

Customer Service

Most people would not place a visit to the pharmacy high on a list of things they really want to do. Those who go to a pharmacy are often sick or are closely involved with people who are. It is a necessary annoyance that usually costs them more than they wish, even if they have good insurance and a minimal co-pay. While few ever suggest that the price of their specialty coffee is excessive, pharmacy costs seem to be everyone's pet gripe. And besides that, browsing at a pharmacy is not as exciting as it is at a car dealership, an electronics store, a high-end fashion store, or a jewelry store.

Before we start talking about customer service, we have to understand what kind of service we provide. For the most part, pharmacy practice includes consultative services for patients and providers, medication management services, and medication delivery. Traditionally, even though consultation was a part of the practice, pharmacy health care delivery was product driven. While delivery of medications and durable medical equipment is still part of many practices, the field has evolved so that compensated service and consultation are key components of what is offered in most settings. Service may include monitoring medication outcomes, coaching patients to help them succeed with their personalized regimens, or adjusting doses to ensure or control drug responses.

What Can We Do to Attract and Keep Patients and Customers?

Those traditionally thought of as customers in pharmacy practice are patients. But anyone we come in contact with should also be treated as customers. Such people may include other health care professionals asking for advice, insurance company personnel who may want to set up a contract for pharmaceutical services for their insured population, and even the people picking up prescriptions for patients.

The key word in good customer service is respect.

In any business, new customers can be attracted by advertising. In a service-oriented field, retaining clientele is accomplished by building relationships. Building relationships involves everyone working in the pharmacy. Because the technician is often the first face that patients and customers encounter in the pharmacy, the technician's interaction with them can significantly influence the success of the business.

The key word in good customer service is respect. The consummate health professional respects the fact that people differ in many ways—for example, in beliefs, opinions, culture, religion, appearance, and education. It is not necessary to agree with people to respect them. Respect means treating people with the same care that you would if they were your loved ones and valuing them simply because they are human beings. We will also explore many ways to communicate respect in the following chapters.

Basic Business Reception

Imagine walking up to the pharmacy to drop off a prescription and seeing only the top of the technician's head at counter level. The technician is sitting on a box and talking on the phone. It becomes apparent that the conversation is personal. You wait a few minutes. Realizing that you have not been noticed and certainly not acknowledged, you clear your throat in an attempt to make your presence known. The technician glares up at you and then returns to the phone conversation. Several minutes later, he hangs up, gets up, and seeing your prescription in hand, greets you by saying, "Is this all you want?" Consider how a nurse from a busy unit might react to such an encounter when visiting a hospital pharmacy.

Let's consider the correct way to receive clients at a business. Greeting any client with a smile goes a long way toward establishing goodwill, which you may need should you not be immediately able to deliver what the person wants. After being welcomed with a smile, a hello, and the friendly words, "How may I help you?" even the most stressed customer relaxes a little. Should a wait be necessary to allow you sufficient time to deliver the request or item, you are more likely to get approval with a professional greeting

than if it appears to the customer that you are biding time until your shift is over. In other words, the perception may not be accurate, but it is always real to the beholder. If the operation is perceived to be lax and casual, then customers for whom accuracy and efficiency are positive attributes for a professional will not be putting their trust in the company or giving it their business.

Attributes for Successful Professional Communication

To help others, you need to be compassionate, sympathetic, empathetic, sincere, and encouraging, depending on the situation.

Compassion

Compassion allows us to actively seek to ease the pain or suffering of another. In health care, this is usually accomplished through problem solving and the delivery of services. Such a service might be timely filling and dispensing of medication. At other times, it includes offering a solution to a problem the patient is struggling with.

How is compassion expressed in a pharmacy situation? One example is acknowledging that a patient may be uncomfortable standing and offering a chair. In another situation, the pharmacist might give a patient a dose of the prescription to take while the technician is preparing the prescription so that the patient can benefit from the medication as soon as possible. Or, a harried mother might be distraught because she has a sick child waiting to be picked up from school and also needs a prescription filled for the child. The technician might suggest that she leave the prescription, pick up the child, and return for the medication. People experiencing stressful situations may not be able to solve their problems rationally.

In the inpatient setting, compassion might mean delivering a medication to the nurse who is harried and unable to leave the nursing unit to come to the pharmacy, even if that is not normal procedure. Sometimes, taking an extra minute to listen to someone vent is the compassionate thing to do whether or not you are in a hurry. Compassion can be summed up as treating others as people, not as task units.

