

Making the most of your 5 minutes with the patient

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Objectives

Providers will be able to achieve the following, while spending a comparatively short period of time with the patient

- Provide the best customer experience and a higher rate of recommendation to family and friends
- Connect with patients and family and higher willingness to return
- Implement antibiotic stewardship (none or minimal antibiotic overuse)
- Realize a higher number of patients/provider/hour and lower (LOS) length of stay

Making the most of your 5 minutes with the patient

Urgent Care provider...

- Spends about 5 minutes with the patient in urgent care
 - Minor injuries and illnesses
 - Excluding procedure
 - Excluding complicated patients
 - Accounts for about 75% of Urgent Care patients

Making the most of your 5 minutes with the patient

Expectation/Goals in those 5 minutes

- History (HPI, ROS, Past history, Social history, Medications, Allergies)
- Physical Exam and POC (point of care) testing
- Assessment and Treatment plan
- Discharge (home) instructions
- Evidence-based medical practice
- Antibiotic Stewardship
- Minimal possible length of stay (LOS)
- Best Customer experience
- Higher revisit rate/Higher rate of referral to friends and family
- **How to accomplish all that in 5 minutes?**

Making the most of your 5 minutes with the patient

Why did I pick this topic?

- Medical Director
- 16 clinics
- >180,000 annual visits
- 90+ providers
- Patient complaints

Patient complaints

Common complaints

Behavior:

- Provider was RUSHING
- Provider was not LISTENING, INTERRUPTING
- Provider was RUDE

Medical Care:

- No ANTIBIOTIC (Z-PACK)
- Wrong diagnosis/treatment plan
- Hand washing
- Inappropriate Emergency room transfer

Patient complaints

INVESTIGATION:

- Patient interviews/Patient expectations
- Provider interviews/frustrations
- Interviewing providers with no or minimal complaints
- Staff interview/input
- Chart reviews
- Pattern of complaints
- Observation in the exam room
- Customer experience score

Patient complaints



Mismatch provider/patient expectation

- Provider rushing to get patients in and out in timely fashion.
 - Patient upset that provider did not spend enough time/exam was not thorough.
- Provider interrupting to ask relevant questions.
 - Patient complaint that provider not listening
- Provider providing best evidence-based medical care
 - Patient asking for antibiotic prescription
- Provider not ordering test
 - Patient demanding tests
- Provider sent patient to ER for further testing/treatment plan
 - Patient complaint that ER sent patient home - waste of time

Goals

- Provider/patient interaction of 5 minutes or less
- No Rushing
- Listening to patients
- Be respectful of patients
- Antibiotic Stewardship
- Customer experience
- Shorter total LOS (length of stay)
- Higher likelihood of revisit
- Higher likelihood of referring to friends and family

ACTION PLAN

- Prior to going to the patient room
- First impression
- Introducing yourself
- Acknowledging family and friends
- First question to patient/history taking
- Patient's uninterrupted time
- Connecting with patient
- History and physical
- Assessment and treatment plan
- Discharge instructions
- Emergency room transfers
- Antibiotic stewardship

Action Plan

Prior to going to the patient room

- Know patient name
- Patient complaints
- Relevant Past hx.
- Allergies
- Medications
- Specific relevant comment by staff

Action Plan

First Impression

- Provider attire/dress code/white coat
- Knocking and opening the door gently (Don't open the door like Kramer from Seinfeld)
- Introducing yourself (shaking hand is optional)
- Acknowledging the family and making an appropriate ice-breaker remarks.
- Positive and caring body language
- Preconceived notion
- Patient anxious/worried/scared/judging provider/getting comfortable
- Time spent less than 10 seconds

Action plan

First question to the patient/History taking

- (Patient name) I understand you have (patient symptom), please tell me more about it.

GOAL ACCOMPLISHED

- Patient feels good that providers knows his/her name.
- Patient feels good that providers knows why he/she came to the UC
- Time saving
- Connecting with the patient
- Time spent less than 5 seconds

Action plan

Uninterrupted patient time

- 30 seconds or less uninterrupted time (no looking for stethoscope, otoscope etc.)
- Provider sitting down and listening
- Eye contact
- Caring gesture

GOAL ACCOMPLISHED:

- Pt. feels that he/she has been talking for long time
- Connecting
- Building trust
- Pt. getting comfortable

