



# **COMMUNICATING WITH PATIENTS: COMMITTING TO PATIENT SATISFACTION AND A SERVICE-ORIENTED CULTURE**

**Medical Protective  
Clinical Risk Management Department**

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## INTRODUCTION

Claims against providers are frequently related to underlying issues that arise from patient dissatisfaction with the provider–patient relationship. Closely related is patients' perception of the quality of the service they receive in a provider's practice setting. Additionally, patients are frequently confused by information and instructions for treatment, resulting in high or unrealistic expectations.

Proactive strategies to enhance communication, improve satisfaction, and create a service-oriented culture can help you build a strong partnership with patients and may reduce the likelihood of miscommunication.

## OBJECTIVES

The objectives of this guideline are to:

- Discuss key elements of a service-oriented culture and how to promote customer service within your practice;
- Describe actions that indicate a commitment to patient satisfaction;
- Highlight a number of ways to make a positive impression on patients during interactions;
- Offer standards and guidance for telephone communication; and
- Provide high-level information related to communicating an unanticipated outcome.

## CREATING A SERVICE-ORIENTED CULTURE

Creating and maintaining a service-oriented culture, which is focused on providing a high level of service and quality patient care, is an important strategy for reducing your risk of a malpractice claim. A focus on customer service is the foundation for your practice's efforts to engage patients in shared responsibility for their healthcare.

Promoting a service mindset requires:

- Leadership involvement to convey the message that the practice is committed to service excellence;
- A mission statement that reflects the importance of patient satisfaction;
- Protocols that outline expected behaviors and mechanisms to achieve the mission (e.g., use of patient satisfaction surveys, how to handle complaints, etc.);
- Involvement of all staff in setting priorities and attaining improvement in your practice's level of service; and

- Measurement of practice/patient satisfaction indicators in a formal performance improvement process.

## **COMMITTING TO PATIENT SATISFACTION**

Actions that demonstrate a commitment to patient satisfaction include:

- Treating all patients in a courteous manner at all times without exception — in-person and via telephone and electronic communication;
- Offering timely access to appointments and provider advice, as needed;
- Providing adequate time for each patient visit to allow patients to effectively communicate their reasons for visiting without feeling rushed;
- Monitoring patient wait times, frequently updating patients regarding delays, and providing the option to reschedule when a delay is longer than 30 minutes;
- Respecting patients' modesty, dignity, and confidentiality;
- Continuously soliciting feedback on patient satisfaction, and conducting formal patient satisfaction surveys;
- Addressing patient complaints promptly on a case-by-case basis;
- Analyzing any trends in patient complaints and applying corrective actions to improve service; and
- Recognizing staff for good customer service.

### **Patient Satisfaction Surveys**

Patient satisfaction surveys can help gauge patients' perceptions of practice services and functions. These surveys are an invaluable means for improving communication between the provider and the patient. Surveys are most useful when they are conducted at least annually.

One effective method of distributing the survey is at the reception desk. Staff can encourage patients to drop their anonymous, completed questionnaires in a designated box before leaving. Once the results are compiled, it is suggested that the practice manager review the results with the entire staff.

Continually gauging patients' likes and dislikes will help improve the overall practice and may reduce the risk of litigation. For a sample patient satisfaction survey, see Appendix A.

## MAKING A POSITIVE IMPRESSION

### During Patient Triage

Scheduling should adhere to standard written procedures that use the following criteria, modified as necessary to fit your practice:

- **Emergency care** — life-threatening conditions that require immediate referral to an emergency department
- **Urgent care** — conditions that require attention the same day
- **Routine care** — conditions that are not urgent but require a timely appointment in the near future
- **Preventive care** — physical examinations and similar services that require a visit within a reasonable period of time

### During Patient Appointments

A number of techniques can enhance your communication with patients and convey a positive impression. For example, literature suggests that providers should build a partnership with their patients by helping them take a more active role in their care.<sup>1</sup> Ultimately, this partnership may reduce the likelihood of diagnostic and treatment errors and miscommunication.

The following sections offer strategies to improve communication with patients during appointments and provide a positive, patient-centered culture.

#### *Remembering Common Courtesies*

Common courtesy can go a long way in creating a good impression with patients. Examples of common courtesies include the following:

- Be certain that front desk staff greet patients when they arrive.
- Require your answering service to follow the same rules of courtesy that you expect from your staff.
- Knock before entering the exam room.
- Make immediate eye contact.
- Greet the patient and introduce yourself.
- Address patients by their titles and last names (e.g., Mr., Ms., Mrs.).