Sympathy and Empathy

Sympathy is the experience of similar emotions, and empathy allows us to understand and acknowledge emotions without actually experiencing them. Without being sick ourselves, we can understand and appreciate how being sick may make a person frustrated, unhappy, uncomfortable, impatient, or crotchety. This understanding allows us to forgive behavior we might otherwise find offensive and to carry on with fulfilling our health care mission of providing good pharmaceutical care to all our patients, including those with bad attitudes.

Sympathy and empathy also help us recognize how another might want to be treated because we can imagine how we would want to be treated in the same situation. They allow us to project ourselves into a situation so that we can genuinely be there for others.

Sincerity

Going through the mechanics of good service is not enough. Think about the expression “Actions speak louder than words.” A colleague relayed the following story demonstrating this concept.

The colleague observed a patient consultation done by a pharmacy intern who was particularly well prepared. The intern introduced herself, said all the right words, and made all the key points during the consultation portion of the interview, but she never gained the patient’s respect. It was not because the intern should have been even more articulate. It wasn’t that she got flustered and quit. It wasn’t even because the intern left out key information, because she did not. The intern failed the task because she *failed to listen* to the patient, and in failing to listen, she failed to demonstrate sincerity and commitment to the patient. During the consultation, the intern addressed the patient by name three times. Each time the intern mispronounced the patient’s name, and each time the patient corrected her. All three times, the patient was ignored. The intern was so absorbed in what she wanted to say and how she said it that she did not converse with the patient. Instead, she talked *at*, not *to*, the patient. Failing to acknowledge the patient’s correct name was perceived as a serious sign of disrespect. It certainly mattered to the patient, since the patient repeatedly corrected the intern.

To deal with a name that is hard to pronounce, you can apologize and offer to try the best you can. You can request that the person say the name more slowly or repeat it. Sometimes, it is helpful to ask the person to break it down into syllables, spell it, or give you another word that sounds like it. It is also helpful to repeat the name just after you are corrected. This reinforces how to pronounce it. The repetition also gives the person another opportunity to correct you. Even if you aren't able to catch on, the fact that you attempted to get it right will be perceived as caring.

Part of patient care is helping patients progress with their treatment plans even if they experience a setback.

Encouragement

Part of patient care is helping patients progress with their treatment plans even if they experience a setback. Encouragement is the ability to motivate people to proceed in a direction even when they get disheartened and want to stop.

When you encourage, you need to do it sincerely and with perspective. A person who runs five miles a day should understand that a patient's accomplishment of walking around the block may not seem like a lot by comparison, but to a person who was completely inactive before, once around the block is a big deal. A young adult who lost 10 pounds in a week to fit into a prom dress may not realize how difficult it was for a patient to lose 1 pound in 2 weeks. As health care providers and workers, we need to realize that it may be through small steps that our patients approach their goals. The sense of accomplishment and motivation derived from a simple observation such as, "You look like you've lost weight," or, "You're looking athletic today," can be the perfect motivator for a person who is losing initiative or hitting a weight-loss plateau. It also invites discussion of what worked or what may be the next step needed to continue progress. In other words, it isn't necessary to wait until a 250-pound person has reached the goal weight of 120 pounds before noticing.

Winning in Business Is Not the Same as Winning a Debate

Have you ever heard someone describe another person as rude and thought that the person being described wasn't rude at all? Have you ever been someplace where it seemed as if the employees couldn't be any slower and the people you

ACTIVITY

Let's look at the case of a long-term patient at a particular pharmacy.

Mrs. Saunders is 52 years old and was recently diagnosed with diabetes. She is overweight. She has two sons who are in their early twenties, and she lives alone.

The doctor ordered Mrs. Saunders to check her blood glucose four times a day and return to the clinic in 2 weeks. She came to the pharmacy for the blood glucose monitoring kit and supplies. The pharmacist instructed her on how to monitor her sugar with the kit. The doctor's office called 2 weeks later to ask if the kit could be replaced because the patient said it didn't work. Two weeks later, the same thing occurred, although there had been no problems with the many other blood glucose monitoring kits that had been sold recently.

At this point, the pharmacist asked the patient to demonstrate how she monitored her blood glucose. The patient responded, "I don't like to prick my finger."

