

Clinical Quality & Service Excellence

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LCM

Emerg
LSU Health
University Medical Cen

Upfront Question

**What is
“Excellence”
in Healthcare?
(It depends upon your
perspective)**

What Patients Want . . .

- ▼ Access
- ▼ Convenience
- ▼ Service
- ▼ Cost (low)
- ▼ Quality Outcomes
- ▼ Relationship/Communication

What Do Emergency Physicians & Nurses Want?

- Quality Care for Our Patients
- Efficiency of Our Practice
- Responsiveness to Our Issues
- Appreciation for What We Do
- Balanced Life – “Work to Live”
- Good Income

CEO's Want . . .

- ▶ As Many Patients As Possible (especially high profit-margin cases)
- ▶ High Patient Satisfaction
- ▶ Efficient Throughput
- ▶ No Diversion/No LWOBs
- ▶ No Patient Complaints
- ▶ No Medical Staff Complaints
- ▶ No Premium Labor Usage

CEO's Will Say . . .

- ▼ Here are my expectations.
- ▼ Get it done.

Problems:

- ▼ They don't know how you can get it done.
- ▼ In most situations you are in charge of the emergency physicians but not the rest of the department.
- ▼ You have all of the responsibility but not all of the authority (you truly need).

Where's the Beef



- ▼ Where/What is the evidence to connect:
 - ▼ Clinical Quality
 - ▼ Patient Experience
 - ▼ Clinician Well-Being

???

Higher Patient Satisfaction = Communication = Compliance = Quality

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

- ▶ Patient experience is positively associated with clinical effectiveness and patient safety.
- ▶ Associations appear consistent across a range of disease areas, study designs, settings, population groups and outcome measures
 - ▶ Positive associations 429 studies (77.8%)
 - ▶ No association 127 studies (22%)
 - ▶ Negative association 1 study (0.2%)

Risk Management

Strategic Risk Management: Reducing Malpractice Claims Through More Effective Patient–Doctor Communication

**Bernard B. Virshup, MD, Andrew A. Oppenberg, MPH, and
Marlene M. Coleman, MD**

Case Study Editor's Note: This paper is presented because it so well makes the case that projecting the demeanor of a caring person does not diminish our professional image. One is not the antithesis of the other. Being human is as much the embodiment of medicine / healthcare as is science and technical expertise; and certainly as necessary and prudent.

The author(s) have posited a theory with expedient practical implications, something on which to hang one's hat. The concept of patient–doctor relationship has more substance when related to risk management. More than "be nice," it illustrates how judicious it is to let patients know that we really do care about them and their overall well being. Additionally, this piece demonstrates the comprehensive nature of our specialty (Quality Assurance), which not only allows but compels practitioners to be cognizant of the holistic interconnectedness, interaction, interrelation, and interdependence of a myriad of aspects and components that impact the reality and perception of what constitutes quality medical practice / healthcare. The focus of this article is the impact of the patient–physician relationship on malpractice litigation – a risk management issue.

What is the quality of your patients' relationships with you? We urge the reader to use this offering as a tool for self-evaluation or as a personal case study, if you will.

Beverly Carpenter-Mason, PhD
Case Study Editor

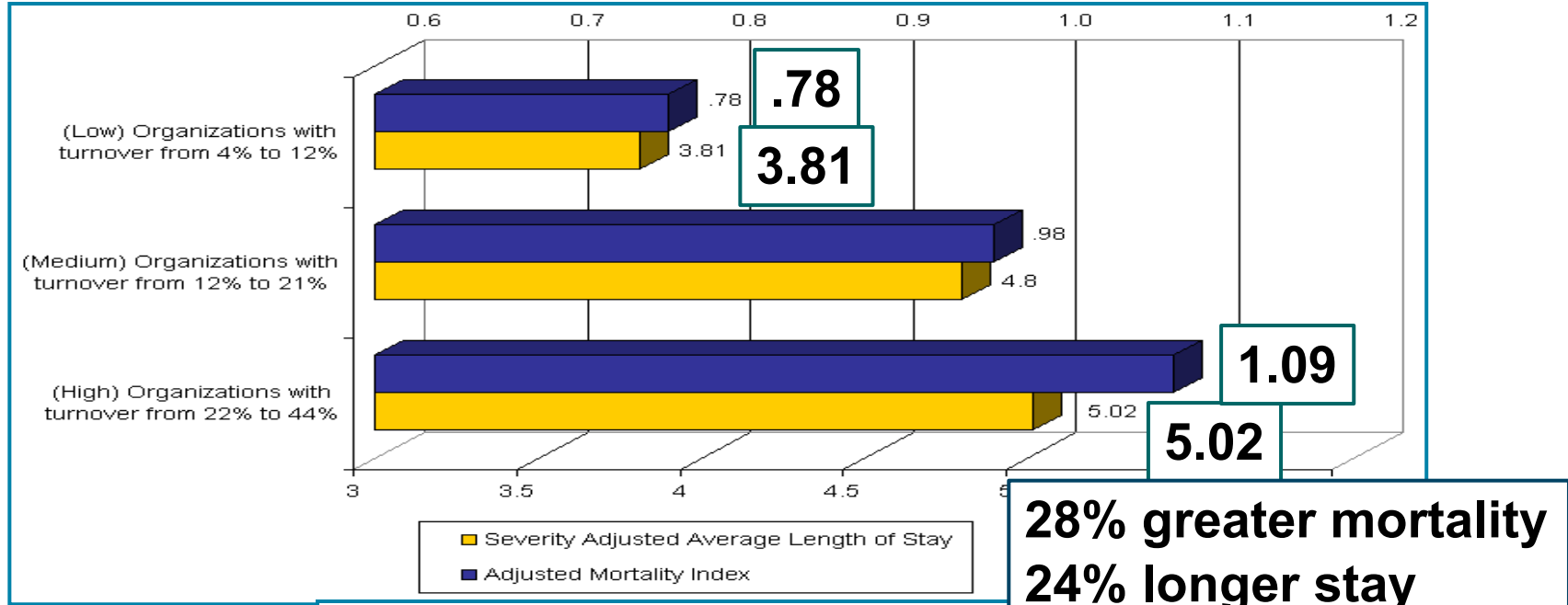
Relationship between patient satisfaction, complaints and lawsuits

- ▼ 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% Ccl 1.01 – 1.09; p< .008)
- ▼ Lower performing physicians were at greater risks for lawsuits (RR = 2.10; p 95% CI 1.13 – 3.90; p<.019)
- ▼ 75% of complaints were related to communication issues

Stelfox HT, et al, The American Journal of Medicine 2005; 118: 1126 – 1133

Does Staff Turnover Affect Quality?

