Perfecting the Outpatient Experience

Tactics for Meeting the Growing Consumer Mandate
Imaging Performance Partnership

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Available Within Your Imaging Performance Partnership Membership

Over the past several years, the Imaging Performance Partnership has developed numerous resources to assist program leaders in optimizing outpatient offerings. The most relevant resources are outlined on the right. All of these resources are available in unlimited quantities through the Imaging Performance Partnership membership.

Strategic and Operational Guidance for Optimizing Outpatient Imaging

Advancing Imaging Referral Strategy
Best Practices for Securing Physician Loyalty and Increasing Market Share
- Refining the Outreach Organization
- Using Analytics to Pinpoint Growth Opportunities
- Maximizing Visit Quality
- Incenting Peak Performance
- Leveraging Physician Assets
- Enhancing Service Delivery

Enhancing Outpatient Access
Increasing Share and Elevating Service Through Improved Customer Interactions
- Elevating scheduling services
- Streamlining order management
- Navigating precertification challenges
- Improving order management, call quality, and accessibility

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The Imaging Performance Partnership would like to express its deep gratitude to the individuals and organizations that shared their insights, analysis, and time with us. The research team would especially like to recognize the following individuals for being particularly generous with their time and expertise.

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<td>Sharp Healthcare</td>
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Executive Summary

Study Impetus

Patients are beginning to demonstrate consumer-like behavior, seeking price transparency and expecting high-levels of service in exchange for their health care dollars. Outpatient imaging in particular is primed to feel the effects of this trend. Procedures are non-urgent, allowing ample time to select from the multiple providers that operate in most markets. Significant price variation between programs also makes outpatient imaging susceptible to the pressures of consumerism.

For programs to retain volumes and sustain healthy growth, imaging leaders must elevate service to a level not currently reached by the majority of hospital-based programs. To assist members in perfecting their outpatient service offerings, the Imaging Performance Partnership has identified 22 tactics culled from interviews with some of the most successful imaging programs around the country, all aimed at satisfying growing patient consumerism and securing ongoing loyalty.

Removing Obstacles to Convenience

Rather than beginning with over-the-top service gestures, programs should start by simplifying the process of obtaining an imaging exam. The first section contains two tactics that will help programs master access and scheduling, as well as increase online service offerings to remove other barriers to patient convenience.

Deploying Service-Oriented Staff

Programs with the highest patient satisfaction levels have clear expectations as to how staff should interact with patients and are able to drive accountability for meeting these standards, not only equipping both clinical and front-office FTEs with the requisite tools and monitoring performance, but also ensuring that staff remain engaged in their work. The Partnership has uncovered several methods for retaining a patient-centered, engaged imaging workforce.

Ensuring a Positive Patient Experience

Many patients have concerns about imaging scans. Fear of radiation exposure, claustrophobia and the potential for life-changing test results can all negatively impact experience. The fourth section of this publication includes a look at the variety of approaches organizations have taken to lessen the trepidation that can plague a patient before, during and after a procedure.

Finally, not every encounter will be perfect; service breakdowns will occur on occasion and programs must be positioned to recover service. Providing opportunities to voice complaints and concerns as well as developing a process for rapid resolution will have a positive impact on patient satisfaction and will secure loyalty. Tactics in the final section assist programs in soliciting patient feedback and recovering service when mishaps do occur.
Essay
The Arrival of Health Care Consumerism
Arrival of the Long-Heralded Health Care Consumer

Health care consumerism is a trend that has been anticipated for some time, receiving varying levels of attention across the past 15 to 20 years. The topic has recently resurfaced, as observers have noted that patients seem to be exhibiting consumer-like behavior—shopping around for providers and expecting services to maximize the value of their health care dollar.

A number of market forces have contributed to this trend. Heightened cost-shifting has made patients increasingly price-sensitive. This has led many to shop for health care services, assisted by payers who continue to steer patients toward lower cost providers.

Social media is also playing a role in the shift to consumerism. Patients frequently post online about their experiences, sharing both good and bad with millions of others. Satisfaction is also now one factor used by government payers to determine payment. Finally, patient choice of provider is staunchly protected under accountable care, all underscoring the importance of the patient experience.

Five Forces Ushering in Era of Elevated Service Levels

1. **Increased Cost-Shifting**
   - Patients directly responsible for growing portion of health care costs

2. **Continued Payer Steerage**
   - Private payers proactively steering patients to lower-cost imaging centers

3. **Proliferation of Social Media**
   - Patients sharing experiences, posting provider reviews online

4. **Evolution of Patient Satisfaction Scores**
   - Patient experience metrics tied to reimbursement, included in value-based purchasing

5. **Protection of Patient Choice Under Accountable Care**
   - Patients able to receive care from providers outside ACO¹

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¹) Accountable Care Organization.

Patients Shouldering a Greater Share

Of all the forces driving consumerism, cost-shifting is arguably the strongest. Patients are now responsible for a larger portion of their health costs than they have been in years past. The percentage of Americans with high-deductible health care plans tripled from 2006 to 2010, with 30% of American workers now responsible for at least the first $1,000 of costs (and up to almost $6,000 for self and family coverage).

Patients’ share of premiums have also increased. In 2011, the average amount paid by employees toward annual premiums was $2,084 – up almost seven percent from just a year prior.

Adding this cost-shifting to the 50 million Americans that are uninsured, it is clear that patients have a strong interest in seeking care from the provider offering the greatest value.

Data Shows Prevalence of Cost-Shifting

Increase in High-Deductible Health Insurance

Percentage of American Workers with High-Deductible Plan¹

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>2006</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>30%</td>
</tr>
</tbody>
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Employee Contribution to Premiums

Average Amount Paid

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2010</td>
<td>$1,952</td>
</tr>
<tr>
<td>2011</td>
<td>$2,084</td>
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</tbody>
</table>

6.7% increase over one year

1) Defined as deductible greater than $1,000.

Source: “As Premiums Rise, Are Even the Insured Scrimping by Skipping on Doctor's Visits?” American Medical News, October 10, 2011; Imaging Performance Partnership research and analysis.
Outpatient Imaging Prime for Consumerism

Outpatient imaging in particular is suited to feel the effects of this price-sensitivity. Imaging procedures are non-urgent, allowing ample time to pick and choose among providers. Significant price variation between programs also rewards active consumers.

The market has responded to the desire for price transparency, offering services that assist patients in shopping for providers. Several price comparison companies have emerged, all allowing patients to search online by procedure, generating a list of providers and associated prices.

As these companies grow in revenues and sophistication, the process of shopping for reasonably priced providers will become easier, furthering the trend toward patient consumerism.

And the Market Is Happy to Respond to Demand

**Consumer-Friendly Characteristics of Outpatient Imaging**

1. Typically non-emergent
2. Multiple providers in most markets
3. Significant price variation

**Price Comparison Services**

- Castlight Health
- Healthcare Blue Book
- Compass
- New Choice Health

Source: Imaging Performance Partnership research and analysis.
From Steerage to Incentives

Payers have long been aware of the huge price differential between imaging programs, and have recently intensified efforts to steer patients toward lower-cost imaging providers. Partnership research suggests that payer steerage continues apace, both strengthening in markets where programs already exist and expanding to new areas of the country.

However, payer efforts don’t end with steerage alone. Some insurers have begun to offer cash incentives to patients, typically ranging from $50-$200, when they select lower-cost providers for particular services.

<table>
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<tr>
<th>Comparison of Programs</th>
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<tr>
<td><strong>Insurer</strong></td>
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<td><strong>Differentiating Features</strong></td>
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<tr>
<td><strong>Incentives</strong></td>
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<tr>
<td><strong>Geographic Spread</strong></td>
</tr>
</tbody>
</table>

Affiliation Offers No Protection

In more and more markets, payer steerage is disrupting long-standing referral streams. Primrose University Medical Center, a pseudonym, experienced first-hand the ability of insurers to disrupt long-standing relationships. Employees of Primrose University, closely affiliated with Primrose Medical Center, are covered by Blue Cross Blue Shield, which contractually forbids beneficiaries from receiving imaging exams at the high-priced medical center. Instead, patients are directed to lower cost imaging centers in the area. Though the Primrose case study is extreme, it serves as an example of how effective steerage based solely on price can be, even interfering with long-standing institutional affiliations.

Case in Brief: Primrose University Medical Center
- Academic medical center located in the South
- Employees of affiliated university insured by BCBS
- Effective January 1, 2012, BCBS contract does not cover imaging procedures performed at Primrose
- Employees must receive imaging from lower cost sites within market

Source: Imaging Performance Partnership research and analysis.
Responding to Consumerism by Increasing Value

Hospital-based imaging programs acknowledge that higher prices often place them at a disadvantage compared with IDTF\(^1\) competitors. In response, many hospital programs have made concerted efforts to increase the level of service delivered to patients, working to maximize the value of care delivered. They realize that being higher-priced than independent centers means the service bar must be raised to provide greater value to patients. Partnership research has uncovered a range of service enhancements currently being deployed.

These examples demonstrate how imaging programs are responding to the popular expectation of greater value.

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1) Independent diagnostic testing facility.
Priorities Indicate Importance of Patient Experience

The uptick in the number of program enhancements shows that leaders understand the need to increase service levels. These anecdotes are supported by data from the Partnership’s annual topic poll. Maximizing patient satisfaction is the second highest-ranking topic, while other items relating to the patient experience also scored well.

However, responses also indicate that service enhancements and efforts to increase patient satisfaction must be pursued economically. Programs face tight margins: “maximizing revenue capture” and “adapting to payment reductions” score in the top three topics of interest to imaging leaders, reflecting the need for fiscal austerity. As a result, patient service enhancements must be low cost. Given these cost considerations, the majority of the tactics contained in this publication are all aimed at improving the patient experience at minimal to moderate expense.

Providing Excellent Service Despite Financial Pressures

Top Ten Highest-Rated Topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>GPA</th>
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<tbody>
<tr>
<td>Maximizing Revenue Capture</td>
<td>3.68</td>
</tr>
<tr>
<td>Maximizing Patient Satisfaction</td>
<td>3.60</td>
</tr>
<tr>
<td>Adapting to Payment Reductions</td>
<td>3.60</td>
</tr>
<tr>
<td>Enhancing Radiologist and Hospital Alignment</td>
<td>3.43</td>
</tr>
<tr>
<td>Achieving Best-in-Class Outpatient Performance</td>
<td>3.38</td>
</tr>
<tr>
<td>Capital Planning Amid Budget Constraints</td>
<td>3.33</td>
</tr>
<tr>
<td>Contracting and Pricing Strategy for Commercial Payers</td>
<td>3.30</td>
</tr>
<tr>
<td>Providing a Consistent Patient Experience</td>
<td>3.30</td>
</tr>
<tr>
<td>Scheduling Patients Efficiently</td>
<td>3.30</td>
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</tbody>
</table>

1) GPA calculated out of 4.00: “A” weighted as 4.00, “B” weighted as 3.00, “C” weighted as 2.00, “F” weighted as 0.00.

Deliver Service as if Everyone Is Watching

The proliferation of social media now allows the instantaneous exchange of information between millions of people. Any positive experience, and every mistake, can become public knowledge quickly, affecting programs’ online reputations.

Survey data underscore the spread of this trend: a quarter of adults are using social media to post about their health care experience, while almost half, 42%, access these reviews. These numbers show the importance of ensuring that every patient interaction is a positive one.

Social Media Allows Patients to Share Experiences with Other Consumers

Selection of Online Provider Reviews

The Good…
“I am truly grateful to [the caregivers] for their professionalism and positivity towards my recovery. [Organization] staff really work hard towards calming your nerves while you get well.”

…The Bad…
“So far, not so good. Working relations between the doctors and the nurses seem highly dysfunctional here.”

…And the Downright Ugly
“I would not recommend this hospital to my worst enemy…”

Accessing Health Reviews
Percentage of US Adults

Posting Online About Health Experience
Percentage of US Adults

Beyond reputation, patient perception of their experience with particular providers will be tied to reimbursement beginning in October. While CMS started administering the Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) in 2006, the metrics will be among the measures included in Value-Based Purchasing—tying patient satisfaction directly to payment.

The 27 question survey is submitted to patients after discharge, and asks about their experience: how responsive was the staff? Would the patient recommend the hospital?

While these categories are focused on the inpatient experience, ambulatory experiences are likely to follow. Moreover, it is also likely that commercial insurers will follow CMS’s lead, introducing comparable pay-for-performance initiatives that encompass patient satisfaction. Programs that focus now on improving the outpatient experience will be well-prepared when reimbursement hinges on performance.

HCAHPS Metrics Incorporated Into Value-Based Purchasing

<table>
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<th>Evolution of HCAHPS¹</th>
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<tr>
<td>October 2006</td>
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<tr>
<td>CMS² administers first HCAHPS survey</td>
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<tr>
<td>October 2012</td>
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<tr>
<td>HCAHPS metrics among measures to be included in calculation of Value-Based Purchasing payments</td>
</tr>
<tr>
<td>July 2007</td>
</tr>
<tr>
<td>Hospitals required to submit HCAHPS data to be eligible for IPPS payment update</td>
</tr>
</tbody>
</table>

HCAHPS in Brief

- Developed by CMS in conjunction with AHRQ³
- 27-question survey submitted to patients following hospital discharge
- Administered to random sample of patients from 48 hours to six weeks post discharge
- Survey answers combined into composites and posted on Hospital Compare website

Critical to Avoid Leakage Under Accountable Care

Finally, patient experience becomes even more important within an accountable care organization, or ACO. Many of these models of care delivery are not the traditional, restrictive HMOs of the past that limited choice of provider. In fact, Medicare’s Shared Savings Program, currently spreading rapidly across the country, allows individuals to choose their providers, placing the attributed ACO at financial risk for any services provided out of network. By providing strong service, imaging programs can reduce the chance that patients will receive care out of network.

Preventing out of Network Utilization

Imaging programs must appeal to patients to avoid defection to other programs for imaging tests when required.

ACO¹

Outside Imaging Provider

Patient Choice Protected

“We believe that in order to be truly patient-centered, an ACO must … avoid engaging in activities that may prevent its assigned beneficiaries from taking advantage of the full range of benefits to which they are entitled under the Medicare FFS program, including the right to choose between healthcare providers and care settings.”

Medicare Shared Savings Program: Final Rule

¹) Accountable Care Organization.

Source: Medicare Shared Savings Program: Final Rule, Centers for Medicare and Medicaid Services, October 2011; Imaging Performance Partnership research and analysis.
Perfecting the Outpatient Experience

This publication contains 22 tactics that when implemented, will elevate every patient interaction to meet the growing consumer mandate. The first set of tactics focuses on patient convenience, simplifying transactions with patients to make exams as simple and convenient as possible.

The next two sections are designed to foster a service ethic among staff. As imaging program representatives, employees should interact with patients in a caring, empathetic manner. To ensure this behavior, imaging leaders should take steps to engage staff in their work—the highest levels of patient satisfaction won’t be reached without highly motivated and committed staff.

