Leading customer care and communication

Part 2 in **Seema Sharma's*** series of articles on distributing workload across the dental team.

Ensuring a great patient experience from the moment patients arrive in the practice to the moment they leave has the dual benefit of meeting CQC regulations and turning patients into raving fans who recommend you to others and grow your practice.

This is the second in a series of four articles about distributing workload across the dental team. It looks at a range of lead roles which could be embraced by front of house team members to support the patient experience, from listening to their comments and protecting their privacy, to ensuring their journey through a care plan is continuous and trouble free.

If you're ready to move from a passive role as a nurse or receptionist to becoming a lead for roles that focus on customer care and communication, there are several roles you could consider, depending on whether you prefer people, action or thought oriented roles, as outlined in the previous article (*Vital* winter 2012 pages 42-44).

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Compliments and Complaints Lead (a people oriented role)

Having a Complaints Lead is a requirement for NHS practices; now with CQC even private practices should have one. The patient experience is a barometer for the quality of our services, so I'd like to encourage you to develop an awareness of the tremendous value of proactively inviting and analysing all feedback, not just *complaints*. CQC have dedicated section 1 of their monitoring framework to involving and informing the patient, but don't approach this as a tick box exercise. It's crucial to quality control; business case studies show that the most successful businesses review feedback routinely.

For example, Simon Cowell's handpicked team at SYCO constantly review feedback while planning the next step for The X Factor. They have turned a simple karaoke concept into a multi-million pound business by tapping into good and bad stories and drama about each contestant – because that is apparently what we, the public, want.

Common problems in dental practices can erode the quality of the patient's experience as well as team morale. The good news is that they can be identified through feedback mechanisms, and simple solutions can often be implemented to improve the patient experience.

Information Governance Lead (a thought oriented role)

An Information Governance Lead is also a requirement for NHS practices, as outlined by the Information Governance Toolkit. Given the privileged information patients share with us, the legal and ethical frameworks imposed by legislation such as the Data Protection Act 1998 and the General Dental Council's (GDC's) *Principles of confidentiality*, I would advise all practices to have a lead whose remit is to maintain a high level of knowledge about information management.

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. It is therefore of paramount importance that information is efficiently managed, and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

It follows therefore that one dedicated person should be charged with the task of monitoring and managing compliance with information security arrangements to ensure there are no breaches as a result of inadequacies in physical

or electronic systems, or as a result of breach by untrained personnel.

Referrals Lead (an action oriented role)

With a growing number of specialist practitioners out in general dental practice, there is room for a dedicated Referrals Lead. The patient journey for a patient seeing a specialist starts with a referral and ends with a discharge back to the referring practitioner, but is usually punctuated by a number of stops at which there is potential for communication to go wrong.

Orthodontic patients, for example, go through a journey of an assessment, oral hygiene instruction, detailed record taking, sometimes extractions, fitting of appliances, regular adjustments, removal of active appliances and retention. Through the course of treatment, this can involve liaison with oral health educators, hygienists, referring dentists, oral surgeons, parents and guardians and of course patients themselves.

In a larger practice, keeping track of patients on complex care pathways which involve several practitioners can be a minefield for a busy receptionist to manage. For many receptionists, the 'day job' involves answering calls, handling enquiries, dealing with patients, making appointments, taking payments, sending reminders, calling labs etc. In addition, if a receptionist prefers 'people' oriented activities, care pathway management can feel like an administrative burden, yet there may be a nurse or administrator in the practice who enjoys the responsibility of handling patient follow up systems.

'Job' vs. 'lead role'

For most people, their 'job' is defined by their qualification or position in the practice as a dentist, hygienist, dental nurse, receptionist or practice manager, and for employed personnel there is a *Job Description* outlining expectations from the practice.

Any of these team members can enlarge the part they play in the practice by taking on lead roles and responsibilities. In a larger practice these roles may be distributed; in a smaller practice each individual may well have multiple roles and responsibilities.

Moving from hierarchical to distributed leadership

Some practices have created hierarchies in their practices with head nurses, head receptionists and care coordinators working to very generalised job descriptions. Unfortunately, additional workloads such as the very specific ones thrown up by the imposition of Care Quality Commission (CQC) Standards might be difficult to add on in such situations, especially if they don't suit the personalities of the people already in post. This leaves practices with an additional administrative burden to deal with.

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At Dentabyte we advocate creating a range of *Lead Role Descriptions* to assign to any team member, to enlarge their roles. This creates a more level playing field and allows more leaders to emerge by choice from within the team.

Any titles and benefits associated with each role can then be attached to the *role*, and not to an individual's *job*. This also provides flexibility in creating new roles or moving roles from one team member to another. Here is an example of how to set out a Lead Role Description:

Lead Role Description

A lead role description sets out a lead's role and responsibilities, for appending to a job description and contract. It should include the following:

Background

Explain why a lead role has been created, for example for information governance, referrals management or complaints management.

Responsibilities and accountabilities

Outline the key responsibilities of the lead, starting with the practice's *vision* for the lead:

- The strategy the lead will follow (service design) and
- The way in which it will be implemented (service delivery).

Next think about how this vision will be put into *action*, outlining:

- Any training required for the team
- Any monitoring systems required for internal and external quality assurance.

Finally consider how:

- Patients will be informed and involved with a focus on enhancing the patient's experience
- Management will be informed and involved with a focus on reporting activity and improving services.

Templates for common Lead Role Descriptions can be obtained from our office by emailing ola@dentabyte.co.uk.

How does this improve patient care?

All leads are expected to have expert knowledge in their areas, to train and support the rest of the team and to have monitoring systems to ensure that regulations and practice guidelines (outlined in policies and procedures) are followed. When all of this falls upon one or two members of staff it can be cumbersome, given the volume of knowledge required and the busy clinical commitments dental practices have. Spreading the workload, on the other hand, makes it much more likely that empowered individual team members can each incorporate a limited set of tasks into their day to day routine, so consistency is easier to achieve.

How is patient care measured?

We all have our own experiences of great and poor customer care. In general patients, like us, will form opinions based on three areas:

- The physical environment they are seen in **(the place)** - take a good look around you with a fresh eye tomorrow morning, when you walk into the practice. Are there boxes of stock in the corridor? An outstanding repair? A light bulb not working?
- The transactions they are involved in **(the processes)** - consider if your practice processes lead to smooth transactions. Are appointments convenient? Do patients get care plans and reminders? Are they seen on time?
- The interactions they have with the team **(the people)** - observe the interaction between staff and patients. Is it warm and caring? Do patients get full attention? Are they made to feel special?

It is a whole team effort to manage each aspect of the patient journey, and this can be made easier by dividing it up into smaller, defined manageable chunks. The end result is a consistently reproducible experience for the patient.

The lead roles suggested in this article are not exhaustive. Why not have a practice meeting to consider which lead roles you would like to create as a team?

Next time we'll take a look at some more clinically orientated roles.