



## Delivering Exceptional Patient Experience

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### Objectives



Understand and articulate the significance of positive patient experience to both reimbursement and patient outcomes



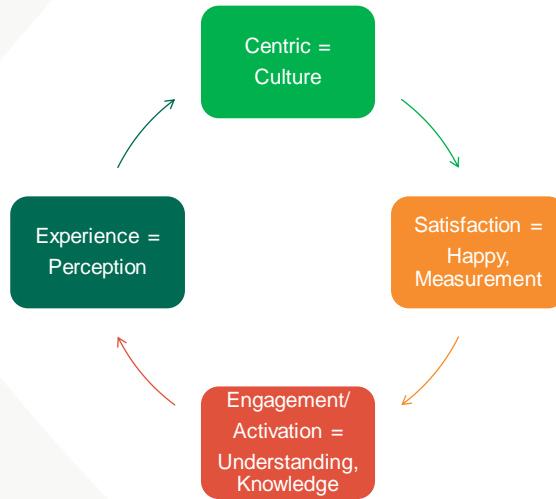
Assess the barriers to creating a positive patient experience



Implement and integrate best practices to engage staff and patients in creating positive patient experiences while improving patient outcomes



## Terminology



## Satisfaction vs. Experience



Patient Satisfaction

≠

Patient Experience



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Patient Experience

=

Patient Satisfaction

+++

Effective Communication



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## Practical Reasons to Focus on Patient Experience



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## Measuring Success

### Who & How

- ◆ Agency for Healthcare Research & Quality, <https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>
- ◆ Consumer Assessment of Healthcare Providers & Services, CAHPS
- ◆ CAHPS Clinician & Group Survey, CG-CAHPS
  - Improve care provided by individual providers, sites of care, medical groups or provider networks
  - Equip consumers with information they can use to choose physicians and other health care providers, physician practices or medical groups

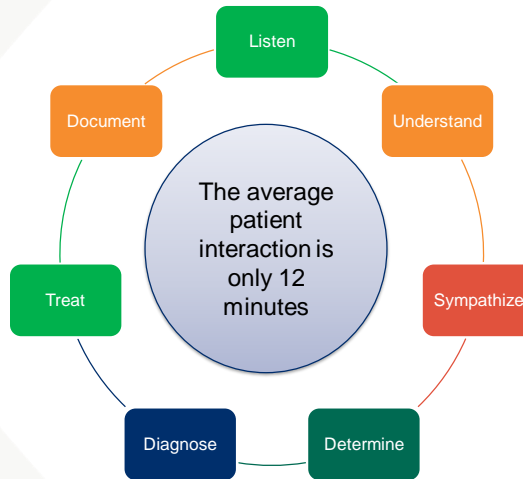
### What

- ◆ 31 questions produce the following measures of patient experience:
  - Getting Timely Appointments, Care, and Information
  - How Well Providers Communicate With Patients
  - Providers' Use of Information to Coordinate Patient Care
  - Helpful, Courteous, and Respectful Office Staff
  - Patients' Rating of the Provider
- ◆ May adopt & add supplemental items



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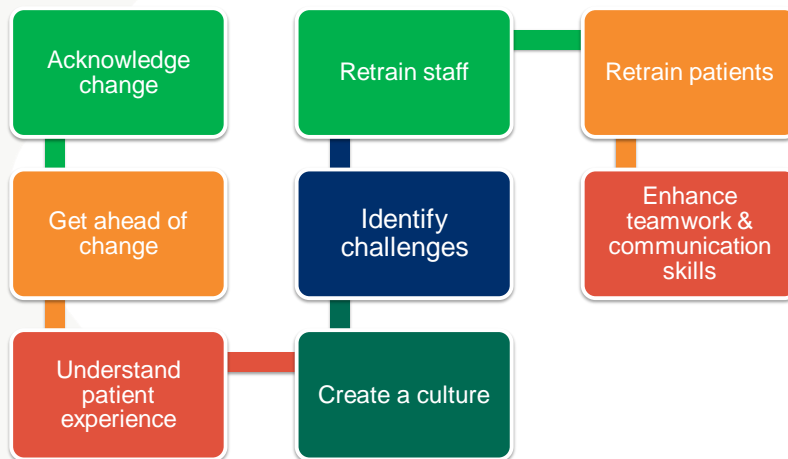
## The Challenge



Healthcare from the Patient Perspective

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## So, What to Do?



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## Teamwork & Communication are Key

- ◆ Team Communication
- ◆ Handoffs and sign-outs
- ◆ Referrals and consultations
- ◆ Between physician/provider and patient
- ◆ Discharge, self-care instructions

66%

Ineffective team communication is the root cause for nearly 66% of all medical errors from 1995-2005.