Relationship Between Employee Turnover and Patient Outcomes



Blue Bar: Mortality Index = Clinical Quality
Yellow Bar: LOS = Operational Efficiency
Y-axis: Employee Turnover = Service Excellence

Annals of Internal Medicine, May 2006

Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care

▶ John T. Chang, MD, MPH; Ron D. Hays, PhD; Paul G. Shekelle, MD, PhD; Catherine H. MacLean, MD, PhD; David H. Solomon, MD; David B. Reuben, MD; Carol P. Roth, RN, MPH; Caren J. Kamberg, MSPH; John Adams, PhD; Roy T. Young, MD; and Neil S. Wenger, MD, MPH

2 May 2006 | Volume 144 Issue 9 | Pages 665-672

- ▶ (PDFs free after 6 months)
- ▶ Summary for Patients
- ▶ Summary for Patients (PDF)
- ▶ Figures/Tables List
- ▶ Related articles in Annals
- **Services**
- ▶ Send comment/rapid response letter
- ▶ Notify a friend about this article
- ▶ Alert me when this article is updated

“Better Communication Was Associated with Higher Global Ratings of Health Care”

Setting: 2 managed care organizations.

Patients: Vulnerable older patients identified by brief interviews of a random sample of community-dwelling adults 65 years of age or older who received care in 2 managed care organizations during a 13-month period.

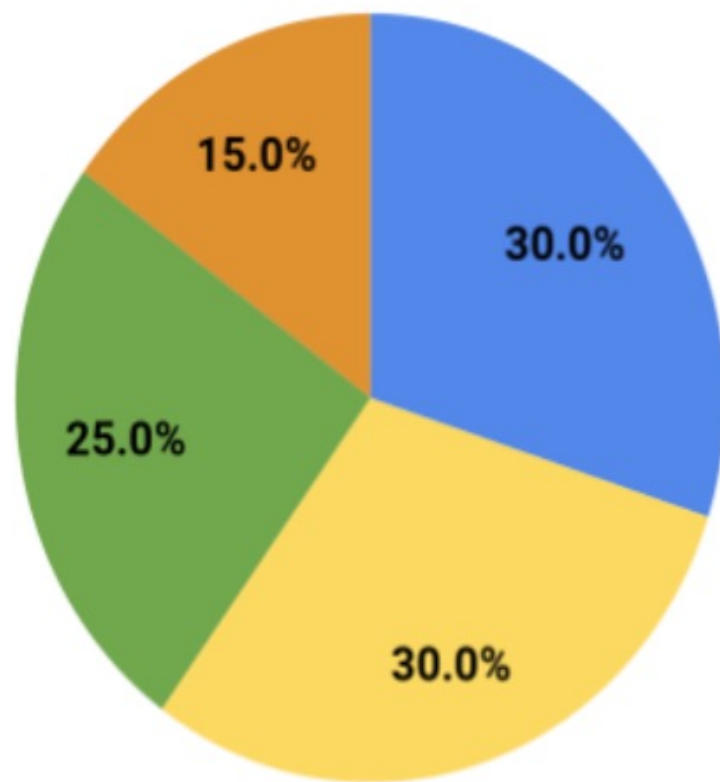
Measurements: Survey questions from the second stage of the Consumer Assessment of Healthcare Providers and Systems program were used to determine patients' global rating of health care and provider communication. A set of 236 quality indicators, defined by the Assessing Care of Vulnerable Elders project, were used to measure technical quality of care given for 22 clinical conditions; 207 quality indicators were evaluated by using data from chart abstraction or patient interview.

Results: Data on the global rating item, communication scale, and technical quality of care score were available for 236 vulnerable older patients. In a multivariate logistic regression model that included patient and clinical factors, better communication was associated with higher global ratings of health care. Technical quality of care was not significantly associated with the global rating of care.

- ▶ Wenger, N. S.
- ▶ Related Articles in PubMed
- ▶ PubMed Citation
- ▶ PubMed

2023 MIPS Performance Category Weights

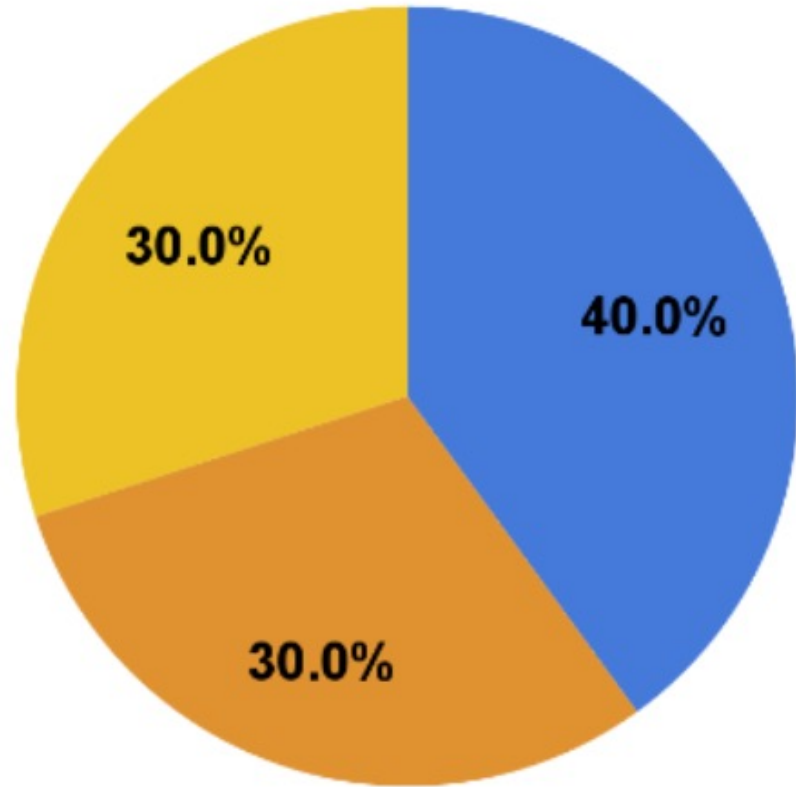
- Quality*
- Cost*
- Promoting Interoperability
- Improvement Activities



2023 Small Practice Category Weights

- Quality
- Improvement Activities
- Cost

(15 or fewer clinicians)



Final Score 2023	Payment Adjustment 2025
75.01 - 100 points	Positive MIPS payment adjustment greater than 0% on a linear sliding scale
75 points	0% MIPS payment adjustment
18.76 -74.99 points	Negative MIPS payment adjustment between -9% and 0% on a linear sliding scale
0 - 18.75 points	Negative MIPS payment adjustment of -9%

Quality in the Government's Eyes - The Transparent Environment

HCAHPS

Hospital Consumer Assessment of
Healthcare Providers and Systems

Welcome!

