You Get What You Measure: Patient Experience Indicators for Urgent Care

Alan A. Ayers, MBA, MAcc
Content Advisor, Urgent Care Association of America
Associate Editor, *Journal of Urgent Care Medicine*
Vice President, Concentra Urgent Care

In order for your urgent care center to be successful in the long-run, it must go beyond offering "quality care" or "good medical outcomes." Rather, your center must provide an experience that patients will tell others about and seek to return for themselves.

A common problem is that many urgent care operators view patient encounters as single transactions that include registration, assessment, treatment, documentation and billing. *"Treat 'em and street 'em"* is a service philosophy that ignores patients are looking for more than the resolution of their immediate health problem—they're concerned about how being a patient at the urgent care center makes them *feel*.

Thus, the "road" to patient loyalty is "paved" with patient feelings, observations, perceptions, and attitudes—the intangibles on top of the medical care they're paying for. To deliver an experience patients will value, savvy urgent care operators start by knowing the reasons why patients utilize their center.

Why do patients utilize urgent care?

A commonly cited reason why patients use urgent care is because they don't have a primary care physician—yet data indicates many urgent care patients *do have* access to a primary care physician and *they also utilize* urgent care during that primary care doctors' business hours. There must be another reason…

What about using urgent care as an alternative to the emergency room? Again, data shows most urgent care concerns are treatable in a low-acuity setting and are not appropriate for the emergency room. Patients tend to know what constitutes a "true" emergency—trauma, resuscitation, and chronic conditions requiring hospital admission—yet many patients still rely on emergency rooms because they're available on-demand, 24-hours a day.

In actuality, the reasons why new patients use your center most likely have to do with *convenience*—they can see a doctor on their own schedule without the hassle or confines of making an appointment and without the high co-pays and long waits of an emergency room. Some patients may also believe urgent care offers a degree of "anonymity" versus their family doctor. Regardless, highly visible locations, extended evening and weekend hours, and a range of services in one facility position urgent care as a "retail" health care alternative—consistent with the other "retail" products and services patients consume. It's just plain *convenient* for patients to use urgent care versus other alternatives.

But before patients can utilize urgent care, they must know it exists, which occurs through advertising, grassroots marketing, payer or provider referrals, and word-of-mouth. And once established, repeat patients return to the center for the same reasons—but only if they've had reasonably satisfactory experiences with the center in the past.

Measuring the Patient Experience

In your own community you've probably seen restaurants that once thrived slowly go out of business. Most likely they didn't go down saying "we offer bad service, bad food, and an uncomfortable atmosphere," but instead they blamed external factors—the economy, competition, their landlord, or the labor market. Without measures, it's difficult for business owners to *really* know what consumers want and whether they're delivering it on a consistent basis. That's why so many businesses invest in consumer surveys. Gathering data on a regular basis guides interventions, education and development.

Because "convenience" is the major consumer value proposition of urgent care—urgent care measures should evaluate ease of use including how quickly the center moves patients through while also considering the quality of the patient's service perceptions. Five sample evaluation measures focused on the patient experience include:

1. Average wait or throughput times.

Patients want to get in and out of urgent care quickly so when long wait times exist, wait times tend to be patients' most significant complaint regarding urgent care centers. "Wait time" is generally defined as the period that elapses between the patient's arrival at the center and when the patient is seen by the treating practitioner. Such can be measured by "timestamps" or "notations" in the practice management system or on the patient chart. Wait times may also be measured by surveying the patient—however, most patient perceptions of wait are longer than the actual time waited. Although the primary measure is defined "wait after registration to see a provider," a more accurate measure may consider cumulative wait time—including waiting to receive a prescription or discharge paperwork. Because an urgent care encounter may include multiple intervals of wait—which can be difficult to measure—as a proxy many centers just look at total time in the center or "throughput time" with a goal of getting patients in-and-out in under an hour.

2. Percentage of patients seen within 30 minutes of arrival or percentage in-and-out in under an hour.

The problem with looking at average wait times is that averages fail to account for outliers. A center that has five-minute waits on weekday mornings but over an hour on weekends may feel it's doing well with average waits "under 30 minutes" but a high percentage of patients are likely unsatisfied with the length of their wait. Setting a benchmark patient experience—such as "seeing a provider within 30 minutes" or "door-to-door within 60 minutes"—and identifying the *percentage of patients* who fall within our outside that benchmark will provide more insight to the typical patient experience than looking at numerical averages alone.

