomplish the client experience?

THE FUNCTIONAL HEALTHCARE MODEL

In a client-centric or patient-centric practice, the entire team, everybody from the owner to the animal caretaker, all work towards the common goal of outstanding client service and patient care. There are no egos. There are no prima donnas. There is one team.

From the Three Musketeers, "All for one and one for all."

Everybody is fully engaged in delivering a smooth, seamless, consistent client experience—each time, every time, without fail. People help each other out. There is no hesitancy to step in for another teammate. People will learn new tasks on the fly, if they need to, to ensure a world class visit.

The welcoming team greets the client and engages them initially. They reach out to the technical team and fully and clearly communicate the reason for the visit, any special requests, and other relevant information to the exam room nurse or technician.

The exam room nurse listens attentively to the client service specialist, takes notes if necessary, and asks questions to ensure a complete understanding of the reason for the visit.

After performing their tasks, the exam room nurse finds the doctor for the case and clearly and succinctly communicates the reason for the visit and any questions or concerns that the client has expressed. They share any test results that may have been collected and escort the doctor back into the exam room.

In many practices, the exam room nurse remains in the room as transcription nurse, animal restraint nurse, and in some cases translator (from doctor speak to common language). They may create the estimate, fill a prescription, admit a patient for tests, etc., etc.. The doctor in these cases must clearly and effectively communicate their thoughts, actions and plans to the nurse.

If the nurse doesn't remain in the room, then the doctor will need help at some point from a receptionist or a nurse to complete the patient/client visit. In any case, there must be crystal clear and effective communication between two people.

And finally, whomever completes the transaction and helps the client must have a full understanding of what has transpired and this can only come from the other team members who have been involved.

Like a well-designed play in football, rugby or basketball; like a pitcher and catcher in baseball; or the passing of the baton in a track relay, there is no "I" in team, it is all "WE".

TEAMWORK IT MAKES THE DREAMWORK—HOW?

What is the difference between functional and dysfunctional teams?

1. Leadership
2. Communication

LEADERSHIP

The management team sets the tone for teamwork. In the manner by which they lead and the manner by which they work together there is a very obvious message to the rest of the practice team.

Great leaders, servant leaders, support the team and work towards the team's success. To support the team, they provide resources in the way of the best people, the best education, and the best environment to work.

Great leaders minimize competition between people by recognizing the efforts of the group and the success of the team. This is not to say that individuals aren't recognized and identified. They are sought out and pointed out. But not for individual accomplishments as much as team-based accomplishments.

Choosing the right people and making sure they are in the right roles comes from a clearly identified set of values; a vision; and a mission. People are chosen who fit the practice culture before they are chosen for individual skills.

Getting rid of the wrong people isn't easy. But in team based healthcare, the wrong people are disruptive and not supportive of the client-centered or patient-centered approach. Most often the wrong people have a me-first attitude. They may be great players but if they can't play well with others, they need to go.

COMMUNICATION

When you watch sports on television, you will hear the announcers talk about the chemistry of the team and how well they communicate with one another. Whether it is the pitcher and catcher in baseball, the quarterback and receivers in football, or the point guard and forwards in basketball, there are both spoken and unspoken communication that leads to victory. The same should hold true in a practice situation. Doctor-technician, doctor-reception, Technician-reception, animal care-technician/reception, management to everybody, it doesn't matter what the dynamic is, there must be communication. This communication must be both verbal and, because of the healthcare nature of veterinary medicine, it must be written in the medical record. As much as we would love to have a team full of mind readers, that is not the way things work. There may come a time when your team can predict the needs of their co-workers and especially of the doctors, but until that time comes, the true test of a successful team is how well they and how clearly they communicate with one another.

As intimated above, there may be a very clear de-militarized zone that exists between the treatment room and the client service area where neither group wants to cross into the other's zone. If this zone exists, it must be removed. The client service team needs to know what is going on in the treatment area, the treatment area needs to know how smoothly things are going in the exam rooms, the doctors need to know what is happening in the cases that are active in the hospital and those that have gone home. Whether it is Rounds, Huddles, or Time Outs, consider creating a formal communication program during the day to ensure everybody is on the program. Taking the time to communicate with one another will communicate to the clients that you are all part of the same team and the patient care will also be at a higher level.

Besides daily communication, schedule formal department and staff meetings to work on education and communication on the global needs of the practice. Using staff meetings to teach and role-play and problem solve between and among zones will again add to the team feel.

The Hand-Off is one of the more common sources for fumbles in football. The same exists in a veterinary practice. When does a hand-off occur in veterinary practice? Every client or patient is transferred from the care of one person to another!! A phone call being handed from a receptionist to a technician. A patient's care being transferred from one doctor to another. A client being transferred from release instructions to collecting money. A patient's care being transferred from a doctor to a technician. And in specialty setting, a patient going from a referring DVM to a boarded specialist and back. This area of communication can very easily lead to malpractice or negligence issues. Work on this area of communication to minimize fumbles. A fumble in a veterinary practice can lead to the loss of a client or more significantly the loss of a patient.

HOW DO YOU KNOW IT'S WORKING?

There are a few metrics you can look at that indicate that the team is working. They include:

- Client satisfaction surveys
- Staff longevity
- Profitability
- Staff Engagement levels
- Patient referrals

If you have a revolving door of staff and clients—it's not working

If you have low profitability—it's not working

If you have poor client satisfaction survey results—it's not working

If you are getting fewer and fewer referrals—it's not working

But the greatest way that you know it's working is how you feel at the end of the day; the end of the week; the end of the month; when the feeling in the pit of your stomach is gone and your ability to smile has returned. Because Teamwork it makes the Dream Work!!