

# CREATING AN EXCELLENT PATIENT EXPERIENCE

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# Course Objectives

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- Recognize that how patients evaluate their urgent care experiences varies depending on the relative importance they place on various service attributes.
- Utilize patient expectations in defining service delivery standards and appreciate the role of “tangibles,” such as the physical environment, in shaping patient perceptions of quality.
- Distinguish common causes of patient dissatisfaction in urgent care centers and develop measures and survey techniques to assess and monitor those causes.
- Explain the process for resolving patient dissatisfaction that includes active listening, acknowledgement, and follow-through communication.
- Understand the interaction of formal training, culture, and incentive programs in empowering staff to create positive patient experiences and to implement corrective action when patient dissatisfaction occurs.

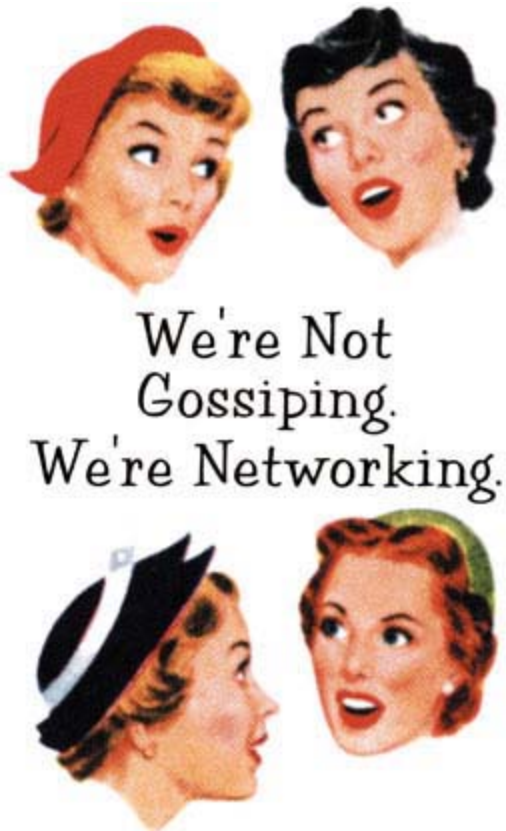
# Value of Positive Patient Experiences

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- Urgent care is in the “patient satisfaction” business—in consumer eyes *comparable to* retailers, restaurants, banks and other service providers.
- Long-term success requires capturing *repeat business* and generating *positive word of mouth*.
- Patients evaluate the *quality* of their urgent care visit based on *clinical outcomes* and their *feelings about the experience*.
- Patients who don’t like the experience provided, don’t value it, or don’t think it meets their needs or expectations *won’t come back*.

# New Era of Word of Mouth Marketing

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- Patients with negative experiences will tell others, complain to external agencies, and switch to competitors.
- Internet social media has accelerated the diffusion of good and bad experiences.
- Reach has expanded from a handful of “real” friends to potentially thousands of “virtual” friends.

# Marketing is Understanding Customers

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NORDSTROM



WALT DISNEY

- Fantastic service organizations have “*full-time*” and “*part-time*” marketers.
- “Part time marketers” include retail clerks, bank tellers, airline ticket agents, and appliance repairmen.
- *Everyone* should look at how *everything* in the organization *impacts the customer*.
- A “*moment of truth*” is any instance of contact or interaction between a customer and a firm.

# Reasons for Patient Dissatisfaction

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*‘Urgent Care’ ...that’s a joke.  
I’m in pain, I’ve been waiting  
for an hour, and the staff is  
just hanging around talking.*



# Patient Perceptions of Wait

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## Time's a Wastin'

Here's what people said when asked 'Why do you think wait times are not reasonable?'



Note: Online poll of 1,026 U.S. adults conducted in 2011 who said they have waited for at least one service or delivery appointment in the preceding 12 months. Margin of error is  $\pm 3.2$  percentage points. Totals may not add up due to rounding.

Source: TOA Technologies

The Wall Street Journal

When asked the cause of long wait times, “*companies don't care about my time*” was provided three times as often as responses related to technology and process.