Home

Quick links:

[Current News](#) | [Background](#) | [About the Survey](#) | [Participation](#) | [For More Information](#) | [Internet Citation](#)

Public reporting will include the following seven Domains
(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

Contact Us/Links

Sitemap

Final FY 2014 IPPS Rule

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**

**ED PEC Survey
(not mandatory)**



23. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate this emergency room visit?

0 Worst care possible

1

2

3

4

5

6

7

8

9

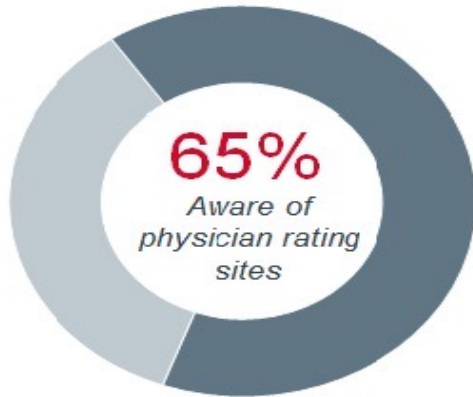
10 Best care possible

Online Patient Exp. Ratings Driving Physician Selection

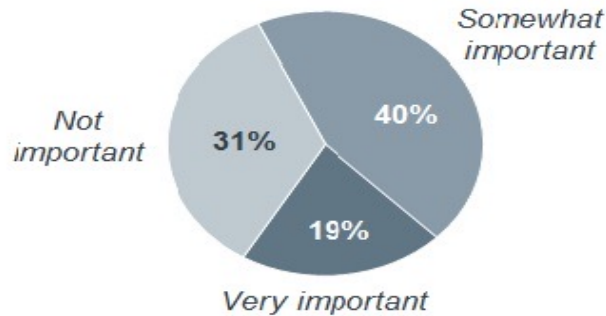
2014 JAMA Study Findings

N = 2,137

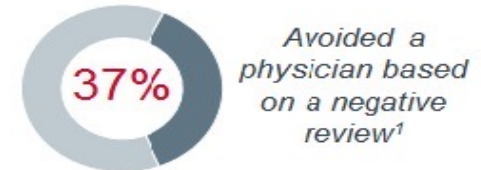
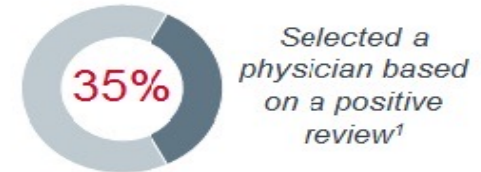
Patients Know About
Online Rating Sites...



...Find Ratings Important
When Choosing a Provider...



...And Make Decisions
Based on Reviews

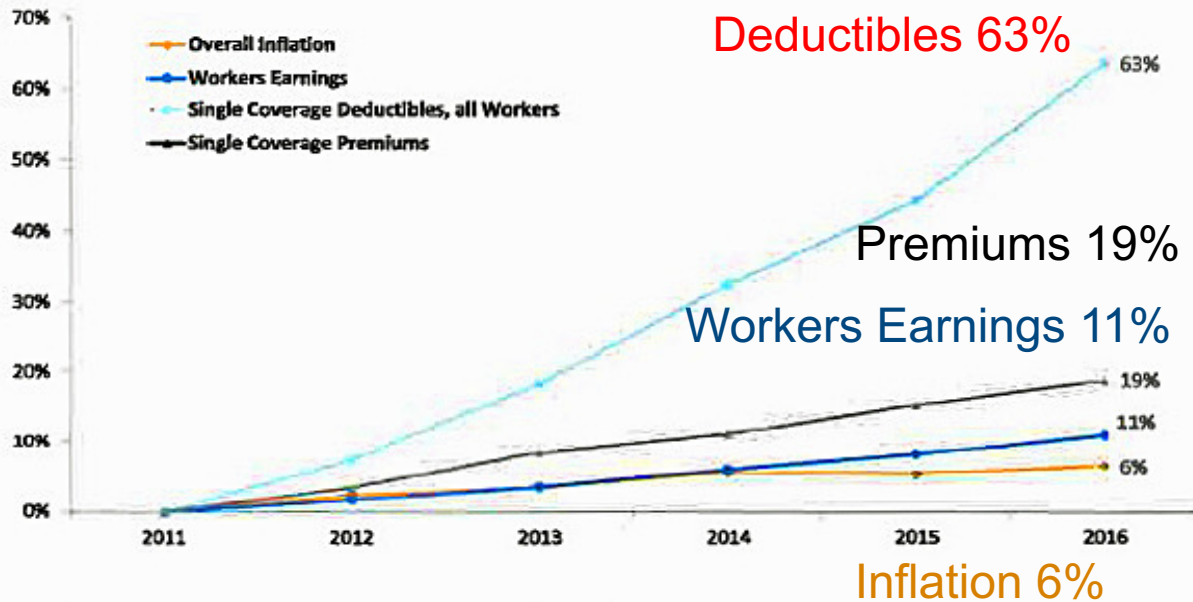


People Will
Choose Where
to Spend their
\$\$\$

High
Deductible
Insurance
Plans

Figure 4

Cumulative Increases in Health Insurance Premiums, General Annual Deductibles, Inflation, and Workers' Earnings, 2011-2016



NOTE: Average general annual deductible is among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2011-2016. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 2011-2016; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2011-2016 (April to April).



The New Paradigm

Clinical Quality

Outcome = Income

The Patient Experience

Simple Truth #1: We Live in a Service Economy

BEN & JERRY'S
COMMENT
QUE

We hope you
visit **Wow!**

More than that, we
to share your comm

Let us know how
& what else we can

We're the folks wh

Ben & Jerry's. fra

We'd love to hear

Black Dog Ven
BlackDogVenture
412-741-5
BlackDogVenture

FAIRFIELD INN & SUITES
Marriott

We promise to:

- ALWAYS** make you feel welcome. (Signatures: Nick, Bob, Matt, Jill, Mark, Jenny, V-LAD, Robie)
- ALWAYS** give you a room that's clean, fresh and reflects the highest quality standards. (Signatures: Jill, Jenny, m7, #)
- ALWAYS** respond promptly to any need you might have. (Signatures: Bernadette, Taylor, Ken, Andy, Rob, #, #)
- ALWAYS** give you the service that will make you want to return. (Signature: Williams)

L TEAM MEMBERS

STOP

Are About To Enter The
ERVICE ZONE

KEEP A SMILE ON YOUR FACE
PEAK AND GREET THE GUEST
SE THE NAME OF THE GUEST
ISH THE GUEST A GOOD DAY
SK IF THERE IS ANY OTHER
WAY YOU MAY BE OF SERVICE

Our Guests Are Expecting Us To
eed Their Expectations of Service!

