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Good morning and good afternoon everyone. We're excited to have you all with us. This is Katie Saul from, the Title X Family Planning National Training Center and I'm pleased to welcome you all to today's webinar on strategies to improve patient experience. This is the first of a three part series that we're doing this summer on clinic efficiency and we'll have some more details on those at the end of today's session. A few things before we get started. Everyone on the webinar today is muted just given the large number of participants that we have, so please use the chat at the bottom left of your screen to ask any questions at any time. We'll address all of the questions at the end of the presentation. We're also going to give ... We're going to introduce you to a number of resources today, and we've provided the links to them at the end of the slides as well.

We'll also provide links on fpntc.org along with the recording of today's webinar. The full slide deck and the transcript of the webinar. We encourage all of you to use these resources to engage clinic staff and patient experience improvement efforts, and for the Title X guarantees out there, these will also be great tools to help you train your network. Let's get started, I'd like to introduce you to our speaker today, Jennifer Kawatu, who is the Technical Assistance Provider with the Family Planning National Training Center. She's worked in women's health for over 20 years, first, as a direct service provider, then with the Region 1 Training Center and then the National Training Center for Quality Assurance, Quality Improvement and Evaluation. Over the years, she's worked with dozens of family planning clinics from around the country, and more recently in the past couple of years, she's focused on clinic efficiency and improving access to contraception.

Jennifer has led three national learning collaboratives on these topics, and through her work and her training with clinics, patient experience has really been a class-cutting issue. She's developed many of the tools that we'll share with you today and as a colleague, I can say that this is truly a passion at first, so with that I'll turn it over to you, Jennifer.

Jennifer Kawatu: Great. Thanks, Katie. This really is one of my favorite topics to talk about, so it's great that we have so many... That you're able to join us today. Before we go too far we'd like to do just a quick poll. We would love to just know what you consider as your agency's biggest challenges or challenge related to patient experience. Would you say it's more of staff and patient interactions, clinic systems, the environment such as cleanliness, professional appearance, etcetera or the care, the range and quality of care. You have to click submit, I think, as you go. All right, it looks ... I'm not sure how many of you can see the results, so please do go ahead and respond if you haven't already, but it looks like, not too surprisingly, the overwhelming favorite here is systems. That's very much in line with what we've heard before and is very much in line with what we're going to talk about today, so that's interesting but not too surprising to see either so thanks for sharing that with us. Also close ... Not a close second but also in second is staff/patient interactions.

Of course, that's important. They're all important, all four of them are important. All right, great. Well, today, we want to talk about why having a positive patient experience is critical to sustainable family planning services. We'll be covering some assessment strategies for patient experience using a variety of methods and describe multiple strategies for ensuring a positive patient experience in the family planning setting. In addition, throughout the webinar as Katie mentioned, I'm going to be highlighting training tools and resources that are available on fpntc.org that will help you train your staff and networks on some of the key concepts and skills to help you implement patient experience improvement efforts at the clinic level, so we'll be referring to a lot of those throughout. Let's start with the reasons why providing a positive patient experience is more important than ever for family planning.

The first, patients now have greater access to healthcare and to providers of their choice. Ensuring a positive patient experience can help you attract and retain patients, and can help you continue to be your patient's provider of choice not just the provider of last resort. Patients these days have higher expectations than ever. The goal post can keep moving in terms of patient expectations, so meeting or exceeding those expectations is really important, it's a must. Secondly, you need to get paid in order to keep your doors open and to contract with third party payers. Increasingly, these payers are interested in seeing your patients' satisfaction data among other quality indicators, so as you create contracts of private health insurance carriers or you become involved in accountable care organizations or seek additional funding, you may be asked to share patient experience data and other quality care measures.

Providing that positive patient experience can help your agency be attractive to these additional sources of revenue and therefore help you to survive and remain sustainable in the long term. Last but not least, it's good for patients and actually good for staff as well for that matter. A significant body of research; research by Dehlendorf, Harper, Forest, Rosenberg and others, all demonstrate that delivering patient-centered care leads to greater engagement in patient self-care, better health outcomes and patient retention. Quality, patient-

centered interpersonal communication is central to patient-centered care. It fosters positive, respectful, therapeutic relationships that enable patients to express their needs and their preferences, and a positive patient experience means that patients are more engaged with their care.

It helps them to trust their providers and follow their recommendations and their treatment plans which, again, leads to better health outcomes. All of these reasons and more are discussed in this short video featured in the patient experience toolkit, so this is a video featuring our colleagues from Bridgercare Clinic in Bozeman, Montana, a county health department in Florence, Alabama and the New Generation Health Center in San Francisco. This video can be a helpful way to begin discussions around patient experience improvement with your networks and your clinic staff, so we encourage you to check that out. It's just one of the many resources that's referenced in the patient experience toolkit, so I'm going to be referencing this patient experience toolkit several times throughout the presentation because this toolkit really is a step-by-step guide with several additional tools and resources that can help you to engage staff and quality improvements around patient experience.

It includes everything from helping to get staff buy-in, assessing patient experience, measurement to using data to inform improvement efforts. We'll touching back to that as a place to go after we're done today so that you can continue and go on to work with your staff or your network. All right, the good news is that you're 95% there. Most of you, and hopefully all of you, feel that you and your staff give your best everyday that you're mission driven, that you believe in the work you do and we know that you do this for your patients. We also know that most of you conduct patient satisfaction surveys of some kind and they often show that most of your patients are very happy with the care that you provide. But don't just assume everything is as good as it can be; don't be these guys. The thing about quality improvement is that there's always room for improvement, in fact, we've been on site and sometimes we've seen that the patient satisfaction surveys have pretty high marks. When you read the comments, for instance, we sometimes find that there are actually significant complaints.

