

PRACTICE PEARLS

Become a mystery patient

Try calling your office anonymously and scheduling an appointment as a new patient. Did the receptionist welcome you to the practice? Did he or she ask if you knew where the office was located? Was there an offer to send you the necessary paperwork to fill out before your appointment? Use the answers to these questions to help coach your office staff.

Source: Luallin M. Evidence-based service strategies that pay off. Presented at: Annual Conference of the Medical Group Management Association; Oct. 27, 2014; Las Vegas.

Avoid infection by avoiding the T-zone

As we move through the annual flu season, as well as deal with fears from Ebola and enterovirus D68, it's worth reminding your colleagues and medical staff how to avoid infecting themselves and teach the technique to their patients.

Although most health care workers get the mandated flu shots, this step alone isn't enough and can divert their focus from true infection prevention – knowing where their hands are at all times and whether they are contaminating themselves.

Most pathogens can't infect humans unless brought into contact with the facial mucous membranes of a person's "T-zone," which includes the eyes, nose, and mouth. Employees should regularly be reminded to clean their hands completely and often and to avoid touching their T-zone during the workday.

I participated in a study that

looked at hand hygiene and face touching at seven Cincinnati-area clinics.¹ It found that health care workers, on average, touched their T-zone 19 times in just two hours. Although they often washed their hands, only 9 percent met the Centers for Disease Control and Prevention criteria of being effective.

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1. Elder NC, Sawyer W, Palleria H, Khaja S, Blacker M. Hand hygiene and face touching in family medicine offices: a Cincinnati Area Research and Improvement Group network study. *J Am Board Fam Med.* 2014;27(3):339-346.

Seek out patient voices

Incorporating the patient experience into health care programs, policies, and processes isn't always easy. Here are five approaches that can help:

1. Move beyond yourself.

Instead of drawing on your own experiences of the health care system, imagine navigating the process as a sick patient.

2. Strive for authentic patient voices. When possible, get input from patients directly affected by a particular health issue to know what is working and not working in their treatment and what needs are unmet.

3. Go online. Many patients have created online groups to discuss their conditions, experiences, and therapies. But be aware that these patients are often more engaged and sophisticated than the typical patient.

4. Look for what patients don't see. Remember that patients often don't realize how everyday factors such as family, stress, or sleep cycles

affect them and their conditions.

5. Protect yourself and your patient. Individuals who are willing to share their experiences are still patients, and their privacy must be preserved. Make sure your efforts comply with all government and organizational regulations.

Source: Jain SH. What it really takes to listen to patients. *Harvard Business Review Blog Network.* April 4, 2014. <http://bit.ly/1wk5PrY>. Accessed Oct. 30, 2014.

Tips from Assembly

During the AAFP's Scientific Assembly (now called FMX: Family Medicine Experience) Oct. 21-25 in Washington, D.C., attendees took to Twitter to share speakers' tips for improving practice. Here is a sampling:

• **To strengthen your patient relationships:** Be present in the moment. Look, really *look* into your patient's eyes. Admit to uncertainty. Practice empathy. Be kind.

Anna Quindlen

• **To improve patient care:** Remember, the doctor is the coach; the patient is the one playing the game. The goals are theirs, not ours.

Ed Shahady, MD

• **To implement a big change like e-visits:** Ease into it by providing e-visits for just two or three selected conditions on a cash-only basis.

Amy Mullins, MD

• **To reduce billing mistakes:** When you circle a service on a superbill, draw a line to the related diagnosis to help staff understand linkages.

Richelle Marting, JD

• **To avoid burnout:** Have a boundary ritual between work and home (like Mr. Rogers) that helps you take off "the doctor" so you can recharge.

Dike Drummond, MD

FPM

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