



**ABC INSIDER**  
Accreditation Webinars



## **Beyond Satisfied:**

The How, When, Why & What Now?  
of Patient Satisfaction Surveys & Customer Service

Thanks for joining us. The webinar will begin shortly...

## **Meet your Presenter...**

**JIM LAWSON**

ABC Outreach Development Manager



## **What We'll Cover Today**



Before we dig Let's take a quick look at what all we'll be covering today.

We're going to be answering several questions about Patient Satisfaction Surveys like...

Why do we offer them?

Who do we offer them to?

How do we offer them?

When should we offer them?

Where should we keep them?

And...What now? These are the next steps to take after compiling your survey results

We will also discuss how all of this ties into your practice's overall customer service and can be used to improve your business success.



**Why do them?** Why do you offer patient satisfaction surveys? Because ABC and Medicare says you have to, right? Well, yes, that's true. If your business is accredited by ABC and if you bill Medicare then you are required to offer patient satisfaction surveys but there are so many more important reasons than just those two. Ultimately why are they required? How about learning what you need to improve, what you're doing well and what you need to pay more attention to. It all comes down to one main reason, they help you to learn how to provide the best healthcare you are capable of providing.

## Who do you offer them to?



**Who do you offer them to?** I speak at most of the O&P meetings around the country throughout the year and I address patient satisfactory surveys during my sessions. There's usually some confusion about who you should offer the surveys to. In the ABC Accreditation Compliance Standards it states that they must be offered to patients, not some patients or a select group, but to all patients. I've had business owners share with me that they offer them randomly but we really need to offer them to all patients. We all understand that not all patients will respond to the surveys so to try to get the greatest amount of responses they need to be offered to each of your patients.

We  
Hear  
You



**Benefits to patients?** People want to be heard, people want to feel important. That's a natural want that everyone has. We want to know that others understand us when we have a complaint and on the other hand we also find a bit of inner joy by letting someone know they've done a good job. Those are a few of basic needs that people have. So, what other benefits come from these surveys? You're patients actually benefit from the improvements and changes that you and your teams make to the service you're providing them.

## Mutually Beneficial



**Benefits to practice/business?** Let's talk mutual benefits. Take this photo of the bird and the alligator for example...the bird gets a bite to eat and the gator gets his pearly whites cleaned. It's a win, win. Satisfaction surveys are also mutually beneficial – Both for your practice and your patients. So, how do you better understand these mutually beneficial relationships?

Let's just use this scenario as an example, in the 80's and '90s there was a business trend to bring consultants into a business and spend a week or so observing employees and how they did their job. This practice still takes place, it's expensive and can produce some uncomfortable situations much like the situations you see here. Has anyone seen the movie Office Space? If so, you know what I'm talking about. But, patient satisfactory surveys, when done well and taken seriously, can give you some of the same results at a fraction of the cost. If all team members take them seriously and respect the information received from your patients then they can be a very telling source of information to use to grow and improve your business. It's not easy accepting criticism but if everyone goes in with an open frame of mind, ready to improve themselves and their practice then the surveys can become very successful tools.

## Customer Service



Customer service? What separates your business from the O&P business across town? To most patients it lies with the "feeling" they get from their interaction with you, either in person or on the phone. There have been many mistakes forgiven because of great customer service. Customer service starts with showing your customer, the patient, that they are cared for, that you honestly care for their well-being and their feelings. Of course you are there to help them with their physical issues but do your patients know that you really care for them? Asking them how they are, asking them "what else can we do for you?" asking them "what can we do better?" asking them "how did we do?" opens the door to caring customer service which will keep a patient with you for life. I read a study that a high percentage of people will



gladly tell 10 others when they receive poor customer service. Don't be one of those who are told on, don't give anyone a reason to share a bad experience. Let them share their experiences with you by emphasizing the patient satisfaction surveys.

