

Patient Satisfaction Tip Book

Improving Patient Perceptions

How to Use this Tip Book	2
Access and Availability Tips	2
Survey Question 1	2
Survey Question 2	4
Survey Question 3	5
Survey Question 4	6
Suggested Reading and Resources	7
Convenience Tips	7
Survey Question 5	7
Survey Question 8	8
Survey Question 13	10
Suggested Reading and Resources	11
Staff's Interpersonal/Administrative Skills Tips	12
Survey Questions 6, 7, 9, 30, 31, 32	12
Suggested Reading and Resources	14
Staff's Clinical Skills Tips	14
Survey Questions 10, 11, 12	14
Suggested Reading and Resources	16
Physician's Clinical Skills Tips	16
Survey Questions 15 through 18	16
Suggested Reading and Resources	17
Physician's Interpersonal Skills Tips	18
Survey Questions 14, 19 through 29	18
Suggested Reading and Resources	20
General Patient Perception Tips	21
Survey Questions 33, 34, 35	21
Suggested Reading and Resources	22



How to Use this Tip Book

After reviewing your **Patient Satisfaction Check Up** data analysis reports, use this tip book to initiate improvement measures.

The tip book offers suggestions grouped into the same categories (or scales) used in reporting the survey question results to you. Use the Table of Contents to locate specific tips for the scale and/or individual survey questions you wish to improve. Each tip sheet lists possible causes for low ratings followed by individual tips under the heading “Considerations for Corrective Action.” Like the survey questions themselves, the causes of weakness may be interrelated. Therefore, a tip sheet often addresses several survey questions together.

After considering these suggestions, select those tips that seem appropriate to your own situation and begin planning improvement measures tailored to your particular practice. Since no two physicians and no two practices are exactly alike, customizing the suggested improvement measures is critical to success in enhancing patient satisfaction. For your convenience, we have added a list of suggested reading and resources in each category to help you.

Because both you and your staff influence patient perceptions regarding the care received, we strongly recommend that you work together as a team to increase patient satisfaction—with the ultimate goal of conducting the “ideal patient visit” in the future.

ACP members may also contact the Center for Practice Improvement and Innovation at 800-338-2746, with further questions about improving patient satisfaction or other aspects of their practices.

Access & Availability Tips

The following tips apply to survey questions 1 through 4

Survey Question 1: When I called the office for an appointment, the length of time before the telephone was answered

Possible Causes for a Low Rating

- s Inadequate number of telephone lines to handle the volume of calls to the practice.
- s Insufficient staff assigned to answer telephones.
- s Telephones not readily accessible to staff.
- s Unclear policies regarding the expectations for answering telephones.
- s Insufficient directions to patients on how to access the practice.

Introduction

If your score is low on this question, you probably need to review some of your basic office operations, including your telephone systems.

Considerations for Corrective Action

- s **Make sure your telephone system has sufficient capacity to handle the volume of calls.**

When patients indicate there is a problem in calling your office, careful examination may reveal there are not enough telephone lines to handle the volume of calls received. Your telephone vendor or local telephone

company can assist you, at little or no cost, in conducting a survey of incoming and outgoing calls during the course of your work day to clarify this issue. You may need additional lines; however, there also may be ways to reconfigure your telephone system to gain greater flexibility to handle your current load.

- s **Next, review the way staff are assigned to answer telephones and whether there are enough staff assigned to accommodate the volume of calls.**

If more lines ring than there are staff to answer them, your problem is staff, not equipment capacity. You may have to add staff, involve non-receptionist staff in answering calls or reprogram the flow of calls. It also may be necessary to reassign some staff during peak call-in times.

- s **Make telephones easily accessible for staff.**

Adding staff at peak times will not solve the problem if they do not have telephone instruments conveniently available to use. Simply relocating a telephone from a desk to a wall has improved the efficiency of some practices. Also, make sure there are enough total telephone instruments for the number of staff using them.

- s **Set standards and procedures for answering telephones.**

Let staff know your specific expectations about how each type of call is to be handled and the number of acceptable rings before a line is answered. Written policies regarding answering the telephone should be readily available. Staff should also know who has primary responsibility for answering telephones. In many physician offices, staff have multiple responsibilities and need to be told what priority should be given to answering telephones.

- s **Educate patients about when to call.**

A large volume of patients calling a practice for their lab results during peak hours can paralyze a practice. So can a physician's offer to "call me any time you want to talk to me." (Although every physician might like to practice this way, doing so becomes impractical and even disruptive with a large patient population). Inform your patients of your peak times and suggest they call during off peak hours if it is convenient for them. Give them guidance on how to access your practice's services and which staff handle what categories of patient questions (e.g. lab results, referrals, pharmacy refills.)

- s **Find alternatives to help manage and reduce the overall volume of incoming calls, especially at peak periods.**

Automated attendant systems with voice mail have become more prevalent as patient volumes increase. Again, look to your telephone vendor or local telephone company to provide you with direction on how to proceed. Consider special needs for the elderly and the hearing impaired. Try special lines or other arrangements for prescription refills and reporting lab results, so that these high-volume types of calls do not clog your appointment lines.

- s **Use the full capacity of your existing telephone system before investing in more features.**

The system you are currently using may have more features than you realize. It is prudent to carefully review the capability of your existing system before looking at expanding or purchasing a new one. Many of us have a tendency to learn only those functions we absolutely need. Take advantage of free consultative services offered by your local telephone carrier or communications vendors to determine whether you can satisfy most of your requirements by fully utilizing what you already have or by making a modest investment in enhancements.

Survey Question 2: The length of time I spent on the telephone to set my appointment

Possible Causes for a Low Rating

- s The office staff is handling too many tasks while scheduling appointments.
- s Staff is not well trained on the computerized scheduling system.
- s The scheduling person is trying to gather too much information over the telephone.
- s Patients are attempting to get additional information beyond simply scheduling appointments.

Introduction

Usually, a less than optimal score in this category is related to a few specific issues concerning your staff. Examine the demands placed on them and the procedures they follow.