In addition, when we talk to patients and observe their visits sometimes, that's often where we find that there are many opportunities for improvement, so don't just let the high patient satisfaction surveys fool you into complacency. It's great that you often have really high scores, but it's ... Just as I tell my kids often, I say, "Even LeBron James has to show up for practice." There's always room for improvement. I hope that in the next hour or so we can put aside what we've always done and drop the assumptions that everything can be same and just have an open mind about what is possible. All right, so let's start with some definitions. What we're really talking about when we talk about patient experience is the patient experience of quality. We can define quality in a couple of different ways. First, from the provider perspective and second from the patient perspective.

From the provider perspective, according the Institute of Medicine, quality care is care that is safe, effective, patient-centered, timely, efficient and equitable. But then there's the patient perspective, and what is quality according to the patient? Well, a patient defines quality by whether their expectations are met, so did they get what they expected? If a patient gets what they expected that's good and it usually indicates a reasonable or average experience and we hope that they'll feel satisfied when they leave. Is this enough? Is this enough to keep them coming back? Exceeding their expectations, however, can result in a really positive experience and it often doesn't take much to exceed their expectations, but by doing so not only are they highly likely to come back but they're also likely to tell their friends and their family about you. Let's talk about this act a little bit more, so how can you do more, how can you exceed expectations? When we talk about patient expectations, well, patients are customers, and these are some customer service terms that can help us to expand the way we're thinking about the patient experience because the patient experience includes many different aspects.

First, it includes the must-have. This is what defines the relationship with the customer or the patient. In your case, this would be just having clinical care or services. It establishes your relationship with them. Then, you have the should-have and the should-have would be what a patient expects, so it's just what they expect to be there. These are things that they won't notice if they're there because it's just what they expect, but they will notice if they're not there. These would be things like a waiting room or a professional, friendly staff or privacy, cleanliness. These are things that they're expecting to find when they come to a healthcare provider. Then, there are what we call lighters, and these are things that the patient doesn't necessarily expect. They will notice if it's there, all right. Should-have, they won't notice if it's there but they would notice if it wasn't there and delighters are things that they actually will notice that they're there because they really go beyond what they were originally expecting.

These might include, these days, something like cold water in the waiting room or having WiFi in the waiting room, it might include having all methods available the same day. Things that go above and beyond the basic expectations. This category is what really drives the customer or a patient's perception of the visit, and this, by the way, is where the moving of the goal post idea comes in, so what used to be okay in the past may no longer fly. People are often to using their phones these days, we all know, instead of reading your magazines like they used to. We still encourage magazine, by the way, but they ... Your patients may really value having free WiFi. That's something that never occurred to us before but is rapidly becoming the norm more and more. Another thing is being able to book appointments online, that used to be unheard of but is becoming the norm. A lot of things that used to be considered a delighter over the time they sometimes become a should-have, so it's important that one of the reasons that it's important to keep reassessing continuously.

Then, the frustrators, so this is the final category. What you do ... These are things that you do that have a cost but that don't actually add to the patient experience. These are things like maybe a long counseling session covering methods that they aren't even interesting in or that don't match their lifestyle or the old requirements that they get a pap smear before they can get their pills refilled or something like that, so they're things that you do with good intentions but that don't actually meet the patient's expectations or what they're looking for. Let's talk a little bit more about how you can go above and beyond and make sure that that happens: That you are meeting their expectations and exceeding them. All right, well, we can think of patient experience in four buckets. We think about the environment, interactions, the care and systems. Let's start with the environment. The environment includes things such as the location, is it convenient, the general look and feel, cleanliness and comfort.

What impression do you get when you walk up to the building, for instance? When you walk in, what impression do you get upon walking in to the waiting room or to the front desk? What message does your surrounding send to your patients? We also want to pay attention to the virtual environment, so is your website easy to find? Is it easy to navigate? Is it easy to contact you? The patient experience toolkit, again, includes some easy-to-use assessments that you can complete with your staff, and the tool-feature here helps you to look at the patient environment both the facility, physical environment and your website, and it really helps you to see it or walkthrough it through the patient's eyes. I noticed that the environment wasn't chosen nearly as often on the poll that we did at the beginning, but we do encourage you to consider it and it's a really good idea to do a walkthrough just starting at the front door and to go through this checklist.

Once you go through the list and try to maybe see your site or sites in your network with fresh eyes, you may notice things that you didn't before and you might uncover more than you think. I encourage you not to just skip over this one. All right, interactions. This includes things like the cultural appropriateness of service. It includes the use of inclusive and affirming language, etcetera. The interactions really start from when they call to make an appointment to when they checkout, so the full range of the visit. Are we having trouble with the audio? I'm seeing a few comments about people not being able to hear. Are you able to hear me okay?

Katie Saul: This is the operator; I'm hearing you loud and clear.

Jennifer Kawatu: Okay, there's a couple of moment but I'll let you take care of those then, thanks. Again, positive interactions are driven, for the most part, by a handful of interpersonal skills, and these are skills that even seasoned staff and clinicians, even those who've been doing it for a long time, well, the skills can slide over time. It doesn't hurt to remind your staff at all levels both new and the more seasoned and just remind them of these skills. It's something that is a good on-going thing to touch back to. There is a video, again, in the patient experience

toolkit that models five skills to improve interactions with patients, or to ensure a positive interaction with patients. These skills are making a welcoming statement, using friendly tone of voice and friendly words, demonstrating empathy, putting language in the positive and offering options for your patients.

