PATIENT

EXPERIENCE

IMPROVEMENT

TOOLKIT

A GUIDE FOR FAMILY PLANNING AGENCIES

Family Planning
National Training Center
for Quality Assurance, Quality Improvement and Evaluation

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

TABLE OF CONTENTS

INTRODUCTION

Why focus on patient experience?

In 2001, the Institute of Medicine's report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* included patient-centeredness as one of six health care quality priorities for the U.S. health care system. Since then, health care providers, programs, and health plans have been increasingly interested in improving patient experience, a measure of patient-centeredness, cultivating it as a central element of health care quality, codifying it into policies and practices, and tying it to compensation structures. Family planning clinics, often providing particularly personal and sensitive care to patients, must pay special attention to patient experience.

Notably, *patient experience* is distinct from *patient satisfaction*. Although these two concepts are related, patient satisfaction reflects patient perceptions, whereas patient experience reflects specific occurrences (or lack thereof) during a patient's visit. From the provider perspective, patient experience is more directly measurable and actionable, and therefore may be more useful in improving service sites.

Why now?

Research demonstrates that delivering patient-centered care leads to greater engagement in patient self-care,[1] better health outcomes,[2] and patient retention.[3] While these are all desirable outcomes in themselves, providing good patient experience is becoming increasingly necessary for successful service site performance and sustainability. There are two key reasons why Title X sites must focus on and improve their patient experience:

> *Increased competition.* The Affordable Care Act expands insurance coverage to more people, many of whom are currently uninsured. Many patients of Title X sites, who may have had no other option for free or low cost family planning services in the past, will receive new insurance coverage and have greater access to health service providers of their choice. Therefore, Title X sites will face increased competition with other providers in their communities.

[1]Street, R.L., Jr., Makoul, G., Arora, N.K., & Epstein, R.M. (2009). How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Education and Counseling*, 74 (3), 295-301.

[2]Stewart, M., Brown, J.B., Donner, A., McWhinney, I.R., Oates, J., Weston, W.W., & Jordan, J. (2000). The impact of patient-centered care on outcomes. *Journal of Family Practice*, 49, 796-804.

[3]Safran, D.G., Montgomery, J>E., Chang, H., Murphy, J., & Rogers, W.H. (2001). Switching doctors: Predictors of voluntary disenrollment from a primary physician's practice. *Journal of Family Practice*, 50 (2), 130-136.

Proof needed for payers, programs, and partners. Given that clients with health insurance may only be able to see in-network providers, it may be necessary to contract with qualified health plans and other third-party payers who will want to know about service sites' quality of care. More and more, public and private insurers, physician/practice recognition, board certification, and accreditation programs are requiring patient experience data. Collaborative health care models, such as accountable care organizations (ACOs), will require reporting of patient experience data. Individual service site performance impacts the ACO's or third party payer's overall performance; therefore they will want proof of excellent patient experience.

Now is a time of great change, but also of great opportunity. All health care providers including Title X sites face added pressure to deliver good patient experience. By attending to patient experience as soon as possible, Title X sites will be strategically positioned allow time to review and improve upon performance before the data will be used for high-stakes purposes like compensation and accreditation. Given the national trend among health care program and plan requirements, assessing and focusing on the patient experience is a must, whether it is sooner or later.

This toolkit offers practical guidance for Title X service sites to improve different domains of patient experience, with consideration given to service site limitations in staff, time, and funds. Service sites that use this toolkit, whether in whole or in part, will be better able to deliver quality care to their patients and survive in the changing health care environment. It's now more necessary than ever for service sites to deliver excellent patient experience; the intention of this toolkit is to make that delivery all the more possible.

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Getting Started

SECTION 1

Introduction

The Patient Experience Improvement Program provides tools and training to help family planning clinics improve their patient experience and be better prepared to compete in the changing health care environment. "Patient Experience" is more than just customer service – it includes systems, environment, and behavior.

Excellent patient experience is increasingly important in health care. Until recently, the patient experience was not included among common health care quality indicators. Now, assessing and reporting patient experience is increasingly expected by provider networks such as accountable care organizations, third party payers, and funders. Providing excellent patient experience can help your agency to survive and remain sustainable in the long term.

The Affordable Care Act expands individual insurance coverage to many who were previously uninsured. Title X sites serve a significant number of uninsured women and men who currently have few other options for health care, but expanded coverage will give patients more choices about where they receive care. Title X sites and other safety net providers must be ready to "compete" for their continued business. Providing excellent patient experience will help your agency maintain its patient volume and continue to provide accessible care for people in need.

Health care reform gives us a unique opportunity to embrace strategies to improve the patient experience. Like all quality improvement initiatives, this will take work, persistence, and leadership. However, excellence in patient experience offers many long-term benefits, such as improved financial performance, increased staff satisfaction and retention, higher patient engagement, and improved clinical outcomes.

SECTION 1

Six-Month Patient Experience Improvement Program Overview

This Improvement Program training series supports clinic managers and agency leaders in a step-by-step* process to improve patient experience. Webinars, videos, and participatory activities will help you guide staff through a quality improvement process.

*While we recommend following the program in its entirety, the tools and resources can be used in any order according to needs and priorities.

SECTION 1: Patient Experience Goals

The patient experience is a significant part of providing quality care. It is more important than ever to prepare your clinic to meet the expectations of partners, payers, and patients in an increasingly competitive health care environment. Learn why and how you can make simple changes to improve every patient's visit and keep them coming back to you.

SECTION 2: Assessing the Patient Experience

Are your patient satisfaction surveys really telling you the whole story? Learn new ways to measure patient experience that will work for your service site's budget and staff. This section provides a diverse set of tools and resources to make patient experience measurement easier and more useful.

SECTION 3: Skills to Improve Every Visit

Treating patients with respect and compassion is a cornerstone of our work. Nevertheless days get very busy, paperwork piles up, and we get distracted. Sometimes patient interactions are not as warm and friendly as they could be. Unfortunately, it is these interactions that patients tend to remember and talk about with their friends. Learn five easy skills to improve the patient experience every time.

SECTION 1

SECTION 4: Improving Your Image

Patients walk in your door seeing everything with fresh eyes, and they will judge you on this first impression. What aspects of the clinic's physical environment and online appearance are most important to your patients? What messages are your clinic's look and feel sending? What small things can make a big difference? This section will share strategies on how to make improvements for low to no cost.

SECTION 5: Respecting Patient Privacy

When seeking care for sensitive and confidential services such as family planning and STD screening, privacy is a top concern. This section looks beyond HIPAA rules and focuses on helping you avoid common privacy violations in your systems, patient interactions and facility.

SECTION 6: Keeping up the Good Work

After focusing on improving the patient experience for several months, this section will share strategies to improve and sustain your gains. This final section pulls it all together by helping you look back on past challenges and successes, and look forward to developing and implementing future plans.

SECTION 1

Step 1: Launch the Patient Experience Improvement Program with Staff

You have identified patient experience as an area for improvement. Now it is time to motivate staff and identify champions to move the effort forward. An important first step is talking with staff about why patient experience is important and why it is a priority for your agency. Section 1 helps all staff members collectively and individually reexamine the patient experience they provide.

1.1: Arrange Time to Meet with Staff

Find a time to meet with staff at the agency or service site. Devoting a staff meeting or time during lunch to launch the program are two ways to get everyone together. The amount of time needed may vary, but one hour should give you ample time to review information in the slides, discuss questions and issues relevant to your site, and kick off your Patient Experience Improvement Program.

1.2: Prepare for the Meeting

- Watch the video "Prioritizing the Patient Experience: Strategies for Family Planning" and ask staff to watch it before the meeting. If you choose to watch it together at the meeting you will need an additional 45 minutes and A/V equipment. Jot down notes regarding issues particularly relevant to your agency or service site that will help staff understand why patient experience is a priority.

  The video is archived at: *https://vimeo.com/74631052*

- Review the activities below and be prepared to lead them.

SECTION 1

1.3: Identify Meeting Objectives

By the end of the meeting, staff will be able to:

- List at least three reasons why patient experience is important in the changing health care environment;

- Assess the quality of their agency or service site's current patient experience;

- Identify priorities to improve the patient experience;

- Identify members of the Patient Experience Improvement Team.

1.4: Determine Who Should Attend the Meeting and Notify Staff

It is ideal to have all staff members attend this meeting. Having a shared understanding of the issues as well as a common awareness of next steps will help pave the way for the Patient Experience Improvement Team moving forward.

1.5 Organize Meeting Materials

The following materials are included in this section:

- Video "Prioritizing the Patient Experience: Strategies for Family Planning"

- *Patient Experience Improvement Assessment*

- *Patient Experience Improvement Priorities and Team*

- *Improvement Plan*

SECTION 1

1.6: Facilitate the Meeting

Ask staff to share what they thought was most valuable from the video. Were there any issues particularly relevant to your site? Discuss any lingering questions or burning issues before moving on.

Below are three additional questions to discuss with staff during the meeting. These discussions will help staff to think more critically about patient experience and reflect on patient experience at your site.

Brainstorm the perfect visit.

- Ask participants: What would a perfect family planning visit look like for you, if you were a patient?

  Encourage participants to think big, think perfection! These do not have to be realistic (e.g. I would walk into the clinic and have zero wait). Give staff a couple minutes to think and ask for a volunteer to start. Write down staff ideas on a flipchart or white board if there is one available.

- Ask participants: What are we not providing at our site from this list? Circle the items that are identified.

SECTION 1

Ask staff: If your patients could go anywhere, would they choose your clinic?

Facilitate a brief discussion with staff. In this activity, they should be as realistic as possible.

•   Ask staff who say yes: What makes us a better choice? Is there anything we should improve to ensure that we remain the preferred choice?

•   Ask staff who say no: Why not? What is another site offering that we do not? Can we change anything?

Share an example of how providing excellent service affected you.

•   Ask participants: Think of an example of when you provided an excellent patient experience.

    Do you enjoy your job more when a patient leaves happy and comes back to see you? How do you think patient experience affects you as staff?

Step 2: Identify Priorities

Once staff have a shared understanding of patient experience and its importance, it is helpful to examine the degree to which the agency or site achieves excellence.

Patient Experience Improvement Assessment

Distribute the *Patient Experience Improvement Assessment* to staff and give them 5-10 minutes to complete it independently. Once all staff are finished, go through each element together and compare scores. For elements with common scores among all staff, note the scores on a master sheet. For elements with a range of scores, ask staff to explain their scores.

Elements that score between "1" and "3" should be noted on the *Patient Experience Priorities and Team* in their respective categories for further follow-up (you may consider including anything that scores consistently below "5").

Step 3: Select a Patient Experience Improvement Team

Now that staff have agreed on priorities, it is time to identify a Patient Experience Improvement Team to champion the effort.

The team will be responsible for:

- Facilitating improvement activities;

- Collecting input from staff;

- Meeting regularly to review progress and determine next steps;

- Monitoring and reporting progress to other staff; and

- Celebrating success and the achievement of goals.

SECTION 1

Depending on the size of the agency or service site, the team can have 3-10 people and should include:

1. A clinician;

2. A front-desk person;

3. A medical assistant or health educator; and

4. Someone to serve as Team Leader.

The Team Leader should be able to lead improvement activities and offer guidance to staff on how to contribute their efforts. Document team members' names on page 1 of the *Patient Experience Priorities and Team*. As with all ongoing initiatives, improving the patient experience requires strong commitment from all staff.

Step 4: Getting Started

The Patient Experience Improvement Team can now get started! Review the priorities listed on the *Patient Experience Priorities and Team*. Identify two priorities that staff can address immediately – those that can be improved with little to no additional funding or resources.

Complete the *Improvement Plan*, adding at least one activity for each priority to make an improvement. Identify who is responsible for implementing or leading the change, how the team will measure success, and when the activities should start. At the end of the month, review the worksheet and report on progress with staff.

You will use the *Improvement Plan* throughout the program, adding new activities for each section based on results and findings.

