

## VETERINARY PRACTICE IMAGES

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*"He who knows much about others may be learned, but he who knows himself is more intelligent. He who controls others may be more powerful, but he who has mastered himself is mightier still."*

Lao Tsu

Image. We talk about a practice image, a professional image, an image of caring. Architects like to call it curb appeal, but in today's market, that is not enough! What are you doing, on a daily basis, to improve the practice image? In the management literature of the past, a "buzz phrase" emerged: *"moments of truth"*. It was coined by the CEO of SAS (Mr. Carlzon), and simply means "an opportunity to influence a customer, to create an appropriate image". In every encounter with every person, at least one moment of truth occurs. Generally, more than a single moment occurs in each encounter to make an impression. In each instance, impressions and values are established based on impressions and perceptions. In a veterinary practice, these moments of truth are often the difference between a client becoming a five-times-per-year friend or a once-in-three-years visitor.

In a brainstorming session with other consultants, we looked at the average veterinary practice client cycle and counted the moments of truth that any practice could possibly influence. While all the ideas listed here will not fit every practice, the majority should. The challenge is to get the staff members to accept the responsibility to improve the image in each area they touch. They need to have pride in what they do, moment by moment, to affect these moments of truth. To establish that pride in performance is the challenge of leadership, but that is a different article! Most of the concepts discussed below are expanded in the new Blackwell/Wiley & Sons Press three volume text series, *Building The Successful Veterinary Practice*, and the sequel, *Veterinary Healthcare Services: Options in Delivery*. Look at these opportunities, and discuss them with your team:

Finding the Practice (you need to ask this question of ALL new clients to compile these answers)

- Social Media
- Yellow page ad
- Referral by friend/client
- Newspaper ad
- Community literature source
- Referral by out-of-state veterinarian

Outdoor signage  
Ancillary pet supply referral  
Staff community service  
Community activities/Rotary/Scouting/women's clubs/government

### The Initial Contact

Phone for a price quote  
Phone for a service quote  
Phone for an appointment  
New Client Newsletter (mailed post-phone contact)  
Directions to the practice  
Stopping in for a tour  
Meeting a staff member out in the community  
Meeting the veterinarian at a community function  
Actual appointment hours offered

### Arriving With the Pet

Practice identification  
Direction signage for parking and entrance  
Parking lot appearance/tidiness/potholes/debris/droppings  
Access to the front door  
Entry ease and protection of pet from other patients  
Fear Factor enhancements  
Lighting/security  
Initial waiting room impression (smell, sight, sound)  
Access to the front desk  
Staff appearance  
Decor/odor/noise/cleanliness

### Client Relations Specialist (Reception) Staff

Courtesy/attentiveness  
Friendly/smiles  
Responsiveness/caring  
Pace/professional approach  
Phone techniques  
Gossip level  
Talk about pets/clients by name rather than condition  
Bond-centered Practice Approach  
Waiting time (a maximum of seven minutes)  
Amenities available  
Other clients entering and exiting (satisfaction)

### Initial Client/Patient Movement Methods

Appearance/uniforms/shoes/personal composure  
Personal hygiene/makeup/hair/breath/face hair

- Escort to consultation (examination) room
- Initial interview techniques
- Hands on pet within 30 seconds
- Fear Free aspects
- Nurse (Technician) appearance
- Body language/voice tone
- Staff competency
- Paraprofessional rapport
- Bond-centered Practice Approach
- Wellness examination
- Diplomas on wall (staff and doctors)
- Odor/cleanliness/noise

### Veterinarian Initial Impact

- Appearance/personal composure
- Treatment of staff
- Respect for Outpatient Nurse comments
- Self-introduction
- Touching the animal
- Listening technique
- Body language/voice tone/rate of speech
- Terminology
- Explanation of consultation/examination/findings
- Patient advocacy/speaks of pet's needs/ensures client decides
- Bond-centered Practice Approach
- Empathy/concern for client's position (feelings and fiscal)

### Consultation (Examination) Room Exit

- Summary of findings
- Staff Training to administer treatments
- Bond-centered Practice Approach
- Explanation of charges
- Prequalify each departure with the three Rs (recheck, recall, reminders)
- Escort to discharge
- Protection of animal during transit through hall/reception area

