

Patient Satisfaction



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Disclosures



- **None**

The Benefits of Patient Satisfaction are real... for everyone



Patients will be more compliant
Psychosom Med 1995;57[3]:234

Fewer malpractice suits

The Quality Connection in Healthcare:
Integrating Patient Satisfaction and Risk
Management. San Francisco: Jossey-Bass; 1991

Happier doctors and nurses
JAMA 1999;282[13]:1281.

So why are we struggling?



- A manager asked, “Why is ‘patient satisfaction’ a dirty word to doctors and nurses?”
- Why don’t doctors and nurses embrace the concept of patient satisfaction?

Unspoken Messages



- **Who ‘owns’ patient satisfaction?**
 - Who has authority over solicitation, analysis, and management?
 - Is it externally imposed?
- **What do we want to achieve?**
 - Are we nagging or are we leading?
 - Doctors/nurses will rebel against subservience and passivity
- **What does it take to get to the next level?**

Rebels with a Cause: We must avoid this fight



- **Emergency Departments are crowded**
- **Staffing is frequently inadequate for the patient volume**
- **Admitted patients are being held in the ED**
- **Physical space is tight, with patients in hallways**
- **Doctors and nurses therefore say that managers should fix the ED operations first.**

How to we resolve the conflict?



- **External vs Internal Motivation**
 - Who is leading?
- **Elevate the conversation**
 - Great caregivers deserve to be recognized
- **Create a culture that aspires to greatness, despite the challenges**
 - Doctors and Nurses want to do the right thing for patients.
 - Let's agree on what the right things are.

Main Message



**Control Things
Lead People**

Can your staff accept this challenge?



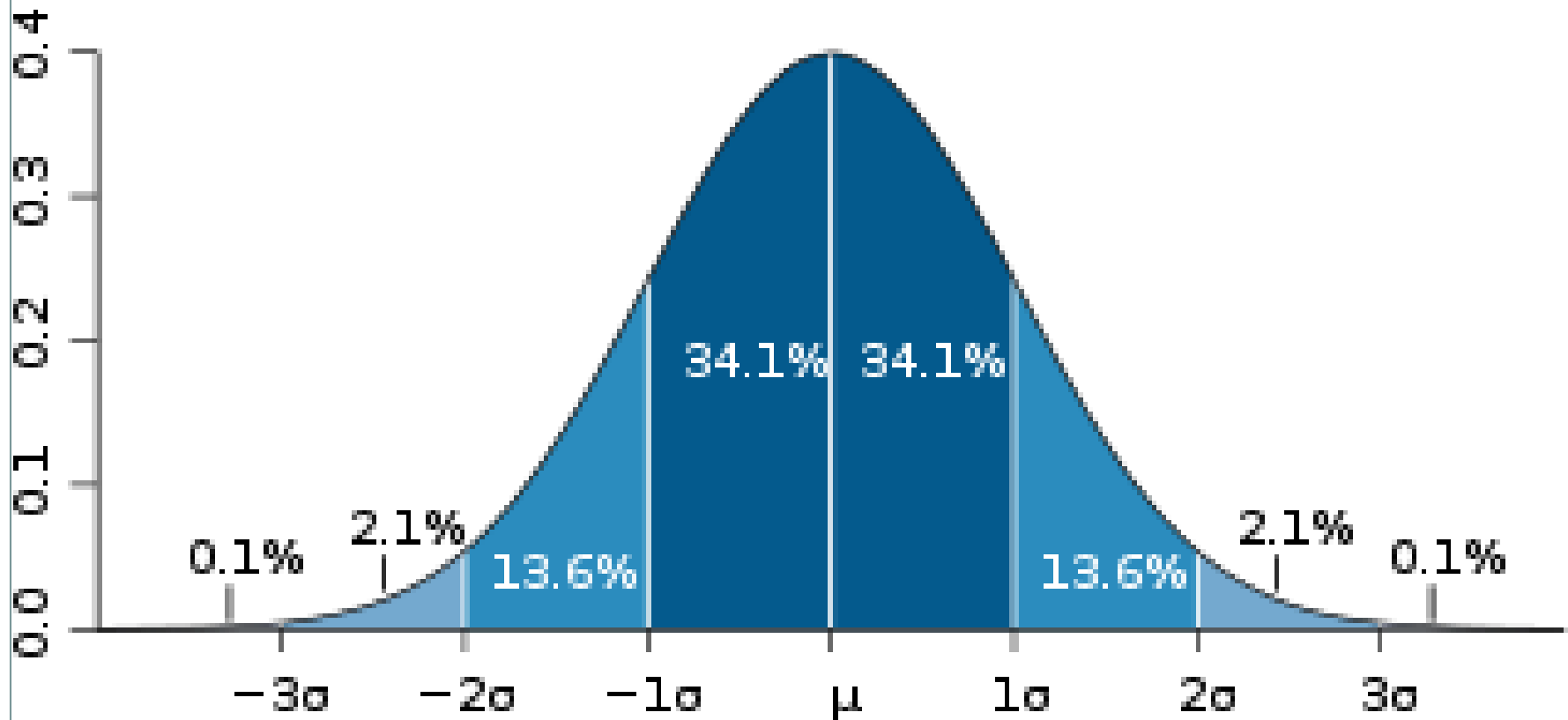
- **Are your people too tired? Burnt out? Suffering from caregiver fatigue?**
 - Get them rest or move them out.
 - You are doing nobody a favor by failing to address demoralized, high conflict, negative people

