Medical Practice
Solutions Starter®

This Solutions Starter provides best practices, research and tools to help you improve the delivery of health care. These solutions are linked to standard survey sections and questions, making it easy to find the information you need. Many of these solutions can also be used
to help you improve performance on your custom, or nonstandard, questions.

Table of Contents

Access

Access

Ease of getting through to the clinic on the phone

QUESTION DEFINITION

This question gauges patients' perceptions of how easy it is to reach someone on the phone at the medical practice clinic. Patients' first impressions of the clinic are formed when they attempt to reach the clinic on the phone, and patients want to reach someone quickly and easily. Ensuring patients can easily access the clinic on the phone is the first opportunity to demonstrate service excellence.

VOICE OF THE PATIENT

It is so nice to be able to get through to the clinic when you need an appointment. This is so comforting.

Calling the office is a really horrible experience that I don't think anyone needs to go through. When calling the office, getting through to them is not an easy task.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Use phone scripts with established customer service standards.
  - Greet every patient with expected, conventional elements: address the patient by name, ask how he/she is, listen to the patient's response, and finally offer a general statement of what may be done. For example, "Hello Ms. Smith, how are you today? Thank you for being a patient of General Clinic—how may I help you today?"
  - Offer excellent service and relay gratitude for patients' business and patience; also acknowledge that patients may be anxious about problems and issues. Although patients are evaluating the ease of reaching the clinic, strong communication skills will start the interaction in a positive way from the outset.

Processes/Operations

- Adhere to established call-back and response time standards. Inability to meet expectations will be an immediate dissatisfier for patients.
  - Immediately set the expectation for how quickly your practice will respond to the patient. Common response time standards include: within four hours, within twenty-four hours, and by the end of the business day (if contacted by X time, e.g., by 3:00 pm). The shorter the time frame the practice is able to meet, the better.
  - Communicate standards to patients through multiple venues: include standards on phone message systems, post signs in the clinic, include them in introductory materials for new patients, note in automated email responses, etc.

- Clearly state on answering systems and/or automated email replies when patients will receive test results and/or the time frame for when prescription refills will be completed and sent to the patient's pharmacy on record.
- Conduct phone mystery shopping to monitor staff adherence to call standards. (See 'Phone Mystery Shopping' link in Improvement Portal Resources section below.)
  - Evaluate staff adherence to phone scripts.
  - Monitor call-back times.
  - Time how long it takes to get your need met, including how many selections patients must make before reaching a scheduler or the desired party. Evaluate opportunities to eliminate non-value added steps.
- Enable patients to reach clinic or answering system.
  - Ensure staff is covering the phone system shortly before the practice or clinic opens. Many patients call first thing in the morning and any lack of coverage, however small, can lead to unanswered calls and messages that are needlessly placed in the queue.
  - Install multiple phones to ensure that several callers can reach the clinic simultaneously. It is important that callers do not receive a busy signal when trying to reach the clinic.
  - Give patients access to a live person 24 hours a day to provide them with the opportunity to ask questions or to leave a message for a physician. Take this a step further by providing a 24-hour automated prescription refill line.
  - Have doctors and nurses return messages in small batches throughout the day. This cuts down on the length of response times and helps prevent concerned or anxious patients from calling the office more than once during the day for the same issue.
  - Have an email address available for patients to request appointments and ask questions. Establish a promised response time, such as a statement that all emails from patients will be responded to within two hours. Consider an automated response to each email with the promised response time.
  - Offer a patient portal to reduce phone traffic and make information readily available to patients. Patient portals are an opportunity for patients to access information without calling the clinic or provider. Offerings on portals may include: patient-specific education resources, clinical/discharge summaries, prescription refill requests, appointment scheduling, access to personal health information, and the ability to make payments. Patients may also contact the clinic through the portal, reducing the volume of phone calls. Response time for web encounters is faster compared to telephone requests.
- Follow up with patients who leave negative comments related to clinic phone access in order to understand pain points and opportunities for improvement.
  - Track negative patient comments regularly in Press Ganey's online tools by filtering negative comments. High performers monitor patient comments weekly.
  - If comment cards are used, follow up with concerns regarding phone access. Consider adding a question that is specific to access.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Phone Mystery Shopping

Access

Convenience of our office hours

QUESTION DEFINITION

This question measures the patient's perspective on how well your office hours mesh with their lives in light of their other commitments. Patients do not want to be sick. Illness is an inconvenience and a disruption to their daily lives. Consider the following: do your office hours make it easy to access a health care professional given the responsibilities of work, school, children, parents, etc.? Or does visiting your office require sacrificing one or more of these commitments?

VOICE OF THE PATIENT

Need early appointment time for my job—doctor is consistently late for 7am appointment and says my work needs to accommodate it. My job is very stressful to start an hour or more behind, because I still have to finish at the same time of the day.

Doctor's office hours are TOO LIMITED!

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Always express interest and appreciation when patient's call the office. Never appear inconvenienced when patients call.
    - Maintain a calm pace and tone of voice, even if the practice is busy. Patients need to feel they are valued individually and that their calls are as important as everything else that may be occurring there.
    - Offer multiple appointment dates/times when scheduling appointments. Patients appreciate choice, which promotes autonomy in their care.
    - If a patient needs to be put on hold for an extended period of time, offer to call the patient back within a defined timeframe.
- Maintain a positive attitude when corresponding with patients. Scheduling can be a frustrating process. Use phrases with the word "we" to indicate you will collaboratively accomplish a task, for example: "We will get this figured out," or "We will find a time that works for you," etc.
- Clearly state/display office hours on answering machines and in patient areas, highlighting "perks" to patients. For example:
    - Promote a new emailing system that allows patients to email questions any time at their convenience.
    - Advertise that evening hours are now available to patients.

Processes/Operations

- Offer office hours beyond typical hours. An after-hours clinic can help family practices improve revenue and increase satisfaction among patients, office staff and physicians.

    - Ensure phones are answered and the office is open during the lunch hour even if you are not seeing patients during this time. Require staggered staff lunches to ensure that someone is always available to answer the phone or answer questions at the front desk. People often run errands and handle health care matters during their lunch break. This is another means of accommodating them.

    - Consider having evening hours at least one night a week. This will help accommodate patients who cannot leave work during regular hours. Train staff to understand that these appointments should be reserved for those patients who truly need to come at night, not for those who merely state a preference. To determine the best night, have staff track evening requests for a month; this will tell you which days are in highest demand. Also consider alternating the days throughout the month.

    - Allot space in your daily schedule to accommodate patients calling for same day appointments. Convenience of hours often translates to "ability to get an appointment when I want/need one."
        - Various organizations are moving toward advanced access scheduling, also known as open access, to allow for same day appointments and decreased wait times for appointments overall.
        - Analysis before implementation is key to understanding the capacity to offer same day appointments. Have staff track frequency and timing of same day requests to determine the need for these appointments.

    - Consider contracting an answering service outside of business hours. Many services are set up to contact doctors through an alpha pager, which enables physicians to identify the patient and the reason for the call rather than simply providing a phone number.

    - Telemedicine via email, phone, and/or the internet (e.g., real-time chat) provide opportunities to be innovative and to eliminate the need for extended business hours. Some medical practices now offer the option to email a physician with a question for an out-of-pocket cost equivalent to the co-pay expense of an office visit.

- Answer phones at least 30 minutes prior to the first scheduled appointments so that if patients need to cancel or call to let you know they are running late, someone is there to take the call.

- Provide a suggestion box and/or forms in the lobby/waiting area of your medical practice. Include on the form a specific question asking about preferred or desired hours.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Minor Accommodations to Improve Highest Revenue Patients' Perceptions of Care

Access

Ease of scheduling your appointment

QUESTION DEFINITION

This item measures how easy it was for your patient to schedule his or her visit to the doctor's office. The act of scheduling an appointment involves a series of experiences that cumulatively create an overall perception of how easy it was to obtain the appointment. These experiences include: the phone system, phone personnel, availability of times, convenience of your operating hours, and the amount of coordination the patient has to do on his or her own.

For medical practices, the availability of appointments is crucial to patient satisfaction. The value patients place on their relationships with their care providers and the sense of urgency they often feel when needing an appointment, combine to make this an important issue for patients.

VOICE OF THE PATIENT

I was there with an emergency injury, so I was worked into the schedule. I was very impressed with how well I was treated by everyone and I was never made to feel like an inconvenience who disrupted the flow.

This clinic cancelled my original appointment I had waited three months for and then rescheduled me three months after that. Waiting six months for an initial visit was a long time. They told me my condition was stable and therefore I would wait. I'm not sure how they would know I was stable when they had never seen me.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Begin the interaction with warmth, by asking patients how they are doing and maintaining a calm voice. The correspondence that occurs when patients make appointments is typically the first impression of the entire appointment process.

Processes/Operations

- Train all staff members to schedule a patient's appointment accurately, by following defined standards. Telephone encounters regarding scheduling are very predictable and can be heavily scripted to ensure consistency and high standards. Cross-training allows anyone (the nurse, physician assistant, nurse aides, etc.) to step in if the usual person is temporarily unavailable or away.
    - Create a flow chart and checklist that indicate each required step in the scheduling process.

- Offer two to three suggested times to patients when scheduling an appointment. Offer patients both morning and afternoon appointment times so they can select the best time of day for their schedule. If a patient suggests a time that is unavailable on a certain day, look for and offer similar times on that day or adjacent days.
- Keep patients on an active phone line. Patients should never be placed on hold when they are scheduling an appointment due to the generally short nature of a scheduling call. If a patient must be placed on hold for an extended period of time, offer to call the patient back within a defined time frame.
- Review the talking points current staff members use when scheduling appointments. This review is helpful for cross-training, and allows you to evaluate the language your regular scheduling staff uses as well.
- Evaluate various scheduling venues. Giving patients a choice in any decision affords them a greater sense of independence, autonomy, and control, even if only in regard to scheduling.
  - The most common means to schedule an appointment is by phone, however, scheduling options continue to expand as technology evolves.
  - Offer patients the ability to schedule appointments via the internet. This not only affords the patient the convenience of scheduling their appointment whenever they like, but also lessens the time burden of phone calls for clinic staff.
  - Consider open access scheduling as a way to reduce no-shows and improve access for patients. Open access, or advanced access, scheduling allows for same day appointments and decreases appointment wait times in general.
- Take measures to ensure internal processes are supportive of positive patient experiences.
  - Analyze your process from the patient's perspective. Track patient satisfaction scores, patients' comments, actual wait times, and the observations of your internal experts (staff members). Identify and eliminate bottlenecks.
  - Conduct a time audit. Seek to determine any patterns that indicate when the practice is busiest. When do you receive the most patients, appointment requests, emergencies, etc.? This will allow for more efficient scheduling. This data may be readily available through your information systems, or you may need staff to track and record the data manually for two weeks.
  - Review your scheduling information technology systems together with front-line staff who use the system every day. Is the system user-friendly, efficient, and does it meet their needs? Do you find your staff members use a complex system of redundancies, paper workarounds, and other methods to muddle through a suboptimal system? Ultimately, any electronic system should make it easier for both staff and patients.
- Leave time slots available every day for same day or next day appointments, for those patients who call due to illness or unexpected conflicts. This should primarily include afternoon slots, as patients are most likely to call in the morning.
  - If early appointments cancel, call patients scheduled for the later in the day to ask if they would like to move up their appointments. Patients appreciate the offer, and this can free up afternoon slots for walk-in or same day appointments.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP Webinar: Targeted Performance Improvement: Improving Communication Before the Visit

Access

Courtesy of staff in the registration area

QUESTION DEFINITION

This question measures the patient's perception of the medical practice staff members who registered the patient. Courtesy is a set of rules that govern the interaction between people and focuses less on what is said or done, but rather on how it is said or done. As a basic element of human communication, courtesy affirms the respect and dignity you have for the patient.

When evaluating this question, patients pay particular attention to the manners of certain staff members, including clerks, office assistants, nursing assistants, nurses, or dedicated registration staff.

VOICE OF THE PATIENT

The office staff and I have had lengthy conversations trying to settle problems that come with my insurance company, and they are always willing to help and are always patient, very kind, and as helpful as possible.

Some front desk staff were talking loudly about personal problems, which was inappropriate for a quiet waiting room.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Greet the patient using their proper name and title until asked to do otherwise.
    - Use the 15/10 rule: make eye contact when the patient is fifteen feet away and greet the patient when ten feet away.
    - If you are unsure about the proper pronunciation of names, ask at the first meeting.
- Body language impacts patients' perception of courtesy. The registration experience is likely the first human interaction the patient has at the practice, and is therefore the first opportunity to offer comfort through friendly and warm staff.
    - Be aware of facial expressions and nonverbal language, which can convey perceptible emotions or send mixed messages.
    - Speak slowly and calmly: patients are anxious to see their health care provider and often do not feel well.
- Protect the patient's confidentiality in your verbal greeting, during the registration/paperwork process, and throughout the discussion.
- Introduce yourself by name to patients who do not know you. For example, "Hi, I'm Carmen, and I will be checking you in today."
    - Explain how you will help the patient. For example, "I will be reviewing your insurance information with you." or "I will be taking you back so we can take your vitals," etc.

