

THE ART OF CONSULTATION

Assessing Customer Needs (External Customer Service)

In today's competitive marketplace, we have to ensure that we are meeting our customer's needs – as they perceive them – if we want any job security at all. Why do you think some of our accounts decide that they can do better elsewhere? (ask for audience input). Bottom line is that they think they can get more for their money from someone else. Remember that people are buying only two things: good feelings and solutions to problems.

There are three major components to customer service. These are:

1. The relationship with the employers/customers.
2. The relationship with fellow employees.
3. The self-image of employees, customers and clients.

Whether you are new to a facility or have been there a while, if you have not developed a rapport with the Administrator and Department Heads, other than the Dietary Supervisor, you should consider making this one of your goals to enhance your ability to provide quality customer service and to be better able to determine your customer's needs.

The heart of good customer service is simply treating our clients as individuals and putting their interests first.

ADMINISTRATION

It is important to meet with the Administrator at least quarterly to reassess their needs and get their input. Ask them how are we doing and how can we do better? Consider discussing the following:

1. What are your expectations from the consultant dietitian?
 - a. Do they want to ensure that their dietary department is in compliance with all State and Federal regulations so they will not have any citations in a survey.
 - ◆ Let them know that we have Quality Assurance Modules that you and your supervisor can do on an ongoing basis to ensure compliance with regulations.
 - ◆ Provide the dietary supervisor with the questionnaires that the surveyors use when they are in the facility so they can adequately prepare for a survey.
 - ◆ Provide the dietary supervisor with the OBRA interpretive guidelines surveyors use during a survey so they are aware what the surveyors are looking for.
 - ◆ Schedule in-services to cover areas where improvement is required. Ask for additional consulting hours if lots of in-servicing is required, otherwise conduct 20-30 minute in-services with the dietary staff during your regular visits each month. Get the staff to participate in the in-services or maybe have a staff member review the in-service with the rest of the staff under your supervision. Make someone else the "expert."
 - ◆ Make certain the Administrator is receiving a copy of your Consultant Dietitian's Report after every visit if you do not personally exit with them. Include all in-servicing and note any materials provided to other staff at the bottom of your report to document what areas were covered on that visit.
 - ◆ Ask for a copy of their last two surveys so you will be aware where surveyors have focused before – surveyors are instructed to focus on those same areas where deficiencies were noted previously. This can become a major issue of substantial compliance.

b. Do they want to be sure you are charting on residents at nutritional risk?

- ◆ Discuss the system for referral that has been set up in that facility. Make recommendations for improvement if necessary.
- ◆ Set up systems so that you are certain you are receiving information on all:
 - New admits
 - Residents who have had significant weight changes
 - Residents with pressure ulcers
 - Residents on tube feedings
 - Residents who require annual reassessment
 - Residents who are eating less than 50%
 - Residents with food allergies/intolerances
 - Residents receiving supplements
 - Residents with a change in condition
 - Residents on dialysis or covered by hospice

c. Do they have special projects or expectations for the dietary supervisor that you can help them achieve?

- ◆ Address each issue separately and set specific goals and objectives with time lines for achievement. Ask for additional consulting hours to implement a project if it is important enough to them.
- ◆ When a goal is achieved, make certain the administrator is aware what was accomplished and how it will be monitored so that the expected level of performance will be maintained.

2. What are your expectations for the menu system?

a. What are their food cost goals and are they being realized?

- ◆ We have food cost in-services and guidelines to review with the dietary supervisor.
- ◆ We also have a food cost SWAT team that can thoroughly assess a facility's food cost issues and make recommendations for change with ongoing training if required.