■ How can the pharmacist respond to the patient? Write down or discuss several responses that show compassion, sympathy, empathy, sincerity, or encouragement and that will motivate the patient. After you have come up with your responses, continue reading about this case. For the sentences in italics, identify the attributes the pharmacist is using in her interactions with the patient.

By asking the patient to demonstrate how she used the monitoring device, the pharmacist discovered the problem. The pharmacist was able to determine that the problem lay with the patient, not the device.

First, the pharmacist acknowledged that nobody likes pricking a finger. She also noted that checking blood glucose can be cumbersome and time consuming.

The pharmacist patiently explained what could happen in uncontrolled diabetes. Because the patient hoped to see her sons married and to play with grandchildren, the pharmacist had a relatively easy time showing the advantages of monitoring blood glucose. The pharmacist described how uncontrolled diabetes can lead to foot infections and complications that frequently result in amputation. *With proper monitoring, the patient would be able to walk down the aisle at her sons' weddings instead of having to use a wheelchair.* The pharmacist also explained that loss of vision is often a consequence of uncontrolled blood sugar. *If she gained control of her*

diabetes and kept her blood sugar under control, she would increase her chances of actually seeing her grandchildren. By putting the risks into a value system that coincided with the patient's, the pharmacist was able to motivate her.

Since the patient was a regular at the pharmacy, the staff and pharmacist had many opportunities to see her. *Each time, they asked how her diabetes was doing.*

Over time, the patient shared her progress and news of her family with the pharmacy staff. At one time, she told the staff that the doctor wanted her to “eat better and exercise more.”

■ **What suggestions can you make that offer the patient specific ideas on how to accomplish this?**

Several years later, one of the patient's sons died. Mrs. Saunders said that she hadn't felt like living since she lost her son. She had stopped monitoring her blood glucose even though she was now down to monitoring just two days a week.

■ **How should the pharmacy staff respond to this news?**

Of course, the staff extended their sympathy. They helped her see that she still had one son to live for and helped her get back to her exercise routine. The last time the patient visited the pharmacy, she was still doing well.

Notice how different situations in the patient's life offered the staff a variety of opportunities to show compassion, sympathy, empathy, and encouragement in sincere ways that helped the patient achieve optimal health.

were with said that the employees were quicker than usual? It's an old saying that one person's paradise is another's hell. This is what perception is about, and perception is the truth to the person beholding it.

There are certain universal signs of good service, yet there will always be someone who feels wronged. Perception is how customers feel they are being treated by the staff. Reality is what is actually occurring. Reality is based on facts. Feelings are based on subjective and nondebatable factors that may be accumulated from experience and background. It's important to try to please as many customers as possible while realizing that no one can be all things to all people.

Let's think about the following situation. An angry patient approaches the pharmacy and says, "How long are you going to make me wait today?" The technician could answer in several ways. Let's see how each of these answers might be perceived.

Scenario 1

Patient: How long are you going to make me wait today?

Technician: We don't make you wait.

Patient (interrupting): Sure you do. It always takes so long here.

Technician: No it doesn't. Besides, you can go next door for ice cream or go home and do something else for a while. You choose to wait.

Note that the technician can be perceived as argumentative in the first response, probably only making the customer angrier. The second response is confrontational even if it is correct. Now let's look at another way to address this patient.

Scenario 2

Patient: How long are you going to make me wait today?

Technician: Just as soon as I get some information from you, we'll get right on it. Have you been to our pharmacy before?

The technician immediately gets down to business. Many patients will be satisfied that the technician is taking care of them, but some will still press for an answer.

Patient: Yes, but it's been awhile. By the way, I moved. The new address is 123 North Main. Anyway, I don't have much time. How long are you going to make me wait?

Technician: It'll be about 20 minutes. We have several people before you. Would you like us to take care of this while you take care of other things and come back later? We close at 5 o'clock.

This approach acknowledges that the patient may have other things to do and offers alternatives to waiting.

Scenario 3

Humor is another approach to managing the situation. This reply assumes that you know the patient fairly well or that you are good at delivering these kinds of lines. It should be used only with those you know will not be offended.

Patient: How long are you going to make me wait today?

Technician: I don't know. How long have you got?