## Reasons for Patient Dissatisfaction cont'd.

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*I asked for a z-pak; she said it was a virus and I'd just have to get over it. I can't afford any more time off work. What a waste of a co-pay!*



## Reasons for Patient Dissatisfaction cont'd.

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*Why is your collections agency harassing me? You took my insurance. I owe you nothing...*

## Reasons for Patient Dissatisfaction cont'd.

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*I worked all day to pay his fee and he couldn't take five minutes for my daughter...*

# Customer Service: Not for the Faint of Heart

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- Patients *don't feel good*—they're sick, anxious, or in pain.
- Patients *did not expect or desire* to spend their money on urgent care.
- There are *better things* patients need to be/would rather be doing with their time.

# When patients are rude, unreasonable...

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- People in “fighting mode” want *to bait you* into a fight.
- Emotional people are looking for an emotional response—*don’t give in!*
- Remain professional, objective and kind—it will *disarm them* and *protect you*.
- People know when they’re being “jerks”—they’ll usually walk away realizing *their behavior was wrong*.

# When patients are rude, unreasonable...

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- Patients will make disparaging remarks but their words should *never be taken personally*.
- This is about a situation—it's not about *you* and it's not about *them*.
- People cannot make you feel anything—only you determine how you feel.
- People respond to our reactions to them—if you react defensively, they'll respond aggressively.

# When patients are rude, unreasonable...

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- Find points to agree with the patient—acknowledge how they feel (you don't have share their feelings):
  - *90 minutes is a long time to wait...*
  - *The lab should have had the doctor's orders when you arrived...*
  - *\$150 is a lot of money...*
- Acknowledging what is wrong *disarms* the patient—it takes the “sting” out of the conflict.
- Interact with the patient to resolve the situation. Ask the patient *what can be done* to bring about satisfaction.



# When patients are rude, unreasonable...

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- Avoid knee-jerk reactions. Take a mental pause and determine how you will react.

***I think we've gone as far as we can in this conversation. I need some time to research/reflect upon your concerns. I understand there is more to talk about—can we continue this discussion at such and such time and place?***

- Follow-through on your commitments.

# Be Empathetic, But Never “Fake” Empathy

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- Nothing puts off patients more than a big phony.
- Statements like *“I understand how you feel...”* must be sincere.
- If you can’t be empathetic, just remain professional and neutral.
- Know the rules—what is and is not possible—don’t overpromise and under-deliver.
- Avoid negative, binding or absolute statements like “can’t,” “have to,” or “the policy states...”

# No matter how rough it gets, remember...

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- *I'm rubber, you're glue, your words bounce off me and stick to you.*
- *Sticks and stones may break my bones but words will never hurt me.*
- *I know you are...but what am I?*

# If patient needs are violated, they won't return.

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## Security

- Need to feel free from (unthreatened by) physical, psychological, or financial harm (transactions must be predictable).

