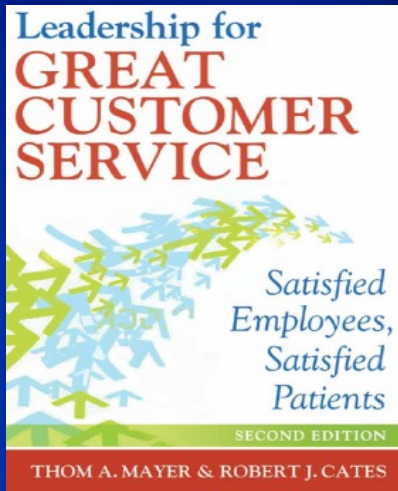


American College of Emergency Physicians Emergency Department Directors Academy



LEADERSHIP FOR GREAT PATIENT EXPERIENCE

THOM MAYER, MD, FACEP, FAAP, FACHE
MEDICAL DIRECTOR
NFL PLAYERS ASSOCIATION
FOUNDER, BEST PRACTICES

The Most Important Slide?

thommayermd@gmail.com

DOC VADER



ON PATIENT SATISFACTION

Why are *You* Here?



10 Evidence-Based Disciplines for Patient Experience

1. Making the Patient a Part of the Team and Precision, Personalized Patient Care
2. Intrinsic Motivation-Accentuate the A Team, Eliminate the B Team
3. The Open Book Test Approach to Surveys
4. ED Team as Performance Artists-Chief StoryTellers
5. 3 A Team Behaviors
6. 3 Survival Skills Core Competencies
7. Taxi, Take-Off, Flight Plans, Landing+ Druckenbrod's Details
8. Dispel the Myths of Impossibility and Autonomy
9. Shadow Shifting, Focused Coaching
10. The A Team Toolkit

Making the Patient a Part of the Team

- Moving from...to...
- From...“What’s the *matter with you?*”
- To...“What *matters to you?*”
- This moves patient from being
- *Recipients* of their care to...
- *Participants* in their care
- Nothing About You Without You
- Our pledge to every patient, every time
- Our pledge to ourselves and our teams

The Tools of Making the Patient a Part of the Team

- “Mrs. Jones, we have a team of dedicated who are here to serve you. *But you are the most important member of our team.* We want to keep you fully informed of every aspect of your care, so please let us know if you have any questions at any time.”
- “As the key team member, we want you to participate in the diagnostic and treatment decisions and understand them.”
- “Please let us know how the medication affects your pain/nausea/symptoms...”
- “I’d like to perform a physical exam- would you be more comfortable if your family stepped out while we do that?”
- “Based on what we know so far, here’s what we think our plan should be...Does tha make sense? Do you agree?”

Precision Patient Care

“What’s the **most important thing** we can do to make this an **excellent emergency department** experience?”

I Hate Being Rated!



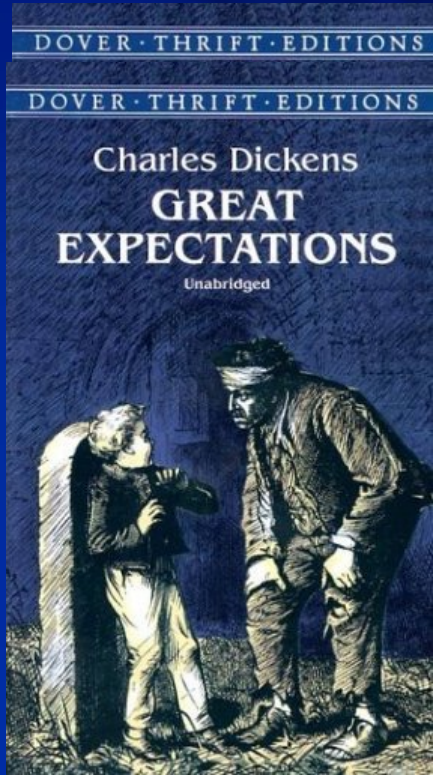
Key Questions

- Are patient satisfaction scores statistically significant?
 - Isn't the "n" too small?
 - Do they really measure satisfaction?
 - Do they measure quality of care?
- Don't they always give them to homeless people, drug-seekers, and psych patients?

