

THE POWER OF THE FIRST PHONE CALL

- Factors influencing patients'
- likeliness to return to a
- medical practice



AUTHOR BIOS

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Kristin Baird is the president and CEO of Baird Group, a comprehensive patient experience improvement firm that facilitates culture transformation. Setting up and managing a health information call center that managed over 120,000 calls per year was the impetus for creating both training modules and mystery shopping assessments. Baird's unique mystery shopping methodology was developed to help healthcare leaders better understand the current reality and to target specific areas for improvement. The author of five books, hundreds of articles and more than a dozen training modules, Baird is a thought leader in the patient experience and service excellence for healthcare. She received a Bachelor of Nursing degree from the University of Wisconsin-Madison and a Masters in Health Services Administration from Cardinal Stritch University. In 2015 Baird received recognition from Entrepreneur Magazine as one of the top 1% of entrepreneurs in the U.S.

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Elisabeth Callahan has provided research expertise to Baird Group since 2011. Callahan assists with project design and coordination, aiding in the crafting of interview and survey tools, and collaborating in the collection and interpretation of quantitative and qualitative research.

Callahan earned her master's degree in Sociology from the University of Wisconsin-Milwaukee with a focus on quantitative research in healthcare IT and patient/provider communication.

• CONTACT

- To speak with Baird Group about how training or medical mystery shopping can support your patient experience journey, contact us by email at **info@baird-group.com** or by phone at: **1-866-686-7672**.

• Want to learn more? Tell us your thoughts on this whitepaper by completing this survey (<https://www.surveymonkey.com/r/Phonewhitepaper>) and you will receive the publication Medical Mystery Shopping Myth Busters

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ABSTRACT

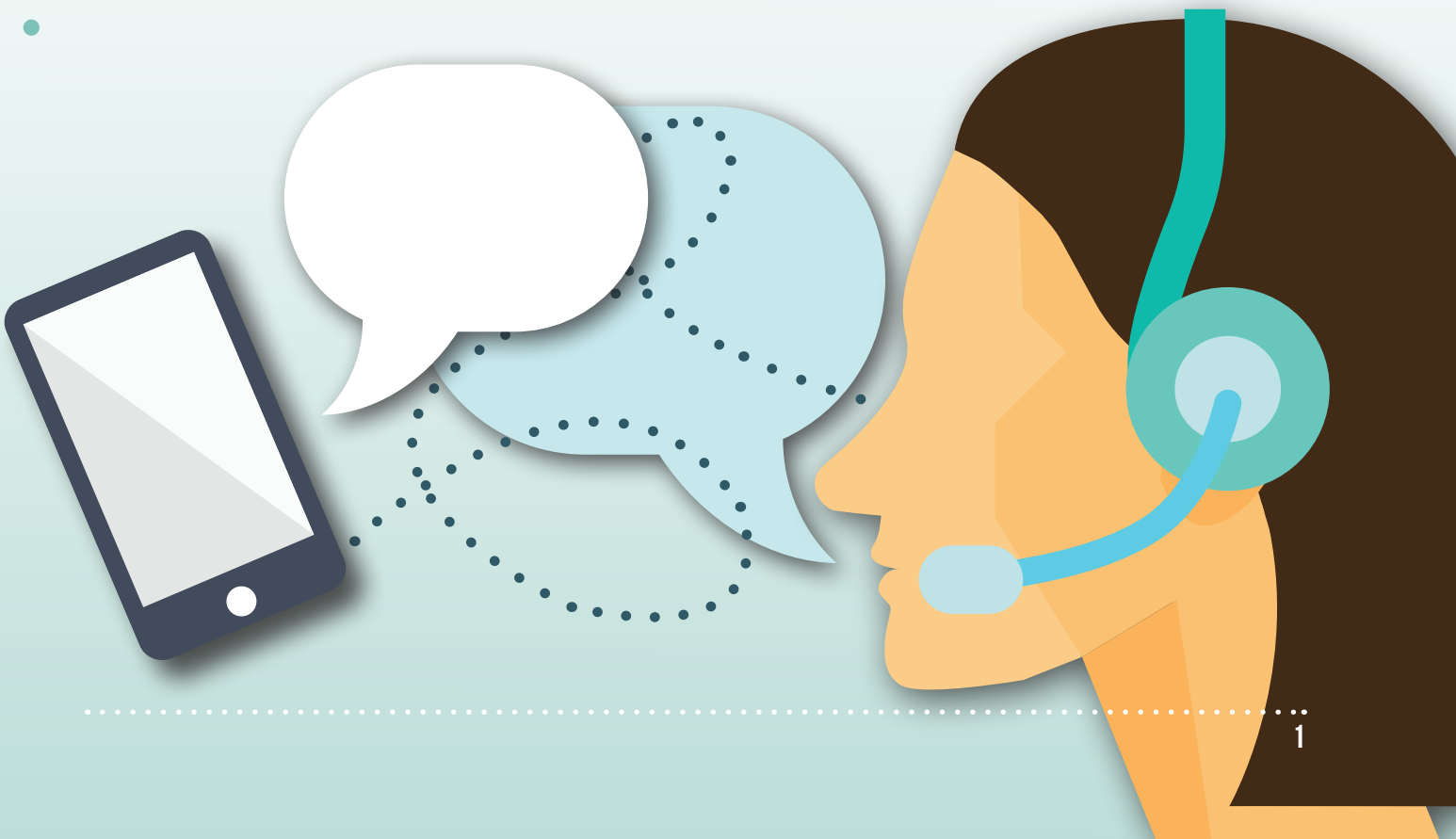
Phone calls are often the first connection a consumer makes with a medical practice. While medical practices can measure patient retention and patient satisfaction, until now there has not been a method for measuring and understanding the percentage of potential patients lost as a result of a less-than-positive first encounter.

