

PATIENT ADVOCACY = STANDARDS OF CARE

Thomas E. Catanzaro, DVM, MHA, LFACHE
Dipomate, American College of Healthcare Executives
CEO, Veterinary Consulting International
DrTomCat@aol.com; www.drtomcat.com

"PATIENT ADVOCACY...an advocate is defined by Webster's Dictionary as a person who pleads another's cause..."

Today we are told we must work smarter, not harder. Some consultants have their favorite solution: *"Give me your current office call and I can set your prices to the appropriate level which will increase your net"...* or ... *"Profit centers must be developed"...* or ... *"This new equipment/system will save you money in the long run" ...* or ... *"Send your people to this school/seminar to increase your profits" ...* or ... *"Subscribe to this newsletter for all the management answers".* Regardless of the consultant pitch, the unspoken bottom-line is good medicine is good business.

GOOD MEDICINE

Good medicine is what we were trained to provide. Yet, somehow the day-to-day crush of practice squeezes the professional juices from our treatment plan. Couldn't happen to you? Try this quick test: Pull the first five records from any position in the first half of your hospital patient files (the "S" file is in the last half and has been overused already). Now systematically review each record for your patient advocacy. Here are some questions to ask about the STANDARDS OF CARE:

- Were vaccinations, fecal, heartworm testing/FELV offered and/or recorded at the first contact?
- Did the sequential weight get recorded with a body condition score? What have been the weight changes?
- How often are dental conditions scored during the physical exam, and are they tracked in the practice computer as well as the medical records?
- Was the physical exam recorded as a systematic review the twelve major body systems, plus vital signs?
- Have the patient "needs" been clearly annotated (e.g.,), and the client's decision (W-D-A-X) recorded in the box (W=waiver, D=defer, A=appointment, X=do it!)?
- Have the terms such as "recommend" been deleted from the practice vocabulary; are client refusals or deferrals recorded for ALL needed care?

- Was each admission an overt medical record entry; was anesthetic risk assessment assigned at every admission?
- Are handouts noted on the record so we remember which ones we have explained? No handout should ever be given without some form of personalized professional overview of subject.
- Were all the previous medications given for the full duration and did they work?
- Based on the Master Problem List, did the following visit note resolution of the previous problem(s)?
- Can you determine if a client who hasn't been back "on time" has been contacted?
- Do other animals in the same household get prophylactic treatments?
- Do we catch up records on all pets belonging to a client at every visit?
- Does every client leave with a Recheck/Recall/Reminder entry (every client meets at least one of the three Rs).

How many times have you found yourself making excuses because the above answers were less than professionally satisfying? The above questions are also the foundation for CONTINUITY OF CARE between providers. Adequate medical records are essential for team-based veterinary healthcare delivery!

I have found it much more difficult to teach a practice staff internal marketing than to help them become patient advocates. We no longer talk in "shoulds" or "recommendations", but rather, we speak in terms of "need", as in, "*Fluffy needs to be tested for heartworms after your winter vacation down south*". We concurrently need to infuse our staff with the respect for the client to waive any needed treatment. Waivers are recorded, occasionally with their initials just to reinforce the severity of the need, right after the plan in the medical record.

Good medicine starts when the client makes the first phone call, and it's answered within three rings. Good medicine means never putting someone "on hold" without their verbal consent. Good medicine means for each veterinarian every fifth appointment space is left blank for a same-day emergency services ("E" annotation or shaded space). Good medicine means an emergency is as perceived by the client, not by the receptionist. If unused, the "E" space becomes catch-up time, or a coffee-break rest period, or a recall, or just a time to observe the rest of the team delivering quality healthcare.

Good medicine means introducing yourself upon entering the room, and touching the animal early. Only nerds lean against the wall, cross their arms, and question the client at length while the animal is suffering (in the client's

opinion). You only have three to four minutes before your body language makes the client decide on your concern. Is your reception area a "waiting room", or has it been a good client experience where smiles and concerns have "hosted" the client into the exam room? If you teach yourself to listen to a client (not just hear what they are saying), you will be able to detect the concern, frustration, anxiety, or maybe even confidence in what they are saying. As you examine the pet, do you convey the good news (the specific normals, the good care) or do you silently skim the animal and give just an overall "okay" at the end? Clients enjoy hearing that the eyes are clear, the bladder feels normal, the intestines palpate healthy, the coat is glossy, the lungs are clear, both ears are clean, or whatever.

