How to Create an Unforgettably Positive Patient Experience

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Led Service Excellence for Univ. of Michigan Health System
Coaching health systems and practices on improving service

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Potential Conflicts of Interest

I consult with Medical Centers, academic departments, and physician practices seeking to improve patient satisfaction.

I will NOT mention any medical products.

In compliance with regulations, I have relationships with:

- **Editorial Board** – VisualDx.com diagnostic and decision support software
- **Patent Holder** – Lattice System Psoriasis Global Assessment
- **Consultant** – AbbVie; Gilead; GlaxoSmithKline; Lilly; Medimetriks; Novartis; Otsuka America Pharmaceutical; Perrigo
How to Create an Unforgettable Positive Patient Experience

Steven K. Shama, MD, MPH

Retired, after a 44 year career in Dermatology
Potential Conflicts of Interest

Consultant to hospitals, private medical practices, and individuals on topics including:

• Burnout
• Having an Unforgettable Positive Life in Medicine
• Dealing with Difficult People/Patients (and the message they bring to us).

Principal, JoyWorks Communications.

Speaker at medical meetings.
Learning Objectives:

• Identify techniques that boost your patients’ appreciation for their encounters with you and your office, thereby elevating patient satisfaction.

• Institute office behaviors that improve employee engagement and make you happier.

• Apply these methods to cosmetic, surgical, and general dermatology practices in private or academic settings.
If service is below you, leadership is beyond you.

-- Unknown
Service Excellence

• We have:
  – Large multi-provider offices
  – Day treatment unit
  – Surgical units
  – Single provider offices
  – Clinics in the VA

• We went from middle-of-the-pack to tops in pt satisfaction
• All our offices in top 10
• Now >15 yrs straight
Street Cred

• Patient satisfaction survey
  • 93  How close to ideal
  • 95  Overall satisfaction
  • 98  Willingness to recommend
    – #1 in 28 of 28 queries

• Employee engagement survey
  • 90  Willingness to recommend to work there
    – 89  Nurses
    – 88  Clerical
Patient satisfaction

“Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, [and] better clinical outcomes….”

and higher patient QoL

Price, RA et al. Medical Care Research and Review 71:522-554, 2014
Why patient satisfaction is so important…

it is high quality medicine

and turns a good office/clinic into a great one!
Value and Quality are What the Patient Perceives Them to Be

• The new definition of quality in medicine is the existing meaning of "patient satisfaction"

• Pts often can’t measure physician skill & knowledge

• Pts infer quality from what they can observe
  – Staff & physician manners, politeness, style and habits, interest in the pt
    • Proxy for quality of medical care, until outcome clear – could be years

Patient Perception of Quality

- Timeliness
- Attitudes of all staff & docs
- Information & explanations
- Body language, physical touch
- Sights, sounds, smells
- Sociability, supplies, smooth operations

- evidence shows that all these factors affect patient's experience of care.

What perception about docs generates the most complaints?

a) S/he has a bad personality
b) S/he is incompetent
c) I can’t get in to see him/her
d) S/he doesn’t spend enough time with me
e) S/he doesn’t listen to me
Patient Perception of Quality

The 4 A’s

Attention > Availability
> Affability >> Ability
Why Do We Work on Service?

• For our patients
  – They see quality, value
    • “My pleasure” – has meaning
    • Anticipating needs – Wow factor
    • Service recovery – pts remember/tell others
      bad:good at least 4:1
Business case (in part)

• Retention of great people at all levels
  – Expensive to replace in $ and time
• Staff works at tasks, not service recovery
• Workplace more enticing
• Solve issues, eg, improve revenue flow
• Word-of-mouth advertising – free
• Patients less likely to dispute charges
• Reduced malpractice risk
Reasons for Service Excellence

For Idealists:
- It’s the right thing to do
- Plus, we’ll all be patients one day!

