Medical practice employees and managers have found that common sense improvements focused on a high level of customer service can lead to quality improvement in treatment and care models. Press Ganey analyzed the experiences of patients treated at 5,419 medical clinics nationwide between January 1, 2001 and December 31, 2005. and identified medical practice top improvers.

Thanks to technological advancements and increased access to capital, physicians can perform complex procedures in medical clinics that formerly required a hospital visit. Medical clinics serve the patient’s comprehensive needs, from routine check-ups to specialty care. As medical care continues to trend toward outpatient treatment, it is important to focus on what outpatient clinics are doing well so the successes can be duplicated elsewhere. Press Ganey Associates, Inc., the health care industry’s leading vendor of satisfaction measurement and improvement services, offers insight to care providers and medical practice managers on areas identified for industry-wide improvement.

Press Ganey analyzed the experiences of patients treated at 5,419 medical clinics nationwide between January 1, 2001 and December 31, 2005. Patient response data was analyzed to distinguish which facilities made significant changes, with an increase in mean score points, over that four-year time period. The data was broken out in six-month intervals to pinpoint the facilities that had made consistent improvements. Through the survey process, Press Ganey identified medical practice top improvers.

While it is typical for Press Ganey clients to see a one or two point difference from their prior scores, top improvers are those who have seen significant increases in their scores. Scores jumped anywhere from six to ten points at the outpatient clinics of the following medical centers:

- Lucile Packard Children’s Hospital, Stanford University, Palo Alto, Calif.
- Southwestern Vermont Health Center, Bennington, Vt.
- Yale-New Haven Health System, New Haven, Conn.

Press Ganey interviewed administrators and physicians at these facilities to garner best practices. These clinics found innovative ways to manage staff, address the needs of their patient populations and create products and governing bodies to push quality improvement. Some of the best practices discussed in this paper are:

- Sensitivity to patient needs.
- Patient wait time.
- Cheerfulness of medical practice décor.
- Cultural sensitivity.
While these individual items may not appear on Press Ganey’s National Priority Index medical practice administrators from the above facilities say addressing one problem typically leads to the remedy of another. For example, training staff to reduce wait times can lead to better customer service, which is measured in other parts of the survey. Improving conditions may not only increase patient satisfaction scores; happier patients and smoother working conditions can also improve physician satisfaction scores.

The National Priority Index combines information about the performance of medical practices and the relative importance of each item to respondents’ overall satisfaction. Higher priority is given to those issues that are relatively important to respondents (high correlation coefficients) and where medical practices scored low nationally (low mean scores) compared with other items on the survey. Items are listed in order of decreasing priority.

To compute the Priority Index, questions are rank ordered according to mean score. Questions with the lowest mean score are given the highest point value. The questions are then ranked again by correlation to likelihood of recommending and the highest correlation is given the highest point value. The sum total of the two ranks provides an overall position within the Priority Index. Items with the highest value identify the specific areas where a facility has the most room for improvement and that are likely to have the greatest impact on patients’ likelihood of recommending.

Lucile Packard Children’s Hospital
Interviewed for this paper:

- Terry Alfredson, MBA, FPO Director of Operations
- Pamela Anderson, RN, MHS, FPO Director of Quality and Nursing Practice
- Lawrence D. Hammer, MD, Professor of Pediatrics, Stanford University School of Medicine and Medical Director, Ambulatory Care Services
- Pamela Molano, FACHE, FACMPE, Chief Administrative Officer, FPO and Vice President for Ambulatory Services

History of Clinics
The outpatient clinics of Lucile Packard Children’s Hospital offer more than 44 specialty services. Once housed inside the hospital, the clinics moved to a newly-renovated, free-standing facility located across the street from the hospital in 2004. The facility has its own lab and basic radiology services, allowing patients to access services without leaving the building. This centralized approach is an improvement from the original system which required patients to navigate the hospital for services.

The clinics offer multiple specialties and are organized into pods. A pod is a physical arrangement of exam rooms, work rooms and support areas. Within that geographic area, you may have multiple groups of physicians working side by side. Surgical pods may have as many as eight different specialties. For example, surgical, respiratory and EMT clinics are grouped into one pod.

Summary of Success
The outpatient clinics at Lucile Packard Children’s Hospital is a top improver because it saw a 7.72 mean score point increase in the category of patient’s “access to care” on Press Ganey’s Medical Practice survey. The “access to care” section measures ease of scheduling appointments, promptness and helpfulness over the telephone. The clinics credit these improvements to a streamlined scheduling process, uniform phone tree and adding to the scheduling staff by moving them off site to another facility. These improvements resulted in positive feedback from patients and the clinics saw a dramatic increase in their mean score.