### How do you offer them?



**How do we offer them?** You've all heard the term, there's more than one way to skin a cat, but since that is a gross thing to imagine, I'm going with...There's more than one way to cook an egg! In fact, I often ask my audiences how they offer the patient satisfaction surveys to their patients and I would venture to say that the majority of businesses offer a hard copy when delivering the device and the delivery slip. That is one way to offer them and it's probably the easiest way to offer them but is it the most effective way? Studies show the most effective way is offering them in more than one fashion. There are practices that offer them by mail with a stamped self-addressed envelope. There are practices that will use a service such as Survey Monkey and offer the survey online. There are practices that will have a tablet or iPad stationed in their lobby where the patient can take the survey immediately as they are preparing to leave the office. I have spoken to business owners who take a the next step and make random phone calls to patients just to ask them a few satisfaction questions after they have offered the survey in other manners. And of course there are services which you can pay for that will offer your surveys, gather the returned information, analyze it and create reports for you.

## What information?



**Sample Patient Satisfaction Survey**

You can create your survey either as an online or paper survey, whichever best serves your practice. You can also have a separate survey for orthotic and prosthetic patients, whichever way helps inform your practice. The following questions are suggestions and should be modified to fit your specific needs and goals.

- How easy was it to schedule an appointment?  
☐ Very easy    ☐ Difficult
- Upon arrival, how would rate your experience with our administrative staff?  
☐ Friendly/Helpful    ☐ Pleasant    ☐ Rude    ☐ Not acknowledged    ☐ No receptionist
- How comfortable was our waiting area?  
☐ Very comfortable    ☐ Adequate    ☐ Very uncomfortable
- For your scheduled appointment, were you seen:  
☐ Before your appointment    ☐ On time    ☐ Just after    ☐ Long after    ☐ I was late
- Were your financial obligations explained to you?  
☐ Yes    ☐ No    ☐ Not Applicable
- Please rate the level of knowledge, care and attention you received from your provider.  
☐ Excellent    ☐ Good    ☐ Satisfactory    ☐ Poor
- Did you discuss your goals and objectives related to your care with your provider?  
☐ Yes    ☐ No

**What information are we trying to gain?** I have seen practices with patient satisfaction surveys full of wonderful and what I call “feel good” questions, “Where you offered a beverage when you arrived?” What information would we like to gather? I’ve seen patient satisfaction surveys with 5-10 questions that get straight to the point, only request information on how their team actually performed with their patients and the services they provided. How are we doing? How can we improve? How can we offer better healthcare to our patients? Get to heart of the matter and, of course, offer each person an opportunity to share anything they’d like to even if it is not an answer to a question you have asked. It is great to hear wonderful things about your team and it is a benefit to get confirmation that you are doing performing well with your patients but even more importantly it can be a great benefit to hear what your team needs to improve.

This is a great time to make sure you’re aware of the ABC Compliance Resource Kit which includes a sample patient satisfaction survey. If your practice is accredited with ABC then the resource kit is available to you at no cost. You can access the entire kit by going to [abcop.org](http://abcop.org) and then go to the facility accreditation section and look for this RP icon and you’re all set! The sample survey is yours to use. You make take any questions or even use the entire thing as yours.

**What kind of return rate are we getting?** It’s not in black and white but I have been told by different representatives of CMS that they would like to see a 33% rate of returns from your patient satisfaction surveys. 33%! For most businesses that’s a very high number. When I take a poll from many of the groups I speak with I usually get a mixture of percentages but they often come in the 10-15% range. What can you do to increase the percentage of your returns?

## Return Rate

How do you increase your percentage?





### Direct Supervision Options

Direct supervision requires the supervising credentialed individual, the supervisor, to be available in **real time** for consultation throughout the patient care process and to be able to assess the care being provided by **visual means** (i.e., physically present, live video, web cam, or by other means of live visual technology). ABC accepts being available by different means and tools. It is acceptable to use media tools such as Skype and FaceTime where you have immediate visual and audio components available.



