



## Video Transcript: Prioritizing the Patient Experience

**Descriptive Narrator:** Prioritizing the Patient Experience: Strategies for Family Planning. Family Planning, National Training Center for Quality Assurance, Quality Improvement and Evaluation logo.

A patient walks into a clinic and speaks with the front desk attendant.

**Speaker 1:** Hi.

**Speaker 2:** Hi, how can I help you today?

**Speaker 1:** I wanted to schedule an appointment...

**Speaker 3:** As healthcare evolves, patient experience, measurement and improvement are becoming increasingly important. A core dimension of healthcare quality, excellent patient experience, can make you a more attractive partner for healthcare networks. Measuring the quality of services through the eyes of the patient can also help you improve your quality of services and exceed patient's expectations.

As more Americans become insured, they will have more choices of where to access care. So how can your Title X site remain the provider of choice for your patients? This video explores the systems, behaviors, and approaches that are essential to providing excellent patient experience. You'll hear staff from Title X sites share strategies to assess the patient experience, build commitment, and work together to improve and ensure the highest quality of care for every patient at every visit.

**Janice Wittscheck:** With our patients, we know that they have other choices than the health department, so we try to make their experience here where they feel welcome and they'll want to come back.

**Descriptive Narrator:** Assessing the Patient Experience

**Speaker 3:** What do your patients want? What's important to them? Assessing the patient experience allows you to identify priorities to better meet your patient's needs and preferences.

**Mari Dominguez:** We've always done an annual patient satisfaction survey.

**Descriptive Narrator:** Mari Dominguez, RN. Executive Director. Bridgercare Clinic, Bozeman, Montana

**Mari Dominguez:** Overall, when you're doing any job and you're doing it for a long period of time, you understandably get pretty focused on your perspective to the job as the provider or the staff person. It's important to keep bringing yourself back to what it's like to be a patient.

**Stephanie McDowell:** One year we really focused on how patients heard about us, how we might be better at our marketing, and then another year we might focus on patient care.

**Descriptive Narrator:** Stephanie McDowell. Associate Director. Bridgercare Clinic, Bozeman, Montana.

**Stephanie McDowell:** Why do you come here? What's important to you? Is it confidentiality? Is it that we don't require insurance? Is it that you can come and get an appointment the same day? Two years ago, went to next-day and same-day appointments, and we did a follow-up survey to that about a year later, like, "What do you like about this? Is this working?" We do always try to check in with our patients and see if what we think is great is also what they think is great.

**Janice Wittscheck:** We value their input, so we really want to look at those cards closely. If a patient has a bad experience, they're going to tell everybody about that experience, but if they have a good experience, sometimes they don't tell. So, we want to know if anything's not good so that we can address it.

**Descriptive Narrator:** Janice Wittscheck, BSN, RN. Nursing Supervisor. County Health Department, Florence, Alabama.

**Janice Wittscheck:** Overall, we get a lot of positive feedback, and that's good, and I try to give that to the staff so that it helps improve how they feel about the job they're doing.

**Demetra Meade:** We listen to them, what they're wanting, and we're nice to them. We all just work together to make sure they have a good experience when they're here.

**Descriptive Narrator:** Demetra Meade. Administrative Assistant. County Health Department, Florence, Alabama.

Quality Improvement

**Speaker 3:** Once you've assessed patient experience at your site, commit to making improvements, and be open to change. It's important to be willing to try new things and to reverse course on changes that aren't working. Systematic measurement, goal setting, and communication are critical to successful quality improvement.

**Annie Vosel:** By using these continuous quality improvement techniques that we've put into place, and to see as many patients as we can.

**Descriptive Narrator:** Annie Vosel, BSN, RN. Alabama Title X, Family Planning Director.

**Annie Vosel:** I know staff sometimes gets tired when you harp about the numbers, but it's important for us to be here, that the access is there for those patients. One of the things that we focused on is continuous quality improvement, keeping in mind that with every process there's always room to improve.

**Shawna Pattinson:** We have regular meetings, staff meetings once a month, as well as health education meetings once a month.

