Collaborating With Medical Staff to Improve Patient Safety, Adherence, and Satisfaction

Risk management focuses on preventing errors, misunderstandings, and dissatisfaction among patients and staff. Healthcare providers can reduce liability risks by engaging in preventive strategies, such as helping office staff understand the contributions they make to patient safety, adherence, and satisfaction.

Educating staff about these issues improves the provider’s ability to work effectively with team members and the patients they treat.

Below are sample scenarios that highlight opportunities for improving the ways in which staff interact with patients.

Complaints About Office Policy

Mrs. Smith and her children arrive for their first appointment with Dr. Joyce Bennett. While the children settle in the waiting room, Mrs. Smith approaches the reception desk. Receptionist Debra Dohrn slides a copy of the HIPAA Privacy Statement across the counter. “Please read this and sign,” Debra says. “It’s about your records.” Oh, for heaven’s sake,” Mrs. Smith laughs. “It’s getting so you can’t even buy a cheeseburger without having to sign a contract!”

“I know how you feel,” Debra commiserates. “I’m the one who has to file this stuff!”

If Debra had understood the importance of the HIPAA policy in the example above, she might have responded differently. Rather than reinforcing Mrs. Smith’s negative opinion about HIPAA requirements, Debra might have said, “Our HIPAA policy does take a few minutes to review and understand, but I will be glad to answer any questions you have about this government requirement, Mrs. Smith. It is important that you and your family understand your rights to have your health information kept private and secure.”

Responses to patient complaints about office policies should always focus on what is best for the patient and lead to better patient understanding. In addition, staff members should emphasize the importance the medical practice places on complying with the law.
Refusal to Cooperate With the Standard of Care

Although it is the healthcare provider’s prerogative to determine whether a patient needs an antibiotic, clinical staff can educate and reinforce practice policies. This can help fine-tune patients’ expectations and improve the nature of the discussion when the provider meets with the patient — in this case, Benjamin’s mother.

Dr. Barstow was aware that some of his patients were misinformed about the appropriate uses of antibiotic therapy. He had recently written an office policy, which Mary had posted to his website and on a patient information bulletin board in the office.

When Mrs. Fraily announces that she has brought Benjamin to the office because “he needs an antibiotic,” Mary can use a well-rehearsed educational response and give Mrs. Fraily a copy of the new office policy. “I know it can be a big worry when a child is sick for several days, and there are so many types of infections going around right now. But Dr. Barstow needs to examine Benjamin and maybe do a test to see if he has a bacterial infection or a virus. Then he’ll be able to prescribe the right treatment.”

By reassuring Mrs. Fraily while reinforcing the doctor’s policy, Mary also is making it easier for Dr. Barstow to interact in an effective way with the patient’s mother. At the same time, Mary isn’t attempting to play clinician herself. Rather, her role is as an educator and advocate.

Additionally, Mary should bring Mrs. Fraily’s concern to Dr. Barstow’s attention before he goes in to examine Benjamin. The heads-up will help him be better prepared to explain current approaches to antibiotic therapy.

Even the most knowledgeable patient/parent needs to trust his/her healthcare provider’s expertise to make wise clinical decisions. Adequate planning and training can help employees like Mary identify opportunities to reinforce sound clinical decision-making.
Defusing the Waiting Room

The Rogers family has four children — all boys. When sports physicals are due, Mrs. Rogers wants back-to-back appointments at Dr. Chambers’ family medicine practice, which means her children must remain in the waiting room, sometimes for up to 2 hours. Office manager Tanya Lester fears that the boys are disruptive to other patients and that their behavior may lead to an injury. She wishes that Mrs. Rogers would keep a better eye on the boys.

“Every time they come into the office, one of those boys gets hurt. They’re a big risk to other patients, too. And they set a bad example for other kids.” Tanya wants Dr. Chambers to discharge the family from his practice, but so far he has not done so.

Every medical practice should have a policy regarding unacceptable behaviors. One element that the policy should cover is waiting room safety. The policy should address employee and patient safety — from physical and verbal abuse to roughhousing behaviors.

In most cases, a simple sign reading, “Indoor voices and quiet play behavior is appreciated” will suffice. However, as in the example above, some parents may fail to address the disruptive tendencies of their children.

In such instances, staff will benefit from knowing scripted remarks to use with children and parents to curtail the children’s rowdy behavior. Scripted comments should focus on patient safety and not on embarrassing the parent or child. Staff can remind the children to use indoor voices and play quietly.

They might focus on an individual child — “Michael, I’ll bet you are the fastest boy in the schoolyard. The other kids probably want to follow your example and be able to run really fast. But here in Dr. Chambers’ office, I need for you to set an example of how children can play quietly and safely so that no one gets hurt.”

Inappropriate behavior should be addressed early. If a parent does not intervene at the first signs of rough play, the staff should step in. And, of course, corrected behavior should be commended — “Hey, Michael, thanks for your help today.”

Training and Discussion

Periodic office meetings should encourage discussion of any problematic office situations. Staffer members play a key role in identifying: (a) incorrect assumptions; (b) misunderstandings; (c) unrealistic expectations; (d) refusal to acknowledge boundaries; and (e) clinical nonadherence. Staff meetings are a good time to share these observations and agree on methods for addressing them.
As a group, it is easier to ensure consistency in the way that specific challenges are met. Also, office meetings offer an opportunity to practice challenging conversations — for example, asking Mrs. Rogers if she will encourage her children to have quiet time.

Training programs related to customer satisfaction and clinical standards are available from many medical societies and companies that provide customer service products and education. Healthcare providers also can contact their professional liability insurance companies for guidance on specific patient relationship challenges.

**Conclusion**

Working out appropriate ways to address office issues will build more effective relationships among staff members and providers, and staff will acquire a better comfort level in their interactions with patients and their families.

Further, developing preventive strategies to meet office challenges can help support patient safety, compliance, and satisfaction. A final benefit is that these skills also may help healthcare providers reduce liability risk.