Does your receptionist offer to reschedule late arriving clients or on-time clients when your "schedule has been interrupted" (don't ever just "run late")? Many clients would prefer to come back for a different appointment after they do a few more errands than wait for 45 minutes while you "catch up".

Look at the first impression the client sees. The curb appeal, the dog access/relief areas, and the first impression of the receiving desk all set the tone for the visit. Look at the reception room. Can a nervous cat and owner find a corner of protection? Can a lady safely tie her dog while she goes to the rest room? Are your displays framed (or do you just tape things to the wall like a teenager)? Neatness counts. Brightness and cheer have led to open receiving desks, bright wallpaper, and smiles. The days of dark paneling and small windows for "plush luxury" have yielded to "bright and cheerful". Old magazines are not needed in the reception area. There are many quality handouts and booklets available for free that can be read. Behind the Scenes scrapbooks, practice client/pet scrapbooks, or even the *Delta Society Journal* can also be made available.

Good medicine means you are really concerned with the three Rs (Recheck, Reminder, Recall). If a client does not return for the recheck at the prescribed time, you initiate a recall. The "Doctor and I" format has worked very successfully. The technician or receptionist automatically initiates the recall as needed. Introducing themselves, the veterinary facility, and then the question, *"The Doctor and I were wondering (1) since we didn't see you this week if everything is okay ... or ... (2) whether you had any questions now that you have been home a few days ... or ... (3) if you think Fluffy needs more medication."* When the response is other than what a paraprofessional can handle, the technician or receptionist can always say, *"That's something the doctor would be concerned about. She/he reserves time for client phone calls between 6 and 8 (or 1-3 if your hospital has a slow mid-day). Will you be home at that time?"* If you don't have time set aside daily for veterinarian call-backs, establish the time now. You can't afford to be on-call to the telephone, or out-of-touch all day.

PUTTING IT TO THE TEST

It all translates to patient advocacy, doing what is needed for the health and welfare of the animal. Good medicine is simply doing what is needed. Allowing the client the right to decide to waive the needed care will yield far more net than deciding for clients that they can't afford something. While our net is not a reason to be a patient advocate, it can be seen as an acceptable reward for good medicine and high professional standards for healthcare delivery.

The human-companion animal bond is hard to measure, but we can recognize it when we see it. Patient advocacy is a nice philosophy but it also seems hard to measure. If we can't measure it, we can't manage it. We need to look at an indicator that will work for most practices. "Standards of Care" provides the first measurement, as seen by the practice team; Are all doctors delivering wellness and preventive medicine in the same manner? Can the staff depend on the doctors having a single standard, from vaccination protocols and routine parasite screening, to anesthetic risk assessment, to hospitalization levels, to dentistry grades, to sequential weights, to the "next visit" expectation?

For another look at "standards of care" and expectation of return rates, build a Patient Advocacy Factor chart. It needs to be on the same monthly horizontal axis as any other monthly fiscal chart so it may be compared for relationships. The vertical axis is practice specific and is derived by taking the total monthly income and dividing it by an annual visit factor (e.g., the number of rabies vaccinations given in that same month). If your practice is in a three-year vaccination area, you may consider using the annual "distemper" vaccination or the "annual physical" rate in lieu of the rabies vaccinations. This method of charting gives you a feeling for the annual value of the animal to the practice.

This Patient Advocacy Factor concept can be better understood by a practical application. We all know what happens to the average monthly client transaction fee when over-the-counter sales increase. It goes down. Now try this return trade concept using the Patient Advocacy Factor chart. Increases in over-the-counter sales for the good of the pet will cause the graph to go up. If this graph line is tracking on an upward trend, even if your average transaction charge is staying level or dropping, it means clients are coming in more often, possibly for smaller purchases per time. Usually, the return clients are spending far more at the practice per year, so be happy!

Which tracking system would motivate your staff to try harder to be a patient advocate? Which system better monitors the more frequently returning client? Which is a better indicator of full service? Which is a better reflection of good medicine? Which veterinary healthcare delivery approach recognizes the value of the human-animal bond at the level of the client's perceptions?