## Esteem

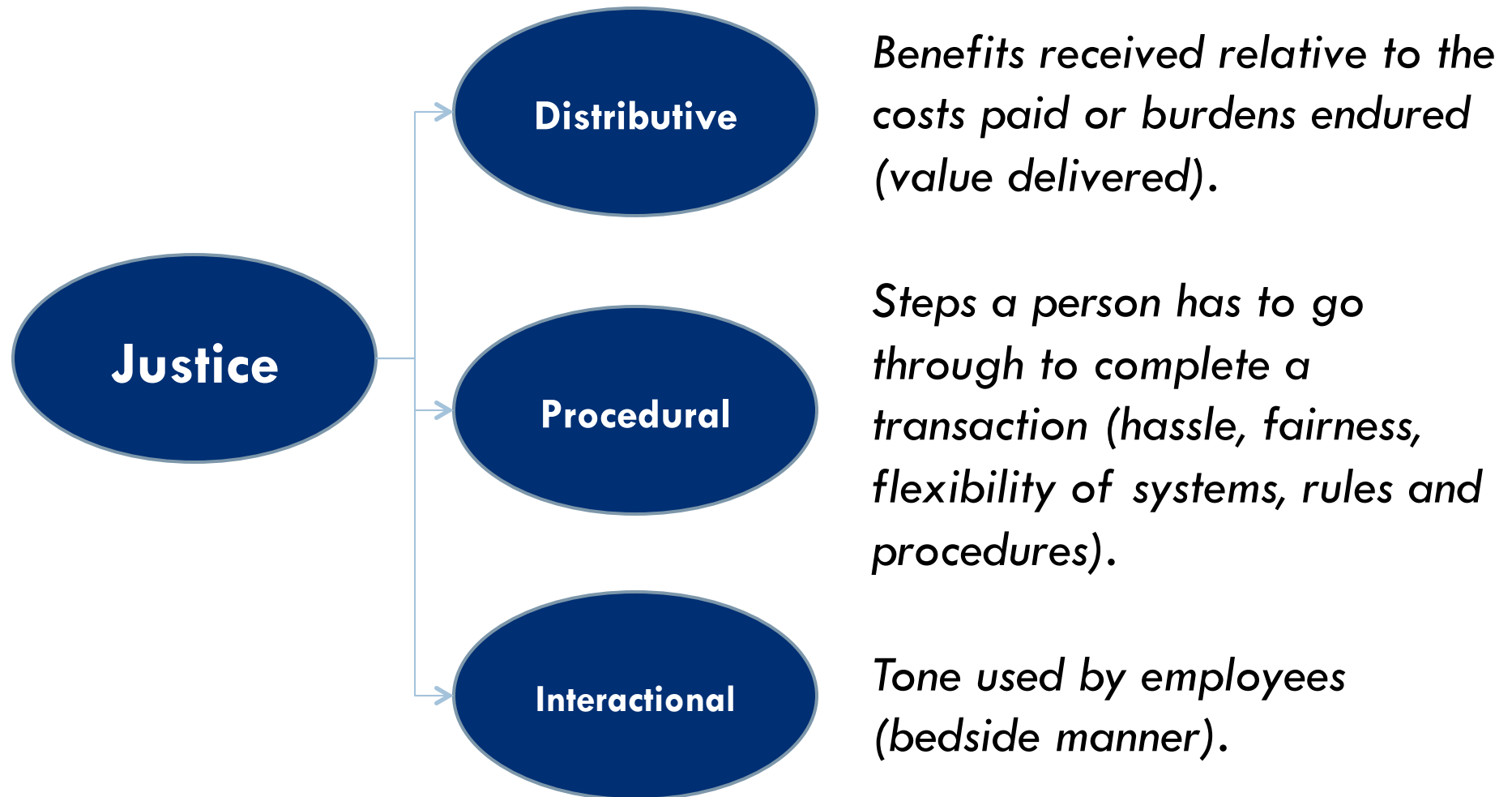
- Need to be treated as a unique and important individual who's in control (acknowledge the patients' perspective and rights, provide relevant information).

## Justice

- Need to be treated fairly (in terms of financial and labor costs, policies/procedures, processes/systems and social interactions).

More than anything, patients expect to be treated fairly.

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# Patient Expectations Are The Basis for Performance Standards

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- When patient expectations are met, they are neither excited nor disappointed (they're *satisfied*).
- When there are *gaps* between what's *expected* and what's *delivered*, the result is *delight* or *frustration*.
- Patient “*zone of tolerance*” varies greatly *depending* on what *service attributes* are *important* to the patient.



# Five Attributes of Service Quality

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- **Reliability:** Ability to perform service dependably and accurately (mastering the fundamentals).
- **Assurance:** Knowledge and courtesy of employees and their ability to convey trust and confidence.
- **Empathy:** The caring, individualized attention provided to customers.
- **Tangibles:** Appearance of physical facilities, equipment, personnel and marketing materials.
- **Responsiveness:** Willingness to help patients and provide prompt service.