First impressions by phone happen within seconds and they can quickly determine if the caller will become a customer. Phone encounters are multifaceted events shaped by both the attendant's action and the caller's reaction. It is the combination of that interaction that largely determines if a patient will return. This research dissects the phone encounter into individual elements and analyzes which of those elements are statistically associated with the dependent variable: the likelihood of returning for future care.

This study found that a shocking 35% of callers report that they are not likely to return to the medical practice based on their first call to the healthcare practice. Analysis of the data identified specific empirical and attitudinal factors that determine the likeliness of returning for future care.

Empirical elements related to phone access (e.g., answering the phone within three rings), attendant greeting and closing (e.g., verbally offering assistance at the beginning and end of the call), attendant communication (e.g., asking need-defining questions), and appointment access (appointment offered within two weeks) had a direct influence on likelihood of returning. At the same time, attitudinal elements including satisfaction with attendant friendliness, empathy and knowledge were equally influential.

Understanding the factors of the phone encounter that influence consumer impressions, as well as the consumer response, or dimensions of satisfaction, holds important implications for training and ongoing quality assurance measures.



THE POWER OF THE FIRST PHONE CALL

Factors influencing patients' likeliness to return to a Medical practice

Kristin Baird, RN, BSN, MHA, President/CEO, Baird Group
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That first phone call placed by a consumer is **essential** in determining if the caller becomes a patient.

- Patient satisfaction has become a key criterion by which to evaluate the quality of healthcare services. And for good reason, as an established body of literature has demonstrated that patient/provider communication is associated with adherence to treatment and health outcomes.¹

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a national standardized data collection methodology and survey instrument measuring patients' impressions on the care they receive. The CAHPS Hospital Survey (HCAHPS) measures patients' perceptions of their hospital experience. Results are publicly available as a means to incentivize providers to improve quality of care. Recently HCAHPS added a five-star quality rating system to make it easier for consumers to compare hospitals. The HCAHPS survey and five-star rating initiative is an example of the patient-focused shift underlying today's healthcare industry.

Now, with the adoption of the CAHPS Clinician and Group Survey (CG-CAHPS), the spotlight is placed on the patient experience within the medical practice. The CG-CAHPS asks patients to report on their recent experiences with a specific primary or specialty care provider, including satisfaction with appointment access, clinicians and staff.