Key Words for Us

▼ Satisfy

- ▼ to please, to be adequate to an end in view, to meet an obligation

▼ Astonish

- ▼ to strike with sudden and usually great wonder or surprise

▼ Memorable

- ▼ worth remembering

University 
Medical Center
New Orleans
LCMC Health

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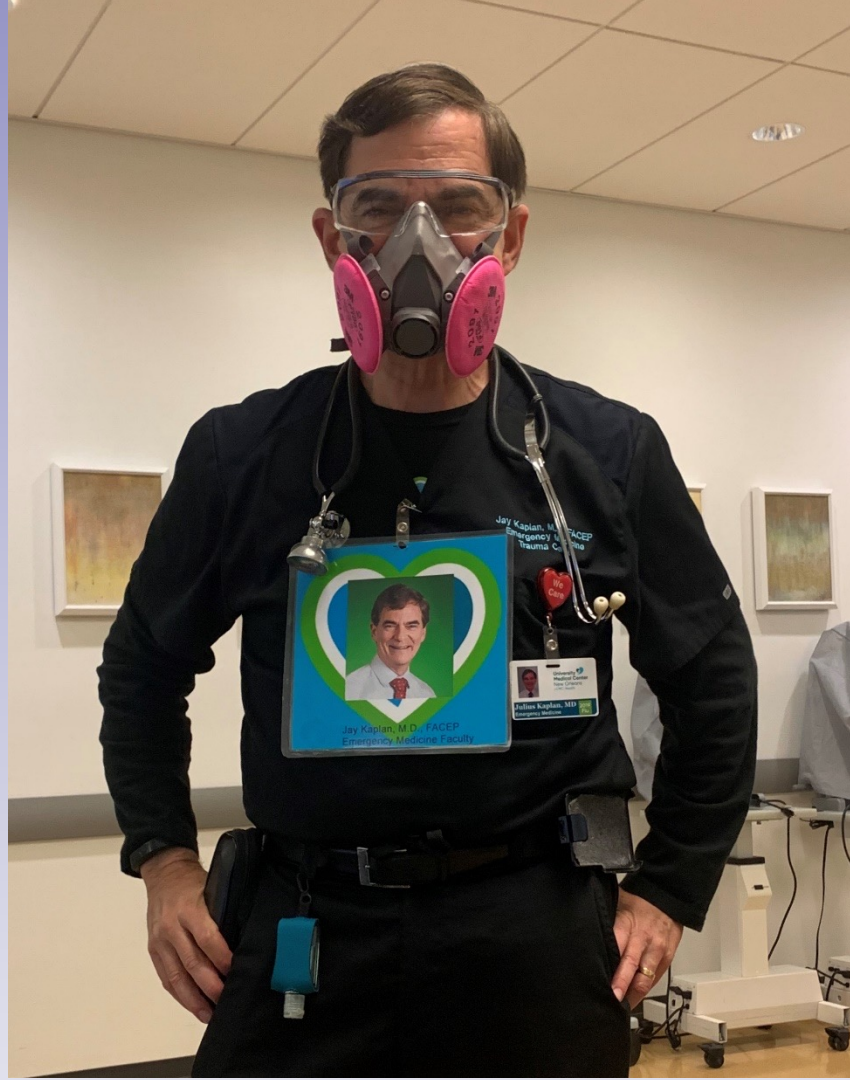
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Emergency Medicine

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504.894.5223



Simple Truth #2: We All Believe We Give Great Service

We assume



= Patient
Satisfaction



= Employee
Satisfaction

Looks deceive

Three in four adults ages 30-50 think they don't look as old as they are, even though it's statistically impossible for that many to have fewer signs of aging than others their age. How old people think they look vs. their age:

Men



Women



Simple Truth #3: We think we're doing better than we actually are . . .

Strategies to Improve Quality

- ▼ Pro-Active
 - ▼ Leader Rounding
 - ▼ Discharge Follow-Up Phone Calls
- ▼ Performance Improvement
- ▼ Six Sigma
- ▼ Lean

Leader Rounding on Staff

▼ Harvest Wins:

“Are there any staff 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 could be working better?”

▼ Repair and Monitor Systems

“Do you have the tools, equipment and assistance to care for your patients well?”

▼ Coach on New Behaviors

“We’re trying to improve our patients’ experience. One way to do that is”

Leader Rounding on Patients

LEADER ROUNDING LOG

Date: _____ **Name:** _____

Patient Rounding: _____
Top 4 Priorities this month

- 1 Patient Knows their Nurse/Doctor.**
- 2 Patient is Informed.**
- 3 Pain is being controlled.**
- 4 Sensitive to Privacy.**

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 if it 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.

Room #	Notes: Behavior Recognized	Reward (R) or Coach (C) Opportunity	Staff member to Reward or Coach.

Shadow Rounding With Physicians

"As physicians, we can work individually to improve our technical skills of evaluation and treatment with literature/chart review, outcome data, etc. But analyzing and improving our communication with patients--which affects their perception of the evaluation and treatment we provide--requires an objective point of view. Shadow rounding with Dr. _____ provided this needed third-person assessment in a relaxed and non-judgmental setting. It gave me a different perspective of my interactions with patients that will help me to continue to self-critique my approach to patients and hopefully improve my overall technique."

