PATIENT SATISFACTION

You, Your Staff, and the Satisfied Patient

BY NANCY BAKER AND SUE VICCHRILLI. COT. OCS.

erceptions can make or break a practice. If patients feel they've been treated competently and considerately, they're likely to recommend you to their family and friends. But few patients are able to make an objective judgment about a physician's clinical acumen, so they frequently make inferences based on other factors—and this is where staff interactions with patients can make a difference.

Leadership from the top is necessary. When the physician prioritizes patient satisfaction, staff members will follow that lead—particularly if the physician takes a clear interest in whether staff behavior is supporting that goal.

Watch for red flags. Are patients in their lane within 15 minutes of their appointment time? Are your Accounts Receivable (AR) numbers within or above benchmarks? Excessive wait times and confusion about payments are

big drivers of patient dissatisfaction, and these problems suggest that the practice isn't running smoothly. Other problems to look for include:

- Data entry problems. Typos can lead to more than misspelled names or addresses—they can cause claim denials. This hits your bottom line and can prompt patients to question your practice's competence.
- Patient complaints. Is somebody tracking patient complaints? Do you notice a common theme? If there is an uptick in complaints, can it be correlated with any changes in the practice?
- Fees aren't being collected when due. If patients are delinquent with copayments, deductibles, and payments for noncovered services, you need to identify the reason(s). For example, staff at the front desk may need to do a better job of explaining payments. Suppose the checkout clerk says, "Mrs. Smith, you owe \$40 today"—the patient might assume that she is responsible only for that \$40. The clerk should have said, "Your total charges today are \$200,

of which we'll collect an initial \$40. After your insurance has processed the claim, you'll receive a statement for any remaining balance that you might owe."

Nurture patient satisfaction. Staff members should speak to the patient the same way they would speak to a family friend. This instantly creates respect and warmth, and it makes a patient feel appreciated and valued.

Turn satisfied patients into referrers. Each patient should leave with something that includes the practice's contact information. You also should display a sign that states, "We appreciate the confidence you place in our practice by referring friends and family." When patients do refer somebody to your practice, send them a thank you card or, at the very least, make a note in their charts so that the physician can personally thank them at their next visit.

Staff Roles

The front office. A large practice can have several people in the front office, including a receptionist, a checkout clerk, and an Accounts Receivable (AR) representative. They should have excellent communication skills-not just with



the patients but with all levels of the practice team. Although dealing with confused and irate patients can be stressful, staff must maintain their poise and not take any complaints personally. It is not enough for a receptionist to be "nice"—he or she needs to take a global view of what is going on in order to anticipate and deal with problems before they derail the day.

Allied health staff. Some practices have ophthalmic assistants or technicians who are responsible for taking the history and performing tests before the doctor sees the patient. While gathering this information from the patient, they need to tread a fine line between staying on schedule and making sure that patients feel like their concerns are being heard. Staff must also be alert for any unexpected developments—for instance, the patient may make it clear that she doesn't want to pay for a refraction. If appropriate, the staff member should notify the doctor.

For a more detailed summary of the staff roles, along with tips for boosting performance, see the 2015 YO supplement at www.nxtbook.com/ aao/eyenet/yo2015/index.php.