Patient Experience
Medical Officer: you can’t be serious?
Empathy: The Human Connection to Patient Care
• Requires more than world class clinical care

• Care that addresses every part of a patient’s encounter with Intermountain Healthcare
AND, we need exceptional people who deliver on the promises we make in our TV ads, billboards, print ads and in our offices.

Most patients assume a high quality of care when they come to our facilities. They also expect a high quality of caring from their physicians.
Why do we care about this?
Large centers are challenged because patient populations are dramatically different from those at small community or rural hospitals.

Patients who have severe, complicated illnesses stay in the hospital longer and have more pain.

These patients are less satisfied with their hospital experience.
Patients and families don’t stop being customers when they enter our hospital.

We have to benchmark their experience against the best service intensive industries.
• “Why in the world should I be nice to patients? They should just be happy that I got them off the table alive!”
Improving Patient Experience is the right thing to do!
• Patients frequently use their experience with service quality to define their perception of the health care they received

• They will define the experience from his or her unique vantage point, which can be determined by a single good or bad event

• This is what patients remember!
If you don’t want to believe that doing these things are the right things to do, put yourself in your patient’s position and ask yourself how you would want to be treated?

If you don’t want to believe that, accept that this is a reality that the government and peers believe is essential.
You can choose if it’s the right thing to do because it’s your patient or you can choose because the government says it’s the right thing to do. Regardless of your motivation, you have to accept that it’s part of our reality.
• Slit lamp exam

• Do people ever say embarrassing things?

• Has anyone told you you have a heart murmur?
• The ICU is not the center of a patient’s experience

• A perfect experience can be undone by dust bunnies under the bed

• The patient experience begins and ends in the parking lot
• 100 years ago, all we could do for a patient was contained in the black bag

• Improving the patient experience when high tech runs the day is a team sport
Most of us have no real training in communicating well with patients

We use what works for us, for better or worse

We have ALL said unfortunate things to patients at one time or another!

There are so many easy things to make our interactions with patients better
• We all THINK we are excellent communicators
• No one thinks they are doing a bad job
• Scores beg to differ
Cues to quality matter

- Don’t expect patients to be nonjudgmental just because they are at a disadvantage and in distress. Patients do not care that you’ve been up all night.

- Good customer service is our job from the time we get on the property until the time we leave the property. Negative cues to a family that you are “not on duty” while walking down the hall to your car can undo all our good efforts.
• Patients judge our interactions by courtesy

• We judge our behavior by efficiency

• Why we make so little progress in patient satisfaction and loyalty
• We are the agents of delivering news that changes people’s lives

• People at these times are not at their best and have little mental reserve

• Through the years, physicians’ reactions to others’ pain is down-regulated. It also causes us to underestimate their distress
• Journal of Social Psychology: measured empathy scores of physicians from medical school to near retirement

• Found a major drop in empathy as graduates progressed through the first few years of their careers

• Due to what we learn through hospital culture and practices
Laws of the House of God

- At a cardiac arrest, the 1st procedure is to take your own pulse
- There is no body cavity that cannot be reached with a 14 G needle and a good strong arm
- Age + BUN = Lasix dose
- If you don’t take a temperature, you can’t find a fever
This is more than just being nice
What do patients find distressing?

- Interminable waiting. Wait times have jumped to 19 minutes nationally which is quite close to the 20 minutes most find “tolerable”

- Annoying repetition
• Despite all the attention given to patient centered care, most physicians default to a paternalistic style of communicating, relying on close ended questions and hard science to arrive at a diagnosis and treatment plan.

• Unless asked, patients are unlikely to bring up unvoiced questions. They feel like they are interrupting.
• We should eliminate ways of communicating that make patients feel uncomfortable or disrespected

• It is not up to us to judge what is and isn’t right for a patient

• We don’t know what words will upset people and we don’t need to read minds

• Consistently avoid such triggers
We are asking you to be uncomfortable!
Narrating care

• Repeating DOB does not give a sense of competence. Communicate the “why”

• “I’m concerned about your privacy. I’ll close the curtain.”

• “If it’s too noisy, let us know”

• Sigma pump alarms
We don’t pay attention to the words we use

- hopefully
- as soon as possible
- “Good luck”
- euphemisms: “I’m so happy I don’t have cancer. It is only lymphoma”
• Good Morning, Mrs. Jones. Welcome to IMC. We’ve been expecting you. Dr. Rasmussen is ready to talk to you about your family member. Let me take you to the room.