Armed with resources such as the five-star quality rating, consumers are likely forming opinions about a healthcare organization long before they set foot in the door. A healthcare organization can spend significant money on advertising, which may motivate a patient to inquire about care and services, but it is likely not enough to get the patient in the door or to establish loyalty. The first phone call placed to a medical practice is often an individual's first human touch-point with a healthcare organization, and it often determines the next steps a potential patient makes.

That first phone call placed by a consumer is essential in determining if the caller becomes a patient. But how do you measure what could have been? There's no CAHPS score to tell you the percent of individuals who could have become established patients but chose not to because of a negative experience on the phone.

Medical mystery shopping helps healthcare facilities assess the phone experiences and gauge the percentage of potential patients who are lost after the first call. Mystery shopping is unique in that it is able to capture both empirical, or observable, elements of calls (such as how many rings before the call was answered and if the attendant introduced her/himself by name), while also capturing the consumer perspective as it relates to elements of satisfaction, as potential patients spell out why they would or would not choose the facility contacted.

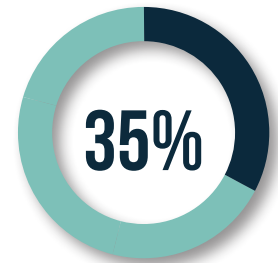
Medical mystery shopping is a research strategy gaining popularity because the methodology enables healthcare leaders to diagnose breakdowns in customer service and prioritize data-driven improvement efforts. Leading the way in medical mystery shopping, Baird Group has been conducting medical mystery shops for more than 10 years. The methodology and expert-tested survey instrument enables a researcher to holistically capture the patient perspective and provide recommendations for improvement.

Baird Group's national data revealed that right off the bat, about 35% of callers are not likely to return to a clinic based on the initial phone call. The significance of this finding will help marketers and practice managers redefine their strategies for attraction and retention of patients. That first phone call to establish with a clinic represents the gateway to a host of other services in the healthcare system over the lifetime of the patient. Think about it: Once a patient establishes a relationship with a provider, she or he becomes a customer of other services, including lab, imaging and specialty care. Medical practices have historically been the feeder system for the healthcare organization and now are a crucial point in population health management.

Baird Group's mission is to help healthcare organizations better understand the patient (and potential patient) experience in order to improve encounters for both patients and providers.

Over the past decade, Baird Group has gathered data from thousands of phone mystery shops to healthcare organizations across the U.S. to examine motivators of patients' likeliness to return based on their initial phone encounter. The research reveals that there are universal behavioral practices that clinics and attendants do (or don't do) that are associated with a caller's impressions and likeliness to return to the clinic. Likewise, there are distinct factors of satisfaction that contribute to callers' likeliness to return.

¹ E.g., Bensing 1991; Brown et al. 2003; Fallowfield and Jenkins 1999; Garrity 1981; Golin et al. 1195; Kaplin et al. 1989; Safran et al. 1998.



of callers are **not** likely to return to a clinic based on the initial phone call.

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ABOUT THE STUDY

RESEARCH QUESTIONS

We asked two research questions:

1. Which **empirical** phone elements are associated with individuals' likeliness to return?
2. Which **attitudinal** phone elements are associated with individuals' likeliness to return?

ANALYTICAL SAMPLE

Data was gathered from Baird Group database of more than 10,000 phone mystery shops. For the purposes of this study, the analytical sample consisted of only complete cases. A case is considered complete if a response is documented for the key empirical and attitudinal variables selected. (Baird Group employs a set of core questions assessing best practices and also works with healthcare clients to create customized supplemental items unique to the healthcare organization's standards and needs.) This resulted in an analytical sample of 1,878 cases, representing calls to more than 25 healthcare organizations across the U.S. (See Table 1 for descriptive statistics on the analytical sample.)

Mystery shoppers (respondents) were U.S citizens age 18 and older who registered on Baird Group's online system and completed a required review of the survey tool and the Baird methodology. All respondents called healthcare facilities that had contracted with Baird Group in an effort to understand and improve their patients' experiences. Respondents were phone certified by Baird Group and instructed to act and think like potential patients of the healthcare organization they were calling. Respondents were local to the facility contacted and were given predetermined scenarios to use while calling clinics that were designed to represent the "typical" calls received at the practice. All scenarios were pre-approved by the client. The survey was Web-based.