There are also some activities in the toolkit that you can use to reflect with your staff on the video after you've watched it together and to practice these skills, so we encourage you to check those out. All right, patient experience is also impacted, of course, by the quality of care, the range of services and quality of care. Again, it's about meeting their expectations and the needs that they came to you for. We're not going to focus too much on this aspect today but you can look to [inaudible 00:40:53] recommendations to ensure that you're providing quality family planning services. We know there are a lot of other resources in this area. Then, there are systems, so all of your clinic systems and this is one that was identified as the biggest most popular challenge that was identified on the poll at the beginning. All of your clinic systems including the hours, the staffing model, your appointment systems, clinic flow and wait time, these all influence the patient experience.

It's a good idea to take a look, of course, at how patients-centered are your systems. Having hours from 9:00 to 5:00, for instance, which is typical is clearly the most convenient for staff but is it the hours that your patients need or prefer? Obviously, we understand that staff retention is important, too, and we know that you have to keep your staff happy. If you're all thinking, first, about the patient, you may be able to add some flexibility, so maybe on Tuesdays you could do 11:00 to 7:00, for instance, or for a larger clinic maybe you could have Saturday hours. This is becoming more and more common so we commend all of you who've already worked something like this out. Also, what does your appointment system look like? Having a patient-centered appointment system means getting them in as close as possible to when they call for services. If you can get them in right away, even the same day, this is something that makes you stand out and this is definitely a delighter. Then, how convenient is it to make an appointment? More and more services have online scheduling and people are getting used to that.

This is one of those situations where it's creeping up from a delighter to becoming a should-have. In addition, how are doing reminders? Sending a quick text reminder is easy and is really helpful to the patient. Take a look at whether your systems make it as easy to see the eye doctor at the mall or to get a haircut as it is to access your services. It's a good idea to think about when was your system last updated. Finally, wait time. Wait time is often the most common complaint, and we're going to focus on clinic flow and wait time in our next webinar in July, but for now we'll just say that wait time, certainly, is a big consideration for patients and definitely impacts the way they think about their experience, so we hope you'll join us for the next webinar when we can go into this and talk about this in more depth. All right, now we want to talk a little bit about assessing the patient experience, so this brings us back to the question of patient satisfaction versus patient experience.

At a high level, the two are used interchangeably, and up till now in this presentation, all the things I've talked about you could probably have used them interchangeably, for the most part. In terms of assessment, however, there is a little bit of a difference. The patient satisfaction is subjective; patient satisfaction is things like on a scale of 1 to 5 how satisfied were you? How the patient feels about different aspects of their visit, but patient experience is more objective, so that is more things like measuring what things did or did not happen during a visit and these should be things that we know patients value and things we know have an impact on clinic outcomes. For instance, did the patient get the message that they wanted, how many minutes did they have to wait or did the provider make a welcoming statement when they walked up to the front desk or when they walked into the room? Things like that can be observed or measured, and so that is considered patient experience assessment.

It's really actually a good idea to mix both the objective and subjective assessments, so both what's actually happening during a visit and how the patients feel about it because you might ask if they're satisfied and if they say, no, but then you don't really know why. At the same time, if you just ask about experience, then things like did you get what you came for and how many minutes did you wait? Then a patient might say, "Yeah, I received my method of choice and I didn't have to wait too long, but I would never come back again because the lady at the front desk was rude and the provider smelled like cigarettes." Or something like that. It is a good idea to have that mix methods both some patient satisfaction and some patient experience type questions, and there are some examples of the difference on this slide here. I'm not going to read them but you can see the difference here. In the end, it comes down to, well, how do you even know what your patients are thinking?

Well, you won't know by just doing this, so we don't always go the extra mile to find out what our patients think and what they want. We make a lot of assumptions about what our patients want, so what do you think about this picture here? There's a few things missing like maybe a piece of paper, a pen and what message is this sending? To me it says, "We don't really care what you think. It doesn't matter that much to us. Your suggestions aren't that important." I encourage all of you at service sites to go out and look at your suggestion box, if you have one, and see what message it's sending your patients. You want to make sure that it's saying, "We're glad you're here and we care what you think. We really want to know what you think and how we can make things better." Before you start making any changes and figuring out how to make things better, however, we encourage you to meet as a staff and figure out where you are together. It's a good idea to start by talking about the obvious; the things that are already known.

Chances are there are things about the site's appearance or processes or systems that staff already know negatively impact the patient visit. Often when I've worked with staff and when we focus on patient experience, I hear staff saying things like, "Finally, I've been wanting to clean up the waiting room and

clean up those ripped up magazines for the longest time but I wasn't empowered to do so." Or, "Yes, I've noticed that patients wait a long time in the waiting room and the providers don't even seem to know. I wanted to do something about it but there is a communication breakdown." or, "But I wasn't sure what I could do about it." It's a good place to start by just starting with staff and tackle the obvious before you even ask your patients or get to patient comments. You can start with doing an internal assessment from, again, the patient experience toolkit, but this is a way to help staff identify what they already know or help organize what they already know.

