Simple but thoughtful process changes can improve patient satisfaction

OR Business Performance is a series intended to help OR managers and directors improve the success of their business.

Better-performing surgery departments have always paid careful attention to the patient experience. Today, payment reform and market evolution are making patient satisfaction in an OR more important than ever.

Patient satisfaction is a major component of the Medicare Value-Based Purchasing (VBP) Program. Results of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey now make up 35% of your hospital’s VBP score.

Patient satisfaction is also critical in the increasingly competitive surgery market. ORs that do not provide good service risk losing insured elective cases to ambulatory surgery centers and competing hospitals. This can lead to declining case volume and adverse case selection.

Hospital ORs with high patient satisfaction share a common trait—their staffs treat the patient as a valued customer. To improve patient satisfaction, begin by critically examining the entire perioperative experience from the patient’s point of view.

Make communication count

When OR teams communicate poorly, patients experience anxiety, frustration, and unwelcome surprises. OR directors should focus on 2 goals:

• Patient communication must be timely. In many hospitals, staff do not notify patients of their scheduled procedure time until 1-2 days in advance or even the night before surgery. Patients may experience weeks of uncertainty followed by a few hours of stressful last-minute preparations. Better-performing ORs inform patients of their procedure time 2 weeks in advance. To achieve this goal, you may need to rework your department’s scheduling processes. Consider the effort an investment in patient satisfaction.

• Patient communication must be streamlined. In many hospitals, surgery patients receive calls and information from multiple departments—scheduling, preadmission testing (PAT), and financial services—plus the surgeon’s office. The patient is responsible for piecing together all the information. Even worse, instructions are sometimes contradictory.

In contrast, well-designed surgical services organizations make sure patients receive information from a single contact. This goal can be difficult to achieve. One solution is to incorporate insurance verification personnel into PAT. One call to the patient will cover both preadmission instructions and financial counseling. If staff cannot be consolidated, at least try to coordinate messages across departments. The goal is to ensure patients hear the same message from everyone.

The best ORs also use communication to set patient expectations. This is an important element of patient satisfaction—patients with realistic expectations are less likely to be disappointed with their care.

Be sure to cover the basics. Patients should understand where they need to go on the day of surgery, what they need to bring, how long different steps will take,
etc. Call scripts will help ensure staff cover all the details. In addition, consider developing a “patient handbook” with complete information on presurgical testing, the day of surgery, the inpatient stay, discharge expectations, and billing. Handy resources for patients are available from the American College of Surgeons (www.facs.org/public_info/patientguidebook.html; www.facs.org/patienteducation/surgery.html).

A neglected aspect of communication is setting expectations about pain. As a rule, you cannot count on the surgeon to communicate clearly about this topic. OR directors should make sure the PAT process includes a realistic look at postoperative pain and a discussion of pain control options.

**Target wait times**

Excessive wait times are a leading cause of patient dissatisfaction. Good will erodes as patients and family members grow bored, hungry, and frustrated. Long wait times affect every step of the perioperative process—from PAT and registration through admission, preoperative holding, and the postanesthesia care unit (PACU).

Several process improvements will help reduce patient wait times. For example, strengthening the block time system will improve daily efficiency and reduce surgical delays (see OR Manager, May 2013, pp 21-24). Strengthening preoperative preparation will reduce late starts and last-minute cancellations. In many leading ORs, the anesthesia department has developed evidence-based protocols for the preoperative management of patient comorbidities and risk factors.

Simple process changes can have a big impact. For example, in many ORs staff do not review patient charts for lab results and medical clearance until 48 hours before surgery. At that point, any abnormal results that call for additional workup will create inconvenience for the patient and could necessitate rescheduling the procedure.

The solution is simply to have staff check charts earlier in the process, such as the day after the patient’s PAT appointment. Any problems will be identified a week or more before surgery, and a last-minute scramble will be avoided. This approach helped 1 hospital OR reduce its same-day cancellation rate from 6% to less than 1%.

