

A P A T I E N T E X P E R I E N C E
F O C U S

Let's Achieve Your Excellence!

THROUGH THE PATIENT'S EYES...

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A Patient's Experience

Many of us have been patients in a healthcare organization, and nearly everyone has had an experience in a doctor's office. Some of these experiences were likely wonderful, like the birth of our children, or the recovery of a loved one from major surgery. Sometimes, what should be a great experience may not feel that way to the patient or their family, despite the health care team's best attempts to give them the best support and service. Why is that? Research has shown a few contributing factors to this: changing community expectations, advances in medical care and treatment, options in care settings, and the increasing patient-side cost of care. More patients are being personally responsible for payment for their health care, which means people are more actively evaluating their return on that investment.

In addition, the federal government began capturing quality data over the past decade, profiling outcomes of patients experiencing health care services. Initially this was to evaluate the state of health care nationally. Most recently, this has been a tool for quality comparison among organizations. The intent of this was to raise the bar of quality outcomes, which has occurred. Since 2012, hospitals have had a portion of their income at risk regarding their performance on quality outcomes and patient experience results, clearly driving a focus to improve these results. Good news for patients!

The patient experience component of these results relates to a patient's response to a national survey developed by the Center for Medicare and Medicaid Services (CMS), and provided to patients who have had an inpatient experience. In addition, many hospitals and health care providers (ambulatory care settings and offices/clinics) have opted to survey patients for their satisfaction with the care experienced in their organizations. This means that the patient's responses to these surveys are reviewed over time, to focus upon areas of improvement. In the case of hospitals, this information is then publicly reported, and included as a portion of the financial withhold for performance results from CMS. The result of this is a significant database of comparison performance to these clinical and experience measures that can be viewed by the public to make decisions about their health care services and providers. A quick search of this data can be performed on [Medicare's](#) website, or the data can be sorted on the Medicare [data site](#).

While all of this data attempts to provide relevant performance comparisons for quality and service, it's the patient experience component that most affects patient choice for health care service providers. In the view of the patient, being cared for with evidence of caring and compassion *is better quality*. So how do providers make the best impression upon their patients, to encourage them to confidently choose their services, and guide their friends and loved ones to do so as well? There is a system-based solution, in four key parts.



In your physician's office



In the hospital or outpatient procedure areas



In the emergency department

Part 1: The First Impression. The first impression is created by a composite of all the information that a patient has heard, seen, reviewed, and personally experienced about your health care services, up to and including their first introduction to a member of your organization. In that window, your services should reflect these attributes:

- a) Easy access/wayfinding to services
- b) Competence/High level of skill
- c) Caring/Openness to serve with respect and dignity
- d) Comprehensive approach/Teamwork

If we keep focused on why these would be important for patients, it becomes easy to ensure that plans are in place for these items. Easy access helps patients know that they won't be embarrassed or lost in the process of trying to find the service area. Adults generally want to be independent in basic activities, so signage, directories, and floor guides are very helpful in supporting independence and patient choice.

Competence comes across by evidence on your website of performance or outcomes, testimony from others who have used your services, and visible evidence of skill profi-

ciency through casual observations at touch points to your services. If there is a front desk receptionist or registrar, this role reflects upon the organization's competence and teamwork by their smooth linkage of patients to needed services.

Caring interactions need to be evidenced from point of entry to point of departure. This may begin with the receptionist, or the valet parking guide, and extends to the beginning of care at the point of service. A best 'caring and competence' practice is to have the first team member 'pave a positive' impression for the next person or team member that will be involved in the patient's experience. Each team member prepares the patient for the next team member, by name if possible, offering their confidence in the person's skills and abilities to meet their needs. While this takes some coordination and teamwork, the organizations that excel in patient experience have mastered this component. It makes a huge difference in the patient's overall experience and perspective, particularly in terms of teamwork. Incidentally, this practice is also highly correlated to high results in employee engagement!

Caring, respect and dignity are largely apparent through non-verbal actions of everyone that the patient meets along the way, as well as from the look and feel of printed or electronic materials. This is most noted when we think the patient isn't looking or over hearing conversations. Respectful conversations in audible range of the patient are closely tied to team perception, caring and compassion as well as the skills and abilities of the caregivers. The most effective way to support care and compassion in patient perception is to be aware of peripheral conversations, promote active listening to the patient or significant other as a work standard, and repeating back to the patient aspects that are the most important, so that the patient knows he/she was heard.

Lastly, the comprehensive teamwork approach is indicated when more than one office or provider is involved. In these cases, seamlessly managing the connection points for the best patient convenience shows stellar service. It is often helpful to have the care team 'navigate' this with the patient to support patient choice, provide reassurance of expert patient-focused care, and to support the perception of excellent service value from the provider's team. Similar to other aspects, this practice should be highlighted to the patient for awareness, in order to make a best impression. Managing these aspects successfully has an element of art, yet can be mastered.

Part 2. The Care Experience.