Patient Experience Improvement Assessment

Domain	Element	1= NEVER	2= RARELY	3= SOMETIMES	4= USUALLY	5= ALWAYS
Systems	Our patients can get an appointment to see a provider on the same or next day.					
	Our patients do not have to wait more than 10 minutes before they are seen.					
	Our patients get in and out of our clinic in 45 minutes or less.					
	Patients choose to come here even if they are insured.					
Physical Environment	Our clinic is well-maintained (equipment is in good shape, walls have clean coat of paint/paper, magazines in waiting room replaced regularly, etc.).					
	Our clinic is clean and uncluttered.					
	Our patients are able to move around the clinic without asking staff for directions.					
	Our clinic is handicap accessible.					
Patient Interactions	Staff make a welcoming statement to patients upon arrival.					
	Staff use friendly words and tone of voice.					
	Staff demonstrate empathy when a patient expresses difficult emotions.					
	Staff use positive phrasing when communicating with patients.					
	Staff use terms that patients understand when explaining medical procedures or devices.					
	Staff offer options when a patient is having a difficult time understanding/complying with the clinic protocols.					
Quality Care	Patients come here because we provide excellent care.					

Patient Experience Improvement Priorities and Team

Domain	Priority Areas for Improvement
Systems	*E.g. Make sure clinic is clean and tidy every day.*
Physical Environment	
Patient Interactions	
Quality Care	

Patient Experience Improvement Team	Team Members
Team Leader:	
Clinician(s):	
Front desk:	
Other staff:	

Month _____   Year _____

Improvement Plan

Priority Activities	Who is Responsible	How You Will Measure Success	Deadline	Result (fill in when activity completed and measured)
E.g. Tidy waiting room daily – remove tattered magazines. E.g. Update posters and signage.	All staff. Rotating daily schedule. Cindy	Patient satisfaction surveys. Posters have been updated. Patient satisfaction surveys.	Starting this week. By the end of the month.	Patient satisfaction with clinic cleanliness increased from 7 to 9. Old posters removed, added new signs for entrance and exit.

Family Planning
National Training Center
*for Quality Assurance Quality Improvement
and Evaluation*

Assessing the Patient Experience

SECTION 2

Introduction

Ensuring excellent patient experience requires ongoing monitoring and evaluation. Section 2 provides tips and tools to help service site staff assess the patient experience. This section is comprised of two parts: first, it will describe the process of assessing patient experience, and second, it will give an overview of different assessment methods, and how to implement them. The results from the assessment will help identify the service site's strengths and challenges, as well as actionable steps for patient experience improvement.

Conducting an assessment has benefits beyond capturing patient experience for the purposes of quality improvement. The data provide information that can be used to congratulate staff on their efforts, especially after implementing improvement initiatives. The data collection process also demonstrates to patients that the service site staff care about their patients' needs and preferences. Finally, the data can be valuable to external groups, such as private health insurance carriers and organizations that provide accreditation. It is worth keeping these benefits in mind as staff are planning and conducting the assessment.

SECTION 2

Planning the Assessment

Planning is an important part of the assessment. Conducting any type of assessment, such as a paper survey, is often simple enough. However, taking the time to go over what is already known, choosing (a) method(s) that suit the service site's needs and resources, and selecting people who will compile and share the findings can make the assessment much more productive and valuable. Steps 1 through 6 describe the process of assessment planning.

Please note that although the steps listed here are presented as discrete and sequential, they are only a framework to help with planning. It is likely that staff will engage in multiple steps at once, or may go back to reconsider decisions from earlier stages if there are changes to plans.

STEP 1: Take Inventory of What is Already Known

Service sites often collect information related to patient experience, such as patient satisfaction surveys or remarks left in comment boxes, and some service sites may have already collected information about patient experience as a whole. This data can be a useful guide in determining particular areas to focus on during the assessment. If there is already a wealth of information, then it may be sensible to ask about discrete behaviors and occurrences in the service site. If there is little information, then it may be sensible to take broader approach in the assessment. The *What is Known? What Should We Do Next?* worksheet is a helpful tool to take inventory of pre-existing data.

STEP 2: Plan the Assessment

2.1 Decide What to Measure

Using the *Assessment Plan*, decide what to measure, how to measure it, who will measure it and how to share the findings.

SECTION 2

Depending on the information that is already known, pertinent problems, and future goals, the Patient Experience Improvement Team should decide on what to measure. A service site that needs to update its look might wish to focus on that issue, whereas another site might be interested in improving staff-client interactions. Also, depending on the amount of information available, staff might choose to explore a topic more generally or specifically. The *What is Known? What Should We Do Next?* worksheet bridges what is already known with what level of assessment to pursue.

2.2 Decide How to Measure it

There are many methods that can be used to assess the patient experience. The second part of this section elaborates on different types of methods: surveys, interviews, and observation. Once a method or set of methods is selected, the Patient Experience Improvement Team can decide on the topics to ask about, as well as the specific questions or measures to use.

The Patient Experience Improvement Team should also decide on the duration and frequency of different assessment methods. For instance, the Team may decide to shadow several patients on a random day each week in combination with administering a paper survey that will be analyzed every six months. Planning the duration and frequency of the assessment will help staff gauge how much time and effort they will need to dedicate to this effort. The *Assessment Plan* can assist with methods, duration and frequency planning.

2.3 Decide Who Will Measure

There are two basic tasks involved in measurement: coordinating the assessment and collecting the data. The amount of work necessary to do this will vary depending on the method(s) chosen and how much data the Team decides to collect. Non-staff, such as an outside survey company, consultants, or volunteers, can be recruited to help with the assessment. Who gets assigned to what will depend on people's available time and skills.

2.4 Plan the Analysis

Different types of data require different types of analysis. Analyzing quantitative data may first require data entry, although sometimes data are collected automatically, such as in online surveys. Analyzing qualitative data, from focus groups for example, will require someone to look at the notes, summarize them, and possibly code the data for themes. In both cases, someone will need to get a sense of the overall picture and summarize it, and pick out any findings (good, bad, or otherwise helpful for improving patient experience).

2.5 Plan to Share the Findings

For the assessment to be useful, it is essential to share the findings and translate them into actions that can improve patient experience. Reporting the findings in a timely manner, and particularly at regular intervals (perhaps once or twice a year), will help make assessments a standard part of the service site's operations. Present the data, allow staff to reflect, and discuss the short- and long-term plans to act upon areas needing improvement. Use the *Example Patient Experience Assessment Report* to share your findings. Incorporate findings into actionable tasks in the *Improvement Plan.*

Patient Experience Assessment Methods

Paper surveys tend to be the default assessment method at many family planning sites. However, there are a variety of methods that can be used, and these approaches can be more convenient, insightful, or actionable. A combination of different methods, such as surveys, interviews, and observation, can be a valuable approach for understanding patient experience from a variety of perspectives. It is good to select a method (or combination of methods) that makes sense for a site's needs and resources.

IRB approval is not necessary for the patient experience assessments listed below, unless the results are being used for research. There is also no need for separate consent forms for these assessments as all of the methods listed are voluntary. Please consult your organization's policies to clarify any issues.

This section offers an overview of the potential assessment methods and some guidance about method selection. A more detailed explanation and templates for each method are also provided.

Surveys

Surveys are the most common way to collect patient experience data. They are inexpensive and convenient to both administer and analyze. Surveys are an excellent assessment tool if the service site requires quick and quantifiable data.

Paper surveys are the most common survey type in service sites. They require little staff time to administer if they are handed to the patient at or toward the end of their visit. Once collected, the data entry will require some time, however. Paper surveys can also be delivered through mail (on postcards, brochures, or paper) if there is a need to study a larger or distinct group of patients. A *Paper Survey Template* is provided at the end of this section.

Online surveys are a convenient method for distributing surveys. The content of online surveys is similar to paper surveys, so content can be developed using the *Paper Survey Template*. Patients can respond to them at their own convenience (on-site or at home), data are entered automatically, and some online survey tools also offer analytic tools. However, patients who do not have internet access, who have low computer literacy, or do not wish to share their email address, may be difficult to reach with this method.

Mobile surveys are composed of short and simple questions that patients can answer from their smartphones. Like online surveys, they are convenient for both the service site and respondents but require access to a smartphone. A *Mobile Survey Template* is provided in this toolkit.

Interviews

Interviews, whether in an individual or group format, offer a rich and detailed perspective of the patient experience. Unlike survey data, interview data are not easily quantifiable, and the results can vary depending on the questions asked. However, interview methods are very flexible, and the richness of interview data can be useful for exploring a specific service site's patient priorities. Interview data can also bring other data to life by grounding survey or observation results in words said by actual patients.

Interviews can also provide more information related to patient survey findings. For example, if the service site's hours rate low on surveys, interviews allow patients to describe exactly what they do not like: not open during lunch, no evening or weekend hours, etc., and make suggestions for improvement.

Interviews do not have to be labor or time intensive. They can be as simple as asking one question of two patients per day for a week. Having service site staff interview patients is the easiest way to do this but they may not feel comfortable giving critical feedback. If resources are available, hiring an outside consultant may be preferable. If not, this is a great way to use volunteers.

Individual interviews are one-on-one interviews between a staff member and patient, and can be very short while allowing for follow-up questions. Patients can speak more freely about their experiences in interviews than in surveys because their responses are not limited to pre-selected options. If patients are sitting in the waiting room, an available staff member can take the time to ask two to three questions to check-in on current or pertinent topics. For instance, if a service site has recently introduced a new appointment-reminder system, a quick individual interview can gather useful feedback. Individual interviews should not take more than 10 minutes and should always be conducted with willing volunteers.

SECTION 2

Focus groups are discussions among small groups of patients facilitated by a staff member or consultant. This group format may be a more efficient method of gathering information from patients than individual interviews, and can help participants think of topics or issues they may not have thought of during a survey or individual interview. This toolkit provides a *Focus Group Flyer* for recruitment, and a *Focus Group Guide Template*.

Observation

Observation is the simplest and most under-utilized way to evaluate the patient experience. Although everyone who works in a service site can potentially be an observer, it is helpful to have someone specifically dedicated to observing and taking notes.

The observation process can help build staff awareness of the patient experience, and the observer's presence on-site can remind staff to deliver excellent service. It can also reveal negative aspects of the patient experience that patients may feel reluctant to mention in surveys or interviews. Every manager would do well to spend at least 30 minutes a week observing different parts of the service site and shadowing patients.

Shadowing entails a staff person listening and watching service site interactions by sitting in the waiting room or at the front desk, and following patients during visits. It is a useful method that transitions easily to face-to-face interviews with patients.

SECTION 2

Phone audits involve a staff member, consultant, or volunteer calling a service site to ask for an appointment and information to experience the patient's perspective when calling. The data may be gathered as audio recording and/or as written notes. This process can also be conducted with competing service sites to learn how they compare. Note that, in some states, service site staff may require notification of upcoming audits and recordings, or recordings may be illegal. However, these potential limitations do not diminish the importance of observing the phone call, which is often the first encounter a patient has with a service site. The *Phone Audit Template* shows the kinds of information collected during phone audits.

Selecting an Assessment Method or Methods

There are advantages and disadvantages to every assessment method. Method(s) should be chosen based upon the service site's needs and resources. For instance, if a service site has few staff available to assess patient experience, methods that require few staff such as an online survey or individual interviews might be practical.

The table below summarizes some of the main advantages and disadvantages of the assessment methods discussed in this toolkit. This table, in combination with the flow chart, can be helpful in determining which method(s) to use.

SECTION 2

	Advantages					Disadvantages				
	Low financial cost	Easy to analyze lots of data	Allows for follow-up questions	Privacy and anonymity for respondents	Data immediately available	Can be financially costly	Data entry required	Difficult to generalize findings	Risk of lower response rate	Time/labor intensive
Paper survey	◊	◊		◊			◊			
Online survey	◊	◊		◊	◊				◊	
Mobile survey		◊		◊	◊			◊	◊	
Individual interviews	◊		◊		◊	◊		◊		
Focus groups			◊			◊		◊		◊
Shadowing	◊							◊		◊
Phone audits	◊						◊	◊		◊

START — Do you want to collect information by asking patients **directly**?

