

Second Opinion: Good Service

Quality patient care is much more than having good outcomes at an acceptable cost

By Susan Reynolds, MD, PhD

AFTER THREE arthroscopic surgeries on my left knee and multiple knee injections to keep me on the tennis court, my rheumatologist said it was time for a total knee replacement. So I searched the web to find the top knee replacement specialist in the area. Two orthopedists got top scores for all of the Los Angeles area, and one of them was someone I had known since residency. And I made an appointment to see him, knowing he would answer all my questions.

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I did get my questions answered when I finally saw him, but before that I felt like the office was an orthopedic mill. The waiting room was small and not well lit with no outside lighting. The chairs were crowded very close together in spite of people having to maneuver with casts, crutches, and canes. The receptionist called me “Susan.” I signed some forms electronically, found an open chair, and waited, and waited, and waited...55 minutes until a medical assistant called “Susan” and escorted me back to a room. And again, I waited until the orthopedic fellow came in and went through my history. It was another 20 minutes until I saw the surgeon I knew. He explained the procedure in detail, then sent me to sign out at a desk that was empty, in a waiting room that was very dimly lit and empty. I had to call out to get someone to show up with the instructions to take home.

Office Setup and Staff

Although I had confidence in the surgeon, and he took time to go through everything with me, I had a bad feeling about the office setup and the staff. So, as I have told many of my patients facing surgery, I decided to get a second opinion from the other top-rated surgeon in the area.

And what a difference! I walked into a waiting room that was large and brightly lit with daylight coming in through the windows. The chairs were at varying heights and spread out so as not to be right next to each other. The receptionist greeted me as “Dr. Reynolds,” offered me coffee, tea, or water, while I waited in “any chair that is comfortable.” He was very personable, and told me what to expect next, the MA taking me to the room.

The MA appeared within 10 minutes, called me “Dr. Reynolds,” and took my vitals, again in

a brightly lit room with windows to the outside. When she had trouble loading my x-rays and MRI on the computer screen, a very personable IT person came in and quickly fixed the problem. Next, a PA did an initial exam, and then I met the orthopedist all within 45 minutes of my arrival at the office. At each step the staff informed me of what would happen next and made sure I was comfortable. I felt very positive about the whole experience, and although I had come for a second opinion, I decided on the spot to have the second surgeon do the actual total knee replacement.

My web search had shown that the second surgeon had significantly more experience and better outcomes than the other surgeon, but that was not the deciding issue for choosing which surgeon to use. It was the service provided by the office staff that made the difference. They made me feel like I mattered, that I was not just “another knee” in need of repair. I was a real person, a physician who was now dealing with being a patient, someone with considerable knee pain for a long period of time, not wanting surgery, but needing it soon.

Experts have often defined quality patient care as having good outcomes at an acceptable cost. But there is so much more to consider as evidenced in patient satisfaction scores that are now part of the reimbursement equation. It is noteworthy to mention that the first surgeon’s office sent me a patient satisfaction survey to fill out a couple of days later. But all of the questions were about my interaction with the surgeon. He got high marks based on the questions the survey asked. However, I had to write my much less positive experience in the “Other Comments” section. It seemed as if the office setup and my interactions with the staff before and after seeing the surgeon didn’t matter.

Small Things Make a Patient Feel Human

In my view, service matters a great deal! It only takes a small effort to make a big difference in the patient experience. Of course the surgeon needs to be an excellent communicator, explain the procedure and its risks, and listen to the patient’s concerns. It’s the small things that can add up to truly great service, like seating arrangements, appropriate wait times, keeping the patient informed, properly addressing the patient by name, even offering something to drink. Those details can make a patient feel human, not like just another “knee.”

Susan Reynolds, MD, PhD, is President and CEO, The Institute for Medical Leadership. 