Follow up questions: usually 10-15 seconds

- Time spent 45 seconds



Action plan

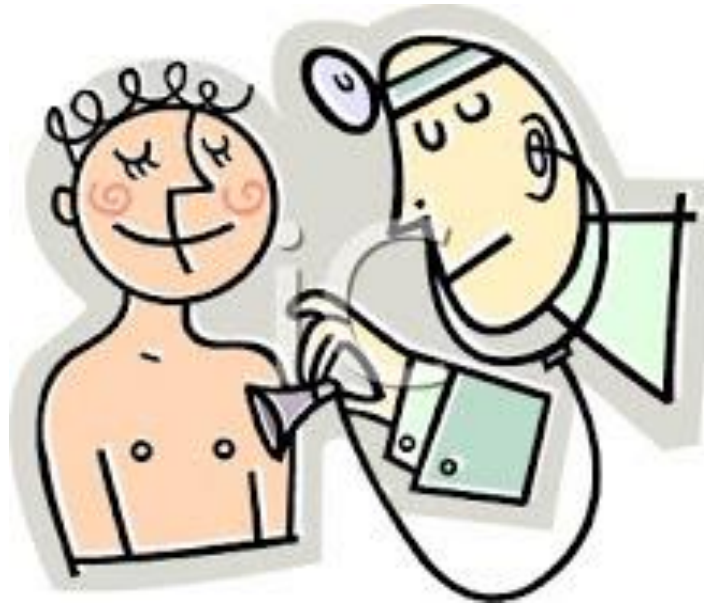
First Minute

- The most important minute
- If done right...
 - Pt. will feel confident about the provider
 - Builds trust
 - Lesser chance of questioning of medical care provided
 - Lesser chance of requesting inappropriate medication (antibiotic)
 - Higher revisit rate

Action plan

- **PHYSICAL EXAM:**

- Usually takes 30-60 seconds
- Hand washing in front of pt. prior to physical exam
- Examining relevant part of the body.
- Addressing abnormal vitals



Action plan

- Assessment & treatment plan

(Discharge instructions)

- Verbal vs written
- Instruction by provider vs nurse
- Must cover 5 components
 1. Diagnosis
 2. Treatment plan
 3. Follow up
 4. What if symptoms are getting worse
 5. Do you have any questions for me? (This is must)

Time spent 30-60 seconds

Action plan

ED TRANSFERS

- Limitation in the urgent care
- Must give pt. differential diagnosis
- Trying to rule out serious conditions
- Higher chances - will be sent home
- Positive spin



Antibiotic Stewardship

- URI SYMPTOMS
 - Patient's inappropriate antibiotic request
 - Patient is conditioned
 - Providers prescribed inappropriate antibiotics in the past
- Both providers and patients responsibility
- Providers bear the burden of correcting the confusion created
- Must provide symptomatic treatment for
cough, fever, pain, N/V
Symptomatic improvement next day



Z-PACK

THE MOST COMMON **ANTIVIRAL
ANTIBIOTIC** PRESCRIBED IN US

Antibiotic Stewardship

3 TIERED APPROACH

1. PLANTING THE SEED
2. IT IS ALL ABOUT YOU AND YOUR HEALTH
3. EDUCATION AND CONDITIONAL ANTIBIOTIC PRESCRIPTION

Antibiotic Stewardship

PLANTING THE SEED DURING PE

- Verbalizing the physical exam findings.
- Pointing out negative findings
- Pointing out viral vs bacterial
- Pointing out that antibiotic is needed if certain finding was present
- Repeat 3 or 4 statements in different forms which indirectly means antibiotic will not be needed.
- Use word ANTIBIOTIC only **once or none**

Antibiotic Stewardship

IT IS ALL ABOUT YOUR HEALTH

- Providers showing genuine concern about patient health.
- Earlier connection made helps patient to be more receptive.
- I have no problem prescribing Antibiotics.
- Antibiotics have side effects
- No charge follow up visits
- Symptomatic treatment

Antibiotic Stewardship

EDUCATION AND ANTIBIOTIC PRESCRIPTION

- CONTROVERSIAL
- USE RARELY FOR CHALLENGING PATIENTS
- PATIENT IS ADAMANT
- PATIENT BODY LANGUAGE - DON'T IGNORE IT
- EDUCATION-VERBAL/HAND OUTS
- CONDITIONAL ANTIBIOTIC
- SPELL OUT SYMPTOMS
- SYMPTOMATIC TREATMENT IS MUST

Making the most of your 5 minutes with the patient

TOP TAKEAWAYS

- FIRST MINUTE-MOST IMPORTANT MINUTE
- DON'T IGNORE FAMILY/FRIENDS
- USE CARING BODY LANGUAGE
- CONNECT WITH PATIENT
- HAND WASH IN FRONT OF PATIENT
- VERBALIZE PHYSICAL EXAM FINDINGS
- DON'T IGNORE PATIENT'S BODY LANGUAGE
- IT IS ALL ABOUT YOUR HEALTH
- LAST QUESTION TO THE PATIENT
(Do you have any questions for me?)

Any questions?

