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Patient Satisfaction and Your Practice

Most healthcare practices and providers agree that patient satisfaction is important. Yet what makes one patient satisfied will not always work for another. That's why attaining satisfaction among patients may require a combination of approaches.

Consider what went wrong with patient satisfaction in the following scenarios:

Scenario 1:

Sarah Carney, a new patient to Valley Internal Medicine, checked in for her appointment. The receptionist loudly chastised Ms. Carney for being 25 minutes late for her 8:15 a.m. appointment. Ms. Carney said, "I'm sorry," and explained that wintry road conditions and her unfamiliarity with the practice location had made her trip longer than expected. The receptionist went on a tirade about patients who show up whenever they pleased and expect the office to look the other way.

She told Ms. Carney, "Just go take a seat, and the doctor will see you when he can." By the time she was called back for her appointment, it was 9:20 a.m. Ms. Carney had sat in the waiting room feeling humiliated and becoming increasingly angry.



She had been publicly chastised for being 25 minutes late and wasn't even called back to see the doctor until 65 minutes past her scheduled time. By the time she actually met the physician, she was angry with the receptionist, angry at the practice and angry at a physician she had never even met.

Scenario 2:

Bob Sorenson was a 15-year patient of Dr. Morgan, a partner in the Mountain Family Health practice. He had been followed for years for high blood pressure and high cholesterol. He arrived on time for his routine six-month appointment and checked in with the new receptionist.

"Are you a new patient, Mr. Sorenson?" she asked.

"No," he replied.

"Oh . . . who are you here to see?"

"Dr. Morgan."

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"Hmmm. . . oh, right! Here you are! Just take a seat and someone will be with you shortly."

Several minutes later, someone called for "Robert Swenson." "Sorenson," he corrected, and the staff member led him back to an exam room without comment. She didn't introduce herself or have on a name tag. She told him to undress, put on a gown and wait for the doctor on the exam table. Mr. Sorenson sat on the exam table for a half hour before Dr. Morgan appeared and hastily shook the patient's hand.

The physician sat down and continued to page through the chart, "It appears you need to have your labs drawn." "No," said Mr. Sorenson, "I had my lab work done ten days ago. Don't you have the results?" "Who knows!" said the physician (still paging through chart). Feeling comfortable with a long-time patient, Dr. Morgan vented, "I can't count on the lab to send me anything. And even if it did, my staff probably misfiled it. No idea where it ended up!"

Discussion

These scenarios demonstrate how NOT to start off a physician/patient or an office staff/patient relationship. Rather, the behavior illustrated will almost guarantee patients dissatisfied with their interactions with the staff and

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When a patient's perception doesn't match up with a physician's, patient satisfaction can suffer.

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physicians and questioning the quality of care received.

The concept of patient satisfaction is nothing new. Yet, it is very subjective, making it difficult to achieve and even harder to measure. Many studies on this topic have tried to identify exactly what makes a patient satisfied. The following are among the most common factors:

- **Staff attitudes and behavior**—Patients want courteous, respectful, and friendly treatment provided by staff. Staff should be trained to be professional and caring—their interactions with patients often have the most impact on a patient's satisfaction with the practice.
- **Good physician/patient communication**—Patients want their physicians to take the time to explain care and treatment, listen to them and encourage their questions, adequately respond to each question, and determine and manage their expectations.
- **Partners in care**—Patients want to be involved in their care and treatment decisions.
- **Privacy/confidentiality**—Patients want to be able to trust their physicians and staff and feel confident their clinical information will not become public knowledge.
- **Access to care**—Patients want to be able to get appointments when they need them, not to be kept waiting to see the physician and have their phone calls returned in a timely manner.
- **Clinical expertise**—Patients expect their medical needs and expectations to be met by the practice.
- **Hospital affiliation**—Patients want to be treated close to home and family.
- **Cost of care**—Patients want third-party payer participation/affiliation with their insurers so they can obtain the best possible care at the lowest possible out-of-pocket cost.
- **Physical practice environment**—Patients want to be treated in a convenient location in a clean office with adequate waiting room seating and adequate, safe and well-lit parking that meets ADA requirements.