OR leaders can also attack wait times directly through Lean Six Sigma. Create a “current state” map of perioperative processes. Go over the map with your team, and brainstorm about ways to cut wasted steps and streamline patient flow. Next, develop a “future state” map of revised processes. Work with managers and nursing staff to implement new processes and patient pathways.

The results can be dramatic. In 1 hospital PAT clinic, patient wait times were cut in half simply by converting several sequential steps to parallel processes. Monitoring and follow-up are important. Create time stamps within your electronic medical record, and use system reports to monitor patient flow through each area of your department.
Avoid bottlenecks

Wait times are common in many hospital PAT clinics. One way to relieve PAT congestion is to create a pre-PAT screening process.

All patients need to go through a preoperative evaluation, but not everyone needs to have an on-site visit at the clinic. At an East Coast specialty hospital, staff developed a PAT screening questionnaire for use by surgeon office staff. The questionnaire includes about a dozen yes/no questions that identify high-risk patients and patients with conditions that need additional management. If any answer is “yes,” the patient is scheduled for an in-person visit at the PAT clinic. All others are triaged for phone evaluation only.

This process allows PAT staff to clear more patients without an on-site visit, which is more convenient for these individuals and their families. The process also reduced clinic volumes by 20%, creating a better, faster experience for patients.

Another effective strategy is simply to rework schedules to improve patient flow on the day of surgery. At that same East Coast specialty hospital, all patients scheduled for a 7:30 am procedure were instructed to arrive at 6 am. The resulting bottleneck led to long patient wait times at the start of every day. In addition, OR staff did not arrive until 7 am. In many cases, this did not give staff enough time to prepare for the scheduled 7:30 am start, creating further delays.

Two simple changes reduced patient wait times significantly (chart). First, patient arrival times were staggered at 15-minute intervals, allowing staff to process admissions in waves. Second, the staff arrival time was moved to 6:45 am, and expected arrival times were designated for anesthesiologists (6:50 am) and surgeons (7 am). Thanks to these changes, the hospital’s on-time start rate has increased from 70% to 95%.

Create a service environment

In addition to fine-tuning processes, OR directors should strive to build a strong service environment within surgical services.

Staff skills are the cornerstone. For instance, the HCAHPS survey asks patients whether they were treated with courtesy and respect. Role-playing can help staff develop strong skills in this area. During an in-service session, join with staff to act out various patient scenarios. Allow participants and spectators to give feedback and suggest better ways to handle patient interactions. Exercises like this make everyone more aware of the situations that make or break a patient’s service experience.

Waiting, examination, and preoperative areas with too much of a “clinical” feel can increase patient anxiety. Some hospitals spend a lot of money on facility upgrades, but lower-end solutions such as new furniture, murals, or greenery can also help. To enhance patient and family privacy, add dividers or reposition workstations.

Improving patient service through front-end planning is critical, but ORs should also have a back-end strategy for following up on service failures. Whenever a patient has a negative experience or voices a complaint, activate a “service recovery” process. An uninvolved staff member (such as a hospital social worker) should contact the patient, listen to the concerns, and mediate an acceptable resolution.

In addition, the manager of the area in which the negative experience occurred should personally follow up with the patient. For example, if a patient has an excessive delay in the PACU while waiting for an inpatient bed, the PACU nursing manager should later visit the patient on the floor to apologize.

Most ORs use a third-party survey company to track patient satisfaction. These
tools can also be used in service recovery. Whenever a survey response includes a name and phone number or address, consider this to be a signal that the patient wants to be contacted. Designate an OR representative to contact these patients and discuss all feedback, both good and bad.

**Next month**

Many OR leaders find that service improvement has collateral benefits. Factors that increase patient frustration, such as redundant communication, also increase costs. Streamlining these processes to improve patient service will also reduce department expenses.

Next month, we will look at how to improve relations with hospital executives. Learn how to work effectively with the executive team and help your CEO meet the challenges of 2014.

This column is written by the perioperative services experts at Surgical Directions (www.surgicaldirections.com) to offer advice on how to grow revenue, control costs, and increase department profitability.