GET OVER IT !!!!!



Understanding Expectations Is The Key



- Exceeded

Compliment (A-team)

Patient Loyalty



- Expectations "Merely" Satisfied

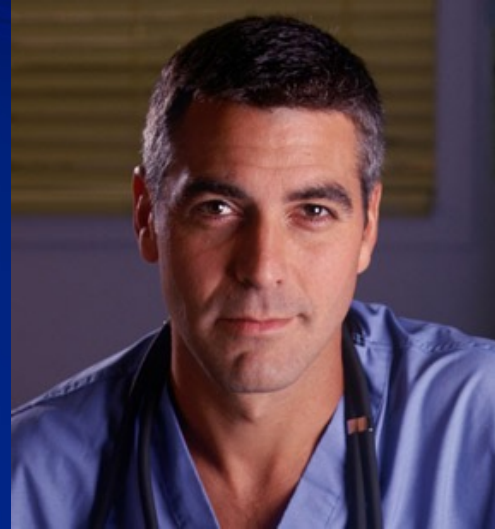
Complaint (B-team)

Service Recovery

- Disappointed

Let Them Know You Expected Them!

**“We knew you
were coming in
today – we just
didn’t know
your name!”**



There Are Only TWO Issues...

1. **WHY** patient experience?
2. **HOW** patient experience?



**The #1 reason to get patient experience
right is...**



It Makes Your Job Easier!



**Do you offer good customer
service?**

The image features a solid dark blue background. At the top, there is a decorative header with a lighter blue gradient and glowing, intersecting lines that create a sense of depth and movement. Centered in the lower half of the image is the text "It Depends!" in a bold, white, sans-serif font.

It Depends!