Considerations for Corrective Action

s **Free up the appointment scheduler.**

In many practices (especially smaller ones) the patient scheduling function is spread among several people in the reception area. These scheduling staff may simultaneously be responsible for handling other telephone calls, receiving patient payments at the end of appointments, typing, record filing and retrieval, and a myriad of other functions. This multi-tasking can result in patients who are calling to schedule appointments being placed on hold for long periods of time while other tasks are performed for patients in the office. It helps to designate a person whose priority responsibility is to handle telephone appointment scheduling, and whose other duties can be delayed while appointment calls are completed.

s **Train staff thoroughly in the use of your computerized scheduling system.**

Be sure that all staff responsible for scheduling appointments have had sufficient training on the system. If staff members are insecure about using the system, they may keep patients on the telephone too long. Make sure that someone truly knowledgeable about the system is available to train new hires as changes in staff occur. When implementing a new system, have staff practice scheduling several mock appointments and give them a chance to ask questions about the system before they attempt to schedule “live” patients on the system.

s **Develop procedures to help staff handle calls efficiently.**

Learning to manage a significant volume of telephone calls while scheduling appointments requires creativity and patience. Staff must be helpful and courteous to all patients but at the same time minimize the time spent with each individual caller. Teach staff what essential information is necessary to schedule an appointment while keeping the telephone call brief. Instruct them to handle the issue at hand without getting into long conversations. Since this can be difficult with patients who are seen often, remind staff that they must manage the entire patient population of the practice. Help your staff by making sure essential resource information, written policies, check lists and other helpful tools are readily available. If necessary, send staff to local seminars on handling telephone calls and telephone etiquette.

s **Let patients know if you have an overwhelming number of incoming calls.**

If the practice just can't handle all of the scheduling calls simultaneously, be honest with your patients. Have staff tell patients they are welcome to hold but that it may be a while before someone can help them. Staff should offer patients alternatives, such as:

- Calling back later at a time expected to be less busy.
- Leaving a number which staff will call back as promptly as possible.
- Using the fax machine as an alternative method to communicate.

Survey Question 3: The number of days between my call and my actual appointment

Possible Causes for a Low Rating

- s Patients' expectations of when they should be seen are unrealistic.
- s Poorly administered scheduling system.
- s Backlog in appointments due to insufficient physician time scheduled per week.
- s No defined patient triage system.
- s Insufficient number of physicians.

Introduction

While there are different levels of urgency based on the severity of a patient's medical condition, most patients expect to be seen quickly. Patients expect to be seen immediately for acute conditions, or within 48-72 hours for other matters, with the possible exception of follow up visits and routine physicals. If your practice cannot accommodate patients within a reasonable period, find out why this is so. Careful attention to patient triage can help eliminate problems and patient complaints.

Considerations for Corrective Action

- s **Manage the appointment schedule to meet the needs of all your patients.**

Constantly monitor and update the schedule. Practices with well-established patient bases must be careful to keep appointment slots available to meet the needs of both non-urgent and urgent medical problems. Strike a balance to insure there are sufficient appointment times available for routine visits and physical exams, as well as time slots for urgent problems. If you are in the midst of practice building, take care to avoid alienating existing patients in order to work in new patients.

- s **Make sure staff know the office protocol for scheduling patients.**

If you do not have a protocol for scheduling patients, develop one, put it on paper, and circulate it to the appropriate staff members so they know how to proceed when scheduling appointments. Physicians and scheduling staff must work together to insure patients are seen as quickly as possible. Frequent communication between the two groups is imperative.

- s **Clearly identify who will handle triage and how it is to be managed for scheduling purposes.**

Physicians must be available to assist staff in prioritizing the daily patient schedule. Written criteria for seeing patients should be given to the person responsible for handling telephone triage. Scheduling decisions should be based on the medical necessity of the patient to be seen. Well-known and established patients should not receive priority over other patients.

- s **Explain to patients why there may be a backlog in available appointment times.**

If there are legitimate reasons, such as physician vacations, CME or seasonal overloads, patients will be more understanding if given a reasonable explanation.

- s **Make sure sufficient physician time is available in the office.**

Insufficient physician time can prevent the prompt scheduling of appointments. National benchmarks suggest general internists normally need to schedule 30+ hours of "hands on" patient time per week in the office. (In today's health care environment much of the physician's time is eaten up by administrative and other business responsibilities). You may also have to re-evaluate provider staffing to insure there are enough physicians to handle the office patient volume. The utilization of physician assistants and nurse practitioners can also be a cost-effective means of creating more appointment times and relieving backlogs. Also consider extending hours to include evenings, early morning and weekend appointment times.

- s **Explore other methods of patient management that do not involve patients having to come in to the practice for an appointment.**

You may want to spend more time counseling by telephone, faxing information to patients, using e-mail if available, etc. In a managed care setting, a well-developed telephone triage system can handle many patient complaints/problems over the telephone without adversely impacting reimbursement or patient care.

Survey Question 4: The staff's helpfulness in scheduling my appointment

Possible Causes for a Low Rating

- s Manner in which the telephone call was answered.
- s Could not meet the patients' request to schedule a particular day or time for an appointment.
- s Staff did not comprehend the urgency of the patient's need to be seen.

Introduction

Patients judge a practice primarily by how they are treated by staff; therefore the perception that staff are unhelpful can be very damaging. At the same time, patients can be difficult to satisfy. It is very important to employ the right personnel and to prepare them to deal appropriately with all types of patients.

Considerations for Corrective Action

- s **Select the right staff for the job.**

Hire people with warm, caring, helpful attitudes to deal with the most important component of your practice: your patients. Your staff should be trained to answer the telephone by identifying the practice and themselves. They should display the same warmth, caring and compassion they themselves would like to receive, and must remain flexible and calm at all times.

- s **Instruct staff to demonstrate a willingness to accommodate patients' needs and requests.**

Tell staff to attempt to meet specific patient needs whenever possible. If they are unable to give a patient the preferred choice of time, staff should offer as many alternatives as possible. Once again, you may have to look at expanding or changing office hours to meet the specific needs of your patients.

