

How We Improved Our Patients' Satisfaction ...and Made Our Doctors and Staff Happier, Too

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Coach on improving service for health systems and physician practices

Potential Conflicts of Interest

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

Editorial Board – VisualDx.com diagnostic and decision-support software

I will not mention any medical products.

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)*

Explore the journey

- Determine if your organization should establish or continue a Service Excellence effort
- Whom to bring to the table
- Involving all workers at all levels of the organization
- Tips on how you can address patient-centric issues, including access, scheduling, and patient satisfaction

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

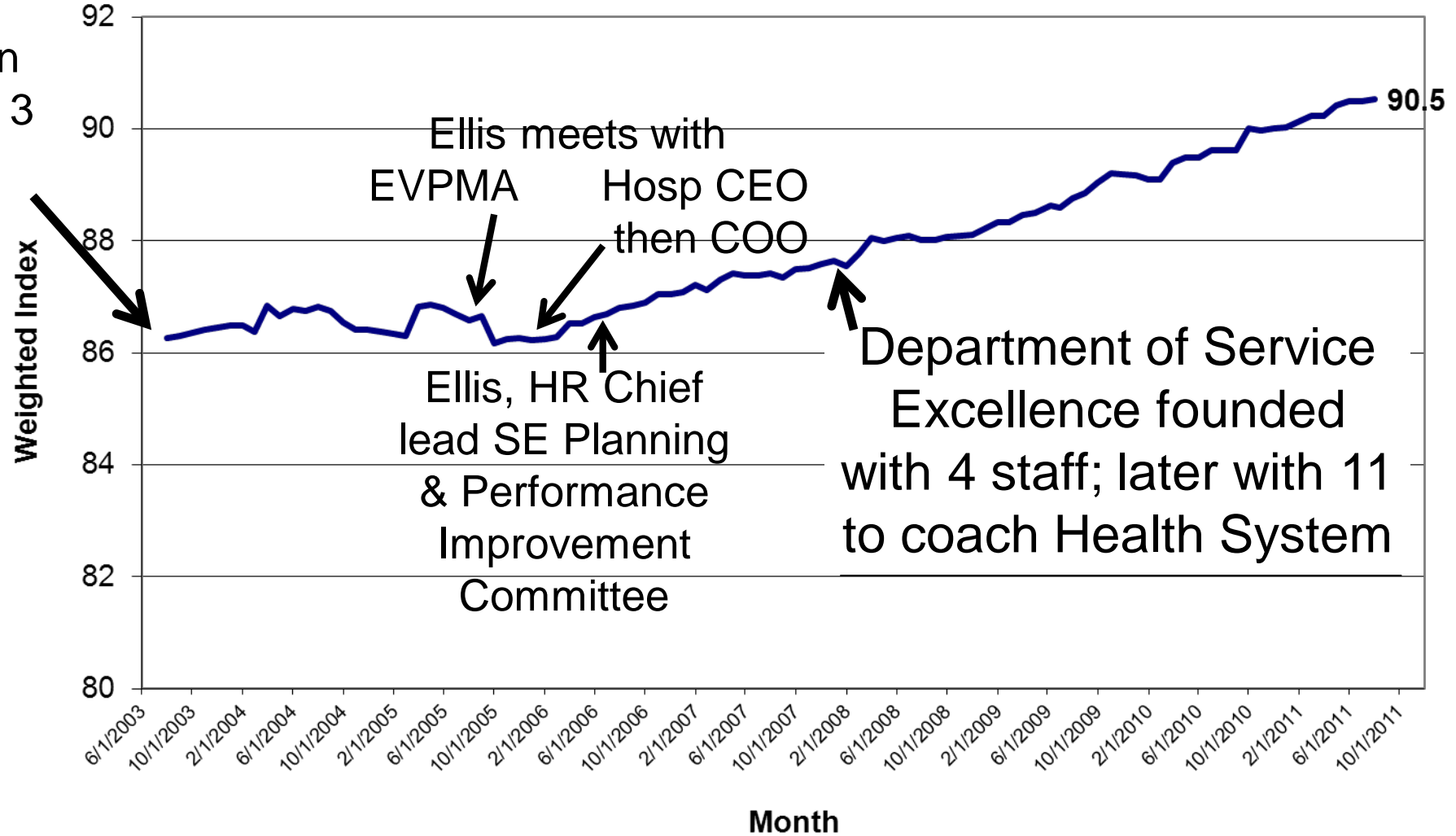
Is Patient Experience important for patients?