Hospitalist, March 2019

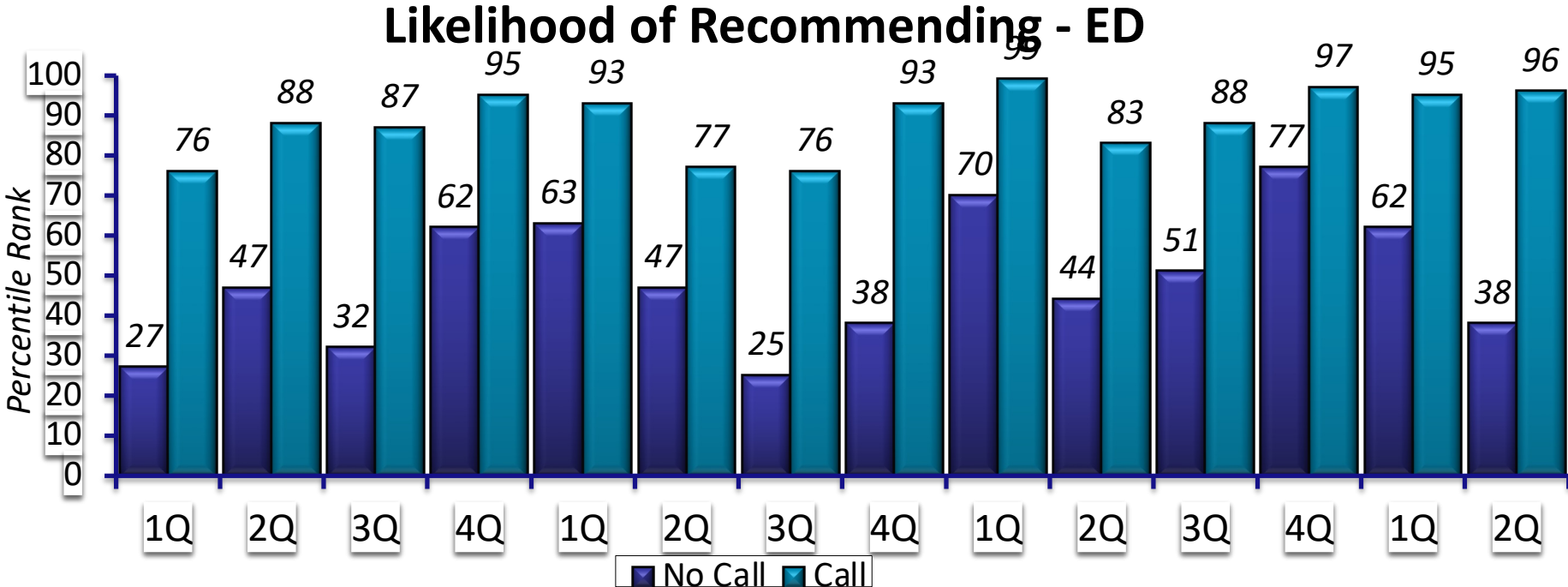
How To Complete the Patient Experience: Follow Up Phone Calls

Engel K, Heisler M, Smith D, Robinson C, Forman J, Ubel P, "Patient Comprehension of Emergency Department Care and Instructions: Are Patients Aware When They Do Not Understand?," *Annals of Emergency Medicine*. July 11, 2008

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

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)

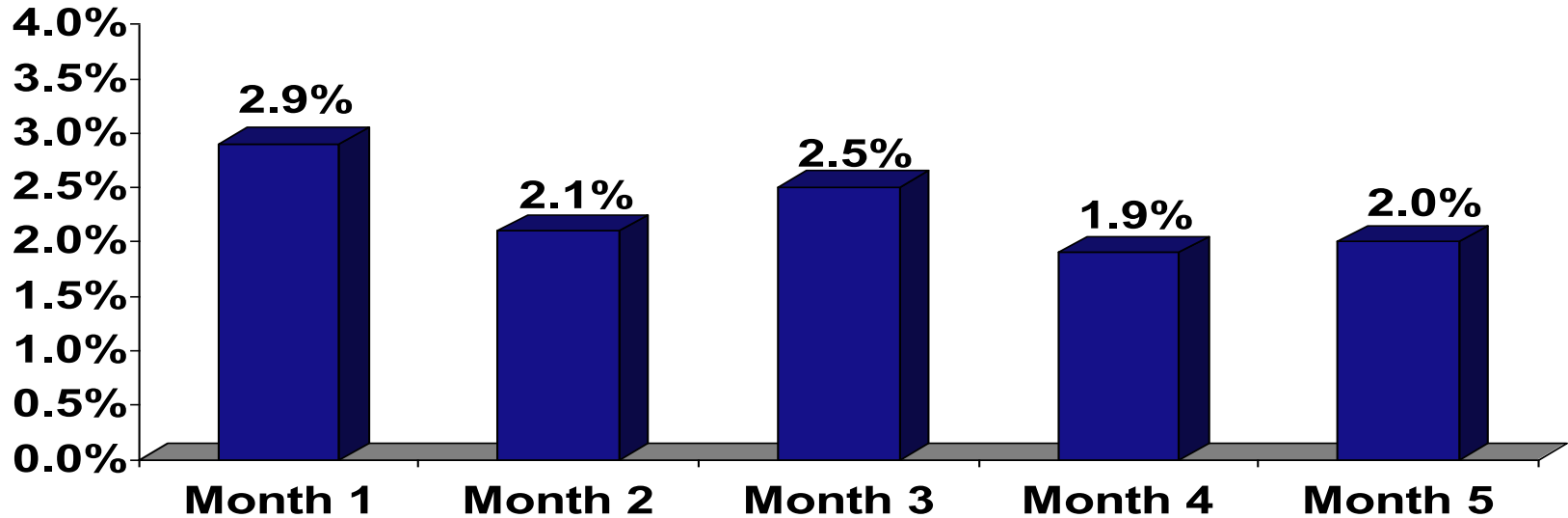


Shaping
& Sharing

SUCCESSFUL
HEALTHCARE
OUTCOMES

Discharge Calls: Improved Clinical Quality

**Emergency Department:
Volume Adjusted 24-hour Emergency Department Returns**



Source: *The Regional Medical Center, South Carolina, Total beds = 286*

Follow Phone Calls: 6 Reasons Why

- ▼ Quality
- ▼ Risk management
- ▼ Patients love it
- ▼ You will love it (lots of kudos)
- ▼ You will be a better clinician
- ▼ Decreased return visits/hospital admissions

