One of the vital roles every Laboratory staff member has in our quality management program is to focus on our customers. Our customers are not only our patients, but ANYONE who uses our Laboratory results to care for those patients. In order for our department to excel in the future we need to change our culture. The person on the phone or standing at the window is not just another patient, physician, or nurse – they are customers. The customer’s always right… right? The ability to swallow one’s pride and accept blame or negative feedback is crucial.

Please review the following tips on telephone and customer service etiquette. These are the expectations when speaking to our customers.

**ANSWERING THE PHONE – First Impressions matter (even on the phone)**

1. ALWAYS greet the caller, identify your department / discipline and your first and last name. We expect our customers to provide first and last name when delivering critical & urgent values – we should give them the same information.
2. Project a tone that is attentive and respectful.
3. Ask, “How may I help you?”
4. Ask, “To whom am I speaking?” NOT “Who is this?”

**DURING THE CONVERSATION:**

1. Focus your entire attention on the caller.
2. Always speak calmly and at a normal pace. Speaking fast can sometimes indicate you are agitated. Speaking slowly can be misinterpreted as you are bored.
3. Use ALL of your listening skills.
   1. Focus on the conversation
   2. Listen ‘between’ the words
   3. Ask clarifying questions
4. Avoid the Five Forbidden Phrases:
   1. “I don’t know”

Better response “That’s a good question, let me find out for you.” or offer to connect the caller with someone who could provide the answer. If a call involves some research, assure the person that you will call back by a specific time. If you do not have an answer by the deadline, call back to say, “I don’t have an answer yet, but I’m still researching it.” There is no excuse for not returning calls.

* 1. "I/we can't do that."

Instead say: "This is what I/we can do."

* 1. "You'll have to"

Instead say: "You will need to" or "I need you to" or “Here’s how we can help you.”

* 1. "Just a second"

Instead: Give a more honest estimate of how long it will take you and/or let them know what you are doing.

* 1. "No."

Instead: Find a way to state the situation positively.

1. Apologize, when appropriate, even if the problem is not your fault, you can say, “I am really sorry this happened” and mean it.
2. End the conversation with agreement on what is to happen next; if you are to follow-up, do so in a timely fashion.
3. Here is one simple rule to follow – ALWAYS GIVE THE CUSTOMER MORE THAN THEY EXPECT.

**TRANSFERRING CALLS:**

1. Transfer a call ONLY when necessary; get the information yourself!
2. Explain why you are transferring the call.
3. Give the caller the person’s name and direct number in the event the transfer is unsuccessful.
4. NEVER BLIND Transfer - Stay on the line, introduce the caller to the transfer location, and explain why you are transferring the call (information you don’t know and/or can’t find etc…).

**NEVER:**

1. Leave an open line:
   1. Place the caller on hold.
   2. Check back with the caller frequently
2. Put a caller on hold when you need to do extensive research. Their time is valuable too. Let them know you will find out the information and return their call within a defined timeframe.

**THE COMPLAINT CALL:**

1. Apologize and acknowledge the problem. You don't have to agree with the caller, but express regret that there is a problem. People want to be heard, and no one's complaint is trivial. Each deserves prompt handling, so do not deal with it in a trivial manner.
2. Accept responsibility. Make sure something is done. Take it upon yourself to DO something. Many times, that's all that people want: the reassurance that something will be done. People want to be helped. They want to know that you care. Use these phrases to get that sentiment across: "How can I help you?" "What can I do for you?" "I'll make sure this message/information gets to the right person."
3. If you get an irate caller, or even one who is calm, cool, and collected, here are some more methods to handle complaint calls:
   1. First, don't overreact, especially if the caller starts using "trigger" words or phrases, such as: "I want to talk to someone who knows something." Most people respond by getting defensive when their "hot-button words" are pressed. Remember, a positive attitude is the most important asset you have.
   2. Second, listen completely to the complaint. Allow the caller the opportunity to vent some frustration. When you listen, don't try to apply logic to the situation. Many people are beyond logic if they are angry, so accept the feelings being expressed. Avoid argument and criticism.
   3. Third, do not blame anyone -- the caller, yourself, or someone on your staff -- even if you know who is to blame for a problem. This information should not be shared with the caller. It is okay to take responsibility for the problem and say things like, “it looks like it was overlooked, we will process it immediately, and I apologize for the delay.”
   4. Fourth, paraphrase the caller's comments, and ask clarifying questions if you do not understand the information being presented to you. Restate the problem as you understand it.
   5. Fifth, offer solutions and, if appropriate, offer alternatives. Providing alternatives empowers callers. It gives callers a feeling that they were not dictated to and that they were part of the solution.
   6. Finally, confirm the solution with the caller. Make sure the caller agrees with what has been decided.