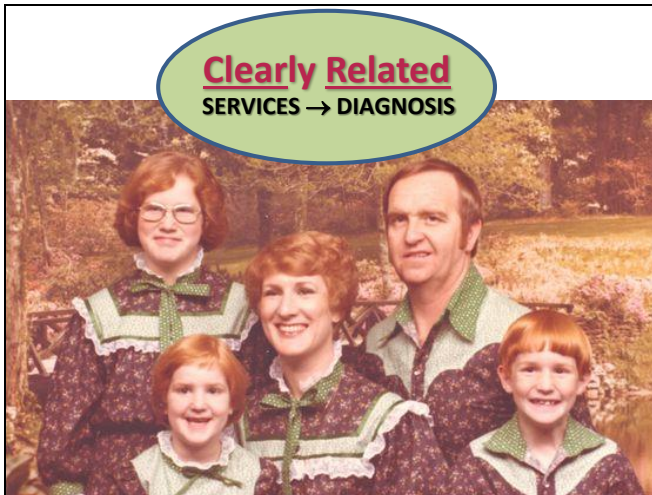
### Live and in **REAL TIME**

Please remember that these tools and resources must be live and used in **REAL TIME**, not a recorded video. For example, if an ABC surveyor is at your business, you must be able to show the surveyor how your system works in real time. It is more than likely that the surveyor will ask you to demonstrate how your system works and to run a test of your system no matter what it is you're using.

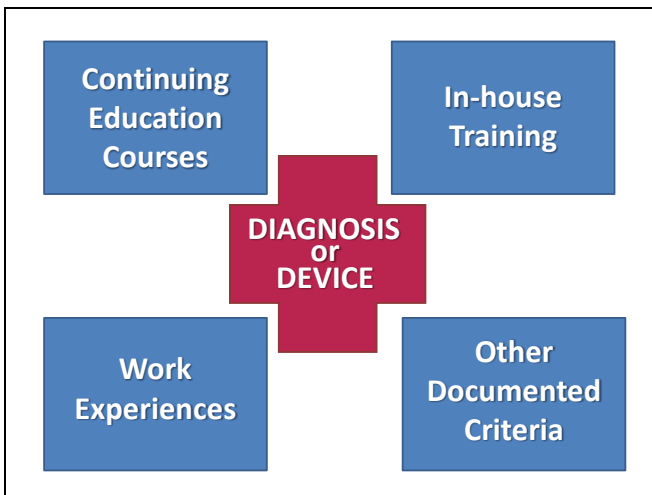


### Scary & Confusing...Ahhh!

Regardless of who is being privileged, there must be **Written Objective Criteria** for each person. Yes. The ever confusing written objective criteria. What exactly is a written objective criteria? **ABC defines it as** the means by which a privileged caregiver's ability to provide specific patient care service has been assessed and documented.



This refers to the structure and mechanism in which the caregiver has gained the necessary knowledge and skills to be able to provide a specific patient care service. This information must be **clear** and **related** to the diagnosis involved and the orthosis or prosthesis being provided (the device). Confused yet? I hope not! But, just in case, we'll break it down for you in a moment.



The documentation that is required may take different forms including, but not limited to, proof of completion of **continuing education courses** related to a specific diagnosis or device, documented **in-house training/in-services** that are specific to the patient care service that the caregiver is being privileged to provide, and/or documented specific **work experiences** participating in patient care activities. Again, these are just some of the examples. If you have other documentation, please provide that as well.



Did you pick that up? Being privileged, no matter who you are, does not mean that you have carte blanche to do any work that you feel you can or want to do. It must be specifically related to a diagnosis and a device.



## Privileged for Device AND Diagnosis



Diagnosis # 1	Diagnosis # 2
Paralysis of drop foot in stroke patient	Posterior Tibial Tendon Dysfunction
Privileged? <b>YES</b>	Privileged? <b>NO</b>

For example, if you are privileged for an Arizona AFO to treat the paralysis of drop foot in a stroke patient (which is very specific), that does not mean you are also immediately privileged for an Arizona AFO for treatment of Posterior Tibial Tendon Dysfunction(PTTD). You are privileged in a very specific task. If you wish to be privileged in other tasks, you will need the corresponding written objective criteria and other supporting documentation for that task as well.

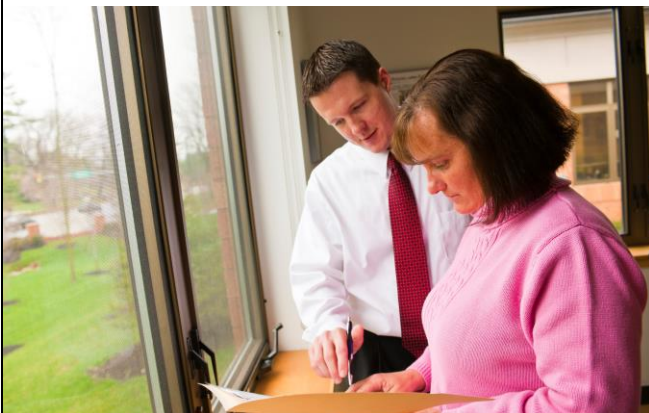
## Watch out for...