- Ensure your ID/photo badge is visible to the patient.

Processes/Operations

- The professionalism of the staff reflects the competence of the institution.
    - Develop service standards and hold staff accountable to those standards, such as the behaviors listed above. Include patient satisfaction scores in staff performance reviews. Clinic leaders should use every opportunity to reinforce standards.
    - Invest in customer service and communications training for staff. Role-play situations that embody the values and standards of your organization.
    - Keep personal conversations quiet. Patients often suffering from stress and are concerned about their own issues or pain. Show respect to patients by avoiding conversations that concern staff members' personal business.
    - Show concern for the patient's comfort.
        - If the patient is standing, invite him/her to sit.
        - Offer the patient a blanket if he/she seems cold.
        - Explain that you will work quickly so the patient can see his/her provider as soon as possible.
- Hire with a view towards customer service and the values of the organization.
    - Align hiring standards with the values and behavior standards of the organization. For example, ask interviewees to model a phone conversation that involves scheduling an appointment, ask how wait times should be handled, or ask them to explain the most important traits a front office staff member should have.
    - Conduct peer interviews. Peer interviewing promotes input from current office staff to seek new staff who will contribute positively to the office environment. They can help identify whether an interviewee is a good fit for your organization's culture.
- Show respect for patients' time during delays, and have a staff member personally approach patients to provide updates. Registration staff be able to identify who patients in the waiting area based on check-in procedures.
    - If the registration area is busy, use a system to assist in identifying individual patients. For example, write down what clothing they are wearing, or where they chose to sit.
    - Use the patient's name in addressing him/her, include a specific timeframe for additional wait times, and ask if the patient needs anything.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

15/10 Rule

Moving Through Your Visit

Moving Through Your Visit

Degree to which you were informed about any delays

QUESTION DEFINITION

This question gauges patients' perceptions about the appropriateness of information they received about any delays. Patients want to know that there is a delay, how long it is expected to be, and what other options they may have (e.g., rescheduling appointments). Patients who are required to wait in the clinic can walk away with a high level of satisfaction if they are kept informed, given reasons for delays throughout the visit, and shown empathy for the lack of timeliness.

VOICE OF THE PATIENT

Even though there were delays during my visit, staff updated me regularly in a professional manner.

I waited about 35 minutes after the scheduled time of my appointment before I was called. No one gave me a reason for this delay.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Follow standard procedures for regularly communicating with patients. Keep them well-informed of their status, any delays, and the reason for those delays.
- Offer ways to make the patient's wait more comfortable. Patients are typically in a state of anxiety while they wait to see their care providers. Standardized updates offer comfort to patients and acknowledge that they are individuals rather than cases.
  - Apologize, Explain, Estimate, Thank.
    - Apologize: "I'm sorry for the delay for your appointment with Dr. Jones."
    - Explain: "It is taking longer than expected because the doctor had to tend to an unexpected emergency a few hours ago. She wants to ensure she is spending sufficient time with each patient."
    - Estimate: "You should be called back to the exam room in 10 to 15 minutes."
    - Thank: "Thank you for your patience. Is there anything I can get for you?"
  - Update waiting patients at least every 15 minutes.
    - Establish your own practice standards for timely updates, and clarify who is responsible for updates.
  - Offer to reschedule appointments. Make it standard operating procedure to offer to reschedule a patient's appointment for later that day or another day if a delay is more than 15 minutes. Some patients may choose to wait, but in either case, the patient gains control of the situation.
- Refer to the waiting room as the "reception area" when talking to patients. The term "waiting room" only reinforces that the patient is waiting.

Processes/Operations

- Determine who provides updates to patients.
  - Identify a staff member who will be responsible for communicating delays to patients. If responsibilities and expectations are not clarified, updating patients on delays will get lost among other work responsibilities
    - Designate an appropriate staff member based on the situation. In waiting areas, this is typically a front office staff member. In the exam room, the nurse typically provides an update. If a patient has been waiting an extended period of time in the exam room, consider having the provider step in to apologize and explain the long wait.
  - Appoint a greeter for your waiting area. This person will be responsible for greeting patients when they arrive, providing updates every 15 minutes on the status of any delay, offering explanations for the reason for the delay, and making patients and family members comfortable while they wait. The greeter should offer beverages, magazines, etc., to give patients something to do while they wait.
  - Consider new technology for updating patients. An electronic board, similar to boards seen in surgical centers or airports, can offer real-time updates on delays and expected wait times for individual providers.
    - If an electronic board is not an option, consider a board that is updated manually. Wait times may be handwritten on a whiteboard or wait time cards may be posted next to individual providers' names.
- Coordinate delay communication throughout the office.
  - Ensure that staff members in the back of the office regularly communicate physician delays to the front desk staff (e.g., whenever the physician is running more than 15 minutes behind). Often, delays aren't communicated to patients in the waiting area because the information isn't communicated to the front of the practice. Test this by regularly asking the front desk about current provider wait times. Troubleshoot the potential cause if staff members do not know the answer.
  - Use an internal instant-messaging system to allow communication among the care team. Instant messaging enables fast updates and eliminates the need for staff to spend time physically moving around the office to discuss delays.
- Establish a service recovery program to recognize and mitigate excessive waits.
  - Consider using standard talking points when service recovery is needed, and train all staff to follow them. Acronyms help staff recall talking points.
    - H.E.A.R.T.: Hear the patient, Empathize with the patient, Apologize to the patient, Respond to the patient, Thank the patient. For example, "I know this wait is unexpected, and I am sorry for the inconvenience. Would you like to look at another appointment date? The doctor had an emergency and is trying to get back on schedule, while respecting the needs of his patients. Thank you for your patience. Is there anything I can provide to make you more comfortable?"
    - R.E.L.A.T.E.: Recognize concern, Empathize, Listen, Apologize, Take responsibility, Explain corrective action. For example, "I understand it is 25 minutes past your appointment time, and I know this wait isn't ideal. I'm sorry for the inconvenience, and we recognize this is our fault. I am going to give you a parking voucher to cover your parking for the visit. Is there anything else I can do for you?"
    - 4 A's: Apologize, Acknowledge, Act to Amend.

- Periodically ask staff members to share their personal service recovery script to ensure it meets your organization's requirements for appropriate language and empathy.

- Keep a service recovery toolkit, stocked with gifts, readily available for use at any time. This can be especially helpful when an unexpected problem causes patients to wait longer than they should
  - Gifts may include gift cards to local/nearby businesses or to a gift shop or cafeteria onsite, ranging from $5 - $10.
  - Parking vouchers are another option if patients pay for parking at your location.

- Empower all staff to use service recovery tools and develop skills to meet patients' needs when things go wrong and waits become excessive. If staff members are not trained on how to use service recovery toolkits, they may ignore the tools or use them inappropriately.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Communication Guidelines for Informing Patients About Delays

Moving Through Your Visit

Wait time at clinic (from arriving to leaving)

QUESTION DEFINITION

This question measures patients' perceptions of the amount of time that elapsed from arrival at the medical practice to departure. It is not asking the patient to objectively report on the length of time spent waiting. Rather, it is a subjective rating that will be influenced by the patient's expectations about what an appropriate wait time should be.

Wait time has an important influence on the overall medical practice patient experience. Press Ganey research shows that patients who reported spending less time waiting to see their primary care physicians are more satisfied with their office visit than those patients who report longer wait times.

VOICE OF THE PATIENT

Wait times are always no more than 15 minutes, coming here is not stressful.

The wait time and the sloppy process of getting to the doctor is very annoying and unnecessary.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Manage patients' expectations. Staff must communicate before and during any wait times patients experience, from registration, to waiting to see the physician in the exam room, to checking out. Informing the patient periodically on the expected wait time and their current status will serve to keep appropriate expectations in mind and improve patient satisfaction.
    - For example, "Mr. Jones, the physician is finishing up with another patient and will be in the room within 10 minutes. Thank you for your patience."
    - Patients may confuse appointment time with when they will see the doctor. Specify upon scheduling appointments what appointment time *means.* For example, "Ms. Kraft, your appointment begins at the check-in desk at 3:00pm. At this time you will update paperwork so the physician has what he needs for your exam." This is especially effective to set expectations for new patients.
- Offer explanations if patients are experiencing a delay. If there is a significant delay (15 to 30 minutes or more), ask the patient if they would like to wait, go to a walk-in clinic, or offer the option to come again at another time.
- Be sympathetic and empathetic when dealing with clinic wait times.
    - Be comfortable saying "I'm sorry" in response to extended wait times.
    - Complete a wait time activity with staff to simulate the feeling of wait times. Ask staff members to sit in the waiting area and note when they believe ten minutes has passed. Ten minutes feels longer than most people expect and this feeling is amplified when patients feel stress and anxiety.

- Refer to the waiting room as the "reception area" when talking to patients. The term "waiting room" only reinforces that the patient is waiting.

Processes/Operations

- Minimize actual wait times. Use a structured approach to identify and remove contributing factors to extended wait times.
    - High performers time regular check-ins and provide updates at least every 15 minutes; ideally, updates should be more frequent, especially when patients are in the exam rooms.
    - Identify systems/processes that are contributing to delays. Use a sheet in each patient chart to document time stamps throughout patients' visits. Front office staff can record check-in time and if they provide individual updates on wait times, nurses can note when patients are called back to the exam room, and physicians can record when they enter/leave the room, etc. Are there:
        - Check-in delays?
        - Physician delays?
        - Appointments that are running long?
        - Patient tardiness or lack of preparation? Patients are often asked to arrive 10 to 15 minutes before the appointment time to complete necessary paperwork. Front office staff can note on the tracking spreadsheet if a delay was caused by the patient.
    - Schedule appointments to support minimized wait times.
        - Accuracy of patient appointment durations maximizes efficiency of the clinic. Appointments are typically assigned in 10 or 15 minute increments (10/20/30/40 or 15/30/45). Analyze your clinic's appointment lengths for common needs to determine how much time short, medium, and long appointments warrant. For example, an ear ache is booked for 10 or 15 minutes and a new patient is booked for 40 or 45 minutes.
        - If chronically-late or historically no-show patients can be identified in the system, try to schedule them later in the day to minimize disruption in the schedule and daily flow for other patients.
- Give patients something to do while waiting.
    - Occupied wait times are more highly regarded than unoccupied wait times. For children, offer videos, coloring books, and interactive toys. For adults, provide beverages, magazines, and television.
        - Select television and movie programming that is appropriate for various ages.
        - Create a designated area for children. Patients must often bring children with them, or children may be patients themselves. A designated area for children to play promotes a calm, quiet environment respectful of all patients.
    - Offer internet access. The internet is evolving into an expected service for cell phones, tablets, and computers, and it provides a multitude of ways to pass time: patients may work, send email, watch online videos, play games, etc.
        - If your practice provides wireless internet access or resides in a Wi-Fi hotspot, inform patients of this service when they schedule their appointment and let them know they can bring their internet-enabled device for use while they wait.
- Round in waiting and reception areas.

- After a patient has waited 15 minutes (and every 15 minutes thereafter), an office staff member, ideally a clinic leader, should enter the reception area.
- Acknowledge the patient is waiting. Patients appreciate the personal touch and interest in the time they are spending.
- Ask which provider the patient is waiting for and provide an update on the expected length of wait. For patients who arrived early, this also provides an opportunity to reset their mental time clock from their time of arrival to their time of appointment.
- Use the opportunity to survey tidiness and organization of the waiting area. If the area feels cramped, cluttered, or noisy, a patient's perception of wait times can feel longer.
- This tactic also sets a positive example for staff members because they witness the leadership's recognition that the communication of wait times and delays is important.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Keeping Me Waiting: Medical Practice Wait Times and Patient Satisfaction

Nurse/Assistant

Nurse/Assistant

Friendliness/courtesy of the nurse/assistant

QUESTION DEFINITION

This question measures an affective dimension of communication. Patients' perceptions of friendliness and courtesy require dedication to a set of verbal and nonverbal behaviors. Courtesy is one of the basic elements of human communication. Treating people as people, rather than as cases or conditions, affirms patients' basic human dignity and self-respect. Friendliness is an overlapping element of communication that involves conveying to patients a sense of interpersonal comfort, benevolence, and welcome. All patients expect the respect that accompanies friendly and courteous behavior.

VOICE OF THE PATIENT

The nurse was knowledgeable, pleased to answer questions, and had a pleasant and positive demeanor.

Poor attitude, never once smiled, unfriendly, and would not wait 5 minutes so I could use the ladies' room.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Commit to established customer service behavior standards that are specific, measurable, and display friendliness and courtesy.
  - Introduce yourself to the patient. Employ a hand shake or gentle touch.
    - Greet the patient with warmth using the appropriate name and title (Mr., Ms., Mrs., etc.). If you are unsure of how to pronounce the patient's name, apologize and inquire.
    - Include your name, position, and what you are doing. "Hi Mr. Miller, I'm Jill, and I will be your nurse today. On the way to the exam room, we will stop at the scale, and then I will take your vitals before the doctor comes in."
    - If the patient is being represented by someone else, extend the same greetings to the patient's family member or friend.
  - Sit at eye level and look the patient in the eye during conversation. Maintain a relaxed, attentive posture. Eye contact and body position matter.
  - Apologize and say, "Excuse me," if interrupting a conversation or activity.
  - Always use "please" when making requests and respond with "thank you" when you have concluded.
  - Always ask permission before touching the patient for a procedure, and always protect the patient's modesty.
  - Knock on the door and wait for confirmation before entering the patient's room.