- s **Train staff to listen carefully and manage patients' expectations.**

If patients often indicate that staff answering calls do not understand the urgency for patients to be seen, good telephone triage and open communication between staff and physicians can eliminate most problems related to this issue. It is helpful to explain to patients how appointments are set so they do not develop a pattern of expecting all office visits to be scheduled immediately. However, it is also very important to listen closely to what patients are saying so they can be accommodated in the most appropriate manner. To prevent misunderstandings, instruct staff to answer as many of the patients' questions as they can and encourage open communication.

- s **Send staff to training seminars.**

There are proven techniques for dealing with callers in a courteous, efficient, non-confrontational manner. Consider sending your staff to local seminars conducted by experts on how to handle telephone calls and difficult personalities. Your patients deserve no less, and your staff need those skills to be successful.

Suggested Reading and Resources

ACP's Center for Practice Improvement and Innovation "Designing The Patient Schedule"

- Preston, Susan Harrington. "The Best Way To Improve Your Staff's Efficiency" *Medical Economics*, August 1997; p 58-66
- Crum, Larry D. "Do Patients Need A User's Manual For Your Practice" *Today's Internist*, January/February 1998
- Dahl, Owen J. "10 Quick Steps To A More Efficient Practice" *Physician's Management*, July 1996; p 30-42
- Zucker, Diane. "Surprisingly Simple Ideas To Improve Your Practice" *Physician's Management*, December 1996; p 29-36
- Finger, Anne L. "Don't Leave a Single Patient On Hold" *Medical Economics*, December 1996; p 98-109
- Carlson, Robert P. "How The Telephone Can Transform Your Practice" *Family Practice Management*, October 1996; p 56-64
- "Need Relief From Patient Calls? Try These Triage Tips..." *IM Advantage*, July 1997
- "Streamlining the Patient Refill Process" *IM Advantage*, May 1997
- "Check Out Separate Check-In, Check-Out Areas" *IM Advantage*, May 1997

Convenience Tips

The following tips apply to survey questions 5, 8, 13

Survey Question 5: The convenience of office hours

Possible Causes for a Low Rating

- s The practice's office hours do not offer alternatives to patients who cannot schedule appointments during their regular workday.
- s Early morning, late evening and weekend appointments are booked too far into the future to satisfy patients.
- s The office closes for midday break, so patients can neither be seen nor call during their own lunch hours.

Introduction

A low score should suggest looking at the days and hours your practice is open. Check to see if there are appointment times available to address the needs of those patients who require appointments that do not conflict with their own work schedules.

Considerations for Corrective Action

- s **Analyze your schedule.**
A simple assessment of which appointment times fill up the fastest and which slots are the slowest may help you decide whether to alter your office hours or increase/decrease the number of physicians available during a given time period. Also, ask patients to provide feedback on the convenience of your practice's office hours. Find out if the current hours are meeting their needs, and if not, what hours they would suggest.
- s **Make sure your schedule includes enough "hands on" patient hours.**
It is important to make sure you spend enough time with patients per week and see enough patients per day to accommodate your patients' needs and cover all expenses. Consultants advise that a primary care physician normally needs to spend 30+ hours per week actually seeing patients in the office and handle a

patient load of 100 patients per week. Of course these numbers depend on the size of patient base and other practice- specific factors.

s **Prioritize the use of available appointment times.**

Unfortunately, sending staff home during slow periods of the day and asking them to return during busy periods usually has a negative impact on staff retention. Therefore, you need to spread the workload evenly over the day by reserving slots during the busiest periods for those patients who need them most. For example, it may be possible to schedule your non-working senior citizens into slower time periods in order to save more high-demand time slots for patients who have conflicting work schedules.

s **Stay open during the lunch hour.**

If you are in a group practice, have at least one physician available to see working patients who wish/need to be seen during their own lunch hours. If you are in solo practice, try to vary or adjust your own lunch hour so that it does not always coincide with your patients' lunch hour. Also keep telephone lines open during lunch hours so patients can call in for appointments, lab results, etc. Keep in mind most employers require employees to make personal calls on their own time; the lunch hour is the most convenient time for them to do so.

s **Consider staggering office hours in order to include some late evening and/or early morning appointment times and weekend hours.**

Extending hours can be an important marketing tool in serving working patients and others who find seeing the doctor during regular business hours inconvenient. When adding providers, a growing practice can sometimes delay or forego investing in additional office space by instead extending hours in existing space. The availability of late hours can also reduce expensive ER visits in managed care environments.

Be sure to keep your patients advised of any change in hours or days of operation, especially if you provide any services (injections, BP checks, blood and specimen collection, etc.) on a walk-in basis. Prominently display the days and hours of operation of your practice and keep signs and information sheets up to date.

s **Staffing considerations.**

Altering office hours is no small undertaking, and it takes a lot of coordination and cooperation between you and your staff. Staff must be given lots of advance notice if their work schedules are to be altered. You may lose some office staff if they prefer and are accustomed to working set schedules. Consider mitigating the problem by hiring some part-time staff for off-hours, so most full-time staff can remain on regular schedules. Staff must be made aware that flexible office hours may be a requirement to remain successful in today's medical marketplace. Hire new staff with this clearly understood. Patient demand will drive the need for change.

Survey Question 8: The length of time, if any, I had to wait past my appointment time

Possible Causes for a Low Rating

- s Late arrival by patients.
- s Patients not arriving early enough to complete paperwork before appointment times.
- s Patients scheduled too closely together.
- s Staff or physicians running behind schedule.
- s Late arrival by staff or physicians.

Introduction

Excessive waiting times are a major complaint among patients even though they sometimes are part of the overall problem. There can be many contributing factors. Some of the most common causes are listed below.

