Improving the Radiology Service Patient Experience

Radiologists are increasingly recognising their role as direct service providers to patients and seeking to offer an exceptional patient experience as part of high-quality service delivery. A recent article by Andrew Rosenkrantz, MD and Kristine Pysarenko, MD from NYU Langone Medical Center, published in *Academic Radiology*, explores important areas to be considered by a radiology practice to ensure positive and meaningful patient experiences.

Providing excellent service can be difficult to achieve in practice given its intangible nature as well as the heterogeneity and unpredictability of the large number of patients, frontline staff, and environmental circumstances that define the patient experience. Thus, broad commitment and team effort amongst all members of a radiology practice are required.

**How Providers in Different Roles Contribute to Positive Service Encounters**

**Schedulers**

Schedulers have a critical role as they often serve as the initial point of contact and thus form the basis of the patient’s first impression. Research in other industries has demonstrated that the earliest encounters generally are weighted more heavily in the customer’s overall perception of service quality. Schedulers should be sufficiently knowledgeable about radiology examinations to schedule them accurately and efficiently.

**Receptionists and Other Front-Office Staff**

As frontline workers are the ones to interact with patients, it is these individuals who ultimately set the level of service quality and represent the experience in the patient’s mind. Staff must receive proper training in service delivery. This can include education and coaching in listening skills, patient engagement, problem solving, and teamwork. Staff may be given specific scripts to follow in challenging patient scenarios.

Front-office staff should maintain a warm and friendly attitude. They should recognise and greet the patient promptly on their arrival and provide instructions on how to proceed with registration.

**Technologists and Nurses**

They should address the patient with empathy and compassion throughout the course of the examination. They have to be aware of and sensitive to any pain or discomfort during the examination, offering to slow down or pause the exam.
Radiologists

Patients are increasingly accessing and reading their own reports through web portals. In this sense, the report serves as a de facto encounter between the radiologist and patient that can significantly impact the patient’s impression of service quality. *Bruno et al. (2014)* have provided recommendations for writing radiology reports. Key elements for the radiologist to consider include:

- Ensuring that details of the patient demographics and history, including name, date of birth, as well as medical conditions and prior surgeries, are correct. The patient can readily verify such details for accuracy.
- Proofreading for typographical errors. Even a single small error of seemingly little consequence may cast doubt in the patient’s mind regarding the radiologist’s level of care in all aspects of the study’s interpretation.
- Although recognising the need to incorporate standard medical terminology, aim to generate a report that is readable by the patient, using straightforward syntax and eliminating needless jargon.

**Four Themes Underlying Positive Service Encounters**

**Recovery**

When a service delivery failure occurs, both the substance and manner of the provider’s response influence the patient’s perception of the encounter. For instance, when the wait time is longer than expected or an equipment malfunction occurs, the patient’s memory of the experience will be heavily impacted by how the organisation handled the issue. The provider should apologise, offer an explanation if possible, and take prompt action to remedy the situation.

**Adaptability**

When patients have special needs or requests, it is important for all team members to be empowered to adjust and customise standard processes to meet these needs. This requires flexibility in both providers’ attitudes and the processes themselves. For example, if a patient experiences greater than expected claustrophobia at the start of an MRI examination, the technologist should have the capability to switch the patient to an available wider bore magnet despite a busy MRI schedule.

In addition, the radiologist can be adaptable in making him or herself available to answer questions from the patient before or after the examination, even if doing so is not part of the radiologist’s normal practice.

**Spontaneity**

Staff may voluntarily take extra actions not required in their job description or not in response to any particular service failure or patient request but because they see an opportunity to help or comfort a patient. These actions often surprise patients and are particularly memorable as they reflect genuine empathy and consideration. For example, the technologist may spend additional time comforting and assuring a paediatric patient before the start of an examination.

**Coping**

Providers must also be prepared to handle uncooperative and potentially unruly patients. How such patients are handled impacts not only the individual patient but also the experience of other patients nearby. For instance, a patient upset over a long wait may become hostile and combative within the waiting area. Staff need to be trained and comfortable in handling these situations while keeping their composure.

**Additional Considerations Relating to Service**

The "Servicescape"

The servicescape refers to the aesthetics and amenities of the facility in which the patient encounter occurs. Elements of the servicescape should convey the practice’s dedication to service quality and patient
satisfaction. However, servicescape entails far more than just equipment, but rather all internal and external aspects of the physical facility, such as sufficient nearby parking; clean waiting area, bathrooms, and examination rooms; and professional and clean attire for staff.

Registration, safety questionnaires, and other paperwork should be well designed and straightforward, with easily readable font, plain language, and clear instructions regarding how to be completed. Nonvisual cues should be considered as well. For instance, in MRI, a wide variety of music options should be available for listening during the examination.

**Use of the Internet**

The Internet has become an important medium of the patient service encounter. A practice’s website may be the patient’s first point of contact, creating the initial impression and serving as the main source for information about the facility and staff. A well-designed Web site should be reliable; visually appealing; written in plain language that can be understood by patients of varying ages, cultures, education, and level of health literacy; and easy to navigate with clear options.

Social media, such as Facebook and Twitter, can be used to provide information from the practice to its patients, and receive feedback and inquiries from patients, or to create dialogue between patients themselves.

**Listening to Patients**

To ensure that the practice is appropriately directing its portfolio of service initiatives, it needs to actively collect patient feedback. A radiology practice can adopt a number of approaches to listening to its patients. These include routine follow-up calls, large-scale patient surveys, and occasional patient focus groups and panels. A formalised mechanism for soliciting patient complaints is important; such complaints should be taken seriously, investigated, and acted on, when appropriate.

**Conclusions**

Radiologists cannot focus solely on their own role in performing and interpreting examinations, but need to broadly consider all elements of the patient experience. These considerations include the roles of schedulers, receptionists, nurses, technologists, radiologists, and the physical environment itself, all of which shape the patient experience.

Relevant strategies are explored in this article and can enhance patients’ perceptions of radiology and radiologists. As such perceptions will undoubtedly shape the future of the field, radiologists are called upon to fully embrace service quality in their practice.

Image Credit: American Radiology Services

Published on: Tue, 20 Jan 2015