How an Academic Medical Group Met the Challenge of Service Excellence

OU Physicians adopted Press Ganey’s medical practice survey solution – Patient Visits InsightsSM – in 2007. The first survey results reinforced for leaders that though its specialized, multidisciplinary care was of the highest quality, consumers still thought of the broader enterprise as the old state teaching hospital for indigent care and not the first choice for medical treatment.

Vitals
With more than 700 credentialed providers, OU Physicians is Oklahoma’s largest physicians group. With its partners, the OU College of Medicine and the OU Medical Center, it comprises OU Medicine, a collective clinical enterprise and the only academic medical and research entity in Oklahoma.

Challenge
OU Physicians adopted Press Ganey’s medical practice survey solution – Patient Visit InsightsSM – in 2007. The first survey results reinforced for leaders that though its specialized, multidisciplinary care was of the highest quality, consumers still thought of the broader enterprise as the old state teaching hospital for indigent care and not the first choice for medical treatment. Campus thinking sometimes mirrored public misperceptions, fostering a culture that did not always place the necessary emphasis on the patient experience. “We knew we offered high-quality care and had extremely talented physicians, but it was tough to shake the old images and mindsets related to teaching hospitals and indigent care,” says Brian Maddy, CEO of OU Physicians. “We knew we had to change the way our own people thought and behaved; then we had to persuade consumers and change their minds as well.”

Solutions
The initial survey results served as a wake-up call that helped spark a performance improvement initiative spanning the entire medical enterprise of the OU Physicians clinics and the other medical facilities at the University of Oklahoma Health Sciences Center. A new program called EXCEL established new standards of employee behavior that placed a premium on customer service and high-quality treatment. These standards were linked to measurable goals which were, in turn, linked to financial incentives, a relationship that gave everyone a stake in the game, from the entry-level clinic staffer to the top physician.
Performance and Outcomes
To get buy-in from such a large group, the vision of service excellence was communicated early and often. Forums, committee meetings, daily reminders from ubiquitous message boards across campus – all drove home the message that a grass-roots cultural transformation would be good for everyone, most notably patients.

Steering committees helped develop and define performance goals to ensure that they aligned across the OU Medicine enterprise. Leadership Development Institutes (LDIs) helped educate about the goals and training employees in the tactics to accomplish them. These steering committees and LDIs continued to meet consistently, always monitoring progress and modifying tactics as needed to make sure goals were met.

With performance bonuses as their incentive, managers and employees went to work, undergoing comprehensive training on the necessary tactics to move patient satisfaction scores. A special emphasis was placed on front-line communications with patients and their families to ensure they were treated like real people rather than names on a chart.

To improve customer service, employees were trained to warmly greet a patient and the family, explain what would happen, who would treat them and how long their visit would take. Last but not least, patients would be thanked for choosing OU Physicians, a must in a competitive health care market such as Oklahoma City.

Within a few months of completing the first round of training and implementing it in practice, OU began to see significant improvements in overall patient satisfaction scores and in specific questions like overall cheerfulness, introduction of self, information about delays, courtesy of reception staff and helpfulness over the phone.

Clinics that witnessed dramatic improvements in their scores were rewarded with financial bonuses and special banners denoting their achievement of excellence.

Executive officers, directors and managers were held responsible for the achievement of larger organizational goals and smaller, more department-specific goals.

Through leader report cards and a restructured evaluation process, OU Medicine helped instill discipline and accountability among its leaders. Tracking performance with special software, weights were assigned to each goal depending on its importance in a leader’s overall set of performance priorities.

For example, a clinic manager who needs to focus a significant amount of time improving patient satisfaction will likely have an overall goal weighted at 30% to create a sense of urgency. If the same manager is performing well in managing employee resources to the OU Physicians’ voluntary turnover rate, then he or she will likely have a lower weight, perhaps at 5%, assigned to that particular goal. The goals are locked in for a year and managers are held to them.

Beginning in July 2011 all clinic medical directors and academic department leaders began using the leader report card system for accountability management, making everyone part of the OU Medicine effort.

Within the first several months of initiating EXCEL, patient satisfaction began to climb, with the overall ranking increasing from the 12th to the 75th percentile. The “information about delays” ranking has increased from the 17th to the 88th percentile in the country. The courtesy of staff in the registration area ranking has improved from the 20th percentile to the 90th in recent quarters. One of the most important patient satisfaction indicators, the likelihood of patients recommending OU Physicians to others, has improved from the 7th percentile to the 75th in the country.

There are benefits in other areas, including a reduction in the voluntary turnover rate from 27% in 2008 to 14% in recent months.
An important tool was the Press Ganey Priority Index. After compiling about a year of patient survey information, OU found that patient wait times were a significant factor in driving substandard satisfaction scores. To get to the root of the problem, the organization analyzed patients’ perceptions of how long they waited in the reception area and exam room before seeing their provider. Intuitively, it understood that longer waits meant higher dissatisfaction, but leaders wanted to learn how long a wait was considered acceptable and whether an informed patient was more likely to endure a delay without being significantly displeased.

Data showed that overall patient satisfaction dropped significantly from the 68th to the 29th percentile when the wait exceeded 10 minutes. Of particular concern was the fact that 38% of patients reported that they waited longer than 10 minutes.

The solution to the wait problem came from a front-line employee. Trena Watkins, senior clinic manager for the OU Physicians Orthopedic Surgery Clinic, developed the idea of taking a dry erase board and writing the actual, updated wait times for each of the providers scheduled in her clinic for the day. The board included the surgeon’s name and a notation signifying whether the provider was on time or delayed. If a provider was running behind, nurses would regularly inform front desk staff of the projected delay times and that information would be passed along to waiting patients via the dry erase board.

“If people knew the wait time and could monitor it on a board, I thought they would be more comfortable and their overall experience would improve,” Watkins says. “No one likes waiting, but if you’re courteous and treat people with the respect they deserve, they will be more understanding of the challenges you face. It makes it less frustrating for everyone – patients and clinic staff.”

The patient feedback was immediate and overwhelmingly positive. A welcome but unexpected side benefit came from the providers themselves. Managers reported that, like their patients, physicians began monitoring the status boards to see if their clinic was on time.

“No one wanted to be the physician who had the longest waiting period advertised on a dry erase board in his or her own clinic,” says Cameron Mantor, MD, interim chief medical officer for OU Physicians. “Doctors are competitive people by nature, so they pushed each other to cut wait times and, in the process, improved clinic flow and boosted patient satisfaction scores.”

Another tactic implemented in clinics is a patient rooming process called room and round. In summary, the concept allows the staff to maximize patient flow in the clinic while providing timely status updates to patients.

When a nurse takes the patient to an exam room, he or she acknowledges the patient, provides a courteous introduction and information about the duration of the appointment and explains the services to be provided. Finally, the nurse will take patient vitals and upon exiting the exam room assures the patient that he or she will be kept well informed of any delays.

The nurse proceeds to the reception area and escorts a second patient back to the next available exam room where the same protocol is followed. After the nurse leaves the second exam room, then he/she will go back to the patient in exam room 1 and give him or her a brief update on the physician’s status. The nurse might ask the patient if he would like anything to drink, if appropriate, or a magazine. The nurse routinely checks on the patient to assess his or her level of comfort.

The OU Medicine experiment is still a work in progress, but it has already produced higher patient satisfaction scores across the board, employees who are more focused on service and goal achievement, higher employee morale and a leadership constantly looking to performance to an even higher level of performance.

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The OU Physicians’ Employee Incentive Program: Scorecard Indicators

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