Considerations for Corrective Action

s **Address potential problems created by the way patients utilize services.**

One problem is that some patients arrive very late for their appointments. Physicians and staff should make patients aware of their responsibility to show up for appointments at the designated times. Once a schedule starts to back up, it is difficult to get back on time; therefore managing the patient flow effectively is essential. The first step is to establish and communicate to your patients your policies regarding late arrivals and cancellations as well as the requirement that they show up early to fill out paperwork (you may want to allow more time for the elderly and others who may need extra time to fill out forms). Every effort must be made to get patients into the practice on time and to process them efficiently. It is difficult to say “no” to patients when they show up late for appointments, but at some point you owe it to your other patients. Exercising good judgment is critical to keeping all your patients satisfied.

s **Develop teamwork and create an efficient method of processing patients.**

Require staff and physicians to arrive on time and be ready to start work before the patient schedule begins. Starting late guarantees that you will run behind and perhaps get further behind as the day progresses.

s **Catch up before the session ends.**

If you do fall behind, try to catch up before the morning session is over. Keep in mind appointments are scheduled for a certain length of time based on patients’ descriptions of their medical problem(s). Additional problems, tests or procedures which emerge during the visit may need to be scheduled for a future appointment.

s **Schedule patients according to the nature of the complaint and the time required by a physician to perform that treatment.**

Scheduling patients too closely together will only lead to patient complaints and dissatisfaction. Staff and physicians need to be on the same page when it comes to defining the amount of time required for the various levels of care. If you are spending too much time with patients, look at the reasons why you require extra time and perhaps seek guidance on techniques for becoming more efficient.

s **Employ efficient scheduling techniques to eliminate gaps between patients and to help expedite processing.**

Wave scheduling, grouping like cases together and other techniques can help you stay closer to schedule and catch up when you are behind.

s **Inform patients about abnormal waiting times.**

As soon as possible, have staff inform patients of any unusually long waiting time. Offer them options to re-schedule their appointments or be seen by another provider, including a PA or NP, if available. Make an effort to extend extra courtesy during these stressful times. Routine and careful monitoring of the waiting room is a good idea. If excessive waiting times are a routine problem, you may want to obtain outside management assistance to help identify and resolve the problem.

Survey Question 13: The length of time I had to wait in the examination room before I saw the doctor

Possible Causes for a Low Rating

- s Physician is running behind schedule.
- s Lack of communication from staff regarding the reason the physician is delayed.
- s Nothing to occupy patients while waiting (reading materials, videos, etc.).
- s Using exam rooms to reduce congestion in waiting room.
- s Exam room environment not conducive to waiting (too hot/cold, dark, dirty, etc.).
- s Patients left waiting for long period in state of undress or partially clothed.
- s Staff or physician lacks warmth once they encounter patients.

Introduction

Long waits in an examining room can produce considerable anxiety and irritation for your patients. Every minute a patient waits can seem like an eternity. The fact that a patient may be ill, nervous, or both, only makes waiting more stressful.

Considerations for Corrective Action

s **Make sure your schedule normally runs on time**

Patients will understand and accept occasional brief delays due to unexpected events. But there is no reason for them to tolerate routine waits in excess of 10 minutes in exam rooms. If this is the case, a thorough review of your scheduling system, physician efficiency and staffing is necessary. Trying to placate patients to cover up operational deficiencies is a losing battle.

s **Frequently update patients while they are waiting in the exam room.**

Remember, a brief encounter with a nurse or medical assistant is the last contact a waiting patient has with the outside world. The last words they normally hear are something like “get undressed, put on this gown, and the doctor will be with you shortly.” To alleviate anxiety and concern, staff should keep patients apprised of the availability of their doctor, and how soon they will be seen. Staff should also use this time to perform preliminary work-up activities such as blood pressure, temperature and vision checks as well as update patients’ medical information on medications, allergies, etc.

s **Make sure the examination room is climactically comfortable and equipped with current reading material to help pass the time.**

Some waits are inevitable, but they pass faster if patients are comfortable and have something to occupy their attention.

s **Hold waiting patients in the most comfortable environment available.**

If a physician is not going to be available to see the next patient for some time, it is not wise to move the patient from the waiting room to the less comfortable, often stark, environment of an examination room. Although it may give the impression of keeping the patient flow moving, most patients would prefer to wait in the comfort of the waiting room. An exception would be if the patient is very ill and needs to lay down.

s **Give your patients a warm greeting and a brief explanation of the reason for the delay before you examine them.**

Doing so can work wonders with patients, but too often this is not the kind of greeting a patient receives from a harried physician after a long, anxious wait. Even though the demands on physicians are great, the extra effort to explain and comfort patients will go a long way toward relieving the tension built up during the delay.

Suggested Reading and Resources

ACP Center for Practice Improvement and Innovation's "Designing The Patient Schedule"

Preston, Susan Harrington. "The Best Way To Improve Your Staff's Efficiency" *Medical Economics*, August 1997; p 58-66

Chesanow, Neil. "Can't Stay On Schedule? Here's A Solution" *Medical Economics*, November 1996; p 174-191

Majzun, Rick. "The Role of Teamwork in Improving Patient Satisfaction" *Group Practice Journal*, April 1998; p 12-16

Dahl, Owen J. "10 Quick Steps To A More Efficient Practice" *Physician's Management*, July 1996; p 32-42

Crum, Larry D. "Do Patients Need A User's Manual For Your Practice" *Today's Internist*, January/February 1998

"What Are You Waiting For? Only You Can End Patient Delays" *Patient Satisfaction and Outcomes Management*, November 1997

"After Five: Are Extended Hours Worth It?" *CBM On Call-Advantage for Health Care Providers*, First Quarter 1998

Crosby, James. "Nine Ways To Conduct More Efficient Office Visits" *Family Practice Management*, May 1997; p 83-90

Staff's Interpersonal/Administrative Skills Tips

The following tips apply to survey questions 6, 7, 9, 30, 31, 32

Survey Question 6: The staff's courtesy

Survey Question 7: The staff's promptness and efficiency

Survey Question 9: The staff's effort to explain the reason for any delay

Survey Question 30: The staff's help with scheduling any follow-up visits, referrals or tests

Survey Question 31: The staff's explanation of billing and payment/insurance issues

Survey Question 32: The staff's respect for my privacy

Possible Causes for a Low Rating

- s Patient perceptions that staff member(s) were rude, inattentive or evasive.
- s Patient perceptions that the staff did not act in a timely or efficient manner during the course of a visit.
- s Patients were given insufficient or unacceptable explanations for any delays experienced during visits.

- s Staff's competence, or amount of time taken in scheduling follow-up services and/or giving instructions was not acceptable to patients.
- s Patients did not understand (or did not agree) with the explanation given regarding billing and payment/insurance issues.
- s Patients believe there were breeches of privacy during visits.