More than
10,000 phone
mystery shops



1,878 cases



25 healthcare
organizations

ANALYTICAL APPROACH

The data was appended, cleaned and coded using SPSS Statistical Software. Data analysis was conducted using STATA (STATA 12.1 for Windows).

For research question 1, a multivariable logistic regression was run to determine which empirical elements of a phone encounter influenced patients' and potential patients' likeliness to return.

For research question 2, a multivariable logistic regression was run to determine which attitudinal elements of a phone encounter influenced patients' and potential patients' likeliness to return.

Results are shown as odds ratios (OR) for ease in interpretation. Two-tailed significance tests were used. The traditional $p < .05$ was used as a threshold for statistical significance.

MEASURE: DEPENDENT VARIABLE

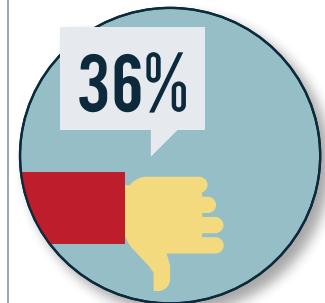
Respondents were asked:

"Based on this call experience, how likely are you to seek future medical care with this facility?"²

The original variable's response options ranged from 1, signifying "very unlikely" to 5, indicating "very likely." Original response options were "very likely" (45%); "somewhat likely" (19%); "neither likely nor unlikely" (12%); "somewhat unlikely" (19%); and "very unlikely" (14%). Because the variable was not normally distributed, and due to relatively small cell sizes for some response options, the graduated variable was recoded into a dichotomous variable: likely to return and not likely to return. Likely to return (64%) encompasses those who responded "very likely" and "somewhat likely." Not likely to return (36%) denotes those who responded "neither likely nor unlikely," "somewhat unlikely" and "very unlikely." This dichotomy is often referred to as the "zone of affection" and the "zone of defection," respectively.



Likely to return.



Less likely to return.

² Survey item wording may have varied slightly in some phone projects but the survey options and intent were consistent across projects.

RESULTS

RESEARCH QUESTION 1

Research Question 1 sought to identify which empirical elements of a phone encounter are associated with potential patients' likelihood to return to the facility contacted. Table 1 displays results for key quantifiable assessments of the phone encounter and empirical employee behavior variables.

Phone Access

Analysis revealed that encountering a voicemail, holding in a queue, waiting more than three rings or experiencing a call transfer are negatively associated with likeliness to return, controlling for all other variables in the model (greeting, closing, attendant communication and appointment access.)

Voicemail, holding in a queue, waiting more than three rings or experiencing a call transfer are **negatively** associated with likeliness to return.

- Phone encounters in which the caller was sent to at least one voicemail (compared with zero voicemails encountered) resulted in potential patients being 1.8 times less likely to report that they would return to the facility ($p < .01$), controlling for all other variables in the model.
- Phone encounters in which a queue was encountered (compared with phone encounters in which no queue was encountered) resulted in potential patients being 1.5 times less likely to report that they would return to the facility ($p < .05$), controlling for all other variables in the model.
- Phone encounters in which the caller was transferred at least once (compared with no transfers experienced), resulted in potential patients being 1.5 times less likely to report that they would return to the facility ($p < .05$), controlling for all other variables in the model.
- Phone encounters in which the call was answered in three rings or less, resulted in potential patients being 1.7 times more likely to report that they would return to the facility ($p < .01$), controlling for all other variables in the model.

Greeting

Analysis revealed that a proper greeting is uniquely and independently associated with increases in patients' likeliness to return, controlling for all other variables in the model (phone access, closing, attendant communication and appointment access).

