



HOW TO MAXIMIZE

# PATIENT SATISFACTION

(WITHOUT TURNING THE ED INTO THE DRIVE THROUGH AT BURGER KING)

# MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“CARE MORE FOR THE INDIVIDUAL PATIENT THAN FOR THE SPECIAL FEATURES OF THE DISEASE. . . . PUT YOURSELF IN HIS PLACE . . . THE KINDLY WORD, THE CHEERFUL GREETING, THE SYMPATHETIC LOOK – THESE THE PATIENT UNDERSTANDS.”**

**Sir William Osler**

## GOALS FOR THIS TALK

- ▶ Improve your patient satisfaction scores without compromising quality of care (or selling your soul)
- ▶ Make YOUR shift a more rewarding and enjoyable experience
- ▶ Help make you a better doctor



**The Cost of Satisfaction: A National Study of Patient Satisfaction on Health Care Utilization, Expenditures, and Mortality, Arch Int Med 2012.**



**HAVE IT YOUR WAY<sup>®</sup>**  
FOUNDATION

**THE WRONG  
APPROACH**

**SUPPLANTING EVIDENCE BASED  
MEDICINE (EBM) WITH  
“SATISFACTION-BASED”  
MEDICINE (SBM)**



# PATIENT SATISFACTION

≠ VALUE

≠ QUALITY



## Hospital Replaces Pharmacists with “Narcotic Sommeliers”

SANTA CLARA, CA – A Bay Area hospital is making a bold move to ...



## Doc McStuffins Forced to Resign Due to Dismal Patient Satisfaction Scores

ORLANDO, FL – Children across America are devastated after news broke today that Doc ...



## Doctors Mandated to Rub Patients’ Bellies to Improve Patient Satisfaction Scores

PENSACOLA, FL – In an effort to bolster patient satisfaction scores, doctors at Sacred Heart ...



## After Rapid Response, Hospital Administration Organizes Rapid Satisfaction Team

Mr. Cheapest Executive Officer at Lord Have Mercy Hospital Is one serious CEO who ...



## Schizophrenics’ Voices Get To Fill Out Patient Satisfaction Forms

MADISON, WI — When RN Tara Noluck got summoned to see her nursing supervisor ...

## WHY IMPROVE PATIENT SATISFACTION SCORES?

- ▶ Higher satisfaction is a placebo!
- ▶ More compliant patients may lead to better outcomes
- ▶ Reduce risk of malpractice
- ▶ Improves YOUR morale and welfare
- ▶ You become indispensable to the organization
- ▶ Protects our brand

## WHAT'S WORKING AGAINST US?

- ▶ OUR inherent biases
- ▶ Must build rapport and inspire confidence rapidly
- ▶ Long wait times
- ▶ What their PCM told them to expect
- ▶ Dr. Google MD
- ▶ Scared/vulnerable patient population





THE REALITY OF EM IS WE DON'T GET TO  
CHOOSE WHO COMES THROUGH OUR DOORS

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**BUT THAT'S WHAT MAKES US  
GREAT DOCTORS**



## WHAT'S WORKING FOR US?

- ▶ We can actually do stuff!
- ▶ We have the skills to connect with people in a very short period of time
- ▶ We share something really special with our patients and their families: *the uniform*



## MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“YOU WERE IN VIETNAM?  
YOU’RE THE REASON WHY FOLKS  
LIKE US WEAR THE UNIFORM.”**

**Your chance to reaffirm why we do what we do and  
leverage what it means to serve**

## HOW TO MEASURE PATIENT SATISFACTION?

- ▶ HCAHPS
  - ▶ Publicly reported inpatient survey with ED ramifications (since everyone gets admitted through ED)
  - ▶ Linked to Medicare reimbursement

### PATIENT SATISFACTION SURVEY

Did you die?

YES

NO



## PRESS GANEY

- ▶ Does not include admitted patients
- ▶ Higher proportion of lower acuity patients (who we spend less time with)
- ▶ Does not account for institutional differences
- ▶ Not designed to compare physicians
- ▶ Need a large sample to draw any meaningful conclusions



**IN A LARGE SYSTEMATIC REVIEW, THE VARIABLE  
CITED BY ED PATIENTS THAT HAD THE GREATEST  
IMPACT ON THEIR SATISFACTION WAS...**

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**INTERPERSONAL INTERACTIONS  
WITH NURSE AND PHYSICIAN**



“IF THEY **LIKE** YOU, THEY WILL FORGIVE YOU FOR MOST ANYTHING.”