Introduction

Although many of these issues reflect patients' subjective perceptions, treat them as reality. It is virtually impossible to keep all patients happy at all times, but you must convey to staff the critical importance of developing and refining their interpersonal skills when dealing with the most important part of your practice: your patients. Physicians, managers, owners and supervisors must set the tone for how staff are expected to interact with patients; keep in mind, staff usually follow your lead.

Considerations for Corrective Action

- s **Begin with the interviewing and hiring process.**

Managers of the practice should identify the work experience, requirements and personality types needed for the practice. The hiring process is the perfect time to inform all new employees about your expectations when it comes to patient-staff interaction. Let everyone know your patients are the number one priority.

- s **Do not discount patient complaints.**

Always respond to complaints by letting patients know you will look into the matter and take any corrective action needed. Staff working in a busy, stressful environment may not always interact in a manner that is acceptable to your patients. At the same time, patients may interpret a hectic atmosphere as signs of rudeness, inattention or evasive behavior. It is the responsibility of each physician and staff member to make a patient's visit a positive experience by displaying a caring attitude, and providing services in a timely and efficient manner. Make patients feel comfortable in expressing their concerns and complaints, because an open environment will often prevent them from displaying dissatisfaction by simply leaving the practice. Routine meetings between staff and physicians can help identify and resolve many of the complaints. Give everyone the opportunity to participate in solving the problems.

- s **Carefully assess staffing, operational systems and communications.**

Having sufficient physicians and staff available to handle the volume of patients served will reduce staff stress and lead to better interaction between staff and patients. Well defined roles for staff and good office systems help make things run smoothly and reduce the potential for patient complaints. Having a good appointment scheduling and patient referral system in place is essential to efficient operations and patient processing in today's medical practice. Educating patients through newsletters or handouts will also reduce misunderstandings. Good communication can solve a multitude of problems.

- s **Write detailed policies and procedures on office processes.**

It is hard for a practice to run smoothly unless office processes are planned, explained and understood. If your office systems are not well developed, you may need a consultant's help to set them up on a sound basis. Staff cannot project an image of competence and helpfulness if the administrative system within which they operate is inefficient or chaotic.

- s **Billing, insurance and collections issues can be a source of dissatisfaction for your patients for many reasons.**

When it comes to finances, it is important to let your patients know your office policies as early as possible. Uniformity and consistency in applying policies should be your ultimate objective. You will never please all of your patients, but you can manage the business side of the practice by displaying strong ethics and

professionalism. Many patients do not understand their insurance coverage and what is expected from them. Help them understand or direct them to resources that can provide them with answers to their questions. Develop a fact sheet to hand out to your patients. Make sure that your staff thoroughly understand the policies as well, so they can handle any questions posed to them by the patients. If there are changes in policy or administration, let staff and patients know as soon as possible.

s **Protect patient privacy at all times.**

Everyone in the practice must be sensitive to protecting the privacy of all patients. There are many interpretations of patient privacy, and a perceived breach can come from many sources. Train all personnel to be careful in the handling of documents, in avoiding discussions of patients in public areas, and in utilizing treatment and exam room areas, etc. Periodic reminders to staff and physicians regarding precautions to take to insure patient privacy should be implemented.

s **Teach non-verbal skills.**

Impressions can create a quicker, more lasting impact than words. Shoulders back, engaging smile, good eye contact, warm greeting, confident, calm demeanor, friendly assured tone of voice: these signals convey the message that staff know exactly what they are doing, care about the patient, and will therefore take the time required to deal with the patient's problem.

s **Provide all staff with interpersonal and communications skills training.**

Outside customer service and communications courses and seminars are normally inexpensive and available in many communities. Include one on how to deal with difficult people.

Suggested Reading and Resources

Presto, Susan Harrington. "The Best Way To Improve Your Staff's Efficiency" *Medical Economics*, August 1997; p 58-66

Zucker, Diane. "Surprisingly Simple Ideas To Improve Your Practice" *Physician's Management*, December 1996; p 29-36

Dunevitz, Brad. "Enhancing Practice Performance Aligns Operations, Avoids Burnouts" *Medical Group Management Association*

Chesanow, Neil. "Little Things That Go Over Big With Patients" *Medical Economics*, April 1997; p 55-59

"Humor Is Important" *Physician's Management*, January 1997; p 56

"6 Steps to Effective Reference Checking" *The Physician's Advisory*, November 1997; p 6

"We Advocate Naming A Patient Advocate To Staff" *The Physician's Advisory*, January 1998; p 8

"Employees Key, Especially In Managed Care Era" *Physician's Practice Management*, January 1997

"Teamwork And Training Boost Customer Service" *Patient Satisfaction and Outcomes Management*, March 1997

Dahl, Owen J. "10 Quick Steps To A More Efficient Practice" *Physician's Management*, July 1996; p 32-42

Staff's Clinical Skills Tips

The following tips apply to survey questions
10, 11, 12

Survey Question 10: The nurse/medical assistant's skill when taking my blood sample, blood pressure, weight, temperature, etc.

Survey Question 11: The clarity and thoroughness of the nurse/medical assistant's instructions

Survey Question 12: The nurse/medical assistant's care

Possible Causes for a Low Rating

- s The nurse or medical assistant was rushed or left that impression.
- s The nurse or medical assistant may not have clearly explained what they were going to do and why it was being done.
- s The nurse or medical assistant may have failed to answer all of the patients' questions, or simply did not invite patients to ask questions.
- s The nurse or medical assistant may have displayed a lack of confidence in providing services to the patients.

Introduction

Low ratings in this category can reflect perceptions more than reality, since it is difficult for patients to accurately assess the nurses' and medical assistants' clinical skills. However, these perceptions of deficiency in services must be addressed and corrected.