“Research indicates that better patient care experiences are associated with higher levels of adherence to recommended prevention and treatment processes, better clinical outcomes, better patient safety within hospitals, and less health care utilization.”

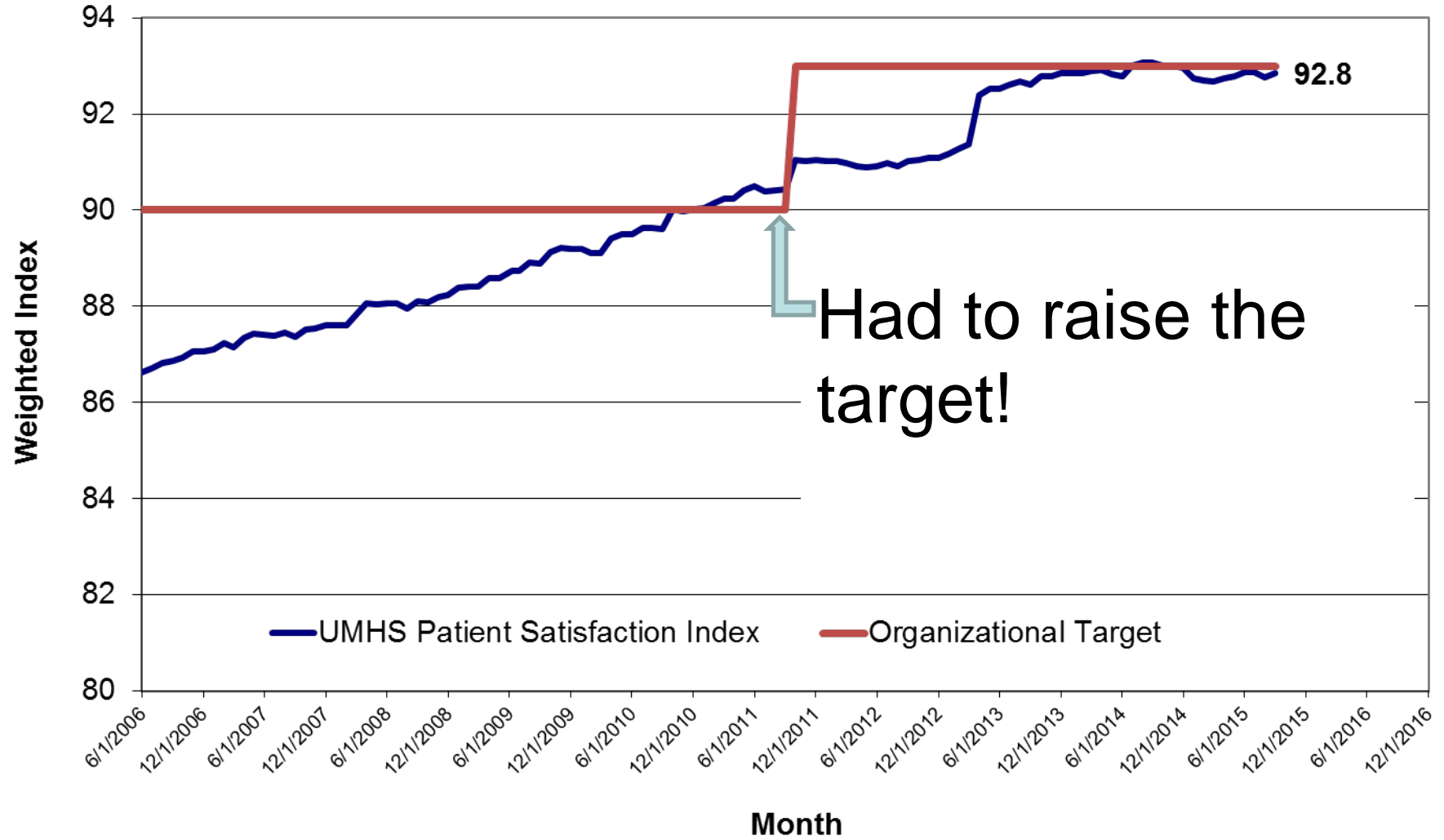
Price, RA et al. *Medical Care Research and Review* 2014; 71:522-554.