A Team Members

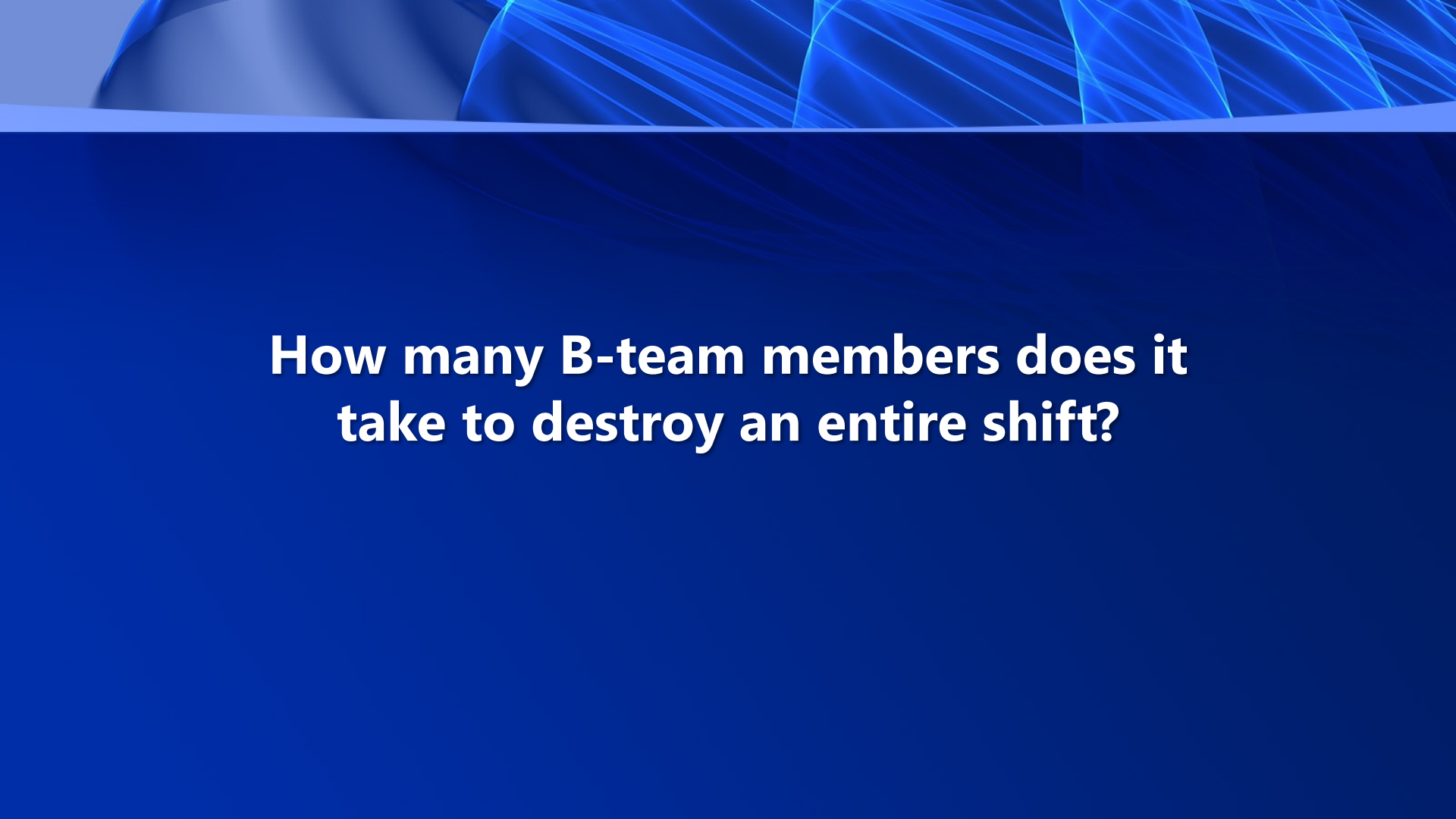
- Positive
- Proactive
- Confident
- Competent
- Compassionate
- Communication
- Teamwork
- Trust
- Teacher
- Does whatever it takes
- Sense of humor
- Moves the meat



B-Team Members

- Negative
- Reactive
- Confused
- Poor communication
- Lazy
- Late
- Constant complainer
- BMW club
- Can't do
- Always surprised
- Nurse Ratched
- Dr. Torquemada

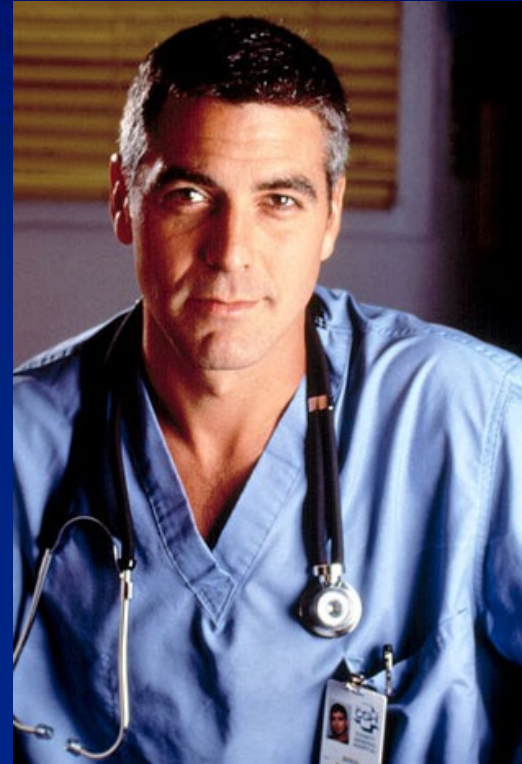




**How many B-team members does it
take to destroy an entire shift?**

The Power of “One”

- One doctor...
- One patient...
- One family...
- One team...
- One choice...
- You **will** make a difference...
- **What will the difference be?**



What do B Team processes do to A Team Members?

