

Five Activities for Improving Patient Satisfaction

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Urgent care is differentiated from other medical providers by a “retail” orientation that includes high traffic locations near consumer homes and worksites, weekend and evening accessibility, and walk-in convenience. Like any other retail business, urgent care depends on repeat visits and positive word of mouth to grow. However, high quality clinical care is only one measure of success. Patients evaluate urgent care according to the entirety of their experience—including such “customer service” elements as facility appearance and cleanliness, staff friendliness and helpfulness, and ease of registration and discharge processes.

The following five activities can help your urgent care center effectively measure and consistently deliver the quality of experience that makes patients want to return and tell others to do the same:

1. Implement a System to Measure the Patient Experience

There is an adage in business “you get what you measure.” Ask anyone in a front-line position whether they’re providing good service and most likely their response will be “yes.” But in building an urgent care business, the only opinion that truly matters is that of the *patient*. The starting place in mobilizing staff to deliver a stellar patient experience is to set up a mechanism to collect, quantify, and track patient feedback.

An urgent care center may create its own patient satisfaction survey or outsource to a third party. Survey vendors, able to achieve the scale of many centers, often offer more sophisticated technology and reporting than in-house solutions, but such also comes with a price. Various survey methods include:

- Comment cards provided to patients at discharge (deposited into a locked box or returned by mail).
- Telephone calls to a sample of patients after their visit.
- Paper surveys mailed to a sample of patients after their visit.
- Internet surveys emailed to every patient providing an email address.
- Touch screen surveys administered through a lobby kiosk.
- Feedback form on the urgent care center’s website.

Patient satisfaction surveys should evaluate a variety of factors contributing to the patient experience including staff friendliness, wait times, and provider communication. Questions can be quantified on a “1 to 5” or “1 to 10” scale, allowing for averages that can be tracked over time. In addition to quantitative data, the survey should provide an opportunity for patients to narrate their experiences and impressions. Patient comments carry a level of candor and honesty that makes them highly actionable. **Note: A sample urgent care patient satisfaction survey is available in the [Members Only section of ucaaa.org](#).**

Before relying on survey metrics, however, it’s important to understand how representative the data is of all patient experiences. Comment cards and website forms likely represent a **small sample of self-selected patients** with very strong feelings—primarily those looking to complain. Using a **scientifically selected random sample**, telephone, mail and email surveys can paint a more accurate picture of the **typical patient** experience. Surveying may occur on an ongoing basis, or be scheduled periodically—such as monthly or quarterly.

Once the survey process is deployed, orient providers and staff on the survey questions, methods and metrics to assure they understand the standards they are going to be measured against. Staff should also let patients know they may receive a survey and ask if there are any unresolved issues that would prevent the patient from giving an “excellent” rating. The best time for service recovery is before the patient leaves the center—by the time the patient provides feedback on the survey it’s often too late to salvage an unsatisfactory experience.

2. Train Staff on Patient Expectations

In order for urgent care providers and staff to deliver a good patient experience, they must first understand what patients expect. Patient expectations are translated into service standards and staff behavior, which may be prescribed as policies and procedures on:

- How to answer the telephone.
- How to greet patients entering the facility.
- How to communicate privacy and financial policies.
- How to collect co-pays, deductibles, and patient balances.
- How to communicate expected wait times (and when to provide updates).
- How to offer coffee, water, and other refreshments.
- How to arrange furniture and display magazines in the waiting room.
- How to explain discharge paperwork and follow-up instructions.
- How to thank the patient for his visit and ask if the patient is satisfied.

These are just a few steps in the entire patient encounter—to fully understand what a patient “sees, hears, feels, and thinks,” it’s necessary to walk through each step of the process and define standards that will result in a positive experience. ***For more information on mapping service encounters, see [Ayers, Alan “Putting Patients First: Redefining Quality in the Patient Experience,” *Journal of Urgent Care Medicine*, May, 2009.](#)***

Once providers and staff understand what behaviors are expected of them, training occurs through scripting and role playing. Engage several employees in acting out common patient scenarios and demonstrate what desired and undesired behaviors look like. While role playing, ask participants what behaviors they would expect as a patient in each scenario. By “putting themselves in patients’ shoes,” providers and staff may better empathize with patients and be more cognizant of how their actions are perceived by others. Some of the best suggestions on delivering excellent service come from employees who constantly evaluate their own customer service behaviors with an eye towards improving the overall experience.