You may be able to hone in on just a number of things to get started on and focus on just a few particular areas or it can help you to get a very general baseline and you can take it from there. Either way, the point is to be thoughtful and don't waste your energy. Again, start with your staff. You want to think through some of these questions before you jump in. Things like what is already known, what do you want to measure, what is it that you're looking at and want to measure and who will measure it? Is this coming on staff or is there a volunteer that can help you do this? Who is going to analyze the data once you have it? What will you do with that data? So often we hear that sites conduct patient satisfaction surveys but that no one ever has time to look through them. If you're going to collect data be sure to have a plan to look at the data, to analyze the data and to share the information with staff.

Finally, how will you use these findings? Once the data is available, commit to using it and make a plan to improve on what you've learned using the data. All right, so a little bit more there of several ways to assess patient experience and, or patient satisfaction. You can do this through surveys, either on paper, online, some people do mobile surveys. You can do observations so shadowing patients and staff and you can do interviews with patients or through focus groups, for instance. If you're not sure where to start, this algorithm from the toolkit can help you think through the best way to assess patient experience given your particular needs. Let's start with surveys, so surveys are probably the most common way that we assess patient experience and patient satisfaction, and we want to touch on just a few potential challenges around surveys. First, is anonymity. If you're collecting surveys from patients it's important not to ask them to hand their completed survey to the person at the front desk or at the checkout or to the provider or other staff.

You really should provide an envelope or a box of some kind where patients can anonymously submit their surveys. We encourage you to talk to your staff and ask how this is actually happening. How are they collecting them, who puts it in the box, how are they giving patients instructions and what do they say to patients when they give them the survey? It's always a good idea to tell them why we're actually doing the survey. It helps to say something like, "We're really trying to make things better here and to provide the best service and experience possible for our patients. Please fill this short survey out because we'd really like to hear how we could have made your visit better." You'll definitely get more

thoughtful and honest feedback if you show the patient that you're paying attention and that you really care about what they think.

Another thing is to not overdo it, so we encourage patient satisfaction surveys, patient experience surveys but you don't need to serve every patient all the time. In fact, to establish a reasonable baseline, often just about 50 surveys within a week or so or as soon as you're able to get them will often suffice. This isn't just scientific calculation or anything like the, but just in our experience, 50 is enough to let you know, most of the time, what patients like and what you need to work on. The first 50 usually show the same thing as the next 50 do. Exactly how many or exactly how often will depend on your goal and your quality improvement efforts. If you're making changes that you want to be assessing, you might want to do it a little bit more frequently than if you have status quo systems moving forward, but it's better to do them periodically and not continuously but then to pay close attention to the ones that you do collect and really respond to them.

Also, a couple more things about patients' surveys is be careful about what you're asking and how the questions are phrased, so a few simple rules for questions on a patient's survey are things like, first, use a large enough scale. Yes/no or good/neural/poor won't tell you very much. There are times when a yes/no is appropriate, for instance, a patient experience question; did you get this or not? But often a 5-point scale or what's a Likert scale or even something as a 10-point scale can give you more nuance and is more useful. In addition, make sure that your scale is balanced. We often see weighted or biased scales like poor and then neural/good or excellent, so make sure that you have the same number of positive and negative choices so you're not biasing the responses. Then, ask only one thing at a time. Avoid things like is the clinic clean and welcoming? Well, it might be welcoming but not clean or clean but not welcoming, so try to just make sure that you're always asking about one element at a time.

Then, a few other things to keep in mind are things like use language that patients can understand, be specific and don't ask what you don't need. Only include questions that produce usable data and often just a few key questions will suffice, and always pilot-test a new survey with just a few patients first to make sure that the questions are clear and that the patients understand what you're asking and how you're asking it. All right, and this is important. Be sure to include open-ended questions. We often don't see a whole lot of variability in the quantitative results on patient experience or patient satisfaction surveys. There are just often relatively flat, and even the best quantitative data won't tell you why people feel the way they do about your services, so make sure that you ask open-ended questions so you can try to understand the root of the problem or problems.

For instance, if convenience of clinic hours had the lowest score, well, what does that mean? You don't want to change a system before knowing for sure what about the clinic hours was inconvenient or less than fully convenient to

your patients, so you might follow-up and ask some patients and find out what they really want. You might find out that what they really want is for the clinic to be open during the lunch hour, if it's not already. It would, really, a shame for you to start extending into the evening hours or changing the schedule and opening on Saturday if that's not even really what's desired and if just staying open through the lunch hour, for instance, might meet your patient's needs. In fact, at times I feel like we should just do a one question survey which is what could we have done to make your visit better today but that's just me. That is usually the most valuable question and where we get the richest information.

Again, the patient experience toolkit has sample survey templates in both English and Spanish. What are you doing with all that data? Who's looking at it and where does your data go? Are the surveys sitting in the pile in the corner of someone's office or does one person take a look at them, give a cursory glance but then not share the results with staff? Well, the survey template that I just showed you on the slide before maps to the patient experience section of the clinic efficiency dashboard and that's clinicefficiency.com. You can enter data online into this dashboard and it provides a snapshot of a single clinic on the patient experience indicators which you can then track over time. The dashboard has a data guide and quality improvement handbook that goes along with it too, so you can check all of those out if you want to try using the dashboard, and we'll actually be going into all of these in more detail during our August webinar, if you want to join us then, so we hope that many of you will join us for that third clinic efficiency webinar in August.