For Concrete-ists
- Frees up wasted time
- Evidence: SE $\propto$ to higher CAHPS scores
  - Medicare public website: pt satisfaction scores for *individual* docs and NPCs
Reasons for Service Excellence

Medicare Consumer Assessment of Healthcare Provider questions include:

• Definitely, Somewhat, No
  – Explanations easy to understand
  – Listened carefully
  – Knew important aspects of medical history
  – Showed respect
  – Spent enough time
Your staff will be enthusiastic for Service Excellence
Brand Promise
Communications
Brand Experience
Operations
Authenticity
DERMATOLOGY PHILOSOPHY

- I treat each patient as I would my own family.
- I pledge to provide the finest personal service.
- I will make all interactions positive and professional.
- I take responsibility for uncompromising cleanliness.
- I take pride and care in my personal appearance.
- I will do whatever it takes to exceed our patients' expectations within our moral, legal, and University responsibilities.
DERMATOLOGY’S GOLD SERVICE

1. I will smile! (Even when on the phone.)
2. I will give patients a warm and sincere greeting, using their names when possible.
3. I will anticipate and meet patient needs.
4. I will “own” any problem brought to me and provide service recovery.
5. I will return telephone calls promptly, showing the caller that I care.
6. I will identify myself on the phone.
7. I will say “My pleasure” or “I’d be happy to” or “I’d love to” instead of “You’re welcome”
8. “I don’t know” in response to an inquiry is not acceptable. I will let the person know when I’ll give them the answer.
9. I will give patients a warm good-bye and thank you, using their names when possible.
Tips

For improving service without doing any extra work.

Whether you see a patient every 6, 16, or 60 minutes, you’ll find at least a few…

Techniques you should consider adopting:
Tips

• People interactions >> physical plant
• Plan some phrases
  – For consistent high level service
  – Serving as a guide; not mechanical or phony
• More design from pt point of view
  – Especially scheduling
  – What plan if pt is late?
Patient’s wait time in reception room

Year
1                2               3               4                5

Patient's wait time in reception room

Average Wait Time (Minutes)

26.4  16.4  12.5  8.7  5.1

Slow but continuous improvement
Ask “why”
5 times
Tips

- Recognition, thank you to staff
Talk to your staff: Make sure they will communicate with you about patients, problematic or otherwise.
Tips

Sanitizer / Handwashing

Everyone has heard about it

Make a show of it / announce it to pts

Starts the visit with obvious professionalism, know-how, and competence
• **Mindfulness**
  – Focus on the moment with purpose and no judging
    • Engage fully in what you’re doing and what is happening
    • See more, hear more
    • Reduces stress, removes other thoughts and concerns
    • Opens heart to compassion – instead of hurry, pushing away, fix-it mentality, what’s next issues

• **Six seconds:**
  – Inhale thru nose for 1 sec; out thru mouth 5 sec; then knock on exam room door
Tips: ELATE

- Explain role & activity
- Listen
- Answer & Act
- Thank Everyone
Tips

• Sit down, albeit briefly
  – Spent 7 minutes more than actual
  – Doctors = more compassionate
  – Surveyed pts clearly prefer
  – Increases pt satisfaction

• Neurosurgeon on post-op rounds – time in pt room

<table>
<thead>
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<th></th>
<th>Standing</th>
<th>Sitting</th>
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<tbody>
<tr>
<td>Actual</td>
<td>1.3 min</td>
<td>1.0 min</td>
</tr>
<tr>
<td>Perceived</td>
<td>3.4 min</td>
<td>5.1 min</td>
</tr>
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</table>

Tips

• Never let them see you sweat
  – Even if you feel rushed, acting flustered or in a hurry may generate a negative opinion

• Ask permission
  – Would it be ok for me to examine you now?
  – Would you like to hear my recommendations now?

• Pause and be thoughtful – even if not needed

Tips

• Use name 3 times
• Be in the moment
  – Keep hand off the door
• Try not to interrupt
  – Pts will get story out somehow
  – Patients with poor boundaries for your time
Tips

• Pay it forward (manage up): staff $\leftarrow \rightarrow$ you
  – Great confidence builder!