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<sup>1</sup> The Institute of Medicine's (IOM's) *Crossing the Quality Chasm* report described six dimensions of performance (care that is safe, timely, effective, efficient, equitable, and patient centered) for a 21st century healthcare system.

### *Creating an Open Dialogue and Listening*

A patient-centered approach seeks to get patients more involved in their care.<sup>2</sup> Providers can foster this partnership by allowing adequate time for dialogue and taking the time to understand the patient's concerns and point of view.

For example:

- Listen to your patients and let them speak without interrupting them.
- Repeat key information back to the patient after he/she has concluded the description of his/her chief complaint or reason for the visit.
- Determine what the patient hopes to get from the visit.

### *Ensuring Comprehension*

Health information and services are often unfamiliar, complicated, and technical, even for people with higher levels of education. People of all ages, races, incomes, and education levels are affected by limited health literacy.

Taking steps to ensure patient understanding is a critical part of patient communication. Your practice may want to consider providing patients with a patient brochure as they arrive at the front desk to sign in. Your staff can instruct patients to review the information on the handout and encourage them to ask questions during their visit.

Other strategies for ensuring patient comprehension include the following:

- Involve the patient's family and significant others in the patient's care (with patient permission).
- When communicating with patients verbally, use lay language and explain medical terms.
- When developing written materials for patients, make sure they are written in plain language. Practices that are conscientious about developing user-friendly materials may increase the likelihood that patients will use the materials correctly.
- Allow time for questions and restate information as needed.
- Ensure that the dialogue is sufficiently comprehensive to give the patient a full understanding of his/her condition and the treatment plan.
- Pose open-ended questions to ascertain whether the patient understands.

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<sup>2</sup> IOM defines patient-centeredness as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."

- Be mindful that there is a wide spectrum of health literacy that is independent of a person's age, education, and economic status.
- Consider cultural beliefs and practices that may influence your interactions.
- Provide comprehensive language access and assistive technologies, including interpreter services, to meet the needs of diverse patient communities.<sup>3</sup>
- Provide written instructions for follow-up care.

## **SETTING STANDARDS FOR TELEPHONE COMMUNICATION**

Telephone communication is a routine but significant component of every practice. All staff members should be instructed to regard telephone calls as an opportunity to provide patients with good service and to obtain important information. A patient's first and lasting impression of your practice is often from a telephone call.

### **Establishing Phone Communication Protocols**

- Train all office staff in telephone etiquette, including how to handle angry or dissatisfied patients.
- Ensure that automatic menu prompts offer callers the option of speaking with a person.
- Try to answer the telephone by the third ring and monitor calls that are put on hold. Allow callers to speak first, and ask for and get permission to place them on hold.
- If your practice has an automatic call distribution system, limit the menu selections to four or five at most. Consider whether your practice includes patients who perceive or regard the practitioner as their primary care provider. If so, the first message should include instructions for these patients, such as, "If this is an emergency, dial 911 or go to the nearest emergency room immediately."
- Conduct telephone conversations out of the hearing range of patients to protect the caller's privacy.
- Install additional phone lines if all lines are frequently in use or chronically busy.
- Ensure that the after-hours phone message refers urgent questions/information to the emergency department.

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<sup>3</sup> Under applicable state or federal civil rights legislation, when a non-English-speaking patient is seen in a medical practice and an interpreter is requested, the practice usually must provide one at the practice's expense.

## Giving and Receiving Information

- Obtain the caller's phone number and confirm identifying patient information.
- When a return call is required, ask the caller what time he or she will be available, and give an approximate time for the return call. Then, make return calls as promised. This conveys a message to patients that you care and are respectful of their time and concerns.
- Develop a telephone advice protocol manual for staff members who are authorized to give telephone advice. The manual should address areas such as handling routine questions and doing telephone assessments, and it should include low-level triggers for referral of patient status information to the provider in an appropriate amount of time. Monitor staff compliance with the protocol.

## Using an Answering Service

- Use a reliable answering service during off-hours. Place test calls regularly to assess the quality of the service. Provide the service with an emergency number in the event that the provider on call cannot be reached.
- Insist on a log of calls from the service and daily review for appropriate disposition and referral to provider.
- Document all calls/responses in the patient record.
- If you do not use an answering service, have a process in place to promptly retrieve, document, and respond to off-hours calls.
- Develop a policy and procedure for handling phoned-in lab reports; the policy should include how critical values should be relayed to the provider.
- All test results should be reviewed by the provider and reported to the patient.<sup>4</sup> Advising patients beforehand that "no news is good news" is considered a dangerous and ill-advised practice. The Agency for Healthcare Research and Quality (AHRQ) advises patients not to assume their tests results are fine if they don't hear from their healthcare providers.
- To reduce the chance of miscommunication when providing treatment instructions, ask the person with whom you are speaking to repeat what you said, and then repeat it once more.

