Emergency Department Directors
Academy – Phase I

February 16-20
Dallas, TX

Driving Hospital Quality

The Emergency Department can be a major driver of hospital quality. Typically 40% of hospital admissions come through the ED and, as such, opportunities to "jump start" quality care for a broad array of inpatients exist. Leaders of EDs should seize the opportunity not only to provide exemplary care of their own patients but also to take a broader role in being a champion for hospital quality. This presentation will focus on the opportunities that emergency department leaders have to impact the quality of care not only provided in their departments but throughout the hospital.

Objectives
- Describe multiple techniques to affect inpatient care not only as the result of initial treatment in the ED but through other hospital initiatives.
- Explore many of the hospital-wide CMS/JCAHO medical quality and safety measures and present strategies by which the ED medical leadership can help impact these in the hospital.
- Explain the primacy of medical staff leadership in driving medical quality and how the ED medical leadership can play an important role in this process.

2/18/2015
11:15 AM-12:15 PM
WE-14

DISCLOSURES:
(+) No significant financial relationships to disclose
Driving Hospital Quality

Jay Kaplan, MD, FACEP
Director, Service & Operational Excellence, CEP America
Member, Board of Directors, American College of Emergency Physicians
Medical Director, Studer Group

Caveat #1:
What Brought Us to this Dance . . .

Ain’t Going to Get Us to the Next One . . .
Caveat #2 –
The Best Definition of Madness is

To keep doing things
the same way
and expect different
results . . .

Caveat #3
How Most of Us Approach Change
Caveat #4: To Get “Quality” Anything

Which Means . . .

Efficient Care/Flow  Staff Engagement
Office  Patient Engagement
ED  Alignment of Behaviors
Inpatient Transitions of Care
What is Quality?

Some Would Say . . .

▼ Clinical Quality (Quality for patients) is the real deal, the “hard stuff.”

▼ Service Excellence (Customer service) is the “fluff stuff.”

▼ Operational efficiency = a great work environment → should be created for us (Quality for you)

Does the Patient Experience Affect Quality?

Physician communication correlates STRONGLY with adherence rates by patients in acute and chronic disease. There are now over 100 observational and 20+ experimental studies published demonstrating the correlation of communication (patient satisfaction) with compliance. Compliance with treatment regimens has significant influence on quality measures in chronic disease and outcomes.

*Medical Care*: August 2009 - Volume 47 - Issue 8 - pp 826
Does the Patient Experience Affect Quality?

which means . . .
just making the right diagnosis
and giving the right medicines are
not enough.

Does a physician’s empathy impact a diabetic patient’s treatment?

- Hemoglobin A1c test results to measure the adequacy of blood glucose control according to national standards → lower = better control
- LDL cholesterol level → lower = better control

“Empathic engagement in patient care can contribute to patient satisfaction, trust, and compliance which lead to more desirable clinical outcomes.”
Higher hospital-level patient satisfaction scores (overall and for discharge planning) were independently associated with lower 30-day readmission rates for:

- acute myocardial infarction
- heart failure
- pneumonia

These improvements were between 1.6 and 4.9 times higher than those for the 3 clinical performance measures.

(1798 hospitals for acute myocardial infarction/2562 hospitals for pneumonia)
“Quality” and Malpractice Risk

Patient Complaints and Malpractice Risk

Kendall R. Hickson, MD
Charles F. Federman, PhD
James W. Pelletier, PhD
Gardar S. Miller, MD, MSc
Jeno Kats-Chernin, MD
Pavlos Batsis, MD

Objective: To examine the association between physicians’ patient complaint records and their risk management experiences.


Main Outcome Measures: Computed records of all unredacted patient complaints were linked to the medical group’s patient claims office, coded to characterize the nature of the problem and alleged offender, and compared with each physician’s risk management episodes for the same period.