Greg Henry MD

## PATIENT EXPECTATIONS IN 2017

- ▶ Compassion
- ▶ A physician that *listened*
- ▶ Physician who communicated well
- ▶ A physician who acknowledged and addressed their concerns

WE OFFER 3 KINDS OF SERVICE  
**GOOD-CHEAP-FAST**  
BUT YOU CAN PICK ONLY TWO

**GOOD & CHEAP** WONT BE **FAST**

**FAST & GOOD** WONT BE **CHEAP**

**CHEAP & FAST** WONT BE **GOOD**

# MAXIMIZING PATIENT SATISFACTION IN THE ED

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“WHAT’S THE **ONE** THING I CAN  
DO **TODAY** TO MAKE IT WORTH  
YOUR TRIP?”

Your script to help figure out why the heck they are  
in the ED

## YOU DON'T HAVE TO PRACTICE BURGER KING MEDICINE!

- ▶ Try to find out what they are most concerned about
- ▶ We need to **manage expectations** AND show compassion
- ▶ If you can accommodate some of your patient's treatment expectations without compromising quality you will build rapport
- ▶ Explain why it is not in their best interest to receive a test or certain treatment

“THE  
IN E  
NOT

DON'T MAKE ME GO  
**JEDI MIND  
TRICK**  
ON YOU

ER  
DING

Don't  
ere.”



**“I’M TREATING YOU THE SAME WAY I WOULD TREAT MY OWN FAMILY MEMBER.”**

Adapted from The Golden Rule. My script to avoid ordering tests I don't feel are indicated

## TIPS FOR SUCCESS: ADJUST YOUR MINDSET

- ▶ The VAST majority of patients don't want to be there
- ▶ Many are embarrassed to be in ED or were told to come
- ▶ Realize that if non-emergencies never showed up we may be out of a job
- ▶ Prudent layperson standard is law
- ▶ Never lose your empathy. You do NOT have to inwardly approve of a patient's behaviors to show empathy
- ▶ Find a patient to love every shift

## MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“YOU DID THE RIGHT THING BY COMING IN TODAY.”**

**Makes patient feel like they are not an idiot and wasting everyone's time. Remember the prudent layperson standard**

## TIPS FOR SUCCESS: THE INITIAL ENCOUNTER

- ▶ Greet patients ASAP!
- ▶ Ask how they would prefer to be addressed
- ▶ Sit down, make eye contact, and allow patients 1 minute up front to tell their story uninterrupted
- ▶ Acknowledge (and enlist) the family
- ▶ Establish privacy
- ▶ Write your name on the board





## MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“I’M REALLY SORRY FOR YOUR  
WAIT TODAY”**

**This statement demonstrates empathy but does not mean you think they necessarily should have been seen sooner**

## TIPS FOR

- ▶ Under
- ▶ Update waiting
- ▶ Perceiv
- ▶ Patient
- ▶ Chowi percei



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# MAXIMIZING PATIENT SATISFACTION IN THE ED

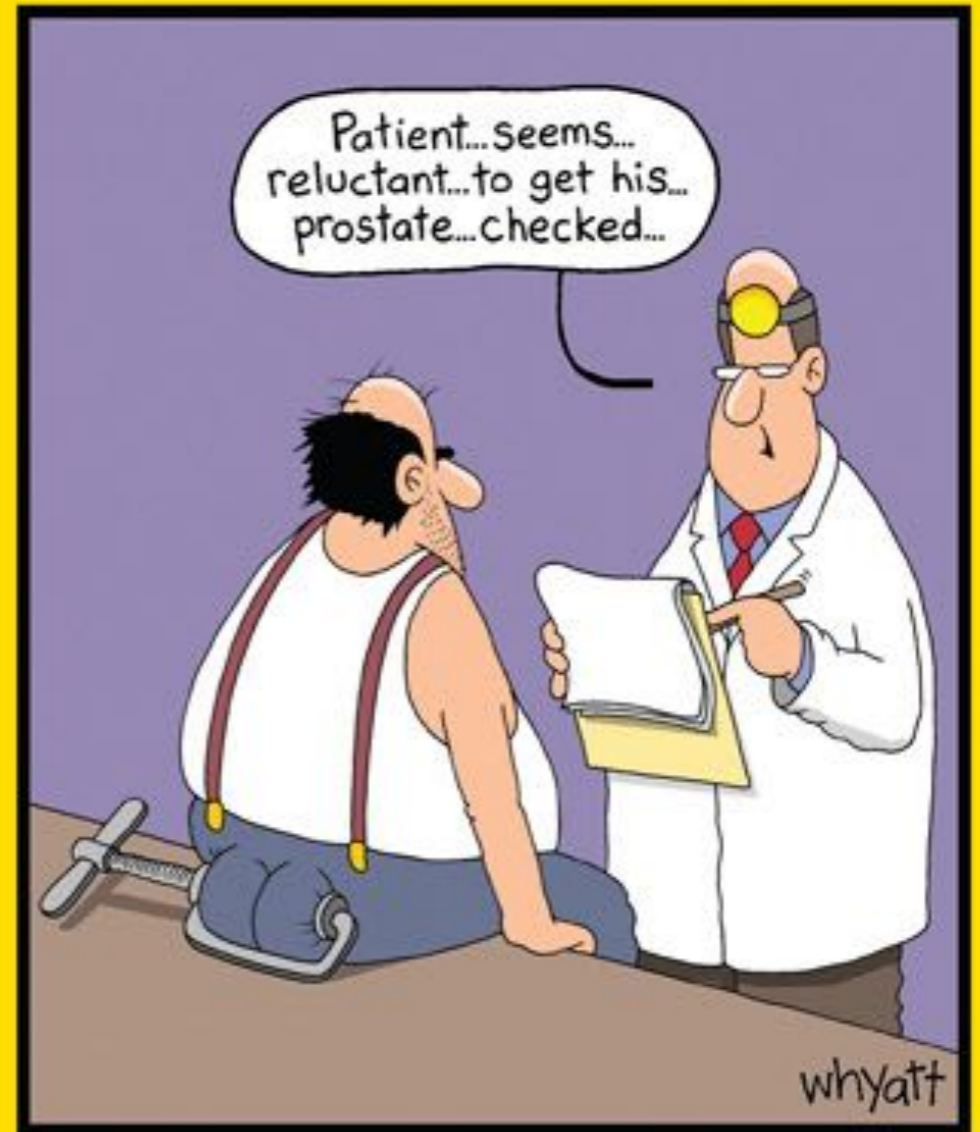
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**“CAN I GET YOU ANYTHING  
WHILE YOU’RE WAITING?”**

**Probably should be someone other than us, but  
the reality is it may not be.**

## IS THE PHYSICAL EXAM DEAD?

- ▶ “That doctor never even examined me!”
- ▶ For simple complaints, I think it’s OK to do the “orthopedics” thing with the stethoscope
- ▶ Bedside ultrasound can add brownie points



# Bedside ultrasound maximizes patient satisfaction, J Emerg Med 2014.



## PATIENTS **LOVE** BEDSIDE ULTRASOUND

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“PATIENTS WHO HAD A BEDSIDE US HAD HIGHER SATISFACTION SCORES WITH OVERALL ED CARE, DIAGNOSTIC TESTING, AND WITH THEIR PERCEPTION OF THE EMERGENCY PHYSICIAN”

## TIPS FOR SUCCESS: THE DISCHARGE

- ▶ Spend a couple extra minutes with patient prior to discharge
  - ▶ Less likely to bounce back to ED
  - ▶ More likely to comply
  - ▶ Your last chance to fix what went wrong
- ▶ ED patients do NOT understand their discharge instructions in terms of home care (80%), return precautions (79%), when to follow-up (39%), meds (22%), and Dx (14%)



# MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“DO YOU HAVE ANY  
QUESTIONS OR CONCERNS  
PRIOR TO DISCHARGE?”**

**Your chance to mitigate a potential bad outcome**

## MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“CAN I CALL YOUR DOCTOR TO DISCUSS YOUR CASE AND ARRANGE A FOLLOW UP?”**