3. Satisfaction with today's visit, likelihood to return, and likelihood to recommend.

Patient experience surveys often ask both "how satisfied are you with your most recent visit" as well as "how likely are you to recommend the urgent care center to others." Because satisfaction is somewhat objective—some patients will quickly indicate they're "Highly Satisfied" while others with similar experiences may say the visit only "Meets Expectations" because their criteria for "Highly Satisfied" may entail a truly extraordinary experience. Significant to the urgent care operator is the distribution of responses. Using a 1- to 5- scale in which 5 is "Highly Satisfied," 3 is "Neither Satisfied Nor Dissatisfied," and 1 is "Highly Dissatisfied" the urgent care operator should focus on minimizing the number of 1's and 2's and shifting 3's to either 4's or 5's. Surveys typically ask about the most recent visit because a patient may be satisfied with a center over the long run although unhappy with his last visit—asking about the most recent visit is a more accurate measure of service delivery.

Greater insight around patient satisfaction may be gained by asking whether a patient is likely to return to the center in the future if a similar need occurs. In addition to patient satisfaction, studies have shown that a patient's likelihood to recommend the center to friends, family, neighbors, co-workers and others is a strong indicator of the prevalence and quality of word-of-mouth—a key driver of urgent care visits. Again, what's significant is the distribution of responses.

Some consumers simply don't recommend medical practices or they live outside the area—so their lack of willingness to recommend the center may be unrelated to their experience—but a distribution that skews towards neutral or negative is a red flag for the urgent care operator. To spur word-of-mouth—the urgent care operator needs to cultivate experiences "so special" that patients will want to tell others. Likelihood to return and to recommend are forward-looking measures. A patient may be dissatisfied with the most recent visit but sufficiently satisfied with his experiences over time that he or she would still utilize the center and recommend it to others.

4. Number of documented complaints.

Unfortunately, most patients who have negative experiences with urgent care will not tell the center's operator, but rather, will tell everyone they know. If this happens frequently enough, slowly business will fall off without the operator understanding why. So when a patient does give feedback, such should be considered a "gift" because it provides the center an opportunity to assess shortcomings and devise a plan for remediation and improvement. It also takes a patient who feels particularly passionate about his or her experience to exert the effort of documenting a formal complaint. This metric—a simple count of how many complaints were documented over a period—can be tracked over time to assess trends in encounter-specific patient complaints. Patient feedback is most actionable when it can be attributed to a specific cause—such as the behavior of a particular provider, the condition of the facility, or the accuracy of billing. Patient complaints should be acknowledged by a manager or owner, patients should be kept informed of remediation steps, and an incentive should be provided for the patient to return to the center.

5. Percentage of patients surveyed who can remember any staff members name whom they liked.

Many patient experience surveys ask whether the patient remembered a specific employee who made an extra effort or otherwise left a positive impression on the patient. As with a patient who takes time and effort to document a complaint, when a patient singles out a specific employee—such feedback is especially significant. To encourage employees to go "above and beyond" in cultivating excellent patient experiences, the culture of a patient experience-oriented urgent care operation should celebrate employee actions deemed remarkable by patients. This entails sharing "great care stories" in meetings, providing visible recognition to staff members who exhibit desired patient-focused behaviors, and tying staff recognition to tangible, financial benefits. Obviously patients need to be able to recognize the center's staff by name—so all employees should all wear name tags and introduce themselves to the patient at the beginning of each encounter.

Engaging Providers and Staff

While *measuring* the patient experience is a start—the data gathered from patient surveys and system measures can be used to *affect change* only if it's *shared* with providers and staff. The center team ought not feel that it's constantly under scrutiny of the measures—lest they "game" the system—but transparency around patient measures should provide continual awareness and understanding that every patient will be making evaluations of how well the experience matches their expectations. Along with awareness, there should also be "buy-in" to a culture and activities focused on the patient experience. Providers and staff should understand what patients expect from urgent care, their roles in creating the "ideal" patient experience, and how they may use feedback to improve their personal effectiveness and the center's service delivery. To this end, many centers tie patient experience scores to incentive and development plans to make providers and staff personally vested in the survey outcomes.

Conclusion

While the quote, "you get what you measure—so measure everything" may not be practical, it does underscore the need for a formal system of measuring what's important to urgent care consumers. When providers and staff understand what urgent care patients want, are "bought in" to a culture that meets patient needs, and have been trained to use survey feedback to improve service delivery—the result will be increased visits and profits through patient loyalty and word-of- mouth.