People - For Our Patients

- ▼ Think Bakery
- ▼ Sit Down/RTR
- ▼ Rounding on Patients

Key Strategy #1: Think Bakery



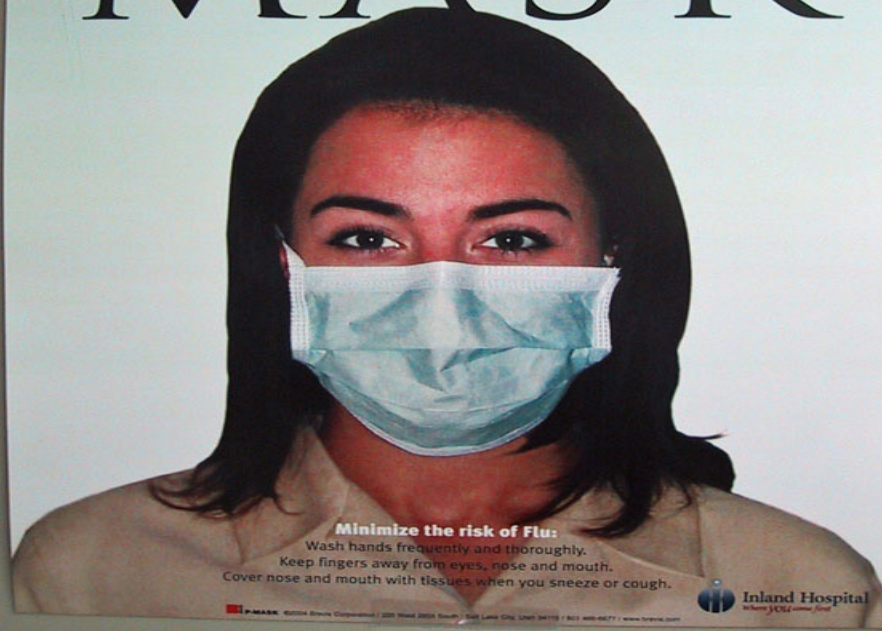
What Do Our Patients See?



It's Cold and Flu Season


If you have fever, chills, headache, body aches,
cough, sore throat, sneezing, runny or stuffy nose,
please do not visit until you're well.

Meanwhile,
ASK FOR A
MASK



Minimize the risk of Flu:
Wash hands frequently and thoroughly.
Keep fingers away from eyes, nose and mouth.
Cover nose and mouth with tissues when you sneeze or cough.

3M MASK ©2004 3M Company. 225 West 25th Street, St. Paul, MN 55118 / 800-451-6877 / www.3m.com

 **Inland Hospital**
Where JOE comes first



IT IS THE LAW!

IF YOU HAVE A MEDICAL EMERGENCY OR ARE IN LABOR,

YOU HAVE THE RIGHT TO RECEIVE
(Within the capabilities of this hospital staff and facilities,)

- AN APPROPRIATE MEDICAL SCREENING EXAMINATION,
 - **NECESSARY STABILIZING TREATMENT,**
(Including treatment for an unborn child)

AND IF NECESSARY

- AN APPROPRIATE TRANSFER TO ANOTHER FACILITY
EVEN IF YOU CAN NOT PAY

OR

DO NOT HAVE MEDICAL INSURANCE

OR

YOU ARE NOT ENTITLED TO MEDICARE OR MEDI-CAL

ES LA LEY!



Hand Hygiene (Hand Washing)
 is the most important way to prevent the spread of germs.
 Wash your hands often, especially before and after contact with patients, and after touching surfaces in the clinic.
 Wash your hands for at least 20 seconds with soap and water.
 If soap and water are not available, use hand sanitizer.
 Always use proper technique.
 For more information, visit www.cdc.gov/handwashing.



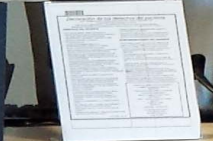
HEALTH ADVISORY
 Getting the Flu Vaccine (Inactivated)
 is now available online (CERS) for those interested in getting the flu vaccine. Visit www.mass.gov/flu for more information. Call your primary care provider for more information.
 Visit your health plan.
 A small fee may apply.
 Please check contact with your provider.

ALTO!
 ¡USE POR FAVOR UNA
 MASCARA SI USTED
 TIENE UNA TOS!

STOP
 WASH YOUR HANDS!
 PLEASE WEAR A
 MASK IF YOU HAVE A
 COUGH!

Pelham Medical Center
 Patients
 Please refrain from eating or drinking until you have been evaluated by a doctor.
 Los Pacientes
 Por favor abstenerse de comer o beber hasta que sea evaluado por un médico.

Attention! Visitation Recommendations
 As a precaution against the spread of influenza, and for everyone's safety, Pelham Medical Center has implemented the following visitation recommendations:
 1. Anyone with the flu symptoms is asked not to visit patients in hospital. These symptoms include: Fever, chills, coughing, sore throat, and/or fatigue.
 2. People at the following categories should not visit if displaying symptoms:
 a. Pregnant women
 b. Those with weakened immune systems
 c. Those with long-standing or existing difficulties
 d. Children under the age of 18 and other adults.
 Hand sanitizer, gloves and masks are available in our visitors and waiting area units.
 We appreciate your understanding as we work to reduce the spread of disease.



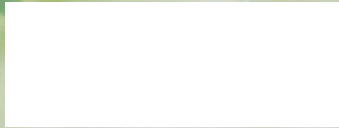






Take a Fresh Look – Change the Signs

Thank You For Choosing to
Receive Care at

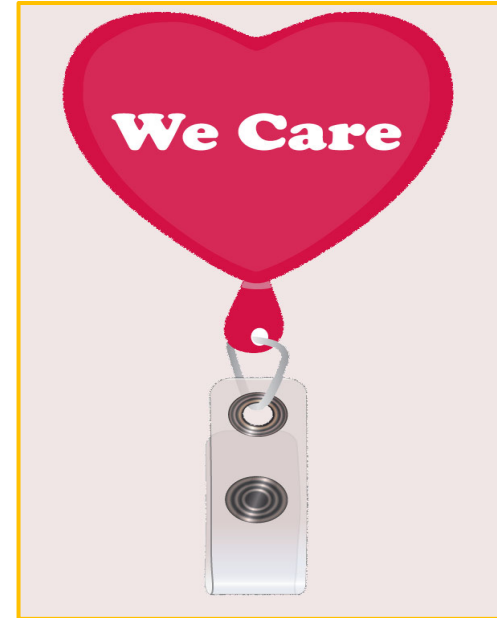
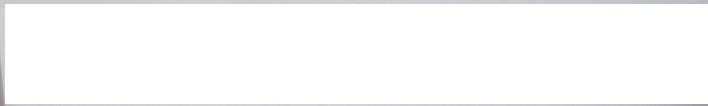


Our goal is to provide you with
Exceptional Care

You have our commitment to...

- Introduce ourselves
- Explain what we are doing
- Keep you well informed
- Work with you to safely manage your pain
- Make you as comfortable as possible
- Provide kind and compassionate care
- Do our best to answer your questions

Help us keep our commitment by
letting us know how we are doing.



