Patient Satisfaction

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Disclosures

- None
 Patients will be more compliant
  Psychosom Med 1995;57[3]:234

Fewer malpractice suits
  The Quality Connection in Healthcare:
  Integrating Patient Satisfaction and Risk

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 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?
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”

- Is it feasible?
- What if patients were informed at the outset?
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.