All-UMHS Patient Satisfaction Index HISTORY

Derm has been #1 in pt sat for 3 straight years, using Performance Improvement Committee



All-UMHS Patient Satisfaction Index



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Patient comments

“U of M has outstanding care and is hands down the best hospital with great communication. I have never seen healthcare run so efficiently and effectively.”

“By far, the best hospital facility I have ever been in, best staff, etc.”

“I feel blessed to have had the team of doctors & nurses that provided me with the care I received. Thank you for saving my life - God bless all of you!”

“I have had over 100 surgeries and this hospital & staff were the most caring, kindest, and prompt that I have ever had!!!”

If you don't have a Pt Sat effort organized at your level

- Now is the time!
- Grass roots lasts longest
- Top admin must support, nudge along
 - Too busy to lead consistently
- One committed person!
 - With enough authority

If you do have a Pt Sat effort organized at your level

- What other levels need it?
 - Above, below, both
- You can make it happen
- It's not always what you know, it's who you know...
- Even direct reports won't do something because you tell them to
 - You have to show why it's in their best interest...
- Advantage: Pt Sat is the *right* thing to do!

If service is below you,
leadership is beyond you.

-- *Unknown*

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Who?

1. You can lead it, but...
2. Make it *their* own
 - Grass roots
3. Pinpoint managers who maintain

All employees

- Everyone must provide high service qualities
- Card with expected behaviors
- Before and during interview; first day of work*
- Reminders (e.g., in huddles)
- Celebrate successes as a team

*Give a welcome note, too!

Performance Improvement Committee

- First task: *Service Excellence*
- Later → functional improvements
- All job levels
- Rotate members every two years or so

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Patient satisfaction

- Identify techniques that boost your patients' appreciation for their encounters with your health care, thereby elevating patient satisfaction
 - Without doing more work

CUSTOMER'S PERCEPTIONS AND REACTIONS

Expression

Cannot tell you

Will sometimes ask for

Can request but expects without asking

Sometimes will demand correction; may just leave without comment

Feelings

Thrilled, wowed

Pleased

Satisfied

Shocked, disappointed, frustrated

Actions

Lasting relationship; forgiveness of transgressions; tells 5 others

Will return

May return

Lost business; complaints; tells 20 others

Unexpected

Requested
(High Quality)

Assumed
(Minimum Standard)

Below Expected

QUALITY OF SERVICE OR PRODUCT

Patient Perspective of Quality

- You are confident you give great medical evaluations & diagnoses and treatments
- That's only part of giving great medical care
- Medical care can only be truly great if the patient thinks it is
 - Pts often can't measure provider's skill & knowledge
 - How do patients know if their visit solves their problems?

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.

Service Excellence

- Patient-centric
 - Some think it's only for pts
- Service Excellence for all
 - Patients
 - Visitors
 - Our staff
 - Families
 - Referring docs
 - Ourselves

Does a Service Excellence program work?