The last set of tactics focus directly on the patient. Imaging exams may be anxiety-inducing, and programs must be positioned to allay specific patient fears. Finally, service breakdowns will occur occasionally, and programs should have a recovery system in place to secure patient loyalty.

### Tactics for Meeting the Growing Consumer Mandate

#### I. Removing Obstacles to Convenience
- **Simplifying Patient Transactions**
  1. Baseline Access Metrics
  2. Online Patient Services

- **Maximizing Staff Professionalism**
  3. Peer-to-Peer Hiring
  4. Patient-Centric Language
  5. Comprehensive Service Coaches
  6. Radiologist Service Training
  7. Scheduled Service Audits
  8. Service-Based Incentives

- **Ensuring Staff Engagement**
  9. Technologist Career Pathing
  10. Hardwired Staff Recognition
  11. Staff Feedback Loop

#### II. Deploying Service-Oriented Staff

#### III. Ensuring a Positive Patient Experience

#### IV. Elevating Patient Comfort
- 12. Interdisciplinary Care Council
- 13. Radiation Dose Hotline
- 14. Pediatric Care Standards
- 15. Expedited Results Protocols
- 16. Mandated Radiologist Touch
- 17. Women’s Imaging Sessions
- 18. Imaging Patient Navigators

#### V. Creating Loyal Customers
- 19. Pathway Feedback Cards
- 20. Empathetic Recovery Language
- 21. Systemic Complaint Resolution
- 22. Electronic Response Devices
I. Simplifying Patient Transactions

- Tactic #1: Baseline Access Metrics
- Tactic #2: Online Patient Services
Going Above and Beyond for Customers

Service efforts begin by simplifying the process of obtaining an imaging exam. Maximizing patient convenience should be prioritized over dramatic service gestures that will be futile if basics such as access and scheduling aren’t mastered. This contention is somewhat antithetical to conventional wisdom. The term “WOW moment”—occasions when organizations delight their customers through exceptional service—has gained traction in the business press, and serves as the foundation of customer service philosophies for many companies.

Zappos, an online shoe retailer, is one example. Placing a premium on differentiating their service, the company cornered the market and was acquired by Amazon in 2009. Particular emphasis is placed on WOW moments, which can include surprise free overnight shipping, as a way to differentiate their offerings and driver consumer loyalty.

Zappos.com Case Illustrates Conventional Wisdom on WOW Moments

Three Service Elements

1. Shipping
   - Free both ways, with surprise overnight shipping for most customers

2. Returns
   - 365-day return policy

3. Phone Support
   - Toll-free service number, available 24/7

#1 Core Value

“To WOW, you must differentiate yourself, which means doing something a little unconventional and innovative. You must do something that’s above and beyond what’s expected…We are not an average company, our service is not average, and we don’t want our people to be average. We expect every employee to deliver WOW.”

Zappos.com

Case in Brief: Zappos.com Inc.

- Online shoe retailer founded in 1999, acquired by Amazon in 2009
- Dedications resources to service over marketing efforts, offering elements such as surprise overnight shipping
- Established reputation as company prioritizing WOW moments and service delivery above all else

First Do No Harm

Yet maximizing the number of dramatic service gestures may not be the best use of limited resources, especially in a clinical environment. Results from a study that interviewed 75,000 consumers found that loyalty—defined as repurchasing from the company—is determined by the customer effort score. A number from 1 to 5, the score reflects the amount of effort a consumer has to put forth during an interaction with a company. A low effort, a score of 1 to 2, was found to be a strong predictor of loyalty.

These results do not mean that WOW moments have no impact on loyalty, but rather that these efforts might be wasted if customer convenience isn’t addressed first.

Study Shows Simply Reducing Effort Strongest Loyalty Driver

The Customer Effort Score

- Score assigned according to level of effort exerted by patient when doing business with particular company
- Used to predict loyalty, defined as customer’s intention to keep doing business with company, increase amount spent, or spread positive (not negative) word of mouth

Study in Brief

- 75,000 consumers interviewed over three-year period about interactions in non face-to-face channels (live phone calls, web, chat, email) with companies from variety of industries
- Controlling for variables such as type of service issue, who handled complaint, company size, customer personality type, isolated elements of interaction that drove customer loyalty
- Customer effort score (CES) strongest predictor of loyalty over customer satisfaction, net promoter score
- CES measured by asking: “How much effort did you personally have to put forth to handle your request.”
- 94% of customers with low CES scores expressed intent to repurchase from company; 88% said they would increase spending

Defining Consumer Loyalty in Imaging

The definition of loyalty in imaging has a slightly different meaning compared with other industries. With the exception of certain populations—patients undergoing mammography, for example—most patients will not continue to “repurchase” scans on a regular basis because it was simple to do so in the first place. However, if the patient was inconvenienced during his or her experience scheduling and obtaining an exam, they will not return to that imaging program if care requires it in the future, nor will they recommend the program to friends and family.

Perhaps more importantly, loyalty in imaging is inflected by the referring physician. This cohort will continue to refer to imaging programs that simplify scheduling and access for patients, but may quickly redirect referrals after sufficient patient complaints.

Patients and physicians must be viewed as two interconnected constituencies; if one is disappointed, the other will be as well.

Two Key Objectives

Types of Loyalty

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<th>Patient Preference</th>
<th>Continued Referrals</th>
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<tbody>
<tr>
<td>Patients select your program and return to your center if required</td>
<td>Referring physician continues to refer patients to imaging program</td>
</tr>
</tbody>
</table>
Tactic #1: Baseline Access Metrics

Mastering the Basics

Removing obstacles to convenience is so foundational to the patient experience that it serves as the first tactic in this publication. Scheduling and access must be mastered before moving on to more advanced patient offerings. A previous Partnership publication, *Enhancing Outpatient Access*, provides imaging programs with tactics aimed at elevating scheduling and order management, and successfully navigating the challenges of preauthorization.

To guide programs in assessing their performance, the Partnership has developed benchmarks based upon operations of progressive organizations in these areas. If performance lags well behind on any of these metrics, imaging programs should consider revisiting access and scheduling procedures to increase efficiency and the ease with which patients are able to obtain an exam.

Programs Must Reach Baseline Performance in Key Areas

*Enhancing Outpatient Access:*
*Increasing Share and Elevating Service Through Improved Customer Interaction*

I. Elevating scheduling services
II. Streamlining order management
III. Navigating preauthorization challenges
IV. Improving order management, call quality, and accessibility

**Baseline Performance Metrics**

<table>
<thead>
<tr>
<th>Description</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seconds before call answered</td>
<td>&lt; 20 seconds</td>
</tr>
<tr>
<td>Seconds caller on hold</td>
<td>&lt; 20 seconds</td>
</tr>
<tr>
<td>Call abandonment rate</td>
<td>1%</td>
</tr>
<tr>
<td>Time to third available appointment</td>
<td>2 days</td>
</tr>
</tbody>
</table>

Tactic #2: Online Patient Services

Preference for Self-Service

Another aspect of convenience is to allow self-service for patients who prefer it—creating opportunities via the internet—the second tactic of this publication. Data show that 80% of patients are more likely to select a provider with online services over one whose website doesn’t offer those capabilities.

Specific services preferred by patients include appointment pre-registration and the ability to access both pre-procedure instructions and information about financial responsibility. These functionalities benefit both patient and imaging staff. When these services are made available online, employees field fewer phone calls and questions about payment obligations and expectations for patients pre-procedure, allowing them to concentrate on other aspects of their roles.

Patients Likely to Choose Health Care Providers with Online Capabilities

<table>
<thead>
<tr>
<th>Likelihood of Selecting Provider with Online Services* Over One Without</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of Patients</strong></td>
</tr>
<tr>
<td>More Likely</td>
</tr>
<tr>
<td>Pre-register for Appointments</td>
</tr>
<tr>
<td>Obtain Pre-appointment Instructions</td>
</tr>
<tr>
<td>View Payment History, Settle Outstanding Balances</td>
</tr>
<tr>
<td>Less Likely</td>
</tr>
<tr>
<td>Pre-register for Appointments</td>
</tr>
</tbody>
</table>

Services Patients Would Prefer to Be Online

- Pre-register for Appointments: 64%
- Obtain Pre-appointment Instructions: 58%
- View Payment History, Settle Outstanding Balances: 51%

Benefits to Efficiency

- Patients able to access, download pre-registration forms prior to visit, decreasing lag time between arrival to appointment and scan
- Online bill-pay removes need to follow-up with patient via phone/mail for payment

Imaging Online Service Offerings

The next several pages contain data assessing both past and current online service offerings of imaging programs. In 2008, the Partnership conducted an audit of 100 member websites and tabulated the percentage that offered each of the services listed on the bar graph axis. Though most programs had websites, they were frequently missing key functionalities.

To gauge performance since 2008, the Partnership re-conducted the audit, calculating the percentage of programs whose websites offered the services originally identified. While notable progress has been made—100% of programs have imaging websites that list services and contact information—many programs continue to lag.

Only 76% are providing directions to the imaging center; those programs not providing this information are missing the opportunity to remove a barrier to convenience. Further, less than half of programs provide prep information online, a service that would benefit both patients and staff.

Longitudinal Comparison Shows Some Notable Improvement

Percentage of Imaging Programs Offering Service
Random Sample of IPP Member Websites, 2008 and 2012

<table>
<thead>
<tr>
<th>Service</th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Radiology Website</td>
<td>82%</td>
<td>100%</td>
</tr>
<tr>
<td>Lists Services Offered</td>
<td>82%</td>
<td>100%</td>
</tr>
<tr>
<td>Contains Contact Information</td>
<td>72%</td>
<td>76%</td>
</tr>
<tr>
<td>Gives Directions to Radiology</td>
<td>46%</td>
<td>42%</td>
</tr>
<tr>
<td>Provides Patient Prep Information</td>
<td>30%</td>
<td>9%</td>
</tr>
<tr>
<td>Processes Online Appointment Requests</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

1) n=100 (2008) and n=30 (2012).

Source: Imaging Performance Partnership research and analysis.
Hospital Offerings Lag Behind Independent Centers

As part of this analysis, the Partnership also audited the websites of a number of IDTFs1. While performance between hospital-based programs and independent centers are comparable on basic offerings, hospitals lag by a wide margin on more advanced services.

Ninety-three percent of IDTFs provide patient information online, compared with only 30% of hospital imaging programs. While slightly less than half of independent centers allow online scheduling, only 17% of hospitals provide this service.

The chart provides further comparison on more advanced offerings. Online bill pay, a service 51% of patients prefer to conduct online, is facilitated by 60% of independents, and less than a quarter of hospital programs.

The data show that the IDTF cohort, already lower-priced, is also making it easier for patients to obtain an imaging exam—an appealing combination for the price sensitive consumer-patient.

---

1) Independent diagnostic testing facilities.
2) n=30.

Source: Imaging Performance Partnership research and analysis.

---

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospitals</th>
<th>IDTFs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Bill-Pay</td>
<td>23%</td>
<td>60%</td>
</tr>
<tr>
<td>Patient Feedback Forum</td>
<td>10%</td>
<td>83%</td>
</tr>
<tr>
<td>Information About Radiologists</td>
<td>33%</td>
<td>90%</td>
</tr>
<tr>
<td>Patient Education, News</td>
<td>43%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership research and analysis.
Allowing Patients to Self-Schedule

There are some hospital-based programs which have advanced past the general population and are offering extensive online services. Memorial Hermann, based in Houston, allows patients to self-schedule online. The website lists available appointment slots by modality at all of the system’s imaging sites. Patients click on the one most convenient, complete a scheduling form with key details and the visit is confirmed, with patients expected to fax or email the physician order prior to the exam.

Online scheduling, and the convenience it offers to patients, must also be balanced with the challenges of securing pre-authorization from payers in time for an appointment. A handful of other programs are beginning to offer scheduling in a similar manner, and have reported that prohibiting patients from scheduling appointments less than 36 to 48 hours in advance, allows ample time to secure the pre-authorization, avoiding the risk of lost revenue.

Case in Brief: Memorial Hermann
- 12-hospital system based in Houston, Texas
- Offers online appointment times by scan type and location, allowing patients to request most convenient appointments
- Patient clicks on requested time, completes scheduling form and visit is confirmed
- Patient expected to fax or email physician order for scan before appointment

Easing Referral Transmissions

Another barrier of convenience for patients is the transmission of physician referrals. This process can be problematic whether the appointment is scheduled online or via phone.

Baptist Health South Florida, based in Coral Gables, is using smartphone technology to smooth the process. Patients are invited to take a picture of the referral with their phone and email it to the program. Once received by the scheduling department, staff call the patient, gather necessary information and schedule the exam.

Patients Encouraged to Use Smartphones to Send Physician Orders

Patient-Friendly Scheduling at Baptist Health

1. Picture Snapped
   Patients use phone to take photo of physician referral

2. Email Sent
   Picture of referral transmitted to imaging via email

3. Scan Scheduled
   Scheduling staff calls patient, schedules exam

Case in Brief: Baptist Health South Florida

- Seven-hospital system based in Coral Gables, Florida, with over two dozen outpatient facilities overseen by Baptist Outpatient Services
- Allows patients to take pictures of physician order and email it to imaging; once received, staff call patient to schedule appointment
- Patients also able to request appointment online or by phone

Source: http://www.baptisthealthbroward.com; Imaging Performance Partnership research and analysis.
Providing Patients Digital Access to Imaging

The tactics in this section have focused on leveraging online services to simplify patient transactions. Combining the components of each reveals a perfected pre-appointment process. While the majority of programs have not reached this stage, it is worthwhile to articulate a scenario that will be commonplace in the not-too-distant future.

To begin, a patient receives a referral along with a list of local providers. The patient searches for the suggested imaging programs online, ultimately opting for a provider whose website offers comprehensive information, then schedules and completes pre-registration online. The day before the exam the patient easily downloads instructions and arrives at the appointment fully prepared.

The scenario, though not yet currently in practice, illustrates how programs can remove obstacles to convenience and become the imaging provider of choice.

Source: Imaging Performance Partnership research and analysis.
Simplifying Patient Transactions

Four key takeaways summarize section one, highlighting the most important insights for imaging leaders seeking to simplify patient transactions.

First, patients prefer interactions to be simple. While dramatic gestures may be used to great effect in some scenarios, convenience will ultimately drive loyalty. This can be achieved by meeting baseline access and scheduling metrics.

From there, enhancing online offerings, allowing patients to self-schedule, and transmit referrals easily, will simplify the process of obtaining an imaging exam. Focusing on website services is also necessary to effectively compete with IDTFs, whose lower costs and emphasis on patient service make them an appealing option in today’s consumer-driven market.

Key Takeaways for Imaging Leaders

- **Patients value convenience above all else.** Though conventional wisdom says that service providers must regularly offer WOW moments to distinguish their service from competitors, decreasing the amount of effort consumers must put forth is the key to driving loyalty.