# CREEP

## Privileging

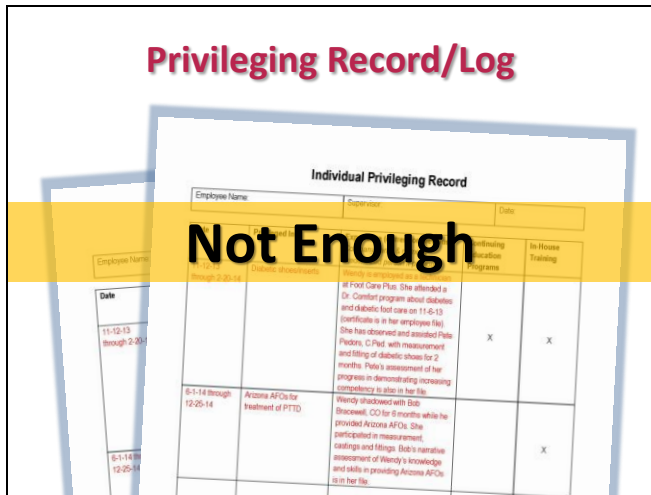
Don't let privileging **CREEP** happen. This is when a person who is privileged to provide a certain device for a specific diagnosis begins to CREEP over the line of what is specifically covered in their written objective criteria.

## Document the Process



Now, I have a question for you, have you picked up on how many times the form of the word **documented** has been used? There must be specific documentation throughout the entire process. As we know all too well, this profession is nothing if it there isn't any documentation.





A privileging record or log is very important, but it is not adequate by itself. There needs to be other substantiating documentation that supports what is described in the log. Let's discuss some of the different pieces of information and documentation that should be in the written objective criteria. Remember, you will want to add to and grow this documentation. Think of it as a living document. I think it will be clearer when we see some of the written objective criteria examples a little later on.



Alright, let's break this down. The documentation should answer what, where, when, who and how. Are you ready?

**Content**

- What is the specific diagnosis being treated
- What is the specific intervention being learned

**Format**

- Where did the learning take place
- When did the learning take place
- Who was the preceptor

**Process**

- How did the care provider progress from observation to assistance to independence

Here's what we need to see...

**Content:** What is the specific diagnosis being treated? What is the specific intervention being learned?

**Format:** Where did the learning take place? When did the learning take place? Who was the preceptor and which organization did he/she represent?

**Process:** How did the privileged individual progress from observation to assistance to independence?

## Written Criteria Example

### Arizona AFO – Evaluation & Casting

Date	Objective	Supervisor
1/3/16	Introduced Joe to PTTD Dx, signs and symptoms, biomechanics, anatomy, typical orthotic intervention	John Smith, CO
1/7/16	Joe observed eval/casting on two separate patient's with PTTD for Arizona AFOs	Sally Somebody, CPO
1/11/16	Joe assisted with casting for Arizona AFO. Patient was bilateral, Joe casted R side	John Smith, CO
1/13/16	Joe measured and casted patient for Arizona AFO with practitioner observing. Feedback given about alignment in cast	John Smith, CO

Here is a great example of the living documentation for privileging, it is telling us the story of who, when, what and it is very specific to a diagnosis and device. Joe is being privileged and here is his story. It tells us what he is being privileged in, his training and who has done the training. It also shows us Joe's progression throughout his privileging process.

Remember, this written criteria will be used to justify privileging for a **SPECIFIC DEVICE** to treat a **SPECIFIC DIAGNOSIS**.

Additionally, we need to see the justification for needing to privilege a team member. Why did you make the decision to privilege Joe?

We have several great privileging resources in our Accreditation Resource Pack. These are available on our website, ABCOP.org. Simply click the big red MY ABC button on our homepage to log in with your accredited facility's login ID and password. This is not your individual login ID and password. Ask your facility manager/owner to log in and print or save these resources for you and other staff to use. If you are with an ABC accredited facility or boutique, you have full access to these tools for free! The first is titled *Instructions for Using Privileging Criteria Template* and the second is an actual Privileging Criteria Template.