Results: Both patient complaints and risk management events were higher for surgeons than nonsurgeons. Specifically, 157 (7.42%) of the 2145 unredacted medical and surgical complaints were identified as risk management complaints compared with nearly twice as many (177; 10.5%) of the 1709 medical and surgical complaints. Both complaints and risk management data were positively correlated with physicians’ volume of clinical activity. Logistic regression revealed that risk management episodes were significantly related to total number of patient complaints, even when data were adjusted for clinical activity, sex, age, and specialty. Lower performing physicians were at greater risk for malpractice complaints (RR = 1.79; 95% CI 1.38 – 2.33; p < .001). Each one-point decrement in patient satisfaction scores was associated with a 6% increase in complaints (RR 1.06, 95% CI 1.03 – 1.08; p < .0001) and a 5% increase in risk management episodes (RR 1.05, 95% CI 1.01 – 1.09; p < .008).

Conclusions: Unredacted patient complaints captured and reviewed by a medical group are positively associated with physicians’ risk management episodes.


Relationship between patient satisfaction, complaints and lawsuits

▼ Physicians with lower patient satisfaction results are more likely to have patient complaints (RR 1.79; 95% CI 1.38 – 2.33; p < .001)

▼ Each one point decrement in patient satisfaction scores is associated with a –
  ▼ 6% increase in complaints (RR 1.06, 95% CI 1.03 – 1.08; p < .0001)
  ▼ 5% increase in risk management episodes (RR 1.05, 95% CI 1.01 – 1.09; p < .008)

▼ Lower performing physicians were at greater risks for lawsuits (RR = 2.10; 95% CI 1.13 – 3.90; p < .019)

▼ 75% of complaints were related to communication issues

The Transparent Environment – Quality in the Government’s Eyes

Patient Experience Measurement On-Line: HCAHPS

During your hospital stay, how often did doctors/nurses:
- treat you with courtesy and respect?
- listen carefully to you?
- explain things in a way you could understand?

Never/Sometimes/ Usually/ Always

Public reporting will include the following (as well as the two overall ratings):
- Communication with Doctors
- Communication with Nurses
- Responsiveness of Hospital Staff
- Pain Control
- Communication about Medicines
- Cleanliness and Quiet of Physical Environment
- Discharge Information

Each Domain consists of 2-3 questions
Pay for Performance is Here . . .

Value-Based Purchasing (VBP)
- a specified percentage of hospital payment would be conditional on performance
  - Reimbursement FY 2013: 1% withhold, payback based on performance - 70% clinical quality/30% patient experience
  - Will need to either be at 50%ile or improve from previous score to earn points for that dimension

It only gets more . . .
- Reimbursement FY 2014 – 45% clinical quality/30% patient experience/25% outcomes
- Withhold increases ¼% per year

Pay for Performance Not Just for Hospitals Coming Soon . . .

- PQRS = Physician Quality Reporting System
  - Reporting of Quality metrics has been voluntary, and rewarded.
  - FY 2015: Mandatory reporting of Quality metrics (2% $ penalty if data not reported).
  - EDCAHPS is the patient experience component for emergency department care, projected by no later than 2014.
  - Next Step: A specified percentage of physician payment will be conditional on performance.
The Physician Compare website includes information about physicians and other professionals who satisfactorily participated in the Physician Quality Reporting System (formerly known as Physician Quality Reporting Initiative) and those who successfully participated in the Electronic Prescribing (eRx) Incentive Program. The website does not yet contain physician and eligible professional performance information.

CMS is required to implement a plan for making information on physician performance publicly available through Physician Compare by January 1, 2013.

The reporting period can begin no earlier than January 1, 2012.

The Definition of Quality in Emergency Medicine Has Changed . . .

- Reduce avoidable admissions
- Reduce re-admissions
- Reduce unnecessary testing
- Improving patient cycle-time (reduce time off from work, reduced pain and anxiety, etc.)
- Interface of EM with “Clinical Integration”
- ED no longer to “Door to the Hospital” → now the “Porch of the Medical Neighborhood”
Definitions – Clinical Integration

Primary care physicians, specialists and hospitals working together, using proven protocols and measures, to improve patient care.

“An active and ongoing program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of interdependence and collaboration among the physicians to control costs and ensure quality.”

The Old Paradigm

Care = Income
The New Paradigm

Outcome = Income
Clinical Quality & The Patient Experience

What Does All This Mean For Us?

- There’s a lot of work to do.
- We have to assure engagement before we can expect alignment.
- You can’t get Quality as a group if everyone is not on board, which means . . .
- We all need to recommit and understand “No more reserved seats on the bus.”
- With the measurement feedback you get (ask for it!), if you personally are not at the mean or above, get going.
The Big Question

What is your value proposition?

