



# What Your Patient Satisfaction Surveys Aren't Telling You

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Every day, Google sends me summaries of anything in which the terms “urgent care,” “urgent care centers,” or “Urgent Care Association of America” appear on the web anywhere. Happily, there are almost always five to 10 stories about urgent care every single day. I recommend that you sign up for this (it’s free) with Google or some other major search engine’s service. The service is typically called “Alerts” or something similar.

The big surprises though, are in the blogs that reference urgent care. I only recently added blog postings to my search alerts, and not a day has gone by since where there are not at least three and sometimes as many as 10 blogs discussing “urgent care.”

Blogs provide some great insight into what your customers think of you. What you’ll see in them is not necessarily what you are seeing in your patient satisfaction surveys—perhaps because you are asking the wrong questions.

So, what are they talking about?

In the majority of the posts, patients or their family members are very happy with the care they receive. By and large, anecdotally, you are all nailing it in the quality-of-care arena. The staff you have in those areas are working hard, relating well to patients, working quickly and appropriately, and giving good discharge and follow-up instructions.

Where most of the bloggers start complaining, however, is in talking about their experience before they ever see the provider. Mostly, they complain about how long they are having to wait—and wait, and wait. As our industry becomes more and more successful in raising awareness in our communities, more and more patients come. This is an excellent outcome, but carries its own burden: improving patient throughput.

If you are a brand new center, this should be great news for you for a couple of reasons. First, although patients aren’t overwhelm-

ing your waiting area now, they very likely will be. Second, until they are, you can use the “no waiting” message to your advantage.

If you are an established center with an already packed waiting room, and hitting that hour “door-to-door” goal isn’t happening, you have some work to do (or you may lose those patients to the clinic in the paragraph above, or to the drugstore down the street, or, worst, they may just go home and suffer).

Some great ideas on this came out in sessions at our annual convention. I want to share them here:

- “Occupied” waiting times. Be sure your patients have a variety of things to do while they wait—forms that can be completed relative to their care, audio-video options, reading materials, wireless Internet, etc.
- Look at your internal forms. How much longhand is required from your staff? Can you speed things up (and improve accuracy) with checkboxes?
- Watch your staff movement. How appropriate are the distances and directions between frequently used items and stations? Is there a lot of time spent traveling from one place to another that could be shortened? Take the time to move those things around.
- Do you have enough exam rooms for your patient flow? One UCAOA member doubled his number of exam rooms and cut his LOS by 14 minutes—*without adding staff*. What worked when you were new may not work any more.
- Minimize “dead time” for the patient sitting in the exam room. If you know the physician is not ready to see the patient, plan for the other staff to pace their interactions with the patient. Careful choreography can improve that patient experience, and diminish the sense that they are just waiting.
- Most importantly: Challenge your ideas about things that “have to be done this way” or have “always been done this way.” Involve *all* of your staff and put anything and everything on the table for possible change.

One last idea: Have your staff talk to the patients at the end of the discharge process, specifically about their wait times. Find out what their perceptions are about their specific waits; your very best ideas may come from the patients—your customers.■



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