Performance and improvement measures are monitored by the facility’s Pediatric/Obstetric Faculty Practice Organization (FPO). FPO members participated in the Press Ganey phone interview. They explained how changes such as a new facility, improved scheduling and staff reorganization have positively impacted Patient Satisfaction scores in relation to “access to care”. Staff pride and improved efficiency within the new clinic facility has also bolstered employee and physician satisfaction.

The FPO structure has three committees: finance, operations and quality. The committees meet on a monthly basis. Committee members include clinic practice managers and on-staff physicians. To encourage physician engagement in quality improvement, physicians chair most of the committees. Committees review concerns, data and results to identify quality improvement opportunities aligned with the organization-wide strategic goals.

Priorities are identified by reviewing ongoing projects and weighing them against current and pressing issues. Goals are established during an annual planning retreat where the FPO leaders and other staff discuss internal and external drivers for improvements and change. By achieving a consensus for the coming year’s goals, there is a united staff with a common focus.

The following is a list of the clinics’ improvements.

**Improvements to Comfort of the Facility**

The new facility was designed to welcome patients. The staff aims to make patients feel at ease, even before they step inside the facility.

- A large parking area is reserved exclusively for patients visiting the clinic, and a parking attendant welcomes and speaks with patients and families.
- Inside the clinic, a greeter provides patients with directions and answers their questions.
- Waiting and registration areas are colorful. Child-centered spaces feature art work, wall-mounted activities, toys, books and plasma televisions playing appropriate films. Volunteer readers regularly entertain patients who are waiting to see a provider. A coffee stand selling snacks and drinks is another satisfying diversion.
The comfortable environment and service initiatives boosted patient satisfaction scores to show seven periods of significant improvements from 2001 to 2005 on Press Ganey’s Medical Practice Survey.

Improvements to Appointment Scheduling
Providing patients with an efficient, less stressful way to make appointments is high on FPO’s priority list. The clinics were able to add to the scheduling staff by moving them off site to another building where there is more room.

- With more staff to answer the phone, patients are more likely to get a “live” agent on the phone when calling the clinic.
- An automated phone tree was standardized so if patients need to visit more than one clinic, they can quickly familiarize themselves with call options and have basic questions handled swiftly.
- When patients leave the clinics they are encouraged to schedule upcoming appointments. This attention to detail helps reduce call volume and ensures that more patients receive direct contact when they call.
- Customer service representatives, assigned to handle call volume for one or two pods, are cross-trained to schedule for other pods as needed.

Improvements to Registration Procedures
- When a patient checks in, the front desk notes the time of arrival and tracks any wait time that may accrue after that point. If the wait time reaches 15 minutes, procedure dictates that a staff member make contact with the patient and provide a brief explanation about the prolonged wait time.
- If a wait reaches 30 minutes, the physician directly explains to the patient the reason for the wait.
- Wait times for each component of a visit are reviewed through periodic surveys which are filled out by the parent/patient. The surveys provide information such as waits for check-in, vital sign measurements, waits in the exam room and departure. The results of the surveys are shared with the service chiefs and assessed for areas of improvement.
- Patients are not sent to examination rooms until a provider is ready to see them. This customer service tactic allows patients to watch television or play with toys in the comfort of the reception area.
- The FPO is currently researching the benefits of online check-in technology. The process would resemble individual registration kiosks found in airports. At the clinic, patients would either use a portable electronic tablet or sit at a station to verify facts such as insurance provider and demographic information.

Miscellaneous Improvements
Press Ganey offered the facility best practices aimed at reducing patient wait times. The tactics Press Ganey suggested were reviewed in conjunction with the FPO’s existing priorities. The effort resulted in several waves of customer-service training that has enriched service at the clinics.

- Staff members participated in activities including role playing, skills focused on the right and wrong ways to interact with patients, and exercises to hone customer-service basics such as communication skills and eye contact.
- Sensitivity to patient needs is a component of employee reviews. When positive efforts are made, they are noted by staff members and added as a notation to an employee’s file. These notations are reviewed and regarded as goals for achievement.
- Staff members can nominate other staff members for efforts that go above and beyond in customer service. After nominations are tallied, managers award staff members “bravograms,” which are certificates or small gifts, and a notation is added to their employee file. The list of bravogram recipients is posted in a monthly list sent to the entire clinic staff and presented quarterly at an all-clinic staff meeting.

After the training concluded, administrators received testimonials from staff members who reported that they had become more conscious of patient needs. The successes realized by this organization are the result of a comprehensive approach to customer service. Ongoing measurement and feedback to staff and leaders will help ensure that the gains are sustained and that more improvement opportunities are identified.