Considerations for Corrective Action

- s **Make sure you hire staff with requisite clinical skills, and train them thoroughly.**

When hiring clinical staff, first take time to determine precisely the skills needed to provide services to your patients. It is always better to require too many rather than too few clinical skills. If there are licensing or certification requirements, make sure a prospective employee has met all of them and has updated credentials. Utilize careful interviewing techniques to assure a prospective employee also has the necessary training and experience to meet the needs of your practice. If possible, obtain references from someone who has actually supervised the clinical work of the prospective employee and have the prospective employee display their clinical skills through practice sessions with current staff. After hiring a clinical staff member, train them thoroughly in your practice's policies and procedures, give them plenty of opportunity to ask questions, and carefully observe them in the early days of their employment

- s **Require staff to explain their actions.**

It is important for nurses and medical assistants to explain to patients what they are doing and why there is a need for it to be done. Most of the steps in taking vital signs require little explanation, but often patients may want to know, for example, why blood is being drawn. (Patients may also have had bad experiences in the past, or a phobia about needles). Therefore, nurses or medical assistants should be sensitive to the patient's concerns and respond accordingly. Set ground rules for how many attempts will be made to draw blood samples. Clinical staff need to keep patients informed and encourage them to ask questions.

- s **Make sure staff are sufficiently confident in their skills to reassure patients. Teach them.**

It is important for nurses and medical assistants to show confidence in their ability to provide services and care to patients. The more confident your staff appear, the more assured patients will be that they are receiving the quality care they expect. Create an environment where staff are encouraged to ask for assistance or training if they are unsure about how to perform a procedure. Refrain from criticism and use the

opportunity to teach employees the exact technique you would like them to use. Physicians should also take the initiative in teaching clinical skills to staff as a regular part of the workday.

s **Make sure you have adequate clinical staff.**

Saving overhead is important, but cutting back too much on nurses and medical assistants can be penny wise and pound-foolish. If clinical staff are short-handed and rushed in processing patients, both you and your patients will suffer. Patients will be unhappy, and your own workload will increase. Even a very efficiently organized general internist practice usually requires one nurse/medical assistant per physician/provider.

s **Exercise caution when using temporary agencies to provide short or longer term nursing services.**

Arrange to meet—or have your office manager—meet with temporary agencies before you actually need them, so you can assess the agency’s managers and the quality of services they provide. Check their references. Find out how they recruit and the screening process they utilize for hiring temps. No matter how many times you use an agency, take time to review the qualifications of each person who is going to be working in your practice. Do not compound your problems by keeping a temp who is not meeting your expectations. Remember, the quality of “temp services” is not necessarily linked to price.

s **Finally, make continuing education and other training programs available to your staff.**

In addition to continuing education programs, staff may need more specific training. Establish a procedure by which staff can request specific training. Offer interpersonal and communication skills training to assure that staff members properly project to your patients the clinical skills they possess and treat patients with the care and concern they deserve. Careful observation of staff interaction with patients is part of the physician’s overall responsibility for patient care. Ensure your practice is staffed by competent, confident and compassionate nurses and medical assistants. Staff training is a cost-effective investment in your practice.

Suggested Reading and Resources

Zucker, Diane. “Surprisingly Simple Ideas To Improve Your Practice” *Physician’s Management*, December 1996; p 29-36

Majzun, Rick. “The Role of Teamwork in Improving Patient Satisfaction” *Group Practice Journal*, April 1998; p 12-16

Crosby, James. “Nine Ways To Conduct More Efficient Office Visits” *Family Practice Management*, May 1997; p 83-90

Carlson, Robert P. “How The Telephone Can Transform Your Practice” *Family Practice Management*, October 1996; p 56-64

“6 Steps to Effective Reference Checking” *The Physician’s Advisory*, November 1997; p 6

Physician’s Clinical Skills Tips

The following tips apply to survey questions 15 through 18

Survey Question 15: The doctor’s understanding of the reason for my visit

Survey Question 16: The doctor’s interest in my overall health

Survey Question 17: The doctor’s skill in examining me

Survey Question 18: The doctor’s thoroughness in examining me

Possible Causes for a Low Rating

- s Patients felt that some of their medical concerns were not addressed during the examination.
- s Patients expected more information or treatment than was provided.
- s Patients perceived something lacking in the physician's examination skills.

Introduction

A low rating in this category should prompt physicians to take an introspective view of how they approach and perform clinical assessments of their patients. Although a physician's routine for managing a patient encounter is honed and perfected over the course of time, there are some specific actions which you may want to consider adopting.

Considerations for Corrective Action

- s **Ask each patient the reason for coming.**

Ask each patient what specific medical problem(s) exist at the time of the visit. Listen carefully and let patients know which conditions you will be able to address during the course of the specific visit. If there are too many issues to deal with during the course of one appointment, tell your patients how you plan to manage their other medical concerns. Give patients plenty of opportunity to ask questions and be sure they truly understand your answers to their questions. It may be helpful to repeat what a patient has told you in order to clarify your understanding of the problem.

- s **Organize the whole visit process efficiently to permit thoroughness and enough time to address patient concerns.**

There is a growing conflict between pressures on physicians to increase patient volumes and patient expectations regarding the services that should be rendered during a given appointment. Successful management of this conflict requires you and your staff to develop a coordinated effort. It begins with the scheduling of patient appointments. Staff must clearly identify the range of problems to be addressed during the course of a visit and then schedule enough time for you to evaluate and treat those problems. Listing problems separately or numbering them on patients' charts can be very helpful. You can use written checklists in examining patients to reinforce your own mental checklist. Of course, it is always important to have patients' records in hand, along with any available test results. Teamwork and an efficient patient flow system are required to meet patient expectations.

- s **Reassure patients that he/she is in very competent hands.**

Although a physician's clinical skills are acquired through sophisticated training and experience over the course of time, patients tend to evaluate those skills based on their own expectations and limited understanding. This is especially true for the elderly and children, who can recognize and appreciate gentleness and attitude much more readily than hard clinical skills. Examination skills are judged based on a combination of the physician's technical competence, attitude and interaction with patients. The thoroughness of an examination, and the clarity of instructions and explanations can heavily influence a patient's perceptions of your clinical skills. Through your approach and actions you can assure your patients that you are confident in your ability to provide the necessary treatment. It is important to be prepared, display confidence, provide re-assurance and develop a gentle and caring demeanor.

- s **Establish an internal quality improvement mechanism.**

Conduct periodic observations of physician-patient encounters as part of your practice's educational and quality assurance efforts. Physicians in a group practice with special clinical skills should be utilized to train and educate other interested physicians or physician extenders. There are outside companies that provide such assistance should that be required.