Scenario 4

When dealing with people who believe that the service is bad, you should ask enough questions to determine what they feel the problem is. Their “truth” or perception is what counts. Sometimes, a comment made while searching for the real issue can help you turn around something and enhance your operation. Let's look at another approach.

Patient: How long are you going to make me wait today?

Technician: You sound upset. Right now, our wait is about 15 to 20 minutes.

Patient: Well, you're the first honest one. They always tell me it will be 5 minutes, and it always takes forever. You would think I had nothing better to do than stand around waiting for you people.

In the last statement, the patient has told us she feels deceived (“You're the first honest one”). She has told us that the wait is underestimated. (We know it doesn't really take forever, but debating that is not helpful to anyone.) She doesn't feel valued by the pharmacy (“You would think I had nothing better to do”). While this patient's retort may sound negative and even condescending, by actively listening, we are able to appreciate the patient's real issues.

This patient has given us feedback that we should use as a measure to evaluate our effectiveness in communicating.

Perhaps we routinely say 5 minutes without thinking about it or finding out how long it really takes. The patient has also let us know that we may not be engaging our patients to the point that they feel valued. Finally, we have conveyed no sincerity, respect, or sympathy and empathy, instead treating the patient like a number.

The take-home message from these scenarios: take care of the patient. By engaging in active listening, we can improve the situation and address a patient's concerns. Instead of getting into a debate on the merits of a complaint, focus on righting the wrong. You win if you retain the patient, come out even if you prevent the patient from spreading bad stories about your business or you, and lose only if the patient leaves the business upset and is determined not to come back and to make sure that nobody else does either.

Handling Patients of Different Ages

The people who visit a pharmacy vary in age. Infants through adolescents are usually accompanied by a parent or parents. While it is respectful to address the adults, it is good patient care to include children if they are old enough to participate in the conversation. How much of the conversation you direct toward children and how you address them depends on their age, maturity, and interest level. Even older preschoolers know their names and addresses. By allowing them to give it to you rather than addressing all questions to the adults, you will make children feel important. Building self-respect and giving children attention is not only good business, it also makes for better-behaved children in your business. Obviously, if a child is shy and you are busy, then the adult can expedite the exchange of information.

Regardless of age, adults are best addressed by title and last name until it is clear that a more familiar address is welcomed. It is better to be considered overly respectful than rude and ill-mannered. Of course, if the patient or customer is someone you and your family have dinner with regularly and your children play with each other, such formality would be deemed unnecessary in most communities. For strangers or people you aren't acquainted with, first names should be reserved until a genuine relationship has been established. Some regions of the country are likely to be more formal than

others, so the time frame necessary for considering familiarity established may vary. Of course, if someone requests that you use his or her given name, then it is appropriate no matter how long you have known each other.

In contrast, children should be addressed by first name. Inviting them to be part of the conversation makes them feel important. For children with chronic or severe ailments, the added bit of respect helps ease fears that they are sick because they did something wrong or are unworthy of good health. Children of preschool through school age are most prone to these kinds of feelings. For adolescents, contracting an illness at the age when they are first developing their sense of self and trying to fit in can be devastating. If you can make a young patient feel respected and important or grown up, you can make a big difference in that person's development of self-respect. You also are likely to make a big difference in that patient's adherence to the medication regimen. Remember, making the patient part of the process increases the success of the treatment plan.

Today, many more people are living longer. For a number of the elderly, aging is accompanied by dementia from different causes. Nonetheless, not everyone suffers from dementia, although reaction time often is slower. Because of failing health, many lose their independence and come to rely on their children or younger neighbors. Realizing that they are not as sharp as they once were and need to rely on others can make older people feel like children and cause depression. While it may be more efficient to get information from younger people, it is polite and helps endorse worthiness to wait for elderly patients to interact with you if they are capable.

Being mindful of patients' abilities boils down to being respectful. How you handle various situations is a measure of compassion, empathy, and sincerity. Illness can be frightening for many people. It can be depressing because it confirms their frailties and mortality. It's our job as health care providers and adjunct personnel to be aware of patients' emotions and to support patients. Respect helps build people up.

Imagine that you are older and because of your infirmity must wait for your adult child to make time for you. Except for a once-a-week outing, you are homebound and isolated. Two out of 4 weeks, your day out involves a trip to the pharmacy. For some of those outings, you need to deal with

Making the patient part of the process increases the success of the treatment plan.