• Propose to call "MAS"
  – Mutual Admiration Society
Tips

• EMR
  – More important than pt?
  – “Would it be OK if I enter some notes now?”

• Share concern
  – “What do you think is causing it?”
  – “What concerns you most about it?”

• Control the visit
  – Find out all concerns to set time & agenda
  – Who controls the list controls the visit
Tips

• Doctors tell patients many items
• 30 minutes later, patients only remember 2 things
• Say the 2 most important things, answer questions, give written info/instructions
  – Available in EHRs, VisualDx.com, brochures from disease charities, Academy, etc.
• Say less, listen more
  “Talk less, smile more”: Aaron Burr in *Hamilton* by Lin-Manuel Miranda
Tips

Your last words to each patient:

Thank you!

- Thanks for coming to see me for this. I will do my best for you.
- Thank you for using your medicine – I knew it would help you.
- Thanks for continuing to work with me on this tough problem – we’ll get to the bottom of it.
Do you measure your patients’ satisfaction?

What’s measured – and looked at – moves!
Staff critical to success

• HIRE THE RIGHT PEOPLE!!
  – Can’t emphasize this point enough
• Never, EVER “SETTLE” when hiring
  – Better an open spot than wrong person
• You can teach skills; you can’t teach attitude, compassion, smiling
• Interview process includes our philosophy and Gold Service Card
Tips

Incentivize your staff
Responding “extremely” or “very effective”

- Praise from manager 67%
- Attention from leaders 63%
- Cash bonuses 60%
- Salary increases 52%
Compliment better than bonus

Study over 4 days, 12 hr shift

A- Control group: No intervention

B- $ bonus if met productivity threshold: first day only
   Day 1: ↑10%
   Days 2,3,4: ↓15%

C- Pizza party if met productivity threshold: first day only
   In between

D- Mid-day texted compliment on work
   Day 1: ↑10%
   Days 2,3,4: ↑10%
Tips

• So compliment and thank during the day

• Write a thank-you note every week or month, depending on size of staff
  – Send it to the employee’s home so they can share it with family!

• Compliment in public, criticize in private
Maintaining enthusiasm and commitment

- Measure performance (wait time, pt satisfaction)
- SE → constantly reinforced & *demonstrated* by you
- Continuous effort – can’t relax
  - Staff meetings, performance reviews
- *KEEP TALKING ABOUT IT*
You may seek help

• Local service “stars”
  – Perhaps a patient of yours?
• Hospital affiliations
  – Human Resources people and lectures
• Physician with special interest
<table>
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<tr>
<th>Patients’ experiences are important</th>
<th>Easy adopters</th>
<th>Wet blankets</th>
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</thead>
<tbody>
<tr>
<td>Spare me another fad</td>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td></td>
<td>It resonates with me</td>
<td>It’s rational and others are doing it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Group C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I won’t do it</td>
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Service Excellence

- Patients’ problems
  - Anticipate, anticipate
  - Look for unhappiness
  - Resolve on-the-spot
  - Always say what you CAN do
Complaints are a valuable commodity

- Complaints result in action
  - Drop everything
  - Resolve on-the-spot (Service Recovery)
  - Everyone must do
  - No “handoffs”
- Find out why, fix root cause
- Love complaints
Coach your staff

When a pt complains → Service Recovery

• Take the HEATT
  – Hear them out
  – Empathize
    • “It sounds like you’re very frustrated”
  – Apologize (blameless)
    • “I am sorry for the inconvenience.”
    • “I am sorry that things are not going as you expected.”
  – Tangible response and Thank you
    • “I will bring your issue to our next staff meeting.”
    • “Thank you for bringing this to my attention.”
    • “Thank you for sharing your concerns with me.”
Summary of action items

- Commitment for Service Excellence
  - Get your staff on board
- NO COMPROMISE IN HIRING program
- Celebrate successes
Making your practice the best it can be

Every interaction
every single day
is a
Moment of Truth

Attention to these moments
by doctors and staff
makes all the difference
Now …

You recognize why: Great service is high quality medicine, improves pt’s adherence & outcomes, and makes a better day.

