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?