How much time do we spend...

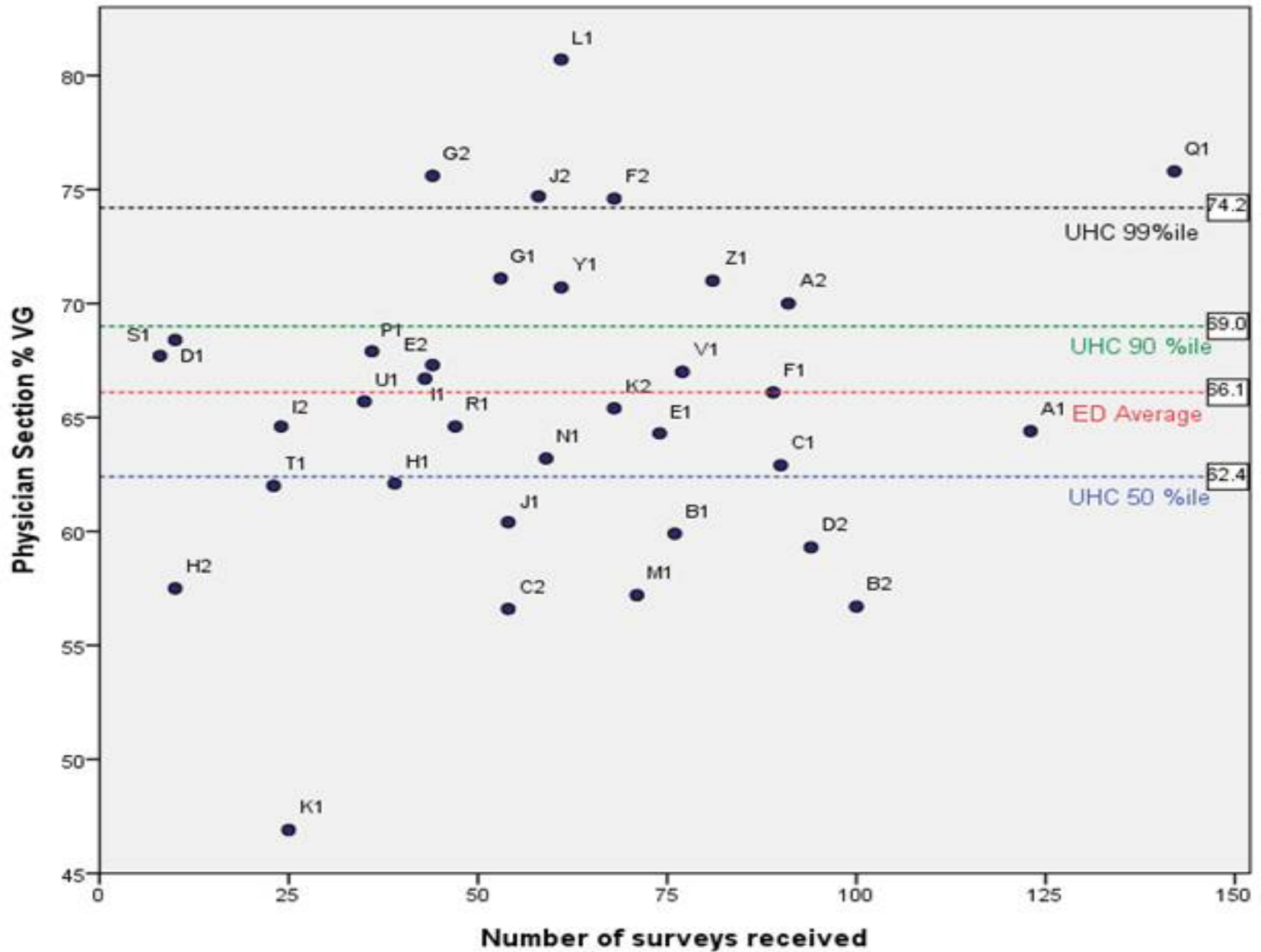


- **Reinforcing the work of good people...**
 - That align with the vision of the organization
- **Recognizing specific positive behaviors...**
 - That move us toward our goal
- **Enabling success, not just talking about it**
 - Put chairs in rooms
 - Keep clothes off the chairs
 - Treat with great courtesy and respect

