Avoid your patients’ first impressions becoming their last ones at your medical practice by looking at three key areas.

After a patient has scheduled an appointment with your office, the next key moment of truth for them comes in the reception they receive as they enter your office. Ask yourself and your staff, “How does it feel to be a newcomer at our office?”

Here are three areas you can evaluate to assess whether you’re creating an inviting environment that patients will tell others about or if your patients’ first impressions may also become their last.

1. Directions and parking. Patients will evaluate the effectiveness of the directions they received when their appointment was set or based on what they were able to retrieve from your website. Are these directions clear and do they account for people who are unfamiliar with the area? Walk outside and make an objective assessment of the exterior of your facility. Are parking spots clearly marked? Is the parking lot clean? What about the exterior of the building? How many steps does a patient have to take to get from the parking lot to your office? Are there clear signs directing the way to your facility or do patients have to make guesses to arrive at your office?

All of these factors will impact the state-of-mind your patients will have when they arrive and will shape their perceptions of the quality of your practice. Make an honest assessment and then make the needed improvements.

2. Reception experience. The individual sitting at your front reception desk should be the best representative of your practice that you have on your staff. Invest in their skills and routinely evaluate their performance — as they are the first representation of YOU that your patients will experience. Have a friend that is not familiar with your office stop by for a visit and have them watch for the following: a.) How much time passes from their entry through the front door to the first greeting they receive from your receptionist?; b.) How pleasant and sincere is that first human contact? Are they helpful or off-putting or somewhere in-between?; c.) How clear are the instructions for check-in? Do you simply have a clipboard for patients to sign-in on? Are there any printed instructions for what to do? How much does the receptionist assist patients to get signed-in?

If you haven’t invested in a receptionist to answer phones and greet your guests, do it this year. It’s a small investment that pays a big dividend and will keep your clinicians focused on their patient care work.

3. Paperwork process. Ideally, you’ve already improved your practice so that patients receive intake paperwork prior to their arrival. If not, how much time is required to complete the paperwork onsite? How much information is required of patients that they may not readily have available? Evaluate the necessity of the questions in your intake packet. Are they all necessary? What are you actually using routinely in your initial consult with patients? Look at questions that are nice to know, but not necessary for a good initial evaluation. How many pieces of your intake paperwork ask for redundant information? Find ways to consolidate these questions so you ask them only once. If a patient needs assistance with their paperwork, how service-oriented is the receptionist in offering help? Are they genuinely helpful or does the patient feel as if they are imposing on their time? Some routine customer service training for your staff can go a long way to initiate improvements. Don’t forget to implement a good performance review process to sustain those skills.

Small investments in the people and processes related to your patients' reception will help your practice be more productive and profitable. As you build your improvement plans for 2012, be sure to include the reception area on your list.
Find out more about George Taylor and our other Practice Notes bloggers.

Disclosures:

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