**Descriptive Narrator:** Shawna Pattinson. Clinic Coordinator. New Generation Health Center, San Francisco, California.

Those are two separate meetings just to discuss what's come up in the clinic, how we can, you know, alleviate any problems that we've seen. We're able to adapt and try different things. If we find that we've enacted a policy or procedure that isn't necessarily working as well as we thought, we have the ability to switch it up a little bit. And we take input from all our staff. We're able to play around with some things and see how efficient we can make things. It's just...that's the continued goal because it gets more efficient, it gets better for patients and it gets better for staff.

**Christina Tooley:** We've been very adaptable and flexible to change.

**Descriptive Narrator:** Christina Tooley. Nurse Practitioner. Bridgercare Clinic, Bozeman, Montana.

**Christina Tooley:** I think that can be really hard for certain clinics because we think things are going well and it's hard to take this constructive criticism sometimes and change your practice. It's not all about seeing as many patients as fast as you can. I want to see patients efficiently, but I also want to get them what they need. I think there's a balance there, and I think that's what every clinic struggles with.

**Stephanie McDowell:** We've just gone through patient tracking, so reduce the amount of stops that patients are taking in the clinic, increases the patient satisfaction. We really try our best to whittle away at unnecessary paperwork. I think it's easy to be like, "Everybody that checks in has to do this form every

time," and really checking our system, and our efficiency, does it have to happen? Is there a way to still honor the patient's confidentiality and say, "Hey, are the last two digits of your phone number still this? Okay, well then we can skip that," and try to save your time. Again, I think it's about making that about the patient. Their time is valuable too, not just our time.

**Annie Vosel:** With continuous quality improvement, you identify a project that you want to do, you make that change. You don't have to keep that change if it doesn't work, but you use the data to let you know...it's data-driven. Did that change actually elicit what we wanted? If it did, and if it worked and it was successful, then it's very important that it get integrated into your standard clinic care, so it doesn't go away. Our patient population right now could have changed, where it's not meeting their demand, maybe they want longer hours, maybe they would like to be here until 7:00 in the evening, or maybe they want a Saturday morning clinic. It depends on your patient population. You've got to have an open mind and be prepared to change if your population base changes.

Even with continuous quality improvement, building that in, that that whole focus is, yes, to increase numbers, but it's also understanding that everything needs to be valued by the customer. It's all customer-driven. We want those customers to come back, so it's very important for us to begin to focus on what's important. They come here because they want to, not because we're the last resort, the only place they can come to.

**Speaker 3:** Wait time is one of the most common issues identified for improvement. Wait time is a result of the site's systems, and it can be dramatically reduced by applying the principles of quality improvement.

**Janice Wittscheck:** We don't want a patient to wait two or three hours, because if they do, they're not going to come back.

**Stephanie McDowell:** Wait time for us, historically, we do an annual patient survey, has been the biggest complaint. We have worked really, really hard to reduce our wait time. You can have that one day where it's like those two patients threw you off and now you're a half an hour wait time with patients, and that happens. That's where staff are stressed out and patients are angry. Those are the times when the pressure hits and that's when you have to really keep with your philosophy of putting patient care first and being polite.

**Shawna Pattinson:** Our goal in decreasing wait times for patients is for a number of reasons, both patient satisfaction, as well as for staff. Now for patients, they're busy, they have stuff to do, they may other appointments. Our job is to really get them in and out as quick as possible while providing the most information and the best patient care as possible. For staff, if there are lots of charts and lots of patients waiting, it can be a bit overwhelming and also stressful. That could reduce the kind of patient care that you give, so it's important to not only expedite our patient wait time for patients, but also for staff so that everybody is getting what they need, everybody feels supported in what they're doing, everybody feels that they have enough time to get done what they need to get done, without feeling overwhelmed and preoccupied that there are more charts being put up and more patients to be seen.