The first person to be involved in actually providing care services makes a significant impression upon the patient, reflecting efficiency of the task, skill, teamwork, and a caring approach. This differs from the first impression in that this part is “hands on” the patient. There is nothing equal to human touch to convey sensitivity, caring and concern. In absence of this, patients report feeling “like a number” in a system. Since 90% of our communication is non-verbal, we need to focus on our body language when we’re in the patient’s presence, even more than what is said. The team needs to “walk the talk” of focusing exclusively on the customer experience. Asking open-ended questions and listening to the answers goes a long way to evidence care and concern.

Successful interactions with patients, in nearly all settings, include the following:

- a) Privacy respect - Knock before entering or ask permission to enter. Just as you would not enter a person’s home without asking permission, we can’t assume that we can usurp their space privacy in a health care setting.
- b) Name respect - Address them with their full or formal name, then use a shorter version if the patient guides this. Avoid any common references that are generic and especially those that may be construed as demeaning (honey, sweetie, etc.)
- c) Introductions - Introduce yourself, the role or function that you will be performing, and share, in brief, your qualifications. At this stage, the patient’s first concern is caring, second is competence, so if you don’t address this, they may think otherwise.
- d) Power respect - If possible, always speak at eye level to the patient. Sit on a chair so that there is an easy visual connection. This helps to ease anxiety, and promote shared communication and listening. This behavior alone is highly correlated with high levels of patient satisfaction/experience.
- e) Listen - Actively listen to the patient’s story or needs uninterrupted for up to two minutes. The average time of a physician listening in an office setting before interrupting a patient is fifteen seconds. With practice, more time makes a huge difference.

- f) Narrate - Before, and as you're performing care on the patient's person, explain what you're about to do before you do it. Explain what the patient might experience as sensations, and ask what questions they have before you begin. As your care continues, point out findings that may be important to the patient's treatment plan, or new information for the patient's awareness or comment (i.e. a new mole).

- g) Summarize - As the hands-on part of the care experience is completed, explain what the proposed next steps or actions are from your professional judgment, and why those steps are recommended. Ask the patient to respond with what they heard as the next steps, and respond to any questions or areas needing clarification.

- h) Shared Plan - Ask the patient if they are willing and able to carry out their parts of the next steps. If there are issues, a modification of the plan is needed at this point. Ask specifically about the cost of medications, transportation or referrals needed, and whether or not needed services are readily available in the home as needed. This is a critical point not only for evidence of caring, concern and teamwork, but also potentially reducing hospital readmissions, which are financially impactful.

- i) Wrap-Up/Closure - End the visit with appreciation for the patient's allowance of your service to them, a kind farewell, and a genuine smile. Let them know when you will see them next, or if someone else will be taking your place for their next visit.

Part 3. The Financials. One of the realities of the increasing costs of health care, is that more patients are not only getting a higher out-of-pocket bill, but they are also more informed consumers of health care quality. The combination of these two elements creates an increase in complaints related to health care billing and financials. The best tactic to minimize this potential negative patient perception on a practice or provider setting is to be as transparent as possible about the cost of services, the patient's need for services, and the patient's choice in the process. If the patient has been involved and informed in the process of their health care needs and choices, the probability of complaints with services is markedly reduced. This can be further decreased by price or cost transparency prior to the rendering of services. In essence, just as you see the cost of groceries when you decide to purchase them, people don't complain about these known costs. In general, health care price transparency is in it's infancy.

Part 4. The After Care Experience. Once a patient has been discharged from a hospital, a diagnostic testing area, or a physician's office, there may be health issues that occur as they begin to manage the plan that was established. The ease in getting assistance with these issues, and in managing multiple visits or needs between provider offices can be a significant source of challenge for patients and their loved ones. In addition, sometimes despite the best of care and treatment, the patient may experience a post-visit complication. These issues require a ready source of contact with a health care professional who can assist in their appropriate reconnection to the system, and in minimizing any negative aspects of this experience. As in other customer care matters, the best approach to address this is to actively listen, correct the situation as quickly and painlessly as possible, and express a sincere apology for the issue or inconvenience. Beyond addressing the immediate issues with the patient, the health care team should also evaluate the circumstances of the patient's experience for aspects in need of system improvement. If so, a follow-up communication to the patient with the specific action steps taken, to ensure that their experience will not likely occur for someone else, usually yields markedly improved patient respect and satisfaction.

Implementation Key

Mastering the four-part solution steps will greatly improve the patient experience, and is appropriate for most health care settings. The steps are easy to understand and implement, and best practice benchmark data is readily available. So why aren't more health care organizations achieving high levels of patient experience?

The challenge with these steps, as in all forms of process and service improvement, is to achieve consistency in these behaviors across the team. Those organizations that have supported and implemented these changes have seen dramatic improvements in their patient experience scores, as well as their employee, physician & provider engagement scores for good reason. The secret to achieving this reality is to have the design and service commitment come from the health care team, with a team accountability for consistent evidence as a work standard. Leadership needs to create the environment for this to develop and mature as a key part of the organizational culture, focused upon the patient experience.

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