# Zones of Tolerance Vary by Patient and by Service Attribute

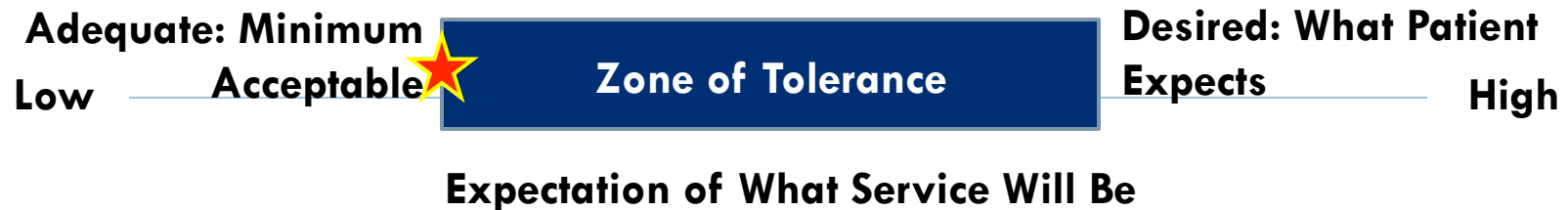
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 *Service Quality Perception*

**Most Important Attributes:**



**Least Important Attributes:**



# Handling Patient Expectations

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<b>Delivery Phase</b>	<b>Activities</b>
Pre-Service	Establish Rapport with Patients Learn what Patients Expect Tell Patients What to Expect
During Service	Communicate Processes Monitor Performance Modify Service if Possible Explain and Correct Shortcomings
After Service	Solicit Patient Feedback Measure Satisfaction Implement Grievance System Follow-up and Make Changes

# Employee Attitudes Affect Patient Attitudes

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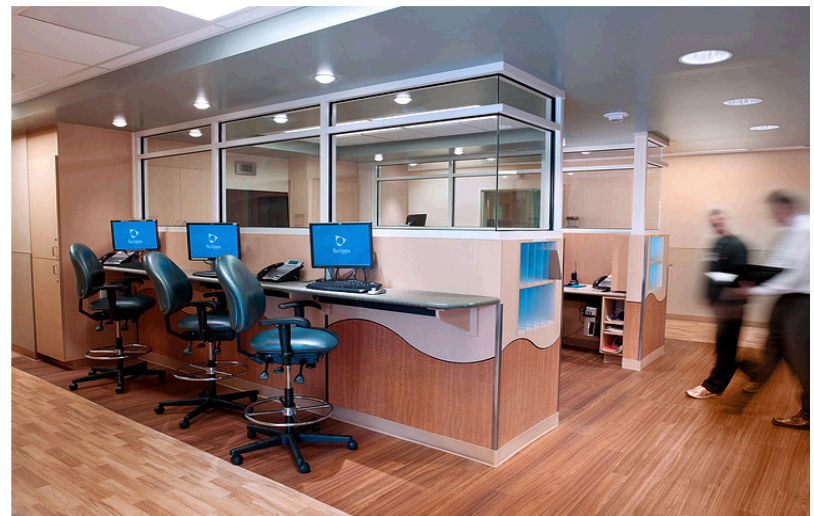
- Seek employees with a positive attitude.
- Leading service firms expect employees to smile and project a friendly demeanor.
- Emotional labor of appearing happy, even if you aren't, is to *assume a role*—it's easier to *act* happy than *be* happy.

# Role of the Care Environment on Patient Attitudes

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- When patients lack formal training to evaluate clinical decision making, they look to the *physical environment* for cues.
- Clinical competence is generally assumed so patients focus disproportionately on the tangibles:
  - ▣ Décor, aesthetics, and layout of the physical facility.
  - ▣ Condition and cleanliness of furnishings, fixtures and equipment.
  - ▣ Appearance and dress of providers and staff.
  - ▣ Availability of Wi-Fi, current magazines, television programming, children's play areas, coffee or bottled water, etc.
  - ▣ Seating arrangement, spacing, and type of seating.
  - ▣ Signage and messaging.
  - ▣ Restrooms