All right, you can also access patient experience by observing visits, so clinic managers out there, how often do you shadow patients through their whole visit from the time they arrive to the time they leave? What's it like to be a patient in your clinic? How long do they wait? How often are they asked the same question multiple times and how friendly and accommodating are staff? What does your clinic environment look like through their eyes and similarly what happens when they call your clinic on the phone? Does someone always answer the phone? Do they answer it in a friendly way and what's that experience like? We've done a lot of observation in clinics and we find it so incredibly valuable. It's well worth doing if you're serious about improving your system, you learn so much. Again there are tools like there's a patient observation tracking sheet and other tools on the FPNTC website, if that's helpful in doing patient observation. We'll talk again more again more about this in the future webinars as well.

Finally talk to both your patients and your stuff. Interviews can tell you more about specific issues that you're concerned about. It doesn't have to be a formal or scheduled session necessarily, you can sometimes go to the waiting room and chat with the patient. It helps to explain that you're working on improving systems and patient experience of the site that you'd love to hear what they think you could do better. You might be surprised they often really appreciate you asking and they'll often tell you a lot about their perception their experience and ways that you might be able to improve. Think again about our

example of the survey results. Showing that convenience of hours was rated low. If you heard better hours on the patient satisfaction survey what does that mean? You might be able to find more out by talking to the patients in the living room and asking them details about what's convenient to them.

Then addition ask you stuff, don't underestimate the value ... Those are people that are sitting there all day and use the value of their observation. What's happening that they think can improve patient experience. All right so we've covered a lot of ground I know we've gone over a lot of different aspects and some are things that we'll come back to, but where do you go from here? Well, often clinics say that they want to have excellent service but they don't define excellence. To make sure that you are setting standards and articulating goals for your service site so that you know what you are striving for. Make sure that staff are supported to making changes. This might require some training, so often training is a component, but it might be also a matter just helping to facilitate communication. Then monitor the extent to which standards are met. This may mean an assessment like the times that we've discussed or it might mean observing your stuff closely to see if and how behavior practices and systems have changed.

One thing to note though is to make sure that this is being done in a supportive and not a punitive way. You want your staff to feel supported. Assume that your staff want to do a good job, that they want to do the best job possible and then work with them to gain the skills to do so. Hopefully you've seen some themes emerge here as I've been talking. All of this I'm really ... In all of this I'm really trying to relate in a quality improvement framework which will make any efforts to improve patient experience more of a thoughtful, deliberate and hopefully more effective initiative. Remember that QI, quality improvement is an ongoing process so it never ends. You might not be doing all of these things all of the times but there's always something to improve, so pace itself and remember it's a marathon not a sprint. It's not something that just starts and stops and then it's over it should be an ongoing process. Second, quality improvement is based on facts and data so collect that data and then use it. Don't make too many assumptions.

Try to really make sure that you're letting the data inform your actions and now that we've been on site and we've had clinics tell us that they are pretty sure that the reason their cycle time is long is because the provider is spending a lot of the time with the patient or because they feel pretty confident they know what something's happening. Once you really begin and look at the data we often find other elements. Make sure that you're letting the data inform your improvement actions. Involve all staff as I've said. In addition to asking and involving your patients and asking them what they think, as the staff and share data with the staff. Get their input on how changes can be made and that will help you to meet less resistance in making changes. Finally make the patient experience improvement plan, try to be organized and make sure that everyone knows what you are working on. Include a schedule to re measure and work to

follow up and remember to start with small changes and see how that goes before implementing them on a large scale.

All right so what's in it for me, why should it matter to you? Well focus on ensuring a positive patient experience. Lower stress among staff, it improves teamwork, increase staff retention, correlates with higher job satisfaction and it overall makes a better workplace. The human connection that takes place is positive for both the patient and to the person giving that service. A negative patient experience on the other hand can cause real distress for the patient but also for the provider or staff people. How do they feel after such an interaction? They might feel aggravated or tired, demoralized. Without a change poor service unfortunately becomes habitual and can tend spread. The good news is that good service and a positive patient interaction is just as infectious. When we give good service, we tend not only to enjoy our work, have a greater sense of happiness and fulfillment and are more likely to enjoy long-term staff retention and higher performance and productivity.

The truth is this matters and this is important because you matter to your patient. The services that you provide that keep your patients reproductive health system healthy, helping your patients to plan and space their [inaudible 01:07:25], to control if and when to have children. Have the potential to impact these patient's life trajectories. You matter to them, you really do and you matter to each and every one of them. Regardless of your role or how much you interact with them, remember to provide that patient centered experience to every patient every time. Remember to use the tools at your disposal, we have shared a lot of different tools and we've just touched on most of them but we hope that you'll visit fpntc.org to take a look at this and many more resources that are available. All right, I think we should have a little time for questions or comments if you have any. I think you can write your questions in the chat box here in the lower left corner. I'm not sure, Katie do we have any questions so far?

Katie Saul: Thanks Jennifer we actually ... We do have one question from a purchase sender says you didn't talk much about secret shoppers. Do you have any suggestions or resources for assessing our services over the phone?

Jennifer Kawatu: That's a great point, that's a great question. There is actually in the patient experience toolkit, there's a phone audit template and there are some ... Let's see, there's a phone audit report and scenario example. There are some tools that you can access in the patient experience toolkit. It's a great idea to call in to your clinic and see what's that experience like as well. I think that's an element that is often forgotten, so great idea.