Stop doing Stupid Stuff, Start Doing Smart Stuff





Are you an A-team member?



**The B-team members are doing
a job that isn't theirs to do.**





**All meaningful and lasting change is
driven by INTRINSIC motivation...**

The Open Book Test Approach

Using the Survey as a Tool, not a Club

- “Huddle Up – 1st Down” – within groups (MD-MD, RN-RN, registration, lab, radiology)
- Huddle Up – 2nd Down – exchange questions and scripts (MD-RN, RN-MD, etc.)
- Huddle Up – 3rd Down – Hardwiring Flow into the equation (Stop doing stupid stuff-start smart stuff)
- Huddle Up-4th Down-Shadow Shifting and “The Myths of Impossibility and Autonomy”

What's A "Good Doctor?" – PG

- Doctor's courtesy
- Doctor took time to listen
- Doctor informative
- Doctor's concern for comfort

ED CAHPS-People Who Took Care of You

The Only “Always” Questions

1. Courtesy and Respect
2. Listen Carefully to You
3. Explain Things in a Way You Could Understand

A New Beast...and a Nasty One!

Press Ganey

Points

HCAHPS

ED CAHPS

1 Very Poor

0

Never

Yes, definitely

2 Poor

25

Sometimes

Yes, somewhat

3 Fair

50

Usually

No

4 Good

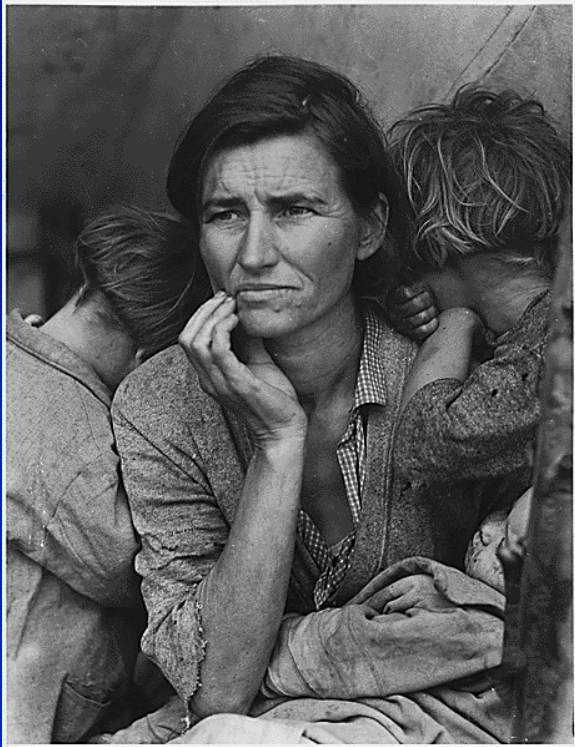
75

Always

5 Very Good

100

What's The Point?



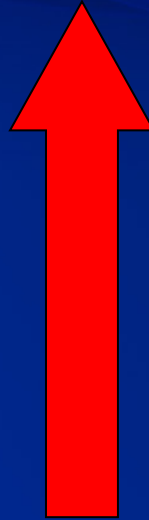
People won't
remember what you
did to them. They
won't remember
what you **said** to
them. But they will
always remember
**how you made
them feel.**


Maya Angelou

The Patient – Custometer

Patient

Customer





The more horizontal you are,
the more you're a patient.

The more vertical you are,
the more you're a customer.



Good Patients?

Good Patients?

- Intubated
- Paralyzed
- On a ventilator
- Orphan (*no family*)
- Speaks "OUR" language
- Doesn't come back
- In and out fast
- Wants only one thing
- Compliant (*wants it OUR way*)

3 Survival Skills Core Competencies

- 1. Making the Customer Service Diagnosis and Offering the Right Treatment**
 - Anticipating experiences from the customer's viewpoint
 - Treating power and control options
- 2. Negotiating Agreement and Resolution of Expectations**
- 3. Building Moments of Truth into the Clinical Encounter**

Examples

Clinical Dx

Fever

Chest pain

Abdominal pain

> 50 years

CS Dx

Meningitis

MI attack

Appendicitis

1. Introduce yourself in a professional fashion
2. Address family members – bring them into the encounter
3. Establish a high level of professionalism and courtesy
4. Provide information as it becomes available – frequent updates
5. Check the patient's progress (multiple, brief encounters)
6. Never underestimate the value of pillows, blankets, water, OJ
7. Sit down



You are a Performance Artist!