# Focusing on the Tangibles: Environment of Care





# Tangibles: Environment of Care, cont'd.

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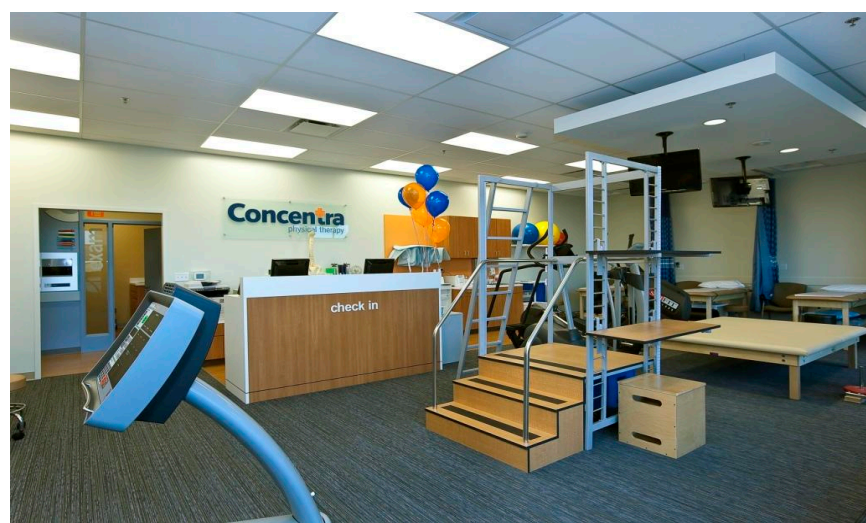
# Transforming the Environment of Care

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# Transforming the Environment of Care, cont'd.



# Employee Rewards/Incentives Should be Based on Patient Satisfaction Measures

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- If you're not *listening to your patients* in an *deliberate* and *intelligent* way, you won't know how to improve service quality.
- Measure performance *relative to patient expectations*.
- Link patient satisfaction to employee performance appraisals.
- Share "great care" stories and *recognize/reinforce* examples of "good service" as they occur.

# Service Quality Information Sources

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- Transactional Surveys
- Mystery Shoppers
- New, Declining and Lost Patient Surveys
- Focus Group Interviews
- Patient Advisory Panels
- Service Reviews
- Patient Complaint, Comment and Inquiry Capture
- Total Market Surveys
- Employee Surveys
- Service Operating Data Capture

# Service Quality Measure: Net Promoter Score

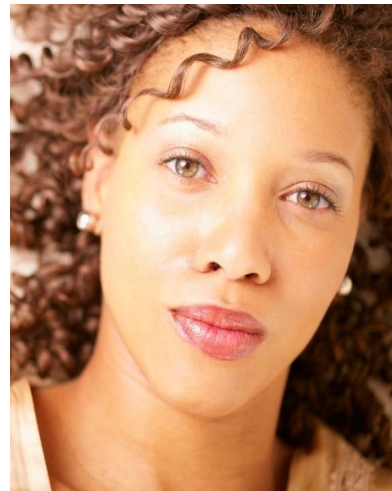
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*“On a scale of 1 to 10, rate your likelihood to recommend us to others.”*



**Undermines future business.**

**0-6: Detractors**



**Woored by the competition.**

**7-8: Passives**



**Extends sales and marketing.**

**9-10: Promoters**

*The goal is to increase net promoter score by “neutralizing” detractors and “converting” passives.*



# Culture and Staff Empowerment

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- Culture is the summation of *what's important* to an organization—why it exists, what it stands for, how it does business, and what *differentiates it* from competitors.
- Culture guides employee *behavior*.
- Culture gives *meaning and value* to work.
- Culture fills the gap between what an employee can be *trained to do* and what an employee *must actually do* to meet customer expectations across a variety of situations.
- Culture is supported by formal development programs and reward systems to reinforce positive behaviors.

# Language, Legends, Stories and Heroes

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*“The Orange Book is a little book with a big goal: to redefine the patient experience by performing **welcoming, respectful, skillful** actions—every colleague, every day, every location.”*



## Our Opportunity...

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*Research suggests consumers feel health care companies focus too much on their financial bottom lines, rather than a dedication to individual patient care. And they want a better patient experience.*



The combination of a retail experience with quality health care is a unique offering.

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