Katie Saul: Okay so we've had a few questions about whether the PowerPoint will be available after and it will. We will post the slide to FPNTC along with the recording and the transcript within the next few days. Give us a little flexibility with the holiday but it's certainly a priority and they will be available. Actually we're going to post the PowerPoint slide not just the PDF so that you all can use

this with your staff if you're interested. Another question, Jennifer, is from Dorothy who says, "I'm interested in the interview, how do you set the stage in terms of patient preparation for interviewing before or after this service?"

Jennifer Kawatu: Well if I understand the question right when she's saying set the stage I'm thinking that she means how do you approach a patient for instance. I would say we've done this many times on site, so what we always do is first of all we introduce ourselves and explain why we're there and what we're doing. That we are trying to make the services better either more efficient or more patient centered. We really explain what we're there for and that we care about the patient's experience. Usually patients are interested and want to be heard. A lot most patient are excited about being able to get that input. We do always after we introduce ourselves always give the patient and out and tell them that it's completely optional, they don't have to talk to us, it's their choice but if they have a few moments if they have time that would be interested in hearing from them. We always allow them to opt out if they either just don't have time or aren't interested or whatever.

Then we make sure that the questions are fairly simple not too extensive. I think that's something ... I'm not sure I talked so much about that today but I've seen patient surveys that were as long as ... I can remember in memory one was 11 pages, an 11 page patient satisfaction survey. Realistically you really don't need to ask that many questions to get a sense of whether patients are satisfied and what their experience was like. Keep it simple to just a few questions, how were things and ways that they can suggest to make things better, those of you might suggest.

Katie Saul: Okay another question that we have from Shauna is what are some of the suggestions when you have a provider who doesn't really care or want to participate in increased patient satisfaction?

Jennifer Kawatu: Well this is a challenge but I would start with are you sure that they don't care because why are they working in this job to begin with if they don't ... They probably do care about their patients. It's usually a matter of just bringing them along and maybe your idea of what focus on patient experience would look like, is different from what they perceive their experience of patient experience to be like. I think that as I said before the patient experience toolkit is really a ... It's designed, a little bit with this in mind, it's designed to work with the full staff and bring everyone on board to work together and really start by getting by-in from the whole group. A lot of times change fatigue or resistance to making quality improvement changes is because there's a perception that either it's going to take more work, it's going to take more time, it's a burden on them and you or that the outside perspective is out of touch or doesn't know what it's really like.

In working through the patient experience toolkit steps, it starts with doing an assessment, talking to the whole staff. Hearing the voices from others in that video is a great place to start because you hear some really highly motivated,

really patient centered providers and staff at three different grantees, three different agencies who talk about how important it is to them. Then you do activities as a staff to come up with how you perceive your own ... The patient experience in your own setting. I think it's really important if it comes from the outside, you're much more likely to get that kind of resistance. If you work through it from the first step and help them to build what your priorities are, what kinds of improvements you might be able to make and help them figure out what the improvement plan is, you'll be much more likely to get that kind of buy-in and involve everyone.

You might be surprised we've definitely had some hesitant or resistant providers in the past and again, they sometimes come out of the gate thinking that what you're talking about is very different or is going to be a burden on them but once they're involved in developing the specific changes, or developing the plan and coming up with those ideas, then they often get onboard and often you find that they actually are some of the most caring about their patients. They just needed to be involved right from the beginning, right from the ground floor.

Katie Saul: Thanks. Okay, another question came in from Claire, what about ... There's two parts to this so just bear with me here, what about responding to patients concerns about filling out paperwork? We have forms that are required but it's challenging to deal with the complaints about the same forms year after year. She said as a follow up, are you aware of any resources to "audit" client paperwork in order to determine if things can be eliminated. I know personally that this is one of [inaudible 01:16:10] thing to talk about.

Jennifer Kawatu: Yes so I've gone around the country advocating for the development of paperwork reduction committees. I think it's a great idea for every clinic who still has paperwork to gather together a committee. You need someone who's an administrator and understands the requirements. You need a clinician, you need front desk or MAs or other types of support staff. You need a full committee so people with different perspectives but it's a great idea to take all that paperwork, lay it on the table and identify what is absolutely required, what is duplicative so what can you ask once and then transfer to the other forms either in your systems or by having one form that covers both etcetera. There are different ways to do that. Reduce the number of overall forms, is there anything that's not required anymore, is there anything that's duplicative and reduce that.

Then is there anything that you can help the patients out with. For instance, I know some places have stickers or they have ... They reduce the number of times that the patients have to write their name and address or birthday, things like that. If you can do some of the work for the patients, then of course that helps them and make it easier for the patient. Finally of course I'm sure everyone is working towards electronic health records and that does significantly reduce the need for paperwork. In the meantime I know a lot of people still do have paperwork and we definitely encourage you to go through

that process and reduce that redundancy. Because I know as a patient it can be very frustrating. I have a lot of sympathy for patients who have to fill things out.

Katie Saul:　　　　　Okay, another question from Ann is how do you feel about mail out surveys after a visit?

Jennifer Kawatu:　　Well that's fine, mail out surveys are certainly the way that the larger healthcare systems and healthcare providers are doing things these days, the way hospitals and other system work. There's nothing wrong with it but of course as you know you're going to get less of a response so you're not going to get everyone. You often get people that are either very satisfied or very dissatisfied and the people in the middle are much less likely to fill it out. There's a significant cost associated with it, so those are the main things that come to mind. The advantage of those types of surveys is that they're often already tested surveys, they're validated and so you can really trust the results in some ways but they've been formally and officially validated. A lot of family planning clinics find that the additional cost doesn't add a significant benefit unless it's needed for some of those other payer type reasons that we touched on just very briefly at the beginning.