Institute for Healthcare Communication



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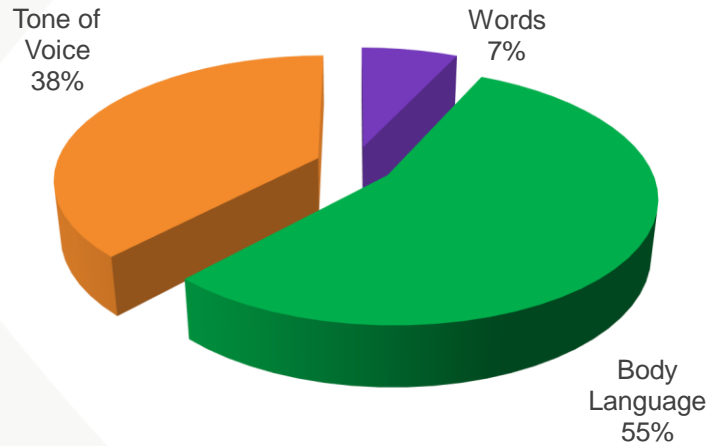
## Effective Communication

- ◆ Connect to patients
- ◆ Engage in the conversation
- ◆ Ask the question you want answered
- ◆ Listen for the answer
- ◆ Reflective listening
- ◆ Explain the why & why not
- ◆ Two questions
  1. "Do I have what I think I have?"
  2. "Are you going to do what I think you should do?"



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## How Patients Hear Us



Mehrabian, Albert

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## Effective Body Language



- ◆ Arms open
- ◆ Body orientation, physical barriers
- ◆ Lean forward
- ◆ Head nodding
- ◆ Slow, steady breathing
- ◆ Pause before responding
- ◆ Eye contact
- ◆ Same level



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## But How Do They Hear Us On the Phone?



**TONE  
OF  
VOICE**

**86%**



SVMIC Risk Evaluation Data

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## Tone of Voice

- ◆ Tells patients who you are
- ◆ Makes you different
- ◆ Builds trust
- ◆ Used to influence and persuade
- ◆ Become firmer or deeper, never louder
- ◆ Sit up straight



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## Taking A Call

- ◆ Be prepared
- ◆ Smile
- ◆ Answer promptly – by third or fourth ring maximum
- ◆ Answer with name, role and greeting
- ◆ Speak slowly and clearly
- ◆ No food or gum
- ◆ Ask permission for hold – how long
- ◆ Notify before transferring
- ◆ Get as much info as possible for messages



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## Placing A Call



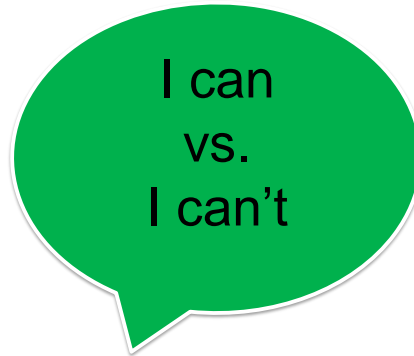
- ◆ Introduce self
- ◆ Rehearse
- ◆ Have all information
- ◆ Remember the other person may be busier than you
- ◆ Help them help you



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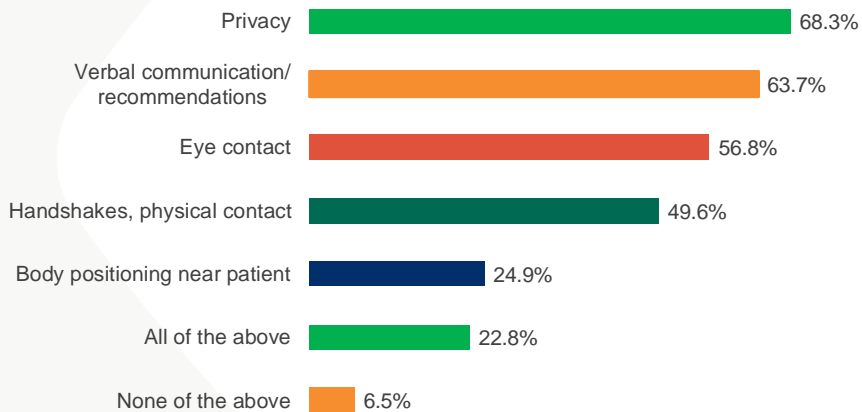
## Communication Techniques

- ◆ You sound upset
- ◆ Tell me about it
- ◆ What would you like me to do
- ◆ Here's what I would like to do next
- ◆ Agree in principle
- ◆ Thank you for sharing your feelings, experience