• Greet the people in the room. Find out how they are related to the patient and if they should stay during your discussions.
Saying empathetic words — even if you don’t mean them — puts you in an empathetic place!
Empathy

• Ability to give the impression that you understand and care

• Making a person feel like they are the most important part of your day

• You don’t actually have to FEEL it. You just have to SHOW it!
• No one expects you to win an Oscar

• Put your own personal feelings and behaviors to the side for a little while and pretend to be someone else: Someone caring, competent, compassionate

• Whatever qualities you would want in your own physician

• Embody the characteristics that create a good bedside manner
• Knock on the door or announce through the curtain “Hello, may I come in?” Wait a second or two for a response

• Smile. Greet the patient by name in a warm, friendly manner. What would they like to be called? NO: honey, young lady, sweetie, bud

• Introduce yourself and the role you will play in their care
Mr. Jim Beam? My name is Dr. Marcus Welby and I have been a Critical Care Physician for 70 years. I’ve taken care of many patients with the same problems your family member has.

This is Susan, your mom’s nurse. She has worked with us in this unit for a long time and is great at answering your questions.
• 82% of patients want their physician to shake their hand. Older patients less likely than younger patients.

• Mirror the titles you use: Jane Smith? I’m Bill Hamilton

• Ask about a patient’s preference later in the conversation

• Patients frequently complain that the doctor did not introduce themselves or explain their role
• Acknowledge all visitors. Find out if they should be included in your conversation

• Sit down wherever possible

• Maintain consistent eye contact

• Start the conversation with a very brief sentence or two about a non-medical topic

• “What can we do for you today?”

• This all takes 60-90 seconds
“They handle your arrival in the operating room at the Cleveland Clinic like a cocktail party. Everyone introduces themselves, says where they’re from, what they’ll be doing, until you say “Well I’m Scott. I’m the patient. I guess I’ll be doing nothing.”
Duration

• Give as much accurate information as you can

• “Dr. Clemmer had to attend to an emergency. He was concerned about you and wanted you to know it will be about 30 minutes before he can see you. Do you want to wait or would you like to schedule another time?”
Explanation

• What you are doing, how the procedure works, any steps they will need to take

• “The test you are having today is not painful…”

• “The monitoring line we are going to place will take about 30 minutes. It will be better, for the sake of sterility, if you wait in the waiting room until we finish.”
• If test/procedure results are available, explain all findings

• Explain: what is the diagnosis or status of their condition, what is the proposed treatment, what follow up is needed

• Use language patients can understand. Avoid using medical jargon!
• 20-40% of US citizens age 60-80 have not graduated from high school

• Estimated 90% of the population, of all ages, does not understand the concept of percentages!
Manage up

• You’ve got a great surgeon. He’ll take good care of you. I’d let him operate on me.

• The nurses on this unit have a lot of experience with patients like you. They will be able to answer other questions you have.

• “Don’t worry, Mr. Simon. Everyone here is going to come through for you.”
The close

- Ending strongly significantly influences patient perception of care and creates a lasting positive impression of the encounter
- Makes patients feel that you listened well, answered all their questions, gave them a chance to participate in the decision making
- Will portray you as a more caring, sensitive physician
Key words for the close

- If the patient seems confused, frightened or anxious based on what you have told them: “What are you most worried about?” or “I can sense that you are concerned. Please tell me more.”
• “Let me summarize the plan of care so that both of us have a good understanding of what happens next”

• Restate the diagnosis, treatment details and follow-up instructions

• Ask: “How does this sound to you? Are you OK with this plan?”

• What questions do you have?
End with a statement that makes the patient feel appreciated and lets them know you enjoyed meeting them. Use something that fits your personality and use it consistently.

- “It was a pleasure meeting you today”
- “I hope you feel better soon”
- “I’m glad I was able to help you today”
- “I’m glad you’re doing better”
Thank You

• Thank people for their help, coming to IMC, interest.

• “Thank you for your interest in your dad’s care. Is there anything else I can do for you?”
• Patients cannot judge the quality of the valve they received, but they can judge the quality of the experience
Patients: Afraid and Vulnerable