- Phone encounters in which the attendant did introduce him/herself (compared with not introducing him/herself) resulted in potential patients being 2.2 times more likely to report that they would return to the facility ($p < .001$), controlling for all other variables in the model.³
- Phone encounters in which the attendant stated the name of the location reached (compared with not stating the name of the location), resulted in potential patients being 1.9 times more likely to report that they would return to the facility ($p < .01$), controlling for all other variables in the model.
- Phone encounters in which the attendant offered assistance (compared with not offering assistance), resulted in potential patients being 1.7 times more likely to report that they would return to the facility ($p < .001$), controlling for all other variables in the model.

A proper greeting is uniquely and independently associated with **increases** in patients' likeliness to return.



³ If respondent/callers did not reach a live attendant on the first attempt, they were instructed to make up to two additional calls (at least 10 minutes apart) in an effort to reach a live attendant.

Specific elements of an attendant's behavior are independently associated with an **increase** in the caller's likelihood to return.

Communication

Analysis revealed that specific elements of an attendant's behavior are independently associated with an increase in the caller's likelihood to return, controlling for all other variables. These elements include not interrupting, speaking slowly and clearly, and asking need-defining questions.

- Phone encounters in which the attendant did not interrupt the caller (compared with interrupting the caller), resulted in potential patients being 4.1 times more likely to report that they would return to the facility ($p < .001$), controlling for all other variables in the model.
- Phone encounters in which the attendant asked need-defining questions (compared with not asking need-defining questions), resulted in potential patients being 3.0 times more likely to report that they would return to the facility ($p < .001$), controlling for all other variables in the model.
- Phone encounters in which the attendant spoke slowly and clearly (compared with not speaking slowly and clearly), resulted in potential patients being 2.2 times more likely to report that they would return to the facility ($p < .001$), controlling for all other variables in the model.

Appointment Access

Analysis revealed that compared with callers who were offered an appointment within two weeks, callers who were offered an appointment more than two weeks out were 4.4 times less likely to return to the facility ($p < .001$), and callers who were told an appointment was unavailable were 4.8 times less likely to report that they would return to the facility ($p < .001$), controlling for all other variables in the model (phone access, greeting/closing and attendant communication).

Closing

Analysis revealed that offering further assistance to ensure the caller's needs have been met is uniquely and independently associated with increases in patients' likeliness to return.

PHONE ACCESS



1.8x

less likely to return if the caller was sent to a **voicemail**.



1.5x

less likely to return if the caller was **held in a queue**.



1.7x

more likely to return if the call was answered in **3 rings or less**.



1.5x

less likely to return if caller was **transferred at least once**.

GREETING



1.8x

more likely to return if the attendant **introduced him/herself** to the caller.



1.9x

more likely to return if the attendant **stated name of location**.



1.7x

more likely to return if the attendant **offered assistance**.

COMMUNICATION



4.1x

more likely to return if the attendant **didn't interrupt** the caller.



3.0x

more likely to return if the attendant **asked need-defining questions**.



2.2x

more likely to return if the attendant **spoke slowly and clearly**.

APPOINTMENT ACCESS



4.4x

less likely to return if an appointment was offered more than **two weeks out**.



4.8x

less likely to return if **no appointment** was available.



2.5x
more likely to
return if the
caller felt the
attendant was
**patient and
understanding.**

RESEARCH QUESTION 2

Research Question 2 sought to identify attitudinal elements of a phone encounter associated with potential patients' likelihood to return to the facility contacted. Table 2 reveals results for key quantifiable attitudinal variables of the phone encounter and empirical employee behavior variables.

First Impression: Phone Access and Greeting

- For every one level increase in satisfaction rating in their ability to reach a live attendant, potential patients were 1.5 times more likely to report that they would likely return to the facility, controlling for all other attitudinal variables in the model ($p < .001$).
- For every one level increase in an attendant's warmth-of-greeting rating, potential patients were 1.4 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .01$).

Friendliness and Empathy

- Phone encounters in which the caller felt the attendant was considerate of his/her time (compared with not considerate of his/her time) resulted in potential patients being 2.6 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .01$).
- Phone encounters in which the caller felt the attendant's tone showed an interest the caller's needs (compared with a perceived uninterested tone) resulted in potential patients being 2.9 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .001$).
- Phone encounters in which the caller felt the attendant was patient and understanding (compared with a perceived lack of patience and understanding) resulted in potential patients being 2.5 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .05$).
- For every one level increase in satisfaction rating in the attendant's ability to provide empathy, potential patients were 1.6 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .001$).