- **Imaging programs should ensure basic components of service – ease of access and scheduling – are in order before focusing on more advanced offerings.** Convenience in outpatient imaging is categorized by how quickly and effortlessly a patient is able to schedule a procedure. Previous Partnership research has highlighted benchmarks that programs should meet or exceed; doing so indicates that performance on patient access is where it should be.

- **Patients prefer to complete as many non procedure-related activities as possible online.** Data show that patients would like to schedule, pre-register and even pay bills online. Adding such services to imaging programs’ websites will not only increase patient satisfaction, but also drives operational throughput and efficiency by automating certain duties normally performed by staff.

- **Hospital online services lag beyond those offered by IDTFs.** Despite clear patient preference, hospital websites are not as comprehensive with regard to service offerings as their free-standing counterparts. To remain viable competitors, hospital-based imaging programs must broaden the functionality of their websites.

Source: Imaging Performance Partnership research and analysis.
II. Maximizing Staff Professionalism

- Tactic #3: Peer-to-Peer Hiring
- Tactic #4: Patient-Centric Language
- Tactic #5: Comprehensive Service Coaches
- Tactic #6: Radiologist Service Training
- Tactic #7: Scheduled Service Audits
- Tactic #8: Service-Based Incentives
Ensuring a Service-Focused Staff

After removing obstacles to convenience, imaging leaders should turn to frontline program staff. As the employees who interact directly with patients, staff shoulder much of the responsibility for ensuring each patient has a positive experience with the imaging program. The second section of this publication includes tactics to assist organizations with hiring, training and assessing the performance of imaging employees.

Partnership research has identified four key characteristics that patient-centered staff possess. Each of these attributes are mapped to the six tactics contained within this section. By mastering these tactics, imaging leaders can ensure employees have the attributes necessary to provide patients a superior experience.

<table>
<thead>
<tr>
<th>Staff should be...</th>
<th>In order to...</th>
<th>Corresponding Tactic(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Customer-focused, team-oriented</td>
<td>Ensure staff have strong patient service ethic</td>
<td>Tactic #3: Peer-to-Peer Hiring</td>
</tr>
<tr>
<td>2 Personable, knowledgeable, and supportive</td>
<td>Put patients at ease, establish personal connection</td>
<td>Tactic #4: Patient-Centric Language</td>
</tr>
</tbody>
</table>
| 3 Adaptable | Customize responses, fix problems as they arise | Tactic #5: Comprehensive Service Coaches  
Tactic #6: Radiologist Service Training |
| 4 Consistent | Ensure positive experience for all patients | Tactic #7: Scheduled Service Audits  
Tactic #8: Service-Based Incentives |

Source: Imaging Performance Partnership research and analysis.
Tactic #3: Peer-to-Peer Hiring

Current Staff Weigh in on Hiring Decisions

As a first step, imaging leaders must hire staff who prioritize patient service.

Baptist Health South Florida has made service-oriented hiring a priority, placing significant effort on gauging the cultural fit of all potential applicants. To do this effectively, the system includes current employees in the interview process. Candidates are screened by HR initially, but are then asked questions by a panel of current program staff with strong service orientations.

Baptist feels that no one is better suited to assess candidates’ potential fit than current employees who already embrace the patient-centric culture of the organization.

Employees Participate in Interviews to Assess Fit

Three-Step Hiring Process

1. Human Resources screening
2. Panel of direct coworkers
3. Multi-disciplinary panel, incorporating ancillaries

Areas of Focus

- Teamwork, customer service, and critical thinking
- Chemistry with potential hire

Engaged, Committed Staff

- Goal is to have employees feel comfortable and personally engaged
- Coworkers should “feel like family”

Case in Brief: Baptist Health South Florida

- Seven-hospital system based in Coral Gables, Florida, with over two dozen outpatient facilities overseen by Baptist Outpatient Services
- Instituted peer-to-peer hiring for imaging employees
- Question bank guides conversation with explicit questions about service ethic
- Staff feel engaged in process, work well together as a result

Source: Baptist Health South Florida, Coral Gables, FL; Imaging Performance Partnership interviews and analysis.
Tactic #4: Patient-Centric Language

The Power of Language

Once the right staff are in place, programs should provide employees with tools to guide patient interactions. Language and communication have a significant impact on overall experience, yet Partnership research has found that the average program does not give staff appropriate direction, typically falling short in one of two ways.

Some require employees to use rigid scripts, making encounters seem staged or forced. Others offer no guidance at all, resulting in highly variable service levels.

The fourth tactic, patient-centric language, balances these approaches, facilitating authentic conversation while allowing staff the autonomy and flexibility to respond to unique encounters as they arise.

Three Components to Mastering Patient Interactions

<table>
<thead>
<tr>
<th>Challenges with Patient Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status Quo</td>
</tr>
<tr>
<td>• No guidance given for conducting patient interactions</td>
</tr>
<tr>
<td>• Language is insufficient or inappropriate, not customer service-focused</td>
</tr>
<tr>
<td>• Scripting is too rigid, does not allow for flexibility</td>
</tr>
<tr>
<td>• Staff come across as inauthentic</td>
</tr>
<tr>
<td>• Staff use scripts haphazardly</td>
</tr>
<tr>
<td>• Only some FTEs equipped with guidance</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership interviews and analysis.
Adapting a Well-Known Model to Imaging

One effective language guide for patient interactions is an acronym in use at many health care organizations. AIDET, developed by the Studer Group, has emerged as a useful tool in staff-patient communications.

Each letter of the acronym represents one element of an effective patient encounter. Flickerman Health System, a pseudonym, has adapted it specifically for imaging employees. Beginning with A, acknowledge, techs are expected to greet the patient in the waiting room, and then escort them back for their exam. The next step, introduce, has the tech provide their name and background to the patient as they walk toward the changing room. D, describe and E, explain, both require the tech to talk through the procedure before and during the scan. Finally, every encounter should end by thanking the patient.

This has proven effective for Flickerman, who claims the acronym benefits both staff and patients.

Studer’s AIDET Used by Techs During Patient Interactions

Language for Staff-Patient Interaction at Flickerman¹

<table>
<thead>
<tr>
<th>A</th>
<th>I</th>
<th>D</th>
<th>E</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledge</td>
<td>Introduce</td>
<td>Describe</td>
<td>Explain</td>
<td>Thank</td>
</tr>
<tr>
<td>Tech greets patient by name, asks permission to escort to changing room</td>
<td>Shares their name and history of clinical work at Flickerman</td>
<td>Explains exam and any necessary steps leading up to it</td>
<td>During exam, explains what is happening in real time as it occurs</td>
<td>Thanks the patient for coming to Flickerman for their scan</td>
</tr>
</tbody>
</table>

Case in Brief: Flickerman Health System

- Multi-hospital system based in the Midwest
- Using Studer Group’s AIDET for imaging scenarios
- All techs expected to use AIDET in every patient interaction

Facilitating a Connection

“We feel AIDET provides a tool for effectively establishing a rapport between staff and patients. This results in the patient being much more at ease, which leads to a positive experience for both parties.”

Regional Imaging Director
Flickerman Health System

¹) Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.
Deploying Full-Time Service Coaches

While appropriate language is vital to the patient experience, some imaging programs have gone beyond this type of guidance alone, providing more extensive service training to staff.

Baptist Health South Florida has made a significant investment in service training, hiring dedicated coaches to assist employees in customer service efforts. The five coaches are each assigned to outpatient imaging sites, attending monthly staff meetings and integrating themselves with program employees. The bulk of the coaches’ role includes leading role-playing activities and observing real-time patient encounters, providing feedback to help staff improve.

Health system employs five service coaches with backgrounds in patient service or customer care out-of-industry

Each outpatient site has assigned service coach

Coaches attend monthly staff meetings at assigned outpatient imaging centers

Lead role-playing with employees, and observe patient encounters to provide recommendations for improvement

Case in Brief: Baptist Health South Florida

- Seven-hospital system based in Coral Gables, Florida, with over two dozen outpatient facilities overseen by Baptist Outpatient Services
- Patient and Guest Services Department staffs service coaches with patient or customer care backgrounds
- Coaches act as service champions for system
  - Work regularly with staff at outpatient sites to ensure quality service is a staple of care
  - On-call to step in as needed

Source: Baptist Health South Florida, Coral Gables, FL; Imaging Performance Partnership interviews and analysis.
More Than a One-Time Occurrence

Beyond observing and role-playing, service coaches are also on call to answer questions in the moment, accessible to staffers who have encountered a scenario they are unable to resolve alone. Coaches can then offer advice, ensuring the interaction is handled smoothly and staff response is appropriate given the specifics of a particular situation.

Service coaches also lead “Red Carpet Retreats” day-long annual events designed as a refresher course in patient service for employees that have been with the organization for one year. The events ensure staff remain service-oriented even as they grow more comfortable in their roles.

Coaches Also Plan Annual “Red Carpet” Staff Retreat

**Coaches on Call**

**Sample Scenario**

- Tech unsure about how to handle specific customer complaint
  - Calls assigned service coach, explains situation and steps already taken to address it
  - Service coach suggests additional measures to satisfy customer, works to identify solutions for avoiding similar scenarios

**“Red Carpet Retreat”**

- Day-long customer service refresher course taught by coaches
  - Course ensures employees have not forgotten standards from orientation
  - Staff attend retreat after one year of employment

Focus Yields Benefits Many Times Over

“I strongly believe it’s the level of intensely human service we strive to provide that keeps patients coming back. It generates positive word-of-mouth advertising and strengthens our brand in the community.”

*Luis Bellmas*

VP, Outpatient Services

*Baptist Health South Florida*

Source: Baptist Health South Florida, Coral Gables, FL; Imaging Performance Partnership interviews and analysis.
Tactic #6: Radiologist Service Training

Service Delivery Extends to Radiologists

While tactics in this section thus far have focused on frontline staff, expectations for superior service extend to radiologists as well. Changing market dynamics are leading radiologists to more closely align with hospitals and to participate in activities beyond the reading room. Patient interaction is one way radiologists can lend greater value to the imaging program.

This trend magnifies the importance of bedside manner. Data show that more than three-quarters of physicians and a full 85% of patients believe “compassionate care” is very important to successful medical treatment.

Yet views on whether physicians actually deliver this type of care diverge. Roughly half of patients believe that physicians behave compassionately, while a full 78% of physicians feel they meet this standard. The discrepancy indicates that physicians might benefit from the same types of service training suggested for frontline staff.

Physicians Frequently Lack Patient Interaction Skills

Bedside Manner Perceived as Important...

Respondents Believing Compassionate Care is “Very Important” to Successful Medical Treatment

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>76%</td>
<td>85%</td>
</tr>
</tbody>
</table>

...Yet Still Not Mastered

Respondents Believing Compassionate Care Is Generally Provided

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>78%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: Lown B et al., “An Agenda for Improving Compassionate Care: A Survey Shows About Half of Patients Say Such Care Is Missing,” Health Affairs, 2011; Imaging Performance Partnership research and analysis.
Professional Coaches Assist Radiologists in Delivery

Radiologists in particular may struggle with patient encounters more than other specialists. Traditionally, the nature of their work has allowed them to remain behind the scenes, with little patient interaction.

HealthPartners in Minnesota hired professional service coaches as part of an effort to increase patient satisfaction. The coaches observe radiologists’ interactions with patients, providing feedback and facilitating role-playing.

Some radiologists were admittedly reluctant to participate in the initiative. In response, HealthPartners provided an incentive by tying satisfaction scores to physician compensation. As a result of the program, HealthPartners has seen improvement in both radiologist performance and patient satisfaction scores.

Radiologist Care Improved with Practice, Encouraged with Incentives

<table>
<thead>
<tr>
<th>Role Playing</th>
<th>Shadow Coaching</th>
<th>Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image.png" alt="Coaching Diagram" /></td>
<td><img src="image.png" alt="Observation Diagram" /></td>
<td><img src="image.png" alt="Incentive Diagram" /></td>
</tr>
<tr>
<td>- Professional coaches work with physicians in videotaped role-playing scenarios</td>
<td>- Coach observes real interactions with patients</td>
<td>Patient satisfaction recently added as a factor in physician compensation</td>
</tr>
<tr>
<td>- Focus is on building rapport, using layman’s terms, and ensuring opportunity to voice questions or concerns</td>
<td>- Recommendations given for improvement</td>
<td></td>
</tr>
</tbody>
</table>

Case in Brief: HealthPartners

- 44-clinic system based in Bloomington, Minnesota
- Hired coaches to help improve radiologist care delivery
- Coaches perform role-playing scenarios with physicians, and offer feedback based on observed patient encounters
- Patient satisfaction included in physician compensation

Tactic #7: Scheduled Service Audits

Keeping Staff on Their Toes

Deploying the first four tactics in this section will lead to improved interactions between staff (including radiologists) and patients. However, imaging leaders must monitor performance to ensure service is delivered consistently over time. Effective measurement reinforces training and demonstrates the importance of service excellence as an organizational priority.

Washington Hospital Center conducts regular service audits. Department leaders perform three “secret shopping” calls per week to their front office staff, using various scenarios to test staff adaptability and giving feedback in the moment. The program feels this is an effective method of monitoring staff performance.

Managers Ensure Staff Remain Patient-Centric During “Secret Shopping”

**Weekly Audits**

Every supervisor performs three “cold calls” per week

**Customer Service Scenarios**

- “My father needs a CT scan”
- “Can I get a copy of my CD?”
- “How do I get to your facility?”

**In-the-Moment Results**

After scenario, supervisor reveals identity and offers immediate feedback

---

**Case in Brief:**

**MedStar Washington Hospital Center**

- Part of MedStar Health, a nine-hospital system based in Columbia, Maryland
- Supervisors of every department perform random calls to test scenarios and offer feedback in the moment
- Employees answer every phone call knowing it might be their manager at the other end of the line, and receive immediate and constructive criticism based on interaction

Source: MedStar Washington Hospital Center, Washington, DC; Imaging Performance Partnership interviews and analysis.
Several imaging providers tie staff payment directly to performance. While many programs include patient satisfaction as a component of compensation for imaging managers and directors, far fewer incent staff in this manner.

Baptist Health South Florida is an exception. Patient satisfaction is one of two metrics used to determine quarterly bonuses for all employees. In order to receive the bonus, staff must achieve satisfaction levels at the 80th percentile or above; maximum payout is available when satisfaction reaches the 95th percentile.

The bonus provides a strong incentive for staff to work together to ensure the facility delivers a level of service that results in high satisfaction scores. Baptist’s approach has proven to be effective: scores are consistently above the 80th percentile, and employees almost always receive the bonuses.