It also means checking with clinicians. If there's three charts up on their side for them to see and I don't see them moving very quickly, and what I define as quickly is if they're on the wall longer than 10 minutes, I try to get them moving. I don't want patients sitting in an exam room longer than 10 minutes. Our patients really appreciate the quick appointment types. They have tons of appointments and oftentimes they're not going to want to come in if they know it's a three-, four-hour adventure. We definitely do our best to respect their time and get them in and get them out as soon as possible. Now, for whatever reason, if they want to be here longer, say they have more questions or need more information, we'll take our time and give them as much of it as they need.

**Annie Vosel:** It's a waste of time for them having to sit in clinic and wait for an hour or two hours. They've worked very diligently at eliminating that wait time. It's getting them in and out, with our goal being an

hour. We looked at all our processes, from the patient's point of view. Is this really add value to that patient and the experience that they're receiving within our clinic, or is it something that they don't value? Maybe we think it's important, but it clearly isn't. It could be something as simple as duplication of service, or asking the same questions two or three times. Ultimately, what have happens when you get rid of that wait time, well, they increased in their numbers. It's possible to keep your numbers up, but still have more time to see the patients and to spend that time so they don't have that rushed through experience, because we want them to choose family planning at a county health department. We want them to come back.

**Descriptive Narrator:** Providing Patient-Centered Care

**Speaker 3:** In addition to systems, staff behavior greatly impacts patients' perceptions of care. It's important to monitor and assess how you make your patients feel. Do you go the extra mile to make them feel welcome, understood, and cared for? And could you do better?

**Mari Dominguez:** Medically, of course you need to be competent and excellent, but what people really will understand is how they feel about the interaction. If the medical care is competent, that really won't necessarily occur to them, that's what they expect of course, but they don't always have medical knowledge. What they can judge though, is your interaction with them.

**Descriptive Narrator:** Angela Freitas. Health Educator. New Generation Health Center, San Francisco, California.

**Angela Freitas:** I think it's important to start being client-centered and client-friendly from the minute that I bring someone in from the waiting room. It's how I read them, it's how I ask if they want me to call them something else, it's how I introduce myself, and just starting to build that rapport with the patient so that they feel a little bit more comfortable.

**Descriptive Narrator:** Tino Ratliff. Outreach Coordinator. New Generation Health Center, San Francisco, California.

**Tino Ratliff:** It's important to, I always say, keep it real with your patients. I know that term gets used a lot, but I think it's just being honest with your patients and people you're working with, just knowing that you're here to help the patient and nobody feels helped if they're feeling judged.

**Descriptive Narrator:** Kohar Der Simonian, MD. Medical Director. New Generation Health Center, San Francisco, California.

**Kohar Der Simonian:** When you build that trust with patients, they're able to open up more about certain issues in their life that affect their quality of life and their health. It allows for a much more fruitful patient-doctor experience. We don't rush our patients, we make them feel like the time that we're in front of them is the most important thing that we have going on.

**Tino Ratliff:** Pretty common that any number of our counselors here will hear that on a weekly basis, where someone will say, "Wow, thank you very much. I had a really good experience," or, "Thank you very much, that really helped."

**Leslie Chocano:** That way, if they do have a good experience here with us, then that means that they'll come back with whatever problem they might have.

**Descriptive Narrator:** Leslie Chocano. Health Educator. New Generation Health Center, San Francisco, California.

**Angela Freitas:** I think it's important is just really clearly communicating, that we acknowledge what they need and what they're feeling. If they're in a rush, to acknowledge that we're going to do our best to get you through quickly, letting them know what's going on, and letting them know they can always

reschedule if today is not a good day. I think if people feel like they're being heard, then they're much more likely to have a positive experience and feel more likely to want to come back to the clinic at all.

**Stephanie McDowell:** Little things that we can say to patients when they come, so if it's a new patient, every new patient should hear, "Welcome to the clinic," or, "We're glad you came," something like that, so they don't feel like they're a burden, that we're glad they came in. I really try to say that to any patient I'm doing intake on, "Hey, looks like you've been here before. We're glad you came back," just letting them know they're welcome.

