



## **Advancing Risk Management: From “I’m Sorry,” to “You’re Welcome”**

By Brian S. Kern, Esq. (9/07)

Avoiding a medical malpractice lawsuit is no longer as simple as making an accurate diagnosis or perfecting a surgical procedure. Much has been written on ways to prevent a lawsuit after a poor outcome, particularly by being honest and apologizing for errors. But what if a practice was able to greatly reduce the probability of a claim before a patient ever sees a physician?

The notion of patient satisfaction is hardly new, but methods to achieve patient satisfaction may be surprising, if not controversial. Emerging theories propose a fundamental shift in risk management, from a model based primarily on results, to a broader model that also emphasizes process. In other words, the medical industry must become more sensitive to the service aspect of providing care, and risk management should be evolving from defensive medicine to “offensive medicine.”

A patient begins assessing her overall experience long before ever seeing her physician. First impressions are critical. That first impression may well occur well before the patient enters a medical office. When calling for an appointment, how many times did the telephone ring before it was answered? How difficult was it to get to the right person, after the phone was answered? Was the person friendly, helpful?

The next impression occurs as the patient enters the waiting room. Was the patient greeted promptly and was the greeting friendly? Was there a broad selection of up-to-date magazines, comfortable seating, perhaps cable TV? Was there coffee, water or tea available?

A critical component of practicing offensive medicine is ensuring that the front desk is properly trained to be courteous and respectful to patients. Whether it is on the telephone or in person, patients want to feel welcome when they visit or call their doctors. Patients are often on edge about the condition that prompted their office visit, yet before a physician begins to treat their problem, a staff member can be responsible for raising or lowering a patient’s anxiety. A simple gesture of welcoming a patient and giving him an honest estimate of how long it will be before he is seen can go a long way.

If a patient approaches a receptionist, even if the receptionist is on a call or dealing with another matter, make sure the receptionist looks up, acknowledges the patient’s presence

and, at a minimum, gestures that she will be with the patient as soon as possible. Standing on the other side of a glass partition, being intentionally ignored by a receptionist chatting on a telephone is a sure way to start things off on the wrong foot.

Keeping a timely schedule is certainly important, but if the doctor is delayed, make sure the receptionist explains why the delay is occurring, and gives a reasonable estimate of how long the delay will be. If possible, give the patient the alternative of rescheduling, with a sincere apology. Offering a cup of coffee or a soda, if the wait is excessive, can also help reduce irritation.

A lesson could be learned from extensive hotel studies on customer satisfaction. These studies show that if a guest is warmly received when arriving at the hotel, if the guest is put at ease and immediate problems are promptly addressed, and if the appearance of the hotel is welcoming, any problems that occur during the course of the stay are easily resolved. On the other hand, if the initial experience is bad, it is a constant uphill battle trying to overcome that initial negative experience, and often nothing can be done to fully satisfy the guest.

Another source of irritation is the forms patients are required to fill out. Try to reduce the overlap and streamline the forms. Otherwise, the impression is that the office has no concern for the patient's time, having the patient fill out the same information, over and over again.

Another idea is to use the intake form as a way to begin to know the patient better. Ask whether the patient has dietary, religious, or other lifestyle practices that may influence the manner in which they wish to receive care. Ask whether the patient is using complimentary medicines, herbs, vitamins, and how the patient believes these enhance his health.

An example of how this can help avoid a lawsuit is one pending New Jersey case where a female obstetrician was sued in large part for not explaining to her patient that she might not be available on delivery day. The physician was unaware that the patient had a religious objection to exposing herself to a male physician, which, of course, occurred when the covering male obstetrician arrived for the delivery.

As long as our tort system encourages patients with bad outcomes to seek compensation by suing medical providers, regardless of wrongdoing, physicians must have a heightened respect for the offensive medicine model. If a patient forms a lasting dislike for a medical practice, the likelihood of litigation increases dramatically. Alternatively, a patient who holds her personal physician and his practice in high regard is far less likely to bring suit, no matter the outcome.

By practicing offensive medicine, physicians can create an environment that lessens the likelihood of litigation, and a culture devoted to patient satisfaction, producing better experiences for all involved. A caring environment also promotes loyalty, so when

medical problems arise, the bond will only be tightened between a patient and her doctor, instead a patient and her lawyer.

This article was written by Brian Kern, and based primarily on the research and experience of Al Augustine and Steven Kern, principals of Kern Augustine Conroy & Schoppmann, PC, a law firm devoted exclusively to serving physicians.