---

**Tactic #8: Service-Based Incentives**

**Bonus Promotes Customer Service Excellence**

Tying Satisfaction to Financial Incentives

**Baptist Health’s Bonus Structure**

- Quarterly bonus built into compensation structure for all employees
- Each employee eligible for up to $350, dependent on two metrics
  1. Patient satisfaction
  2. Varying metrics, e.g. TAT\(^1\) or charge reconciliation

**Case in Brief: Baptist Health South Florida**

- Seven-hospital system based in Coral Gables, Florida, with over two dozen outpatient facilities overseen by Baptist Outpatient Services
- All employees, including clerical staff and techs, offered quarterly bonus with patient satisfaction as one of two metrics
- For eligibility, facility’s scores must be in Press Ganey 80th percentile
- Almost all employees receive bonus, and incentive system has had positive effects on satisfaction and downstream volumes

**Scores consistently above 80th percentile**

Employees almost always receive satisfaction bonus

Source: Baptist Health South Florida, Coral Gables, FL; Imaging Performance Partnership interviews and analysis.
An All-Encompassing Service Approach

Organizations that are able to deploy all tactics in this section are likely to achieve strong performance. Gale University Medical Center, a pseudonym, has incorporated each element into C-I-CARE, their institution-wide, patient service initiative.

At its core, C-I-CARE relies on language to guide every interaction with patients. All employees, regardless of specific role, are expected to begin patient encounters by introducing themselves and sharing their title. Each conversation concludes similarly, with staff asking if there is any further way they can assist the patient. Managers are expected to observe all staff members delivering C-I-CARE at least once per month as a way to gauge and monitor performance.

---

**C-I-CARE Basics**

- Represents framework for patient-centered interactions, defined by best practices and “words that work” for patient-centered communication
- C-I-CARE framework used throughout organization for interactions with patients, families, staff, and physicians

**Language Guidance**

- Encounter begins with: “Hello, my name is [insert name] and I’m [insert role at hospital].”
- Ends with: “Again, my name is [insert name]. Is there anything else I can do for you?”

**Regular Observation**

- Managers and supervisors schedule department rounds and huddle on all shifts
- Every manager observes each employee delivering C-I-CARE one time per month
- Senior leadership and directors perform active daily management

---

**Case in Brief: Gale University Medical Center**

- 600-bed AMC located in the East
- Developed C-I-CARE (Connect, Introduce, Communicate, Ask, Respond, and Exit)
- Guidelines in place for patient interaction, staff motivation, and manager facilitation
- Comprehensive set of patient interaction protocols work as foundation of the hospital’s patient experience

---

1) Pseudonym.
Customer-Centric Approach Remains Daily Priority

C-I-CARE extends well-beyond language, aiming to build a culture of patient service. Within the imaging department specifically, modality managers lead brief staff huddles before every shift.

During these meetings, leaders discuss expectations and objectives, recognize staff whose performance warrants reward, and share any relevant department or organizational news. Huddles occur around “visibility walls,” areas where positive patient feedback, Press Ganey reports, and other noteworthy information is posted.

Postings, Meetings Serve as Constant Reminders of C-I-CARE

Pre-shift Team Huddles

- At start of every shift, modality managers conduct five to eight minute staff huddles
- Huddles occur in front of Visibility Wall
- Team discusses:
  - Objectives and expectations
  - Operations
  - Recognition of staff and physicians
  - Patient experience feedback
  - Important news

Wall of reminders and accomplishments, including:
- Thank you cards
- Press Ganey scores
- Dashboard reports
- Upcoming events

Source: Imaging Performance Partnership interviews and analysis.
Interdepartmental Rounding Facilitates Peer Review

The initiative also places a premium on improvement and innovation. Administrative leaders participate in interdepartmental rounds once a month. This exercise allows service line administrators to switch departments and observe operations, looking for outstanding performance ideas that might be adaptable within their own service line. Participation in rounding is a component of administrators’ compensation, providing an incentive to participate.

Overall, the comprehensive C-I-CARE program has resulted in a dramatic increase in hospital-wide satisfaction scores, which have seen a 30 percentage point increase since implementation, reaching almost 90%.

### Comprehensive Program Leads to Uptick in Scores

#### Administrator Rounding

- Imaging Administrator
- Cardiovascular Administrator

Managers round within one another’s departments once per month to observe operations, look for great performance, room for improvement.

#### Participation in rounding included as factor in manager bonuses

### Hospital-Wide Patient Satisfaction Scores

<table>
<thead>
<tr>
<th>Before Implementation</th>
<th>After Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership interviews and analysis.
Maximizing Staff Professionalism

The box here highlights the most important insights for imaging leaders seeking to maximize staff professionalism.

Programs should begin by hiring employees who demonstrate a dedication to patient service. Once right-fit hires are on-boarded, leaders must equip them with the tools required to deliver superior service. Though resources may limit some programs from deploying service coaches, all can develop and adopt language to guide staff-patient interactions.

Leaders should also monitor performance on a regular basis to ensure consistency. Finally, if organizational policies allow it, imaging leaders may consider incorporating patient satisfaction as one metric in staff compensation to reinforce the importance of service.

Key Takeaways for Imaging Leaders

- **Patient-centered staffing begins by hiring employees dedicated to a culture of service.** For many programs, this means that current staff are involved in the vetting process, to ensure compatibility with the broader team.

- **Providing imaging staff with patient-centric language ensures all encounters are positive and service-focused.** While rigid scripting causes staff to appear disingenuous, language guidance is a valuable tool that elevates service delivery to patients.

- **Many organizations have made significant investments in service coaching; programs with limited resources may still deploy the basic elements of these programs.** The key ingredient is effective training, which ensures staff are able to adapt to various patient-facing situations as they occur. Role-playing, observation of patient encounters and in-the-moment feedback all work to create a nimble, patient-centered staff.

- **The changing role of radiologists, which includes increased service expectations, requires these physicians to participate in patient-service efforts.** Just as staff benefit from service coaching, so do radiologists, whose clinical knowledge can go far in allaying patient apprehension around imaging procedures.

- **Staff incentives, at least partially determined by performance on patient service, hardwires the importance of customer-focused operations.** Though few organizations have opted to structure bonuses in such a way, those that do reward service have found benefits accruing to both staff and patients.

Source: Imaging Performance Partnership research and analysis.
III. Ensuring Staff Engagement

• Tactic #9: Technologist Career Pathing
• Tactic #10: Hardwired Staff Recognition
• Tactic #11: Staff Feedback Loop
A Unique Asset for Understanding Staff Engagement

While hiring and training staff is necessary for ensuring superior service, to achieve the highest levels of patient satisfaction, imaging employees must be engaged in their work. Staff that are not fully dedicated both to their roles and the broader organization are less likely to provide excellent service.

To help gauge current levels nationwide and identify drivers of engagement, the Advisory Board Survey Solutions’ Employee Engagement Initiative surveyed over 7,000 imaging employees across 317 facilities. Respondents used a Likert scale to answer four questions; the first two assess employees’ willingness to expend discretionary effort to drive organizational performance; the last two measure emotional commitment and loyalty to the organization. Scores for all four questions are averaged to determine whether the respondent is engaged, content, ambivalent or disengaged.

Advisory Board Survey Solutions Provides Look Into Staff Engagement

Four Questions to Determine Engagement

- Four questions to determine overall engagement
  - “This organization inspires me to perform my best”
  - “I am willing to put in a great deal of effort to help this organization succeed”
  - “I would recommend this organization to a friend as a great place to work”
  - “I am likely to be working for this organization three years from now”
- Additional questions used to assess drivers of engagement

Response Tabulation on Likert Scale

<table>
<thead>
<tr>
<th>Range</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥5.5</td>
<td>Engaged</td>
</tr>
<tr>
<td>4.5–5.49</td>
<td>Content</td>
</tr>
<tr>
<td>3.5–4.49</td>
<td>Ambivalent</td>
</tr>
<tr>
<td>&lt;3.5</td>
<td>Disengaged</td>
</tr>
</tbody>
</table>

1) Scores averaged across all four questions to produce engagement category for each respondent
2) Distribution of employees across categories paints picture of overall engagement

Engagement Data

- 7,299 Imaging employees surveyed
- 317 Participating facilities
- 58 Participating health systems

Employee Engagement Initiative in Brief

- Initiative of The Advisory Board Company’s HR Investment Center
- Employees answer set of 42 multiple choice questions
- Responses tabulated using Likert Scale; average score determines employee engagement levels
- Used to assess and understand engagement levels, drivers of engagement

Source: Advisory Board Survey Solutions, Employee Engagement Initiative; Imaging Performance Partnership research and analysis.
Understanding Current Performance

Aggregating responses from all imaging employees, 79% of staff nationwide are either engaged or content. At first glance, this seems to indicate a positive status quo.

However, it is important to distinguish between engagement and satisfaction. Satisfied or content employees are happy with their jobs and fulfill basic work requirements; they are satisfied with what they are getting from the organization. In contrast, engaged employees are energized and passionate about their work; they are willing to contribute to the organization.

These employees are fully committed, expend discretionary effort, and are likely to speak highly of their employers in discussions with friends and acquaintances.

This distinction is subtle, but critical. To deliver exceptional service, employees must be passionate and engaged, not simply content.

Fewer Than Half of Imaging Staffers Report True Engagement

Employee Engagement Distribution

Imaging Employees

n=7,299

- Engaged: 40.2%
- Content: 38.9%
- Disengaged: 15.1%
- Ambivalent: 5.9%

A Key Distinction

- Content: Employees satisfied with they are getting from the organization
- Engaged: Employees willing to contribute to the organization

Source: Advisory Board Survey Solutions, Employee Engagement Initiative; Imaging Performance Partnership research and analysis.
Engagement Levels Vary Dramatically

Examining data from individual imaging programs reveals significant variation. The percentage of engaged employees at surveyed organizations range from 31% to 50% within the middle 50th percentiles. Mapping a random selection of actual organizations according to scores clearly illustrates huge variation in engagement levels: Undersee Hospital, a pseudonym, enjoys 65% engagement while Titus General has less than 20% of their workforce engaged.

Quartile Ranges
Performance of All Hospitals on Engagement Metrics
n=317

<table>
<thead>
<tr>
<th>Quartile</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Quartile</td>
<td>31.3%</td>
</tr>
<tr>
<td>Median</td>
<td>40.0%</td>
</tr>
<tr>
<td>Third Quartile</td>
<td>50.3%</td>
</tr>
</tbody>
</table>

Imaging Employee Engagement Results at Member Hospitals¹

1) All names are pseudonyms.
Benefits Accrue to More Than Staff

Further research by the Employee Engagement Initiative reveals a direct correlation between engagement and patient satisfaction. Researchers examined hospitals’ performance on HCAHPS scores and compared it to organization-wide staff engagement levels. Results of a regression analysis reveal that a one percent uptick in staff engagement is correlated with a 0.33% increase in overall hospital rating and a 0.25% increase in patient willingness to recommend a hospital.

Analysis Shows Correlation Between Engagement, HCAHPS¹ Performance

Percentage Increase in HCAHPS Measures
Related to 1% Increase in Staff Engagement

- Staff Engagement: 1%
- Overall Hospital Rating: 0.33%
- Willingness to Recommend Hospital: 0.25%

1) Hospital Consumer Assessment of Healthcare Providers and Systems.
Multiple Factors Driving Engagement

While the case for prioritizing staff engagement is compelling, determining how to improve engagement levels can be challenging. At right are the top 10 drivers of imaging employee engagement as identified by an analysis of data gathered in the Employee Engagement Initiative. The most important drivers are explored in greater detail on the following page.

<table>
<thead>
<tr>
<th>Driver and Corresponding Beta Value¹</th>
<th>Beta Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>My organization provides excellent care to patients</td>
<td>0.135</td>
</tr>
<tr>
<td>The actions of executives in my organization reflect our mission and values</td>
<td>0.101</td>
</tr>
<tr>
<td>I believe in my organization’s mission</td>
<td>0.096</td>
</tr>
<tr>
<td>My ideas and suggestions are valued by my organization</td>
<td>0.092</td>
</tr>
<tr>
<td>I understand how my daily work contributes to the organization’s mission</td>
<td>0.087</td>
</tr>
<tr>
<td>My organization recognizes employees for excellent work</td>
<td>0.078</td>
</tr>
<tr>
<td>I have job security</td>
<td>0.074</td>
</tr>
<tr>
<td>Executives at my organization respect the contributions of my unit/department</td>
<td>0.070</td>
</tr>
<tr>
<td>My most recent performance review helped me to improve</td>
<td>0.069</td>
</tr>
<tr>
<td>Training and development opportunities offered by my organization have helped me to improve</td>
<td>0.053</td>
</tr>
<tr>
<td>My current job is a good match for my skills</td>
<td>0.053</td>
</tr>
<tr>
<td>I have a manageable workload</td>
<td>0.043</td>
</tr>
<tr>
<td>I have the right amount of independence in my work</td>
<td>0.043</td>
</tr>
<tr>
<td>I am interested in promotion opportunities in my unit/department</td>
<td>0.042</td>
</tr>
</tbody>
</table>

¹ The beta coefficient is relative to the impact each item has on the engagement index. The greater the beta coefficient, the stronger a “driver” of engagement the item is.

Source: Advisory Board Survey Solutions, Employee Engagement Initiative; Imaging Performance Partnership research and analysis.
Still Room to Improve on Macro-Level Engagement Drivers

Fortunately, the top three drivers of engagement are those with the strongest performance. Almost half of imaging staff strongly agree that their organizations provide excellent care to patients, that they believe in their organizations’ mission, and that understand how their role contributes to that mission.

Yet there is still room to improve. Imaging leaders should take performance on these metrics very seriously; not only are these drivers most strongly tied to overall engagement, they also directly reflect the actions of both department and hospital leadership efforts. Leaders may be able to improve these scores by sharing quality measures and patient feedback, visibly posting the organization’s mission statement and discussing how imaging contributes to those goals.

Tweaking Leadership to Boost Performance

<table>
<thead>
<tr>
<th>Engagement Drivers</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“My organization provides excellent care to patients”</td>
<td>Share quality measures, positive patient feedback</td>
</tr>
<tr>
<td>“I believe in my organization’s mission”</td>
<td>Post mission statement visibly; discuss mission at departmental meetings</td>
</tr>
<tr>
<td>“I understand how my daily work contributes to the organization’s mission”</td>
<td>Discuss contributions during staff check-ins, performance reviews</td>
</tr>
</tbody>
</table>

Source: Advisory Board Survey Solutions, Employee Engagement Initiative; Imaging Performance Partnership research and analysis.
Operational Engagement Drivers Require More Work

While overall performance on the top three drivers of engagement is relatively strong, other areas require more extensive improvement efforts. Performance lags specifically in three key areas: providing opportunity for growth, employee appreciation, and collection and consideration of staff feedback. The remainder of this section includes tactics that address each of these objectives, providing actionable guidance for programs requiring improvement.