Where is your organization? Where are your people?



ED Physician Section Patient Satisfaction by Physician FY 2010



Drivers of Patient Satisfaction

What caregivers need to provide to patients



- *Timeliness*
- *Empathy*
- *Technical Competence*
- *Information*
- *Pain Management*

– **Welch S. Twenty Years of Patient Satisfaction Research Applied to the Emergency Department.** *American Journal of Medical Quality* 2010 25: 64 originally published online 4 December 2009

What managers need to do for staff



- *Timeliness*
- *Empathy*
- *Technical Competence*
- *Information*
- *Pain Management*

What is the style of the top 1% of doctors? ?

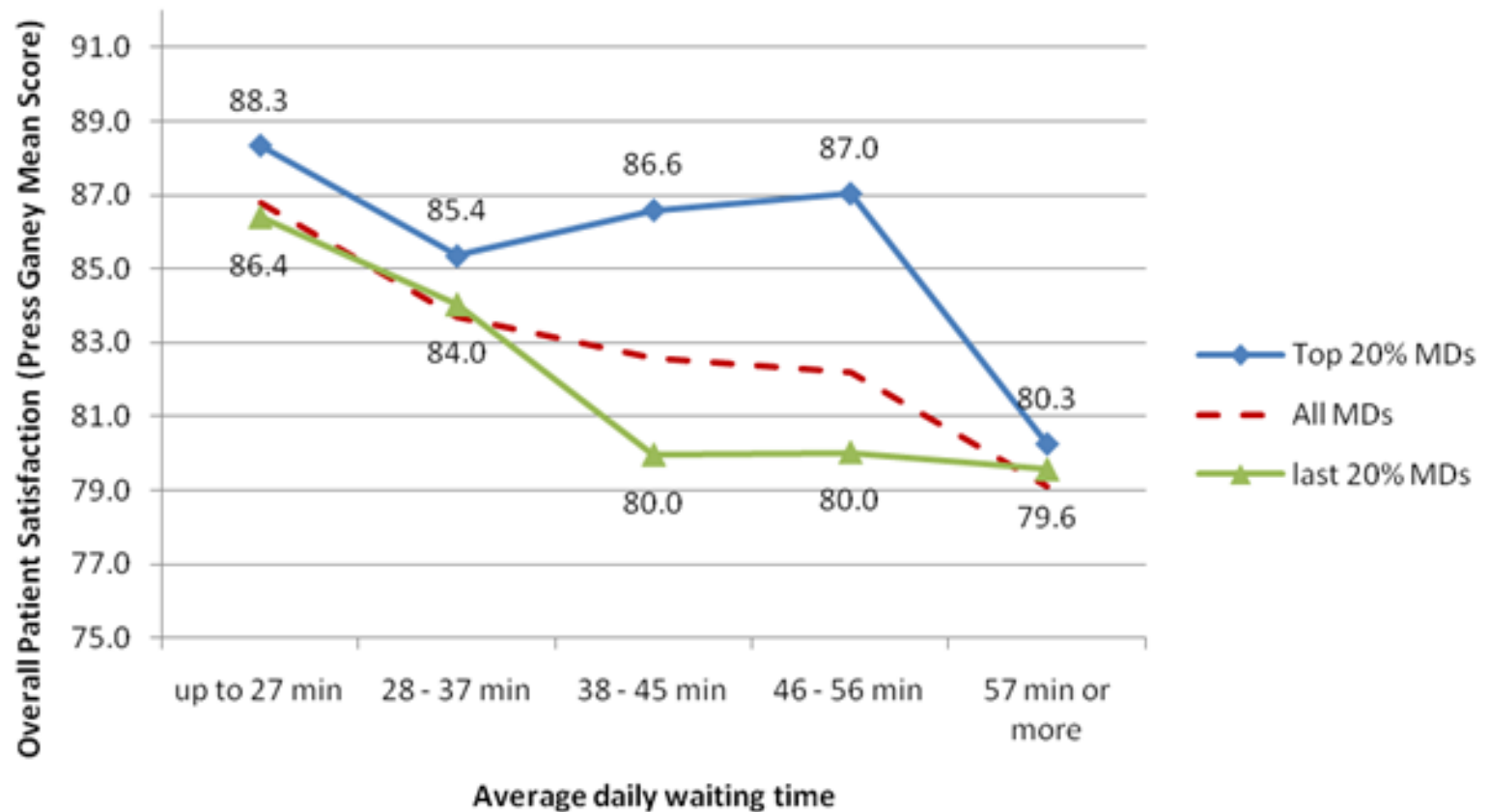


- More focused on the patient than other physicians
 - They develop a quick, brief relationship
- Other physicians may spend more time managing the process
 - Managing delays, making calls.
- Develop clear plans close to the time of the patient's arrival
 - The plan is communicated
 - They are skilled, confident, authoritative but kind



- Helps patients tolerate waiting, discomforts.
 - “This will take all evening”
- Not necessarily outgoing, charming, or ‘chatty’
- Not necessarily dressed well
- Has not had customer service training

Overall ED Patient Satisfaction by Avg Daily Wait Time and Physician



Molly Weiner, MD¹; Goran Gavran, MBA, CPHQ²; Michael Schmidt, MD¹; Martin J. Lucenti, MD, PhD¹; Peter S. Pang, MD¹

A fast doctor drives up the overall satisfaction by decreasing waiting times...



- *But may score lower on his/her own individual ratings by patients*
 - patient satisfaction ratings overall increase more from top speed doctors than by average paced doctors.
 - The top speed doctors overcome inherent system inefficiencies and decrease waiting time.
 - But the kind, average paced doctors receive higher individual patient satisfaction scores.
 - In 'moving faster' doctors may sacrifice their own satisfaction scores.
 - ✦ Mike Schmidt, MD, Emergency Dept Medical Director, Northwestern Memorial Hospital

Let's analyze the Bottom 10% of institutions rated on Press Ganey Surveys



- What percentage of patients give the highest rating (very good) on:
 - “Doctors Courtesy”
 - ✦ 55.5%
 - “Degree that the doctor took time to listen”
 - ✦ 52%
 - Comfort of waiting area
 - ✦ 27.3%
 - Waiting time before being seen by a doctor