- Phone encounters in which the caller felt the attendant was sincerely interested in learning about the caller's needs (compared with a perceived lack of interest) resulted in potential patients being 2.2 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .001$).

Knowledge and Resolution

- For every one level increase in satisfaction rating in the attendant's ability to confidently and accurately provide the information needed, potential patients were 1.5 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .05$).
- Phone encounters in which the caller felt that the attendant confidently and accurately provided information (compared with a perceived lack of confidence and accuracy) resulted in potential patients being 2.7 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .01$).
- On the verge of statistical significance at $p = .055$ was the question, "At the end of the call, did you feel that your questions were adequately answered?" Respondents who responded "yes" to this question were 2.1 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model.

Appointment Access

- Controlling for all other attitudinal variables in the model, compared with potential patients who felt the appointment offered was better than expected, potential patients who felt the appointment was worse than expected were 4.5 times less likely to report that they would return to the facility ($p < .001$). However, there was no significant difference among callers who rated the appointment "about as expected," compared with "better than expected" ($p = .174$).
- For every one level of increase in satisfaction rating in the appointment availability to meet the caller's need, potential patients were 1.7 times more likely to report that they would return to the facility, controlling for all other attitudinal variables in the model ($p < .001$).



+
 Attendant
 provided
 information
confidently and
accurately.

LIMITATIONS

This study's findings should be considered within its limitations. First, the survey design is cross-sectional, and therefore causal claims cannot be concluded definitively. Second, respondents are certified shoppers. While these shoppers were trained to put themselves in the shoes of a patient/potential patient, the results do not represent the interactions of actual patients/potential patients. Shoppers were using predetermined scenarios, and in most cases, the scenarios were fictitious, though plausible, representations of those likely to be used by potential patients. It is possible that these circumstances affect the findings' results. However, by using mystery shoppers, much more rich data was captured. Unlike prior studies, this study was able to capture both customer satisfaction by asking questions about customers' opinions and attitudes, in combination with quantifiable assessments of phone encounters and empirical employee behaviors.



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Patient
satisfaction is
multidimensional.

In addition, the mode was a Web-based survey and consequently required shoppers to have reliable Internet access and comfort with such Web technology, which likely contributes to a sample that is more educated than the true population of healthcare customers. When looking at all Baird Group shoppers, 68% have a college degree, compared with a national average of approximately 40%.⁴

Finally, we can only control for employee behaviors observable over the phone to the customer. We cannot control for other employee and facility-based characteristics, such as facility structure or culture (e.g., volume of calls, staffing and other workflow issues), that may influence customers' satisfaction and healthcare choices.

⁴ <http://www.ed.gov/news/press-releases/new-state-state-college-attainment-numbers-show-progress-toward-2020-goal>

DISCUSSION

Analysis revealed that specific elements of a call are significantly and independently associated with potential patients' likeliness to return to a clinic. These include a proper greeting and closing of the call, answering the call within three rings, accessing a live attendant (no voicemail, queue or a transfer), attendant communication (speaking slowly and clearly, not interrupting and asking need-defining questions), and being offered an appointment within two weeks.

In addition to looking at observable/empirical elements of call interactions, we also analyzed dimensions of satisfaction to understand what factors contribute to likeliness to return. Satisfaction with appointment access, while highly associated with likeliness to return, is far from the only element that influences potential patients' decisions to return. Patient satisfaction is multidimensional, and findings revealed that satisfaction in a first impression (phone access and attendant greeting), friendliness and empathy, and knowledge and call resolution play an important role in forming a potential patient's likeliness to return.

Although there have been many studies that analyze patient satisfaction, few studies have evaluated satisfaction rates among patients and potential patients before they set foot in the doctor's office.

This study and other research in customer service phone skills have implications for hiring, training and coaching of staff. It establishes best practices for healthcare attendants.

Telephone attendants are responsible for potential patients' first impressions, **determining** whether an inquiry becomes the first step to a long-term **relationship** or a **dead end**.