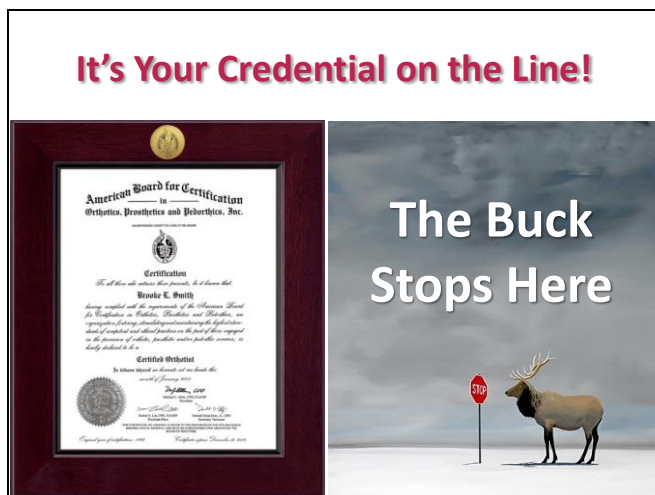


- 1 Review
- 2 Co-sign
- 3 Date

Once you have sufficient written objective criteria, what is your responsibility as the credentialed supervisor? First, you must review all of the notes written in the patient's chart by the privileged team member. Second, you must co-sign those notes and thirdly, you must date them. Let's not forget the reason you're reviewing and co-signing these notes. We want to make it very clear and stress the importance of reviewing notes, because as the supervisor, you are saying, "I agree with this action".

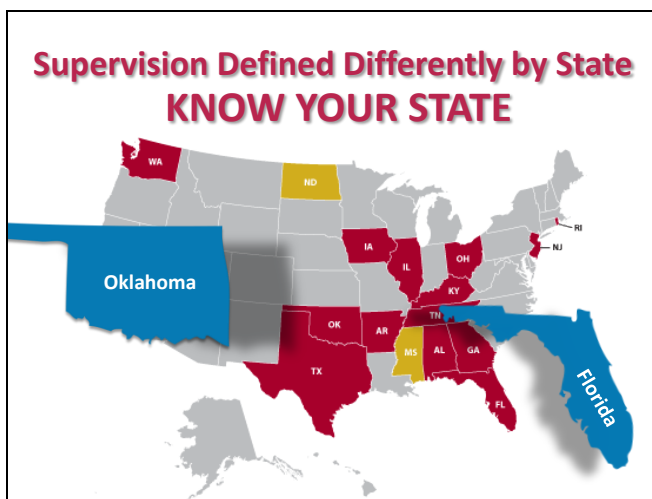


Your review, co-signature and dating must happen within 15 days of the privileged staff member providing services. 15 days.....Today is Tuesday, quick, can you remember what you had for lunch last Thursday? 15 days is a long time, I urge you to review, sign and date the notes in a timely manner.



With that being said, it is extremely important to remember the following point. Everything that is done by the privileged staff member is done under the supervisor's credential and if you're the supervisor, that's *your* certification on the line! The buck stops here, as it were. That gives you a great incentive to make sure everything is performed properly and that all documentation is sufficient and in the correct place. Some practitioners will not let a patient leave their office until they have reviewed, co- signed and dated the privileged team member's notes. Others review all patient charts by the end of each day. If there is a problem you want to catch it as soon as possible, it is your responsibility. If the privileging is for delivery of an elementary device or something very simple you may not feel the need to review and sign off on the notes immediately. But, if there is something being done to change a device, you would want to review the notes as soon as possible. Otherwise, your business could be at risk if mistakes were made and not rectified.