That is . . .

What “Quality” do you bring to your hospital, to your staff, to your patients??

(Turn to the person next to you and tell them)

Strategies to Improve Quality

- Pro-Active
  - Leader/Physician Rounding
  - Discharge Follow-Up Phone Calls
- PI/Six Sigma/Lean
- Retrospective
  - Systems Metrics
  - Quality Assurance
  - Clinical Compliance
Rounding in the ED

- Nurse Leader round each shift on employees
- MD Leader round once weekly on MDs and patients, connecting the dots
- Clinical Leaders round every 4 hours on patients and staff, connecting the dots
- Technical staff round frequently at discretion of Technical staff
- Charge RN to do “comfort rounds”
- Rounding in reception area (decrease your LNS)

Key Tactic: Leader Rounding on Staff

- **Harvest Wins:**
  “Are there any individuals or physicians you would like me to compliment or recognize?”
- **Focus on the Positive:**
  “What is going well today?”
- **Identify Process Improvement Areas:**
  “What systems can be working better?”
- **Repair and Monitor Systems**
  “Do you have the tools and equipment to do your job?”
- **Coach on Behavior/Performance Standards**
  “Our focus for the day is__. Can you do that?”
Leader Rounding On Patients

**LEADER ROUNDED LOG**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>1. Patient knows their Nurse/Doctor.</td>
</tr>
<tr>
<td>Top 4 Priorities</td>
<td>2. Patient is informed.</td>
</tr>
<tr>
<td>Rounding:</td>
<td>3. Pain is being controlled.</td>
</tr>
<tr>
<td>this month</td>
<td>4. Sensitive to Privacy.</td>
</tr>
</tbody>
</table>

**Examples of key phrases to use during your visit:**

- Good morning, I'm NAME, TITLE for the ED. I'm just stopping by to make sure my staff and I are doing everything we can to give you *very good* care.
- Do you know who your nurse is today? Doctor?
- Do you know what your nurse and doctor are doing for you right now? Have there been any delays? Have you been kept informed?
- Has your pain been addressed yet? Is your pain being controlled?
- Do you have any questions? Is there anything else I can do for you?
- You may receive a survey in the mail after you go home. We would appreciate it if you would fill it out. The survey lets us know how we are doing and if we are providing our goal of *very good* care. We also want to use it to reward and recognize staff.

Talk to your staff before & after rounding. Forward log sheets to your senior manager each week.

<table>
<thead>
<tr>
<th>Room #</th>
<th>Notes: Behavior Recognized</th>
<th>Reward (R) or Coach (C) Opportunity</th>
<th>Staff member to Reward or Coach</th>
</tr>
</thead>
</table>

Shadow Rounding with Physicians/MLP's

**ICARE skills:**

- Introduce/Inspire confidence
- Connect/Make Contact
- Acknowledge/Articulate
- Review/Remember duration
- Educate/ensure understanding
- Sat down
- Use of key words
- Rate 1-5, None to Excellent
- Use of Eye Contact
- Managing Up Self, Staff, or Practice
- Allow patient/family to converse
- Rated 1-5, None to Excellent
- Timed of voice
- Rate 1-5 Cold to Warm
- Body language/Demeanor
- Rate 1-5 Disengaged to Engaged
- Use of key words
- Rate 1-5 Here to Excellent
- Allowed patient/family to converse
- Rate 1-5 No to Throughout
- Moved patient/family to ask questions
- Rate 1-5, Not at all to Multiple
- Time perception of encounter
- Rate 1-5, Not at all to Multiple
- Perceived patient expectations:

**Summary:**

- Overall Comments/Recommended Next Steps:
- Summary:
  - Beginning - (C)
  - Middle - (A)
  - End - (E)
Rounding on Patients by Physicians

- Touch base with your patients at least every 30 minutes
- Do not wait for all diagnostic study results to return to touch base with your patients
- Address PPD – Pain, Plan of Care and Duration (wait times)
- When at the bedside, assess additional comfort needs. (*warm blanket, pillow, etc*)
- If you get a bolus of patients in at one time, pollinate the rooms – tell patients you know they are there.
- If the reception area gets unruly, go out and quiet it down (takes 30 seconds).