YES — Are you looking for **quick & quantifiable** or **rich & detailed** data?

NO — Do you want to know more about the patient experience **inside** or **outside** of the service side?

QUICK — Do you prefer to collect information from patients while they are **in** or **out** of the service site?

RICH — Does it make more sense to talk to patients about their experience **individually** or in **groups**?

IN → **Shadowing** allows staff to observe actual patient experience during their wait and visit.

OUT → A **phone audit** reveals the patent's perspective when calling the service site.

IN → **Paper Surveys** easily collect information from many patients during or after their visit.

OUT → **Online** and **mobile surveys** let patients give feedback at their own convenience.

INDIVID-UALLY → **Individual interviews** let staff ask quick open-ended responses and follow-up questions.

GROUPS → **Focus groups** facilitate discussion about patient experience with small group.

Conducting the Assessment

Now that you have identified what you want to know and the type of method you will use, you are ready to develop and conduct your assessment. This portion of the toolkit describes the step-by-step process of the different assessment methods a service site can use to understand patient experience. These descriptions refer to templates and a tip sheet, which are included in the toolkit.

Surveys

Conducting a Paper Survey

1. Solicit areas of concern or interest from staff and include them in survey as appropriate. Draft a set of questions and develop the survey. A *Patient Satisfaction Paper Survey Template* is available for tailoring to individual service sites.

2. Share survey with staff, discuss survey questions and how the findings will be shared and used. Prepare staff to embrace negative as well as positive feedback.

3. Give the survey at check-in or check-out and inform the patient why the site is conducting the survey, that it is anonymous, and how to submit the survey at the end of the visit. Provide a box or envelope in which patients can return surveys anonymously (staff should not collect surveys personally).

4. Complete data entry. An example of the *Paper Survey Scoring Sheet* is included in this section. The *Paper Survey Scoring Sheet* can be used for data entry and analysis.

> **SURVEY TIP**
>
> *Test your survey! Give it to staff members, volunteers, or friends. Make sure that it is understandable and takes a reasonable amount of time before giving it to patients.*

SECTION 2

Conducting an Online Survey

1. Choose an online service such as *www.surveymonkey.com*, *www.surveygizmo.com*, or *www.zoomerang.com* to develop an online survey. Most of these services are free!

2. Develop the online survey. This survey can be easily modeled on the *Paper Survey Template*.

3. Be sure to choose a start and end date for the survey to keep results specific to a time period.

4. Consider offering an incentive (e.g. drawing for a $50 gift card) for those who complete surveys and provide an e-mail address. Design the survey so that the patient's contact information is separate from their answers to protect anonymity.

5. Prepare staff to encourage all patients to complete the online survey.

6. One option is to set up a desktop computer near the checkout area, a securely stationed tablet or develop a card with a survey URL to give to patients. If patients' email information are already available, it may be possible to email the URL with their permission.

7. When the survey has closed, use the online service's data analysis capabilities to calculate averages to summarize the findings.

SECTION 2

Conducting a Mobile Survey

1. Choose a vendor that provides mobile survey services, such as *www.opiniator.com, surveyanyplace.com,* or *www.surveymonkey.com.*

2. Create a list of 5-8 multiple choice questions. Please see the *Mobile Survey Template* as a reference.

3. Decide who will have access to the mobile survey account and results.

> **SURVEY TIP**
>
> *How many surveys should a service site collect? At least 3 days' worth of patients per month, with a minimum of 30 respondents, is a good start.*

4. Prepare printed materials (posters, cards) to remind patients to respond to the mobile survey.

5. Prepare staff to remind patients to complete a mobile survey as patients leave.

6. For patients who prefer it, have the same questions handy on a flier or postcard, and a private box where they can place completed surveys.

7. When the survey has closed, use the vendor's data analysis function to calculate averages and design data visuals (bar graphs, pie charts, etc.) to make findings interesting and easy for all staff to understand.

SECTION 2

Interviews

Conducting Individual Interviews

1. Develop a list of questions. These questions should elicit open-ended responses that explore patient perceptions, priorities, and ideas for improvement. Alternatively, they may touch upon current or pertinent topics for the site.

2. Decide how to select respondents (e.g. a random selection of three patients per day, or at staff members' convenience).

3. Select two to three quick questions to ask at a time. The interview should be relatively brief and take no more than five to ten minutes.

4. With selected potential respondents, staff members should introduce themselves. For instance, a staff member might say, "Hi, I'm (NAME) and I work at (SERVICE SITE). We're talking with patients today to learn more about their experiences here and to identify areas for improvement. Do you have a few minutes to talk about the quality of the services you received today?"

5. If the patient says something that is striking or unclear, feel free to follow up with more questions as necessary.

6. If the patient says anything negative, do not defend the service site or make excuses. Listen, validate their feelings, and thank them for their feedback.

7. Take notes on patients' responses and keep all notes together somewhere.

> **INTERVIEW TIP**
>
> *Interviews require active listening. Use attentive and appropriate eye contact, ask for more clarification when necessary, do not anticipate or prompt answers.*

SECTION 2

Conducting Focus Groups

1. Decide on the number of focus groups and their composition (e.g. if it is valuable to have a focus group with one demographic, plan accordingly). Depending on the variability among the patient population, somewhere between 3 to 5 focus groups will yield enough information to produce re-emergent themes.

2. Post flyers (feel free to modify the *Focus Group Flyer*) in the service site to advertise the need for focus group participants, or hand-pick participants and ask them for their participation. It is customary to offer snacks and drinks, and often a small amount of money or a gift card to reimburse people for their time ($10 to $25). The food and monetary compensation should be included in the recruitment information to boost incentive to participate.

3. Recruit 10-12 participants, assuming that only 6-10 participants will show.

4. The facilitator should play an active role guiding the discussion and keeping the environment safe for everyone to speak their mind. The facilitator should not allow personal biases, opinions, or experiences to enter the discussion.

5. Prepare a list of questions to prompt discussion and keep the conversation moving. The *Focus Group Guide Template* can be modified for this purpose. Be flexible and allow the contents of the discussion to guide it. Be sure to solicit input from all members of the group, never letting any one person dominate the discussion.

6. Have a co-facilitator on-hand to take notes of what is said.

7. After the focus group, thank participants and pay them on the spot if possible.

8. Summarize notes immediately after the focus group while your memory is fresh, and share with staff.

SECTION 2

Observation

Shadowing

1. Appoint one person at a time to observe at the front desk, phones, back office, waiting area and/or to shadow a particular patient. The observer should not participate in the work of the service site while he or she is observing.

2. If the observer shadows a patient, have the staff person leading the visit introduce them and ask their permission to be shadowed. "This is (NAME), and s/he is working with us today to make sure we're giving patients the best possible experience here. Would it be OK if s/he comes along during your visit?" Note: be clear with staff and patients about whether or not the exam will be observed. It is recommended that only nurses or clinical providers shadow in the exam room.

3. Take notes. Do not interrupt patient care with comments or questions.

4. If the patient is waiting, feel free to ask questions about their experience.

5. Edit the notes so that they can be shared with the team. Phrase things constructively and avoid criticizing individuals in front of the group.

6. Address urgent problems immediately if any should arise while shadowing.

> **OBSERVATION TIP**
>
> *When taking notes, be sure to use quotation marks to indicate what was actually said by someone during the observation. Jotting down the time and the people present can also help to make the notes more clear.*

Conducting a Phone Audit

1. Experience has shown that using paid auditors to conduct the calls is helpful to ensure calls are consistent and voices are unrecognizable. If the cost is prohibitive, appoint one or more volunteers or staff from a sister service site (perhaps it is worthwhile to swap auditing services) to conduct audits.

2. If recording calls: check state laws related to recording telephone conversations. To meet requirements, notify all staff in writing that calls will be recorded between specific dates. Inform them of how the recordings will be used. Assure staff that calls will be used for evaluation and training. Here is a link to a free state-by-state guide to laws about recording. *http://www.rcfp.org/rcfp/orders/docs/CANWETAPE.pdf*.

3. One easy way to record calls is to use an online service like *Spoofcard.com*. For a low per-minute cost, auditors can choose the number they want show in caller ID, and record the call and download later.

4. Prepare scenarios for callers including their name, age, income, and family size (see *Phone Audit Scenarios Examples*).

5. Decide if the caller(s) will make appointments or avoid making appointments ("I have to see if I can get a ride/get off work/get a babysitter; I'll call you back.") If the caller makes an appointment, the auditor can call and cancel later, or a manager can go into the schedule and delete the appointment later.

6. Develop a sheet to keep track of call-related information. The *Phone Audit Template* can serve as a model. The *Phone Audit Sample Report* may also be useful for analysis.

7. For call centers or service sites, focus on reaching each staff member that regularly schedules patients at least once. If evaluating individual staff members is the goal, make at least four calls to them.

8. Share findings with staff, and consider sharing recordings with the individuals recorded, so that they can hear themselves.

SECTION 2

Summary

This section covered how to plan and conduct an assessment. The assessment reflects how well the staff are performing, demonstrates to patients that the site cares about them, and shows external groups the quality of the service site. Most importantly, it is essential to improving patient experience, because it identifies which areas should be improved upon, and sometimes how. It also is a great way to give patients a voice in the care they receive.

What is Known? What Should We Do Next?

The purpose of this worksheet is to help you take inventory of what is known, where the information came from, and what level of assessment would help build on that information. In the last column, decide on the team's next steps.

Category	What is Known	How Do We Know This?	What Should We Do Next?
E.g. Systems	*E.g. Patients say that getting an appointment is difficult.*	*Written comments.*	*Follow-up with parients and front desk re: appointment scheduling.*
Physical Environment			
Interactions			
Systems			
Quality Care			

Patient Experience Assessment Plan

Now that you know what your priorities are, choose a method or set of methods that will be the most productive for your site. It is also good to have an idea of the assessment timeline, which is broken up into four milestones in this chart.

Method	Coordinating the Assessment	Collecting the Data	Analyzing the Data	Sharing the Findings
E.g. Individual interviews	E.g. Anita & Beth When: May	E.g. Anita & Beth When: June - July	E.g. Anita When: August	E.g. Anita When: September

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Example Patient Experience Assessment Report

Today's Date _____

Assessment Methods
- Paper survey (July through December)
- Individual interviews (July through December)

What we are doing well
Average scores from the survey (range 1 to 5, 1=poor, 5=great):
- Provider listens to you (4.36)
- Provider explains what you want to know (4.51)
- Nurses and medical assistants answer your questions (4.82)

Patient comments:

"Dr. Keppler is just the best. She clearly cares about all of her patients."

"I have never had a problem getting the answers I need here."

What we need to improve
Average scores from the survey (range 1 to 5, 1=poor, 5=great):
- Time in waiting room (2.19)
- Time in exam room (3.08)

Patient comments:

"I once spent 40 minutes in the waiting room. It was ridiculous."

"It felt like I was waiting forever for the doctor to come see me [in the exam room]."

Possible methods of improvement
- Scheduling the patients further apart
- When things are busy, have a staff member check in with patients in the waiting room
- Putting more interesting reading materials in the exam rooms

Patient Satisfaction Paper Survey

Please tell us how you feel about our services and staff. Your responses help us to make improvements. This survey is anonymous. Thank you for your time.