Southwestern Vermont Health Care
Interviewed for this paper:
- Richard Albrecht, Vice President of Hospital Services and Practice Management

History of Clinics
Southwestern Vermont Health Care is a series of clinics: Northshire Medical Center, Deerfield Valley Health Center, SVMC Allergy Department and SVMC Rheumatology Practice. Most of the clinics are on separate sites. All of the clinics serve patients from New York, Massachusetts and the southwestern region of Vermont in the Bennington area.

Summary of Success
Southwestern Vermont Health Care is a Press Ganey top improver because its outpatient clinics saw a 6.81 mean score point increase in the survey category of “access to care”. This category measures the ease of scheduling an appointment, courtesy of staff and promptness of staff returning patient phone calls. The basis of the clinics’ success may be its recently restructured open-access care, according to Richard Albrecht, vice president of hospital services and practice management.
“As you come through the door, it is like the Department of Motor Vehicles. It is first come, first serve,” Albrecht said. “You have a community doctor available to deal with those extras and you (patients) know that you are going to be seen that day. It might be immediately that day. You are fit in and you take your place.”

What is open-access care?

Open-access care at Southwestern Vermont Health Care clinics accommodate:

- Patients with emergencies.
- Patients with pressing medical needs who want to speak to a physician, but do not have an appointment.
- Patients with minor ailments.
- Patients new to the community.

Open-access scheduling is first come, first serve. If the patient load is light that day, the wait may be minimal. If many patients are scheduled, the wait might be longer. All patients will be seen by a primary care physician. If a patient requests a routine physical or annual exam, staff will encourage the patient to make an appointment but never turns away the patient. Southwestern Vermont clinics encourage regular patients to choose a physician as a primary caregiver. Seeing the same physician for the majority of office visits adds continuity to patient care and builds long-term relationships between physicians and patients.

Prior to restructuring open-access care, Southwestern Vermont experienced problems with staff overtime and patient frustration. The following sections explain how Southwestern Vermont resolved these problems.

Improvements to Scheduling Practice

The role of the open-access physician is a rotating duty shared by the staff. Limiting the physician’s ability to schedule patients while on open-access shift rotation made open-access care at Southwestern Vermont more efficient. During open-access shifts, six staff physicians are permitted to schedule patients. However, the bulk of the day is reserved for walk-in patients. Scheduling too many patients competes with the purpose of the program. The primary function of open-access care is that each patient is attended to every day. If the proper amount of room is left in the schedule to accommodate walk-in patients, the clinic runs on time and staff operates within the clinic’s posted hours.

Improvements to staff training

Southwestern Vermont clinics reduced patient wait times by cross training staff. Office staff members who register and discharge patients know how to fulfill multiple office functions. Improvements were made to basic office equipment to help the staff be able to multitask. Each staff member has a cordless phone so they can work in multiple departments and attend to patient needs. Cross-training staff ensures that the office runs smoothly, even when employees are off or patient loads are heavy. New hires are quizzed extensively about patient satisfaction prior to hire. The hiring committee looks for candidates who have the ability to multitask, a desire to foster patient satisfaction models and the ability to work as part of a team. Turnover was a problem prior to cross training and other improvements made to open-access care.

Improvements to Registration Procedures

Southwestern Vermont has designed its registration and waiting system with the aim that no patient should wait any longer than 25 minutes to receive physician care. If the wait is going to reach 25 minutes, a staff member lets the patient know. If a patient has not arrived by their appointment time on a busy day, they are called and offered the opportunity to reschedule.

Improvements to Innovation

Northshire and the oncology clinic also offer patients opportunities to educate themselves. Each clinic is equipped with computers that are directly connected to web sites featuring top health resources. These stations are designed for patients who want to ask more informed questions or learn more about a recommended treatment.

Improving Customer Service Through Employee Accountability

The managers’ raises and the physicians’ salaries at Southwestern Vermont were adjusted to tie into patient satisfaction improvements.

- If physicians do not devote appointment time to patients they could be penalized for up to 5% of their base pay.
- Customer Service training exercises encourage physicians and staff to listen to patients instead of rushing them. The act of listening is common sense, but it is often a practice that needs reinforcement in day-to-day activity in medical practices.
- Common sense practices are also reinforced through staff exercises. Scripting is a practice that is widely used and teaches staff how to address a variety of patient concerns.
- Staff coordinators oversee role playing and orchestrate multiple staff functions. Administrative leaders oversee registration and discharge and can operate the switchboard. Clinical coordinators typically work with nurses and physicians to improve customer service skills.