Patient Perception → Quality
How To Complete the Patient Experience: Follow Up Phone Calls


• 78% did not have full understanding
• 80% of that 78% did not understand that they did not understand

Discharge Calls: Improved Clinical Quality

<table>
<thead>
<tr>
<th></th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returns</td>
<td>2.9%</td>
<td>2.1%</td>
<td>2.5%</td>
<td>1.9%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Source: The Regional Medical Center, South Carolina, Total beds = 286
Post Visit Calls
Likelihood of Recommending - ED

Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010

Improves Physician Performance...
(January-June 2008, Press Ganey National %tile rank)
Performance Improvement

The PDSA Cycle for Improvement

Act
- What changes are to be made?
- Next cycle?

Study
- Analyse data
- Compare results to predictions
- Summarise what was learned

Plan
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Do
- Carry out the plan
- Document observations
- Record data

Quality of Care Today: Six Sigma???

We are Worse than the NBA from the Line

Overall healthcare Quality in U.S. (Rand Study 2003)

Defects per million

Sources: Courtesy A. Milstein modified from C. Buck, GE; Dr. Sam Nussbaum, Wellpoint; & Mark Sollek, Premier
Six Sigma

The diagram may look tricky to read, but in simple language: Consider that you run a pizza delivery business and you set a target of delivering pizza’s within 25 minutes of receiving the order. If you achieve that 68% of the time, you are running at 1 Sigma. If you achieve it 99.9997% of the time then you are at 6 Sigma (or you are late on average only 3.4 times out of every one million orders).
Narrowing the Variation

Six sigma measures quality by measuring the Variance; it does not rely on the Mean. It is argued that all too often businesses base their performance on a mean, or average-based measure, of the recent past. However, reality is that customers DON’T judge businesses on averages. They actually experience the variance in each and every transaction or purchase.

Examples of Sigma Levels

Example: If a passenger flew each day of their lives, how long could she/he fly without an airplane crash?

<table>
<thead>
<tr>
<th>Sigma Level</th>
<th>Time to Crash</th>
</tr>
</thead>
<tbody>
<tr>
<td>4σ</td>
<td>5 months</td>
</tr>
<tr>
<td>4.5σ</td>
<td>2 years</td>
</tr>
<tr>
<td>5σ</td>
<td>11 years</td>
</tr>
<tr>
<td>6σ</td>
<td>772 years</td>
</tr>
</tbody>
</table>
Medical Care in the US and Sigma Level

- NEJM estimates that 44% to 55% of patients do not get the care indicated by evidence

Sigma between 1.65 and 1.40

Lean Six Sigma

- Two Origins
  - Six Sigma is a problem-solving method to drive dramatic improvements in dashboard metrics and to launch new products, services, and processes flawlessly.
  - Lean is a set of methods to eliminate non-value added tasks and increase speed
Lean Thinking in Emergency Departments: A Critical Review

Richard J. Holmstrom, PhD

From the School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI, and the Division of Ergonomics, School of Technology and Health, Royal Institute of Technology, Stockholm, Sweden.

Emergency departments (EDs) face problems with crowding, delays, cost containment, and patient safety. To address these and other problems, EDs increasingly implement an approach called Lean thinking. This study critically reviewed 18 articles describing the implementation of Lean in 15 EDs in the United States, Australia, and Canada. An analytic framework based on human factors engineering and operational research generated 8 core questions about the effects of Lean on ED work structures and processes, patient care, and employees, as well as the factors on which Lean’s success is contingent. The review revealed numerous ED process changes, often involving separate patient streams, accompanied by structural changes such as new technologies, communication systems, staffing changes, and the reorganization of physical space. Most EDs reported improved patient satisfaction after implementation of Lean with many EDs reporting decreases in length of stay, waiting times, and proportion of patients leaving the ED without being seen. Few null or negative patient care effects were reported, and studies typically did not report patient quality or safety outcomes beyond patient satisfaction. The effects of Lean on ED employees were rarely discussed or measured systematically, but there were some indications of positive effects on employees and organizational culture. Success factors included employee involvement, management support, and preparedness for change. Despite some methodological, practical, and theoretic concerns, Lean appears to offer significant improvement opportunities. Many questions remain about Lean’s effects on patient health and employees and how Lean can be best implemented in health care. [Ann Emerg Med. 2010;xx:xx.]