Please circle how well we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1	N/A Don't know
Ease of getting care:						
Time between making appointment and being seen	5	4	3	2	1	N/A
Convenience of clinic hours	5	4	3	2	1	N/A
Convenience of clinic location	5	4	3	2	1	N/A
Wait time during visit:						
Time in waiting room	5	4	3	2	1	N/A
Time in exam room	5	4	3	2	1	N/A
Front Desk Staff:						
Courtesy of staff	5	4	3	2	1	N/A
Clearly explains registration process	5	4	3	2	1	N/A
Answers your questions	5	4	3	2	1	N/A
Provider: (Physician, Nurse Practitioner, Midwife)						
Courtesy of provider	5	4	3	2	1	N/A
Listens to you	5	4	3	2	1	N/A
Takes enough time with you	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Clearly explains medication	5	4	3	2	1	N/A
Medical Assistants/Health Educators:						
Courtesy of medical assistants/health educators	5	4	3	2	1	N/A
Clearly explains what you want to know	5	4	3	2	1	N/A
Payment:						
What you pay	5	4	3	2	1	N/A
Explanation of charges	5	4	3	2	1	N/A
Facility:						
Cleanliness of clinic	5	4	3	2	1	N/A
Ease of finding where to go	5	4	3	2	1	N/A
Comfort while waiting	5	4	3	2	1	N/A
Confidentiality:						
Keeping your personal information private	5	4	3	2	1	N/A

How did you hear about us? (check one)

☐ Friend
☐ Relative
☐ Partner
☐ Online
☐ Referral (please specify): _____
☐ Other (please specify): _____

What do you like best about our clinic?

What do you like least about our clinic?

What could we have done to make your visit better today?

Would you recommend us to friends/family?

☐ Yes
☐ No

Thank you for completing our survey!

Mobile Survey Template

Text the number indicated to sumbit your response.

When I called, the telephone staff were WELCOMING.

(1-yes, 2-no)

When I arrived for my appointment, the staff were WELCOMING.

(1-yes, 2-no)

How would you rate STAFF COURTESY today?

(5-very good, 4-good, 3-average, 2-poor, 1-very poor)

Did you feel your PRIVACY WAS RESPECTED today?

(1-yes, 2-no)

From time of arrival, HOW LONG DID YOU WAIT to be seen?

(1-0 to 20 min, 2-21 to 40 min, 3-41 to 60 min,4-1 to 2 hrs, 5-2 hrs +)

Considering your complete experience today would you RECOMMEND this clinic to a friend?

(1-yes 2-no)

Earn $15 for your opinions!

Free food!

[Name of service site] is hosting a FOCUS GROUP to learn about how we can improve our services. Let your voice be heard!

Who can participate?

Men & women ages 18-25 who live in [City]

When and where?

[Day, Month & Date, Year]
[Time to Time]
[Service site name], [room #/name]

How to sign up:

Call [Name] at [XXX-XXX-XXXX] before [X/XX]

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX

Call [Name] Focus Group XXX-XXX-XXXX
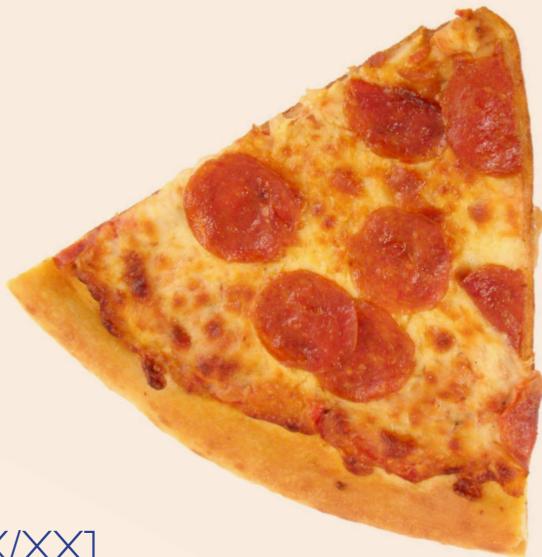
Focus Group Guide Template

Welcome and Introductions

Good morning/afternoon/evening! Thank you all for coming.

My name is (NAME), and I am a (POSITION) at (SITE NAME). My colleague is (NAME), and s/he works as a (POSITION) here. We've invited you here today to find out about your experiences here as a patient. (SITE NAME) is interested in improving the quality of patient experience, so we'd like to hear about what you find to be good or not so good about the services here. In particular, we'd like to identify areas for improvement, and hear any suggestions you might have towards that goal.

Staff will not ask about your private health information during the focus group and you should not disclose or discuss such personal information unless you are comfortable with the other members of the group knowing it.

This meeting should take about an hour to an hour and a half. Before we begin, are there any questions?

(SAMPLE) Questions

1. Take a minute to imagine the ideal family planning service site. Can you describe what it might be like? (IF NECESSARY, PROMPT WITH CATEGORIES OF ENVIRONMENT, INTERACTIONS, SYSTEMS, AND QUALITY CARE)

2. If you had to rate your last visit here on a scale of 1 to 10, 10 being the best patient experience possible, how would you rate it?

3. What are the things that our service site can improve on?

4. Do you have any suggestions for improvement?

5. What are the things that our service site does well?

6. Of the topics we've discussed so far, what is or are the most important aspects of your experience as a patient here?

7. Would you recommend this service site to other people? Why or why not?

8. Do you have any additional thoughts to add or questions you'd like to ask?

(SAMPLE) Probing Questions

1. Could you please tell me more?

2. Could you give me an example of what you mean?

3. Does anyone else here feel the same way?

Closing

n t c **Family Planning**
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Example Paper Survey Scoring Sheet

Survey ID	Getting care			Wait time		Front desk				Provider				Med. Asst.		Payment		Facility			Confidentiality
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21
1	2	3	4	4	3	4	4	4	5	5	4	5	3	3	5	4	2	4	4	3	4
2	1	1	1	3	2	4	5	5	5	4	3	2	3	4	3	3	1	5	5	5	5
3	3	2	1	3	4	4	4	4	4	2	4	3	2	4	4	3	2	4	4	5	4
4	2	4	2	3	3	5	5	5	5	5	5	5	4	.	4	2	2	5	5	3	3
5	3	3	2	5	4	4	5	5	4	3	2	4	4	5	.	3	3	5	4	4	4
6	3	2	2	3	4	3	3	5	3	5	2	5	5	.	5	2	1	4	4	5	5
7	4	3	3	2	3	4	4	5	2	3	4	4	3	5	3	3	2	5	5	5	3
8	2	3	2	4	4	5	4	5	3	2	2	5	4	5	3	2	3	3	4	4	5
9	3	4	3	3	3	4	4	5	3	4	2	2	5	.	.	3	3	4	5	5	3
10	2	2	2	2	4	3	5	4	4	3	4	4	2	4	5	4	4	5	5	4	3
11	3	3	2	4	4	4	5	5	3	2	3	4	2	.	.	4	2	3	3	4	5
12	3	2	1	4	5	4	5	4	3	2	4	4	3	.	.	3	3	5	5	4	3
Averages:	2.58	2.58	2.08	3.33	3.58	4.17	4.42	4.67	3.58	3.08	3.42	3.67	3.33	4.29	4.00	3.00	2.33	4.17	4.08	4.17	3.92

- Averages can be seen on the "main results" tab.
- Note: if the patient selects "N/A" or "Don't know" as a response, simply enter "." in the cell.
- Q = Question number
- See http://www.fpntc.org/training-and-resources/paper-survey-scoring-sheet for excel workbook to calculate survey scores.

Family Planning
National Training Center
*for Quality Assurance Quality Improvement
and Evaluation*

Phone Audit Template

Auditor _____

Date _____ Time _____

Fake Name _____ Age _____ Location _____

Reason for calling _____

Any other specific concerns (e.g. lack of money, don't want parents to know, etc.) _____

_____

What happened on the call?

1. How many times did the phone ring before it was answered? _____

2. Did you have to call more than once? Why? _____

3. Answerer's name _____

4. How many times were you put on hold? _____

5. How long were you on hold (the first time)? _____

6. When were you offered a visit? 1st available day _____ # of days from today _____

Did the answerer…	Yes	No	Notes
7. Identify him/herself and the center			
8. Use a warm, welcoming tone			
9. Have a courteous manner			
10. Quickly identify the caller's needs			
11. Avoid clinical jargon			
12. Seem knowledgeable			

Any other comments?

_____

_____

_____

_____

_____

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Phone Audit Scenario Examples

Emergency Contraception

Caller Fake Name _____

- You had unprotected sex yesterday, and you heard there was a pill you could take
- You are 17 years old
- You live in same area as clinic you are calling
- No income, don't want your parents to know
- LMP 14 days ago

Birth Control

Caller Fake Name _____

- You are 24
- You live in same area as clinic you are calling, new to the area
- You need birth control pills... (if they ask, you can say you used to take something that started with "tri")
- Income $800 a month, no insurance, single
- LMP 7 days

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Sample Phone Audit Report

	What happened on the call? (Refer to phone audit template).	Date of call	Time of call	# of times the phone rang (1)	Call more than once (2)	Times put on hold (3)	Length of time on hold (in min) (4)	# of days before 1st available visit (5)	Identified self and center(6)	Warm, welcoming tone (7)	Courteous manner (8)	Quickly identified needs (9)	Avoided jargon (10)	Seemed knowledgeable (11)
Call 1		4/5	10:30am	4	No	1	2	8	Yes	Yes	Yes	Yes	Yes	Yes
Call 2		4/14	9:30am	5	No	1	1	10	Yes	No	No	Yes	Yes	Yes
Call 3		4/31	4:00pm	3	No	0	-	9	Yes	Yes	Yes	No	Yes	Yes
Call 4		5/6	3:00pm	1	No	0	-	7	Yes	Yes	Yes	Yes	Yes	Yes
Call 5		5/18	1:30pm	3	No	0	-	4	Yes	No	No	Yes	Yes	Yes
Call 6		5/22	12:00pm	5	Y	2	3	6	Yes	Yes	Yes	Yes	No	Yes
Average or % Yes				3.5 rings	16.7%	0.67 times	2 min	6.17 days	100%	66.7%	66.7%	83.3%	83.3%	100%

Notes

_____
_____
_____
_____
_____
_____
_____

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

PATIENT

EXPERIENCE

IMPROVEMENT

TOOLKIT

Family Planning
National Training Center
*for Quality Assurance Quality Improvement
and Evaluation*

Skills to Improve Every Visit

Introduction

A positive patient experience involves multiple elements, but the single most important factor is the quality of staff interactions with patients. Positive interactions can have a powerful impact on not only the patient experience, but also patient compliance, clinical outcomes, and staff satisfaction. With the advent of the Affordable Care Act and increased competition among service providers, Title X sites have more reasons than ever to improve, measure, and practice concrete skills that produce positive interactions with patients.

Positive interactions are driven, for the most part, by a handful of interpersonal skills – skills that can be defined, taught, and measured. Everyone has room for improvement, and everyone can learn to improve. This section introduces five skills to improve the patient experience:

1. Making a welcoming statement
2. Using friendly words and tone of voice
3. Demonstrating empathy
4. Putting language in the positive
5. Offering options

This section provides step-by-step instructions for the Patient Experience Improvement Team to facilitate a 90-minute session with staff using a helpful video and exercises to practice these skills.

Step 1: Prepare for the Session

Practicing positive patient interactions is a task that requires staff to set aside time to get together. Because everyone in the service site takes care of patients in some way, all staff should participate in this 90-minute session. It is short, simple, and can greatly improve the patient experience.

1.1: Schedule the Session/Meeting

Find a 90-minute time slot to meet with the staff. This should allow enough time to watch a video (25 mins) and practice each of the five skills. If possible, try to hold the meeting in a room that offers A/V capabilities, has multiple tables, and a flipchart or whiteboard.

1.2: Organize Materials

- Review the video "The Family Planning Experience: Skills to Improve Every Visit."

- Make sure A/V equipment is available for the meeting.
  - > Note: If you do not have A/V equipment to show the video during the meeting, ask participants to watch the video before the session. This will reduce the length of the meeting with everyone by 25 minutes.

- Prepare flipcharts if available (see graphics in facilitation notes below).

- Print out one copy of *Practicing Positive Interactions Slips* for every four participants in this meeting. Cut the paper so that each quote is on its own slip and separate by the Welcoming, Friendly, Empathy, Positive, and Options categories. Put the slips into five envelopes for their respective categories and label the envelopes.

- Print out copies of the *Five Skills Handout* for all participants as a reference they can keep.