IMPORTANT POINT:

- Successful programs shift the *atmosphere*, the engagement, the culture, the ability to accomplish things
- Service Excellence programs do NOT by themselves change dysfunctional work systems
- Successful service programs are the foundation from which process improvements are made

Reasons for Service Excellence

- If you are in a competitive situation
 - Patients go where treated well
 - We can learn from hospitality industry
- We are all patients now or soon
 - Aren't we looking for great service ourselves?

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

For Concrete-ists

- Frees up wasted time
- Evidence: SE \propto to higher CAHPS scores

Consumer Assessment of Healthcare Providers & Systems, including Hospitals (HCAHPS) and Clinicians & Groups (CG-CAHPS)

- Medicare public website: pt satisfaction scores for *individual* docs and NPCs

Service Excellence Programs

- Spending minutes saves hours!
- A few minutes “maintenance” weekly → sustained benefit for over 20 years
 - Fewer complaints to deal with
 - From patients
 - From staff
 - Everyone is working more smoothly together and more gets done

Service Excellence Programs save time!

Good is the enemy of great

Service excellence
represents quality in
medicine and turns a good
office/clinic/hospital/system
into a great one.

Tips for Doctors – not shown in this talk

- I coach on
 - Being “on stage” for all
 - Sitting during pt visits
 - Setting tone of caring
 - Mindfulness
 - And more...
- Why do some docs learn from / listen to only other docs?

Tips

- Recognition
- Six-foot rule
- Thank you to staff

Tips

- More design from pt point of view
 - Especially scheduling
 - We thought we couldn't change
 - Small changes – like experiments
 - Schedule end vs. clinic end
- What plan if pt is late?
 - Pt transport issues? Are we on time?
- Plan some phrases
 - For consistent high level service
 - Serving as a guide; not mechanical or phony

Tips: ELATE

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

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; hard to teach attitude, compassion, smiling
- Interview process includes our philosophy and Gold Service Card

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.

Share (and expect)
the behaviors you want to see

Tip

Everyone is walking around
carrying an invisible sign:
“Make me feel important”

Tip

- Can you read the sign?
 - By recognizing my knowledge
 - By listening to my story
 - By complimenting and crediting me w/ my progress

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*

Tip: 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

Gold Service (Golden Rule)
is how we want to be
treated.

Platinum Service is how the
other person wants to be
treated.

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*

Service Excellence

- Patients' problems
 - Anticipate, anticipate
 - Look for unhappiness
 - Resolve on-the-spot
 - Always say what you CAN do

SERVICE RECOVERY

- Complaints result in action
 - Drop everything
 - Resolve on-the-spot
 - 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.”*

Projects our Performance Improvement Committee solved after Service Excellence

- Access – time to third available appointment
- Wait time in reception room
- “Today” Schedule – for patients on campus
- Templating our documentation
- Two-provider clinics – “next!”
- Telephone streamlined – cancellation line
- And more.....