- All staff should avoid a knock-and-barge mindset. Wait until you have verbal confirmation to enter an exam room, especially when entering a patient room in the middle of a visit.

- Show concern for patient comfort.
    - Offer a blanket or space heater in the exam room if a patient appears cold or the room is generally cold.
    - Suggest that patients move to a chair if they appear uncomfortable on the exam table.

- Be positive. Speaking negatively about patients, the practice, or the physicians leaves patients who overhear this talk with a negative impression.
    - It is easy to slip and make a negative statement about delays, lack of coordination, etc., for example, "Wow, the doctor is really slow today. This always happens in the afternoon!" Staff should be trained to respond empathetically instead: "I know it can be frustrating to wait to see the doctor. We expect it will be another 5 minutes—is there anything I can provide for you in the meantime?"
    - Speak highly of other team members. For example, "Mrs. Lee, Andrew is going to take your blood sample. He's the best at getting it done as quickly and painlessly as possible! I will be back in after he is done."
    - Do not tolerate staff members who exhibit negative attitudes.

- Require the 15/10 rule. Acknowledge all patients and visitors at fifteen feet and greet them at ten feet. Friendliness and courtesy extends beyond the exam room, and staff should acknowledge any visitors, not only their patients.

Processes/Operations

- Create an organizational values contract and a customer service behavior standards policy. Have all associates read and sign agreements assenting to the organization's values and customer service behavioral standards. Hold staff accountable; include standards and patient satisfaction in performance evaluations.

- Invest in customer service and communications training. For example, use simulation labs to reinforce and coach staff on expected customer service and common courtesy behaviors. Simulation labs mimic realistic scenarios, allowing staff to practice interactions and behaviors.
    - Role-play scenarios and evaluate body language and adherence to standards to create self-awareness in each staff member. For example, ask the nurse to role-play finding her patient in the waiting area and escorting the patient to the exam room.
    - Record each team member practicing their regular patient greeting. Watch the recording with the staff member and have a discussion about the positives and negatives.
    - Leaders must be role models for all standards. Support an environment of ongoing coaching by providing feedback to staff members.

- Hire staff who embody the values defined and lived out by the medical practice organization and, in particular, the group or team with which they will be working. Utilize peer interviewing to ensure that new staff members fit with the culture of the organization and the team.

- Understand the cultural dynamics of your patient populations.
    - Consider patient focus groups on cultural dynamics.

- Educate staff on cultural diversity of patients, including: communication styles, family, social relationships, health customs and practices, holidays/holy days, gender roles, etc.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Medical Practice Top Improvers--A Resource of Innovations and Best Practices

Nurse/Assistant

Concern the nurse/assistant showed for your problem

QUESTION DEFINITION

This question assesses how the nurse or nursing assistant showed concern in responding to problems presented by the patient. Patients will have a better experience in a medical practice where staff members express genuine concern for patients' well-being.

Concern cannot be perceived by the patient unless it is manifested verbally or in body language. Consciously and unconsciously, people evaluate visible and audible clues from others in order to assess the situation. A nurse may not be aware that his/her reaction to a problem displays a lack of concern, appears nonchalant, or worse, seems belligerent.

VOICE OF THE PATIENT

My nurse was so professional, patient, and helpful with all my questions.

He never introduced himself and kept working on the computer--no eye contact or concern!

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Body language matters. For the patient to perceive concern, it must be visible in the staff member's behavior and body language.
    - Sit at eye level and look the patient in the eye while talking.
    - When a patient is expressing concern or questions, lean forward to show you are listening attentively. Use nonverbal cues such as nodding to demonstrate listening.
- Respond empathically to patient expressions of emotion. Acknowledge that patients are suffering and show them that you understand; caring transcends diagnosis. Emotional care for patients is as important as physical care.
    - For example, say, "I'm sorry," to a patient who says she did not sleep well the night before because she was in pain.
    - Move closer to patients displaying extreme emotion or discussing difficult topics.
- Never dismiss patient concerns.
    - Validate, rather than ignore or challenge, stress and emotions that are presented. Statements such as, "I'm sure it's nothing to worry about," are well-intended but may make a patient feel that his/her fears and anxiety are unfounded. Instead, use phrases that validate the patient. For example, "I can see that you're concerned."
    - If a patient is expressing or showing concern, offer reassuring phrases in order to display empathy/sympathy. For example, "We are going to take great care of you," "Let's talk more about your concern," "I will make sure the doctor is aware of your questions," etc.

Processes/Operations

- Implement effective communication tactics, including:
  - Assessing the patient's comprehension of the information given. For example, "We have given you a lot of information. What questions do you have?"
  - Providing answers in understandable, non-technical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious. Watch for cues that indicate lack of understanding, such as patients who stop nodding, begin to fidget, frown, or display facial signs of confusion, such as furrowing the brow.
  - Composing scripts or phrases designed to communicate to patients in a comforting manner how a procedure may feel, how you will care for them, etc.
  - Stopping whatever one is doing to focus completely on the patient sends a powerful message of respect and concern. Performing clinical duties while communicating with the patient is acceptable, but it significantly increases the need for the aforementioned acknowledgements of understanding.
  - Keeping track of patients' decisions about treatment in their records, and mentioning these decisions in repeat or follow-up visits.
- Use simulation labs to reinforce and coach staff on expected customer service and common courtesy behaviors. Simulation labs mimic realistic scenarios, so staff members may practice interactions and behaviors.
  - Role-play scenarios and evaluate body language and adherence to standards to create self-awareness in each staff member. For example, offer a scenario of an emotional patient relaying concerns about an issue and ask the nurse to respond.
  - Record team members individually practicing their regular patient greeting. Watch the recording with each staff member and have a discussion about the positives and negatives.
- Set care team members up to use electronic charting successfully. Use of a computer system, especially in the initial stages, requires extra concentration and effort for charting and documentation. A staff member's focus on documentation should not be mistaken for a lack of concern.
  - Communicate the clinic's move to an electronic charting system (or EMR) to patients, and focus on the positives rather than the problems and stresses. It is better to address a potential issue than to allow it to become an issue. For example, at the beginning of an appointment, tell the patient, "We recently transitioned to an electronic charting system. There are many benefits, for example, I can see your Cardiologist's notes from your last visit with him. This ensures our offices are on the same page."
  - Acknowledge the EMR may take more time than charting in a traditional paper chart. For example, "As I get used to this change, documentation may take me a bit longer."
  - Maintain essential behaviors (eye contact, nodding to acknowledge patient information, etc.) by positioning computers in optimal locations.
    - Consider using laptops so providers may move around freely, or take advantage of moveable carts to allow providers to position themselves best in relation to patients.
    - If computer placement forces nurses to have their backs to patients, require them to explain this to patients. For example, "As I document our visit in the electronic

record, I will need to turn around to use the computer. I assure you I am still listening as we talk."

- Utilize regular staff meetings to reward and recognize those staff members who go above and beyond to meet patients' needs.

- Organize group discussions led by a facilitator who is skillful at helping staff members confront any underlying feelings about who is or is not a "legitimate" or "serious" patient. There is a tendency to evaluate patients morally when making a medical evaluation. Negative predispositions about which patients "deserve" care can come across in interactions with and in the management of patients. These issues may include elements of racism, ageism, or socioeconomic prejudices.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Key Behaviors for Patient Encounters

Care Provider

Care Provider

Friendliness/courtesy of the care provider

QUESTION DEFINITION

This question measures the extent to which the actions of the care provider met the patient's expectations regarding adherence to social and interpersonal norms. The care provider is the person around whom this particular medical encounter is centered. This is usually the physician, but could be a physician assistant, nurse practitioner, or other clinician. Patients' perceptions of friendliness and courtesy require the dedication of a set of verbal and nonverbal behaviors. The specifics of those behaviors will depend upon the patient's culture, which demands cultural competence with regard to your patient population's diversity.

Courtesy is one of the basic elements of human communication. Treating people like individuals, rather than as cases or conditions, affirms patients' basic human dignity and self-respect. Friendliness is an overlapping element of communication and involves conveying to patients a sense of interpersonal comfort, benevolence, and welcome.

VOICE OF THE PATIENT

Doctor is always very friendly and personable. Always looks in my eyes when talking to me. I feel as if she truly cares about me as a person.

Doctor was rude, impatient, and acted like it was an inconvenience to see me. He was very patronizing and talked down to me.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Greet the patient using the appropriate name and title (Mr., Ms., Mrs., Miss) upon entering the exam room.
    - If you are unsure of how to pronounce the patient's name, apologize and ask them to correct you. Note the correct pronunciation in the patient chart to facilitate recalling the proper pronunciation next time.
    - Introduce yourself if the patient does not know you. Employ a hand shake or gentle touch. "Hi Mr. Miller, I'm Dr. Camren. It's nice to meet/see you. How are you doing?"
    - If the patient is represented by someone else, extend the same greetings to the patient's family member or friend.
- Body language matters. Be aware of facial expressions and nonverbal language. They convey easily perceptible emotions.
    - Indicate openness by making eye contact.
    - Maintain a relaxed, attentive body posture.

- Influence patient satisfaction with common courtesy behaviors.
    - Knock on the door and wait for confirmation before entering the patient's room.
    - Protect the patient's modesty and verbalize doing so. For example, "For the ultrasound, would you like your sister to remain in the room? I can bring her back in when it is done," "I am going to open the back of your gown for the exam."
    - Apologize and say, "Excuse me," if interrupting a conversation or activity.
    - Always use "please" when making requests, and respond with "thank you" when you have concluded.
    - Knock on the door and wait for confirmation before entering the patient's room.

Processes/Operations

- Before beginning clinical work with patients, explain everything that is going to happen during the visit. Be sure that patients are comfortable with what needs to happen and that they do not have additional questions or needs.
    - Ask the patient questions throughout, such as, "Do you have any pain?", "Do you understand what I am doing?", "Are you okay with what is happening?" etc.
- Set providers up for success in using electronic charting. Use of a computer system, especially in the initial stages, requires extra concentration and effort for charting and documentation. See the Improvement Portal Resources section below, which includes a link to an article about one organization's electronic charting system (or EMR) rollout.
    - Communicate the clinic's move to an EMR to patients and focus on the positives rather than the problems and stresses. It is better to address a potential issue than to allow it to become an issue. For example, at the beginning of an appointment, tell the patient, "We recently transitioned to an electronic charting system. There are many benefits, for example, I can see your primary care provider's notes from your last visit last month with him."
    - Acknowledge the EMR may take more time than charting in a traditional paper chart. For example, "As I continue getting used to this change, documentation may take me a bit longer."
    - Maintain essential behaviors (eye contact, nodding to acknowledge patient information, etc.) by positioning computers in optimal locations.
        - Consider using laptops so providers may move around freely, or take advantage of moveable carts to allow providers to position themselves best in relation to patients.
        - If computer placement forces providers to have their backs to patients, require providers to explain this to patients. For example, "As I document our visit in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk."
- Build relationships with patients. They appreciate being remembered and being treated as individuals rather than cases.
    - The clinic should practice including personal notes about patients in their charts. Notes could include information about children, pets, vacations, hobbies, etc. Reference something that is personal to the patient.
    - Beginning with social conversation is not just a patient-centered communication technique. It helps build the provider-patient relationship and draws the patient into a comfort zone so he/she may more easily speak about personal medical problems.

- Take a photo of each patient and attach it to the inside cover of the patient file folder. This helps the doctor remember who he/she will be talking with and can prepare him/her to interact in a friendlier, more personal way.
- Thank patients for the opportunity to treat them by sending handwritten thank you notes signed by all caregivers.
- Use patient experience data to drive changes in processes and behaviors.
  - Collect and present practice and physician-specific patient satisfaction data to physicians. By understanding their performance relative to other physicians in the practice or medical group, physicians will be more likely to change their behavior.
  - Share patient comments to recognize positive behavior and address negative behavior.
    – Post positive comments about physicians where staff and patients may see them, share in leadership/physician meetings, advertise how friendly and courteous care providers are at this practice.
    – Filter by physician, and use comments in discussions on personal improvement.
  - Promote transparency and post physician reviews online. Transparency of patient experience data drives improved provider performance. Web-based physician reviews allow patients to make informed decisions about their care and caregivers, and focus providers on engagement and patient-centered care.
    – Post statistically stable data in addition to patient comments about providers.
    – See the link in the Improvement Portal Resources section below for further information.
- Understand the cultural dynamics of your patient populations.
  - Consider patient focus groups on cultural dynamics.
  - Understand the cultural diversity of your patients, including: communication styles, family, social relationships, health customs and practices, holidays/holy days, gender roles, etc.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Key Behaviors for Patient Encounters

Surviving the Near-Term Falloff in Satisfaction, Productivity in an EMR Rollout

Online Physician Reviews Support Patient Engagement and Performance Improvement

Care Provider

Explanations the care provider gave you about your problem or condition

QUESTION DEFINITION

This question measures the crucial moments when the care provider (usually a physician) communicates about the patient's illness, symptoms, or medical problem.