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Baird Group helps organizations **set the standards** for the phone experience, including custom scripts to support the brand.



IMPLICATIONS

Telephone attendants are often among the lowest compensated staff members in a healthcare organization, and their positions have some of the highest turnover. Despite this, they are responsible for potential patients' first impressions, determining whether an inquiry becomes the first step to a long-term relationship or a dead end.

This research demonstrates that there are several implications for healthcare organizations related to phone encounters. Baird Group, after working with hundreds of organizations to enhance the patient experience both by phone and in person, has created a comprehensive approach for establishing a warm and professional phone experience through both assessment and training.

The following are elements that every healthcare organization will benefit from in helping to ensure the most positive outcome for their phone encounters.

SET STANDARDS

Setting specific phone standards helps establish and guide key behaviors. This is essential for helping staff understand and live up to the brand promise. Baird Group helps organizations set the standards for the phone experience, including custom scripts to support the brand.

TRAIN

- Train staff on the standards and build service skills including how to handle difficult situations.
- Train managers to monitor and coach for the standards in order to maintain quality.

MONITOR

- Managers must consistently monitor calls and attendant performance through regular audits and provide the necessary coaching.
- Managers must consistently monitor how appointments are being offered to patients (appointment access) through regular audits, either in person or through mystery shopping.

BAIRD GROUP SOLUTION

Baird Group offers a comprehensive package for ensuring the best possible phone encounters. In addition to assisting an organization in creating standards, Baird Group offers training for both the frontline staff and managers. Our three-part phone training course is designed to enhance skills of phone attendants while building structure and support for the managers who oversee them.

Phone Skill Training

1. You'll Have Them at Hello: Essential Phone Skills for Healthcare
2. Handling Difficult Calls: Skills for Managing Difficult Situations With Confidence
3. Maintaining Quality: The Manager's Guide for Coaching and Monitoring Standards

Quality Assurance Through Mystery Shopping

Baird Group's mystery shopping provides a solid baseline and measures progress over time. Using Baird Group methodology provides an objective assessment of the calls employing benchmark data from a database of thousands of medical mystery shopping calls.

Mystery shopping can be conducted in periodic "snapshots" or as an ongoing monitoring process. Baird Group conducts studies on hospital switchboards, call centers, medical practices and individual hospital departments that routinely take outside calls.



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APPENDIX

**TABLE 1 | DESCRIPTIVE STATISTICS
FOR ANALYTICAL SAMPLE**

VARIABLE	PERCENTAGE	VARIABLE (CONT'D)	PERCENTAGE
Likeliness to return: Likely	64.14	<i>Ability to reach live attendant</i>	
Likeliness to return: Not Likely	35.86	Very poor	1.76
<i>Times phone rang</i>		Poor	3.46
3 rings or less	88.87	Fair	8.52
More than 3 rings	14.3	Good	20.23
No voicemail encountered	92.55	Very good	66.03
Voicemail encountered	7.45	<i>Warmth of greeting</i>	
No phone queue	82.59	Very poor	1.86
Phone queue encountered	17.41	Poor	6.71
No Transfer	85.78	Fair	14.75
Transfer encountered	14.22	Good	27.10
Greeting: State name	79.66	Very good	49.57
Greeting: Did not state name	20.34	<i>Empathy rating</i>	
Greeting: State location	91.27	Very poor	2.08
Greeting: Did not state location	8.73	Poor	6.82
Greeting: Offer assistance	68.69	Fair	14.27
Greeting: No offer of assistance	31.31	Good	27.10
Spoke without interruption	96.86	Very good	49.73
Did not speak without interruption	3.14	<i>Appointment Availability</i>	
Inquiry: Ask questions	71.78	Better than expected	23.27
Inquiry: Did not ask questions	28.22	About expected	31.10

DESCRIPTIVE STATISTICS FOR ANALYTICAL SAMPLE (CONT'D)