The goal of problem solving when you are dealing with an unhappy patient is to create a win-win solution.

your adult child's impatience. You may be aware that the trip to the pharmacy is causing your grandchild to miss part of a birthday party. How would your demeanor be different with these three greetings?

- “Yes?”
- “Hello, how can I help you?”
- (With a smile) “Hello, Mrs. Turner. How are you doing today? Have you baked anything new lately?”

The first greeting is impersonal. While it acknowledges that the person is in front of the technician, it is perfunctory. Such a greeting can accomplish the business at hand, but it neither invites nor helps create a lasting relationship. The second greeting is unimaginative and impersonal but a little friendlier. It superficially establishes a relationship and certainly leaves the door to one open.

The last greeting confirms that you have a relationship with Mrs. Turner. Name recognition makes people feel important. Knowing something about her hobbies or interests adds sincerity to the interaction. Such a greeting will go a long way toward making Mrs. Turner's day. It confirms her worthiness to her helper/child. With someone you haven't seen before, a warm, smiling hello and even a superficial question about anything will help personalize the interaction because it invites discovery and a relationship.

Dealing with Difficult Patients

It has been said, “The customer is not always right. However, the customer is always the customer.” Acting in a professional manner does not mean that you have to admit to being wrong when you are right. It does mean that you have to make the situation as right as reasonably possible in the patient's eyes. While there are some patients who enjoy the fight and will never find things good enough, it is wise to adopt a policy of thinking that all people are reasonable until proved otherwise and that their requests are also reasonable. The goal of problem solving when you are dealing with an unhappy patient is to create a win-win solution—the patient goes away happy and returns for the next pharmacy need. This does not have to mean “giving away the store.”

Asking for the patient's input into the resolution of a problem encourages the patient to be part of the process and to buy in to the resolution. You do not have to sell the idea as a good one.

Sometimes you can redirect a patient who is difficult. This method is used by parents in controlling the behavior of small children, but it can also be quite effective with adults who are difficult. Let's go back to that opening line from the unhappy patient:

Patient: How long are you going to make me wait today?

Technician: If you can just give me your address and answer a few questions, we'll be able to start right away.

In this example, the technician redirects the patient's attention from a confrontation to the resolution.

The LAST Approach

There are many methods to calm angry patients or customers. We've explored a few. Let's look at one in particular—LAST—that incorporates many of the ideas we've discussed. LAST stands for listen, acknowledge, solve, thank. This technique can also be used to solve interpersonal issues between co-workers, nonpatient customers, and patients.

The first step is to *listen*—allowing patients to tell their side of the issue. While you may or may not agree with a patient's assessment of the situation, actively listening goes a long way toward helping you solve the problem. Active listening involves making a good effort to hear everything the patient has to say and, if in person, watching body language as well. It also involves separating the tone from the message. Trying to formulate your response while listening to the speaker often results in a response that has nothing to do with the real problem. You want to hear every word because often the problem stated initially isn't the problem at all.

As we look at the following conversation, let's assume that the pharmacy is particularly busy, and three waiting prescriptions are ahead of this patient.

Technician: Good afternoon. May I help you?

Patient: I don't know. You people always take so long. I'm just trying to get my prescription filled, and it seems like it's taking all day. First I spent 2 hours at the doctor's office. Then it took 45 minutes to get here. How much longer do I have to wait? Is this going to take forever?

Without active listening, the technician might have stopped listening after the accusation that the pharmacy always takes more time than the patient feels is necessary. The technician might have gotten defensive and reacted by informing the patient that the pharmacy takes the right amount of time or that it takes no longer than any other pharmacy to fill a prescription. However, if we review the entirety of the patient's comments, it is clear that the patient is frustrated by spending much of the day pursuing medical care, *including* the prescription.

What is a good response? Consider the following:

1. "We can only work so fast. There are three people in front of you. We'll get yours out as soon as possible."
2. "If you don't like the way we do business, why do you keep coming here?"
3. "You don't have to be insulting. We're doing the best we can."
4. "I can see that you are frustrated by the long waits you've had all day. We'll try to get you out of here as soon as possible. Why don't you have a seat, and I'll get started on your prescription?"
5. "Sounds like you've had a tough day. Would you like to leave the prescription and come back later for it? I can call you when it's ready."