Of course, not everyone will be happy, no matter what you do. Usually, these are the people who want to talk to the person "above you." If that is what it takes to lessen their anger, then do so. By the time they have been transferred to a supervisor, they usually have become calmer and less demanding. It seems that they just needed to vent their anger at someone: you. Just remember that most people are not that way and keep a firm grip on that positive attitude of yours.

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| Do Say |  | Don’t Say |
| I apologize for the delay; let me see why it isn’t processed yet. | We are short staffed |
|  | You should have… |
| As soon as you receive a customer’s name, use it. | I don’t know…  (unless it’s followed by, “but I can find out for you.”) |
| Can I call you when the result is available? | We don’t have a specimen  (unless you’ve truly looked for it) |
|  | It’s running now…  (unless you have truly verified it) |
| It looks like the order was ‘sent’ out after the original specimens were delivered to the Lab. We will process it right away. | The instrument is down…  (unless it truly is, in which case the ER should have already been notified of potential delays already.) |

ACTUAL EXAMPLES:

1. BLIND TRANSFER – Police officer called Central Processing and was inquiring about an alcohol level result and how to convert the units so it correlated with the legal limit. The CP staff did not know how to answer the question. They transferred the call to Chemistry. The Chemistry tech answered the phone. The police officer said, “I have a question about alcohol results?” The tech not knowing the officer had been already been transferred immediately said hold on, “let me transfer you to CP” and transferred the officer back.

What should have happened?

Police officer called CP and was inquiring about an alcohol level result and how to convert the units so it correlated with the legal limit. The CP staff did not know how to answer the question. They transferred the call to Chemistry. The CP Staff tells the Chemistry Technologist what the police officer needs and then completes the transfer. The Chemistry tech addresses the officer and states, “Hi my name is Brian, I understand you have a question about an alcohol result. Can I ask for patient information so I can help you better?” The Tech continues to help the officer. Before the phone call is completed, Brian asks, “Is there anything else I can help you with today?” then completes the call.

2. The EMD draws a rainbow of tubes on a Mr. Jones and sends the specimens along with the orders to the Laboratory. There were no orders for coagulation testing so the blue top is an extra tube. The CP tech forgets to enter the blue top as an extra. Later, the EMD physician decides they want to order a PT. The Nurse calls Hematology and tells them the physician is adding a PT. The Hematology staff looks in Cerner and tells the nurse:

* + There are no orders
  + There is no specimen available

The Nurse tells the Tech I know I collected a blue top and sent it. The Tech tells her again there is no blue top and that she would have to collected another and send it with orders. An hour later the same Technologist discovers the blue top in the extra rack. The Technologist calls the EMD and tells them, “We found it!” but unfortunately, Mr. Jones had already been re-stuck.

What should have happened?

The Nurse calls Hematology and tells them the physician is adding a PT. The Hematology staff looks in Cerner and does not see an order or an extra tube. The Tech tells the nurse:

* + There are no orders
  + There is no specimen available

The Nurse tells the Tech I know I collected a blue top and sent it. The Tech then says, “Well that’s odd, it’s not in the computer, can you hold on for one minute while I look around the department?” The Nurse agrees. The Tech finds the tube in the extra rack. She gets back on the line and tells the Nurse she has the specimen and asks the Nurse to remind the physician that an add-a-test order needs to be placed for the PT. The call is completed.

3. A Technologist in Chemistry calls a critical potassium to the ICU. The physician who takes the call asks where the troponin results are for the same patient. The Technologist who is in the Cerner sees that a CMP was ordered and nothing else. There was no order for a troponin. The physician is very upset because he really needs to know the cardiac status of this patient who is crashing. The Chemistry tech tells the physician that a Lithium Heparin (light green top tube) would need to be drawn and sent to the lab with an order in Cerner. The physician calls an hour later and now he is irate that he still does not have the troponin result.

What should have happened?

A Technologist in Chemistry calls a critical potassium to the ICU. The physician who takes the call asks where the troponin results are for the same patient. The Technologist who is in Cerner sees that a CMP was ordered and nothing else. There was no order for a troponin. The physician is very upset because he really needs to know the cardiac status of this patient who is crashing. The Chemistry tech tells the physician to put in an order for the troponin and to have the sample collected and sent to the lab.