Keep in mind that a patient's perceptions of care may not match up with the physician's or staff's perceptions of the care. When these perceptions aren't in alignment, the physician/patient relationship and patient satisfaction can suffer. And if a patient's perceptions are accompanied by a poor or unexpected outcome, the risk of litigation increases.

In Scenario 1, Ms. Carney's perception was that the receptionist was rude and cared more about the schedule than showing Ms. Carney respect or concern about her well-being. Further, Ms. Carney assumed that the receptionist's disrespectful behavior was condoned by the practice and physician. Whether this was true or not, Ms. Carney's perception became her reality.

In Scenario 2, the patient's impression was that the practice and staff was

Your staff's interactions with patients often have the greatest impact on patient satisfaction.



unprepared for his appointment and didn't even know who he was after being a 15-year patient. In addition, the nurse's incompetence and disinterested attitude, coupled with the physician's unpreparedness led to Mr. Sorenson's dissatisfaction that day. Also, the physician allowed his professionalism to slip due to his frustration with a disorganized staff and his comfort level with a long-time patient. It is never a good idea to disparage one's staff or other healthcare providers.

It can be argued that patients, by virtue of their lack of formal medical education, are not qualified to judge the quality of care they receive. However, patients don't necessarily equate quality of care with a physician's knowledge or clinical competence. Instead, their perception of quality of care is often based on the overall concern shown by each staff member during a patient's interaction at the office. In other words, do the physician and staff make patients feel like they matter?

At the same time, a 2007 study found it takes only one bad experience to change a patient's viewpoint from satisfied to dissatisfied.¹ It is important to remember that happy, satisfied patients who have had a good experience will tell about 4-6 people about their positive experience at the doctor's office. Conversely, a dissatisfied patient will tell between 9-15 people about their bad

SAMPLE PATIENT SATISFACTION SURVEY

Please answer the following questions about your appointment with Dr. _____ of Valley Internal Medicine on _____ (date) at our Maple Street Office. This information will be used for quality purposes to identify where we can improve our procedures and services to ensure our patients' needs are being met through the delivery of quality care by our staff.

1. Did the receptionist greet you promptly and pleasantly? Yes No
2. How long did you have to wait before you were called back to see by a doctor by a member of our staff?
 Less than 10 minutes 10–30 minutes More than 30 minutes
 If more than 30 minutes, did a member of the office staff talk to you about the delay or tell you the doctor was running behind schedule? Yes No

3. How long did you wait in the examination room before being seen by the doctor?
 Less than 10 minutes 10–30 minutes More than 30 minutes

4. Please tell us how satisfied or dissatisfied you were with each of the following:

	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
A. Your interaction with our receptionist and front office personnel				
B. How you were treated by the nurse or physician's assistant				
C. How you were treated by the doctor				
D. The amount of time the doctor spent with you				
E. The amount of time the doctor gave you to ask questions or raise concerns				
F. The way your questions were answered				
G. The courtesy you were shown by the staff at our office				

5. Please tell us how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree
A. The office environment was clean and comfortable				
B. The front office staff was friendly, helpful, and courteous				
C. The nurse/physician's assistant was knowledgeable and professional				
D. The nurse/physician's assistant was friendly, courteous and respectful				
E. The doctor was friendly and courteous				

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A patient satisfaction survey can provide both good and bad information about the practice that can help you better serve your patients.

- Patient trust in the knowledge, competence, compassion, and professionalism of the physicians and staff associated with the practice.
- Patient understanding of and compliance with treatment plans, which, in turn, increases the likelihood of a good outcome of care.
- Management of patient expectations.
- Overall health of the practice's patient population.
- Patient loyalty and patient retention.
- Physician and staff professional morale and job satisfaction.
- Third-party reimbursement and pay-for-performance.
- Practice reputation in the community-at-large, which will attract new patients and increase referrals.

experience. And around 13 percent of dissatisfied patients will tell more than 20 people about that bad experience.² In today's world where everything is shared via social media, these numbers are likely extremely low.

