About Me...
PATIENT SATISFACTION
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The Good

The Bad

The Ugly
PATIENT SATISFACTION

The Good
- Correlates with provider satisfaction
- Correlates with patient compliance
- Correlates with provider / patient trust

The Ugly
- Is published in the public domain
- Ultimately will determine your level of payment
- Documents what others already know about you…but what you may not want to believe
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PATIENT SATISFACTION & PROFESSIONALISM

• Professionalism* = putting the patient first
• Studies identifying behaviors in providers with high satisfaction have shown the obvious:
  – Sincerity
  – Not rushed
  – Taking time to LISTEN
  – Integrate patient’s social factors into treatment plan

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HOW AM I SUPPOSED TO DO THIS?

• With an EMR?

• Standardized scheduling templates?

• Under pressures to see new patients?

• With impossible prior authorization requirements?

• No transparency in drug costs?

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WE GET IT.....
**WE GET IT…..**

- You have access to your individual patient satisfaction data and comments to faculty through the monthly UIP KPI report

- Further plans for full transparency in future.

- Share best practices from UIHC top performers and Press Ganey (consulting agreement)
...PROVEN TACTICS

• Real time data / feedback

• Patient engagement in treatment plan
  • Makes patient feel part of the team
  • “Patient-Centered” care / decision-making

• Don’t punt to someone else unless it really isn’t your job
  • Get ‘er done mentality

• Don’t be “the wall”—see the patient on the same day


WE GET IT.....

• **PROBLEM:** My patient schedule is overbooked with the wrong patients
  • **ANSWER:** Leadership commitment improving centralized scheduling. Systems in place to track and correct mistakes

• **PROBLEM:** Epic is hard. All EMRs have their issues
  • **ANSWER:** Leadership commitment to “optimization” & has put resources behind it
WE GET IT.....

- **PROBLEM**: Needed improvements in workflow for PAs / drug pricing
- **ANSWER**: National / political problem with multi-pronged approach......this is not a good answer
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  • **My Role…**Optimize work flow to enhance patient care and make UIHC the “work place of choice” for providers
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If it doesn’t improve care, why are we doing it?
BELLY-ACHER VS INNOVATIVE DISRUPTER.....

• Belly-acher
  – The system is stupid.....
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  – This is why it is broken and doesn’t work
  – This is how it could be better
  – These are the unintended consequences of changing it
    » How does it affect nursing / registration / billing / environmental services?
Giant Hairball of Complexity

Illustration adapted from Harvard Business Review: Netflix’s Bold Disruptive Innovation by Adam Richardson, 9/20/11
**BOTTOM LINE**

- Patients want.... “respect, good communication among staff, and happy employees during their stay”.....

- Providers want the same thing
We don’t have mountains….or oceans……

….but we have people who care deeply about patients
….and want to do the right thing

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