<table>
<thead>
<tr>
<th>Key Aim</th>
<th>Corresponding Tactic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunity for Growth</td>
<td>Tactic #9: Technologist Career Pathing</td>
</tr>
<tr>
<td>Demonstrated Appreciation</td>
<td>Tactic #10: Hardwired Staff Recognition</td>
</tr>
<tr>
<td>Opinion Collected and Valued</td>
<td>Tactic #11: Staff Feedback Loop</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership research and analysis.
Tactic #9: Technologist Career Pathing

Staff See Lack of Opportunity

Survey data indicate that imaging staff do not always feel that development opportunities offered by their department help them to improve. Worse yet, only a third of employees are interested in promotion opportunities. These results are concerning; if employees see no avenues for growth and advancement, they may see little reason to remain with the organization. Turnover is not only expensive—replacing an employee can cost as much as twice their annual salary—but it is also happening with more frequency among all hospital staff. This is a scenario that imaging leaders should strive to avoid.

Development, Growth Necessary to Avoid Costs of Turnover

**“Training and Development Opportunities Offered by My Organization Have Helped Me to Improve”**

- Strongly Agree (6): 23.0%
- Agree (5): 34.9%
- Tend to Agree (4): 24.1%
- Tend to Disagree (3): 10.3%
- Disagree (2): 4.4%
- Strongly Disagree (1): 3.3%

**“I Am Interested in Promotion Opportunities in My Unit/Department”**

- Strongly Agree (6): 31.9%
- Agree (5): 32.3%
- Tend to Agree (4): 19.0%
- Tend to Disagree (3): 9.5%
- Disagree (2): 4.9%
- Strongly Disagree (1): 2.3%

**Dim Prospects?**

“It can be hard for techs to see a path for advancement when there are 60 of them and only one manager.”

*Imaging Director, Venia Health*

1) Pseudonym.
Addressing Tech Turnover

Yet imaging departments face a particular challenge: while most programs employ an entire cadre of technologists, there are limited numbers of higher-level positions available. In addition, techs often prefer to remain in predominately clinical roles, rather than taking on administrative responsibilities.

Haymitch Health System, a pseudonym, was troubled by the significant number of unmotivated and disengaged staff within their imaging department. Realizing their existing pay scale was ineffective, leaders looked to the career pathway developed by nursing and decided to replace the status quo with an imaging-specific career ladder.

Identifying Solutions to Improve Retention at Haymitch

**Status Quo**

1. Rad Tech
   Pay Grade 15

2. Senior Rad Tech
   Pay Grade 16
   (5% increase)

**Problem Assessment**

- Found techs unmotivated or unable to advance due to lack of discrete criteria
- Observed high turnover, dissatisfaction
- Decided to model ladder after one used successfully in nursing for many years

**Case in Brief: Haymitch Health System**

- 11-hospital system based in the Midwest
- Observed high turnover for radiology techs
- Developed a career ladder for techs modeled after one used by nursing
- Staff retention has increased, and radiology employees have become more involved in hospital affairs

Source: Imaging Performance Partnership interviews and analysis.
Developing a Tech Career Ladder

Development of the ladder required input from multiple parties—the imaging director, modality managers and HR were all heavily involved. Techs also actively participated, offering suggestions and vetting drafts to ensure the end result was appealing.

The current system contains three levels: techs are characterized as a Tech I, Tech II, or Tech III. Levels are determined based on a system which assigns a value to each contribution the employee has made across the past year.

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Pay Grade</th>
<th>Increase Over Previous</th>
<th>Points Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rad Tech I</td>
<td>15</td>
<td>N/A</td>
<td>&lt;18</td>
</tr>
<tr>
<td>Rad Tech II</td>
<td>16</td>
<td>5%</td>
<td>18-30</td>
</tr>
<tr>
<td>Rad Tech III</td>
<td>17</td>
<td>5%</td>
<td>&gt;31</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership interviews and analysis.
Points System Allows Consistent Categorization

Both clinical achievements and involvement in extracurricular activities earn points on the ladder. Each item is weighted by time and effort involved and the value of the contribution to the imaging program or health system.

The full list of 62 eligible items and their corresponding points can be found in the online appendix at www.advisory.com/research/imaging-performance-partnership.

Secondary Criteria Weighted and Summed

Sample Criteria from Haymitch’s Career Ladder

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Modality Longevity</td>
<td>10+ years = 3; 5+ years = 2; 2+ years = 1</td>
</tr>
<tr>
<td>2</td>
<td>Haymitch Site Longevity</td>
<td>10+ years = 3; 5+ years = 2; 2+ years = 1</td>
</tr>
<tr>
<td>3</td>
<td>Designated Student Preceptor</td>
<td>2 (requires one year LOS)</td>
</tr>
<tr>
<td>4</td>
<td>Super User Trainer</td>
<td>3 (requires one year LOS, cap at 6 points)</td>
</tr>
<tr>
<td>5</td>
<td>Trainer</td>
<td>1 (cap at 2 points)</td>
</tr>
<tr>
<td>6</td>
<td>Radiation Badge (full processing)</td>
<td>1 (requires one year LOS)</td>
</tr>
<tr>
<td>7</td>
<td>Omnibuyer Inventory Management &amp; orders</td>
<td>2 (requires one year LOS)</td>
</tr>
<tr>
<td>8</td>
<td>Surgical Radiography (modifier)</td>
<td>75 studies (no rounding) = 1 (cap at 5 points)</td>
</tr>
<tr>
<td>9</td>
<td>Endoscopy Radiography (endo or bronchoscopy)</td>
<td>20 studies (no rounding) = 1 (cap at 3 points)</td>
</tr>
<tr>
<td>10</td>
<td>Pain Clinic Radiography</td>
<td>20 studies (no rounding) = 1 (cap at 3 points)</td>
</tr>
</tbody>
</table>

Comments

- 62 factors included in ladder; full list in online appendix
- Longevity helpful, but not everything

Source: Imaging Performance Partnership interviews and analysis.
Annual Renewal Keeps Motivation High

Staff must be proactive, not only by earning points, but also by advocating for promotion. Every year, each employee compiles a portfolio detailing his or her accomplishments across the past twelve months, with documentation of their contributions. The portfolio must be submitted by all employees, regardless of whether or not they hope to be promoted. There is also no guarantee that employees will remain at a particular level once it's been reached. For example, an imaging staffer promoted to tech II must earn the requisite number of points to remain a tech II each year following. This requirement ensures that employees participate actively.

Implementation of the tech career ladder has dramatically decreased turnover, and employees are more involved in both hospital and departmental extra-curricular activities.

Status Renewal Process

**Portfolio Submission**
- Techs must submit portfolio to be considered for advancement
- Must take initiative to track participation, other eligibility criteria

**Support From Imaging Educator**
- Imaging educator helps document studies performed
- Reminder sent out 30 days before applications due

**Status Maintenance**
- Positions reviewed annually; in order to prevent complacency, employees must re-apply to maintain status
- Fewer than 5% of employees lose status each year

**Results**
- Turnover significantly decreased
- Increase in employee involvement in non-clinical activates
- Imaging department more integrated with other areas of hospital

Source: Imaging Performance Partnership interviews and analysis.
Defining a Purely Clinical Career Path

While certain technologists will have interest in management positions, others may not, or perhaps lack the requisite skills to succeed in those types of roles. St. Luke’s University Health System faced this dilemma: while deserving techs were promoted, some struggled in these new, more administratively-focused positions.

To overcome this challenge, the system established a career path for skilled clinicians separate from the traditional ladder. “Clinical specialists” spend half their time on clinical care, The remainder of their time is dedicated to clinical leadership, reviewing protocols and leading clinically-focused committees to ensure exceptional quality.

The creation of this role has allowed the system to reward deserving technologists with promotion into roles well suited to their skill set and interests.

Clinical Specialists at St. Luke’s

- Tenured and clinically skilled techs recognized by management as deserving of promotion
- Expert clinicians experienced difficulty transitioning to management role
- Created clinical specialist role to allow advancement and continued development of clinical expertise
- Remainder of time dedicated to committee activity, protocol reviews, etc
- 50% of time devoted to clinical care in order to maintain competencies

Case in Brief: St. Luke’s University Health System

- Six-hospital system based in Bethlehem, Pennsylvania
- Found that techs promoted for clinical expertise were not necessarily interested in management; created clinical specialist position
- One clinical specialist for each modality; time is split between standard clinical duties and higher-level clinical decision-making
- Skilled techs able to advance while remaining focused on clinical care

Source: St. Luke’s University Health System, Bethlehem, PA; Imaging Performance Partnership interviews and analysis.
Tactic #10: Hardwired Staff Recognition

Importance of Recognition Clear

While opportunities for promotion and advancement are critical in the long-term, it’s also necessary to recognize employees on a more regular basis. Yet only 20% of employees feel their department is recognizing employees for their achievements and contributions.

Acknowledging contributions in the short-term is just as critical to engagement as long-term career pathing, and is simpler to accomplish. A handwritten thank you note from department or hospital leadership, is very effective, indicating that superior staff performance does not go unnoticed or unappreciated.

Partnership research uncovered other simple yet effective practices currently in place at many programs, such as announcements during staff meetings, gift cards or public posting of patient feedback.

But Actual Acknowledgement of Performance Not Often Occurring

“My Organization Recognizes Employees for Excellent Work ”

<table>
<thead>
<tr>
<th>Opinion Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree (6)</td>
<td>20.7%</td>
</tr>
<tr>
<td>Agree (5)</td>
<td>30.5%</td>
</tr>
<tr>
<td>Tend to Agree (4)</td>
<td>24.4%</td>
</tr>
<tr>
<td>Tend to Disagree (3)</td>
<td>12.8%</td>
</tr>
<tr>
<td>Disagree (2)</td>
<td>5.8%</td>
</tr>
<tr>
<td>Strongly Disagree (1)</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

“Executives at My Organization Respect the Contributions of My Unit/Department”

<table>
<thead>
<tr>
<th>Opinion Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree (6)</td>
<td>19.7%</td>
</tr>
<tr>
<td>Agree (5)</td>
<td>32.7%</td>
</tr>
<tr>
<td>Tend to Agree (4)</td>
<td>25.6%</td>
</tr>
<tr>
<td>Tend to Disagree (3)</td>
<td>11.3%</td>
</tr>
<tr>
<td>Disagree (2)</td>
<td>5.6%</td>
</tr>
<tr>
<td>Strongly Disagree (1)</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Personalized Thank You Note

Dear Claudius,

I am writing to express my gratitude for your recent actions when Mrs. Mellark's exam was delayed. She notified your manager of your kindness and understanding in the situation, and your response was a great reflection of our health system’s patient-focused values and goals.

Other Types of Recognition

Low-Cost Methods of Reward

- Staff meeting announcements
- Organizational “super stars”
- Posted patient response cards with comments about employees
- Gift cards or on-the-spot cash rewards

Source: Advisory Board Survey Solutions, Employee Engagement Initiative; Imaging Performance Partnership research and analysis.
Tactic #11: Staff Feedback Loop

You Can’t Manage What You Don’t Measure

Demonstrating appreciation for employees also requires imaging leaders to regularly solicit and incorporate staff feedback into department operations. Engagement levels are influenced by whether or not staff feel their input is valued by their organization, yet data show that imaging programs lag here. Of concern, less than 20% of respondents strongly agreed with the statement: “my ideas and suggestions are valued by my organization.”

Leaders Must Regularly Solicit Feedback

“My Ideas and Suggestions are Valued by My Organization”

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree  (6)</td>
<td>18.5%</td>
</tr>
<tr>
<td>Agree (5)</td>
<td>31.2%</td>
</tr>
<tr>
<td>Tend to Agree (4)</td>
<td>25.8%</td>
</tr>
<tr>
<td>Tend to Disagree (3)</td>
<td>13.3%</td>
</tr>
<tr>
<td>Disagree (2)</td>
<td>5.5%</td>
</tr>
<tr>
<td>Strongly Disagree (1)</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Source: Advisory Board Survey Solutions, Employee Engagement Initiative; Imaging Performance Partnership research and analysis.
Keeping Tabs on Staff Engagement

Some programs regularly solicit staff opinion, generally administering surveys to collect feedback. Flickerman Health System, a pseudonym, distributes an annual “Experience of Work” survey to all system employees. Comprised of 47 questions, the survey is designed to surface actionable improvement opportunities. While responses are anonymous, departments that achieve full participation are rewarded in hopes of collecting as many opinions as possible.

Results are reported to each individual department and are aggregated both by hospital and by service line. Sharing of data encourages friendly competition between departments, and provides an opportunity for hospital leaders to learn from those whose scores indicate successful employee engagement.

Annual Assessment of Engagement

Flickerman’s¹ Engagement Survey

Annual Engagement Survey

The following survey asks 47 questions in the categories of employee engagement, credible leadership, connection to purpose, growth and development, respect and recognition, quality and customer care focus, and pay and benefits. Please answer honestly, as all responses will be kept confidential.

1. True or False: If a friend or family member needed care, I would recommend this facility.
2. True or False: I have a clear idea of the results expected of me in my job.
3. True or False: The employees in my department are truly committed to working together.

Surveys conducted annually
Responses kept anonymous
Full participation earns department pizza party

Case in Brief: Flickerman Health System

- Multi-hospital system based in the Midwest
- Conducts annual employee engagement survey
- “Experience of Work” committees use survey data to develop initiatives for improvement
- Survey and committees allow evidence-based changes, opportunities for staff development

¹ Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.
Using Survey Data to Make Marked Improvements

Most importantly, Flickerman uses survey results to drive organizational change. Following the distribution of survey responses, each department forms an “Experience of Work” committee. Comprised of five employees, the committee carefully examines results and identifies areas in need of improvement. The committee then develops initiatives to target areas where performance lags, championing the projects among peers.

It is this final component that distinguishes Flickerman’s approach. The system isn’t simply collecting feedback, but is using results to drive organizational change, clearly showing employees that their opinions are valued.

Committees Allow Departmental Impact, Individual Development

Experience of Work Committees

<table>
<thead>
<tr>
<th>Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee engagement</td>
</tr>
<tr>
<td>Credible leadership</td>
</tr>
<tr>
<td>Connection to purpose</td>
</tr>
<tr>
<td>Growth and development</td>
</tr>
<tr>
<td>Respect and recognition</td>
</tr>
<tr>
<td>Quality and customer care focus</td>
</tr>
<tr>
<td>Pay and benefits</td>
</tr>
<tr>
<td>Composite</td>
</tr>
</tbody>
</table>

- Each department selects five employees for participation in EOW Committee
- Develops improvement initiatives for each area of focus
- Experience also allows committee members to develop valuable skills for career advancement

Committee selects areas of focus; may choose to celebrate strengths in addition to addressing weaknesses

Members responsible for championing change initiatives among peers

Source: Imaging Performance Partnership interviews and analysis.
Ensuring Staff Engagement

Five key takeaways summarize section three, highlighting the most important insights for imaging leaders seeking to ensure staff engagement.

As a first step, departmental heads should understand the difference between engagement and contentment. To deliver superior patient service, employees must be engaged in their work, and fully dedicated to the organization.