Tools and Methods

Value stream mapping, a method of diagramming and otherwise describing (eg, timing) current and desired future process steps, including the flow of products, people, information, and materials.

Short-cycle continuous improvement sessions (kaizen).

Work standardization based on assessment of the presumed “best way” to do the work (includes standard operating procedures and time-on-task specifications).

Work done by multiskilled work teams.

5S, a method for organizing and standardizing workspaces.

Physical layout improvement to minimize travel time and inventory inefficiencies.

Root cause analysis (5 Why).

Assembly lines and cell-based manufacturing.

A3 report, a standardized organization tool for problem solving.

Mistake-proofing/failure prevention (poka-yoke).

Information systems for knowing when products are ready to be pulled to the next step (kanban) or when a problem exists (andon).
**LEAN Key Principles**

Key Principles
Eliminate unnecessary waste, maximize value to the customer. Achieve smooth, continuous flow of work with minimal delays (*heijunka*).
Just-in-time delivery of products and materials from one step to the next, reducing large stock inventories.
Worker involvement and empowerment to inspect and improve their own work.
Autonomaion, or immediate machine-detection of defects in production (*jidoka*).
Solve problems at their source.
Continuous improvement and the never-ending pursuit of perfection.

**Lean Six Sigma**

<table>
<thead>
<tr>
<th>Value Stream Mapping</th>
<th>Project Plan</th>
<th>Change Readiness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level Loading</td>
<td>Reduce Setups</td>
<td>Create Flow</td>
</tr>
<tr>
<td>Lean Principles</td>
<td>Linking Suppliers</td>
<td>TPM</td>
</tr>
<tr>
<td></td>
<td>Create Flow</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eliminate Variation</td>
<td></td>
</tr>
</tbody>
</table>

**Six Sigma Approach**

- Control
- Define
- Measure
- Analyze
- Improve
Match Your Process to Your Need

<table>
<thead>
<tr>
<th>Clear Solution</th>
<th>Small Gains Needed</th>
<th>Medium Gains Needed</th>
<th>Large Gains Needed</th>
<th>Launch new product, service, process</th>
</tr>
</thead>
<tbody>
<tr>
<td>just do it</td>
<td>Sufficient</td>
<td>Moderate</td>
<td>Radical</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change management</th>
<th>Plan, Do, Study, Act (PDSA)</th>
<th>Lean Six Sigma</th>
<th>Design for Lean Six Sigma</th>
</tr>
</thead>
</table>

The Way To Do Quality Assurance

- Identify QA team
- Communication with involved parties
- Develop department education plans
- Level of Mid-Level involvement
- Categories to review
- Action plan/Scoring cases
Quality

- Decide
  - what
  - when
  - how
  you are going to measure . . .
- Group or/and Individual

Systems

Think Bowling . . .

- Set up pins (goals)
- Aim/Follow through
- Keep score
- Determine metrics
- Define baselines/ Set goals
- Create action plans
### Potential “Pins”

- Door to Doc time
  - Door to Room
  - Room to Doc
- TAT Lab/Imaging
- Order admission to patient to floor
- LWOT’s
- % Patients discharged before noon

### Retrospective Review Categories

- Return visit within 72 hrs resulting in admission
- Complications of procedures/sedation
- ED mortalities
- Core Measure Data
- Focused Reviews (Intubations, Peds admits < 3 mos)
- Transfers
- Complaints (ED nurses, medical staff, patients, CEO)
- Radiology Discrepancies
- Trauma Alerts/Stroke Alerts/LWBS-AMA
## Create Your Scorecard

<table>
<thead>
<tr>
<th>METRIC</th>
<th>Baseline</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall ED Mean Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge phone calls % of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eligible patients contacted</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door to Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAT-discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision to Admit–time Pt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>leaves ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia: Time to Antibiotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI: ASA in ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI: Beta Blocker</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Diagram:

- **Patient Satisfaction**
  - Goal: 4.5+
  - May: 4.05
  - June: 4.45

- **Time in Department**
  - Goal: 2.60
  - June: 3.98

- **Time to Provider**
  - Goal: 30 Min.
  - June: 3.45

- **Left without Being Seen**
  - Goal: <2.0%
  - June: 3.4%
Create an Action Plan

<table>
<thead>
<tr>
<th>Pillar of Excellence</th>
<th>Wigmat Goal</th>
<th>Action Steps</th>
<th>Responsible / Person(s)</th>
<th>Due Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise ED Pat. Sat. to 85%</td>
<td>Raise ED Pat. Sat. to 40%</td>
<td>Develop a plan to ensure ED patients are seen by a team.</td>
<td>Carol, Marilyn, Lauri, Joan</td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>Raise ED Pat. Sat. to 40%</td>
<td></td>
<td>Monitor schedule and random daily visits</td>
<td></td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>Rounding</td>
<td></td>
<td>Monitor nurses' engagement in patient rounding</td>
<td></td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>The Role of Effective Discharged Patients</td>
<td></td>
<td>Train staff on effective discharged patients</td>
<td></td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>Minimum waiting time after discharge</td>
<td></td>
<td>Reduce waiting time for discharge</td>
<td></td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>Discharged Patients' Discharge Call</td>
<td></td>
<td>Develop call and documentation process</td>
<td></td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>Make and Track Discharge Calls</td>
<td></td>
<td>Matthew testing call and documentation process</td>
<td></td>
<td>20-Sep</td>
<td>Results vary.</td>
</tr>
<tr>
<td>- Matthew testing call and documentation process</td>
<td></td>
<td>Receive update from Matthew</td>
<td>Joan, Matthew</td>
<td>20-Sep</td>
<td>Follow up calls are done daily. Matthew has created a database. Call reports are generated as calls are made. Reports posted for staff.</td>
</tr>
<tr>
<td>- Organize the process (Prepare List of Patients, Distribute among team, Prepare Tracking Log)</td>
<td></td>
<td>Select team to make discharge calls everyday</td>
<td>Joan, Matthew, Bree, Marilyn, Carol</td>
<td>15-Oct</td>
<td>Calls being made using the charts. Will explore using a printout of patients from HBOC Star.</td>
</tr>
<tr>
<td>- Log number of calls made, list compliments and concerns received, provide feedback to staff daily</td>
<td></td>
<td>Reports generated from caller posted daily for staff</td>
<td></td>
<td>7-Oct</td>
<td>Reports generated from callers posted daily for staff.</td>
</tr>
<tr>
<td>Roll Out Standards of Behavior</td>
<td></td>
<td>Develop large sign that summarizes all Standards and can be signed</td>
<td></td>
<td>14-Oct</td>
<td>Commitment Statement finalized in ED Patient Sat meeting on Oct 7. Final laminated version being prepared for ED patient Sat meeting on Nov 11th.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distribute Standards to all mailboxes</td>
<td></td>
<td>7-Oct</td>
<td>Commitment Statement to be distributed. Letters and standards to be distributed on 10-14.</td>
</tr>
<tr>
<td>Create a Stoplight Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quality – Individual Staff

- Ongoing monitoring of physician competencies via case/peer review, patient/ED staff/medical staff surveys, direct observation, complaints

- Proactively deal with “problem physician issues” - “A chain is only as strong as its weakest link”

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Annual Physician Evaluation

IE = Improvement Expected  ME = Meets Expectations  A scoring of “IE” requires an explanation in the comments section

<table>
<thead>
<tr>
<th>CEP PARTNER PERFORMANCE STANDARDS</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>As required by Policy and evidenced by posted information such as MARS, education logs, MAM claims, etc...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT SATISFACTION</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Complaints</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RISK MANAGEMENT:</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of claims if known, peer review, COBRA/EHTALA</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTICIPATION AT LOCAL MEDICAL FACILITY/PARTNERSHIP:</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Department meeting attendance, committee service, special contributions, etc...)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSONAL PRACTICE</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Practice Standards -</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL SKILLS:</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical knowledge and judgment, deep fund of knowledge and willingness to learn, thoughtful integration of medical data with excellent patient evaluation and management skills</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL PERFORMANCE:</th>
<th>IE</th>
<th>ME</th>
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</thead>
<tbody>
<tr>
<td>Appropriate Use of Resources, thoroughness of Documentation, quality of Care</td>
<td></td>
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</tbody>
</table>
Specific Peer Case Review

