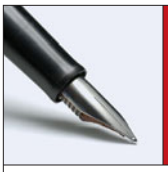
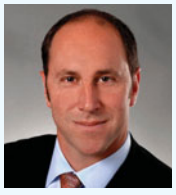


LETTER FROM THE EDITOR-IN-CHIEF

Patient Satisfaction: A Collaborative Approach



Patient satisfaction surveys have driven a contentious wedge between management and clinical teams. While management is tasked with ensuring the practice is addressing patient needs and evolving consumer demands, providers are far more concerned with doing the right thing clinically (satisfaction be damned). However, with patient expectations changing, access to care improving, and practice economics eroding, we have to find a way to bridge this issue or we will quickly find ourselves locked in counterproductive bickering while others run off with our patients.

Remember, the aging urgent care value proposition of "access" is becoming obsolete. To succeed in urgent care 2.0, we have to effectively address a consumer need, or risk a seismic blow to the viability of our practices.

As a manager and a physician, I can certainly see both sides. While it's tempting to defer to provider discretion, too often that means dismissing negative feedback. Why? Because it is simply too "human" to rationalize our behavior to protect our egos from embarrassing criticism. I hear these explanations—err, excuses—all the time. When confronted with a patient complaint or low patient satisfaction score, providers tend to rationalize.

"We were slammed that day," "These patients have unrealistic expectations," "You want us to move patients through quickly, so patients are less satisfied."

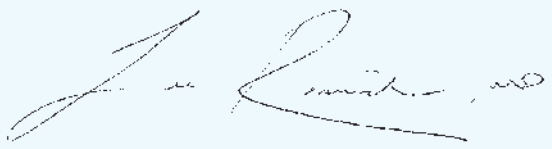
It can be quite exhausting to challenge every excuse on its individual "merits." Collectively, trending over time, they are easier to assail. So, I tend to focus on providers that underperform the rest of the group month after month.

The next challenge is to help providers change their approach so they can succeed and meet management's expectations. This can be tricky and labor intensive, but with a focused analysis and specific guidance, we can influence performance.

First, you need a willing student. If a provider is unwilling to reflect on their performance, they are not a good fit for your urgent care. In fact, they are not a good fit for urgent care at all. In a practice where continuity relationships are uncommon, first impressions are the key driver of patient satisfaction. So, if we focus our collective reflection there, we can find solutions that produce immediate results. Here are a two common provider profiles, with suggested interventions:

- **Excellent clinician/poor communicator:** Strong communication skills help a patient "feel cared for," are linked to attentiveness, and support understanding. Suggested interventions include:
  - Scripting responses to reflect empathy, appreciation and confirmation of understanding will help this provider give the right impression.
  - Nonverbal communication like eye contact and appropriate touching can provide an assist.
- **Fast, but too fast**: When you start to see complaints that say, "The doctor didn't even examine me" or "The doctor did not listen to me," the problem often reflects a provider who's rushing. Interventions include:
  - Telling these providers to slow down is not helpful; giving them efficient ways to demonstrate attentiveness is far more effective.
  - Scripting can help: After the patient gives their history, try confirming with, "Let me make sure I am hearing your concern accurately...." Simple, empathetic statements can help, as well: "I'm sorry to hear you are struggling with this. Let me see what I can do to help."
  - Fully understanding the power of "touch." While you may not find the examination to be particularly relevant, patients expect you to perform one. You should also explain to the patient what you are looking for while you are examining them. This does not add any time to the visit and demonstrates attentiveness and caring.

Working with providers and support staff to identify meaningful solutions that are easy to implement is critical to any performance improvement plan. In my next column, I will shift the discussion to specific "patient profiles" that can trigger service failures, and how to avoid and recover. ■



Lee A. Resnick, MD, FAAFP
Editor-in-Chief, *JUCM, The Journal of Urgent Care Medicine*