Step 2: Hold the Session

The meeting will take about 90 minutes, or about 60 minutes if participants have viewed the video beforehand. Below is the meeting agenda:

Improving Patient Interaction Skills Session Agenda	
Activity	**Duration**
1. Introduction and Objectives	5 minutes
2. Video: The Family Planning Experience: Skills to Improve Every Visit (optional, or ask participants to view before)	25 minutes
3. The Impact of Poor & Excellent Customer Service	20 minutes
4. Practicing Positive Patient Interactions	30 minutes
5. Wrap-up	5 minutes

Activity 1: Introduction and Objectives – 5 minutes

Explain to staff that excellent patient experience has always been central to providing high quality care. However, in the changing health care environment, it is increasingly important.

Review some of the reasons why patient experience has become a priority:

- Part of providing high quality care for our patients;
- Patients and health care are changing – patients have higher expectations and more choices for care as more people become insured;
- Ensuring comfort and privacy for clients is part of Title X Guidelines;
- Health insurance companies and networks of care collect and use patient experience data to measure quality.

SECTION 3

Ask the staff: Why else is patient experience important?

Explain that the service site is making patient experience a priority, and that an important piece of it is having positive patient interactions. Communicate that this meeting will help them reflect on their own experiences as patients and staff, and that the goal is to help them learn skills to ensure positive interactions with their patients.

Share the following objectives with staff: By the end of the session, staff will have learned and practiced how to:

1) Make a welcoming statement
2) Use friendly words and tone of voice
3) Demonstrate empathy
4) Put language in the positive
5) Offer options

Activity 2: Watch the Video, "The Family Planning Experience: Skills to Improve Every Visit" – 25 minutes

Depending on the availability of time and A/V equipment, either show the video during the meeting or have participants watch the video independently, prior to the meeting.

Activity 3: The Impact of Poor & Excellent Customer Service – 10 minutes

Now that everyone has seen the video, transition the discussion to everyone's personal experiences with customer service. Recognize that everyone has received poor customer service at some point, and that most of the staff have probably delivered poor service too, even if they do not realize it.

SECTION 3

The purpose of this discussion is to make the importance of positive interactions clear, in a way that participants can relate to and feel. Tell staff that they are going to reflect on how excellent and poor interactions make them feel. Show *Flipchart 1: Receiving Customer Service:*

| How it feels *to receive* poor or excellent service ||
Poor	Excellent

First, talk about poor interactions:

Ask a staff member to describe a poor customer service experience that they have had (it does not need to be health care related). If they need some prompting, consider leading with a story of your own, or suggesting different places where they might have received poor customer service (e.g. in a restaurant, on a plane flight, with a cable company, etc.). Ask the staff member and others to share how they feel when they receive poor customer service. Note the adjectives on the flipchart or whiteboard.

Then, talk about excellent interactions:

Ask for another volunteer to share an experience when they received excellent customer service (again, it does not need to be health care related, and prompt them if necessary). Ask the staff member and others to share how they feel when they have this positive interaction. Note the adjectives on the flipchart or whiteboard.

SECTION 3

Example responses:

How it feels to *receive* poor or excellent service	
Poor	**Excellent**
Disrespected	Felt important
Embarrassed	Validated
Lonely	Welcome. Understood.
Trapped	Had options
Helpless	Help is available

This exercise will likely generate a lively discussion among staff; you may have to limit the number of stories that can be told and keep an eye on the time!

Now bring the discussion back to interactions in this service site. Talk about giving poor service in a way that keeps the discussion light-hearted and safe to admit mistakes. Whether staff have had a bad day or patients present with particularly difficult circumstances, sometimes it is hard to always deliver service at 100%. Mistakes are normal and it is helpful to discuss them.

Show *Flipchart 2: Providing Customer Service* (this should look like Flipchart 1; just change "receive" to "provide").

Ask the group:

- When you are working with patients and you give great customer service, how does it feel? (Write these responses on the flipchart or whiteboard.)
- And when you have a difficult interaction and maybe you knew you were giving poor service, how did it feel? (Write these responses on the flipchart or whiteboard. Help staff understand that it is okay to acknowledge these experiences.)

SECTION 3

How it feels to *provide* poor or excellent service	
Poor	**Excellent**
Ashamed	Proud
Angry	Full of warmth
Disappointed	Energized
Frustrated	Happy
Helpless	Help is available

Now that the group has discussed the impact of poor and excellent service, let them know that they will now work in small groups to practice five skills to help them deliver excellent service.

Activity 4: Practicing Positive Patient Interactions – 30 minutes

Skill 1: Make a Welcoming Statement

Discuss with staff how it can be nerve-wracking and embarrassing for some patients to call a family planning clinic. How staff answer the phone and/or greet patients can influence patients' feelings.

Ask the group to brainstorm welcoming statements. Write down the answers on a flipchart or whiteboard. For example:

- Hi, how can I help you?
- You called the right place.
- I can definitely help you with that.
- I'm glad you called!

Pass out the envelopes that are labeled "Welcoming." Ask the group to get into pairs, with one person playing the patient and the other a staff person (four people can share one envelope.) The person playing the patient will draw a slip from the envelope and read it to their partner. The staff person will try to answer with a **welcoming statement.**

Depending on the size of the group, the pairs can do this exercise one at a time with the rest of the group observing. The group can also respond to answers or suggest alternatives. If it is a large group, the pairs can work simultaneously. It is not necessary to go through every single statement; just practice at least a few of them. Keep it light, fun, and supportive of everyone's efforts.

Skill 2: Use Friendly Words and Tone

Discuss with the group how clients often feel vulnerable, and may be sensitive if they feel you are irritated, impatient, or judgmental. Friendliness can make a world of difference in how patients experience the care they receive.

Some examples of friendly phrases are:

- "I'd be happy to help you with that."
- "Good for you!"
- "Let's see if we can find a time that works for you."

Pass out the envelopes that are labeled "Friendly." Ask the pairs to switch roles. Have the person playing the patient read the statement on the slip and have their partner respond with a **friendly statement**. Again, it is not necessary to go through every single statement; just practice at least a few of them.

Remind the group to be energetic; a tired-sounding voice can be interpreted as unfriendly. It is not necessary to go through every single statement; just practice at least a few of them.

Skill 3: Demonstrate Empathy in Words and Tone

Ask the group to brainstorm patient situations that call for empathy:

- Possible pregnancy
- STI diagnosis
- Relationship trouble
- Difficulty getting to appointment

Pass out the envelopes that are labeled "Empathy." Ask the pairs to switch roles again. Ask the person playing the patient to read the statement on the slip and have their partner respond with an **empathic statement.** Some examples of empathic statements are:

- "I'm sorry to hear that."
- "I hope you feel better."
- "That must have been tough."

Be sure to deliver these statements with warmth and authenticity. Delivering these words in a flat, dismissive, or insincere manner can make the patient feel worse.

Skill 4: Put Language in the Positive

Explain that putting things in the positive means turning a situation around, even when it seems like there are no options. Even when there is a problem or limitation, avoid using language like, "We don't have anything" or "No." Whenever possible, find a way frame situations positively.

Examples:

- "There are no more appointments available that day, but what we CAN offer you is…"
- "We don't have that method of birth control here, but we DO have…"

Pass out the "Positive" envelopes. This time, they will not be role-playing as patient and staff, but rather putting the statements on the slips into the positive. Have one person pull out a slip and read the statement out loud, and have their partner alter it into a **positive statement**.

Skill 5: Offering Options

Explain to staff that this last aspect of patient interactions is a challenging one because it often means refraining from giving an immediate response and taking the time to think about what options can be offered to patients. Phrases like "You can't" and "You have to" can trigger negative feelings for patients, like feelings of disrespect, being trapped, and helplessness.

Offering choices helps clients feel that they are receiving good service. It empowers the patient and is the cornerstone for providing patient-centered care. Ask staff to reflect on the following scenario:

It's a typical day at the Family Planning Clinic. The schedule is full at the start of the day, but the clinic typically has a 40% no-show rate. A patient walks into the clinic with a one year old child in her arms. She looks tired. She comes to the window and explains that she doesn't have an appointment, but asks if there are any openings today. She is desperate to get on a birth control method. The staff person looks at the schedule and there are no openings, and tells the patient that the next available appointment is in three days, at 10 am.

Ask the staff: How does the patient feel at this moment?
(Answers might include defeated, frustrated, tired, annoyed, helpless.)

Ask staff: What might the front desk staff say that could offer the patient options?
(An example response might be, "One of our patients this morning might not show for their appointment. Would you like to take a seat and wait for a little while, and we'll squeeze you in if we can? Or, if you prefer, I could call you if someone cancels later today?")

SECTION 3

Re-emphasize the importance of leaving the choice up to the patient. In this scenario, the patient is less likely to leave feeling frustrated and uncared for. Remember that patients have complicated and difficult lives, and it is hard for them to get to the clinic for many reasons. Trying to accommodate them is paramount to delivering quality family planning services.

Pass out the last envelopes labeled "Options." Like before, one person will play the role of the patient, and the other as a staff member. The patient will pull out the statement and read it to their partner, who will respond with an **options statement**.

Activity 5: Wrap-up – 5 minutes

Pass out the copies of the *Five Skills Handout* as a summary of the skills they have practiced today. Discuss with the staff:

- What kinds of outcomes do we hope to see in the data we collect on patient experience?
- What is one skill that you learned today that you will use tomorrow?
- How will you help each other stick to using these new skills?

Take notes on this discussion for Step 3.

Step 3: Practice with Patients

Now that the staff have practiced the patient interaction skills with one another, it is time to practice these skills with patients. Use the ideas generated from Activity 5 (Wrap-Up) to help with the application of these skills. Some suggestions that may also help, in case they did not already come up, are:

- Post the *Five Skills Handout* where it is visible to front desk staff as a reminder;
- Have a Patient Experience Improvement Team member check in with a few staff each week to see if and how interactions with patients have improved;
- Have a Patient Experience Improvement Team member observe interactions and provide feedback to staff;
- Note tasks or activities in the *Improvement Plan*

SECTION 3

Different methods may work more or less well for different service sites, and it is important to use strategies that will work best for yours. If these strategies do not result in the anticipated outcomes in the data, it may be worth revisiting or practicing these skills with staff.

Summary

This section focused on having welcoming, friendly, empathic, and positive interactions with patients. Because positive patient interaction is a central part of the patient experience and affects both health outcomes and staff satisfaction, ensuring these interactions should be a priority for every service site.

Practicing Positive Interaction Slips

WELCOMING *Hi, I was wondering if I can get a pregnancy test?*	**WELCOMING** *Uh, hello? Are you there?* *Is this the person I was talking to?*	**WELCOMING** *Um, do you guys have birth control?*	**WELCOMING** *Is this (name of the service site)?*
WELCOMING *Yes, um, do you do prenatal care?*	**WELCOMING** *Not sure if I'm calling the right place, but I've had an IUD for 20 years and I can't find the string.*	**WELCOMING** *Hi, I have to whisper… I'm at work. Can you hear me?*	**WELCOMING** *Hello, I have a question. I actually have insurance, but I wondered if I could still come there?*
WELCOMING *Hi there. I was supposed to call you back about a test result… this was like six months ago and I never did.*	**WELCOMING** *Hello there. I just moved from Michigan and I had a women's clinic I LOVED there.*	**WELCOMING** *Hi, I'm calling because it's time for my annual exam.*	**WELCOMING** *Hi, was I just talking to you? I was talking to someone before, but I think I got disconnected.*
WELCOMING *I'm not poor or anything. I lost my insurance and I wanted to see if I could get checked for an infection.*	**WELCOMING** *Oh, I thought you had closed down. Every time I call there's no answer.*	**WELCOMING** *Um, can thirteen year olds get birth control there?*	**WELCOMING** *Hi, I'm pregnant and due in eight weeks, but I've lost my insurance and so I need a new doctor.*

FRIENDLY

So can my boyfriend come in the room with me when I have my exam?

FRIENDLY

I lost my job, but I wasn't sure if I could go there… Aren't you guys just for poor people?

FRIENDLY

Hello? You hung up on me before. Are you going to stay on the phone this time?

FRIENDLY

Do I have to tell you a bunch of personal stuff all over again?