Patients come to medical practices with problems for which they cannot find a solution. Even if they believe they know what the problem is, confirmation from the medical professional remains very important. The quality of communication is integral to basic patient care, not only for diagnoses, but also for proper adherence to medication, follow-up instructions, etc. Effective and tactful communication of technical medical issues is necessary for patient satisfaction and comfort, and to minimize the patient's anxiety about their issue.

VOICE OF THE PATIENT

Explanations were clear, concise, and included use of x-rays to point out precisely the anatomical structures involved.

The doctor's lacking explanations only INCREASED my anxiety.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Speak in patients' terms.
    - Provide answers and explanations in understandable language. Technical terms used by health care providers can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of information about medication.
        - Use plain language guidance to simplify words for better comprehension, both verbally and in writing. Resources that provide more widely-understood synonyms for medical language are available on the internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.
        - For example, consider replacing the word "adverse" with "bad," "dangerous," or "harmful."
    - Watch for cues that indicate lack of understanding, for example, if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.

- Speak slowly and use a gentle tone. Even when running behind schedule, care providers must ensure that patients feel they are receiving thorough explanations. Providers can achieve this by maintaining a calm demeanor.

- Communicate effectively. The connection between patient satisfaction and physician communication is so strong that many experts consider satisfaction to be a direct measure of the physician's communication expertise. Effective communication skills training in interviews, responding empathically and sensitively, communicating bad news, etc., have all been shown to improve patient satisfaction with physicians.

  - Elicit the patient's "explanatory model (EM)." Given understandable time constraints that physicians face in medical practices, two questions are necessary: "What do you think is the matter?" and "What do you think should be done?" Many patients will say, "I don't know; you're the doctor." Although this is a likely patient response, it does allow for patient input and reinforces the provider as the trusted expert. If patients respond, their EM is at least listened to and, where appropriate, accommodated.

  - Use reflective communication techniques (such as using/repeating the patient's own words in responses) to ensure that the provider understands what the patient meant. Paraphrase the patient's primary complaint to confirm understanding and demonstrate to the patient that you have listened attentively. "What I heard you describe is…"

  - Assess a patient's level of understanding when communicating important information. This break will allow the patient to ask questions throughout the conversation instead of feeling overwhelmed and confused. Use the teach-back method and ask the patient to repeat the information in his/her own words to evaluate comprehension.

- Look for physical cues that indicate the patient understands explanations. These may include: head nodding, eye contact, and verbal affirmations.

Processes/Operations

- Explanations from care providers must be carried beyond the exam room. Maximize the opportunity for patients to retain information by using the following tactics:

  - Frequently assess a patient's level of understanding when communicating important information to the patient by pausing during explanations. This break will allow the patient to ask questions throughout the conversation instead of feeling overwhelmed and confused.

  - Repeat instructions. Adult learning theory tells us that adults need to hear information multiple times for this information to stick. Ask the patient to repeat the information that you have conveyed in his/her own words to facilitate comprehension.

  - Use take-home instructions or visual aids in conjunction with verbal explanations. Reference where discussion points occur in the written materials and highlight, circle or underline relevant sections. This will increase comprehension of information, because the patient knows where to find information if it is forgotten, as frequently happens when patients are stressed or anxious about their conditions. Adult learning theory also tells us that information is best retained when it is both told and shown, such as in written materials.

  - Take into account language, cultural, or educational barriers that may affect the patient and adjust accordingly.

- Ensure that written materials follow plain language and health literacy strategies.

  - Simplify as much as possible; only include necessary information.

- Use a combination of written instruction and visual information.
- Use plain language guidance to simplify words for better comprehension. Readily available resources on the internet offer examples of more easily understood synonyms for medical language. For example, instead of the word "adverse," consider "bad," "dangerous," or "harmful."
- Allow family members to play an active role in a patient's educational process but first make sure that you have the patient's consent.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP Webinar: Targeted Performance Improvement: Improving Communication During the Visit

Care Provider

Concern the care provider showed for your questions or worries

QUESTION DEFINITION

This question measures the extent to which the provider's behaviors met the patient's expectations for display of concern. In varying degrees, patients expect the primary care provider (usually a physician) to share in their uneasiness, trepidation, or worry about a condition or symptom, rather than dismissing it. Patients are typically experiencing anxiety and stress, and they want their suffering to be acknowledged.

Patients respond positively to physicians who are able to put aside the medical agenda and encourage the patient to disclose feelings. They also respond positively to physicians who elicit and respect all of their concerns, who acknowledges patients' fears and who do not avoid unpleasant subjects. Patients respond negatively to physicians who ignore or seem uncomfortable with patients' emotional expressions.

VOICE OF THE PATIENT

Doctor exhibited great care by spending the time I needed to address my concerns, questions, and medication clarification. She shows compassion and concern for her patients and is always available when needed.

Consistently brushed me off when I raised a concern, made me feel like all questions are stupid.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Body language matters when conveying concern.
    - Sit at eye level and look the patient in the eye while talking.
    - When a patient is expressing concern or asking questions, lean forward to show attentive listening.
- Offer reassuring phrases and acknowledge suffering if a patient is expressing or showing concern. For example, "We are going to take great care of you," "I will do everything I can to help you," etc.
    - Empathy offered to patients will not be effective if body language does not correspond.
    - Empathy offered to patients will not be effective if the tone of voice does not correspond. Speaking too quickly can be misconceived as lack of concern.
- Never dismiss patient concerns. Statements such as "I'm sure it's nothing to worry about" are well-intended but can make a patient feel that his or her fears and anxiety are unfounded.
    - Train on how to validate, rather than ignore or challenge, stress and emotions the patient expresses. Do this by empathizing. When the patient voices a complaint or makes a decision, offer sympathetic responses, or follow-up questions. Use the

phrase "I understand" to validate the patient. For example, "I understand you have concerns about your medication."

- Offer reassuring phrases if a patient is expressing or showing concern. For example, "Let's talk more about your concern," etc.

- Avoid interrupting patients; it is a sign of disrespect and disregard.
  - If a patient is talking incessantly, say something along the lines of, "Let's take a step back and address these concerns one by one."
  - Allow the patient to "tell the story" without interruption. The average amount of time that a physician allows a patient to speak before interrupting with a question or observation is only approximately 20 seconds. Patients want to actively participate in their care and do not feel this is an adequate amount of time to fully explain their story.

Processes/Operations

- One part of displaying concern for the patient's worries is tapping into the deeper, underlying reasons for the patient's visit. Studies show that patients often do not immediately share a "real" or more troubling reason for the visit until late in the physician-patient encounter.
  - Access this perspective through open-ended questions, such as: "What were you most hoping to accomplish today?", "Is there anything in particular you were hoping I would do today?", "How were you hoping I could help you with your concern?", or "Before we go any further, is there anything else that's on your mind?"
  - Connect with patients about a personal topic before moving on to the purpose of the appointment by asking at least one question about the patient's life outside of their diagnosis. Patients who feel comfortable personally will more readily open up about medical issues.

- Communicate effectively with patients and families. It is easy to overlook opportunities for better communication, and care providers need to be aware of how to effectively communicate with patients and families to display concern.
  - Train care providers to:
    - Assess the patient's comprehension of the information given. For example, "We have given you a lot of information. What questions do you have?"
    - Provide answers in understandable, non-technical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or suffer from anxiety. Watch for cues that indicate a lack of understanding, such as patients who stop nodding, begin to fidget, frown, or display facial signs of confusion, such as furrowing the brow.
    - When patients ask questions, obtain as much information as possible before responding. It is helpful to use phrases such as: "Well, that depends. Do you notice when that happens?" or "I can give you an answer after I get a little more information from you. Can you tell me more about that?"
  - Design talking points for care providers to communicate with the patient in a comforting manner about how a procedure may feel, how you will care for them, etc.
  - Keep track of patients' decisions about treatment in their records, and mention these decisions in repeat or follow-up visits.
- Involve the patient/family in the care process; this shows care and concern for their collective well-being. Ask for the opinion of others close to the patient with the patient's consent.

- Use simulation labs to train on self-awareness of interactions with patients. Such labs allow clinic leadership to reinforce and coach on expected customer service and common courtesy behaviors.
    - Role-play realistic scenarios and evaluate language, tone and body language. Assess thorough and clear explanations, tone and pace of speaking, patience throughout patient explanations, use of empathetic statements, protection of patient modesty, respect for family/friends with the patient, etc. Scenarios should truly mimic the environment, and volunteers or staff members may serve as patients, family members, and other members of the care team.
    - Upon completion, offer feedback on the scenario from a group of designated evaluators. Feedback to physicians is often best received when it comes from other physicians who have evaluated them. Clinic leadership may also serve as evaluators.
    - Video the scenarios to allow individuals being evaluated to watch their own interactions. Use the video when feedback is presented.
- Shadowing provides another option to provide feedback on patient. Consider having a physician or leadership figure shadow physicians and offer immediate feedback on interactions.
- Set providers up for success in using electronic charting. Use of a computer system, especially in the initial stages, requires extra concentration and effort for charting and documentation. A provider's focus on documentation should not be mistaken for a lack of concern.
    - Communicate the clinic's move to an electronic charting system (or EMR) to patients and focus on the positives rather than the problems and stresses. It is better to address a potential issue than to allow it to become an issue. For example, at the beginning of an appointment, tell the patient, "We recently transitioned to an electronic charting system. There are many benefits, for example, I can see your cardiologist's notes from your last visit with him, so we may further discuss what is happening."
    - Acknowledge the EMR may take more time than charting in a traditional paper chart. For example, "As I get used to this change, documentation may take me a bit longer."
    - Maintain essential behaviors (eye contact, nodding to acknowledge patient information, etc.) by positioning computers in optimal locations.
        - Consider using laptops so providers may move around freely, or take advantage of moveable carts to allow providers to position themselves best in relation to patients.
        - If computer placement forces providers to have their backs to patients, require providers to explain this to patients. For example, "As I document our visit in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk…"

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP Webinar: Addressing Fear and Anxiety to Reduce Suffering

Care Provider

Care provider's efforts to include you in decisions about your treatment

QUESTION DEFINITION

This question measures the extent to which patients feel they participated in decisions regarding the therapy, treatment, or next steps prescribed for the medical problem at hand.

Patients differ in their specific needs for depth of information and involvement, and many patients desire higher levels of participation. Studies have shown that physicians' use of patient-centered participatory styles leads to both higher patient satisfaction and better clinical outcomes.

Providers need to be flexible and allow patients to participate to the degree they desire. Whatever the level of participation, inclusion in decision-making ultimately involves encouraging the patient to articulate their response to the diagnosis and recommendation.

VOICE OF THE PATIENT

Doctor described to me my options and involved me in the decision-making process of my care.

The doctor did not ask me questions to understand the problem and just prescribed treatment without talking to me.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Ask open-ended questions to elicit patients' thoughts and feelings. Offer patients choice, control, and personalization in as many facets of the care experience as possible. The suffering that patients experience as a result of not receiving optimal care can be avoided, and affording patients autonomy and participation in decisions optimizes care.
    - Compare medication options and ask patients for opinions on what is best for them. Use available written materials on medications in discussions so that patients may compare side-by-side. If written materials are not available, write out differences on paper or a white board.
    - Discuss reasons to have a procedure and ask patients what is best for them. For example, "You have the choice to go forward with the procedure now or hold off. Here are the pros and cons of each choice."
    - Recommend including family or friends in decisions: "I understand you need to talk to your husband about your options, and it is important to see how he feels about your having the surgery now, as he will be your primary caregiver during recovery."
- Provide patients with technical information that is clear and unbiased. Patients will not feel empowered to share in decision-making if they do not understand.

- Provide only factual information unless the patient asks for your personal opinion. This will cut down on the occurrence of a patient feeling "bullied" or pushed into a test/treatment.
- Allow patients to make informed decisions that are based on facts, not misconceptions.
- Use plain language in explanations and watch for physical cues that the patient does not understand information, for example, if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.

Processes/Operations

- Identify all opportunities to promote shared decision making (SDM). When implemented effectively, SDM promotes patient engagement, emphasizes the patient as an important part of the health care team, identifies what the patient knows about his condition and treatment options, and detects misconceptions the patient may have. SDM usually comes into play when a decision must be made about a medication, procedure, treatment, or course of action. For example:
    - Should a patient with a family history of breast cancer begin having an annual mammography?
    - What should a patient do with regard to the choice of having a procedure now versus holding off until pain worsens?
    - Should a patient consider a new medication that has become available or continue with the one he has been taking?
- Consider using the Elwyn three-step model in situations that warrant a shared decision. The model can be found in the article, Shared Decision Making: A Model for Clinical Practice, in the *Journal of General Internal Medicine* (October 2012). The three steps of the model are **Choice Talk, Option Talk,** and **Decision Talk**.
    - **Choice Talk**: Clinician describes the decision to be made and reviews options. The following are steps in Choice Talk:
        - Step back: "Now that we've identified the problem, it's time to think about what to do next."
        - Offer choice: "There's information about how these treatments differ that I'd like to discuss."
        - Justify choice: "Each treatment has its consequences. Some may matter more to you than to other people."
        - Check reaction: "Are you ready for me to tell you about the options?"
        - Defer closure: "I'm happy to share my views and help you make a good decision. Before I do, may I describe the options in more detail so you understand what's at stake?"
    - **Option Talk**: Clinician discusses details of the options and assesses the patient's knowledge. The following are steps in Option Talk:
        - Check knowledge: "What have you heard or read about the different treatment options?"
        - List options: "Let me list the options before we go into more detail." (If appropriate, include the options of "watchful waiting" or "active surveillance.")