How to Measure Patient Satisfaction

Ask your patients: Is the practice adequately meeting your needs and expectations? What do you like about the practice and what don't you like? How can the practice's staff improve its interaction with you?

There are patient satisfaction surveys that can be modified to suit a practice's specific needs. (See sample.) Patient satisfaction surveys can provide valuable patient feedback—good and bad—that

might not otherwise be obtained. Asking patients how the practice can better serve its patients sends the message that the practice cares about and values its patients, will work to keep them, and is focused on the delivery of high-quality patient care. Keep in mind that any patient satisfaction survey should be anonymous. A self-addressed, stamped envelope should be provided to return the survey.

What can be gained by focusing on patient satisfaction in the physician office setting? Keeping patients satisfied has a wide variety of benefits for all concerned—the patient, the physician, the staff and the practice, including improved and/or increased:

- Physician/patient relationship and the office staff/patient relationship.

Also, there is a decreased likelihood of litigation if an outcome is less than optimal. Satisfied patients are much less apt to sue a physician or practice.

What We Can Learn?

- **Staff members and supporting infrastructure are vital to success.** Staff members, particularly front-line staff members, are critical in building relationships in healthcare. They have the most contact with patients and can serve as a liaison between patient and physician. They will usually pick up on expressions of patient dissatisfaction earlier than a physician. Staff should know what to do when that happens so that

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Staff members can often pick up on dissatisfied patients earlier than the physician.

the patient's dissatisfaction can be addressed and resolved as soon as possible.

- **Staff orientation and ongoing education is essential.** It should stress the importance of meeting patient expectations thereby improving patient satisfaction. For example, in the second scenario, the nurse should have been trained to review the charts before the patient saw the doctor. Had this been done, the nurse could have asked the patient if the labs were done as results were not in the chart.
- **Communication is a two-way process.** Patients want a physician who will listen, as well as talk. If the schedule does not allow a patient adequate time to address all the issues at an appointment, the physician can ask the patient to schedule another appointment. This approach acknowledges the importance of what the patient wants to talk about and demonstrates the physician's willingness and interest in hearing it.
- **It is important to determine patient expectations,** including what is expected of the physician and/or the therapeutic process or procedure. For example, for a patient with a non-surgical rotator cuff injury, ask the patient what he hopes to be able to do after physical therapy. If the patient says he expects to be able to resume full-time construction work the following week, the physician can educate the patient that the injury will require much more than one week of therapy. Managing the patient's expectations to a more achievable level helps prevent serious dissatisfaction when the patient is unable to return to work as quickly as the patient would like.
- **The concept of patient-centered care is quickly becoming the new norm in healthcare.** It places increasing importance on the physician/patient relationship and patient satisfaction as factors essential to improving outcomes of care and reducing healthcare utilization and costs. When a

practice adopts a patient-centered philosophy, it should be evident in the day-to-day actions and words of every person in that practice. When this happens, it will be a "win-win" with benefits to patients, physicians and the practice. 🌐

- ¹ Thiedke, CC (2007). What Do We Really Know About Patient Satisfaction? *Fam Pract Manag.* 2007 Jan;14(1):33-36. www.aafp.org/fpm/2007/0100/p33.html
- ² White House Office of Consumer Affairs, as cited in 15 Statistics That Should Change the Business World—But Haven't— www.beyondphilosophy.com/blog/15-statistics-that-should-change-the-business-world-but-have-nt#sthash.FtbETStS.dpuf

Resources

American Academy of Family Practice (AAFP) Model Patient Satisfaction Survey
www.aafp.org/fpm/1999/0100/fpm19990100p4-0-rt1.pdf

Medical Group Management Association (MGMA) Patient Satisfaction Questionnaires booklet
<http://www.mgma.com>

Press Ganey Associates Inc.
www.pressganey.com

SurveyMonkey® Online Survey Tool & Services
www.surveymonkey.com/



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