Imaging leaders can increase engagement levels among their staff by offering opportunities for advancement and growth, recognizing staff achievements, and by both soliciting and acting upon staff feedback to improve departmental operations.

Key Takeaways for Imaging Leaders

- **Engaged imaging staff leads to more satisfied patients.** While staff engagement has been anecdotally discussed as important to imaging operations, data do show a direct correlation between staff engagement and performance on patient satisfaction.

- **Contentment is not the equivalent of engagement.** While the majority of imaging staff fall into either the content or engaged category, less than half are the latter. There is a key distinction between the two labels: engagement indicates the extent to which staff are willing to contribute to the organization, while contentment levels measure staff who are satisfied with what they receive from their employer. Delivering patient-centered care requires the bulk of staff be engaged.

- **Providing an appropriate pathway for career advancement is a powerful way to engage staff.** While imaging programs employ many techs, there are a limited number of positions (modality management, other administrative roles) to which they can advance. Developing a career ladder that allows progression ensures staff have goals to strive towards and are rewarded for their efforts.

- **Though a simple task, many administrators fail to recognize strong staff performance.** Expressing appreciation for a job well-done removes reinforces the importance of patient-centric behavior, and encourages all staff to deliver high levels of service.

- **Staff are skeptical that their ideas and opinions are valued by their employer, which can lead to disengagement.** Programs whose staff are most engaged have regular processes for both collecting staff feedback, and incorporating it into operational and general program improvements.

Source: Imaging Performance Partnership research and analysis.
IV. Elevating Patient Comfort

- Tactic #12: Interdisciplinary Care Council
- Tactic #13: Radiation Dose Hotline
- Tactic #14: Pediatric Care Standards
- Tactic #15: Expedited Results Protocols
- Tactic #16: Mandated Radiologist Touch
- Tactic #17: Women’s Imaging Sessions
- Tactic #18: Imaging Patient Navigators
Imaging Presents Multiple Opportunities for Anxiety

While well-trained and highly engaged staff are foundational to delivering a positive patient experience, programs must also address the specific needs of their patient cohort. Imaging leaders and staff often forget that exams can be rife with anxiety. While employees operate day-to-day in the imaging setting, it is an unknown process for many patients. To ensure a positive experience, staff should acknowledge patient concerns and allay fears wherever possible. The fourth section of this publication includes seven tactics to ease patient anxiety.

### Common Questions Arising from Patients Throughout Process

#### Potential Stressors for Radiology Patients

- **Before Exam**
  - "How much will I have to pay out of pocket?"

- **During Exam**
  - "That machine looks really scary"

- **After Exam**
  - "What if they find something bad?"

#### Business Implications

- No-Shows
- Delays
- Patient Satisfaction

Source: Imaging Performance Partnership research and analysis.
Maximizing Patient Comfort

There are three general approaches to minimizing patient anxieties. First, imaging programs must lay a strong foundation by building a patient-centered infrastructure. From there, organizations are well-positioned to address the fears of specific patient populations, such as those worried about radiation exposure. Finally, facilitating personal connections—either among the patient population, or between patients and providers—can be very effective in reducing anxiety. The seven following tactics each correspond to one of these approaches.

Three Approaches to Reducing Patient Anxiety

1. Building a Patient-Centric Infrastructure
   - Tactic #12: Interdisciplinary Care Council

2. Addressing Specific Fears
   - Tactic #13: Radiation Dose Hotline
   - Tactic #14: Pediatric Care Standards
   - Tactic #15: Expedited Results Protocols

3. Creating Personal Connections
   - Tactic #16: Mandated Radiologist Touch
   - Tactic #17: Women’s Imaging Sessions
   - Tactic #18: Imaging Patient Navigators

Source: Imaging Performance Partnership research and analysis.
Tactic #12: Interdisciplinary Care Council

Formalizing Patient Centricity

Hawthorne Health System, a pseudonym, established a Patient Care Council whose responsibility is to ensure the organization continuously approaches operations from the patient’s perspective. Composed of representatives from each modality, the council reviews exam protocols and operational issues such as staffing and report delivery, all with the patient experience in mind. Participation on the council is valued by the department, to the degree that managers have developed a formalized job description. The Council sends a strong signal on the importance of patient service.

Employee Council Involves Staff to Ensure Positive Patient Experience

Patient Care Council

- Comprised of one representative from each modality, plus facilitator
- Responsible for examining departmental protocols and procedures from patient perspective
- Members act as informal leaders, champion causes among peers

Formalizing the Role

Patient Care Council Job Description

Three-year term with 1/3 of members of committee rotating off each year. Members may choose to renew commitment with supervisor approval.

Purposes:
1. To address clinical practice issues to provide a foundation for evidence-based practice and dissemination of best practices.
2. Review and approve standards of care and patient education materials.
3. Responsible to plan for, monitor, and evaluate performance improvement activities.
4. To develop, implement, evaluate, and communicate education goals, objectives and long range plans.
5. Communicate with staff about upcoming mandatory education and coordinate follow up to compliance based on education plan.
6. Plan and develop annual education day.

Case in Brief: Hawthorne Health System¹

- Four-hospital system based in the Southwest
- Created Patient Care Council seven years ago to facilitate empathy and understanding among imaging employees
- Have seen marked increase in employee and patient satisfaction, high referral rates

Source: Imaging Performance Partnership interviews and analysis.

¹ Pseudonym.
Reinforcing a Patient Service Commitment

One of the council’s primary responsibilities is to plan the department’s annual Employee Education Day. All imaging staff attend a full day of sessions on topics such as safety, quality, and managing particular populations such as pediatric patients. Hawthorne also recognizes the connection between patient satisfaction and staff, including a session on employee engagement. Department leaders believe that the Council and department-wide sessions have been effective. Since launching, both patient satisfaction and employee engagement scores have increased.

Council Holds Annual Education Day

Employee Education Day

- Annual training sessions with focus on patient experience
- Council sets day-long agenda
- Sessions attended by every imaging employee, including support staff

Reaping Benefits

- Significant increases in patient satisfaction scores since council put in place
- Staff engagement scores have also increased

Education Day Agenda

07:15 – Continental Breakfast and Registration
07:30 – Infection Control
08:00 – Changing Perceptions of Patient Care
09:00 – Developing Personal Credibility on the Team
10:15 – Playing it Safe in Imaging Services
10:45 – Changing Perceptions of our Workplace: Employee Engagement
11:00 – Changing Standards: Preparing for The Joint Commission
11:30 – Lunch
12:00 – The Trauma of Radiology
13:00 – Get Ready…We Have a Peds Patient

Source: Imaging Performance Partnership interviews and analysis.
Tactic #13: Radiation Dose Hotline

Anxiety Around Radiation Dose Continues

After establishing some type of council or committee focusing on patient centric service, programs can begin to identify and address particular concerns of different patient cohorts.

Radiation dose has been a major topic in recent years, discussed frequently in the media and subject to regulation in some states. The Partnership has spent a significant amount of time studying the issue, identifying tactics for managing the risk of radiation exposure published in the 2011 study Managing Radiation Risk. Members may log on to the Partnership’s website at www.advisory.com/research/imaging-performance-partnership and order unlimited copies.

Previous Partnership Research Provides Dose Management Tactics

Radiation Dose a Hot Topic

“Radiation Offers New Cures, and Ways to Do Harm”

“While Technology Surges, Radiation Safeguards Lag”

“When Medical Radiation Goes Awry”

“After Stroke Scans, Patients Face Serious Health Risks”

Making Headlines

“You can’t pick up a journal, whether for radiology or not, without an article about the radiation dose of CT... It’s the topic du jour.”

E. Stephen Amis, Jr.
Former Chair, ACR Blue Ribbon Panel
Radiation Dose in Medicine

Managing Radiation Risk

I. Educating Stakeholders
   • Patient Education Campaign
   • Clinical Education Campaign

II. Direct Dose Reduction
   • Protocol Review
   • Administrative Controls
   • Bismuth Shielding
   • Technology-Based Applications

III. Tracking Dose and Improving Appropriateness
   • Exam Appropriateness Review
   • Frequent Flier Flagging
   • Targeted Dose Tracking
   • Dynamic Software Alerts

Cross-Trained Staff Address Radiation Concerns

While numerous programs have taken steps to minimize exposure, fewer have explicitly addressed patient concerns.

Beaumont Health System in Michigan is one exception, creating a radiation safety hotline to answer patient questions. The system uses an already existing general imaging FAQ phone line, and had radiologists provide further training on radiation to the nurses staffing the line. Questions too specific or complex for nurses to answer are referred to a medical physicist or radiation safety officer.

Beaumont Scheduling Hotline Combined with Information on Dosage

Dose Hotline Process

Existing FAQ line staffed by nurses

Radiologists train nurses on radiation risk associated with each modality

Nurses staff 24/7 call center to address patient concerns

Complex questions referred to medical physicists and radiation safety officers for follow-up as necessary

Patients call with questions about radiation risks, learn ways to minimize exposure

Case in Brief: Beaumont Health System

- Three-hospital system based in Royal Oak, Michigan
- Created radiation safety hotline in response to recent press about dosage, uptick in patient questions and concerns
- Have seen media attention, increase in volumes

Source: Beaumont Health System, Royal Oak, MI; Imaging Performance Partnership interviews and analysis.
Hotline Coupled with Web Strategy

The hotline is also supported by several online resources. Patients may visit the program’s website and access a list of the most commonly asked questions, or participate in a chat discussion. In addition, the site provides downloadable cards to help patients track radiation dose exposure themselves.

The comprehensive educational initiative has benefitted the hospital. Local media attention garnered much goodwill in Beaumont’s market, which the program links to volume increases.

Approach Results in Positive Response from Patients

1. **Online Education**
   - **FAQ**
     - Patient-submitted questions, commonly requested resources
   - **Web Chat**
     - Archived live chats with patients, hospital representatives available for review

2. **Downloadable Resources**
   - **Wallet Cards**
     - Printable radiation tracking card helps monitor lifetime exposure
   - **Reference Tables**
     - Tables show dose comparisons, limits for radiation exposure

**Benefits of Hotline**

- **Positive Goodwill**
- **Increased Volumes**
- **Media Attention**

1) Based on resources from the Image Wisely radiation safety campaign.

Source: Beaumont Health System, Royal Oak, MI; Imaging Performance Partnership interviews and analysis.
Catering to the Pediatric Population

Pediatric patients are another constituency that may require extra attention. Children do not fully understand what occurs during an exam, and may have difficulty lying still amid the noise.

To help them make sense of the process, Northeast Georgia Medical Center purchased a technology specifically designed to allay children’s fears. The “kitten scanner” is a miniature model of a generic machine, representing either an MRI or CT. A toy kitten is scanned by the machine while a video explains the procedure, showing the “insides” of the animal, explaining how the resulting pictures help doctors. Northeast Georgia also purchased inexpensive plush toys children can hold during their actual exam and take home as a “souvenir.”

The organization continues to receive positive feedback from parents who feel the added attention eased their children’s fears.

Technology Aimed at Easing Fears of Children

Approach to Kids by Northeast Georgia Medical Center

- Small model of generic MRI/CT scanner
- Pushing miniature patient table with toy through opening triggers flat panel display
- Short story plays, explaining how the scanner works and why the exam is needed
- Shows the “insides” of the toy on the screen to illustrate the story

Prior to exam tech shows child “kitten scanner,” allows child to choose a small plush toy to test it out

Child runs toy through mock scan, is distracted from fears by learning about procedure

Toy accompanies child throughout exam, can also be taken home as a “souvenir”

Low Cost, High Impact

“I can’t even count how many parents have told me the toys were what got their child through the exam.”

Debbie Duke
Director,
Diagnostic Imaging Services
Northeast Georgia Medical Center

Case in Brief: Northeast Georgia Medical Center

- Soon-to-be two-hospital health system based in Gainesville, Georgia, with two outpatient imaging centers
- Purchased kitten scanner to help children understand exam prior to undergoing scan
- Scanner and toys alleviate fears

Technology in Brief: Philips Kitten Scanner

- Part of the “Ambient Experience” solution
- Teaches children through play
  – “Kitten” or small toy goes through miniature scanner
  – Child-friendly video explains procedure

Source: Northeast Georgia Medical Center, Gainesville, GA; Imaging Performance Partnership interviews and analysis.
Tactic #15: Expedited Results Protocols

Patients Indicate Desire for Expediency

The tactics covered so far in this section have aimed to reduce anxiety before and during an exam. But some of patients’ greatest fears may not begin until the scan is over. Data here show that almost 93% of patients feel anxious while awaiting imaging results, news that could be life-changing.

Interestingly, patients prefer to receive results as soon as possible—regardless of whether they are positive or negative. This indicates that programs bear responsibility for reporting test results rapidly.

Study Highlights Importance of Reducing TAT, Regardless of Result

Anxiety Surrounding Anticipation of Results
Percentage of Patients

- Very Anxious: 92.5%
- Somewhat Anxious: 6.5%
- Anxious: 28.3%
- Not at All Anxious: 45.3%
- Nearly Normal: 47.2%

Desired Delivery Method
According to Type of Test Results Delivered

- Nearly Normal: 60.2%
- Indeterminate: 45.3%
- Seriously Abnormal: 47.2%
  - Immediately: 6.5%
  - Within Three Days: 35.8%

Study in Brief: Access to Radiologic Reports via a Patient Portal

- Questionnaires administered to 53 CT or MRI patients at Wake Forest Baptist Medical Center’s outpatient imaging facility
- Participants asked to share preferences for receiving results in three clinical scenarios
- More than 80% wanted online access within three days of exam, regardless of results

Balancing the Wishes of Referring Physicians

Though patients want results as quickly as possible, programs must also consider the preferences of referring physicians.

While some physicians do not mind when imaging programs deliver patient test results, others prefer to share results with patients themselves.

The Partnership recommends that imaging programs track physician preferences on results reporting as a key piece of intelligence. While this requires some effort, there is value in expediting and delivering results directly to patients when physicians do not object. That said, most programs defer to the preferences of referring physicians who wish to deliver results themselves.

Discuss Results Reporting with Physician Cohort

Gathering Intelligence

“How would you like to handle results reporting? Can we deliver news to patients, or do you prefer to do so?”

Preferences for Reporting Results

Dr. Adler  Prefers to deliver himself
Dr. Simon  Okay for us to deliver
Dr. Cruz  Prefers to deliver positive results herself; negative results okay for us to deliver

Source: Imaging Performance Partnership interviews and analysis.
Decreasing Post-exam Waiting Time for Mammogram Results

Acknowledging the anxiety felt by patients awaiting test results and experiencing no physician objections, Henry Ford Health System in Detroit made operational changes to expedite reporting to mammography patients. Conducting a workflow analysis, the department identified two opportunities for improvement: report turnaround time, and the process of mailing results. After making changes in those areas, Henry Ford reduced turnaround time to under two hours and now sends mail four times per day, rather than only once. Together, these improvements decreased time from scan to results by 25%.