- Describe options, including risks and benefits: "These options will have different implications for you compared to other people, so I want to describe them."

- Provide patient aid (see also the section below on decision aids): "These tools have been designed to help you understand the options in more detail. After you use them and come back, we can talk about your questions."

- Summarize: List the options again and assess understanding by using teach-back method.

- **Decision Talk**: Clinician and patient examine values of the options and agree upon a course of action.

  - Focus on preferences: "From your point of view, what matters most to you?"

  - Elicit a preference: Be ready with a back-up plan by offering more time or guiding the patient if that's what they prefer.

  - Move to a decision: "Are there more things we should discuss, or do you feel ready to make a decision?"

  - Offer review: "Should we take some time now to review your decision?"

- Use decision aids, also called decision support interventions, to assist patients in making decisions. Decision aids do not advise patients on treatment or decision options, but educate patients on various courses of action.

  - Well-designed decision aids include:

    - Current, evidence-based, unbiased information

    - Potential risks and benefits of each option

    - Expected outcome for each option

    - Patient stories that show an experience with each choice

  - Decision aids are typically available in print, on DVD/video, and in web-based formats.

  - Ensure decision aids are a reliable source of information. The International Patient Decision Aid Standards Collaborative offers a checklist to evaluate the quality of your decision aids.

- Recognize that patients' situations are unique, ranging from their symptoms to financial situations to their support at home to how they may react to undesirable news. Do not assume that different patients will react to the same information in the same way.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP Webinar: Enhancing Shared Decision Making to Reduce Suffering

Care Provider

Information the care provider gave you about medications (if any)

QUESTION DEFINITION

This question measures patients' evaluations of the quality of information communicated about their current medications, in addition to information about medications that might be of relevance in the future.

Patients desire information about what these drugs will or could do to their physical, mental, and emotional health. They also expect the provider to understand how medications could react with other medications. Satisfaction is influenced by the information provided.

VOICE OF THE PATIENT

Doctor was very thorough in explaining medication prescribed and follow-up.

Doctor does not listen to my concerns about the medications he prescribes or the side effects that I am experiencing.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Use non-technical, plain language.
  - Provide answers and explanations in understandable language. Technical terms used by health care providers can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of information about medications.
    - Use plain language guidance to simplify words for better comprehension, both verbally and in writing. Resources that provide more widely-understood synonyms for medical language are available on the internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.
    - For example, consider replacing the word "adverse," with "bad," "dangerous," or "harmful."
  - Watch for cues to indicate lack of understanding, for example if the patient stops nodding, fidgets, frowns, or displays facial signs of confusion, such as furrowing the brow.
- Confirm that patients understand which medications are being prescribed and the directions for taking them before they leave the office. The anxiety patients feel when they cannot recall information or become confused after a visit is unnecessary and may be minimized when providers confirm that patients understand medications.
  - Include the following elements in discussions about medications (also include these in written materials). Covering each of these items allows the patient to process the information in case he/she has questions:

      – Drug name

      – Drug purpose and the condition the medication treats

      – Intended effects

      – Dosage and considerations (e.g., how many should be taken each time, how many times a day, with/without a meal, etc.)

      – Time(s) of day the medication should be taken

      – How long the patient will need to take the medication

      – Potential side effects, including side effects warranting immediate medical attention

      – Whether it is a new drug for the patient

- Utilize teach-back method to evaluate patients' understanding. Have patients tell **you** about their medications.

      – "We've gone over a number of changes to your medications. In your own words and using these handouts, can you tell me what we've discussed? How will you make these changes at home?"

      – "What will you tell your husband when you arrive home about the changes we made to your blood pressure medicine today?"

- Use handouts or written materials along with verbal explanations. This method supports better retention of information.

Processes/Operations

- Offer patients simple and thorough printouts/handouts. The written information should summarize the medicine's purpose, intended effects, and potential side effects. Keep written information for common medications readily available at nursing stations. Consider the following guidelines for creating content for patient education materials:

  - Include detailed yet concise and easy-to-read information on medication sheets. Use the list above to be sure you include necessary information about the medications.

  - Give patients written information and/or instructions to take to the pharmacy. This will help prevent any miscommunication among patients, physicians, and pharmacists. For example, if a doctor instructs a patient to consume an ill-tasting medicine with food, the pharmacist will to provide the liquid version instead of the pill version. Physicians often assume that the pharmacist knows what they want patients to have. Therefore, it saves time to include all desired elements of a medication in the instructions. It also saves your staff time by reducing phone calls to and from the pharmacy.

  - Provide patients with medication cards that list the medication(s) they are currently taking, so that patients can share this information with other physicians or caregivers. This is especially helpful in times of emergency when the patient may be unconscious or unable to recall all of their current medications and dosages.

- Make decisions about medication a collaborative effort between the physician and the patient. Discuss alternatives, treatment expectations, risks, and benefits of any prescribed medication.

  - Do not sugar-coat the unpleasant side effects of certain medications or treatments. Patients will suffer from greater anxiety and stress if they are unaware of side effects. Set expectations so patients can prepare for any unpleasant effects.

- Maintain an accurate list of patients' current medications, and be prepared to discuss current medications in conjunction with new medications. Patients are often wary of how medications will interact and will need assurance about of safely adding medications.
- Never dismiss patient ideas or concerns. Providers may not be used to or comfortable with the new proactive behavior of modern patients, who often approach providers with ideas about pharmaceuticals they have researched. These situations must be seen as opportunities to collaborate.

- Inform patients which websites they can trust if they choose to access the internet for medication-related information.
- Provide patients with a phone number to call (your office or a nurse triage hotline) in case they experience any negative side effects. Specify which potentially serious side effects warrant a direct call to 911 or a visit to the Emergency Room.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Medication Record

Care Provider

Instructions the care provider gave you about follow-up care (if any)

QUESTION DEFINITION

This question measures the patient's perception about knowing what to do when they leave the office. Care providers need to equip patients with comprehensive information and instructions to support their healing. This may also involve instructions to the patient or family about coordinating care with other health care professionals, consulting with other specialists, or scheduling follow-up appointments with the provider at-hand.

Patients will rate this question based on how easily they can recall the relevant follow-up care instructions as well as coordinate their self-care.

VOICE OF THE PATIENT

Her attention to instructions and follow-up was exceedingly good.

I don't know what I am supposed to do next??

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Use non-technical, plain language.
    - Provide answers in understandable language. Technical terms used by health care providers can be confusing for both patients and families. Using words that are easier to understand will lead to better patient retention of medication information.
        - Use plain language guidance to simplify words for better comprehension, both verbally and in writing. Resources that provide more widely-understood synonyms for medical language are available on the internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.
        - For example, consider replacing the word "sedentary" with "inactive," "not moving," or "sitting a lot."
    - Watch for cues that may indicate a lack of understanding, such as if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.
- Assess health literacy. Nearly half of Americans have difficulty understanding and using health information, such as health history forms, consents, self-care instructions, and prescription labels. In the clinic environment, a shorter/quicker evaluation is ideal. Use a common health literacy assessment tool to assess health literacy, such as:

- METER – Medical Term Recognition Test
- NVS – Newest Vital Sign
- REALM – Rapid Estimate of Adult Literacy in Medicine
- SAHL – Short Assessment of Health Literacy
- Confirm that patients understand their follow-up care before they leave the office. The anxiety patients feel when they cannot recall information or become confused after a visit is unnecessary and may be minimized when providers confirm that patients understand follow-up care.
    - Utilize the teach-back method to evaluate patients' understanding. This approach involves having physicians take responsibility for adequate teaching by asking patients to demonstrate what they have been told (e.g., ask them to repeat how to take their medication) to ensure that education has been adequate. Have patients tell **you** about their responsibilities following the visit. For example:
        - "I want to be certain I've explained everything clearly. Can you please explain it back to me so I can be sure?"
        - "We've gone over a number of changes to your medications. In your own words, can you tell me what we've discussed? How will you make these changes at home?"
        - "What will you tell your husband when you arrive home about the changes we made to your blood pressure medicine today?"
        - If a patient is not able to teach-back the information accurately, rephrase the original message and ask the patient to teach-back again.
    - Use handouts or written materials along with verbal explanations. This method supports better retention of information.

Processes/Operations

- Conduct post-visit calls. These calls are intended to confirm that the patient is clear on follow-up orders/medications and to give the patient an additional opportunity to ask questions. Determine the time frame in which to conduct calls, who will make them, and an escalation process for immediate needs. Consider calling three to five business days post-visit; this is soon enough to be relevant, but allows enough time for the patient to complete tasks such as filling prescriptions or making an appointment with a specialist.
- Offer patients simple and thorough printouts/handouts. The written information should summarize the immediate tasks for the patient, medication purposes/intended effects/potential side effects, and necessary information about follow-up care (diet, exercise, etc.). Consider the following guidelines for creating content for patient education materials:
    - Consider having more in-depth materials to meet the needs of varying literacy levels, if your patients demonstrate a wide range of levels. Use the literacy tools above to understand differing literacy levels.
    - Organize information under specific headings to improve comprehension and separate information into logical "chunks."
    - Provide patients with a detailed list of all new medications being prescribed in addition to those that they are currently taking. Include:
        - Drug name
        - Drug purpose and the condition the medication treats

- – Intended effects
- – Dosage and considerations (e.g., how many should be taken each time, how many times a day, with/without a meal, etc.)
- – Time(s) of day it should be taken
- – How long the patient will need to take the medication
- – Potential side effects, including side effects that warrant seeking immediate medical attention
- – Whether it is a new drug for the patient

- ▪ Follow-up instructions should be delivered in a detailed, step-by-step format, both verbally and in writing. Do not make assumptions or exclude things that seem trivial and intuitively logical. For example, the instruction to "wash daily" can lead to many questions, such as: "How often?", "Can I submerse myself, or do I sponge bathe/wash the area?", "Can I use soaps or just water?", or "Does it matter if I use cold or hot water?"
- ▪ Assess all materials for plain language.
- ▪ When reviewing written materials with patients, highlight or circle information that is especially important or that the patient seems to have difficulty remembering. Ask the patient if he/she would like to write notes on the materials while reviewing them.
- ▪ Encourage participatory, shared decision-making with patients. Engaging in a conversation about follow-up care will help patients remember what they need to do following a visit. For example, a provider may ask: "What will be a good way for you to remember to take your evening dose?"

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Creating Patient-Friendly Written Materials

Checklist for Creating Patient-Friendly Written Materials

Care Provider

Degree to which care provider talked with you using words you could understand

QUESTION DEFINITION

This question is an indicator of the effectiveness of the care provider's speech and communication.

Patients' perceptions of clear language involve several aspects: the use of minimal medical jargon, plain language, technical facility in speech, and the ability to give the patient an understanding of the medical issue at hand, irrespective of education level or language barriers. Remember that speaking slowly with calm, clear diction also promotes patient understanding.

VOICE OF THE PATIENT

I feel very happy with my doctor because she is very attentive and is concerned about my health and explains clearly and with detail.

Use of too many acronyms.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Use non-technical, plain language. The use of medical jargon not only dissatisfies patients, but can be a source of confusion and stress for many patients and families if they misinterpret the terminology.
    - Provide answers in understandable language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious.
        - Use plain language guidance to simplify words for better comprehension. Resources that provide more widely-understood synonyms for medical language are available on the internet. The National Institute of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ) offer such online resources.
        - For example, replace the phrase "blood culture" with "blood test."
    - Watch for cues that indicate a lack of understanding, such as if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.
- Speak with a calm pace and tone of voice. Patients' comprehension of the discussion and information is not only dependent on the actual words but on creating an environment that supports understanding and retention.
    - Occasional pauses allow patients to interject questions and give them time to absorb what was said.
    - Encourage patients during discussions to speak up about what they need clarified, repeated, or additional information about. For example: "What questions do you have

at this point?" or "It is ok if there is something you want me to explain better. This is a lot to take in all at once. Most people have questions."

- Confirm that patients understand.
  - Utilize the teach-back method to evaluate patients' understanding. Have patients tell **you** about their responsibilities following the visit.
  - Use simple, well-written handouts or written materials along with verbal explanations. This method supports better retention of information. Avoid information that is unnecessary.