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<sup>4</sup> Casalino, L. P., Dunham, D. Chin, M. H., Bielang, R., Kistner, E. O., Karrison, T. G., . . . Meltzer, D. O. (2009). Frequency of failure to inform patients of clinically significant outpatient test results. *Archives of Internal Medicine, 169*(12), 1123–1129.

## Documenting Telephone Communication

- Document every telephone conversation (as well as email and other types of communication) with a patient or family member in the patient's record, including date, time, caller's name, complaint, and advice given.
- Document all telephone calls with other providers.
- Maintain appointment schedules for as long as you maintain medical records.

## Monitoring Trends

Consider keeping a log of categories of calls received such as scheduling, test results, prescription refills, etc., as a way to identify protocols possibly needing revision or opportunities for improvement in your system for managing telephone communications.

## DISCLOSING AN UNANTICIPATED OUTCOME

An unexpected or less-than-desirable outcome may not be the result of an error or equate to malpractice. Regardless, when an unanticipated outcome occurs, the patient and/or family should be informed and updated on a frequent basis regarding the patient's clinical status.

This conversation should include an explanation of actions that are being taken on the patient's behalf and a commitment to provide updates on the care plan in the days to come.

Medical Protective's guideline *Disclosure of Unanticipated Events* provides additional details and guidance about the disclosure process. For a copy, contact your risk management consultant or call MedPro's Clinical Risk Management Department at 800-4MEDPRO.

## CONCLUSION

Patient engagement is going to continue to play an increasingly important role in healthcare. As methods of care transition from reactive to proactive and preventive, engaging patients will be vital. When patients and their families have opportunities to learn about care and treatment, they will be able to better manage their own health.

## RESOURCES

- AHRQ: Health Literacy Universal Precautions Toolkit — <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf>
- DT Interpreting (a service of Deaf Talk, LLC): A service to help healthcare professionals provide in-office interpreting services via the telephone. To learn more, contact MedPro's Clinical Risk Management Department at 800-4MEDPRO.

- Government HealthIT: The Top 5 Roadblocks of Patient Engagement — <http://www.govhealthit.com/news/top-5-roadblocks-patient-engagement>
- National Health Law Program: Language Services Resource Guide for Healthcare Providers — <http://www.healthlaw.org/images/pubs/ResourceGuideFinal.pdf>. (This guide was developed to aid healthcare providers, administrators, interpreters, translators, and others in improving language access and improving healthcare for their clients and patients.)
- U.S. Department of Health and Human Services: National Action Plan to Improve Health Literacy — <http://www.health.gov/communication/HLActionPlan/>

## APPENDIX A. PATIENT SATISFACTION SURVEY

Dear Patient:

To improve our service and better meet your needs, we are conducting a patient survey. Please take a moment to complete this questionnaire and offer us valuable insight. After completion, please return the questionnaire to in the reception area.

We appreciate your input!

1. How long have you been a patient of our practice?

- First visit
- 1–5 years
- 5–10 years
- More than 10 years

2. Why did you decide to seek treatment with us?

- Near home or business
- Referral by another patient
- Referral by a doctor
- Referral by a healthcare organization
- Telephone listings
- Other: \_\_\_\_\_

3. Was making an appointment a simple process?

- Yes
- No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How would you rate the telephone service of our practice?

- Very good
- Good
- Average
- Poor
- Very poor

5. Once in our facility, were you treated in a friendly, courteous manner?

- Yes
- No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What was your wait time in our reception area?

- Less than 15 minutes
- 15 to 30 minutes
- More than 30 minutes

7. What was your wait time in our exam room?

- Less than 15 minutes
- 15 to 30 minutes
- More than 30 minutes

8. Were you provided with adequate time for each visit?

- Yes
- No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Was your problem and treatment plan explained in a way you could understand?

- Yes
- No

10. Are you comfortable asking questions regarding your treatment plans?

- Always
- Sometimes
- Never

If sometimes or never, please explain: \_\_\_\_\_

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11. Was our staff cooperative in helping with insurance coverage?

- Yes
- No

12. Was our staff helpful and courteous?

- Yes
- No

If no, please explain: \_\_\_\_\_

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13. What was your impression of the physical office? *(Check all that apply.)*

- Beautiful
- Organized/efficient
- Nice
- Average
- Disorganized
- A total mess
- Shabby

14. Was the reception area comfortable?

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please offer any suggestions for improving our reception area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional comments and suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete our patient satisfaction survey.**

SAMPLE