

Editorial

What Matters? When I Became a Patient - A Surgeons Perspective

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Keywords: patient experience, surgeon as patient

<https://doi.org/10.60118/001c.24151>

Journal of Orthopaedic Experience & Innovation

Vol. 2, Issue 1, 2021

Many physicians don't always understand what it's like to be on the other side of the table. Organizations that are successful often don't see the need. Some don't have the architectural map or time to implement the hundreds of changes that must be made. Others have different priorities that they believe are more important.

In 1977, I opened my solo orthopedic surgical practice. Over the next 30 years the practice grew to 18 orthopedic surgeons all of us specializing in specific areas. We were affiliated with Anne Arundel Medical Center, a community hospital in Annapolis, Maryland. My specialty area was total joint arthroplasty.

I have always been amused to see the competition between healthcare providers to attract patients. The marketing departments have been busy. From billboards, advertisements, health fairs, web sites and becoming a "Top Ten" and much more. Clearly some of this attracts patients. However, I now do know one thing that always brings the greatest success – a great patient experience that generates "word of mouth" referrals.

It was in 1995 that this realization first hit me in a way that energized me to finally act. This would change my life and my practice forever. Patients had indicated that their experiences both in the hospital and in our practice were not as good as they could be. Being only 25 miles from very competitive markets in Baltimore and Washington this was a problem. These hospitals had great reputations. Johns Hopkins was regularly rated in the top three nationally. If we were to compete, we needed to do something better than they were doing. I decided that focusing on "the patient experience" and sharing outcomes was the ticket.

How do you make the "patient experience" your prime marketing strategy? It is quite simple to say but very hard to accomplish. You must create a system that exceeds the expectations of patients and gives them something to rave about. If you do not clearly set the expectations, patients will create their own. Therefore, you must be clear to communicate what they will actually experience. This includes

everything from preoperative evaluations to postoperative recovery. Verbal communication alone does not suffice as they can only grasp so much. Written materials and/or videos are essential.

Of course, the "surgical result" is also very important. Meeting or exceeding expectations here is not so easy. Surgeon expectations and patient expectations can be quite different. Understanding exactly what they are expecting and sharing your expectations is a critical factor in their ultimate satisfaction.

In 1995, I set out on a journey to create systems of care that would revolutionize the patient experience, improve surgical outcomes, share the results and lowering the cost of care. It took 6 months to accomplish phase 1. A patient who experienced our system early on coined the experience "like being in summer camp" and the name "Joint Camp" stuck.

Over several years our small community hospital increased our total joint volume from 150 cases to over 2500 cases. No billboards. No advertisements. Just word of mouth. All because we had an incredible patient experience that met and often exceeded expectations as well as a system for sharing the results. In addition, we received awards for patient satisfaction, had the lowest cost in the state and were recognized as number 1 in quality.

After we wrote about our success, the word got out. Over the next 10 years, we hosted visitors, over 200 of them, to come to see and to learn the formula. In 2005, I did a follow-up evaluation of the hospitals that had visited. Most had failed to implement and sustain the necessary changes. Eventually this led to my creation of Marshall Steele and Associates, in 2006, as an implementation company. Our

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goal was not only to improve the patient experience but to improve, measure and share both hospital and patient reported outcomes. After helping over 200 hospitals and thousands of surgeons accomplish this goal, our company was acquired in 2011 by the orthopedic company, Stryker.

And then, in 2020, I got on the other side of the table and became the patient. Several years before, an MRI had revealed that I had a colloid cyst of the third ventricle at the foramen of Monro. This is a quite rare brain tumor that can have a catastrophic outcome if it obstructs the flow of cerebral spinal fluid from the brain. I sought care at the most famous institution in Baltimore noted above. The neurosurgeon there was very experienced in this condition. I was advised that this could be watched closely with yearly MRI's. He was great but my total experience with the organization was not.

Making appointments was difficult and I always waited hours. Once, I had to leave without being seen. When you are on the provider side of healthcare, things look quite different to you than when you are on the receiving end. Over several years, the cyst slowly grew until it began to obstruct the right lateral ventricle. This began to put increasing pressure on my brain. In the summer 2020, I began having headaches. This was a warning sign.

Trying to make an appointment in Baltimore to see my neurosurgeon frustrated me again. At that point, I decided to see if there was an alternative. I needed a neurosurgeon with experience in colloid cysts. Being such a rare condition (only 1-2% of brain tumors), there were really no friends to ask. I went to the internet and found some very informative web sites. I settled on an opinion from Dr. Mark Souweidane from Cornell Weill Medical Center in New York City.

Dr. Souweidane had operative experience with colloid cysts in over 150 cases. More importantly, he had published his results, and appeared to have a comprehensive program both pre and postoperatively. With my first call I was talking to a person not a machine. Michelle was great and scheduled my Zoom consult immediately. I sent my MRI's to New York and she quickly confirmed with me that they had arrived. All the pertinent information for my visit was thoroughly provided.

I found my call very satisfactory. Dr Souweidane felt that the best course of action now was surgical, using an endoscopic technique he was comfortable with. He was very confident that this could be done safely but was also straightforward. There was perhaps a 10% chance of complications, the major one being memory loss. However, the enlarging cyst and subsequent obstruction was a potentially more serious risk if we just continued to watch it. I agreed.

As an out of town patient, there were many hurdles to overcome including Covid testing, lab testing, updating the

MRI, and an in-person appointment. His team was superb in every respect suggesting I arrive 2 days in advance and stay at a particular hotel where I could walk to all appointments and the hospital. When I met Dr Souweidane in person for the first time, I commented to him how impressive his team was. And then I asked him, who was the most important person on the team. He said without hesitating, "the person that answers the phone".

Here was a renowned neurosurgeon who understood what it is like to be on the other side of the table. This, he understood, is also important if you want lasting success. His organization obviously agreed. They were not just relying on their reputation, the reputation of the academic center or of the department. They were also relying on their team and praising them as well. Yes, having good surgical results is critical but having an excellent team and a system of care that creates a great experience is most important if you want patients to rave about you. And of course, it's the right thing to do.

The surgery on November 13, the inpatient care and the recovery went well. However, what I most remember is his team. They made what would typically be a highly anxiety provoking experience much less stressful. It was a great patient experience. Thank you, Dr Souweidane, for understanding that patients need more than just a good surgical result. They also need a great experience. To accomplish this, you put together a great team and your organization is focused on what is important and why they exist – the patients and their total experience.

Every hospital can accomplish this, but in my consulting experience very few do much more than give it lip service. They seem satisfied when 7 out of 10 patients would refer their families and friends to them, not realizing that 3 of 10 would not. What is the problem?

Many physicians don't always understand what it's like to be on the other side of the table. Organizations that are successful often don't see the need. Some don't have the architectural map or time to implement the hundreds of changes that must be made. Others have different priorities that they believe are more important.

Physicians cannot do it alone. Organizations cannot do it alone. They must do it together. Isn't that what it's all about. And remember, it all starts with that first impression "the person that answers the phone".

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Submitted: May 15, 2021 EDT, Accepted: May 15, 2021 EDT



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