Processes/Operations

- Patient-centered organizations make efforts to understand the needs of their patient populations, whether these efforts are related to cultural differences, involve ailments, such as poor hearing, or have to do with communication barriers, etc.
  - Ensure the availability and efficacy of translation services and other aids to overcome language and hearing barriers.
    - Staff answering phones and scheduling appointments should be trained to ask patients if they will require translation services.
    - Include information about available translation services in welcome packets/materials and ask patients to notify the clinic if these are needed for appointments.
  - If your patient population includes a moderate percentage of a particular ethnicity or language, employ staff who understand those languages and/or cultural differences.
  - Learn some key medical and health-related words in the foreign language(s) that you encounter most frequently. This helps patients understand what you are telling them.
  - Provide well-translated written materials in the languages of patients your organization serves.
- Evaluate the quality of patient education and written materials.
  - Are they easy to read? Do they answer common questions, such as: "When can I resume activities?" or "Who do I contact if I have questions?" etc.
- Dedicate funds to communication skills training for physicians. Physician communication in general is vital for satisfied patients, and communication training will impact various survey questions.
  - Consider conducting in-house simulation lab training to evaluate specific behaviors related to questions. Simulation labs allow staff to practice realistic scenarios and receive feedback on defined expectations. Incorporate role-play scenarios and evaluate the use of plain language in addition to thorough and clear explanations.
  - Feedback to physicians is often best received when it comes from other physicians who have evaluated them.
- Look for every opportunity to promote plain language, patient comprehension of discussions, and retention of information.
  - Work with staff members to help them understand which frequently-used words/phrases might be confusing to patients, and use the plain language thesaurus of your choosing to identify alternative words that they should use in the future. Reassess if necessary.
    - Evaluate plain language usage while rounding in the clinic.

- – Provide staff with examples of commonly-used health phrases/words that are often misunderstood and suggest better alternatives. Hang posters at work stations or in break rooms with these examples.
- Review written materials. Ask for input from people who do not regularly use or see the materials. Consider staff members who do not use written materials regularly, or use this as a topic for a patient/family focus group.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP Webinar: Targeted Performance Improvement: Improving the Quality of Communication

Care Provider

Amount of time the care provider spent with you

QUESTION DEFINITION

This question measures the extent to which the time the primary care provider was physically present with the patient effectively met the patient's needs.

This measure takes into account both the patient's subjective evaluation of time with the provider, as well as the objective, clock-measured time with the provider. The actual number of minutes is not as important as whether the patient was able to discuss his/her concerns with the provider and had the impression that the provider was listening. The provider's behavior can affect the patient's perception of time. It may not be possible to alter the length of the encounter, but the provider has complete control over the quality of the interaction.

VOICE OF THE PATIENT

I was treated very good and felt like she did not rush through the appointment. She gave me a lot of time.

Doctor ran behind so she said she only had 10 minutes or less per patient. So when I would ask her a question she told me she did not have time to answer any questions. I guess my time is not important.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Convey attentive listening through body language. Patients care more that their concerns and issues are heard, than about the actual amount of time providers spend in the exam room.
  - Sit down. Physicians who sit down during their visits are rated by patients as having spent more time than those who remain standing.
  - Make eye contact whenever you talk to patients.
- Do not appear rushed, even if you are. Body language, physical position in the room and tone of voice can signal whether the provider is devoting full attention to the patient or is rushing the patient. Quality interactions, which hinge on both communication and body language, result in effective, productive, and satisfying appointments. If patients feel their needs are met, the amount of time spent with providers, which often does not feel long enough, will not matter.
  - Speak with a calm pace and tone of voice. Occasional pauses allow patients to interject questions, and give them time to absorb what was said.
  - To keep patients from feeling that they are being rushed, refrain from two specific nonverbal behaviors: looking at your watch and keeping one hand on the doorknob. These behaviors imply that the patient in the room isn't as important as the one who is coming in next. It is important to make each patient feel that they have your full attention.

- The average amount of time a physician allows a patient to speak before interrupting with a question or observation is only approximately 20 seconds. Patients do not feel this is an adequate amount of time to fully explain their situation. Actively listening to the patient and allowing them their full voice doesn't take additional time (in fact, it may actually take less time in the long run).
- Ask questions and make statements throughout the visit to confirm that you are meeting patients' needs, to demonstrate that patients' input is respected, and to show that their comfort is valuable. These pauses will help you slow down and make the patient feel respected. For example:
  - "I know this can be a stressful time."
  - "Do you feel comfortable with the treatment plan?"
  - "What questions do you have right now? What information is unclear?"

Processes/Operations

- Encourage patients and/or families to write down "Questions for the doctor" while sitting in the waiting area. Provide notepads with this headline in addition to pens/pencils.
- Spend time during the office visit connecting with the patient as a person because caring transcends diagnosis.
  - Make it an office-wide process for staff to convey to providers a topic they may be discussing with a patient. For example, the nurse may say, "Dr. Smith, we were just talking about John's vacation in Florida."
  - Chat about non-medical topics such as children or jobs. It is beneficial to have an area in a patient's chart for personal information (e.g., children's names, ages, hobbies, etc.) to serve as a basis of topics to discuss. This gives the patient a feeling of personal connection with you, and it also helps to create loyalty and better overall satisfaction. If the patient feels they have a personal connection to you, they will be more likely to forgive any problems that may arise (e.g., long wait times, problems scheduling appointments, etc.).
- Make time for non-visit related care, such as refill requests and phone calls. Without a plan of how to manage these tasks daily, they will infringe on the amount of time you spend with your patients.
- Involve the patient in the decisions that are made because autonomy tends to reduce suffering. Provide a wide variety of explanations and options for treatment. Take into account the patient's particular beliefs and/or wants and needs, and try to work with the patient to develop a treatment that is right for him/her.
- Do not discuss results with a patient if the visit is going to be shorter than five minutes. The patient needs plenty of time to ask questions and understand all of the information provided to them. Offer some brochures or information on a particular test or treatment to the patient, and ask him/her to review it and make a list of possible questions or areas of concern. When the patient returns for the results, they will be more informed.
- Scheduling practices should support identification of appropriate appointment length, as best as it may be predicted. Accuracy of patient appointment durations maximizes efficiency of the clinic and supports patients having sufficient time with providers to meet their needs, which will vary by patient issue.
  - Appointments are typically assigned in 10 or 15 minute increments (10/20/30/40 or 15/30/45). Analyze your clinic's appointment lengths for common needs to determine how much time short, medium, and long appointments warrant. For example, an ear

ache is booked for 10 or 15 minutes and a new patient is booked for 40 or 45 minutes.

- If chronically-late or historically no-show patients can be identified in the system, try to schedule them later in the day to minimize disruption to the schedule for other patients.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Medical Practice Top Improvers--A Resource of Innovations and Best Practices

Care Provider

Your confidence in this care provider

QUESTION DEFINITION

This question measures the level of trust patients have in their care provider. Trust is important to patient satisfaction, quality clinical outcomes, and patient loyalty.

In order to have confidence in the prescribed treatment regimen, patients must have confidence that their care provider is not only competent, but also has their best interests at heart. Research shows that patients' trust in their providers predicts adherence to medical treatment regimens. As humans tend to trust those most like themselves, gaining the confidence of patients whose race, ethnicity, or gender is different than the providers' can be challenging.

This measure is very highly correlated with loyalty to care provider, loyalty to the medical practice, and patients' overall satisfaction measures.

VOICE OF THE PATIENT

Doctor is always pleasant when I see him, and I trust his advice and care.

Doctor was condescending and rude. The way he contradicted himself made him appear incompetent. I lost all trust and respect for him.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Body language matters and body language goes beyond cultural barriers. The need for trust in health care is very high, and there are things in the medical practice that can quickly affect trust in negative ways, such as poor body language.
    - Sit at eye level with the patient and maintain eye contact when talking.
    - Lean forward when the patient is talking to show attentive listening, and maintain a relaxed body posture.
    - Speak with a calm pace and tone of voice. Rushing through a conversation indicates a lack of care for patient issues.
    - Maintain these behaviors (eye contact, nodding to acknowledge patient information, etc.) while using computers. With the continued adoption of electronic medical records and electronic documentation during visits, positioning computers in optimal locations can be key.
        - Consider using laptops so providers may move around freely, or take advantage of moveable carts to allow providers to position themselves best in relation to patients.

–   If computer placement forces providers to have their backs to patients, require providers to explain this to patients. For example, "As I document our visit in the electronic record, I will need to turn around to use the computer. I assure you I am still listening as we talk."

▪   Never dismiss patient concerns. Statements such as "I'm sure it's nothing to worry about" are well-intended but can make a patient feel that his or her fears and anxiety are unfounded.

  ▪   Train on how to validate, rather than ignore or challenge, stress and emotions that are presented. Achieve this by empathizing. When the patient expresses a complaint or makes a decision, offer sympathetic responses or follow-up questions.

  ▪   Offer reassuring phrases if a patient expresses or shows concern: "We are going to take great care of you," "Let's talk more about your concern," etc.

  ▪   Avoid interrupting patients; it is a sign of disrespect and disregard. If you need to interrupt, say something along the lines of, "Let's take a step back and address these concerns one by one."

▪   Underscore your experience as a provider by stressing **your** level of expertise. For example, "I have worked with this type of issue many times," "This is the type of issue I specialize in," or "I will provide you every option possible based on my diagnoses."

▪   Many common courtesy behaviors influence patient satisfaction:

  ▪   Knock on the door and wait for confirmation before entering the patient's room.

  ▪   Use the patient's preferred name and title; learn the identity of family and friends.

  ▪   Always ask permission before touching the patient for a procedure, and protect the patient's modesty.

  ▪   Apologize and say, "Excuse me," if interrupting a conversation or activity.

  ▪   Always use "please" when making requests and respond with "thank you" when you have concluded.

Processes/Operations

▪   Identify all opportunities for shared decision-making to occur, and train providers on how to integrate shared decisions by asking *open-ended questions* about thoughts and feelings. Offer patients choice, control and personalization in as many facets of the care experience as possible. The suffering that patients experience as a result of not receiving optimal care can be avoided, and affording patients autonomy and participation in decisions optimizes care.

▪   Communicate effectively with patients and families. It is easy to overlook opportunities for better communication, and care providers need to be aware of how to effectively communicate with patients and families to build patient trust. Train care providers to:

  ▪   Assess the patient's comprehension of the information given. For example, "We have given you a lot of information. What questions do you have?"

  ▪   Talk in understandable, non-technical language. Technical language may isolate and dissatisfy patients by causing them to feel confused or anxious. Watch for cues that indicate a lack of understanding, for example if the patient stops nodding, begins to fidget, frowns, or displays facial signs of confusion, such as furrowing the brow.

  ▪   Provide factual information free of opinion. Patients will ask for your opinions if they want them.

  ▪   Verbalize any steps taken to protect patient privacy. For example, "I am going to close this curtain for your privacy."

- Conduct post-visit calls. These calls are intended to confirm that the patient understands follow-up orders/medications and give the patient another opportunity to ask questions.
  - Determine the time frame in which to conduct calls, who will make them, and an escalation process for immediate needs. Consider conducting calls three to five business days post-visit. This is soon enough to be relevant, but allows time for the patient to complete tasks such as filling prescriptions.
  - Although physicians may not be conducting calls themselves, this process will still promote confidence in the practice. Train staff members who make calls to refer to the physician by name and emphasize concern for the patient. For example, "I am calling to follow up on your visit to our office last Wednesday. Dr. Hayes asked you to complete a few things including [*list tasks*], and we want to ensure you have done them and answer questions you may have. First, have you filled your prescriptions?"
- Be aware of cultural differences and the needs of your patient population.
  - Train physicians, and all staff, on major cultural differences for prevalent patient populations that frequent the practice.
  - Conduct patient focus groups using a diverse population. Ask how to improve your recognition of cultural differences and needs.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

UP Webinar: Targeted Performance Improvement: Improving Communication After the Visit

Care Provider

Likelihood of your recommending this care provider to others

QUESTION DEFINITION

This question is an outcome measure in the sense that a patient's judgment on this question likely depends on, or is an outcome of, the issues and qualities measured by the rest of the care provider questions on the survey. It is a measure of the extent to which your patients say positive things about you; this is what marketing professionals refer to as "positive word of mouth." Positive word of mouth occurs when the patient likes the provider experience so much that he/she will recommend the care provider to others.

Positive word of mouth has often been used as a surrogate measure for overall satisfaction. In most cases, marketers expect satisfaction, positive word of mouth, re-purchase intentions, and perception of value to be highly correlated. Patients who respond with ratings lower than "5" should be considered "at risk" for defection.

VOICE OF THE PATIENT

I recommend her to all of my friends. She is very thorough, but what I love most of all ... she is a person who listens and learns from her patients.

I do not feel comfortable or have confidence in this doctor. In fact I'm going to a different doctor.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Thank the patient for choosing you as their provider. They most likely have many options, and it is important to express appreciation to them for choosing your practice. Gratitude may be expressed in various ways:
    - Verbally thank patients at the end of appointments.
    - Send patients thank you notes following visits, especially first visits. Notes sent during holiday times may also make a positive impression.
- Universally commit to a set of customer service standards for providers.
    - Standards are specific and measureable. The categories below contain examples of behavior standards for physicians, and may be applicable to other care team members as well.
        - Entering the exam room standards: knock on door and obtain permission prior to entering, greet patients by name, acknowledge family/friends, wash hands, etc.
        - Communication standards: ask patients what questions they want to discuss before the end of the visit, explain what you are doing and why, maintain eye contact when talking, sit down when talking to patients, utilize teach-back method when discussing follow-up care or medications, involve patients in every possible

decision by asking their preferences/opinions (new medication, timing of procedure, etc.), etc.