- You are the Chief Story Teller and Chief Sense Maker of the ED !
- Patients don't wake up and say, "Great day! Off to the ED!"
- The faster and more effective you are at making yourself a "solution" instead a part of the bad experience, the easier the job
- It isn't just LOS or TAT or intervals. It's the perception of flow that matters!
- It's not just how much time you spend, it's how you spend the time!
- Onstage-offstage
- Expectation Creation



The Three A Team Behaviors

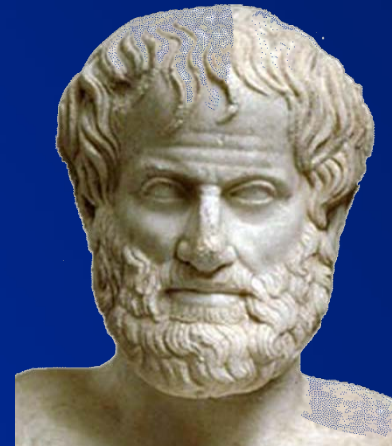
1. Sit down, smile, touch the patient, use Open Body Language

“We are what we repeatedly do. Excellence is not a virtue, but a habit.”

Nicomachean Ethics

2. Active Listening

3. Making a Blameless and Effective Apology



Taxi, Take-Off, Flight, Landing



Taxi

- Emergency Physicians are “Performance Artists”
- You are the Chief Storyteller for the patient
- Review the nurses’ notes
- The Power of One
- Open Book Test



Take-Off

Enter with a flourish!

- Introduce yourself clearly and reproducibly
- Sit down and touch them
- “We want to make this the best possible ER visit.”
- “What’s the most important thing I can do to meet your expectations?”
- Make the patient part of the team
- Individualized Patient Care
- Get to the “Solutions Side”



Abdominal Pain Flight Plan



- CS Dx vs. Clinical Dx
- “It’s scary to have so much pain...”
- “We’re giving you this IV fluid/ pain meds/zofran because...”
- “These tests will tell us...”
- 10 days of work in 6 hours
- Expectation Creation

Chest Pain flight



- “Heart Attack” vs. our DDx
- “What’s your biggest fear/concern?”
- “Your initial EKG is normal-that’s good.”
- Here’s our (flight) plan..
- “I’ll let your Doctor know”

The Pain Flight-Concern for Comfort

“Did the staff do everything they could to help you with your pain?” “Well-controlled?”



- Scripts-Evidence-Based Language-AIDET
- “I’m sorry you are in pain. We’ll do everything we can to help you with your pain.”
- “Your pain is an 8-is 4 a reasonable goal?”
- Avoid “Will/will not” use “can/cannot”
- “How’s that medication working?”
- Explain ice, elevation, anti-emetics, etc.

Landing-Discharged



- Summarize the journey (Chief Story Teller)
- “These tests/ treatments showed...”
- Druckenbrod’s Queries
- “Have I met your expectations?”
- “What other questions do you have?”
- “How did we do?”
- Discharge instructions with Active Listening
- Sign-Out Rounds at Bedside

Landing-Discharged



Druckenbrod's Queries

- "Have I met your expectations?"
- "What questions do you have?"
- "How did we do?"
- Sealing the Deal
- "Are you comfortable with what we've discussed?"
- "Is there anything I can explain better?"
- "Thanks for coming to see us!"