- s **Carefully evaluate your interpersonal and communication skills.**

Because patients are prone to judge clinical skills based on their personal interactions with a physician, your patient satisfaction check up ratings for interpersonal skills may also prove helpful in explaining a low clinical skills rating. Check your scores on those questions. If they are low, review the corrective actions suggested for those topics as well.

Suggested Reading and Resources

Eddy, David N. "What Defines A Good Doctor Is About To Change" *Medical Economics*, April 1997; p 55-59

Crane, Mark. "How Good Doctors Can Avoid Bad Errors" *Medical Economics*, April 1997; p 36-43

Carlson, Robert P. "How The Telephone Can Transform Your Practice" *Family Practice Management*, October 1996; p 56-64

Elliott, Patricia L. "How I Get Patients To Follow My Instructions" *Medical Economics*, July 1996; p 195-198

Preston, Susan Harrington. "You Can Be An Eight Minute Marcus Welby" *Medical Economics*, October 1997; p 69-72

Vander Veer Jr, Joseph B. "Pleasing Patients: Its The Little Things That Count" *Medical Economics*, June 1996; p 177-180

Majzun, Rick. "The Role of Teamwork in Improving Patient Satisfaction" *Group Practice Journal*, April 1998; p 12-16

Crosby, James. "Nine Ways To Conduct More Efficient Office Visits" *Family Practice Management*, May 1997; p 83-90

Aspen Publications. Improving Patient Satisfaction Now Copyright 1997

A Physicians' Guide to Physician-Patient Communication: The Miles Council for Physician-Patient Communication

Pharmacia & Upjohn. "Take Time to Talk: Physician-Patient Barriers to Communication"
For free copy of report, contact Manning, Selvage & Lee, Attn. Holly Shaw 404-875-1444, ext. 236

Difficult Clinician-Patient Relationships and other workshops: Bayer Institute for Health Care Communication
800-800-5907

Physician's Interpersonal Skills Tips

The following tips apply to survey questions 14, 19 through 29

Survey Question 14: The doctor's effort to make me feel at ease

Survey Question 19: The doctor's explanation of each step of the examination

Survey Question 20: The doctor's explanation of my diagnosis

Survey Question 21: The doctor's encouragement for me to ask questions

Survey Question 22: The doctor's responses to my questions

Survey Question 23: The clarity and thoroughness of the doctor's discussion with me about treatment options

Survey Question 24: The doctor's explanation of why I needed any tests

Survey Question 25: The doctor's explanation of when and how I would hear about any test results

Survey Question 26: The doctor's instructions (oral/written) about any prescription drugs

Survey Question 27: The doctor's reassurance about my diagnosis and treatment

Survey Question 28: The doctor's encouragement to call if I had any problems or questions

Survey Question 29: The length of time the doctor spent with me

Possible Causes for a Low Rating

- s Physician did not make patients feel welcome or comfortable.
- s Physician did not give clear and thorough explanations and directions during the visit.
- s Physician did not encourage patients to ask questions or to participate in the development of the patients' treatment plans.
- s Patients did not feel that the doctor spent sufficient time evaluating and discussing their medical problem(s).

Introduction

Although this category includes several questions, there are four basic issues that are addressed by this section of the questionnaire. They are: making patients feel welcome; communication, including explanations, directions and answering questions; involving patients in treatment choices; and the amount of time the physician spends with patients.

Considerations for Corrective Action

- s **Make a concerted effort to make each and every patient feel at ease and welcome in your practice.**

A physician's ability to make patients feel welcome and comfortable is the key to maintaining and continuing the growth of a practice. Certainly, clinical skills and technical ability play a major part, but a physician's personality and demeanor have a tremendous impact. Patients want to believe their doctor sincerely desires to take care of them and is concerned about what matters to them. Furthermore, effective physician-patient interaction can positively influence treatment compliance, patient cooperation and, most importantly, patient outcomes. Although it may be obvious to you that you are concerned with your patients' care, it may not be obvious to them. Making a concerted effort to extend a warm welcome and show your concern, even on your busiest day, can make a world of difference.

- s **Give patients clear directions and thorough explanations throughout the course of the visit.**

Every physician must develop his/her own style and method of ensuring that patients receive clear and thorough information related to their medical problems. Whether verbal or written, all communications must be understandable to patients. Providing handouts is helpful, but remember, they are only effective to the extent that patients can and will read and understand them. There is no substitute for an oral exchange between patient and physician.

- s **Encourage your patients to ask questions and participate in the development of their treatment plan.**

Including your patients in the development of their treatment plans and taking time to answer their questions will help gain greater patient cooperation and compliance. When appropriate, give them treatment options to consider. Patients sometimes do not feel comfortable asking questions; therefore, it is important to listen carefully to what is being said and be mindful of any underlying messages. Do not treat any patient question in a dismissive fashion—doing so cuts off all future questions. During the course of the visit try to address all of the patient’s medical concerns that are directly related to the purpose of that particular visit (if necessary, schedule another visit to address other problems). Make sure patients have a thorough understanding of their treatment plan and get all of their questions answered before departing. Finally, let patients know how they can get information or questions answered once they leave your office. This is especially important since patients do not always process all the information they receive at the time of their visit.

s **Devote enough time to meet the needs of each patient.**

This is much easier said than done, especially in the managed care atmosphere where patients want access to their physicians at all times. Spending enough time with patients is a problem for every physician today due to growing time pressures. Meeting this expectation requires excellent time management on the part of the physician, tremendous support from office staff, and some luck. However, physicians do have control over some of the variables that affect their ability to meet this expectation. Strive to do the following:

- Arrive and start on time.
- Schedule the length and sequence of appointments based on the conditions of the patients.
- Develop a work routine that allows you to stay on schedule.
- Develop an efficient system for processing patients with your support staff.
- Write a well-defined policy on how your practice will manage patients who arrive late for their appointments. Post it in a highly visible location, and make sure your patients understand it.
- During the first few minutes of each visit, focus intently on arriving at a diagnosis, thus freeing up the remainder of the visit for explanations, education, questions etc. If you must defer some issues until another visit, let the patient know why and discuss how and when they will be handled.
- Learn to ask and answer questions and provide directions while simultaneously examining patients.
- Give patients options for getting answers to their questions or concerns. Many patient questions can be answered by other staff members at non-peak hours, but patients need to be informed of whom to contact.