– Examination standards: inform patients you are going to conduct the exam, verbalize privacy ("I am shutting this door/curtain for your privacy"), do not leave patients exposed, etc.

– Closure standards: ask for concerns, use available and relevant written materials in conjunction with discussion, use teach-back method to confirm comprehension, etc.

▪ Ongoing reinforcement of expected behaviors is essential for sustainable processes. Staff should be rewarded for positive, compliant behaviors and coached when behaviors do not align with expectations. Ongoing non-compliance should *not* be acceptable.

▪ Clinic leaders should shadow providers to assess compliance with behavior standards. Use observations of standard behaviors to discuss improvement opportunities with providers.

Processes/Operations

▪ Adhere to specific standards for service recovery. What staff members do for your customers after a service failure (e.g., excessive wait time, cancelled appointment) will either make patients highly loyal or push them away by augmenting their discontent.

▪ Read real-time patient comment reports weekly and act on the issues raised in the comments. These may be minor or major, but most can be resolved fairly quickly. Continuous quality improvement based upon this qualitative data can drive rapid and significant increases in percentile rank, scores and, most importantly, your patients' satisfaction with their experience.

▪ Create accountability by making physician compensation partially dependent upon performance on provider-related patient satisfaction measures. The performance of physicians in their encounter with patients is crucial to patients' satisfaction.

▪ Use observations of standard behaviors to discuss improvement opportunities with providers.

▪ Send patients personalized materials. Patients need to know they are valued as people, as opposed to being seen as cases or diagnoses.

▪ Send a letter to all new patients welcoming them to the medical practice and provide a short, interesting/amusing bio sketch of their primary care provider. Address the letter specifically to the patient. Consider having providers hand-sign their letters.

▪ Advances in printing and information technologies make it easy to create off-set printing pieces en-masse that are customized to each patient by linking to the information systems. For example, you might provide: personalized reminder letters, personalized newsletters, personalized patient education materials relevant to their condition, personalized birthday cards, etc.

▪ Set providers up to establish positive relationships and connections with patients.

▪ All staff are trained to manage up. Issues within the clinic are never blamed on individuals, and staff members are trained to use empathetic statements such as, "I'm sorry you are waiting longer than expected."

▪ Make time for conversation aside from the clinical visit. Make notes in patients' charts about their personal lives.

▪ Consider the data statistics.

- Likelihood of recommending a care provider is highly correlated to a patient's satisfaction with all of the other measures of the patient's experience with the provider. Essentially, the patient determines his/her likelihood of recommending the provider based almost exclusively upon interaction with the provider and not external factors (e.g., the practice environment).
- "Concern for questions and worries" and "Confidence in care provider" are two of the most highly correlated items to "Likelihood to recommend care provider." Providers therefore have at least two opportunities to differentiate themselves in the market: through personalized care that is tailored to patients' needs or by gaining/building patients' trust in them. These approaches are not, of course, mutually exclusive. Nevertheless, they provide a way of conceptualizing market strategy.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Improving Medical Practice Outcomes

Personal Issues

Personal Issues

How well staff protected your safety (by washing hands, wearing gloves, etc.)

QUESTION DEFINITION

This question addresses patients' perceptions of the adequacy of staff's efforts to protect patient safety. Patients have come to expect that staff in medical practice clinics make every attempt to protect their safety. Patients want to witness safety measures such as hand-washing. Medical and personal safety for patients should be the primary concern for all medical practice staff.

VOICE OF THE PATIENT

This is a very clean, safe medical facility. I feel safe and confident that they do everything they can to stay safe.

I wish they put on gloves or washed hands.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Verbalize efforts to protect patients' safety. For example:
    - "I am putting on gloves to prevent the spread of infection and to protect your safety."
    - "I am going to wash my hands before we begin."
- Make safety observable to the patient.
    - Keep antibacterial dispensers in the exam rooms, as it provides a visual cue.
    - Don gloves when walking into the room to remind the patient of your concern for safety.

Processes/Operations

- Ask patients to repeat back what they hear to help the clinician clarify any questions. Patient safety extends beyond the office visit.
    - First, this process offers patients the opportunity to repeat back any information that may be confusing or difficult to remember.
    - Second, this request also sparks discussion about any aspects of treatment or medication about which patients might be confused, concerned, or afraid.
    - Finally, clinicians should use language such as, "I want to be sure you understand" and "I know this can be confusing," to express empathy to the patient.
- Train staff to get into the habit of scanning the exam room for waste or clutter before they leave the room. Tidying up the exam room can be a "formal" part of the hand-off from

nurse/medical assistant to physician, and could include a verbal cue such as, "Let me just tidy up this area for your time with the doctor."

- Appoint a patient safety officer within each clinic. Formalize the clinic's commitment to patient safety by appointing a patient safety officer. This person will work to raise awareness about patient safety. The patient safety officer should have the ability to see the big picture and understand the interrelatedness of health care, excellent interpersonal skills, and the ability to build staff's trust. Patient safety officers should have experience with quality improvement and patient safety programs; knowledge of risk management principles; a thorough understanding of data collection, analysis and reporting; and leadership qualities. In larger clinics, this person may be the patient safety team leader.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Adequacy of Precautions Protect Safety

Personal Issues

Our sensitivity to your needs

QUESTION DEFINITION

This question measures the patient's perception that staff members made an effort to understand his/her unique requirements.

Meeting personal requirements is one definition of customer service/satisfaction. This question also measures the patient's perception of how well staff members understand that there is more to that person's identity than just being a patient; and that this should be distinguished from their normal day-to-day role and self-perception. Patients want staff to know that it is difficult to be a patient and that they are trying to maintain their non-patient identity.

VOICE OF THE PATIENT

Staff is always welcoming and very accommodating to my children by providing a needed playroom for waiting and toys. Always attentive to my needs.

I felt more like a problem than a patient.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Show sensitivity and understanding when patients express concerns.
  - Empathize with patients. Office staff see many patients come through every day; regardless of how many patients come and go, every patient deserves to be treated as an individual, rather than as a diagnosis or another "case." Display empathy to patients by doing the following:
    – Acknowledge their suffering, pain and discomfort: "I'm sorry you are in pain."
    – Recognize that anxiety *is* suffering and that anxiety presents in many forms, whether from pain, anticipation of test results, concern for health care costs, fear of a procedure, etc. Train on how to validate, rather than ignore or challenge, stress and emotions that are presented. When the patient expresses concern, offer empathetic responses. "I can understand," or "I hear this is an inconvenience."
  - Offer reassuring phrases if a patient expresses or shows concern: "We are going to take great care of you," or "Let's talk more about your concern," etc.
  - Avoid interrupting patients; it is a sign of disrespect and disregard. If a patient talks incessantly, say something along the lines of, "Let's take a step back and address these concerns one by one."
- Avoid use of the term "policy" when communicating about practice guidelines. Train staff that the phrase "that's our policy" may be perceived as insensitive. Instead, explain the reason for an action or policy and how it positively affects the patient. For example, if a patient

complains about no cell phone use in the waiting area, explain that he/she may step outside the office to make a phone call so as to maintain a calm waiting room environment.

Processes/Operations

- Patient needs extend beyond the office visit itself; these include scheduling appointments, calling the office with questions, and how prepared the patient feels after the visit when it comes to follow-up care.
  - Patients are greatly inconvenienced when they are unable to reach the clinic, receive a response in a timely fashion, and/or make a desirable appointment.
    – Adhere to established call-back and response times, e.g., within four hours or by the end of the business day.
    – When scheduling appointments, staff should automatically offer two available times based on the patient's day/time preference.
    – Offer same day appointments for patients with immediate needs. Open access scheduling enables clinics to decrease the amount of time it takes to make future appointments.
  - Ensure minimal wait times. Extensive waiting times upon arrival send the message that the patient's time is not valuable and contribute to a patient's state of anxiety.
    – Staff should follow wait time protocols, such as updates every 15 minutes and responding to wait times with empathy. For example, "I understand you have been waiting longer than anticipated, and I am sorry for your wait, Ms. Jones. What can I provide to make you more comfortable? Would you like to reschedule?"
    – Give the staff room in the schedule to accommodate emergency additions or unexpected delays. Do not require the staff to seek permission for each minor adjustment.
  - Continuously develop active listening and empathic communication skills for all staff through practice and investment in training.
    – Use simulation labs to reinforce and coach staff on expected customer service and common courtesy behaviors. Role-play realistic scenarios and evaluate body language and adherence to standards to create self-awareness in each staff member.
    – Employ patient-centered communication techniques. These include: interest in the patient as a person, allowing patients time to provide information and tell their story, information-giving that is tailored to the patient, etc.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Key Behaviors for Patient Encounters

Personal Issues

Our concern for your privacy

QUESTION DEFINITION

This question addresses two topics: physical privacy and confidentiality. Perceptions of privacy encompass staff actions, attitudes, and the manner in which these actions are taken. In other words, do patients observe staff members carefully and cautiously handling the personal information that one typically keeps confidential?

The physical environment can enhance or degrade perceptions of privacy. Patients can feel that their privacy has not been respected when: the patient experiences inappropriate nakedness; staff fail to respect the patient's need for personal and private space; staff relay information volunteered by the patient to inappropriate parties or without concern that other parties may be within hearing distance.

VOICE OF THE PATIENT

My medical needs and privacy are always protected.

Front desk & pharmacy lack privacy. Those waiting can over-hear birth dates, social security numbers, and other personal health information being provided.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Provide patients with a clear recourse should they feel their privacy has been compromised. Refer them to a Patient Advocate, Privacy Hotline, Ombudsman, etc.
- Use every opportunity to verbalize the importance of patient privacy. Staff should be trained to communicate how privacy is upheld and enforced. For example:
    - "I am going to close this door/curtain for your privacy" or "Would you like your family member to wait outside the room while I conduct this test?"
    - "Your privacy is important to us. If you have issues with privacy during this visit, please call our privacy hotline."
    - Communicate quietly about private information. Be aware that others are often nearby, and that there are consequences if protected health information is not handled correctly.

Processes/Operations

- Demonstrate confidentiality and discretion with regards to patient information.
    - In waiting areas, do not call the patient's name aloud. Instead, approach the patient personally. Pictures of the patients attached to their files help to identify them silently.

Ask front desk staff to note clothing characteristics to assist in identifying patients. For example, "Mr. Smith is wearing a red sweater."

- Encourage a private environment with physical layout and dynamics of the office.
  - Place chairs for waiting visitors away from the registration desk, where private information is often discussed.
  - Adapt the registration layout so that lines form several steps behind the desk.
  - Play soft music in the waiting area to fill silence with noise that will minimize the chance that conversations between patients and staff will be overheard.
- Consider using restaurant-style pagers to let patients or families know when you are ready for them. The pagers eliminate the need to call out patient names in the waiting area. They also reduce patients' anxiety that they will not hear the staff member call their name.
- Close the door before discussing the patient's medical care, treatment, condition and other aspects of illness with them. If such a discussion must take place in an exposed area take precautions. For example, ask the patient to sit down with you, as this adds to the feeling of privacy.
- If you call a patient on the phone and need to discuss symptoms or the condition, ask if it is a good time to talk. A patient may be at work or not in a private area. It is difficult to carry on such a personal conversation when others are present. In the age of cell phones, a patient may need a minute to move to a private location to talk to you openly.
- Keep staff who engage in "private" phone calls with patients away from high traffic areas. This separation helps to avoid that anyone will overhear the conversation. If calls are made in a high traffic area, the patient you are speaking with may become concerned with the extra noise, and it may make other patients/visitors uncomfortable to hear about the private details of another patient.

- Respect patients' physical privacy.
  - Knock/seek permission before entering the patient's room.
    - All staff should avoid a knock-and-barge mindset. Wait until you have verbal confirmation to enter an exam room, especially if entering a patient room in the middle of a visit.
  - Close the door/screen/curtain when leaving, and verbalize this action.
  - Place scales in exam rooms or a private area; do not weigh patients in public areas. If a scale must be used by multiple exam rooms, keep it in a separate area where there is minimal traffic.
  - Make the gown as comfortable as possible.
    - Provide gowns for people of all sizes. With the significant increases in the average American's size, larger gowns make patients feel less exposed. "One-size-fits-all" hospital gowns do not work well.
    - Do not force patients into gowns unless absolutely necessary. Feeling naked and/or exposed will negatively affect the patient's perception of the experience.
      - Proactively communicate with patients to explain which clothing items they may leave on; the patient should not have to ask.
      - Do not unnecessarily expose parts of the body that will not be examined.
  - Do not leave doors open while patients are physically exposed.

- If a patient is bringing a family member or friend to the exam, be sure you communicate what will happen during the exam. This gives the person accompanying the patient the opportunity to leave the room if there is a portion of the exam that individual would feel uncomfortable observing. This applies even in the case of routine blood draws because some people easily become nauseated.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Scripting for Privacy

Personal Issues

Cleanliness of our practice

QUESTION DEFINITION

This question addresses the patient's perception of the cleanliness of the entire medical practice.