Landing-Admitted



- Summarize the journey (Chief Story Teller)
- “These tests showed...”
- Druckenbrod’s Queries
- “Have I met your expectations?”
- “Any other questions?”
- “How did we do?”
- Leading Up
- Rounding on Next

Open Book Test

Doctors & Nurses

1. Courtesy & Respect

- Knock before entering the room
- "Hi, it's Dr. Mayer and the team caring for you. May we come in?"
- Make the patient a part of the team-IPC
 - Eye contact
 - Sit down! Alter the Angle
 - "I'm sorry this happened to you, but I'm glad I'm here to take care of you."
- What questions do you have?

Tactics

Open Book Test

Doctors & Nurses

1. Courtesy

2. Listened
Carefully to
You?

The 18 Second
Rule

Tactics

- Chief Story Teller
- Expectation management
- Sit down
- Consistent communication
- Previews
- Manage/lead up
- Active Listening
- White Boards
- Physician notepads

Open Book Test

Doctors & Nurses

1. Treat you with courtesy and respect?
2. Listen carefully to you?
3. **Explain things in a way you could understand?**

Tactics

- "It's very important to me that you understand every element of your care."
- Active Listening-DDx
- T&T-Tests and Treatment
- Previews
- Time Frames-Expectation
- Patient as a Part of the Team-What they do?
- Show time! COWS

Open Book Test

Doctors & Nurses

1. Treat you with courtesy and respect?
2. Listen carefully to you?
3. Informative regarding treatment?
4. **Concern for Comfort?**

Tactics

- "It's very important to me that we make you as comfortable as possible."
- "I'm sorry you're uncomfortable-how's that pain medication working?"
- Explain ice, elevation, compression, fluids, anti-emetics
 - "Can/cannot"

It Can't Be Done **Here!**

The Myths of “Impossibility” and “Autonomy”

- In fact, it can be done *here...*
- Because it's already being done *here...*
- It just isn't being done *by you!*
- Or at least not consistently enough to produce traction around *results*
- “*That's not the way I practice!*”
- Then practice somewhere else!



The Most Powerful Tool?

Shadow Shifting



- Could you do this in your ED?
- If not, you will probably not get much better
- A Team with B Team works best
- 2-4 hours is plenty
- “I’m Dr. Mayer and this is Dr. Schmitz, who is one of my partners. You get 2 docs today!”

Negotiating Agreement & Resolution Of Expectations

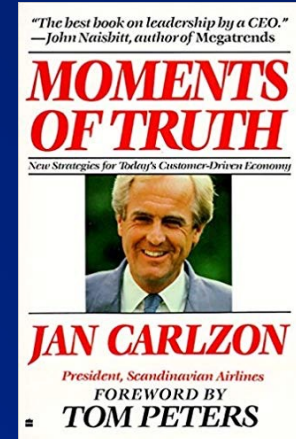
3 Negotiation Steps

1. Discover **YOUR** expectations
2. Discover **THEIR** expectations
3. Invent options for mutual gain



The 3rd Survival Skill – Building Moments Of Truth Into The Clinical Encounter

- Jan Carlzon and SAS
- “50,000 moments of truth per day”
- Do you think your patients know how many ...
- They know you!
- To them, you are the institution



The A Team Toolkit

1. Empowerment
 - Point of impact intervention
 - Patient loyalty and service recovery
 - Leading up
2. Dealing with B Team Patients and B Team Members
3. Shadow Shifting and Focused Coaching
4. Rounding – Yours, Next, Sign Out, Callbacks
5. EBL and SBL – Take 5 for a 5!
6. Hire right – Screen for the Gene
7. Taking 4s to 5s
8. Flow and the Psychology of Waiting
9. Reward your Champions
10. Leave a Legacy



TOP 10

The image shows the words 'TOP 10' in a bold, red, 3D sans-serif font. The letters are thick and have a slight shadow on the surface they are resting on. Below the letters, there are faint, semi-transparent reflections of the text on the white background.



Tool # 10

Leave a Legacy

What's Your Legacy?

The Star Thrower