Some sites have to so that because meets the requirements of their payers. If you don't and you are able to do it on site, as long as you are giving them a private face in which to work on the survey ... I actually prefer I like to give them the survey at the beginning of the visit and let them walk through the visit with the survey, let them as for it near the end by handing them an anonymous box or an anonymous envelope to put them in. That way they have a lots of time to work on it and to think about it. They can put things that happen in the moment and they can turn them in at the end. Either one is fine there's nothing wrong with either one but again the additional cost associated with it, if that gives you a benefit that's fine also it eliminates the difficulty of ... Usually eliminates the difficulty of data entry so that's another plus. Especially in smaller clinics I think they find that just doing the onsite immediate response survey gives them the information that they need.

Katie Saul:　　　　　Okay, we've had a couple of questions, a couple of chats which I think Alana from our team has responded to folks individually but I just want to say to the rest of the participants who are looking for the patient experience toolkit, if you go to fpntc.org you can do a search for the patient experience toolkit or you can go to the advanced chat in the resources and either click the topic patient experience and many of the resources that we shared today will come up. Again just type that in the search and you should get it right away. If you have any problems finding any of these resources, please email us at fpntc@jsi.com and we'll be happy to direct you to those. I just wanted to make sure that people heard that before we went too much further. There's a couple of other questions Jennifer, one is from Robert who asks which do you feel is more effective? actively encouraging patients to complete a survey or just passively by simply allowing them to fill in out on their own.

Because I find I get more negative comments through passive means and more positive comments through active encouragement? I'd like to get more feedback from patients but don't want to come across it pushy, any suggestions?

Jennifer Kawatu: Yeah I think what you're observing, if you just do passive then you are getting people who are angry and so they fill out the survey because they had something to say, they were angry. When you actively encourage participation in a survey, you're getting more of a cross-section, more of a true cross-section usually of all of your patients. I think you're right not to seem pushy, you don't want to say this is a requirement, you can't checkout before you turn your survey in or something like that. Obviously it should always be a patient's choice to fill it out or not to fill it out. We find that when we hand the survey out, if we explain that the survey is really asking for their opinion is because we care about ... We're trying to improve systems in this clinic and we really care about your opinion and we want to know how we can help make your visit better the next time. How we could have helped make your visit better today.

When you explain it to patients in that way and really frame it as we care about you, we're working on things, we're actively engaged in trying to make things better patients are often more willing to take time and give really extensive or more thoughtful responses that way. Again it's not so much that we're trying to avoid the negative comments because we definitely want to hear those negative comments as well, we're not trying to avoid those because that's your opportunities for improvement. It gives them ... It will give you are more balanced set or responses where you hear both sides. Hopefully you're still going to respond to those negative comments just as much. It doesn't mean that because there's five positive and five negative you don't address those five negative. You still need to but it gives you a better picture overall. Can also help you see what patients do like because that can be just as valuable as seeing what they don't like. We just encourage you use that kind of a script actively encourage them.

I think I see somebody just wrote in that when is the best time to give them the survey. I don't know that there's a right time or a wrong time, I personally have found I like to have them hand out near the beginning of the visit and tell patients, especially if you can do it on a clipboard or something like that and you can tell patients, "Take this through your visit today and if you think about anything that could make your visit better feel free to jot it down and we'll be collecting them at the end." Then have there be an anonymous place where they can put the surveys in the end so they don't have to hand the survey to you on the clipboard where staff will see the responses. It's fine to have the surveys at the end of the visit as well if there's a time when they have enough time to fill it out, that's another option as well.

Katie Saul: Okay, one question came in from Alisa, is it appropriate to offer a chance of a prize after completing a survey?

Jennifer Kawatu:	I don't see anything wrong with that, I think it's fine to say that one patient per month will ... There's nothing wrong with that in theory that you're going to do a drawing or something like that. It might get a little bit complicated in practice because of course you want your surveys to be anonymous. You don't want to have to have them have their name, so how would you contact them for instance? I know that often when we do survey monkey surveys we can collect their email addresses and then just for surveys in general and we can offer for every 50 people that fill a survey out we'll be doing a drawing for an Amazon gift card or Starbucks gift card or something. That theoretically would be fine but you'd have to do something potentially complicated by doing a tear off with their context information or something like that. I think we have found that actually patients are very willing to fill out patient experience or patient satisfaction survey without the promise of a prize.
	Again I'm not against it but I just don't necessarily think it's even necessary as long as you explain that you really are looking at those responses and trying to make things better.
Katie Saul:	Okay just a couple of more here, the vast majority ... This is from Robert, the vast majority of patients at our clinic or undocumented immigrants. These patients typically don't like answering a lot of questions as they like to fly under the radar are there any suggestions for engaging them?
Jennifer Kawatu:	Well I think there's some of the obvious. Obviously if you are doing it in their language and in a comfortable manner that will certainly help, that's one thing. Making sure that you're both linguistically and culturally appropriate in as many ways as you are able to. I addition to that I think it's the same ... The things that I can think of are a little bit the same as for other populations but maybe just more important. For instance making sure that you are really framing it in such a way what that you're explaining to them, that you're not asking these questions to be invasive but that you are asking them because you're actively working on improving services in that clinic and that you care about their opinion and want to know how to improve services, framing it that way, introducing the survey that way. Then the second thing would be just too really make sure if they are patients that are not comfortable answering a lot of questions and there are other populations that might fit that bill as well, in fact really no one likes answering a lot of questions.
	That if you make sure that you're just getting down to the two or three most important questions that you really care about, that might help them to be more willing to answer questions whereas if you ask a lot of questions that are detailed or might seem invasive, that might increase resistance.
Katie Saul:	Let's see here, if a ... This is from Alisa, if a patient is walked in to the schedule but dissatisfied with their wait time, is there a suggestion you have to put on the surveys ... Actually I'm not sure what this one-

