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Improving satisfaction among established patients in a midwestern pain clinic

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ABSTRACT

Background: A problem in many health care practices is deciding the appropriate appointment length for new and established patients. Patients become frustrated when there is inadequate time to have their needs met, yet when a patient's clinic time is spontaneously lengthened, the provider gets behind in schedule, causing delays and greater frustration for others.
Aim: The aims of this evidence based project were to determine whether implementation of a flexible appointment system would improve the current scheduling process in a pain clinic by allowing complex patients the opportunity to schedule a longer clinic appointment and would improve patient satisfaction.
Design: This evidence-based practice innovation followed a program evaluation process using a descriptive, existing survey completed by clinic staff and patients.
Setting: A Midwestern pain clinic caring for patients with acute and chronic pain diagnoses.
Participants: A convenience sample of 120 patients were surveyed before and after the process change. Thirteen staff members completed the survey on SurveyMonkey pre and post procedural change at the same intervals the patients were surveyed.
Results: Patients were more satisfied with the time that they spent in the exam room and the waiting room. The process change improved communication with staff and patients and provided an opportunity to discuss their concerns and health changes prior to their scheduled appointment.
Conclusion: Allowing an option for flexible scheduling in appointment lengths provided an opportunity to meet patient needs, offer improved service, and improve patient-provider communication.

1. Improving satisfaction among established patients in a Midwestern pain clinic

An essential element to any provider practice is patient satisfaction. It is a consumer's market and a healthcare consumer can choose which provider best fits their needs. Patient expectations are higher as they seek to find the provider to meet their requirements (Al Ali & Elzubair, 2016; Tuli et al., 2010). The difficulty with such an expectation is many clinics schedule patients according to grids and mathematical equations rather than the individual needs of the patient (Tuli et al., 2010). Providers are being rated on social media when consumers utilize Google + (http://plus.google.com) and HealthGrades (http://www.healthgrades.com) to express their levels of satisfaction with their provider and their overall healthcare experience. Social media is used by 25% of Americans aged 18–39 years to communicate the level of satisfaction with their healthcare provider (Greensweig, 2014). The frequency of social media use for persons ages 50–64 years old between April 2009 and May 2010 grew by 88% and the individuals 65 years and older grew by 100% (Madden, 2010). It is a challenge to meet the expectations of consumers and provide adequate revenue for a given practice.

The Affordable Care Act is focused on patient experience and is often played out in social media (Grbavac & Seidman, 2013). A national standardized instrument that allows for a comparison of hospitals is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) (Centers for Medicare & Medicaid [CMS.gov], 2014). Focusing on patient satisfaction is an area that can attract patients to certain healthcare clinics and distract from others. The Centers for Medicare and Medicaid Services (CMS), clinics, hospitals and insurance companies have identified that patient satisfaction is a key performance indicator for reimbursement (Morris et al., 2013). Many factors that contribute to patient satisfaction include communication, kindness, patient wait time, and trust. Patients are frustrated when there is not adequate time at their scheduled appointments (Bleustein et al., 2014). The patients may translate the lack of time at their

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scheduled appointment as a lack of kindness. According to a survey completed by Dignity Health, one of the largest health systems in the United States, 90% of Americans would leave their current healthcare provider if the individual felt that the provider was unkind at the time of service (Greensweig, 2014). An appointment length that meets the needs of both the healthcare provider and the patient is an outcome that can improve provider and patient satisfaction (Moore, Hamilton, Krusel, Moore & Pierre-Louis, 2016; Sepulveda & Berroeta, 2012).

2. Background

Effective nurse-patient communication is an essential tool to delivering effective patient care. Vowles and Thompson (2012) articulate positive nurse-patient relationships have positive impact on patient satisfaction. Ross, Goldberg, Scanlan, Edwards and Jamison (2013) describe how customer service initiatives can impact patient satisfaction. Effective nurse-patient communication continues to be a struggle for many. This struggle is exemplified in patients who suffer from an underlying pain condition and are then upset about the process of communication with the clinic staff (Vowles & Thompson, 2012). The challenge is to improve the communication process between the clinic staff and the patient when scheduling a clinic appointment, discharging a patient from the clinic, or scheduling a return appointment to the pain clinic.

