What we need: A high-quality patient experience

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We diagnostic radiologists are medical doctors, but like everyone else, all of us are patients from time to time. And when we play the role of the patient, we may enter that diagnostic imaging department, hospital or doctor's office and sometimes—maybe even often—say to ourselves: "There must be a better way to do this!"

For many of us, being a patient in times like these can be confusing, aggravating and frustrating. Due to new challenges and higher volumes of people needing care, patients are being herded like cattle. Emergency departments are overtaxed, and urgent-care-center staff must increasingly line up gurneys in the hallways, as there are often no examination rooms or doctors available. Health insurance premiums are through the roof and health services are often difficult to obtain, with long waiting times for appointments. Patients have quite literally had to become *patient*. Physicians are being squeezed to the max, with both increasing time constraints and complex compliance regulations.

As experts in imaging, it is important for us to interpret images and perform procedures that diagnose and treat conditions. However, we also need to have an impact by helping to create a high-quality and positive environment for the patients entering our departments and offices.

Many in health care have discussed "patient experience" as a key performance indicator, but do our department staff have a handle on what factors actually comprise a *high-quality* patient experience? Here are my thoughts on some of the factors I think we need more—or less—of to help deliver a high-quality patient experience.

We need compassion

Patients usually arrive at the imaging department or doctor's office because they don't feel well. When an individual does not feel well, that person would generally like to be greeted by someone at reception who not only actively listens and demonstrates efficiency, but also possesses a healthy measure of compassion. Unfortunately, many patients complain that front desk personnel do not possess these qualities. All too often, front-desk staff appear curt and to lack empathy while they bombard patients with voluminous amounts of paperwork, often in triplicate. These approaches are often redundant—especially when staff have access to electronic records.

We need less ambiguity in practice

It is critical for our patients to have access to the most highly educated medical specialists available. This applies not only to radiology,

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but to all other medical specialties. In addition, the patient who has a scheduled appointment with her medical doctor should be allowed to see her *medical doctor*. Patients should not be on the receiving end of last-minute, bait-and-switch tactics of having a nurse practitioner perform their exams, unless they specifically requested it in advance. Many hospital systems now have nurse practitioners take patient histories or perform the histories and physical exams, and then report the results to the physician in the hallway, instead of having the physician do the work. This technique runs the risk of becoming a bad game of "telephone," where histories become separated from patient physical examinations. Disconnected care puts systems at risk for patient error. For example, consider the following scenario, where Jane the Patient arrives at the medical practice office expecting to see her personal physician, with whom she has scheduled an appointment. Instead, she is told she will be seeing a nurse practitioner.

Jane: "Oh, I thought I was going to see Dr. Jones today."

Receptionist: "No, you are seeing Nurse Practitioner Smith."

Unless Jane the Patient has specifically stated that she doesn't have a preference, this is now a situation where the patient is likely to feel confused and a level of mistrust is likely to be present. If so, the history given to this individual may not be as comprehensive as the one Jane would have given to her personal physician, in whom Jane has confided for many years. Potentially, this lack of information could lead to a faulty diagnosis. The doctor-patient relationship is a special one, and it should be honored in the same way that it was decades ago. If a patient prefers a nurse practitioner, that should be her own decision.

We need clarity in our communication

We need to ensure that our patients have a clear understanding of the procedures or interventions that will be performed. Helpful, informative instructions for patient preparation and aftercare should be clear, concise and understandable. Patients should be properly and adequately educated so they can understand what to expect at different stages of their care. There is no substitute for exceptional patient communication.

We need to listen to patients

Due to time constraints and a push for efficiency and throughput, there is a perception that patients are not being heard as well as they had been in the past. Taking all the time necessary to actually listen to patients will make a world of difference—for the better—to their experience, their well-being and their ability to heal. Remember, when taking a patient history, your eyes should be directed toward the patient, not just focused on the EMR screen.

At the end of the day, we are all facing new challenges and changes in how medicine is being practiced. But the more we are able to adhere to a model of excellence in patient care and in delivering a high-quality patient experience, the better off we all will be, both as doctors and as patients, now and into the future.