Access efforts

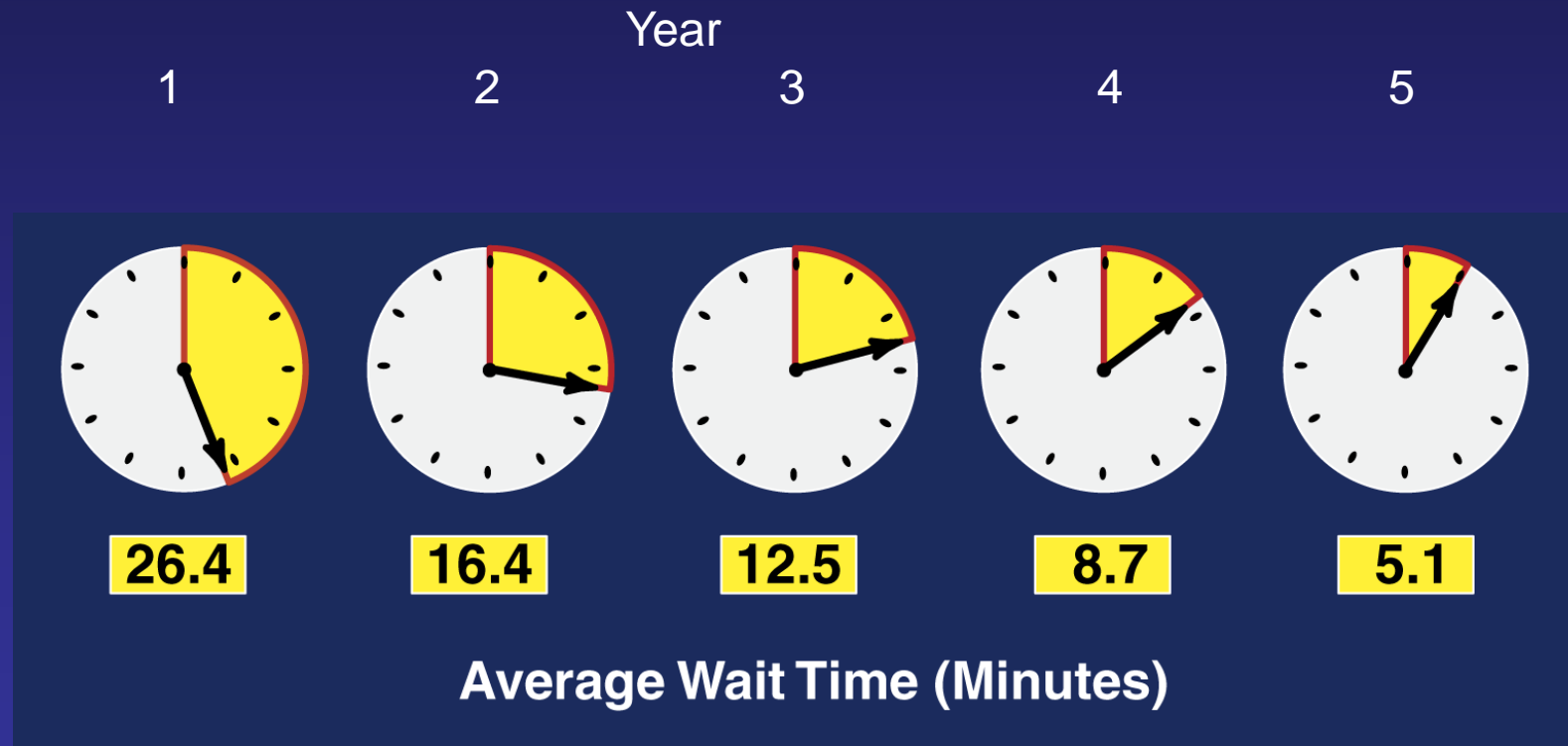
- More new slots
 - Fewer RV slots
- Stamp out unnecessary RVs (= waste)
 - Hardest thing we ever did
 - Change in practice

Service Excellence

Patient wait time in your reception rooms?

What can be done?

Patient's wait time in reception room



Slow but continuous improvement – same numbers of patients

*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!

Service Excellence

“There are risks and costs to a program of action, but they are far less than the long-range risks and costs of comfortable inaction.” – John F. Kennedy

“I never worry about action, but only about inaction.”
– Winston Churchill

“The price of inaction is far greater than the cost of making a mistake.” – Meister Eckhart (1260-1328)

Making you the best you can be

*Every interaction
every single day*

is a

Moment of Truth

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

*It's all about commitment and
continual reinforcement*

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Now ...

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

You have: Techniques to use in your organization.

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

Summary of action items

- Commitment for Service Excellence
 - Get your staff on board; grass roots
 - Make emotional connections with pts
- NO COMPROMISE IN HIRING
 - Praise is worth gold
- Teach blameless apologies
- Pt sat survey – assess / share
 - Celebrate successes

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