FRIENDLY

Hi, I used to come to this clinic when I was a teenager.

FRIENDLY

There's three kinds of IUDs? I don't know anything about that.

FRIENDLY

So I'm not working… Is there some kind of funding for that?

FRIENDLY

So I wanted to ask… No one will know that I came there, right?

FRIENDLY

No, I cannot hold. You've already put me on hold for 10 minutes.

FRIENDLY

Wait a minute, I was talking to somebody else before. Why do I have to talk to you?

FRIENDLY

What's the date of my birth? You already asked me that.

FRIENDLY

Are you foreign? Um, I can't understand you.

FRIENDLY

(sounding tired & irritable) Okay, whatever, you're busy. So when CAN I finally get an appointment?

FRIENDLY

Didn't you hear anything I was saying? I WORK on Wednesdays. I can't come in on Wednesdays.

FRIENDLY

Look, I just want to get a pack of pills and I'm just tired of getting this run-around from you guys.

FRIENDLY

Are you there? You just sound really tired.

EMPATHY	EMPATHY	EMPATHY	EMPATHY
Hi, I need a full set of STD tests… I don't think I have anything, but uh, I'm about to get married and we've always used condoms.	*I was just on hold for 20 minutes! I was just about to hang up!*	*Yes, I was there the other day and you said I could just walk in, but when I got there, they said that I had to have an appointment.*	*Yes, I've been driving around and I can't find the clinic! I was supposed to be there 10 minutes ago for my appointment.*
EMPATHY	EMPATHY	EMPATHY	EMPATHY
Hello, um, do you have any appointments today? I think I have an infection. It's really, really burning when I go to the bathroom.	*Uh, I just found out that I'm pregnant, which is great, but I'm not sure I can still get my care with you guys.*	*Hi, I was pregnant, but I had a miscarriage and I wasn't sure if it was okay to start having sex again.*	*Hi, I just found out that my boyfriend is cheating on me and I wanted to see if I could come in to the clinic and get tested?*
EMPATHY	EMPATHY	EMPATHY	EMPATHY
I'm sorry, I can't stop crying. I need an appointment. I'm sorry…	*My warts just keep coming back, and coming back, and coming back.*	*Yes, I lost my job and have no insurance, and I wanted to see if I could get my birth control there.*	*Hi, I just recently started a new relationship and thought I better come and see you guys for some birth control.*
EMPATHY	EMPATHY	EMPATHY	EMPATHY
Hello, I need to change my appointment. I got into a car accident yesterday and won't be able to come in for my 4:00 today.	*Hi, I suspect my 14 year old daughter is pregnant and may have been exposed to gonorrhea. I'd like to bring her in for some tests.*	*My husband and I have lost our home, and I don't know what to put down for my address.*	*I used to have an IUD and then I went through four miscarriages. I definitely don't want the IUD.*

POSITIVE	**POSITIVE**	**POSITIVE**	**POSITIVE**
You have to pay for birth control now that you work.	*We are always closed on Sunday.*	*You can't bring anyone into the room with you.*	*How much does that cost? I don't know anything about that.*
POSITIVE	**POSITIVE**	**POSITIVE**	**POSITIVE**
If you don't get here by 3:30, we can't see you.	*I can't answer that. You're going to have to ask the nurse practitioner.*	*No, we do not accept that insurance.*	*You never called us back about the Pap test.*
POSITIVE	**POSITIVE**	**POSITIVE**	**POSITIVE**
That person's not here. You'll have to talk to me.	*You're going to have to hold until I finish this other call.*	*You haven't had an exam in five years so you'll have to have an exam.*	*You will have to bring along a picture ID and some proof of income.*
POSITIVE	**POSITIVE**	**POSITIVE**	**POSITIVE**
You can't just walk in like this. We only see patients by appointment.	*We can't give you the Nuva Ring without an exam.*	*That's not true, ma'am. Our services are not free.*	*Everybody has to pay or we don't give services.*

OPTIONS

I don't want to use birth control pills or any implants that use hormones.

OPTIONS

Sixty dollars? I don't have sixty dollars. I used to go here for free.

OPTIONS

Ten o'clock? I can't do that—I go to high school.

OPTIONS

Is my boyfriend allowed in the room? He is making me bring him with me.

OPTIONS

I had unprotected sex last night and I need that pill (this patient is an adult).

OPTIONS

The soonest you can see me is the day after tomorrow? I need pills today. My period was 7 days ago!

OPTIONS

Last time I was there I had to wait like an hour and a half in the waiting room.

OPTIONS

I've been here an hour and a half waiting for the results to a pregnancy test and now I HAVE to go pick up my kids.

OPTIONS

I think I do want the HPV vaccine, but I'm scared of needles.

OPTIONS

Okay, I think I can do that appointment, but I'll have to bring my four kids.

OPTIONS

Look, I'll be able to tell if the antibiotics work or not, so why do I have to come back in?

OPTIONS

Yes, the person who was there gave me emergency contraception and now I'm pregnant.

OPTIONS

I already took a pregnancy test there. I just need a pregnancy verification. Why do I have to come in again?

OPTIONS

I have no idea when I can get a ride. I don't know if I CAN get a ride.

OPTIONS

My mom says IUDs can cause you to be sterile, so I want this taken out.

OPTIONS

Hi, I need an appointment like now. Like, ASAP. I'm freaking out about these weird bumps.

Five Skills to Improve the Patient Experience

Make a Welcoming Statement

It can be nerve-wracking and embarrassing to call a clinic. You can turn that around with a welcoming statement.

• "You called the right place."

• "I can definitely help you with that."

• "Well I'm glad you called!"

Use Friendly Words and Tone

Remember that patients often feel vulnerable, and may be sensitive if they feel you are irritated, impatient, or judgmental. Friendliness can make a world of difference!

• "I'd be happy to tell you about that."

• "Good for you!"

• "Let's see if we can find a time that works for you."

Put things in the Positive

Even when there is a problem or limitation, don't just say "we don't have anything" or "no." Find a way to frame everything in positive terms.

• "There are no more appointments available that day but what we CAN offer you is..."

• "We don't have that treatment available here but we DO have..."

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Demonstrate Empathy in Words and Tone

Respond with understanding when the patient says she is experiencing something difficult – pain, relationship problems, illness, an infection...

• "I'm sorry to hear that"

• "I hope you feel better"

• "That must have been tough"

Offer Options

Nothing can set off defensiveness like feeling restricted or commanded. Avoid saying "you have to_____" or "we always make patients _____"

• "I can tell you about the procedure, the cost or the medication available... what would you like to hear first?

• "What time of day is best for you?"

• "For patients who want (service), we ask that _____"
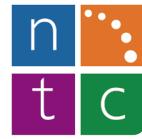
Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Improving Your Image

Introduction

What kind of first impression does your service site make?

Title X service sites generally operate on modest budgets, providing care to uninsured and underinsured patients, often in low-income communities. There was a time when many family planning clinics designed their environments to feel different from mainstream health care facilities—to feel cozy, like home. However, due to financial constraints, many clinics have not recently updated their look and feel, and even general maintenance may be inconsistent.

Patients may not always know if they receive quality clinical care, but they still make important judgments about where they receive care, both virtually and physically. With the passage of the Affordable Care Act, Title X service sites face increased competition with other health care providers. It is more important than ever to provide an attractive, professional environment that makes clients feel welcome, comfortable, and valued. Now is the time to perform an objective evaluation of the facility's appearance and consider making improvements to it. This is an easy process, and this section explains how to do it for low to no cost.

SECTION 4

Step 1: Audit the Facility

Give a copy of the *Facility Audit Form* to members of the Improvement Team who are working to improve the service site's physical environment. If possible, ask other staff and non-staff members to participate in this audit as well. Non-staff members, such as staff from a sister clinic, friends, and volunteers can be useful as fresh eyes and objective resources. The more assessments and perspectives gathered, the better this audit will capture how patients perceive the service site. Ask each person to walk through the facility independently over the next few days and set up a time for the Patient Experience Improvement Team to meet as a group and discuss findings from the audit.

During the walk-through, each person should start outside of the service site and then work his or her way inside. Imagine what new patients would think about the facility as they park or walk up to the building, enter the building, approach the front desk, sit in the waiting room and the exam room, and find their way to the exit. Try to conduct this walk-through at different times of day and different days of the week. Use the *Facility Audit Form* to check whether or not different aspects of the service site could be improved.

Step 2: Audit the Website

Just as in the facility audit process, give a copy of the *Website Audit Form* to Improvement Team members and other volunteers who are helping to examine the website. Overall, be sure that participants access the website through a variety of browsers and mobile phones.

Another possible way to gather perspectives on the website is to create and post an online survey and share it via social media and/or email. Although this approach requires more effort, it can be utilized as a way to gather data over a longer period of time and with a larger pool of people.

If the service site does not currently have a website or the website could use a re-design, there are many free online services available for website creation. A few examples worth

SECTION 4

considering are Google Sites, Sidengo, Flavors.me, and Weebly. These services have templates that help create professional-looking pages without having to hire a web designer. During the creation process, the *Website Audit Form* can be a useful reference to ensure an appealing and useful website.

Step 3: Discuss the Audit Findings

Gather the Patient Experience Improvement Team together to discuss the findings from the Facility and Website Audits. If there is relevant information from the patient experience improvement assessment (from Section 2), be sure to share it with the Team. It may also be helpful to invite others who participated in the audits to share their thoughts. Meet together and look through the completed checklists item by item. On a whiteboard or flipchart, make a list of the items for which audit participants marked "No." These represent specific features that can be improved.

Now that there is a list of areas for improvement, it is time to discuss how important each is, and what might be done about them. Some questions that may be helpful in this discussion are:

- Are there any urgent safety or licensing issues that need to be addressed?
- How does this affect our patients' attitudes toward us? Is it likely to push them to another provider?
- What category do the needed changes fall in: short-term (like emptying the trash more regularly) or long-term (like getting new furniture)? Low cost or high cost? In-house or requiring an outside consultant/contractor?
- When could each of these changes, both short-term and long-term, be implemented?
- Do we have the budget to address the most important recommended changes? Do we have volunteers who might perform some of the work?
- Who will be responsible for making changes?

SECTION 4

Especially with regard to the financial and human resources needed to make improvements, the Team should keep in mind its volunteer, community, and philanthropic resources. Ideas for how to best utilize these resources are further explained in Step 4. These activities, whether handled directly or indirectly by staff, should be integrated into the *Improvement Plan.*

Step 4: Mobilize the Makeover

The Team has now identified a list of specific actions in the Improvement Plan related to improving the clinic's image. Among the Patient Experience Improvement Team, one or more individuals may be particularly interested and/or qualified in the improvement efforts. These individuals should lead this aspect of patient experience improvement, although other people will also participate. It may be worthwhile to include someone who manages maintenance at the facility, since some changes may require approval. Similarly, it may be necessary to reach out to the person responsible for website design if the service site is part of a larger organization.

This may be an excellent opportunity to utilize volunteer and community resources. The *Volunteer Resource List* provides examples and tips to access resources in your community. For instance, volunteers may be recruited to repaint the walls, help take pictures for the website, or donate new magazines. If the service site requires new lighting fixtures or artwork, it may be possible to receive donations from a local hardware store or artists. The first step to receiving help is to ask for it, and people and organizations are often willing to help when possible. The *Volunteer Flyer Template* and *Sample Donation Solicitation Letter* are provided to help with finding assistance and donations. A *Sample Thank You Letter* to those who have helped is also provided for after changes have been completed.

SECTION 4

Summary

Improving the facility's physical environment (and website/internet presence) is a task that is often easily ignored, but one that is important and easy to do. By thoroughly examining different aspects of the physical environment, the Patient Experience Improvement Team can identify specific areas of improvement and plan on how to address them. These changes can often be implemented for no or low cost, build relationships and good will towards the service site within the greater community, and can make a big difference in the patients' experience.