Spoke slow and clear	88.02	Worse than expected	45.63
Did not speak slow and clear	11.98	<i>Appointment meet needs</i>	
<i>Appointment Timeframe</i>		Very poor	10.97
Two weeks or less	46.96	Poor	9.96
More than two weeks	40.10	Fair	11.50
Appointment unavailable	12.94	Good	20.50
Closing: offer to further assist	35.30	Very good	47.07
Closing: no offer to further assist	64.70	Sincerely interested in needs	70.98
Conversational tone	92.23	Not sincerely interested in needs	29.02
Not conversational tone	7.77	Provide info needed	94.09
Courteous	95.21	Did not provide info needed	5.91
Not courteous	4.79	<i>Confidence and accuracy</i>	
Sincerely interested in needs	70.98	Very poor	0.85
Not sincerely interested in needs	29.02	Poor	2.08
Patient and understanding	91.05	Fair	6.71
Not patient and understanding	8.95	Good	25.72
Considerate of time	94.41	Very good	64.64
Not considerate of time	5.59	Questions answered	92.76
Tone show interest in needs	84.13	Questions not answered	7.24

Phone Shop Data to 9/31/2015. n=1,878

TABLE 2 | MULTIPLE LOGISTIC REGRESSION: PREDICTING LIKELINESS TO RETURN VIA KEY QUANTIFIABLE EMPIRICAL SURVEY ITEMS

VARIABLE	ODDS RATIO	STANDARD ERROR
3 rings or less	1.657**	.304
More than 3 rings		
No voicemail encountered	---	---
Voicemail encountered	.559**	.129
No phone queue	---	---
Phone queue encountered	.678*	.110
No Transfer	---	---
Transfer encountered	.646*	.115
Greeting: State name	2.217***	.324
Greeting: Did not state name	---	---
Greeting: State location	1.908**	.395
Greeting: Did not state location	---	---
Greeting: Offer assistance	1.6676***	.225
Greeting: No offer assistance	---	---
Spoke without interruption	4.05***	1.414
Did not speak without interruption	---	---
Inquiry: Ask questions	2.198***	.398
Inquiry: Did not ask questions	---	---
Spoke slow and clear	2.198***	.394
Did not speak slow and clear	---	---
Appointment Timeframe		
Two weeks or less	---	---
More than two weeks	.229***	.034
Appointment unavailable	.209***	.041
Closing: Offer to further assist	2.346***	.361
Closing: No offer to further assist	---	---
Constant	.075	.034

Baird Group Phone Shop Data
 *** $p < 0.001$; ** $p < 0.01$ * $p < 0.05$
 $n = 1,878$

TABLE 3 | MULTIPLE LOGISTIC REGRESSION: PREDICTING LIKELINESS TO RETURN VIA KEY QUANTIFIABLE ATTITUDINAL SURVEY ITEMS

VARIABLE	ODDS RATIO	STANDARD ERROR
Ability to reach live attendant	1.486***	.128
Warmth of greeting	1.360**	.137
Conversational tone	.729	.260
Not conversational tone	---	---
Courteous	1.931	.984
Not courteous	---	---
Considerate of time	2.590**	.829
Not consider of time	---	---
Tone show interest in needs	2.866***	.807
Tone not show interest	---	---
Patient and understanding	2.474*	.902
Not patient and understanding	---	---
Empathy rating	1.559***	.206
Appointment Availability		
Better than expected	---	---
About expected	.704	.182
Worse than expected	.224***	.093
Appointment meet needs	1.672***	.197
Sincerely interested in needs	2.173***	.437
Not sincerely interested in needs	---	---
Provide info needed	2.678*	1.220
Did not provide info needed	---	---
Confidence and accuracy	1.481**	.223
Questions answered	2.117	.828
Questions not answered	---	---
Constant	0.00	0.00

Baird Group Phone Shop Data

*** $p < 0.001$; ** $p < 0.01$ * $p < 0.05$

$n = 1,878$

ABOUT BAIRD GROUP

Founded by Kristin Baird, RN, BSN, MHA, Baird Group is a full service patient experience improvement firm. Baird Group conducts full culture assessments and mystery shopping to reveal the current experience, then provides the tools needed to close service gaps.

Phone skills and other service training equips staff with tools to deliver a consistently positive experience.

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