- b. Are the residents happy with the quality of the meals?
- ◆ Ask to see the results from Resident Council meetings or the Food Committee and then set up a program to help the dietary supervisor meet the needs of her customers, the residents.
 - ◆ Do a garnish in-service – we have lots of material available to assist you.
 - ◆ Are their puree's acceptable in texture and garnished?
 - ◆ Is tray delivery adequate and is the food temperature preserved appropriately.
 - ◆ Do the residents receive adequate assistance with their meals?
 - ◆ Are the residents who require feeding, assisted in a timely manner and are they given adequate time to finish their meals?
 - ◆ Is there a Rehab Dining Program in place and how is it monitored? Do the therapies participate actively?
3. Are there other departments that require assistance from the Consultant Dietitian to fulfill their duties?
- a. Is there an ongoing CNA training program that would benefit from in-services from the Consultant Dietitian. Ask for additional consulting hours.
 - b. Talk to the DSD and offer to do at least one in-service a year for the licensed and unlicensed staff. If they are willing to pay for your time, offer to do one a quarter. (Always bill for the time you spend doing in-services).
 - c. Do they want you to attend Weight Committee Meetings, Rehab Meetings, QA Review Meetings, etc. Additional hours may be required.**

**In our recommendation for consulting hours we are estimating hours for providing consultation and assessment for residents and about 1 hour per visit to review the kitchen for sanitation and observe tray service. Additional services will usually require additional time.

DIRECTOR OF NURSING

Develop a good relationship with open communication with the DON.

1. Find out who is going to be contacting the physician with your recommendations.
 - a. Would it be more convenient for them if you separated your Resident Review Summaries by Station or by Physician or both? Who does the DON want you to exit with regarding your clinical recommendations?
 - b. Agree on time lines for contacting the physicians and have a system set up so that you know which of your recommendations were refused so you can follow up appropriately or drop the subject.
 - c. Make sure the DON is aware that the surveyors will review the dietitian's notes in the chart and will want to know why recommendations were not followed up with if the resident is at risk.
 - d. Ask about problem physicians so one does not unload on the DON who will then unload on you.
2. Ask about the tube feeding formulary so that you do not cause a problem with requesting formulas that are not available or that do not work with their pump system.
 - a. Let the DON know you are aware about reimbursement issues and would like to work with them to achieve the highest level of reimbursement possible while still meeting the resident's needs.
 - b. Ask about their tube feeding schedule – do they feed for 24 hours, 20 hours, 18 hours? Do they want to do continuous or bolus feedings? Do different doctors want to do different things?
 - ♦ If you do not agree with their current system, try providing unbiased education for the DON, by giving her/him "interesting" articles, etc., to try to facilitate change for the better, always focusing on the resident's needs.

ACTIVITIES, SOCIAL SERVICES

Make certain you introduce yourself to the Activities director and the Social Services director.

The Activities director usually conducts the Resident Council, so they usually have a lot of input regarding meal issues. Let them know you are interested in assisting with any problems. Be a resource.

The Social Services director may have contact with problem families. Let them know that you are willing to talk with the family while you are in the facility or on the phone (we bill for phone calls in 15 minute increments).

Don't forget to document on your Consultant Dietitian's Report or the Supplemental Report if it is a sensitive issue, any intervention you have participated in. If it is for a specific resident, you should also chart in your progress notes and possibly add to the care plan.

Positive and pro-active customer service is essential to our success in the consulting field. A survey by a Washington D.C.-based research firm indicated that 96% of customers don't complain, and between 65% and 90% of the non-complainers take their business elsewhere. Their research also showed that 54% to 70% of that business could be won back if the problems could be resolved.

Should you find that you have problems you are unsure how to handle, give us a call. That is what we are here for. Also remember you, as our employees are also one of our customers and if you have needs we are not meeting, please let us know. We are probably not always as proactive as we need to be.

COMPONENTS TO CUSTOMER SERVICE

- Relationship with the customer
- Relationship with fellow employees
- Self-image of customers, employees and clients

ADMINISTRATOR INPUT

- Expectations from the Consultant Dietitian
- Expectations of the Menu System
- Other Departments Requiring Service

DIRECTOR OF NURSING INPUT

- Implementation of Your Recommendations
- Tube Feeding/Supplement Formulary
- Other Communication Issues

OTHER DEPARTMENT INPUT

➤ Activities - Resident Council

➤ Social Services - Problem Families or
Residents

GOOD FEELINGS

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***SOLUTIONS TO
PROBLEMS***

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NEEDS FIRST

***TREAT CLIENTS AS
INDIVIDUALS***

***PUT THE CLIENTS' NEEDS
FIRST***