 - ✦ 29.8%

The bottom 10%



- They do some things right—and often
- Feel rushed, “Have one foot out the door”
- Overlook small civilities such as greetings and thoughtful gestures.
- Do not always establish that ‘authentic relationship’ with the patient.

Press Ganey Doc Questions



- **Courtesy of the doctor**
- **Degree to which the doctor took the time to listen to you**
- **Doctor's concern for your comfort while treating you**
- **Doctor's concern to keep you informed about your treatments**
- **Waiting time in the treatment area, before you were seen by a doctor**

Manage Expectations



- Match expectations to experience (J Emerg Trauma Shock Apr. 2011)
- perceived waiting time (as opposed to actual wait time) is the most important variable contributing to patient satisfaction (Ann Emerg Med. 1993;22:586-591),
- higher patient satisfaction has been shown to correlate with waits that are shorter than expected. (Acad Emerg Med. 2002;9:15-21.)

“ED Rounding”



- Frequent updates regarding a patient’s progress and delays correlate with patient satisfaction and satisfactory length of stay. (Am J Emerg Med. 2002;20:506-509 & J Emerg Nurs. 2004;30:336-338)
- Is it feasible?
- What if patients were informed at the outset?

Door to Doc



- By quickly moving patients to a care area and having the physician evaluate them in a timely fashion (less than 30 minutes is the accepted service quality goal), patients perceive that wait times are acceptable.
(Health Care Manag. 2002;21:46-61)

Observations



- Read the triage note, view vital signs before entering the room. Be organized and supportive of the team.
- Be calm, relaxed. Smile if you can.
- Introduce yourself. Listen.
- Express caring. Be competent.
- Explain the plan and the approximate time
- Do not talk too much. A few main messages
- Teach: Tell them what they need to hear (not necessarily what they want to hear)
- Be gentle with bad or negative news
- Small, thoughtful gestures go a long way

Manager's Tasks



- **Believe in your people**
- **Support their success. Have them teach one another. Let them share best practices**
- **Build processes to support the caregivers. Make it easier for them to do their job. Small things count**
- **Have high expectations**
- **Identify the leaders and the stars. Work with them.**