**Holly Gumz:** That if the situation were reversed, I wouldn't want someone being short and rude and curt with me.

**Descriptive Narrator:** Holly Gumz. Front Desk & Clinical Assistant. Bridgercare Clinic, Bozeman, Montana.

**Holly Gumz:** I would really want them to not feel rushed in conversation and to just open up and smile and be friendly. That immediately puts me at ease. I see it on their faces when I'm just genuine with them, and they relax and they're more open and willing to talk about why they're really here and what they really need. That's huge.

**Speaker 3:** Excellent patient experience involves more than just positive interactions with patients. It's about maintaining a patient-centered culture in your agency.

**Mari Dominguez:** I do think that customer service or patient experience has to be consistent with how we expect to treat one another. I don't think it works in an organization where you have different standards for either how supervisors treat frontline staff or vice versa. I think that's important too, to feel genuine about what you're doing. It's not that service with a smile or the happy face, but that we're really bringing substance to what we're trying to do.

**Stephanie McDowell:** Often, you find a lot of job satisfaction when you're enjoying your patient interaction as well. So yeah, I do think it's important just to listen to patients, respect them, be caring, make them feel safe when they're here. From the business standpoint, bottom line is we're not here without our patients, so you want your patients coming back and you want them telling their friends to come here. You have to make them leave feeling good in order to have that happen.

**Mari Dominguez:** I think sometimes if you don't make it a priority, you deal with issues as they crop up hopefully, but it's not an overall priority, I think you're working harder day to day by being proactive and saying we're going to pay attention to our patients experience because it's going to make our jobs easier, ultimately, if we get good at making it a good experience.

**Descriptive Narrator:** Leading Change.

**Speaker 3:** Improving the patient experience must be a priority at all levels of the agency and involve all staff. This involves hiring staff who are committed to excellent patient experience, providing training and support for improvement, measuring results, and celebrating success.

**Janice Wittscheck:** If there's a protocol change, we'll have a group meeting and we'll all go over it together so everybody's on the same page in regards to what is expected from us. But I try to present it in the positive manner so that they will be willing to go onboard with me, because I always present it like, "Let's just try it. Let's just try it for a month and see how it does, and then if it's not good, we can always go back to the way we were doing it." When I present it like that, they're willing to try it, and usually they like it and we just go on with what we're doing new.

It takes all of us working together to make this work, and so you look for the positive things and try to nurture those things in your staff. If you don't show appreciation for the job they're doing, they're not going to do a good job. I want the nurses to know about it every time we hear something positive, because they hear the gripes, the positives, it makes them feel like their job is worthwhile, what they're doing.

**Annie Vosel:** Customer service is really a culture and it has to start at the top.

**Connie Lard:** I really feel like you lead by example.

**Descriptive Narrator:** Connie Lard. Nurse Practitioner. County Health Department, Florence, Alabama.

**Connie Lard:** If your manner is calm and unhurried, and yet you're on task and focused and remain open, so that if you're the nurse practitioner, you're the captain of the ship and people need to be able to come to you and feel like you're not going to bite their head off, I think is the most important thing.

**Stephanie McDowell:** From my perspective, is that I think it starts from the top down when you model positive patient interaction yourself and just trying to model that patients should be respected and listened to.

**Annie Vosel:** I have to understand that I have customers too, and these are the staff that's out in the county. When they call me and they have a question or if they have a need or if they need some technical assistance, I need to be available for them, whether I provide that technical assistance or not, to be able to get somebody in to help them with their question. I need to return my calls within 24 hours if I expect staff to do the same thing at a client level. It starts at the top, we value it. Whether we're putting it into somebody's evaluation on how well they treated customers, customer service is very important to us. We want them to come back. When they begin to have choices of where they can go, but they choose us, not because we're the only place to come to, the only place they can afford, but because they want to because we do such good service and we treat them well, like family.

**Speaker 3:** Visit the Title X National Training Center's website to access related resources, such as the Patient Experience Improvement Toolkit and a training video on skills to improve every visit.

**Descriptive Narrator:** Family Planning, National Training Center for Quality Assurance, Quality Improvement and Evaluation logo.

[www.fpntc.org](http://www.fpntc.org).