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## What Patients Value



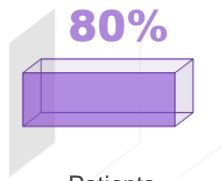
Healthcare from the Patient Perspective

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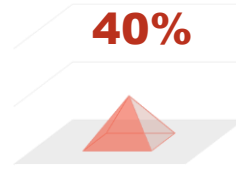
## From the Patient Perspective



Patients cite a good relationship with their primary care physician



Patients feel engaged



Patients feel rushed

**18-23**

Physicians interrupt patients 18-23 seconds into conversation



**2**

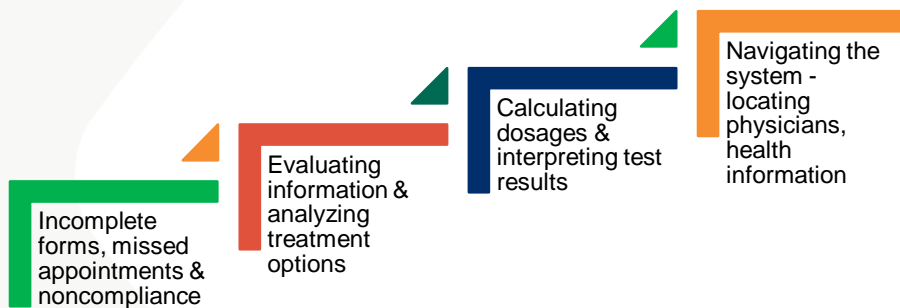
The average patient will talk for 2 minutes if not interrupted



Healthcare from the Patient Perspective

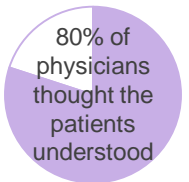
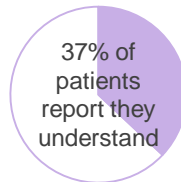
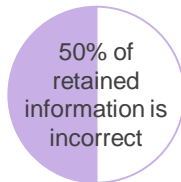
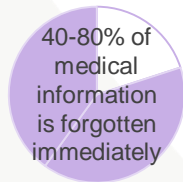
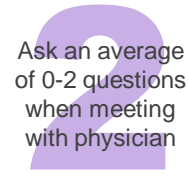
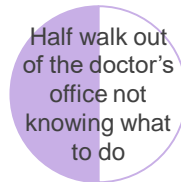
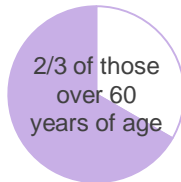
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## Low Health Literacy Problems & Warnings



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## Low Health Literacy



Infographic: Facts About Patient Education

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## Health Literacy & Patient Rights

“ It is neither just, nor fair, to expect a patient to make appropriate health decisions and safely manage his/her care without first understanding the information needed to do so. ”



American Medical Association, Reducing the Risk by Designing a Safer, Shame-Free Health Care Environment 2007

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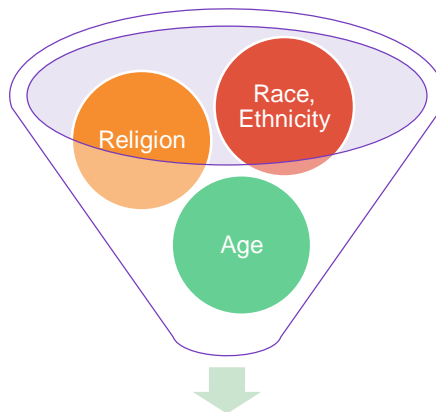
## Combating Low Health Literacy

- ◆ Teach back method
- ◆ Ask. Tell. Ask.
- ◆ Questions beginning with “how” and “what”
  - “Do you sometimes have difficulty understanding...”
  - Acknowledge the difficulty
- ◆ Plain language, enunciate
- ◆ Written materials < 6th grade
- ◆ Visit summary
- ◆ Alternate teaching methods



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## Cultural Implications



Diet, Medicine, Communication, Interaction

Health Resource and Services Administration, <http://www.hrsa.gov/culturalcompetence/index.html>

A Physician's Practical Guide to Culturally Competent Care, <https://cccm.thinkculturalhealth.hhs.gov/><sup>26</sup>

## Delivering Bad Information

**S**etting

**P**atient perspective

**I**nformation

**K**nowledge

**E**mpathize

**S**trategize



Baile, Walter; Beale, Estela. "Spikes – A Six Step Protocol for Delivering Bad News". The Oncologist. 2000.

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## Courtesy, Respect & Professionalism

- ◆ Greet the patient, introduce self, address patient by name
- ◆ Eye contact
- ◆ Connect personally
- ◆ Knock on door
- ◆ Move away from door, keep hand off doorknob, sit
- ◆ Understand every person is unique
- ◆ Remember, you are being watched
- ◆ Smile
- ◆ Ask if there is anything else



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## Questions

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## Patient Experience Resources

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