Jennifer: I think I understand, I think I understand. I think that she's saying that it wouldn't seem fair if they're unsatisfied with the wait time because they were worked in, is what she said in her comment. I would say that a patient's wait time does matter regardless of the way they were fit in the schedule. Of course some patients wait time will be longer than others depending on what time and day they came, what they're there for and whether they were walked in or not. That will be true and I think you want to recognize that there's going to be a range of wait times no matter what. I would hope that you wouldn't overreact about one patient with a significant wait time if there was a really good reason for it. It's the trend and is the frequency of which you have those long wait times that I think you should be looking for. If it's one patient that's one thing but it's usually not just one patient that has a longer wait time.

Also you can pair ... That why it's so important to have both the objective and the subjective patient survey questions because that way you can pair the two. They might say, "Well I had a 45 minute wait but I was satisfied with that." Pairing those two concepts it maybe because they were worked in and they were just happy to be seen. That's why also just having those open ended questions is so important, they might actually say that. I had a long wait time or fairly long wait time but I was so grateful to be seen the same day because I was really uncomfortable or because I just don't have any other days off from work and it was really important for me to get in that I didn't mind waiting. Someone else might have a half hour wait time or shorter wait time but be really dissatisfied because they might have be coming in just for a [depo 01:31:47] shot and they are thinking of themselves why is this taking forever? It's such an easy and quick service.

They might have a shorter wait time but lower satisfaction. That's why it is important to have both types of questions and then to try to pair them.

Katie Saul: This is a tough one Jennifer, there's a tough one coming up here. Our staff have had great interaction with the majority of patients who are "easy to help" but they struggle with the more challenging patients and some staff perceive these situations to require responses that are beyond what should be expected of them. Do you have any suggestions to help staff be more effective in these more difficult situations?

Jennifer Kawatu: Well I hate to sound like advertisement but my first suggestion is go to fpntc.org because there are a lot of resources, a lot of new resources and a lot of helpful resources. I think a lot grantees and a lot of service sites are not always even aware of and so I would encourage you to just checkout the resources that are there. In terms of making having those difficult conversations in particular there's a new contraceptive counseling toolkit that works through a lot of counseling strategies and can help ... There are some activities that you can do with your staff so I would encourage you to try looking for some of those activities and seeing if some of those might help your staff. Then in addition to those there's also some suggestions of ... There's an activity ... A couple of activities in the patient experience toolkit. I can't remember what it's called, I'm

looking at it here but where you can tear off little sample scripts and practice saying them.

Practice saying certain things and determining whether those are ... Whether that's a friendly way of saying something, whether it's a welcoming statement, whether it shows empathy, whether it's a positive or offers options. It gives you actually little just sample language to use. We do always encourage role playing. I know everyone on site, all staff members hate role playing but it is really a good way to get more comfortable using language that might not have been comfortable before. We encourage you to just take a look at some of these activities and then practice, practice, practice. The more they have experience dealing with them in a safe setting as a staff before they're in the exam room with the patient and responding in a way that shows empathy or that stays positive even when it's really hard to stay positive, that can help. It's a tough situation and certainly no silver bullet or easy answers. I think there are a lot of resources that can help get that practice.

Katie Saul: Great, thanks Jennifer and we had I think one or two final questions that were specifically about how reduce wait time. I'm actually going to step in here and just give a plug for our upcoming webinars in this series. The next one in July, on July 25th is increasing capacities to provide quality family planning services, and that will go through a lot of the clinic efficiency best practices and strategies to improve clinic flow, reduce wait time, improve productivity and a lot of this systems aspects that affect patient experience. I would highly encourage you all to sign up for that, the registration is available on fpntc.org right now. Then again in August we're going to have a webinar and using data to maximize clinic efficiency. How do you know what you need to work on, and once you're working on these things how do you know they are working? We'll dive a lot more deeply into the clinicefficiency.com dashboard that Jennifer referred to today and walk you through how that work then show you all the bells and whistles that it includes.

Again we encourage you to participate in that. Registration for that third webinar should be coming soon we hope to have it up in the next week or so keep an eye out for that. All of the resources that Jennifer mentioned today are on FPNTC. Again you can either search for them on the website or go to the advanced search under resources and click on the topic patient experience and you'll get all of the resources we have on this topic. We will have a recording of today's session available within the next week, definitely no longer than that. We're also going to post the slide. Several of you have asked about the slides. We will not just post the PDF of the slides but we will post the actual PowerPoint presentation so that you all can use it with your staff. You can tailor it however you like and hopefully that will be a little bit more flexible for you all in your efforts.

We do ask all of you to please, please, please complete the evaluation today, it's going to pop up when you exit this session. We would love your feedback and because there's two more ... Especially because there's two more webinars and

this series, we'll definitely use your feedback to inform those sessions as well. Please let us know what you think and we thank you all very much for joining us today.