Compliance and Patient experience
Is anyone listening?

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good enough never is.

- Debbi Fields
Objectives

- Discuss obstacles patients and sleep lab techs face regarding compliance.
- Explore ways to improve your sleep lab’s patient care experience.
- Understand that patient experience directly affects compliance and overall success of a sleep lab.
The OSU Sleep Lab and Staff

- 12 Fulltime, 3 PRN, one office staff. One manager. 10 years at current location. 3rd accredited in the Nation in the 70s.
- Years of service 2 years-17 years, low turnover
- Electronic charts as of 11-5-13
- 210-250 procedures per month with 3-5 week wait
- 13 sleep clinicians, nearly 100 direct referral physicians
The OSU Patient experience

- QA measures internally.
  - 1. brief survey post procedure
  - 2. Post discharge and results calls
  - 3. looking at lowest scoring factors every quarter per AASM standards
- Press Ganey Survey: telephone and mail surveys to recently discharged patients.
Our internal survey

HOW WAS YOUR NIGHT IN THE SLEEP DISORDER CENTER?

We would be grateful if you would spend a few minutes answering the following questions about your night in the Sleep Disorder Center. Please circle the appropriate response using the following scale.

1. Prior to coming to the Center, was the information that you received adequate concerning:
   - Directions to the Sleep Center
   - Preparation procedures needed for your sleep study
   - Patient education regarding your suspected sleep disorder
     Poor    →    Excellent
     1  2  3  4  5

2. My room was clean and comfortable.
   1  2  3  4  5

3. The technologist’s explanation that I received last night about the sleep study was clear and informative.
   1  2  3  4  5

4. I received quality care and attention from the sleep disorder center personnel.
   1  2  3  4  5

This information will help us to improve our center. We would appreciate any other comments:

Jenny was very nice and answered all my questions.
Registration
Ease of registration process?
Helpfulness of registration staff?
Waiting time in Registration?

Cleanliness of facility
Comfort of waiting area?
Ease of finding your way around?

Personal issues
Our concern for privacy?
Our sensitivity to your needs?
Response to concerns/complaints?

Test or Treatment
Explanations given by staff?
Friendliness of staff
Skill of technicians
Staff concern for comfort
Staff concern for questions/worries

Overall assessment
likelihood of recommending
overall rating of care
staff worked together to provide care

PRESS GANEY OUTPATIENT TESTING SURVEYS
Continuing the good...working on the rest.

Life is like photography. You use the negatives to develop.

- Improving on the negative
- Complaints are gifts
- Celebrate feedback
- Encourage patients and staff to express opinions
Managing up—why Brag?

With every patient, you need to make a great first impression.

---make them glad they picked you

---Make the experience so perfect they refer others

---lifetime relationship vs. cpap and done.
Patient experience before you
The compliance battle begins

- Visit with Physician—Sleep Specialist visit direct referrals
- Other Comorbidities
- Experience at other labs
- Internet search
- Family and Friends' opinions
What do our patients need to hear?

Components of Patient Education Programs as outlined by the Adult OSA Task Force of the AASM

- Findings of study, severity of disease
- Pathophysiology of OSA
- Explanation of natural course of disease and associated disorders
- Risk factor identification, explanation of exacerbating factors, and risk factor modification
- Genetic counseling when indicated
- Treatment options
- What to expect from treatment
- Outline the patient's role in treatment, address their concerns, and set goals
- Consequences of untreated disease
- Drowsy driving/sleepiness counseling
- Patient quality assessment and other feedback regarding evaluation

-journal of clinical sleep medicine 2010, June 15 p263-276
How we look—does it help?
What our patients anticipate

www.ihatecpap.com
Patient care beginning to end

Start: Are your referring Clinics educated? - schedulers, office managers - first impression!
Do your patients know what to expect? Confirmation calls, a great tool to set patient’s mind at ease.

What impression to you give before your patients even arrive?
The sleep lab arrival

“middle”

- First impression
- Comfortable and welcoming?
- Staff service? –managing up, open ended questions, mood elevators.
- Patients that need patience.
- Good Morning! –next steps
Finishing Strong

When you say goodbye to your patient, do they know what’s next? The AVS

We all want results.