Facility Audit Form

Use this form to perform a patient experience audit of your facility. Like a new patient would, start by examining the outside of the facility, and then go inside. Go through this checklist to see which of these characteristics accurately describe this service site, and feel free to make extra notes about what you see. If some features do not apply to this service site (e.g. hedges), simply cross it off the list. If you notice other things that are not included in this list, such as strange sounds or smells, be sure to note them for later discussion.

FACILITY AUDIT	Yes	No
Building & Parking		
The service site is easy to see from the street.		
The entrance is obvious to first time patients.		
The building looks well maintained on the outside.		
The signs for the service site are visible at night.		
The parking area is well maintained.		
The parking area is well-lit at night.		
The service site's hours and phone number are posted clearly and accurately outside.		
There is an emergency phone number posted clearly outside.		
Plants and Grounds		
The trees and plants around the building add to the attractiveness of the building.		
The planted areas are free of trash.		
The planted areas are free of weeds.		
The hedges are trimmed.		
Clinic Entrance		
The entrance area is clean.		
The entrance area is inviting.		
The front door is in good working condition.		
The front door is free of scratches, scuffs, and tape marks.		

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

FACILITY AUDIT	Yes	No
Staff and Staff Areas		
The staff work areas are tidy.		
The offices are free of clutter.		
All boxes and items are stored in appropriate places.		
All staff members wear name tags.		
Atmosphere		
The facility has a comfortable temperature.		
The bathrooms are clean and well supplied.		
Waiting Area		
The floor in the waiting area is in good condition (free of spots, stains, and scuffs).		
The windows are clean and in good condition.		
The walls are clean (free of scuffs, fingerprints, and tape).		
The color of paint on the walls reflects a professional environment.		
The paint on the walls is in good condition.		
The decorations on the walls are appropriate for a professional healthcare environment.		
The ceilings and light fixtures are clean (free of grime and cobwebs).		
The indoor plants and containers are healthy and attractive.		
The furniture is clean.		
The furniture style is appropriate for a professional healthcare environment.		
The chairs and couches are comfortable.		
The racks of educational material are tidy and well supplied.		
The magazines offered are appropriate for clients.		
The reading material offered is in good condition (free of tears and stains).		
The magazines available are up to date (less than a year old).		
The programming that is on the TV is appropriate for all audiences.		
The volume of the TV or radio is at an appropriate level.		
The comment box is stocked with paper and pens.		

FACILITY AUDIT	Yes	No
Signage		
The way to get to the exam rooms is clearly labeled.		
The way to get to the restrooms is clearly labeled.		
The way to get to the check-out counter is clearly labeled.		
The place where urine samples should be placed is clearly labeled and easy to find.		
Exam Rooms		
The floors in exam rooms are in good condition (free of spots, stains, and scuffs).		
The walls are clean (free of scuffs, fingerprints, and tape).		
The color of paint on the walls reflects a professional environment.		
The paint on the walls is in good condition.		
The decorations on the walls are appropriate for a professional healthcare environment.		
The ceilings and light fixtures are clean (free of grime and cobwebs).		
The reading material offered is in good condition (free of tears and stains).		
The magazines available are up to date (less than a year old).		

Notes

_____
_____
_____
_____
_____
_____
_____

Website Audit Form

Use this form to examine your site's website. Browse through the website as though you are a patient, returning or new, and look for information that you think would be important to answer a question you have or plan a visit. If you notice other problems or concerns that are not included in this list, please note them on the lines at the bottom of the page.

First, please circle how you are accessing the website (it is important to review the site in all browsers):

Internet Explorer   Mozilla Firefox   Google Chrome   Safari   Mobile Phone   Tablet

WEBSITE AUDIT	Yes	No
Design		
The website design is aesthetically appealing.		
The colors on the site are related to the service site's logo.		
The fonts are easily readable.		
The structure of the navigation bar makes sense.		
Content		
The amount of text on each page can be read without having to scroll.		
The text contains no spelling or grammar errors.		
The information is jargon-free.		
All links on the website are active.		
There is adequate information about the services available.		
The website makes a convincing case for why patients should go there.		
At least one picture of the facility is shown on the website.		
Contact Information		
It is easy to find the facility's phone number.		
It is easy to find the facility's email address.		
It is easy to find the facility's address.		
The directions to the facility are clearly explained.		
The hours listed for the service site are accurate.		
There is direct contact information to make an appointment.		

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

WEBSITE AUDIT	Yes	No
Technical Considerations		
The site loads quickly and properly.		
The structure of the navigation bar makes sense.		

Notes

_____
_____
_____
_____
_____
_____
_____

IMPROVING YOUR PHYSICAL ENVIRONMENT: VOLUNTEER RESOURCES

**Need help sprucing up your service site? It doesn't have to cost much...
There are many ways to get both volunteer and in-kind support for your projects!**

TIPS:

- Make a list of potential businesses that you can approach. Make sure you have several options for each need and plenty of time to work with them.

- Identify what you need, e.g. volunteers to complete a task, two cans of paint, donated artwork or furniture.

- How much do you need? Carry a list and make sure you can justify what you need when you make your ask.

- Go at the beginning of the month. Some businesses (some large grocery stores, for instance) give out a certain number of donations first come, first serve each month.

- Go prepared. Bring your pen, paper, advertising materials, and know the event or program details. Know what you're asking for. Be able to say some numbers and dates out loud.

- If you are offering them visibility in return for their donation, provide your social media followings or newsletter subscriber numbers (if they're strong).

- Provide a formal letter of request. It makes your ask much more serious and legitimate.

- Keep notes on all of your contacts with the donor for future needs.

See other side for helpful online resources.

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

ONLINE RESOURCES

Check out these opportunities to access volunteer or in-kind donation support:

- **Volunteer Match**
  www.volunteermatch.org/
  Service that helps organizations recruit volunteers. Registration is free and simple.

- **1-800 Volunteer**
  www.1-800-volunteer.org/
  Look for your community in the list for geographic-specific volunteer recruitment sites.

- **Good 360**
  catalog.good360.org/
  Good 360 is organization that fulfills needs of nonprofits with corporate product donations.
  Registration is required.

- **Craigslist**
  www.craigslist.org
  Search the "free" section in your local community.

- **Home Depot**
  https://thd.giftsinkind.org/homedepot/index_eligibility.html
  Home Depot community impact grants program. Grants are given in the form of The Home Depot gift cards
  for the purchase of tools, materials, or services. Registration with Good 360 is required.

Volunteers Needed!

[Clinic Name] is looking for volunteers to help give us a makeover!

We're looking for **artistic** and **handy** volunteers to help us freshen up, organize, and modernize our clinic and website. **All skill sets are welcome.**

Interested?

Give us a call at [555-5555] or email us at [email@fptv.com]

Sample Donation Solicitation Letter

January 1, 2014

Store Manager
Neighborhood Hardware Store
55 Main Street
Boston, MA 02228

Dear **Mr. or Ms. Name/Manager of The Neighborhood Hardware Store,**

I am writing on behalf of **The Neighborhood Family Planning Clinic** to ask for your support in our mission to deliver the best family planning services for low-income women and men in **Boston, MA.** Our community-based organization provides **more than 2,000** patients with important services each year, such as contraception, STD testing, and family planning and pregnancy counseling. Because we operate on a tight budget, we are asking for your help.

We are in need of several items and are wondering if **your organization** would be able to help donate either the items listed, or gift cards (in any amount) to help purchase these items:

- 4 gallons of paint
- 2 sets of curtains
- 1 large plant

These items would help us to enhance our facility, which is in great need of improvement. We hope that you will help us deliver quality care in a quality environment for all of our patients. If you are interested in making a donation, please call me at **555-555-5555,** or email me at **NFPC@email.com**. We are fully prepared to provide documentation of any and all applicable donations for tax purposes.

Thank you very much for your consideration. We hope to hear from you!

Sincerely,

Sally Smith
Clinic Manager

Sample Thank You Letter

February 1, 2014

Store Manager
Neighborhood Hardware Store
55 Main Street
Boston, MA 02228

Dear **Mr. or Ms. Name/Manager of Neighborhood Hardware Store,**

Thank you very much for your **time and donation.** We at **Neighborhood Family Planning Clinic** greatly appreciate your support in making sure we deliver quality care in a quality environment for all of our patients.

We greatly appreciate the curtains and plant you donated that make our clinic feel like home. Please extend our gratitude to the volunteers who applied the beautiful fresh coat of paint from your store as well.

Again, we thank you for your support!

Sally Smith
Clinic Manager

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Respecting Patient Privacy

SECTION 5

Introduction

In the past couple of decades, rigorous standards around patient privacy have become a core component of quality health care. Most notably, the Health Insurance Portability and Accountability Act of 1996, or HIPAA,[1,2] was designed to safeguard patients' medical information. HIPAA includes such principles as limiting uses and disclosures of personal health information to the minimum necessary, and only using or disclosing this information with the patient's authorization. All health care providers must abide by HIPAA, and it is important that they follow the law and its spirit fully.

A patient's sense of privacy is also vital to achieving a positive patient experience. Patients need to feel that they are in a safe space so that they are comfortable giving staff the information necessary to receive quality care. Patients also have the right to refuse to give information, and it is the provider's duty to understand and respect that right. Respecting patient privacy means allowing patients to exercise control over their personal information as much as possible, and keeping that information confidential. Maintaining privacy and confidentiality is important to protect against consequences like psychological embarrassment or distress or damaging someone's reputation or social or family relationships.

Ensuring privacy can be challenging for family planning clinics. Small clinic spaces and modest budgets sometimes limit clinics' flexibility to provide optimal privacy for all patient interactions.

---

[1] U.S. Department of Health & Human Services. (2003). *Summary of the HIPAA Privacy Rule*. *http://www.hhs.gov/ocr/privacy/ hipaa/understanding/summary/privacysummary.pdf*

[2] American Medical Association. (2013). *HIPAA privacy and security toolkit: Helping your practice met new compliance requirements*. *http://www.ama-assn.org//resources/doc/washington/hipaa-toolkit.pdf*

SECTION 5

This section provides tools to involve staff in a "Privacy Audit" in order to raise awareness and highlight ways your clinic can strengthen patient privacy in everyday operations. This section also includes a guide to use in a staff meeting following the individual privacy audits, which will help the staff to identify immediate steps for improvement.

Step 1: The Privacy Audit

Similar to the process in Section 4, ensuring patient privacy entails auditing the facility, discussing the audit, and then planning and implementing necessary changes.

To begin, make enough copies of the *Privacy Audit Form* for members of the Patient Experience Improvement Team who are participating in this phase. If possible, recruit other staff members to also serve as eyes and ears. Ask each person to conduct their privacy audit individually in the next few days. Set up a time for the Improvement Team to discuss the results of the audit.

Using the *Privacy Audit Form* as a guide, each person should walk through the clinic's different spaces to examine if and how sensitive information is not adequately protected. Some participants in this audit may wish to observe discreetly, while others may shadow patients and/or ask for their feedback. In all cases, be sure to fully respect the patient's right to privacy, making sure that they are only sharing personal information if they feel comfortable doing so during the shadowing.

SECTION 5

Common Situations in Which Patient Privacy is Compromised
Patient enters clinic and approaches the front desk. She writes her name on the confidential sign-in sheet and the front desk staff says, "Hi Alison! You're here for your annual?" just loud enough for others in the waiting room to hear.
Patient and staff voices can be heard outside the exam rooms.
Exam table faces the door in the exam room so that if the door is opened during a visit, the patient is visible from the hallway.
Patient enters the clinic and walks up to the front desk and is asked, "Hi, What's your name? What are you here for today?"
The patient does not fill out all of the paperwork and the front desk staff ask him or her, within earshot of the other patients in the waiting room, questions like, "What is your bi-weekly income? or "When was your last period?"
At check-out, the patient is told within earshot of the other patients in the waiting room, "So, your visit today would have been $140 but because of your income it slides to zero and it is free for you today."
Clinic staff provide patient test results or other personal information over the phone without asking for confirmation of identifying information to ensure that they are actually talking to the patient.
A patient chart (either electronic or a paper chart) is left open and alone in a room.
A friend or family member of a patient comes into a clinic and says, "Is Susie here? I am supposed to meet her here…" and is told, "Yes, sure, I'll bring you back…"instead of keeping the patient's presence confidential until asking him or her first.
A patient is asked about his or her life beyond what is relevant to the visit, such as, "How is your mother?" or, "Do you work at Wendy's? I thought I recognized you…"

Step 2: Patient Privacy Debrief Meeting

When the audit is completed, assemble the Improvement Team and other participants (if possible) to discuss the findings. Look through the checklist and make a list of the items for which audit participants marked "No" by writing them on a whiteboard or flipchart. Note which items were marked "No" multiple times using tally marks. These are specific aspects of privacy that can be improved upon within the clinic.