- Score case and give feedback
- Track and Trend
- Focused Review
- Present case at ED dept meeting
- Refer to other committees
  - Risk, Nursing, Radiology, Peds, EMS, Admin

Summary

- Involve your team
- Evaluate the entire ED and individuals
- Be Pro-Active – Rounding
- Educate and inform – Stoplight Report
- Coach for Opportunities/Recognize positive behavior
- Be fair but tough
- A strong QI program protects not only patients, but also providers, ED staff and hospital
Be An Owner . . .

“Where’s There’s No Gardener, There’s No Garden”

No one is going to create a great place for us to work or for our patients to receive care unless we participate . . .

Thank you.
Jay Kaplan MD, FACEP
jkaplan@acep.org

No one said it was going to be easy . . .
<table>
<thead>
<tr>
<th>Facility: ___________________</th>
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<table>
<thead>
<tr>
<th>Service</th>
<th>METRIC</th>
<th>BASELINE</th>
<th>GOAL</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Satisfaction - Overall percentile</td>
<td>85%ile</td>
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<tr>
<td></td>
<td>Patient Satisfaction - Physician section percentile</td>
<td>85%ile</td>
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<tr>
<td></td>
<td>Patient Satisfaction - Nurse (or other key) section percentile</td>
<td>85%ile</td>
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<td></td>
<td>Discharge phone calls % contacted</td>
<td>60%</td>
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<tr>
<td></td>
<td>Patient Arrival to Bed</td>
<td>15 min</td>
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<tr>
<td></td>
<td>Bed to Physician/PA/NP</td>
<td>15 min</td>
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<tr>
<td></td>
<td><strong>Length of Stay Times</strong></td>
<td><strong>150min</strong></td>
<td><strong>60 min</strong></td>
<td><strong>240min</strong></td>
<td><strong>30 min</strong></td>
<td><strong>60 min</strong></td>
<td><strong>0/0</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
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<td></td>
<td>ED Discharges</td>
<td><strong>150min</strong></td>
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<td></td>
<td>ED ESI 4&amp;5 patients</td>
<td><strong>60 min</strong></td>
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<td></td>
<td>ED Admissions</td>
<td><strong>240min</strong></td>
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<td></td>
<td>Imaging/Lab TAT measures</td>
<td><strong>30 min</strong></td>
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<td></td>
<td>Admit order to patient departure for inpatient bed</td>
<td><strong>60 min</strong></td>
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<td></td>
<td>Patients being boarded - # and hours</td>
<td><strong>0/0</strong></td>
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<td></td>
<td>Core measures – Acute MI - PCI within 90 minutes</td>
<td><strong>100%</strong></td>
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<td>Core measures – CAP – Most Appropriate Antibiotics</td>
<td><strong>100%</strong></td>
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<td>Inpatient metric - % Patients Discharged by 12 noon</td>
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<td><strong>People</strong></td>
<td><strong>#Recognitions/Wowgrams</strong></td>
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<td>% Vacancy Rate RN/LPN</td>
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<td>% or # Shifts Below Minimum Core Staffing</td>
<td>10%</td>
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<td>#Sick calls</td>
<td>10%</td>
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<td>Finance</td>
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<tr>
<td>% Registration accuracy</td>
<td></td>
<td>100%</td>
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<td>% LWOBS</td>
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<td>1.0</td>
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<tr>
<td>Co-pays &amp; deductibles collected per month ($)</td>
<td></td>
<td>25,000</td>
<td></td>
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</table>

| Growth                                           |                          |      |      |      |      |      |
| Patient visits - % change for the month this year to last year |                          |      |      |      |      |      |
| Patient visits - % change for the year-to-date comparing this year to last year |                          |      |      |      |      |      |
| Patient admissions - % change for the month this year to last year |                          |      |      |      |      |      |
| Patient admissions - % change for the year-to-date comparing this year to last year |                          |      |      |      |      |      |