Operational Changes Lead to Faster Results Reporting

Mammogram Process Improvement Project at Henry Ford

<table>
<thead>
<tr>
<th>Before</th>
<th>Process Review</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Report TAT: 1.5 days</td>
<td>• Survey revealed two-thirds of patients want results more quickly</td>
<td>• Report TAT: &lt;2 hours</td>
</tr>
<tr>
<td>• Mail sent: Once per day</td>
<td>• Workflow analysis conducted to identify areas of delay</td>
<td>• Mail sent: Four times per day</td>
</tr>
<tr>
<td>• Results received by patient: Four days</td>
<td></td>
<td>• Results received by patient: Three days</td>
</tr>
</tbody>
</table>

25% Decrease in time from mammogram to patient receipt of results

Case in Brief: Henry Ford Health System

- Five-hospital system based in Detroit, Michigan
- Modified results turnaround process based on patient feedback, and saw 25% reduction in time to patient results
- Piloting program to provide same-day results for high-risk mammogram patients

Source: Henry Ford Health System, Detroit, MI: Imaging Performance Partnership interviews and analysis.
Same-Day Results for High-Risk Patients

While these improvements affect all mammography patients, Henry Ford has made even more significant changes to expedite results for the high-risk cohort. Women with a family history of breast cancer or whose previous exams have indicated denser tissue or generated abnormal results may schedule in dedicated “while you wait” time slots. Each day, four or five morning appointments are set aside for those patients, who undergo the exam and then wait at the imaging center until results are returned – typically within twenty to thirty minutes.

A rapid return of negative results alleviates days of worry, allowing patients to leave the center and return to normal activities. The initiative is also beneficial for patients requiring follow-up. They are immediately connected with a breast navigator who walks the patient through next steps in the diagnostic process, answering questions and allaying concerns.

“While-You-Wait” Appointment Slots Piloted at Henry Ford

Piloting Time Slots for Immediate Results

<table>
<thead>
<tr>
<th>Daily Schedule</th>
<th></th>
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<tbody>
<tr>
<td>8:00–8:30</td>
<td>Standard mammo</td>
</tr>
<tr>
<td>8:30–9:00</td>
<td>Standard mammo</td>
</tr>
<tr>
<td>9:00–9:30</td>
<td>* Immediate results</td>
</tr>
<tr>
<td>9:30–10:00</td>
<td>* Immediate results</td>
</tr>
<tr>
<td>10:00–10:30</td>
<td>* Immediate results</td>
</tr>
<tr>
<td>10:30–11:00</td>
<td>* Immediate results</td>
</tr>
<tr>
<td>11:00–11:30</td>
<td>Standard mammo</td>
</tr>
<tr>
<td>11:30–12:00</td>
<td>Standard mammo</td>
</tr>
<tr>
<td>12:00–12:30</td>
<td>Standard mammo</td>
</tr>
</tbody>
</table>

1. Patient receives mammogram during pilot time slot
2. Waits for results on-site
3. Results provided within an hour; average between 20–30 minutes
4. Patient free to leave if test is clear, or is directed to breast navigator for immediate follow-up
5. Next iteration of program will establish phone line for patient who want same-day results without remaining on-site

Source: Henry Ford Health System, Detroit, MI. Imaging Performance Partnership interviews and analysis.
Alleviating Fears Through Personal Connections

Protocols alleviating specific fears are valuable, but often times, discomfort or confusion stems from feelings of loneliness or isolation throughout the process.

This section concludes with three tactics for facilitating connections between imaging programs and patients, and among a community of patients undergoing similar experiences.

<table>
<thead>
<tr>
<th>1</th>
<th>Contact with Provider</th>
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<tbody>
<tr>
<td>• Provider has detailed knowledge about exam</td>
<td></td>
</tr>
<tr>
<td>• Brief visit can allow radiologist to answer specific questions, explain scan</td>
<td></td>
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<tr>
<td>Tactic #20: Mandated Radiologist Touch</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Building a Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shared experiences help bond patients together</td>
<td></td>
</tr>
<tr>
<td>• Linking patients to one another increases comfort</td>
<td></td>
</tr>
<tr>
<td>Tactic #21: Women’s Imaging Sessions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Remaining By the Patient’s Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Support prevents patients from feeling lost about next steps</td>
<td></td>
</tr>
<tr>
<td>• Once results have been received, imaging department can assist with follow-up</td>
<td></td>
</tr>
<tr>
<td>Tactic #22: Imaging Patient Navigators</td>
<td></td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership research and analysis.
Radiologists are increasingly being called upon to provide greater value to imaging programs; for some, this means direct patient interaction. Frequently, patients undergo an exam and await results without interacting directly with radiologists. Acknowledging the potential benefit of interaction, Gale University Medical Center, a pseudonym, facilitates face-to-face meetings between radiologists and patients. These meetings, though brief, allow patients time to ask questions and voice concerns, building trust in physicians who typically remain behind the scenes. While some radiologists were initially skeptical of these meetings, most have found they enjoy them. The program has greatly benefitted, with patient satisfaction scores consistently at the 95th percentile or above.

**Case in Brief: Gale University Medical Center**

- 600-bed AMC in the East
- Upon opening new outpatient center, Chief of Radiology mandated radiologists interact with each patient for two to three minutes prior to exam
- Radiologists introduce themselves, explain procedure
- Patient satisfaction runs high, and radiologists have enjoyed increased patient interaction
There is also benefit to connecting patients with others undergoing the same procedures. Imaging scans can be somewhat isolating; linking patients in similar situations together can alleviate the discomfort.

In response to this need, an increasing number of programs are holding mammogram parties, inviting groups of women to schedule their annual exams together. One of the most effective instances of this practice is at Finnick Hospital, a pseudonym. While a portion of the group receive the exam, the remainder are treated to service enhancements such as manicures and pedicures, socializing while they wait.

While these “extras” generate publicity, it is key to note that service enhancements are not the most important element. Mammogram parties are successful because they remove the isolation that often accompanies a stressful, yet necessary, annual event. Finnick has seen an uptick in mammography volumes since beginning the parties, with patient satisfaction reaching almost 100%.

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**Mammogram Parties Foster Sense of Community, Loyalty to Program**

**Mammogram Parties at Finnick¹ Hospital**

- Patients invite friends in groups of up to 10–12
- Warm robes, pedicures, and hors d’ourves provided along with breast health education while waiting for mammograms
- Setting allows women to discuss experiences with each other
- Relaxed environment facilitates relationships with providers as well

**Case in Brief: Finnick Hospital**

- 1,000-bed hospital located in the Northeast
- Offers “Mammo Parties” as a way to bring women together, foster healthy community
- Groups of up to 10–12 women able to schedule mammograms on same evening, receive additional perks
- Mammogram volumes have increased, and patient satisfaction is consistently high

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¹ Pseudonym.
Tactic #18: Imaging Patient Navigators

A Show of Support

Though community building can be effective, some situations will require more extensive support. Imaging programs have long deployed breast navigators to assist patients that require further downstream care. Sibley Memorial Hospital in Washington, D.C. is in the process of extending the navigator model beyond mammogram patients.

Navigators will identify elderly patients or those who arrive for an exam alone, offering support through the imaging process. As the patient waits to be scanned, the navigator assists with paperwork and exam prep. In some cases, the navigator also accompanies particularly anxious patients during the scan.

After the exam, navigators solicit feedback about the experience and offer help with any necessary follow-up. While this is a new initiative, Sibley has received positive initial feedback from patients.

Program Plans to Expand Navigator Program Beyond Mammo Patients

Imaging-Wide Patient Navigator Program

1. Navigator will identify elderly patients, those unaccompanied by family, friends
2. Assists patient with filling out forms, answering questions; accompanies patient to scan
3. Contacts patient 24–48 hours post exam to solicit feedback, offer help with follow-up

Case in Brief: Sibley Memorial Hospital

• 318-bed hospital located in Washington, DC
• Imaging program planning to deploy navigators for patients based on breast imaging navigators
• Role is to give face to imaging department, relieve patient anxiety, facilitate positive experience
• Navigators will be staffed to imaging department, accompany elderly patients, patients who are alone
• After exam, navigator will reach out to patient to ask about their experience, ensure that required follow-up is occurring

Source: Sibley Memorial Hospital, Washington, DC; Imaging Performance Partnership interviews and analysis.
Elevating Patient Comfort

Four key takeaways summarize section four, highlighting the most important insights for imaging leaders seeking to elevate patient comfort.

As a first step, programs should think about program operations and protocols from the patient’s perspective, perhaps convening a council or committee to ensure patient-centricity. From there, organizations are well positioned to allay specific fears of particular populations. Finally, building personal connections between patients with similar experiences can eliminate feelings of isolation that often accompany imaging exams.

Key Takeaways for Imaging Leaders

- **A vital part of patient service is creating an environment that eases potential anxiety.** An imaging exam can hold many sources of stress for patients – from anxiety about the exam itself, to anxiety about the results of the exam and their implications. Providing employees with patient-centered training and language is a great start, but imaging providers should ensure that all aspects of the environment are patient-focused, allowing for concerns to be aired and alleviated.

- **Commonly heard patient fears should be explicitly addressed.** Many programs are already beginning to invest in open/short-bore MRIs for claustrophobic patients, but there are less expensive ways to address the needs of specific patient groups. For example, imaging programs can develop protocols for pediatric patients, or ensure expedited results delivery for high-risk mammogram patients.

- **One of the simplest and most effective ways to alleviate anxiety is by facilitating personal connections.** Interactions between the patient and a radiologist are effective when patients desire clinical explanations of exams, while connections among patients (as with organizations offering mammogram parties or women’s health retreats) builds a community based upon common experiences.

- **Establishing personal connections paves the way for implementation of more structured support networks.** Some imaging centers are now modeling navigator programs after those used successfully for conditions such as breast cancer or chronic heart disease. The goal of these navigators is to assist patients throughout the exam process and as they begin follow-up, supporting them emotionally during what is often a confusing and difficult time.

Source: Imaging Performance Partnership research and analysis.
V. Creating Loyal Customers

- Tactic #19: Pathway Feedback Cards
- Tactic #20: Empathetic Recovery Language
- Tactic #21: Systematic Complaint Resolution
- Tactic #22: Electronic Response Devices
Not Every Visit Will Be Perfect

Despite imaging leaders’ best efforts, some service lapses are inevitable. Certain scenarios simply cannot be helped: machines will break down, workflow will be interrupted, and unanticipated absences will occur. Unfortunately, even a single service breakdown can have a negative impact on patient loyalty and program reputation. Seventy percent of customers experiencing poor service will not return, while three-quarters will share the experience with others. The final section of this publication examines approaches to maintaining loyalty through excellent service recovery practices.

Impossible to Avoid All Service Breakdowns

Customer Reactions to Poor Service
Willingness to Revisit Sites After Service Incident

- 70% Will Not Return to Organization

Hearing It Through the Grapevine
Customer Sharing of Information

- 75% Will Share Experience with Others

These patients will tell an average of nine family and friends about experience

Controllable Lapses
- Poor access to scheduling
- Tech not notified patient is prepped
- Tech is rude to patient

Uncontrollable Lapses
- Tech goes home sick
- Equipment malfunctions
- Patient arrives late, disrupting workflow

Bouncing Back from Missteps

While lapses should be avoided, it is actually possible to benefit from excellent responses to mistakes under certain circumstances. Consumer research shows that service failures can increase satisfaction and facilitate loyalty in the long-term, provided those failures are addressed and recovered.

The service recovery paradox is described here using a case study from Starbucks. A customer attempted to use a loyalty discount card and was told by employees that it wasn’t valid at that particular location. The customer called the corporate office, which sent a $50 gift card to make up for the service lapse. Not only was this customer “floored” by the response he received, was impressed enough to post his experience online – generating positive goodwill for the company.

Service Recovery Offers Chance to Increase Satisfaction in Some Cases

The Service Recovery Paradox

Defined

With highly effective service recovery, a service or product failure offers a chance to achieve higher satisfaction ratings from customers than if the failure had never happened.

Requirements

| Failure not considered by the customer to be severe |
| Customer has no prior failure with the firm |
| Cause of failure viewed as unstable by customer |
| Customer perceives company as having little control over cause of failure |

Starbucks: Going Above and Beyond

Starbucks customer told loyalty discount does not apply, as store is franchised rather than corporate

Tries to cancel order but drink is already being made; pays full price

Calls corporate offices to suggest requirement for signage informing customers of variations in loyalty program

Representative apologizes, offers $50 credit to ensure experience is “nothing short of fantastic”; customer “floored”

You May Not Hear the Complaint

When approaching service recovery, imaging leaders should understand that both patients and referring physicians are program customers. Poor service negatively affects both constituencies and may result in lost volumes.

Imaging leaders should not assume that patients will voice complaints about their imaging experience to staff. Yet all too often, unhappy patients share their experiences with friends, family, and referring physicians. The more frequently physicians hear complaints about a particular program, the more likely they are to refer patients volumes to other providers.

But the Referring Physician Probably Does

Patient Feedback Loop

Physician determines patient needs MRI, refers to imaging center

Patient forced to wait over an hour before scan due to schedule back-up

Patient goes back to referring physician, complains about time lag

Patient schedules exam with imaging program physician recommends

Unhappy patient undergoes scan well past scheduled time, leaves without complaint

Patient complaint is third he’s heard about waiting times; begins to refer elsewhere

Source: Imaging Performance Partnership research and analysis.
# The Essentials of Service Recovery

Partnership research has uncovered five key components to successful service recovery:

- Invite customers to complain
- Encourage empathetic staff behavior
- Equip staff with the tools to engage in recovery
- Ensure a system for documentation and problem resolution
- Provide clarity on protocols for handling complaints.

The remainder of this section describes four tactics that map to each of these components.

## Keys to Successfully Rectifying Failed Encounters

<table>
<thead>
<tr>
<th>Five Components</th>
<th>Corresponding Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective systems for inviting customers to complain</td>
<td>Tactic #19: Pathway Feedback Cards</td>
</tr>
<tr>
<td>2. Staff skilled in service recovery; must be aware of protocols, able to listen non-defensively, empathize</td>
<td>Tactic #20: Empathetic Recovery Language</td>
</tr>
<tr>
<td>3. Guidelines for staff and latitude to act and atone</td>
<td>Tactic #21: Systematic Complaint Resolution</td>
</tr>
<tr>
<td>4. Documentation and a feedback loop that channels problems revealed through service recovery into an improvement or problem elimination process</td>
<td>Tactic #22: Electronic Response Devices</td>
</tr>
<tr>
<td>5. Clear protocols for handling customer complaints effectively</td>
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</table>

Pinpointing Areas of Note

As a first step, programs must encourage patient complaints so that mistakes can be identified and quickly remedied. Everdeen Medical Center, a pseudonym, has created Care Pathway cards to solicit such feedback.