Before opening up the discussion as to what can be done to improve these aspects of privacy, remind everyone that the purpose of this meeting is to protect patients and to help make them feel more comfortable. Staff should avoid naming names if they have witnessed colleagues breach patient privacy. Staff should do their best to offer constructive ideas and trust in everyone's ability to follow the best practices surrounding privacy.

Then, looking at the list of areas for improvement, open up the discussion as to what can be done about them. The following are some useful questions that might guide the conversation:

- Which of the items should be high priority?

- Are there any high priority items that can be fixed this week?

- For the high priority items that can't be fixed right away:

  > Are any of these items impossible to solve?
  > Are there any temporary solutions or workarounds that can make the patient experience more private?

- What needs to be done for the other items, and by when?

- Who will be responsible for making these changes?

The Improvement Team should add actionable items to the *Improvement Plan*, started in Section 2, and include the person(s) responsible and timeline for completion.

SECTION 5

Summary

Due to the sensitive nature of patient information in the patient's visit, it is important to ensure patients' privacy while in the service site. Inspecting the wide variety of features and processes that should ideally be in place to protect patient privacy – from the physical attributes of the facility to the number of times personal questions are asked – will help the staff get a better idea of how comfortable patients feel. The changes needed to boost this sense of security may be small, but they can make a significant difference in the patient experience.

SECTION 5

Privacy Audit Form

Making sure that patients feel that they have privacy is an important part of delivering a positive patient experience. Because we deal with sensitive information and services every day, it can be easy to forget the importance of privacy for the people we serve. By visiting our clinic, some patients are risking relationships with an unsupportive spouse or parents. Others risk being seen by friends and community members here, which would, in effect, broadcast to all that they are sexually active. For many others, simply talking about sex, body parts, or infections is painfully embarrassing.

Protecting privacy means:

- Safeguarding what patients in the clinic can see

- Limiting what patients can hear

- Minimizing the amount of personal information the patient must disclose at the registration area

- Minimizing the number of people to whom personal information must be disclosed

- Protecting medical records from outside eyes

Take this Privacy Audit Form with you to the entrance of the service site. Go through this checklist to see which of these characteristics accurately describe each area of the site. Check the box to the right of all items that are true for your site. Insert any items without a check into your improvement plan. Feel free to make extra notes about what you see and hear.

PRIVACY AUDIT , PART 1	✔
On the Phone	
Staff answering phones in the clinic do not discuss patients' names, reasons for calling, or histories in front of other patients.	
Waiting Area and Front Desk	
People waiting cannot hear the names, reason for visit, or financial information of patients who are checking in.	
People waiting cannot hear the names, reason for visit, or financial information of patients who are checking out.	
Computer screens, paper charts, completed forms and any other sensitive information are not visible to clinic visitors.	

Family Planning
National Training Center
for Quality Assurance Quality Improvement and Evaluation

Clinic	
Patient and staff interactions in the exam rooms cannot be heard from the hallway or waiting room.	
Staff always ask for the patient's permission before bringing another staff person into the exam room for reasons such as interpretation, assistance, observation, or consultation.	
Staff always introduce themselves by name and role to the patient when entering the room and before asking the patient sensitive information.	
Staff wear name tags that are clearly displayed.	
PRIVACY AUDIT , PART 2	✔
Exam Rooms and Back Office	
While working with a patient, staff do not discuss private matters like the patient's name, reason for visit, health problems, or weight, in front of others who may be nearby.	
Patients have the opportunity to undress for exams and get dressed afterward in a private place, away from other patients and staff.	
Patients are provided with drapes and gowns so they can cover themselves during an exam.	
Patients have the opportunity to discuss private matters like sexuality, STIs, and birth control methods without other patients hearing.	
Patients only have to answer personal questions one time (including paperwork) per visit (e.g., the number and gender of sexual partners, the number and outcome of pregnancies, history of STIs or abuse).	
Intake and history forms are kept as short as possible, avoiding personal questions that are not relevant to this patient's clinical care.	
The clinic has a private office or space where patients who are crying or upset can have some private time.	
Patients can submit a urine sample (or other self-collected specimen) privately, without other patients seeing the sample in their hands or in a cup with the patient's name on it.	
Checkout	
When a patient checks out, no other patients can hear discussion about income, living arrangements, costs, or payment.	
When a patient checks out, no other patients can hear discussion about services received, follow up care, referrals, or prescriptions.	

Family Planning
National Training Center
*for Quality Assurance Quality Improvement
and Evaluation*

Keeping up the Good Work

Introduction

Congratulations! You and your Patient Experience Improvement Team have made it to the final section of this program. Now is an excellent time to look back on your team's accomplishments, and determine next steps to sustain the progress you have made.

So far, this guide has addressed: 1) how to assemble a Patient Experience Improvement Team and Plan, 2) how to assess patient experience, 3) how to interact with patients helpfully and compassionately, 4) how to improve the physical environment of the facility, and 5) how to respect patients' privacy. Each of these areas is a fundamental piece of the patient experience improvement process. However, it is important to remember that improving the patient experience is not just a discrete set of steps, but should be an ongoing effort of regular data collection and meetings to discuss what, if anything, may need to be done differently. For this reason, this last section covers how to sustain and improve upon gains you have made in the past several months.

Step 1: Prepare for the Meeting

1.1 Collect Information

You and your Patient Experience Improvement Team have worked hard to enhance patient experience. To review all the work your team has performed up to this point, gather the following information:

- The *Improvement Plan* that has been used, and
- The data collected on patient experience, especially the earliest and most recent data.

Summarize this information in the "Result" column of your *Improvement Plan*. Describe the progress of the activities, any challenges encountered in conducting or completing them, and any known impact the activities have made on patient experience.

Print out copies for everyone who will attend the meeting. This way, all staff can see the summary and results of their patience experience-enhancing efforts. This summary is also a useful reference for discussing how to address any challenges encountered and what next steps the service site should take.

If the service site has a mission statement and/or values statement, print these out and bring copies for everyone to share.

1.2 Arrange a Meeting with the Staff

Find a 60- or 90-minute time slot to meet with all service site staff. Plan for a 60-minute meeting if the service site already has a mission and values statement; plan for 90-minute meeting otherwise. Prepare a flipchart or whiteboard to write down meeting notes.

Step 2: Hold the Meeting

2.1 Discuss the Summary (25 min)

- Hand out the completed *Improvement Plan*. Allow the staff to look over this list as you describe the contents briefly. Be sure to point out the successes of everyone's efforts in the results column, and take a moment to congratulate everyone.

- Discuss highlighting these successes in some way for patients. Perhaps it is possible to do this online via social media or within a newsletter, on a small note attached to paperwork that patients fill out or on a sign in the facility. Discuss what the staff would like to make known and how they might like to do this. For instance, you might print and post a sign in the waiting room saying, "We are proud to report that since [DATE] we have reduced our patient waiting time by an average of [X% or Y mins]. We appreciate your patience and strive to continually improve your experience here."

- Next, talk about the challenges faced during this process. Mention those that have been overcome, and then discuss the ones that are preventing or delaying the implementation of improvement efforts. For those obstacles that remain, brainstorm as a group to find ways to address them or consider asking another service site how they might have addressed a similar problem. If there are no viable solutions, consider pursuing different activities that might achieve the same goal, or change the goals if necessary.

2.2 Plan for the Future (35 min)

The staff have worked hard to make gains in improving patient experience, and now is a good time to discuss an ongoing process for how to sustain and improve upon those gains. Talk about when improvement efforts will happen and who will lead them by discussing the following questions:

1.) What kind of data collection and analysis should the staff continue in the medium- and long-term?

2.) What amount of time and resources do staff need to continue improvement efforts?

3.) Will staff have the time and resources to continue with anticipated patient experience improvement activities (e.g. social media maintenance, training new staff in patient interaction, etc.)? Will more or fewer individuals be needed to complete these activities?

4.) How often should staff revisit the *Improvement Plan*? Every month, 3 months, 6 months, 12 months? Who on staff will be responsible for reminding others that it's time to do this?

5.) How often should all staff convene to discuss patient experience? Will this be a few minutes of regular staff meetings, or a dedicated meeting once or twice a year?

This decision-making creates a framework for what kind of improvement efforts will take place from this point forward.

2.3   Solidify Your Mission and Values (30 min)

Another endeavor that can help keep patient experience as a priority is writing it into the service site's mission and values statement. If the service site already has statements regarding patient experience or satisfaction, take a look at them and see if they sufficiently support your renewed focus on patient experience. Discuss with the staff whether the statements should be amended, and if so, how.

If the service site does not currently have a mission statement or values statement, the staff can work together to create them. These statements cannot be written by senior leadership alone, because the people on staff who enact these words in caring for patients on a daily basis should also have a say in what their aspirations and ideals are for the organization. Although these statements may be short and simple, they can help solidify the service site's purpose and principles, so that everyone is on the same page. Post these statements in the clinic and online where staff and patients can view them. Managers might also consider incorporating values regarding patient experience into staff's job descriptions or annual review paperwork so that each individual's commitment to these efforts can be renewed on a regular basis.

SECTION 6

The steps to write these statements are outlined below:

Developing a Mission Statement

A mission statement captures the essence of an organization's aims and work. It is comprised of two main parts: the purpose of the organization and how it achieves that purpose. Ask the staff to help answer the following questions:

1) *What needs do we strive to address, and for whom?*

   Fill in the blank: [Service site] is committed to _____.

   e.g. providing high-quality, accessible family planning services to [community]

   e.g. delivering patient-centered, confidential family planning services to [group/population]

2) *What are we doing to address these needs?*

   Fill in the blank: To fulfill this mission, we _____.

   e.g. provide timely and compassionate, quality care; ensure the respectful and dignified treatment of every patient; work to continually improve the medical care patients receive here; strengthen community partnerships.

Developing a Values Statement

A values statement explains what principles are most important to an organization.

   Fill in the blank: Each day, we aim to embody these values _____.

SECTION 6

SAMPLE VALUE LIST

✔ *Excellence*
✔ *Teamwork*
✔ *Fairness*
✔ *Compassion*
✔ *Respect*
✔ *Community*
✔ *Efficiency*
✔ *Accountability*
✔ *Integrity*
✔ *Quality*

With everyone's help, make a list of values that reflect the service site by writing suggestions on the whiteboard or flip chart.

The sample list of values provided here may serve as a starting point. Pick 3 to 5 of these as the most important ones for your service site, and put them in the values statement.

Summary

Ensuring excellent patient experience helps service sites compete in the post-Affordable Care Act environment, improve staff satisfaction and retention, and, most importantly, deliver quality health care and achieve better clinical outcomes. Your site will reap these benefits by having assessed your patients' experience and improved patient interactions, the facility's environment, and patient privacy. Continue your patient experience-related improvement efforts as planned, and revisit the tools and training in this guide when needed.

Congratulations on completing the Patient Experience Improvement Program! These tools and resources can be used for ongoing quality improvement efforts.

SECTION 6

WE'D LOVE TO HEAR FROM YOU!

Was the Patient Experience Improvement Toolkit helpful to you? Why or why not? Do you have suggestions for future guides on patient experience or related topics? Your feedback is important to us: *www.surveymonkey.com/s/petoolkit*.

Please contact the National Training Center for Quality Assurance, Quality Improvement, and Evaluation at *ntcquality@jsi.com* and let us know your thoughts and experiences!