The first response is clearly straightforward and to the point. It reacts to the patient's comment about the speed at which the pharmacy team works. It gives the patient the information about the length of the wait. But it fails to acknowledge the patient's frustration. Response 2 is clearly argumentative. While the technician may feel that way, it is not good business practice to confront emotion with emotion. Response 3 is defensive. In health care, it is not about you. The patient is the most important person.

Depersonalizing attacks on the pharmacy is the best plan. Both 4 and 5 acknowledge the patient's mood in an empathetic manner and offer a reassuring solution without inconveniencing other patients. While comforting the patient by acknowledging his or her frustration, the technician has zeroed in on the key issue. This avoids confrontation and a long conversation.

By acknowledging people's feelings, you make them feel heard and important.

The *A* in LAST stands for *acknowledge*. By acknowledging people's feelings, you make them feel heard and important. In responses 4 and 5 above, notice that the technician has not said the patient is right to feel that way. It is not your position to judge the appropriateness of a mood or feeling. It is your job to provide good pharmaceutical care and make your patients and customers feel valued and important. By acknowledging the aggravation a patient has endured, you give support and validate that you have listened and heard the person.

The *S* in LAST stands for *solve*. Let's look at another scenario for customer service. This incident took place at an airport before 9/11, when security was less tight than it is today. Note how supremely well orchestrated this turnaround by the service provider is.

An airline ran frequent shuttles between two cities roughly 500 miles apart (one hour flying time). The 4 o'clock flight was canceled. A passenger arrived for the 4 o'clock flight at about 2:45 pm and noticed that it had been canceled; the two remaining choices were the 3 o'clock flight and the 5 o'clock flight. The passenger sprinted 500 yards and made it to the gate of the 3 o'clock flight with 5 minutes to spare.

Passenger: I see you canceled the 4 o'clock flight 2 hours ago. Don't you people have any respect for our time? When exactly were you going to tell me?

Customer service representative: Even more important, can I get you on this flight?

Imagine what would have happened if the customer service representative had gotten into a discussion about informing customers and the airline's policy. Most likely there would have been a verbal fight. Possibly a manager would have been called, which might have gotten the passenger a

Adopting the mind-set of solving the real issue goes a long way toward pleasing the customer and avoiding conflict.

free ticket. But look at the passenger's complaint: "Don't you people have any respect for our time?" Time is the passenger's concern. The passenger does not say, "With the amount of money I spend with the airline, you should..." Instead, the complaint points directly to the issue of time. Focusing on getting the passenger home early solved the passenger's time issue. It was a win-win solution. Pursuing a discussion on the responsibility of informing all passengers of delayed or canceled flights likely would have resulted in the passenger missing the first flight and the creation of a disgruntled customer for the airline—a lose-lose situation.

Now let's adapt this type of problem solving to a pharmacy situation. In the outpatient setting, suppose the pharmacy is unable to fill a prescription because the medication was not delivered. A patient rushes in at the end of the day. When the technician tells the patient that the prescription is not ready, the patient responds, "When were you going to tell me? You people are so incompetent." Instead of defending the pharmacy, suppose the technician responds, "Even more important, how fast can I get the medication for you?"

A typical situation in an inpatient setting is a nurse calling the pharmacy to request a medication that the technician knows has either been sent or delivered in the patient's cassettes.

Nurse: You forgot to send the noon dose of metoclopramide for Mrs. Jones.

Technician: No we didn't. It's in the cassette. I filled it myself.

The technician may be right. He may even have had a previous experience of running over to the nursing station and finding the medication. This nurse may be particularly exasperating—someone who routinely cannot find medication. Nonetheless, should the technician make the patient suffer for the nurse's incompetence? The answer is no. The most important objective is getting the medication to the patient, so the technician is ultimately going to end up providing a new dose. It is not necessary to get into a discussion over who is right. Adopting the mind-set of solving the real issue goes a long way toward pleasing the customer and avoiding conflict.

In some cases, getting to the bottom line, as demonstrated in the previous examples, is not the practical solution. Suppose you have a patient who accuses the pharmacy of shorting him one to five units of medication each time. The first several times the pharmacy decides to make good without question. After awhile, though, it becomes evident that this is the way the patient stretches his prescription dollar. In this type of case, problem solving has to take on a new dimension. The pharmacist may instruct you to count the tablets or capsules in front of the patient and have the patient sign off on it to verify the correct amount was given. Of course, you shouldn't say, "We're going to count this out with you because you are always making false accusations and we're tired of it." Instead, you might suggest, "Why don't we count this together so that we're sure you get the right amount this time?"