The perceived amount of time a physician spends with a patient is a major factor in patient evaluations of care and services rendered. A patient’s perception of lapsed time is greatly influenced by the physician’s manner and apparent thoroughness. By efficiently managing a visit, and displaying a confident, friendly manner, the physician can normally satisfy a patient’s need for thoroughness without devoting excessive time to a visit.

s **Use good non-verbal skills**

Patients’ perceptions of warmth, openness and even the amount of time spent with a physician, are directly influenced by how the physician “presents.” Shoulders back, big smile, eye contact, warm handshake and greeting, calm demeanor, assured tone of voice, hand off the door knob—these things convey the message that you care a lot about your patients, that you understand exactly their needs and will therefore take the time to satisfy those needs. Note that none of them increases actual visit length, but they all increase patients’ perceptions of “quality” time.

s **Consider attending physician-patient communication training sessions.**

There are well-developed techniques for improving interpersonal communication skills. Many industries offer such training, and medicine is beginning to do the same. Look for training programs specifically designed for physicians and other medical providers.

Suggested Reading and Resources

Zucker, Diane. "Surprisingly Simple Ideas To Improve Your Practice" *Physician's Management*, December 1996; p 29-36

Elliott, Patricia L. "How I Get Patients To Follow My Instructions" *Medical Economics*, July 1996; p 195-198

Chesanow, Neil. "Can't Stay On Schedule? Here's A Solution" *Medical Economics*, November 1996; p 174-191

Majzun, Rick. "The Role of Teamwork in Improving Patient Satisfaction" *Group Practice Journal*, April 1998; p 12-16

Aspen Publications. Improving Patient Satisfaction Now Copyright 1997

Anderson, Eric G. "How To Rebuild The Doctor-Patient Relationship" *Physician's Management*, October 1997; p 64-67

Chesanow, Neil. "Little Things That Go Over Big With Patients" *Medical Economics*, April 1997; p 55-59

Vander Veer Jr, Joseph B. "Pleasing Patients: Its The Little Things That Count" *Medical Economics*, June 1996; p 177-180

Crosby, James. "Nine Ways To Conduct More Efficient Office Visits" *Family Practice Management*, May 1997; p 83-90

Lipkin Jr, Mack et al. "Conducting an Efficient Patient Interview" *Today's Internist*, March/April 1998

A Physicians' Guide to Physician-Patient Communication: The Miles Council for Physician-Patient Communication

Difficult Clinician-Patient Relationships and other workshops: Bayer Institute for Health Care Communication 800-800-5907

General Patient Perception Tips

The following tips apply to survey questions 33, 34, 35

Survey Question 33: The doctor's ability to meet my needs

Survey Question 34: My overall satisfaction with the quality of care I received during this visit

Survey Question 35: My willingness to recommend this physician and practice to a close personal friend or family member

Possible Causes for a Low Rating

- s A breakdown in communication between doctor and patients.
- s Doctor failed to address all of the patients' medical problems for the visit.
- s The overall quality of care during the visit did not meet the patients' expectations.
- s Physician and/or staff failed to meet patients' expectations during their visits.
- s Factors not specific to the visit or to questions surveyed in the questionnaire.

Introduction

A low score in the overall performance of the practice is particularly serious. Presumably, it should coincide with low scores on other more specific survey questions. If this is not the case, keep in mind that the survey assesses a particular visit, and there could be other patient contacts or other aspects of the practice not assessed by the survey.

Considerations for Corrective Action

- s **Review the other categories of the patient satisfaction survey report.**

Look for specific individual issues that may have contributed to the low general rating and address each one individually.

- s **Check out other possible explanations.**

If this was the only category that was rated low, look for outside causes that may not have been identified through the use of this patient satisfaction survey. For example, examine the facility itself or aspects of the practice (e.g. billing process) with which patients have contact outside the context of the particular visit surveyed.

- s **Contact a sample group of patients seen in this time period.**

Telephone patients directly or call them together for a focus group. Ask them open-ended questions regarding any dissatisfaction they may have experienced with the practice and/or the care provided. Many marketing consultants offer the service of conducting objective focus groups.

Suggested Reading and Resources

Zucker, Diane. "Surprisingly Simple Ideas To Improve Your Practice" *Physician's Management*, December 1996; p 29-36

Dunevitz, Brad. "Enhancing Practice Performance Aligns Operations, Avoids Burnouts" *Medical Group Management Association*

Majzun, Rick. "The Role of Teamwork in Improving Patient Satisfaction" *Group Practice Journal*, April 1998; p 12-16

Dahl, Owen J. "10 Quick Steps To A More Efficient Practice" *Physician's Management*, July 1996; p 32-42

Anderson, Eric G. "How To Rebuild The Doctor-Patient Relationship" *Physician's Management*, October 1997; p 64-67

Chesanow, Neil. "Little Things That Go Over Big With Patients" *Medical Economics*, April 1997; p 55-59

Carlson, Robert P. "How The Telephone Can Transform Your Practice" *Family Practice Management*, October 1996; p 56-64

Chesanow, Neil. "Making Doctor's Lives Easier - And Patients Happier" *Medical Economics*, August 1997; p 118-131

Yerkes, Leslie A. "How To Attract And Keep Good Patients" *Physician's Management*, March 1997; p 45-48

Crum, Larry D. "Do Patients Need A User's Manual For Your Practice" *Today's Internist*, January/February 1998

Nelson, Ann-Marie. “Standards Make the Difference in Patient Care and Service Quality” *Group Practice Journal*, November/December 1997

IMCARE “Ideal Patient Visit” Appendix C - Anatomy Of Patient Satisfaction—A Primer

Improving Patient Satisfaction Now, An Aspen Publications book, Copyright 1997

Patient Satisfaction & Outcomes Management

A newsletter co-published by the Medical Group Management Association and American Health Consultants. For subscription 800-688-2421