Albrecht is pleased with the results: “The system is running more smoothly. Press Ganey had a tie in that … Open access requires putting more effort out, more communicating and coming to staff meetings.”
Yale-New Haven Health System
Interviewed for this paper:
- Lynn Cermola, who covers Patient Relations and Volunteer and Interpreter Services, spoke on behalf of Yale-New Haven Health System

History of Clinics
Yale-New Haven Health System in New Haven, Connecticut features seven outpatient clinics. Specialties include primary care for adults, pediatrics, HIV, GI pulmonary and geriatrics. Improving a patient’s access to care is a primary focus of Yale-New Haven. The area has a diverse patient base so providing extra services, such as dedicated language-access interpreters and patient information and consent forms in several languages, are on the priority list. Some of these services are in place, and others, like hiring dedicated interpreters, are in development.

Summary of Success
Yale-New Haven is a Press Ganey top improver because its outpatient clinics saw a 10.02 mean score point increase in the survey category of “your visit,” which measures courtesy of staff, speed of registration and patients’ comfort within facilities. The basis of the clinics’ success may be its Language Assistance Project, which addresses the needs of patients who speak little to no English.

Improvements through the Language Assistance Project
The Language Assistance Project Committee concluded that the clinics should have materials available in 14 languages to properly serve the client base. Spanish-speaking individuals make up the largest such population, so Yale-New Haven provides Spanish-speaking patients with Spanish-language surveys. Tailoring services to fit client needs also helps improve the client’s overall perception of the clinics.

The Language Assistance Project became a priority after the clinics received a complaint several years back about not servicing non-English speaking patients. “We have made many changes since then,” said Lynn Cermola. “We work hard to improve when we know things are not working.”

Another project goal is to create a multilingual Intranet that will serve as a portal that patients can use to research information concerning their condition and treatment options. Some multilingual computer-based features, such as patient consent forms and other informational forms, have been translated and are already in use. The forms are stored on a database that is accessible at all clinics. When a patient requests a form in a particular language, a staff member can download it, print it and hand it to the patient. The process has proved to be efficient for staff members who want to quickly respond to patients. Storing the forms on a computer system also reduces the amount of pre-printed forms the facility needs to house and organize. Patients have commented that having the consent form in their own language eases the process of visiting a clinic because patients have a better understanding of symptoms, side effects and results.

Best Practices
Here is a list of best practices which are based on data from the outpatient clinics of Lucile Packard Hospital, Southwestern Vermont Health System, and Yale-New Haven Health System:
- Reorganize staff to improve efficiency and reduce wait times.
- Form an organization to promote and implement change.
- Create staff committees that include physicians to encourage physician buy in with the facility.
- Establish a structure to make sure quality improvements are functioning as designed.
- Think about functionality and patient concerns when remodeling or designing a facility.
- Record patient check-in time and monitor wait times.
- Encourage providers to tell patients why a wait time reached 25 minutes.
- Allow patients to remain in the lobby until a provider is ready to see them.
- Be cognizant of an employee’s sensitivity to patient needs and other customer-service objectives and emphasize the importance by making them a part of the employee’s job duties.
- Make notes of an employee’s interaction with clients and include them in employee reviews and pay-for-performance measures.
- Assess open-access care models and evaluate them for effectiveness.
- Provide patients with a primary care physician during open-access visits.
- Cross-train employees to compensate for busy days or staffing deficiencies.
- Penalize physicians for rushing patients or not giving them proper attention. For example, encourage physicians to address patient concerns. Connect staff and physician compensation to patient satisfaction scores.
- Schedule staff customer service sessions. Include scripting exercises that teach employees how to handle day-to-day situations with consistency and a high level of customer service.
- Evaluate the needs of your patients. Consider offering forms and other patient materials in languages that address the needs of your patient base.

- Provide interpreters to facilitate communication and demolish cultural barriers that may exist.

- Allow staff members to provide input on clinic policies or decisions that affect their jobs. If decisions are handed down from senior management, explain the reasons for them in department meetings or by the intranet or company newsletter.

- Store forms and patient materials on the company intranet to prevent clutter and overloaded storage areas.

- Do not overlook common sense customer service tactics. Most patients appreciate a warm greeting, attentiveness to their needs and direct communication.

**Conclusion**

Medical practice employees and managers have found that common sense improvements focused on a high level of customer service can lead to quality improvement in treatment and care models. Many of the improvements mentioned in this white paper began with the Press Ganey survey, but the efforts will continue as programs grow and processes are refined. Their efforts, successes and lessons learned can be applied to many medical practice settings and lead to greater satisfaction on an industry-wide level.