Solving problems may take some creativity. Your colleagues may offer ideas that you had not considered. Sometimes you'll get simple complaints, such as, "You're always so busy when I come in." To this patient, you might suggest coming in during specific times when you are usually less busy. Sometimes a physician will call and say that it is always difficult to get a live person on the line. For such customers, you might provide another line with a direct number. Sometimes the solution to a problem involves suggesting dosage forms that the patient or prescriber did not know were available or offering less expensive alternatives to what was prescribed. While giving this kind of advice is truly in the pharmacist's domain, being familiar with the classes of drugs and the formularies of the common insurance plans makes you an asset to the pharmacist.

Finally, the *T* in LAST stands for *thank you*. Whether or not you agree that the problem is a system problem rather than a patient-specific problem, you still should be grateful that it has been brought to your attention. In this context, a system problem is one where the outcome is a result of how you do business. A patient-specific problem is one that only affects that patient or similar patients. Why should you be grateful to hear about problems? First, it is helpful to have people give you feedback. If you truly believe in performance improvement, then both positive and negative feedback are necessary to fully evaluate the systems that are in place. Second, you should appreciate people who take

the time to complain rather than simply leave your business without giving you the opportunity to correct issues. Finally, thanking people makes them feel appreciated and valued. It can warm even a tepid heart and frequently is enough to make the patient or customer want to give the pharmacy a second chance.

LAST works if there is an issue to resolve. Sometimes a person may be in a bad mood and there is nothing the pharmacy did wrong. Confronting the mood directly if you have time to listen may be the best approach. For instance, you notice that a nurse is being particularly curt. This is evident from his failure to greet you and also from his body language. Stating the obvious—“You seem a bit on edge this morning”—may open up a discussion on how he had a fight with his wife or how he was late getting the kids to school and forgot their lunches. The statement shows concern on your part and gives the other person an opportunity to vent. The nurse’s realization that the behavior is noticeable and your willingness to listen may be enough to turn his mood around and make the rest of the day go better for everyone. It establishes you—and the pharmacy—as caring and concerned. What a great reputation!

Summary

Customer service involves more than handing over what the patient or customer came for. Treating everyone respectfully ensures a satisfied clientele and return business. Connecting with a patient or customer through compassion, sympathy, empathy, sincerity, and encouragement often helps develop the relationship necessary to provide service tailored to the person’s needs. Problems are bound to come up, and one useful method for solving them is LAST: listen to the person’s perspective on the issue; acknowledge the person’s feelings; solve the problem, focusing on a win-win result; and thank the person for bringing the problem to your attention.

For More Information

Curtiss FR, Fry RN, Avey SG. Framework for pharmacy services quality improvement—a bridge to cross the quality chasm. Part I. The opportunity and the tool. *J Manag Care Pharm*. 2004;10(1):60–78.

Desselle SP, Zgarrick DP. *Pharmacy Management: Essentials for All Practice Settings*. 2nd ed. New York: McGraw-Hill Medical; 2008.

Gulati R. Silo busting: how to execute on the promise of customer focus. *Harvard Bus Rev*. 2007;85(5):98–108.

Gulati R, Oldroyd JB. The quest for customer focus. *Harvard Bus Rev*. 2005;83(4):92–101, 133.

Levin RP. Developing lifetime relationships with patients: strategies to improve patient care and build your practice. *J Contemp Dent Pract*. 2008;9(1):105–12.

Miller SR. Scrip for success: Kentucky family practice uses electronic prescription to improve efficiency, revenue and customer service. *Health Manag Technol*. 2003;24(10):20–1.

Nau DP, Chi C, Mallya U, et al. Member satisfaction related to self-reported cost share and difficulty in obtaining prescription drugs in a university pharmacy benefit plan. *J Manag Care Pharm*. 2007;13(2):135–41.

Slowiak JM, Huitema BE, Dickinson AM. Reducing waiting time in a hospital pharmacy to promote customer service. *Qual Manag Health Care*. 2008;17(2):112–27.

Tomczyk DJ. Improving managed care value through customer service. *Healthc Financ Manage*. 2002;56(6):38–42.