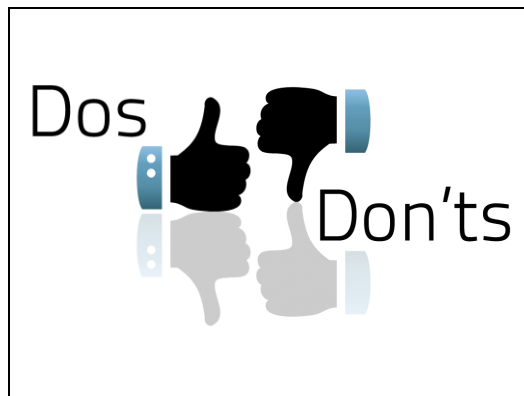
With all of this in mind, let me throw you a curve ball. We have 15 states in the US that have O&P licensure for our profession. This state licensure supersedes ABC's privileging standards and rules. Fortunately, most of the licensure states follow ABC standards, but there are few states that have their own rules and you must follow those rules. You don't want the risk of losing your license. For example, Florida defines **Supervision** differently from ABC. Florida's licensure board states that General Supervision is where the qualified supervisor is accessible at all times by two way communication, which enables the supervisor to respond to an inquiry when made and to be readily available for consultation during delivery of care; **and is within commuting distance in reasonable geographical proximity.** This distance

Oklahoma is another O&P licensure state that differs from ABC. It's licensure law states that "The licensed orthotist and/or prosthetist is responsible for personally reviewing the work by the supervisee."

What does all of this mean? It means...**know your state.** If you practice in a licensure state be familiar with the rules and what you can and cannot do. ABC has an interactive state licensure map on our website. All of the states colored red, currently have licensure. Those in gold, do not have a formal O&P licensure law, but do have some specific requirements for O&P. Just click on the highlighted licensed state and it will take you to an information page specific for that state. Many of the state licensure board websites are difficult to navigate, so ABC has compiled as much information and links as possible and provided it on our website to make it easier for you. Be sure to read and review the specific rules and requirements for your state. This is your livelihood and career; it is important to be as

requirement is different from ABC.

well educated on the state licensure as possible. We also encourage you to be just as familiar with the ABC accreditation standards that apply to your practice.



Let's review some Do's and Don'ts for privileging. This will be a recap of many of these points we've discussed in the previous slides.

## DO...

👍 Have Sufficient Documentation

👍 Continue to be Educated

👍 Be Available for Supervision

👍 Review, Co-sign & Date - 15 Days

👍 Remember Survey Requirements

**Do:** Make sure you have all of the sufficient documentation needed for privileging, training, justification and written objective criteria.

**Do:** Continue to be educated and keep up with the new procedures, technology and standards. Being privileged follows along the same line as your ABC certification. You need to reach your CEU minimum goals every five years, so continue to update your privileged staff member's education as well.

**Do:** Be available for supervision and consultation with a credentialed **and** non-credentialed caregiver.

**Do:** Review, co-sign and date the privileged staff member's notes within a **15 day** period but preferably earlier.

**Do:** Remember that the ABC surveyor will review all privileging documentation during your next and following ABC accreditation surveys. We have had practices not take their privileging seriously and have been penalized because of lack of

## DON'T...

🔔 Forget to review and understand your state's licensure rules

🔔 Become complacent with privileged staff and the services they are providing

documentation, poorly constructed written objective criteria and patient charts not being reviewed, co-signed and dated. Don't let this happen to you!

**Don't:** Forget to review and understand your state's licensure rules if applicable

**Don't:** Become complacent with your privileged staff member and the services they are providing. Be aware of what they are doing and how they are doing it. Once again, their work is basically your work because it is being provided under your certification. Please take this very seriously.

## Uncomfortable? Just Wait



I'd also like to share with you that if you don't feel comfortable or if you feel you don't have sufficient documentation for privileging either a credentialed employee or a non-credentialed employee, my advice is to hold off on it until you are confident you have the appropriate required documentation in place.

## Your Best Resources!



Your Best Resources - ABC is the leading certification and accreditation organization for our profession but we are more than that, we are here to help you succeed. We are available to answer your questions.







## Contact Us

Jim Lawson  
Outreach Development Manager  
[jlawson@abcop.org](mailto:jlawson@abcop.org)

Steve Fletcher  
Director, Clinical Resources  
[sfletcher@abcop.org](mailto:sfletcher@abcop.org)

Today's Webinar Recording will be available via:

- ABC's [Webinar Library](#) ----- [abcop.org](http://abcop.org)
- Link in follow-up [email](#) ----- 
- ABC's [YouTube](#) Channel ----- 

**Jim Lawson** – Outreach Development Manager  
[jlawson@abcop.org](mailto:jlawson@abcop.org)

**Steve Fletcher** – Director, Clinical Resources  
[sfletcher@abcop.org](mailto:sfletcher@abcop.org)