**Patients love this! Also, it can improve communication for transition of care & facilitate a disposition**

## SHOULD WE CALL SOME PATIENTS AFTER THE ED VISIT?

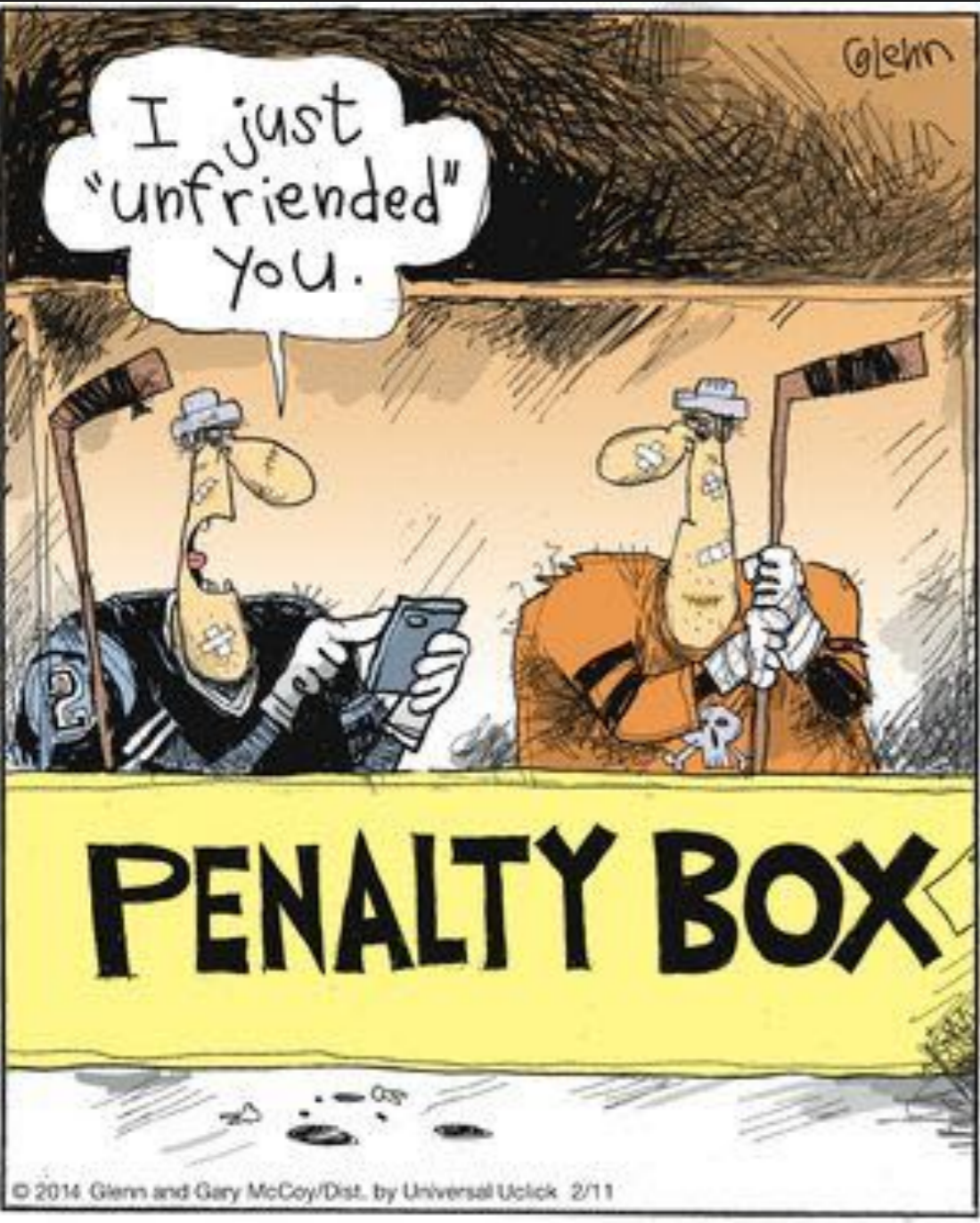
- ▶ In a study involving 30,000 Press-Ganey Surveys, ED physician call back was strongly associated with improved patient satisfaction (14th percentile vs 85 percentile in call back group)
- ▶ One RCT demonstrated elderly patients are more likely to follow up with their PCM after a ED follow up call
- ▶ My conclusion: in select patients this may be a helpful strategy and could be considered as another tool in your armamentarium

## MAXIMIZING PATIENT SATISFACTION IN THE ED

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**“THEY MAY FORGET YOUR NAME  
BUT WILL NEVER FORGET HOW YOU  
MADE THEM FEEL.”**

**Maya Angelou**



# BAMC ED PATIENT SATISFACTION

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# THE "ICE" BOX

## SUMMARY OF BAMC ICE BOX: COMMON PATIENT PERCEPTIONS

- ▶ At times patients feel judged for coming to ED
- ▶ Patients left alone and not updated on results
- ▶ ED may communicate one thing, consultants may communicate another (or referrals were dropped)
- ▶ Extraneous communication that is overheard
- ▶ Meds not put in CHCS
- ▶ Turnover issues



SEVERAL PATIENTS TOOK THE TIME TO  
WRITE **COMPLIMENTS** ABOUT THE  
COMPASSIONATE CARE THEY RECEIVED

Let us never forget this theme

# MAXIMIZING PATIENT SATISFACTION IN THE ED

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## SUMMARY

- ▶ High patient satisfaction scores and quality, cost effective care are not necessarily mutually exclusive
- ▶ Let us never lose the humanistic side of medicine
- ▶ *Your* wellness and job satisfaction matter too! You will probably enjoy your shift more
- ▶ Your patients will be more likely to follow through and may have better outcomes
- ▶ If they *like* you, they will forgive most anything