In our culture, cleanliness is an important aspect of healing environments, conjuring feelings of freshness, purity, and safety. Its opposite, dirtiness, is associated with unsafe, septic environments. Perceptions of cleanliness respond to inputs from several of the senses including smells and physical feelings, in addition to sights.

Some key aspects include the state of: entrance/exit areas, front office, hallways, waiting areas, examination rooms, bathrooms, clothing, and equipment.

VOICE OF THE PATIENT

Very good care, sanitation, and cleanliness of the room.

There was a cockroach in the bathroom.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Minimize clutter. Messy work areas, exam rooms, waiting areas, etc. all indicate to patients a perceived lack of cleanliness. Create systems and standards to keep these areas organized and clutter-free.
    - A front office staff member should regularly straighten up the waiting area by neatly arranging magazines and reading materials, picking up trash, moving chairs back into place, and cleaning up refreshment areas (if applicable), etc.
    - Keep the front desk area free of staff members' personal items.
- Clean and tidy visibly to patients.
- Pick up every piece of litter you see. Patients notice when staff members ignore trash on the floor.

Processes/Operations

- Old or worn often equates to unclean. Walls, floors and furniture that are stained or dingy will be perceived as unclean regardless of actual cleanliness. Replace/refurbish as much as you can.
    - Make sure your upholstery is professionally cleaned every six months.
    - Throw out dead plants.

- Frame anything on a wall.
- Update magazine subscriptions and continuously cycle old magazines and reading material out of the waiting areas and exam rooms.
- Apply a fresh coat of paint to brighten and restore any area. Color has been shown to affect patient stress and anxiety. Consider the area, what type of patients will be present, length of patient visits, etc., and balance cool and warm colors to evoke tranquility and a healing environment.
- Make it easy for patients and visitors to maintain the cleanliness of the clinic.
  - Place waste baskets in visible places. If patients do not see waste baskets, trash will be placed on tables or thrown on the floor.
  - Make receptacles for trash accessible. If people do not have somewhere accessible to put trash, they will leave it out or on the floor. In a large waiting area, have multiple options available.
- There is a positive correlation between noise and cleanliness. Patients perceive loud or noisy areas to be less clean.
  - Train staff to speak in calm, quiet voices. This applies at all times: when talking to patients, on the phone, and while talking with other staff. Personal conversations should be kept to a minimum and encouraged to occur solely in staff-only areas.
  - Consider a policy of no talking on cell phones in waiting areas.
  - Select a neutral, distracting filler noise for waiting areas. Consider turning the channel to a news station to allow broadcasts or choose classical music in the waiting room. This will help cover office noise. Make sure that a television or music is not too loud, or it may have the opposite effect.
- Conduct a photo walk through, as shown in the Improvement Portal Resources link below. This tactic helps leadership and staff recognize and drive improvement based on what patients see, hear, feel, and smell during an office visit.
- Publicize your scores and percentile rank on cleanliness. Put it on a giant board for everyone to see. Making this information public is one way of keeping the issue top of mind and reinforcing the idea that each person is responsible for keeping the facility clean.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Reducing Clutter to Improve Perception of Cleanliness

Photo Walk-Through

Overall Assessment

Overall Assessment

How well the staff worked together to care for you

QUESTION DEFINITION

This question measures patients' perceptions of the coordination of care. From the patient's perspective, coordination is visible when information and instructions flow smoothly from physicians to nurses to office staff and vice versa. Extensive wait time or the staff's inability to obtain necessary resources or information from one another may cause patients to perceive poor coordination. This question assesses the level of teamwork present in the practice.

VOICE OF THE PATIENT

The staff works very well together. This is what you call team nursing.

No one seemed to understand why I was there. Everyone kept asking the same questions.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Manage up to promote solidarity among staff members and enhance teamwork visibility.
    - Train staff to speak highly of other team members and to refer to each other by name, e.g., "Janet will be drawing your blood for tests. She's the best at blood draws!"
    - There is no place for complaining, badmouthing, or blaming any team member within the practice. Practice issues are never blamed on other staff members.
    - All personal issues should be handled professionally and privately.
- Reduce repetition for patients. No one likes to be asked the same thing over again.
    - Include patient concerns and answers in the chart and read them before walking into the room.
    - Talk to the colleague who made the hand-off.
    - Show that care is coordinated. Confirm with the patient what you know and who told you. For example, "Mr. Sanchez, Rosie said your cough has gotten worse. I'm glad you decided to come in and get it checked out."
    - Additionally, as staff members learn personal details about a patient, they should share them with other staff members, nurses, and physicians, as appropriate. A comment such as, "I hear congratulations are in order; you have a new member of the family!" is a relationship-building introduction and makes patients feel they are *known* by the staff.

Processes/Operations

- Promote communication and connection among the staff team by engaging in the following activities:
    - Gather daily as a team to discuss upcoming events. Use the daily appointment schedule as an agenda for these quick, all-staff meetings. Huddles help practices identify critical needs of the day to maintain patient flow.
    - Have regular practice meetings (e.g., weekly). Utilize meetings to identify and correct practice problems, reinforce current improvement initiatives, share patient experience scores, recognize staff members doing an excellent job, etc.

- Educate, observe, and assess team communication and feedback skills. Leaders may assess team communication through rounding.

- Schedule a time for physicians in the practice to collaborate, and create a list of tasks they currently do that can be delegated. Physicians should make the list together so that all can agree on which tasks can be delegated to other staff. These might include administering vaccines, reviewing which medications need refills, etc. After the list has been created, meet with staff to collaborate about changes in procedures. Staff and physicians should meet regularly to ensure that the delegation of these tasks is going smoothly and that patients perceive coordination of care.

- Create a governance body for the medical practice. Group practices should have their own governance system to make decisions about structure, appointment of committee or board members, accountability to the hospital or other partners, finances, quality, etc. Create a practice culture subcommittee to oversee efforts to improve communication among physicians, nurses, and clerical staff.

- Create "on-stage" and "off-stage" areas and formal standards for what types of behavior are acceptable in each area.
    - An "on-stage" area is any place where the staff member is visible to patients and family members.
    - "Off-stage" areas can include break rooms or staff lounges and remain the private areas of staff. Staff should restrict personal conversations, phone conversations, etc. to these "off-stage" areas.

- Include service behavior standards aimed towards a shared mission and values on annual or regular reviews.
    - Recognize employees who demonstrate or uphold standards. Positive reinforcement incentivizes ongoing positive behavior.
        – Display an employee recognition board in a staff area or break room. Post positive patient comments that identify staff members and physicians by name.
        – Allow employees to recognize each other for great service to patients. Accomplish this at regular meetings, daily huddles, or on a recognition board.
        – Display teamwork to patients by posting employee recognition where patients can see them. Include employees' recognition of each other, patient comments that recognize specific staff members, and comments that highlight the teamwork of the practice.
    - Do not tolerate noncompliance with expected behaviors. Negativity and noncompliance spread quickly. Leaders should have conversations with noncompliant staff members immediately.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Mentioning the Last Caregiver to Improve Patients' Perception of Care Coordination

Toward the Efficient Medical Practice: Physicians Gaining Greater Patient Satisfaction through Process Changes

Overall Assessment

Likelihood of your recommending our practice to others

QUESTION DEFINITION

This question is an "outcome" measure in the sense that a patient's judgment on this question likely depends on the issues and qualities measured by the rest of the questions on the survey. It is a measure of the extent to which your patients say good things about your medical practice as whole, not just the care provider. This is what marketing professionals refer to as, "positive word of mouth." Positive word of mouth takes place when the patient likes the practice so much that he/she will recommend it to others.

Positive word of mouth has often been used as a surrogate measure of overall satisfaction. In most cases, marketers expect satisfaction, positive word of mouth, re-purchase intentions, and perception of value to be highly intercorrelated. Patients who respond with ratings lower than "5" should be considered "at risk" for defection.

This is a measure of loyalty for medical practices, especially larger medical practices within a health care system, where the experience at one office can color the patient's and family's perceptions of the entire organization.

VOICE OF THE PATIENT

Professional services, medical attention and care. Everything is excellent—I recommend it highly.

I'd recommend my physician but not the practice. If I can't see my physician, I won't go because I don't have confidence in anyone else there.

IMPROVEMENT SOLUTIONS

Essential Behaviors

- Speak positively about the organization. Tout the organization's strengths in front of patients and their family members.
- Thank patients for choosing your health system.
- Invite patients to share details about the things they love. Use that information to make their experience at your practice extra special.
- Use body language that conveys compassionate, connected care. For example, sit at eye level and maintain contact with a patient during any discussion about his or her treatment.
- Empathize with patients. Office staff see many patients come through every day; regardless of how many patients come and go, however, every patient deserves to be treated as an individual rather than as a diagnosis or another "case." Display empathy to patients by doing the following:
  - Acknowledge their suffering, pain and discomfort: "I'm sorry you are in pain."

- Recognize that anxiety *is* suffering and that anxiety presents in many forms, whether from pain, anticipation of test results, concern for health care costs, fear of a procedure, etc.
- Train on how to validate, rather than ignore or challenge, stress and emotions that are presented. When the patient expresses concern, offer empathetic responses. For example, "I can understand," or "I hear this is an inconvenience."

- Universally commit to a set of customer service standards and include standards related to meeting the needs of internal customers.
  - Standards are specific and measureable. The categories below contain examples of behavior standards for care team members.
    - Entering the exam room: knock on door and obtain permission prior to entering, greet patient by name, acknowledge family/friends, wash hands, etc.
    - Communication standards: use a calm tone of voice, update patients a minimum of every 15 minutes regarding delays, verbalize privacy, ask patients which questions they want to discuss before the end of the visit, always explain what you are doing and why, maintain eye contact when talking, sit down when talking to patients, utilize teach-back method when discussing follow-up care or medications, involve patients in every possible decision by asking their preferences/opinions (new medication, timing of procedure), etc.
    - Closure standards: ask for concerns, use available and relevant written materials in conjunction with discussion, use teach-back method to confirm comprehension, thank patients for their business, etc.
  - Ongoing reinforcement of expected staff behaviors is essential for sustainable processes. Staff should be rewarded for positive, compliant behaviors and coached when behaviors do not align with expectations. Ongoing non-compliance should *not* be acceptable.
  - Use staff meetings to reinforce standards. Use simulation labs to evaluate execution of standards.

Processes/Operations

- Conduct mystery shopping to discover unknown gaps in service and process breakdowns.
  - Use phone mystery shopping to evaluate ease of reaching office staff on the phone or through email, just as a patient would. Document response times for voicemails or emails sent.
  - Evaluate the ease of scheduling appointments.
  - Use an internal employee unknown to regular clinic staff or an outside consultant or volunteer to observe internal processes. Ideally, this person will go through an entire office visit as a scheduled patient, assess all aspects of the visit, including cleanliness, wait times, staff adherence to expected behaviors, communication, etc.
- Set specific standards for service recovery. The staff's response and what they do for your customers after a service failure will either make patients highly loyal or push them away by augmenting their discontent.
  - Recognize the error or lacking service and use empathy to express apology, such as "I'm sorry," or "I know this was an inconvenience for you." Acknowledge any suffering your practice's mistakes may have caused.

- Read patient comments weekly and follow up on the issues raised in the comments. Continuous quality improvement based on this qualitative data can drive rapid and significant increases in patient satisfaction.
- Empower all staff to use service recovery tools and skills to meet patients' needs when visits do not go as expected.

- Make certain that you are not promising patients more than you can deliver. Long-term relationships are founded upon trust. If you know that certain aspects of a health care experience are not likely to impress patients in a positive, do not promise a grand and pleasing experience. Doing so and failing to deliver will violate patients' trust in your organization.

- Cultivate long-term relationships and loyalty by involving patients in co-creating your services:
  - Have a patient advisory council composed of former patients and involve them in decisions about customer service.
  - Bring patients and families into meetings and quality improvement teams to provide and help define patients' perspectives and priorities. The patients provide invaluable first-hand insight, but you also demonstrate to all customers that you truly are interested in and dedicated to improving.
  - Interview patients or conduct focus groups. The best feedback is obtained when patients are given a topic or questions to think about in advance.

- A Press Ganey white paper outlines five variables medical practices can focus on to enhance patient loyalty. Track scores on these measures in conjunction with this question.
  - Confidence in Provider ("Your confidence in this care provider"); based on the white paper research, this is the leading indicator of patient loyalty.
  - Coordination of Care ("How well the staff worked together to care for you").
  - Concern for Worries ("Concern the care provider showed for your questions or worries").
  - Listening ("During your most recent visit, did this provider listen carefully to you?").
  - Courtesy ("Friendliness/courtesy of the care provider").
  - Wait time issues are also prevalent in medical practice care settings and can influence the five primary patient loyalty variables.
    - For example, long wait times may contribute to the perception that care is not being coordinated in an optimal way or that the provider is not concerned about the anxiety that can be caused by unnecessary waits.

- Recognize that these tips represent only a start. They can stimulate discussion and brainstorming with a view towards improvement. Ultimate success rests on the entire organization's discipline and execution of vast interventions, improvements, and daily actions, which cumulatively improve the system of care patients experience.

IMPROVEMENT PORTAL RESOURCES (LOGIN REQUIRED)

Will Your Patients Return? The Foundation for Success