

# Improving Nonclinical and Clinical-Support Services: Lessons From Oncology

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## Abstract

Nonclinical and clinical-support personnel serve patients on the front lines of care. Their service interactions have a powerful influence on how patients perceive their entire care experience, including the all-important interactions with clinical staff. Ignoring this reality means squandering opportunities to start patients out on the right foot at each care visit. Medical practices can improve the overall care they provide by focusing on nonclinical and clinical-support services in 5 crucial ways: (1) creating strong first impressions at every care visit by prioritizing superb front-desk service; (2) thoroughly vetting prospective hires to ensure that their values and demeanor align with the organization's; (3) preparing hired staff to deliver excellent service with a commitment to ongoing training and education at all staff levels; (4) minimizing needless delays in service delivery that can overburden patients and their families in profound ways; and (5) prioritizing the services that patients consider to be most important. We show how cancer care illustrates these principles, which are relevant across medical contexts. Without nonclinical and clinical-support staff who set the right tone for care at every service touchpoint, even the best clinical services cannot be truly optimal.

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A 6-year-old boy with cancer, whom we will call Ben, loved seeing the clinic's receptionist, Donna. She always welcomed him joyfully and talked to him as if he were a grown-up. When Ben passed his reading exams at school, Donna gave him lollipops. Ben often would have appointments with different clinical doctors, nurses, and technicians, but Donna was the consistently "familiar face" who eased his anxiety. She was the first person who interacted with Ben on clinic visits, even though just briefly, and she started his day with a smile.

Reception is just one of many cancer-care services that may occur before the patient sees the doctor. These services can be categorized as *nonclinical* (eg, front-desk reception and financial counseling), *clinical support* (eg, laboratory, patient navigation), and *clinical* (clinicians' direct patient care). Nonclinical and clinical-support services delivered with creativity, efficiency, empathy, and extra effort have the potential to frame—and strongly influence—patients' and families' perceptions of overall service quality. Although the quality of the clinical encounter is paramount, the

benefits of properly setting the stage and preparing patients (and families) to visit the clinician should not be underestimated. Perceptions of early services can create a "halo effect" that endures through later services.<sup>1,2</sup> Although we focus on oncology to illustrate the importance of nonclinical and clinical-support staff in creating the overall patient experience, the potential impact these staff members have on patient perceptions is relevant to *any* health care context where patients interact with nonclinical staff.

Consider an encounter in which a friendly phlebotomist with a calming manner draws a patient's blood after check-in, and another in which the phlebotomist is harried and stern. The first experience can positively influence how the patient perceives the subsequent interaction with the doctor; the second can have the opposite effect. The influence of early interactions on later experiences is termed a "halo effect."<sup>3,4</sup> Halo effects do not occur for all service elements.<sup>4</sup> Research shows that service elements that are difficult to evaluate are more susceptible to halo effects, which gives rise to "selective halo effects."<sup>3,4</sup> For example,

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the friendliness and empathy of a receptionist is easier for patients to judge than the technical aspects of clinical care.<sup>3-5</sup> In this way, exemplary service outside examination or hospital rooms can favorably influence how patients and families perceive the technical services provided inside them, and vice versa.<sup>3,4</sup>

Although studies examining how halo effects influence patient perceptions of care are rare, a quasi-experimental study conducted in 2 locations of a private oncology practice provides a case study of these effects for nonclinical and clinical-support services.<sup>4</sup> The study demonstrates that patients' perceptions of their interactions with frontline service employees (eg, receptionists) radiates to other parts of the service to influence subsequent perceptions about clinicians' technical skills and expertise. The study involved 2 stages. First, during a 4-week period, 250 patients at each location completed a comprehensive survey about their service perceptions. Three weeks later, 12 receptionists at one of these locations (the "intervention" practice) received a full day of interpersonal skills training and education in communication, empathy, and service recovery; no intervention occurred at the other location. Two months after the initial survey, it was readministered in the same way to 250 patients at each location. Usable responses came from 772 patients in all.

The results indicated that mean perception scores for interpersonal attributes, such as empathy as demonstrated by nonclinical staff, were significantly higher for the intervention practice ( $P > .05$ ), as were scores for difficult-to-evaluate attributes, such as clinician expertise and skill ( $P > .05$ ). Mean scores did not differ significantly for nonbehavioral attributes such as timeliness ( $P > .05$ ). Thus, the service training and education intervention for oncology clinic receptionists improved patients' perceptions of their performance not only on easier-to-evaluate attributes such as friendliness and explanation but also "spilled over" to positively influence perceptions of unrelated, harder-to-evaluate attributes such as clinician expertise and skill.<sup>4</sup> We believe this effect is relevant across medical contexts, not just oncology care. Medical specialties such as cardiology and orthopedics, which commonly incorporate clinical-support services

in addition to nonclinical services, are likely to be particularly susceptible to selective halo effects.

The influence of nonclinical and clinical-support staff in shaping patients' overall perceptions of their care should not be underestimated because this can lead to underinvestment in these services. Patient experience is shaped by every point of contact. Studies show a consistent positive association between patient experience and adherence to therapy, clinical effectiveness, safety, and utilization of care.<sup>6,7</sup> As emerging value payment models incorporate quality and patient experience metrics into reimbursement rates, it is a wise investment for medical practices to evaluate every touch point of care. In addition, the overall patient experience affects practice reputation, by both word-of-mouth and online reviews.

In this article, we propose 5 service principles to improve nonclinical and clinical-support services and, thereby, strengthen the service provided to patients. We discuss and illustrate the principles in the text and provide additional detail in the [Table](#).

### CREATE A STRONG FIRST IMPRESSION

Front-desk staff in many medical clinics make the crucial first impression; their organizational, interpersonal, and emotion-management skills, plus their preparation for and engagement in the work, set the tone for the visit.<sup>14</sup> In their complex role, these staff control the internal geography of waiting spaces<sup>15</sup> for anxious patients and families. They do so in full view while juggling multiple tasks: checking in patients, answering phones, and responding to requests from clinical staff. In addition to managing patients' demands and expectations, these employees need to meet the efficiency and productivity demands of the organization.<sup>16</sup> Often these staff feel "caught in the middle."<sup>16</sup> Efficiency is essential but insufficient for such a high-emotion service as health care.<sup>17</sup> Front-desk staff need to be ambidextrous,<sup>18</sup> which in health care means engaging with patients in a way that is friendly, warm, and empathetic while also delivering service that is efficient and error free. This tension can lead to job stress and dissatisfaction, which in turn can negatively affect the patient experience.<sup>19</sup> Indeed, our interviews with adult cancer patients reveal just

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