EVERYONE WELCOME EXCEPT GERMS

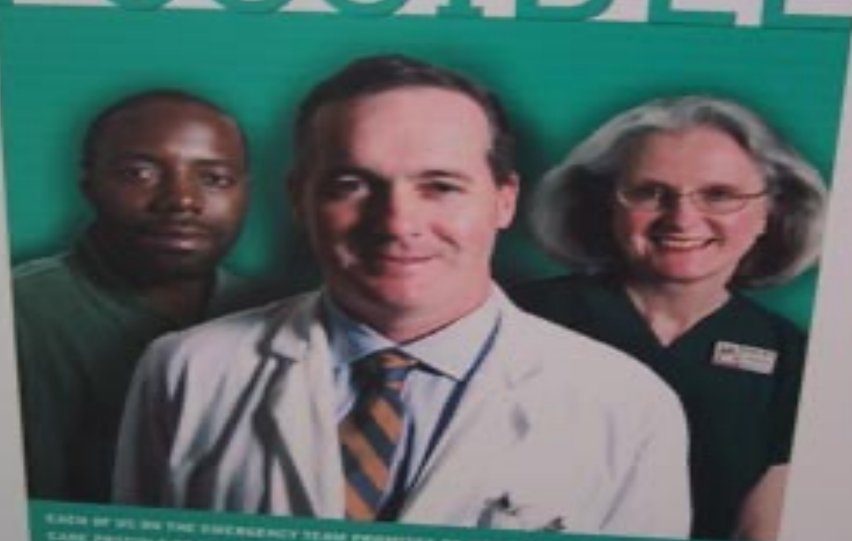


For the health and safety of our patients and co-workers, please avoid visiting the hospital if you are experiencing any of the following symptoms: fever, cough, sore throat, stuffy or runny nose.

**Washing hands
saves lives.**



THE BEST CARE POSSIBLE



EVEN IF WE ON THE EMERGENCY TEAM PROMISES TO WORK HARD TO PROVIDE THE BEST CARE POSSIBLE TO EVERY PATIENT EVERY DAY. WE WILL DELIVER IT WITH EMPASSION, SENSITIVITY AND HUMILITY AND WE WILL DO ALL WE CAN TO MAKE THE EXPERIENCE AS PLEASANT AS HUMANLY POSSIBLE.

5

HIGHLAND HOSPITAL

An affiliate of the
UNIVERSITY OF KENTUCKY
MEDICAL CENTER

© 2011

[BEYOND ER]

THANK YOU FOR CHOOSING TO RECEIVE YOUR CARE AT TRAUMA 5

WHILE YOU ARE A PATIENT HERE, YOU CAN EXPECT:

- Our doctors and staff will introduce themselves, and explain the plan for your care.
- We will make you as comfortable as possible.
- We will tell you how long your testing or treatment is expected to take.
- We will give you the results of your tests as soon as they are available.
- Your questions will be answered before you are discharged.

IF THIS DOES NOT HAPPEN, WE
WANT YOU TO LET US KNOW.

Please ask to speak to the
Clinical Care Coordinator or call:

Robin Huether 333-6687
*Director of Emergency,
Trauma & Transport Services*

Beth Lapka, MD 333-7061
Trauma 5 Medical Director

Monica Huber 333-6433
VP of Emergency/Trauma



**Dress
Professionally**

What Do Our Patients Feel?



Sit Down



To Sit or Not to Sit?

(Annals Emerg Med 2007))

- ▼ Sitting: time overestimated 15%
- ▼ Standing: time underestimated 7%
- ▼ Providers overestimated time 6%

Patient Education Counseling

2012 Feb;86(2):166-71.

Effect of Sitting vs. Standing on Perception of Provider Time at Bedside

Surgeon on post-operative visits (admitted for elective spine surgery) - 120 patients

RCT to sit vs. stand, rest of visit same

Results:

Position	Actual time	Perceived time
- Stand	1' 28"	3' 44"
- Sit	1' 4"	5' 14"

*Positive patient feelings: sit= 95%, Stand = 61%

Communication Strategy: Think Baseball - Touching All the Bases



Every Patient Interaction Has a . . .

- ▼ Beginning

- ▼ Middle

- ▼ End

or seen in another way . . . It's about . . .

- ▼ Relationship

- ▼ Task

- ▼ Relationship

<p>Relationship</p> <p>R</p>	<p>A</p> <p>I</p>	<p>Acknowledge patient and significant others</p> <p>Introduce self and anyone else on team with their titles and/or roles</p> <p>Inspire confidence by managing up</p>
<p>Task</p> <p>T</p>	<p>D</p>	<p>Do These Things:</p> <p>Sit down</p> <p>Active Listening</p> <p>Paraphrasing</p> <p>Demonstration of empathy</p> <p>Articulation of physical findings</p>
	<p>E</p>	<p>Explain in a way that is understandable to the patient and family; include expected duration of work-up/illness/healing process</p>
<p>Relationship</p> <p>R</p>	<p>T</p>	<p>Teach Back to ensure that patient and family understand</p> <p>Thank patient/family for their involvement in their care</p>

Healthcare with heart



AIDET® is a standardized approach to use with patients. We've translated that 5-part tool into a 3-part version to ensure excellent communication. Every patient interaction has a beginning (relationship), a middle (task), and an end (relationship) – RTR.

People don't care how much you know until they know how much you care.

Relationship

Task

Relationship

Acknowledge

Introduce

Do these things (duration)

Explanation

Thank you

Relationship

Acknowledge the patient and family.

Introduce self and other team members and roles.

- Inspire confidence and build trust
- Manage up the team
- Make a non-medical connection

Task

Do these things.

- Sit down
- Active listening (eye contact and acknowledgment)
- Paraphrase
- Use key empathy phrases
- Articulate your physical findings

Explain your diagnostic impression in a way that is understandable to the patient/family. Define expected duration of work-up/illness/healing.

Relationship

Complete the encounter and ensure understanding. Ask

- "What questions do you have for me?"
- "Is there anything else I can do for you?"

Thank the patient/family for the privilege of caring for them.