Although most urgent care centers detail expected behaviors in their initial employee orientation, it is insufficient to provide customer service training only to new hires. Instead, customer service training should be ongoing for all staff members. Best-in-class organizations typically hold two or three “in services” a year where staff can review performance, share stories, and come up with ways to further innovate and improve patient perceptions.

3. Implement Recognition and Reward Systems

A good patient experience requires providers and staff who are “bought in” and dedicated to consistently and conscientiously delighting patients. Patient satisfaction scores should be a core component in staff bonus and incentive programs as should other measures—like wait time—that directly affect patient satisfaction. Other approaches are also effective:

- “You’ve been caught” promotions and other impromptu recognition of specific staff members—such as restaurant gift cards or handwritten notes—in response to patient feedback or management observations of outstanding patient encounters.
- Recognition of the entire center staff—such as a wall plaque, catered breakfast, or “pizza party”—for exceeding customer service goals or outperforming peers on the patient experience survey.
- Selection of patient experience “All Stars,” “Employees of the Month,” or other formal recognition of individuals who exemplify superior customer service behaviors in their daily interactions.

When recognition is authentic and timely, it can motivate individuals to take ownership of patient perceptions and strive to constantly meet expectations. If there is a question as to what types of activities would be most effective in motivating a center’s staff, the simplest solution is to ask them what type of recognition they’d like to receive.

Recognition programs demonstrate to all employees the organizational priority placed on delivering good service so in addition to rewarding good service, there should be processes in place to punish undesirable behaviors resulting in bad service. Employees who are short or dour with patients, or otherwise feel they're not responsible for improving the patient experience, should be counseled or replaced. Because every patient encounter determines whether a patient returns or tells others, negative employees destroy future revenue potential and are too great a liability for a growing operation.

4. Regularly Communicate Results with Providers and Staff

Because medical providers are typically the most dominant individuals in the clinic—influencing the attitudes and behaviors of the entire staff—medical directors should regularly review survey results with providers and explore ways to engage providers in improving the patient experience. In addition to activities directly within a provider's control—such as active listening and clear communication of diagnosis—the provider can foster a “team” approach to customer service among the staff.

Keeping the staff apprised of survey progress involves creating a communication board in a break room or work area (away from public view) where survey scores, patient comments, and articles on delivering good service can be posted. The board should regularly be updated, old items removed, and to assure all staff members receive critical communications, staff members should initial each item after reading it. Some centers also make it a point to share stories—usually patient correspondence—that exemplify staff going “above and beyond” in delighting patients. The more staff members can become engaged in creating and posting their own stories, the greater interest they will have creating extraordinary patient experiences.

Communication may also occur through customer service newsletters, formal staff meetings, or informal “huddles” prior to each morning's opening. Staff meetings should review survey trends and take a team approach to solving delivery shortcomings. To make incremental progress, a starting place may be to focus on improving one or two behaviors for the day or week, and then move to the next once the behavior becomes routine. The more ideas that can be generated by the staff, the more ownership the staff is likely to take in execution.

5. Conduct Regular Patient Experience Audits

Survey results are reflective of the patient experience but first hand observation—of management, an outside auditor, or a “secret shopper”—is also necessary to identify process hassles, assess staff attitudes, and evaluate training effectiveness. Management should spend some time each day on the front line to observe patient interactions and provide coaching to staff. This could include simply sitting in the waiting room, watching how staff greets patients as they arrive, seeing how quickly registration occurs, and looking for ways to make the waiting room more comfortable.

For example, a manager sitting in the waiting room observing employees talking and laughing in the back might counsel staff to be more cognizant of patient perceptions and either lower their volume or take personal conversations to the break room. A manager may also count how consistently staff greets patients, calls patients by name, introduces the patient survey, or promotes ancillary services. When a manager sees good service, he should point it out to staff the moment it occurs. A manager may also observe morale issues or workplace stressors negatively impacting service and take appropriate corrective action.

A more formal audit program might employ an objective third party to evaluate each of the service standards. Audit results can be quantified using checklists covering the condition and upkeep of the facility, availability of refreshments and other waiting room comforts, staff behavior in greeting and processing patients, and accuracy of documentation completed for each patient visit. Results of any patient experience audit should be shared with all staff members to capture employee suggestions on how to improve the experience.

The caveat is that staff members know when they're being “observed” and may alter their behavior—while direct observation is effective for coaching and demonstration, patient surveys are still the most effective mechanism for evaluating service delivery.