

The Mastery of Patient-Centered Practice

The Pre and Post Patient Care Huddle

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In the final analysis, chiropractic practice is fundamentally very simple. Provide exceptional customer service, in a safe, comfortable environment, give patients what they *want*, and in so doing, create the opportunity to provide them with what they *need*, and collect a fair fee for services rendered. In nearly all practice models, the doctor should be the center of this process. It is the doctor that forms the core relationship with each patient. However, the team he or she creates to become an extension of themselves is a critical component in establishing and maintaining a solid, successful, doctor-patient relationship. ***Focusing a priori on patient care and communication will prevent or eliminate the majority of the issues practices face***; patients suddenly quitting care, misunderstandings, scheduling conflicts, as well as disconnects with the practice team. ***Monitoring the team through the lens of customer service and patient care is essential.*** The purpose of this article is to teach you the best, time-tested method for creating, building, monitoring, and therefore enjoying success with your patients in practice, day after day, month after month; creating life-long doctor-patient and practice relationships.

Preparation

The doctor must set the course of the practice each and every day, and then, empower the team to implement and execute the plan, direction and pace chosen. In order to accomplish this, the doctor must be very well prepared (this article presupposes that the practice team is already trained to execute the doctor's platform, policies and protocols). The doctor must review a copy of the patient appointment schedule at least one hour prior to each actual patient care period. (I preferred to do this in the evening prior to retiring to prepare for my morning schedule, and after a power nap in the afternoon for the late shift). Every name should be read, and the current status of each

patient should be assessed. The internal questions to ask yourself about each patient are:

- How is this person responding?
- What did you converse about on their most recent visit?
- What topics are most important to each person, am I focusing on this with each person?
- Have they mentioned or alluded to any concerns regarding their progress, the cost of care, time constraints or what others have said?
- Have they mentioned their family, friends, work or social events?
- Refresh your memory of what matters most to them...family, work, passions, necessities, and how their condition relates to these points.
- Are there any interrelationships between the patients on the schedule that are worth noting? Relatives, friends, referrals, co-workers, neighbors? If any two or three of these individuals are in the adjusting suite or waiting room at the same time, what kind of conversation could initiate with my help?

Pre Patient Care Huddle

Prior to each and every patient care period, it is essential to have a team huddle at the reception desk with the entire office team present. The doctor arrives prepared with the analysis of the schedule detailed above, and proceeds to alert the team to those particulars gleaned from this study. In addition, the doctor should set the pace and tone of the day. Any new patients on the schedule should be discussed; how they will be greeted, and by whom must be established, the specifics relevant to each person verbalized, and action steps needed confirmed with each involved team member. The goal of creating a great first impression should be emphasized.

Those patients scheduled for their second or third visit should be met, and gently guided through the office protocol for their visit. For example, signing a fee ticket, obtaining a record card, or entering data on a touch screen, sitting in the waiting room, or on a "hot seat" or directly on an adjusting table. This familiarization with your office protocol will pay dividends in efficiency. If there are presentation of findings, x-ray exams, soft tissue sessions, or other non-routine visits scheduled, these items should be discussed and action steps reviewed and finalized to insure efficient customer service.

The doctor may want to share the interrelationships of the patients with the team, and how best to capitalize on unique opportunities to better educate, motivate or encourage the people presenting during that particular patient care period. For example, if a supportive care patient who has enjoyed great success with care for their lower back condition is scheduled alongside a newer patient who is also suffering the same or similar condition, dialogue with the supportive care patient may be focused in such a way as to encourage the other patient, or to motivate them to continue with care. To illustrate this point, I offer the following sample dialogue:

Dialogue with supportive care patient

D: Hello Mrs. Jones, great to see you.

P: Great to be here, it's been a great few weeks.

D: How so?

P: I have been able to work all day, and sleep all night without that nagging pain in my back.

D: Why do you think that is?

P: Well, I guess it's because my spine is healed up.

D: That's partly right, your spine is *healing*, because your current spinal position is stronger and more stable, so the discs ligaments and muscles CAN continue to heal. How did that occur?

P: I get it...well, I suppose all that exercise, and traction and you adjusting my spine did it...

D: Correct, keep regular with your routine visits now that you are more stable, with regular supportive care we may be able to prevent any recurrence of your pain and disability.

P: Will do Doc, every three weeks unless something changes. What a difference from a few months ago.

D: Go ahead and finish your exercises and traction, I will see you in 3 weeks, be sure to tell Mr. Jones I said hello...

All the while, the newer patient is hearing this dialogue, and taking it in. The doctor then approaches the newer patient, Bill Smith...

D: Bill, how's the back since yesterday's visit.

P: A bit better Doc...

D: What do you mean by better?

P: I can move easier this morning, and I tied my shoes for the first time in two weeks.

D: I see. Your body is starting to respond, there is a lot of work yet to do; you remember how your spine is built right now, we're not out of the woods yet, so don't be surprised if you start hurting again, but so far, so good.

P: Yeah, ok Doc. Hey, I heard you talking to that lady before me, she seems pretty happy.

D: She is, three months of solid work on her lower back produced a significant improvement in her spinal structure. She is stronger and more stable, and continuing to heal.

P: Maybe there's hope for me too Doc...

D: I am confident that if you remain consistent with your care, and work hard you will have the best opportunity to become stronger, more stable, and healthier too. And, you should be able to play softball this summer to boot. Stay focused, and if you experience any sudden change in your pain level or function, call me immediately, regardless the time of day, you have my mobile number.

P: You bet, thanks Doc, it helps to know I can always reach you if I need to.

D: Don't forget to ice, 20 minutes 4 times per day, with at least 40 minutes between sessions. I will see you tomorrow.

P: Ok Doc, thanks a lot.

You cannot script these conversations, however, the more familiar you are with the people you work with, the commonalities they share, the better you will be able to teach them, motivate them, and monitor them. Pointing these interrelationships out to your team members in your Post Patient Care Huddle also helps to involve the team in what is the essence of the practice, patient care. The more your team understands the practice, the better they are able to become an extension of you.

The Post Patient Care Huddle

Immediately following the patient care shift, a brief (2-5 minutes) huddle to summarize the session should be convened. This will allow for discussion of any and all patient matters, positive or negative, and also provide the opportunity for the doctor to evaluate the performance of the team, suggest areas of improvement, and to insure follow up with patients or tasks as required.

- Were there any missed appointments?
- What is the status of those missed appointments?
- Did everyone who was supposed to pay do so?
- Were there any comments pro or con the team needs to know about?
- Any mention of potential referrals?
- Who are the patients to be called?

The doctor should leave the office with the following information:

- New patient follow up calls
- First adjustment follow up calls
- Second adjustment calls
- Patients with a change in traction duration or those with symptomatic challenges who may need a call
- The number of any patient the doctor may think needs a call due to any kind of disconnect
- Any patient that the team has been unsuccessful in reaching
- Any other follow up by the doctor needed
- A copy or print out of the next patient care period

Conclusion

Implementing the Pre and Post Huddle to your day-to-day practice discipline will insure you are in intimate contact with the essence of your practice. You will be able to direct your team to new heights of customer service, enhance the patient-practice and doctor-patient relationship, and stay in touch of and on top of any and all issues that arise in the course of chiropractic practice.