Though the program uses a popular patient satisfaction survey service to compare their performance to other organizations, administrators found it difficult to pinpoint exactly where breakdowns were occurring. Their innovation is to present patients with a care pathway card upon their arrival. Each staff member who comes in contact with the patient—whether clinical or support staff—signs the form. Patients are then encouraged to record overall impressions of that employee on the card.

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**Case in Brief: Everdeen Medical Center**

- Eight-hospital system in the Northeast
- Patients carry index cards throughout visit to document staff contact, specific notes about events
- Cards allow direct targeting of positive or negative experiences, in order to follow up as appropriate
- Comment cards used to reward service excellence or discipline staff as necessary; cards also allow for follow-up or service recovery where needed

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Source: Imaging Performance Partnership interviews and analysis.
**Problems Resolved, Achievements Credited**

Patients return the cards and from there, Everdeen can address any service issues with the staff member directly responsible. Everdeen admits they rarely receive negative comments: because staff understand that they can be easily pinpointed, they make it a priority to deliver exceptional service.

Feedback cards also serve as a method for acknowledging when service is superior and warrants public recognition. Cards with positive staff reviews are posted by administrators as a way to acknowledge high-performing staff.

<table>
<thead>
<tr>
<th>Scenario #1: Rude Technician</th>
<th>Scenario #2: Above and Beyond Office Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Tech rude to nervous patient; patient notes interaction on comment card</td>
<td>1 Receptionist assists elderly patient with forms, offers to place call to patient’s daughter to get details of medical history</td>
</tr>
<tr>
<td>2 Upon review of comment cards, administrator learns of event</td>
<td>2 Patient thanks receptionist, documents positive experience</td>
</tr>
<tr>
<td>3 Manager follows up with disciplinary review, additional service training</td>
<td>3 Administrator sees positive review, personally contacts staffer to offer thanks</td>
</tr>
<tr>
<td>4 Administrator contacts patient to apologize for negative experience</td>
<td>4 Receptionist recognized at staff meeting, and comment card posted in break room</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership interviews and analysis.
Tactic #20: Empathetic Recovery Language

**Language Guides Interactions to Mend Missteps**

Carefully chosen language can be very effective in the event of service breakdowns. Clove Health System, a pseudonym, uses the acronym LEAD to guide service recovery efforts. Standing for Listen, Empathize, Apologize, Do, the letters are printed on employee nametags, underscoring the importance of correcting missteps. Beyond the language alone, employees are empowered to act if an apology is not a sufficient remedy. The program keeps gasoline gift cards on hand, giving them to patients in cases where the lapse warrants more than an apology. Clove consistently enjoys 96% patient satisfaction levels, and views empathetic language as an important component of their success.

**Staff Prepared, Empowered to Immediately Address Service Failures**

**LEAD at Clove**

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>L</td>
<td>Listen</td>
</tr>
<tr>
<td>E</td>
<td>Empathize</td>
</tr>
<tr>
<td>A</td>
<td>Apologize</td>
</tr>
<tr>
<td>D</td>
<td>Do</td>
</tr>
</tbody>
</table>

**Case in Brief: Clove Health System**

- Three-hospital system based in the Northwest
- Staff trained in LEAD (Listen, Empathize, Apologize, Do) for service recovery
- Acronym worn on badges as a reminder to address service missteps immediately and consistently
- Patient satisfaction high as a result

Source: Imaging Performance Partnership interviews and analysis.
Tactic #21: Systematic Complaint Resolution

Hospital-Wide Program Allows Rapid Response

Moving beyond in-the-moment techniques, Mountain States Health Alliance has created a regimented system for tracking and resolving problems. Patients are invited to call a hospital-wide complaint hotline, where staff enter all feedback into an automated system. The system then alerts the director of the relevant department via email. Problems must be resolved within 24 hours; email reminders are sent to the director every day that the issue remains unresolved. The system has proven effective for imaging—95% of complaints are closed with an acceptable resolution to both parties.

Automation Leads to High Degree of Problem Resolution

**Patient Feedback Response**

- Patient calls any department in organization with initial complaint
- Employee takes down details of complaint, enters into system
- Director of relevant unit emailed immediately with details of complaint; also receives daily email until complaint is resolved
- Director must follow up with patient within 24 hours to address situation, share steps taken to resolve it
- Patient calls any department in organization with initial complaint

**95%**

Complaints closed with acceptable resolution

**Case in Brief: Mountain States Health Alliance**

- 13-hospital system based in Johnson City, Tennessee
- Patient complaints tracked with electronic system led by Guest Services and Risk Management departments
- Department director notified of complaint daily until resolution, can share actions taken to address complaint and prevent reoccurrence
- Almost all complaints closed with resolution; patients appreciate responsiveness

Source: Mountain States Health Alliance, Johnson City, TN; Imaging Performance Partnership interviews and analysis.
Tactic #22: Electronic Response Devices

Electronic Devices Increase Response Rates

In addition to having service recovery protocols in place, programs should also collect and use patient satisfaction data to monitor overall trends, and respond rapidly to all problems. Yet Partnership research uncovered challenges with many of the tools currently being used: the sample size may be too small; satisfaction levels may oscillate wildly month to month; and surveys may lack enough details to guide appropriate action.

Washington Hospital Center in Washington, D.C. has found a solution that overcomes many of these obstacles. The hospital has contracted with a company that provides handheld electronic feedback devices. Patients are given the machines following a scan and answer five questions about their experience.

Case in Brief: MedStar Washington Hospital Center

- Part of MedStar Health, a nine-hospital system based in Columbia, Maryland
- Handheld electronic response devices used to track patient satisfaction immediately after visit
- Feedback collection is simple and quick, and response rate is significantly higher than rates observed with previous methods

Source: MedStar Washington Hospital Center, Washington, DC; Imaging Performance/Partnership interviews and analysis.
Program administrators are emailed both weekly and monthly reports with patient response data. The reports contain overall satisfaction rates as well as data specific to each question. The administrator is also able to view performance summaries from different outpatient imaging sites to pinpoint centers that are struggling or that can serve as models for other locations.

Weekly, Monthly Results for Micro and Macro Analysis

CFS\(^1\) Weekly Report

Weekly reports also aggregated into monthly composite
Huge Uptick in Response Rates

The ease of administering surveys has resulted in a dramatic uptick in response rates. With the previous survey solution, the program received only 25 to 30 responses per month, compared with the current 150 to 200 responses per week. The current method is also less expensive than the previous model—better results for lower cost.

Based on the positive experience of the imaging department, the hospital is currently negotiating an organization-wide contract to deploy the feedback devices across all service lines.

Simplifying Collection Method Proves Extremely Effective

Feedback Response Rates
Comparison of Survey Methods

Old Method

CFS Devices

25–30 Responses per Month

150–200 Responses per Week

Highly Cost-Effective

“We are currently working to negotiate a hospital-wide price to use CFS in other departments, but even for radiology alone it’s cheaper than our old method.”

Gayle Thompson Smillie
Director, Radiology and Central Patient Transport
MedStar Washington Hospital Center

Source: MedStar Washington Hospital Center, Washington, DC; Imaging Performance Partnership interviews and analysis.
Creating Loyal Customers

This box summarizes the most important insights for imaging leaders seeking to create loyal customers.

To begin, leaders must view service failures as an opportunity, rather than an obstacle. Patient loyalty can be recovered when problems arise if staff are able to act quickly and effectively. Programs must encourage patient feedback and complaints to allow accurate pinpointing of issues, and then empower staff to act autonomously to remedy issues as they arise. Taking a regimented approach to problem resolution will increase the chances that patients remain loyal, despite any mishaps they may have experienced.

Key Takeaways for Imaging Leaders

- **Service delivery may lapse in rare circumstances; these instances are actually opportunities to create higher satisfaction.** The service recovery paradox states that, provided a service failure is isolated and not severe, a customer or patient may actually become more loyal than if the failure had not occurred.

- **As a first step, programs must design a system that allows precise problem pinpointing.** Inviting patients to comment and complain allows for analysis and targeted improvement efforts. This is especially true of programs soliciting step-by-step feedback as the patient moves through the system. Imaging programs can also take steps to let patients know their feedback is valued, and collect as many responses as possible.

- **Employees must be empowered to address issues as they arise.** While heavy emphasis is placed on getting patient interactions right the first time, equal weight should be given to service recovery training. Employees must know how to react upon uncovering a service lapse, and have the autonomy to take steps to resolve patient complaints.

- **Complaint resolution should be a protocolized process to prevent problems from slipping through the cracks.** Once issues are identified and employees are equipped with the language and tools to respond appropriately, programs should hardwire these steps and ensure that all complaints are tracked and resolved. This ensures not only that patients experiencing service incidents can still leave satisfied, but that the issue will not reoccur.

Source: Imaging Performance Partnership research and analysis.
Coda
A Broader Agenda
This concluding section offers the Partnership’s assessment of the practices covered in this report, along with guidance on how programs may wish to select and sequence efforts to build a consumer-centric, outpatient enterprise.

Although this report has focused primarily on the patient, imaging programs actually serve three interconnected groups: patients, program staff, and referring physicians. Tactics that result in engaged staff affect patient satisfaction, and also positively influence physician referrals.

Patient Service Creates Halo Effect

- Engaged, connected staff increases patient satisfaction
- Service-oriented staff schedule patients quickly, efficiently for referring physician office
- Satisfied patients ensures physicians continue to refer to program

Source: Imaging Performance Partnership research and analysis.
A sampling of service tactics are summarized at right, underscoring the benefits for patients, physicians, and staff. The insight is that investing in service can result in widespread improvements to program performance.

### Overview of Benefits from Selected Tactics

<table>
<thead>
<tr>
<th>Tactic</th>
<th>Description</th>
<th>Benefits to…</th>
</tr>
</thead>
</table>
| **Online Patient Services**   | Offer services such as scheduling, pre-registration, online bill pay, pricing information | • **Patients**: Eases process of scheduling, preregistration, bill pay  
• **Physicians**: Lightens load of office staff; patients can schedule, find directions to imaging center easily through website  
• **Staff**: Patients complete forms, pre-register beforehand, eliminating need to distribute forms, call patients prior to appointment |
| **Patient-Centric Language**  | Acronyms, language to guide staff interactions with patients                | • **Patients**: Positive experience from staff using empathetic language  
• **Physicians**: Patients report back on positive experience  
• **Staff**: Equipped with language to guide interaction; not forced to improvise, search for appropriate wording |
| **Expedited Results Protocols** | Operations adjusted to return results as quickly as possible for certain populations | • **Patients**: Lessens time spent worried about results  
• **Physicians**: Also decreases results reporting to referring physician  
• **Staff**: Not burdened by repeated calls from patients asking for results |
| **Empathetic Recovery Language** | Staff equipped with tools, guidelines to resolve problems as they arise | • **Patients**: Problems eradicated quickly, patients content with resolution  
• **Physicians**: Patients report back on positive experience  
• **Staff**: Empowered to resolve problems |

Source: Imaging Performance Partnership research and analysis.
Gauging Required Levels of Support

The 22 tactics contained in this study require varying degrees of support from the broader health organization. This exhibit categorizes each tactic accordingly: imaging leaders are free to proceed independently with those listed in the far left column: patient-centric language, scheduled service audits, expedited results protocols. Moving to the right, tactics in the center column require a greater degree of support: tech career pathing necessitates HR input, while imaging patient navigators and electronic response devices may require explicit approval. Finally, significant assistance will be necessary for the tactics at far right. For example, online patient services requires approval and help from IT, while a hospital-wide complaint resolution would require significant capital and executive buy-in.

Tactic Implementation Allows Varying Levels of Autonomy

Level of Support Required for Implementation

- **Complete Autonomy**
  - Patient-Centric Language
  - Scheduled Service Audits
  - Hardwired Staff Recognition
  - Interdisciplinary Care Council
  - Expedited Results Protocols
  - Pathway Feedback Cards
  - Empathetic Recovery Language
  - Systematic Complaint Resolution

- **Limited Autonomy**
  - Baseline Access Metrics
  - Peer-to-Peer Hiring
  - Radiologist Service Training
  - Tech Career Pathing
  - Radiation Dose Hotline
  - Pediatric Care Standards
  - Mandated Radiologist Touch
  - Women’s Imaging Sessions
  - Imaging Patient Navigators
  - Electronic Response Devices

- **Significant Assistance**
  - Online Patient Services
  - Comprehensive Service Coaches
  - Service-Based Incentives
  - Staff Feedback Loop

Source: Imaging Performance Partnership research and analysis.
Assessing the Impact

Of course, autonomy is not the only factor to consider when deciding which practices to implement. The cost and effort of implementation should be weighed along with impact. In this matrix, the Partnership has plotted all 22 practices based on these two factors.

Those tactics offering greatest value at less cost are located in the lower right quadrant. For example, empathetic recovery language will arm your staff with tools to listen and react appropriately to patient complaints, recovering service that may have been lost otherwise, but with comparatively low effort.

Practices in the upper-right quadrant should also be considered. Although these tactics require greater effort and resources, implementation may be worthwhile for certain programs, depending upon organizational characteristics. The same is true for tactics in the lower-left quadrant. The impact of these tactics may be less, but low-resource requirements may increase attractiveness to certain programs.

Source: Imaging Performance Partnership research and analysis.
To conclude, the Partnership has created a list of the 15 characteristics of an advanced, patient-friendly imaging program. Some may disagree with details, but taken as a whole, these practices represent a compelling vision for meeting the growing consumer mandate. Imaging leaders are encouraged to review and modify the list to suit their programs.

15 Attributes of a Consumer-Centered Enterprise

Audit of Current Practices

<table>
<thead>
<tr>
<th>Goal</th>
<th>In Place Now?</th>
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<tr>
<td></td>
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</table>

**Simplifying Patient Transactions**

1. Every phone call is answered within 20 seconds, time to third available appointment less than two days
2. Website offers comprehensive services, including self-scheduling, prep information, and online bill pay

**Maximizing Staff Professionalism**

3. Staff are vetted for willingness to put patients first, and hired for patient-service skills
4. Language used by staff in all interactions is empathetic and personal, yet professional
5. Radiologists are able and willing to connect with patients, explain procedures and answer questions
6. Every interaction with patients service-oriented

**Ensuring Staff Engagement**

7. Staff retention is high, with clear opportunities for advancement
8. Administrators consistently recognize staff accomplishments publicly
9. Staff feedback is collected regularly, and used to guide operational, strategic improvements

**Elevating Patient Comfort**

10. Specific patient fears are addressed, allayed through regimented protocols
11. Test results are expedited for all patients, delivered same day for high-risk populations
12. Imaging navigators connect with, accompany patients through process, lending support when necessary, including during results delivery with referring physician

**Creating Loyal Customers**

13. Mistakes are acknowledged, quickly remedied by staff
14. System is in place for capturing patient feedback, pinpointing failure/success points
15. Patient satisfaction data are captured directly following scan, with administrators monitoring results on a regular basis

Source: Imaging Performance Partnership research and analysis.