More information = less anxiety

Repeat if necessary 😊
#1 complaint to Press Ganey
There is no stop---it is ongoing.
The Sleep Lab staff—the front line in the war of Compliance

- Although many patients with OSA derive subjective benefit from, and adhere to treatment with CPAP, a significant proportion of those so diagnosed either do not initiate or eventually abandon therapy. Initial experience with CPAP appears to be important, reinforcing the need for early education and support in these patients.

Article information:
PMCID: PMC2679572
TABLE 1

- Patient characteristics (n=80)

- Age, years, mean ± SD 58±11
- Male subjects, n (%) 70 (88)
- Apnea-hypopnea index, events/h, mean ± SD 70±44
- Continuous positive airway pressure, cm H2O, mean ± SD 8.5±2.2
- Follow-up, months, mean ± SD 64.0±3.7
A Love Story

The sleepy patient and the Polysomnographic Technologist....
Motive: why are you here?

- My Dr. made me do it.
- My Spouse made me do it.
- I know I need to do it.

I want to do it!!
• 56 year old male, overall healthy, slightly overweight ESS of 6, spouse states he snores very loudly with witnessed apneas, positive home portable study present for cpap titration.

• 67 year old female, very obese, tons of cardiac issues, very sleepy but attributes it to her poor health, claustrophobic, long list of meds, not sure what is what.

• 29 year old male, Father and Brother both have sleep apnea. Falls asleep at work and at the wheel, wants help immediately
Each patient had a very limited time with their physician.

2 of the three patients have no experience or knowledge of Sleep Disordered breathing.

First patient doesn’t even complain of sleepiness.

The experience at the sleep lab will affect the compliance of all three?
Mr. A—56 year old male

- When called to confirm, cancelled his first night and rescheduled.
- Saw PCP who asked him to get on wait list.
- When expedited office associate asked “how can we help get you here”
- Tech review portable results, explained next steps. Confirmed and explained follow up.
Helping patients tell you what the “most important thing to me..”

Ask.

Show how grateful your lab is that they picked you. (the patient is a blessing not a bother)

Ask.

Give as much information as possible. (empower)
  - Educate, duration, next steps.

Ask.

What else can I get you before we say goodnight?
How to make your lab #1

Patient experience: first impressions
- What does it look like?

First: Body Language (55%)
Second: Voice (38%)
Third: Words (7%)

- Albert Mehrabian, 1971
Mrs. B –female, obese, cardiac patient

- Cardiologist ordered sleep study
- Patient extremely anxious about sleep study
- Has no prior knowledge of SDB, its symptoms of possible health effects
- Called us 3 times to ask questions
- Female tech, patience, extra education
- Clear “After visit summary”
Mood Elevator

- grateful
- wise, insightful
- creative, innovative
- resourceful
- hopeful, optimistic
- appreciative, compassionate
- patient, understanding
- sense of humor
- flexible, adaptive, cooperative
- curious, interested
- impatient, frustrated
- irritated, bothered
- worried, anxious
- defensive, insecure
- judgmental, blaming
- self-righteous
- stressed, burned-out
- angry, hostile
- depressed
be. 
here. 
now.
Mr. C-younger male, family hx of Apnea

100% positive of all the things he does while he sleeps—perception vs. reality

Shocked we did not perform split night

Extremely poor “sleep hygiene”

Tech used our bedroom as learning experience
Each patient approached us with practical and personal needs

Practical Needs include:
- The need to accomplish a task or solve a problem
- The need for information, procedures, medication, etc

Personal Needs include:
- The need to be treated with respect and dignity
- The need to feel valued and unique
- The need to be listened to and involved in their treatment.
Our Hero: Sleep Tech

1. Has the time during hookup to determine which needs are most important to patient.
2. Develops a bond with the patient “the love story”
3. Not only makes that first impression to the sleep lab but leaves the lasting impression: compliance.
Our Better Patient Care Starts today

1. Enter your lab with fresh eyes
2. Encourage all sleep techs to be a patient
3. 10-15 minute customer service refreshers (we all forget)
4. Find your areas of opportunity—feedback and complaints are a gift!
5. Do not settle. Once one area improves move to the next. We can not afford to be great 80% of the time.
Questions?
Good ones will be rewarded 😊