### Discharge Actions

- Attentiveness at discharge/waiting time
- Discharge desk clutter/appearance
- Cleanliness/odor/noise
- Presentation of invoice/bill (consistency with estimate)
- Collection of fees (some practices have the nurse do this in consultation room)
- Dispensing medication
- Concern for client understanding

Plan for next contact  
Bond-centered Practice Approach  
Establishing the three Rs compliance expectations (recall, recheck, remind)  
Privacy/courtesy/caring  
Literature offered to ensure family understanding

### Post-discharge

Follow-up telephone call by nursing staff  
Quarterly Informational Newsletters  
Sympathy cards/memorials for deceased pets  
Thank you correspondence  
Health Alerts (Volume 3, *Building The Successful Veterinary Practice*)  
Satisfaction surveys  
Reminders  
Recurring social media

Over one hundred moments of truth were listed above and the ability of the veterinarian to directly alter them accounted for only about ten percent of the total. The balance are done by staff, and the effectiveness is directly proportional to their level of training competence. Many practices have not yet discovered the value of team-based training, facilitated by veterinary-specific team-based trainers (e.g., see [www.drtoomcat.com](http://www.drtoomcat.com)). The amount of concern (training and rehearsal) exhibited by most veterinary practices does not equal the importance of these client impression opportunities.

Consider the moments of truth from the client's perspective. How many times can your staff, facility or practice methods offend their impressions of your practice before they are no longer a client? Conversely, when staff members feel proud of the practice and the healthcare delivery philosophy, every moment of truth is an opportunity to cement the doctor-client-patient bond.

In fact, as proven in most every service industry, how the operational managers and supervisors treat the staff will determine how the staff members treat the clients. When Carlzon asked the SAS headquarters staff what their "mission" was, it took three weeks for the team to decide it was "the movement of people." They closed the headquarters for about six months and took the client-centered service to the field and impressed every one of the 40,000 employees with their importance in the moments of truth. In two years, SAS went from a failing airline to one of the top three income producers in Europe; five years later it was failing again because the leadership appeared over-impressed with their initial effort and did not continue the client-centered emphasis on all programs. They forgot to look into the future and make the SAS employees responsible for changes in the future (there was NO continuous quality improvement). SAS lost money.

American examples do exist, like Marriott, Nordstrom, Worthington Steel, Federal Express, and American Airlines, but they are the exception rather than the rule. In industry and corporate America it has been called Total Quality Management (TQM). Authors like Juran, Deming, and Crosby have made their consulting fame by basing their approaches on reintroducing employee-based quality and pride factors to American corporations. They believe that when the employee puts pride into their daily effort, when they are empowered to make changes for the betterment of the team without first climbing the supervisory ladder for permission, the output will be perceived as quality. The successful veterinary practice empowers its staff to react and change to meet the client's needs. The staff member needs to have the freedom to commit resources without additional line item permission and to make the client perceive a caring staff and a quality healthcare facility. In human healthcare this concept is called Continuous Quality Improvement (CQI).

Assigning accountability to an employee (empowerment) must be accompanied by the needed authority, and these must be supported by job/task ownership. The staff member must think of the practice as "our practice/our hospital" at every decision point in the process. In the consulting business, we find that practice "luck" is usually directly related to the preparation of the staff to grab opportunity as it comes knocking. Where does your practice approach sit in the scheme of things when it comes to preparing your staff to grab the moment of truth and turn it to the practice's advantage?

During the 1970s and 1980s, the veterinary client-centered trend in the United States inched away from client service in the quest for high-tech and personal specialization. However, the 1990s rediscovered the importance of service to the client, and client-centered service was rediscovered (and the AVMA even published an outstanding series of workbooks to help their members relearn this critical business facet, but very few used the AVMA texts as team-based training workbooks to establish an enhanced practice culture or solidify the practice philosophy). The new millennium and the GFC has demanded this facet for success be tailored to multi-generational expectations, including high tech savvy and proactive social media outreach!

The practice that best controls its respective moments of truth will become different from other practices in the mind of their community. These astute veterinary practices will succeed where others have floundered because practice quality and client impressions are communicated during the moments of truth and have very little bearing on the professional facts. They will become the leaders in the veterinary marketplace as we emerge from the GFC, using new millennium techniques.