The environment for this practice innovation was a Midwestern pain clinic caring for patients with acute and chronic pain diagnoses resulting from cancer, or neck, back and trauma issues. The clinic staff is comprised of receptionists, schedulers, medical assistants, nurses, an advance practice nurse and two physicians. A significant issue that the clinic faces is not scheduling enough time for the patient appointments. The patients are scheduled for follow up appointments based upon their previous visit, yet the patient's medical conditions may have changed from the previous appointment. There is not a current communication vehicle in place for the patient to alert the staff to changes or concerns. Consequently, when patients come for their appointment, there is not enough time allotted in the scheduled clinic visit to discuss both their new and chronic pain issues. As a result, the patients arrive for an appointment with multiple complaints without enough time to discuss all of their issues with their physician or their advanced practice nurse. The patient becomes upset, frequently leading to difficult communication between the clinic staff and the patient. If a patient's clinic time is spontaneously lengthened, the provider gets behind schedule in seeing the rest of the patients on their schedule. The dissatisfaction perceived by patients often transforms into a harsh tone and negative atmosphere for the patient and staff. The challenge is to improve the process of communication between the clinic staff and the patients when scheduling the patient appointments.

Increasing the length of appointments does improve patient satisfaction (Geraghty, Franks & Kravitz, 2007; Lin et al. 2001). Patients' satisfaction improves when communication between patients and healthcare providers improve and the patients' needs have been met (Health Foundation, 2013; Trentman et al., 2012). In addition, improving communication between patients, providers and clinic staff in an organization will make the clinic run more effectively and efficiently specifically with patient scheduling.

It is a particular interest for this outpatient clinic as it is an environment where there is a large chronic pain population and patient attitude and tone are challenges for effective communication. Patient satisfaction is a challenge, as 10–60% of the chronic pain population exhibit negative and difficult behaviors with unrealistic expectations of their healthcare providers (Hahn, 2001). Chronic pain management is challenging and often complicated by associated medical needs (Ross et al., 2013; Wasan et al., 2005). If patients have a positive clinic experience there is a tendency to have an improved outcome; whereas, if there is a negative clinical experience there tends to be adverse clinic outcomes (Trentman et al., 2012). Studies show more flexible scheduling results in decreased costs due to fewer no-shows, etc. (Feldman et al., 2014; Robinson & Chen, 2010; Tuli et al., 2010). Medicare allows for higher reimbursement rates for longer appointments as well (Jensen, 2005).

3. Method

3.1. Structure

3.1.1. Program development

A meeting involving key stakeholders (physicians, nurse manager, compliance officer, nurses, medical assistants and clerical staff) took place in an effort to discuss the current scheduling process. An outcome of the discussion was the development of an algorithm to incorporate an option for flexible appointment. For this process change, the reminder call to the patients provided the patients with the option of extending their appointments if their health status had changed from their previous appointment. In addition to the phone message that was sent to the patients, a statement was also added to the discharge forms that reminded the patients about the opportunity to extend their appointments. The statement was reinforced to the patient by the nurse or medical assistant and the schedulers upon patients' discharge from their previous appointments. If the patient recognized that there is a need to extend their appointment, the patient was instructed to call the office and discuss the new health issue with the triage nurse. The triage nurse would determine if the patient met the criteria for a longer appointment by comparing the patient's clinical condition to the algorithm. The patient would then be transferred to the scheduler if a longer appointment was warranted.

3.1.2. Organizational characteristics

The Midwestern pain clinic was founded in 1992 by a group of anesthesiologists. The pain service was comprised of two anesthesia pain physicians and one advanced practice nurse. The pain providers from this group serve four area hospitals, a stand-alone pain clinic and an ambulatory surgical center. It was the stand-alone pain clinic that served as the setting for this evidence based process improvement project. The patients were seen for numerous pain treatments including medication management, spinal cord stimulators, kyphoplasties, injections and management of intrathecal drug delivery systems.

3.1.3. Targeted population

The study used a non-cross sectional convenience sample. The targeted population to participate in this evidence-based practice project was the present-day pain patients at the Midwestern pain clinic. The patients were considered established if they had visited the stand-alone clinic at least one time; and were over the age of 21; could read and write English and had an acute or chronic pain diagnosis which was currently being treated. The patients were not asked to participate if they had not met the criteria listed and were unable to fill out the survey without assistance.

3.1.4. Design

This evidence-based practice project followed a program evaluation process using a descriptive survey completed by a convenience sample from clinic staff and established patients from a Midwestern pain clinic. Surveys were distributed to patients before starting the practice innovation of flexible scheduling and again at three months following the initiation of the new scheduling option. The implementation of the project took place August 2015 to December 2015 and surveys were collected. A nurse distributed the survey to the patients at the end of their visits, and asked them to complete it prior to leaving the Midwestern pain clinic. Participation in this project was voluntary. The information the patient provided was kept confidential.

The staff satisfaction tool was completed by staff members prior to the flexible scheduling process was initiated in the Midwest pain clinic