Use Key Words

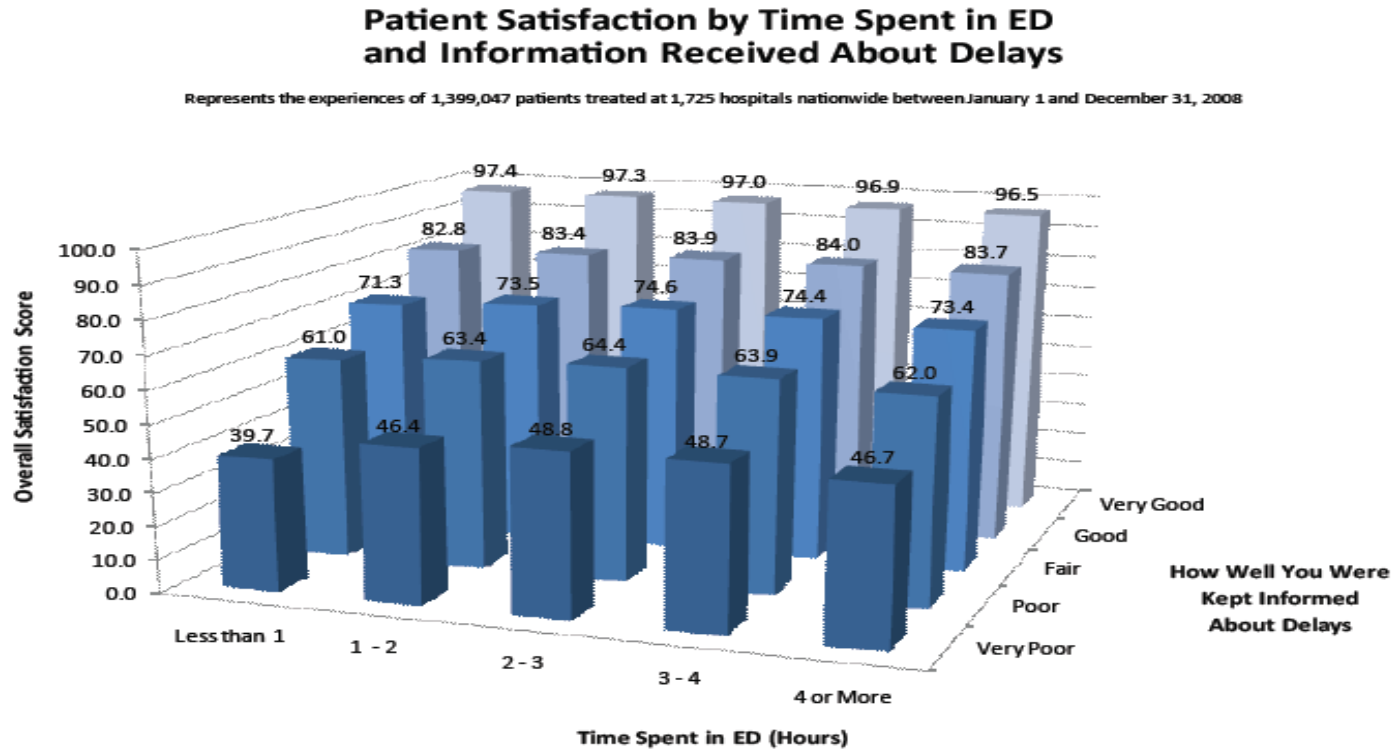
- ▼ “For your safety”
- ▼ “Sounds like what you’re telling me is”
- ▼ “Let me put you at ease”
- ▼ “To keep you informed”
- ▼ “I’ve reviewed the nurse’s notes so let me go over what I already know about you.”
- ▼ “What questions do you have? Is there anything I can do for you right now ?”

Old Vs. New Paradigms of Patient Contact

- ▶ Old Way: See the patient, order your diagnostic tests, wait for all the results to come back, go tell the patient what you found.
- ▶ New Way: Touch base with your patient as often as possible, no less than every 30 mins. As results return, advise the patient.

“Pollinate the Rooms”

Patient Perception → Quality



Self –Test for Emergency Physicians/APP's

High-Performing Emergency Physician/Provider SELF-TEST

Are you doing all that you can in your practice to improve the patient experience? Rate yourself in terms of your behavior. “Never” indicates that it is not part of your usual practice and “Always” means it is a strongly hardwired and consistent behavior.



		Never	Some- times	Usually	Always
1.	Do you acknowledge and make physical contact with the patient and family members in the room when you first enter?				
2.	Do you introduce yourself and share your experience and commitment? Do you manage up the rest of the team?				
3.	Do you sit down at the patient's bedside?				
4.	Do you acknowledge what you already know about the patient and then give the patient uninterrupted time to tell his/her story?				
5.	When you get up to perform the physical examination, do you ask the patient's permission? Do you articulate your findings?				
6.	Do you explain to patients your initial diagnostic impression, what you are going to do and how long it will take?				

Self –Assessment

7.	Are you using key words to convey to patients your commitment to their comfort and safety?				
8.	When diagnostics are completed, do you explain to patients/families the results of your work-up, what you think is going on, and the likely duration of the illness?				
9.	Are you or another staff member rounding on patients at least every 30 minutes?				
10.	Are you completing the patient visit with “What questions do you have for me? Is there anything you would like for me to go over again?”				
11.	Are you thanking patients for the privilege of caring for them, or telling them it was good that they came in for care?				
12.	Are you making follow up phone calls to patients who are treated and discharged, at least 2 patients per clinical shift?				

High-Performing Emergency Nursing & Staff SELF-TEST

Are you doing all that you can in your practice to improve the patient experience? Rate yourself in terms of your behaviors. "Never" indicates that it is not part of your usual practice and "Always" means it is a strongly hardwired and consistent behavior.



		Never	Sometimes	Usually	Always
1.	Do you acknowledge the patient <u>and</u> family at the bedside at your first encounter? Do you shake hands/make contact?				
2.	Do you introduce yourself/your role and share your experience and commitment? Do you manage up the team?				
3.	Do you sit down at the patient's bedside?				
4.	Do you acknowledge what you already know about the patient and then give the patient uninterrupted time to tell his/her story?				
5.	When you perform nursing care, do you tell the patient what you're doing, e.g. "I am washing my hands for your safety"?				
6.	Do you explain to patients what you are going to do and how long it will take?				

Self-Test for ED Staff

7.	Are you using key words to convey to patients your commitment to their comfort and safety?				
8.	Are you completing the patient visit with "What questions do you have for me? Is there anything you would like for me to go over again?"				
9.	Are you or another staff member rounding on patients at least every 30 minutes?				
10.	If a patient hand-off is required, are you doing it at bedside?				
11.	Are you thanking the patient for the privilege of caring for him/her or advising that it was good that he/she came in to the ED?				
12.	Are you making follow up phone calls to patients who are treated and discharged, at least 2 patients per clinical shift?				

Summary

- ▼ We live in an experience economy.
- ▼ “Satisfy” is not enough.
- ▼ If the other guy’s getting better . . .
- ▼ Quality gets you in the game.
- ▼ Service helps you win.
- ▼ It’s about the TEAM.