You have: Techniques to use in your practice.

From where: Personal experience and evidence-based reports in clinical literature.

You can create: an Unforgettable Positive Patient Experience
For more information on Service Excellence, contact:

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Supplemental material
I slept and dreamt that life was joy.
I awoke and saw that life was service.
I acted and behold, service was joy.

-- Attributed to Rabindranath Tagore (Nobel Prize Literature 1913)
Service Excellence

• Patient-centric
  – Some think it’s only for pts

• Service Excellence for all
  – Patients
  – Visitors
  – Our staff
  – Families
  – Referring docs
  – Ourselves
Service Excellence

Too touchy-feely for you?

Social science, not hard science
Service Excellence

• It’s not just being nice
  – That helps

• Opposite: Football team
  – Just be aggressive?
  – But requires teamwork, consistency

• Service Excellence
  – Requires teamwork
  – Consistency across people, locations
Tips: Set a tone of caring

Check in with your staff
Ask how they are/ how it’s going today

Sets the tone that staff pass on to patients
Tips

You are “ON STAGE” at all times
- Producer & Director
- Star
- Narrator
- Genius playwright
- Captain on the bridge

• You are “ON STAGE” for everyone; employees are “on stage” for pts
Tips

• Explain, esp meds
  – 1 min on spelling, use, and watch for

• Engage pt (esp younger)
  – We could do this or that. Which makes more sense to you?
Tips

• Manage expectations while getting credit for caring!
  – Example: A pill for psoriasis
    • “Slow onset, may also need creams to reach clearing”
    • “Yet has a great safety record; we don’t need blood tests”

Tips

• Empathy is a satisfier
  – Docs are analytical; tough to switch to empathic
    • Proved by brain-scan research

• NURSE
  – Name the emotion: You seem…
  – Understand: I can see why you are feeling…
  – Respect: You have done a lot toward…
  – Support: We will work on this together to control it
  – Empathy: ‘I wish’ we had a cure for this

NURSE acronym adapted from Nguyen TV, Hong J, Prose NS. J Am Acad Dermatol 2013;68:353.e1-8 from Smith RC
Who is doing what?
Have you evaluated lately?

- Clericals do clerical work
- Nurses do nursing work
- Doctors do doctor work
Tips: Daily Huddle

• 5 min standing/stand-up meeting
• Information – consistent time and place
• Everyone, every day
• Structured for consistency and ease
• Use open-ended question to collect data
• Real time pulse check
• Info you can take action on
• Balance structure with fun!
Tips: Daily Huddle

AVOID:

• Negativity or venting
• One person to control, dominate or rudely interrupt
• Stopping to catch up late comers; do it after
• Running long
TO KEEP IT FRESH, TRY THESE:

- Everyone says “I’m thankful for…” (practice-related or not)
  - Gratitude $\rightarrow$ good mood
- Share what worked (or didn’t) yesterday
- Something to look forward to $\rightarrow$ makes day brighter
  - Holiday, project starting up, nice weather forecast
Maintaining enthusiasm and commitment

• 5 to 10 min of weekly staff meetings
  – Review 1 of the steps of service each time
  – Talk about actual experiences; tell anecdotes

• Do something every year or two
  – Mention at holiday party, have a lunch with door prizes
  – Have a motivational seminar
    • Local coaches, other service or motivational speakers – maybe a pt of yours?

• Performance evaluations
  – Includes doctors in larger practices
  – A factor in raises/compensation
A Service Excellence journey (and it will be a journey) will be the best trip you ever took for yourself!

And it’s quality medicine!
It’s all about commitment and continual reinforcement
For more information on Service Excellence, contact:

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