Date: ______________________
<table>
<thead>
<tr>
<th>Pillar of Excellence</th>
<th>90 Day Goal</th>
<th>Action Step</th>
<th>Responsible Party</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Door to Doctor - 30 minutes</td>
<td>Create document that explains rationale, key focus areas for each Triage staff member (Lead Triage, Triage RN, Triage CP, ECC RN, ECC CP, PCC)</td>
<td>M. N.</td>
<td>7/9/10 - Completed, printed and shared with staff in preshifts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss and review processes as well as trouble shoot issues identified by staff in pre shift meeting</td>
<td>ECC PCC's</td>
<td>7/5/10 Expectations shared with staff and continue to discuss in preshift meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post results daily in ECC conference room and Traige area</td>
<td>ECC PCC's (need a key lead)</td>
<td></td>
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<tr>
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<td>Post results on a cumulative calendar for month</td>
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<tr>
<td></td>
<td></td>
<td>Review results of prior day at Pre shift meeting</td>
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<tr>
<td></td>
<td></td>
<td>If MD's notice that Pull until full is not occuring - Discuss with PCC's. To be discussed at the Dept of Emergency Medicine July Meeting</td>
<td>Dr M.</td>
<td></td>
</tr>
</tbody>
</table>

**Provider Out Front (SpeedZone) 7 days per week (August 5 - October 5, 2010)**

**Action Steps**

<table>
<thead>
<tr>
<th>Performance Excellence</th>
<th>Consistent Processes Established and followed</th>
<th>Validate process for MD to sign up for patient when beginning work up (facilitates documentation of time of provider eval)</th>
<th>Dr M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify RN champion for Speedzone process consistency. RN to work Speedzone for 6 months to ensure consistent processes among medical providers working speedzone</td>
<td>M. Nolan / M. O'Keefe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outline processes to be followed</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Types of patients in zone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Process when ECC is backed up and need to initiate eval and diagnostic studies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Decrease time segment Admit until leave ED (August - October, 2010)**

**Action Steps**

| Quality | 90 minutes from Admit to departure | Appropriate use of transition orders | Dr M. |
### Action Plan

**Pull Until Full (July 5 - September 5, 2010)**

<table>
<thead>
<tr>
<th>Pillar of Excellence</th>
<th>90 Day Goal</th>
<th>Action Step</th>
<th>Responsible Party</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Communication and notification to admitting attendings that bed ready = pt goes to room.</td>
<td>Dr. M.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obtain and review data on number of times (%) pt bed is changed</td>
<td>Carmen S./ FLOW</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>When bed is assigned pt goes to floor - communication and monitor nursing staff</td>
<td>PCC need champion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus with action plan concerning increasing % of discharges by 12 noon</td>
<td>Dr W. (Dr M. to discuss) Nursing leader</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus with action plan concerning time from bed request to bed assigned (decrease from current 2hr 14 min)</td>
<td>M A. ? R. W.</td>
<td></td>
</tr>
</tbody>
</table>

### ECC Nurse Staffing/Schedule (July, August, Sept)

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Staff Satisfaction</th>
<th>Increase 12 hour tracts</th>
<th>Establish work group of ECC MD's and Nursing Staff</th>
<th>M. N. / M O’K.</th>
<th>7/9/10 Group selected and first 4 hour meeting held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement new tracts</td>
<td>Share current status (Tracks, assignment sheet for RN's, Pt arrival times by hour of day, Average total ECC pts by hour of the day)</td>
<td>M. N.</td>
<td>7/1/10 e-mailed to participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold second meeting after 2 weeks of participants reviewing data and interacting with peers concerning possible changes to schedule</td>
<td>M. N.</td>
<td>7/16/10 - Meeting scheduled for 7/28/10 10am till 2pm</td>
<td></td>
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</tr>
<tr>
<td>Review proposals from work group members</td>
<td>TBD</td>
<td></td>
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<tr>
<td>Revise and document proposed tracts</td>
<td>TBD</td>
<td></td>
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<tr>
<td>Establish time line for implementation</td>
<td>TBD</td>
<td></td>
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<tr>
<td>Develop communication plan for staff concerning proposal and time line for implementation</td>
<td>TBD</td>
<td></td>
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</tr>
<tr>
<td>Implement new schedule tracts</td>
<td>TBD</td>
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</tbody>
</table>