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.

As a national speaker and facilitator, Dr. Kaplan presents to and coaches hospital leadership teams, emergency departments, medical groups and physicians to the highest levels of clinical quality and service excellence. He engages and interacts with his audience and makes listening fun. His approach is tactical and directed toward implementation not just ideas, toward results not consults.
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 . . .
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.

---

Academic Medicine - March 2011

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 C. Hudosman, MD
Charles E. Federman, PhD
James W. Picone, MD
Gusael S. Miller, MD, MSc
James E. Berger, MD
Preliminary Report, PhD

C

orrelation analysis indicates that patient satisfaction is inversely associated with the incidence of complaints and costliness of medical claims. A higher rate of patient complaints is associated with a lower score in patient satisfaction, and higher costliness of medical claims. These findings are consistent with previous research that has demonstrated an inverse relationship between patient satisfaction and the occurrence of medical errors or adverse events.

Methods: Using a large, national database of patient records from a variety of medical centers, we investigated the relationship between patient satisfaction and the occurrence of medical errors or adverse events. The database included information on over 1 million patients, and the analysis was adjusted for demographic factors, such as age, sex, and income. The results were consistent across a variety of models, indicating a robust relationship between patient satisfaction and the incidence of medical errors or adverse events.

Results: The analysis revealed a significant correlation between patient satisfaction and the occurrence of medical errors or adverse events, with a higher rate of patient complaints being associated with a lower score in patient satisfaction, and higher costliness of medical claims.

Conclusions: The findings of this study suggest that an improvement in patient satisfaction may be a useful strategy for reducing the frequency and costliness of medical errors or adverse events. This is consistent with previous research that has demonstrated an inverse relationship between patient satisfaction and the occurrence of medical errors or adverse events. Additionally, these findings support the notion that improving patient satisfaction may be a useful strategy for reducing the frequency and costliness of medical errors or adverse events.
The Transparent Environment –
Quality in the Government’s Eyes

During your hospital stay
During
your
hospital
stay,
how often did
you:
treat you with courtesy and respect?
listen carefully to you?
explain things in a way you could understand?
Never/Sometimes/ Usually/ Always
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 ROUNDING LOG**

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

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

- Good morning, my name is [NAME], TITLE. 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 you put it back. 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/MLP's**

**Behaviors Observed:**

- Introduce/inspire confidence
- Connect/Make contact
- Acknowledge/Articulate
- Review/remember duration
- Educate/ensure understanding
- Sit down
- Use of key words
- Use of touch: hand shake or other
- Eye Contact
- Tone of voice
- Use of touch: hand shake or other
- Body language/demeanor
- Use of key words
- Manage patient/family to convey
- Time perception of encounter
- Move patient/family to ask questions
- 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

[Bar chart showing patient satisfaction by time spent in ED and information received about delays.]

- Very Good
- Good
- Fair
- Poor
- Very Poor

How Well You Were Kept Informed About Delays

Time Spent in ED (hours)
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

![Bar Chart](chart.png)

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
- Analyze data
- Compare results to predictions
- Summarize 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

![Graph showing defects per million for different industries and services, with a comparison to Six Sigma levels and their corresponding defect rates.](image)

- **Overall healthcare Quality in U.S.** (Rand Study 2003)
  - (69%)
  - (31%)
  - (7%)
  - (6%)
  - (.002%)
  - (.00003%)

**Defects per million**

- Fair Reliability
- High Reliability

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

You've got to implement a Six Sigma program or else you're doomed.

Aren't you the same consultant who sold us the worthless TQM program a few years ago?

I assure you that this program has a totally, totally different name.

When can we start?

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>
**Healthcare 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. Malan, 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 occupational research generated 6 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. Patient care visibly improved 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 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;xxxxx.]

Tools and Methods

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

Short-cycle continuous improvement sessions (*katzen*).

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 multi-skilled work teams.

5S, a method for organizing and standardizing workspaces.

Physical layout improvements 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. Autonomination, 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**
Match Your Process to Your Need

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

- Change management
- Plan, Do, Study, Act (PDSA)
- Lean Six Sigma
- Design for Lean Six Sigma

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 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of eligible patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pt leaves ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia: Time to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>
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<td></td>
</tr>
</tbody>
</table>

[Image of a scorecard with charts and graphs showing patient satisfaction, time in department, time to provider, and left without being seen.]
<table>
<thead>
<tr>
<th>Pillar of Excellence</th>
<th>Writing Goal</th>
<th>Action Steps</th>
<th>Responsible Person(s)</th>
<th>Due Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Raise ED Pat. Sat. to 85%</td>
<td>1. Create a schedule to Round ALL ED Patients every 3 hours. 20-Sep Schedule includes Marilyn, Joan, Carol and select Charge Nurses. 2. Follow schedule and Round every day. Medical Director, Dr. M. also rounding when not on duty. 3. Mentor certain Charge Nurses to begin Rounding. Marilyn, Joan, Carol</td>
<td>Quarterly PG Report shows 18% Pat Sat.</td>
<td>- Create a schedule to Round ALL ED Patients every 3 hours. 20-Sep Schedule includes Marilyn, Joan, Carol and select Charge Nurses. 2. Follow schedule and Round every day. Medical Director, Dr. M. also rounding when not on duty. 3. Mentor certain Charge Nurses to begin Rounding. Marilyn, Joan, Carol</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Carol, Marilyn, Joan, Lauri, Joan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Raise ED Pat. Sat. to 40%</td>
<td>1. Create a schedule to Round ALL ED Patients every 3 hours. 20-Sep Schedule includes Marilyn, Joan, Carol and select Charge Nurses. 2. Follow schedule and Round every day. Medical Director, Dr. M. also rounding when not on duty. 3. Mentor certain Charge Nurses to begin Rounding. Marilyn, Joan, Carol</td>
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<td></td>
<td></td>
<td></td>
<td>Carol, Marilyn, Joan, Lauri, Joan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call 100% of eligible discharged patients</td>
<td>1. Call 30% within 24 hours of discharge. Matthew testing call and documentation process. 2. Receive update from Matthew. Joan, Matthew 20-Sep Follow up calls being done daily. Matthew has created a data base and reports are generated as calls are made. Reports posted for staff. 3. Organize the process (Prepare List of Patients, Distribute among team, Prepare Tracking Log). Select team to make discharge calls everyday. Joan, Matthew, Carol, Mary</td>
<td>15-Oct Calls being made using the charts. Will explore using a printout of patients from HBOC Star.</td>
<td>- Matthew testing call and documentation process. 2. Receive update from Matthew. Joan, Matthew 20-Sep Follow up calls being done daily. Matthew has created a data base and reports are generated as calls are made. Reports posted for staff. 3. Organize the process (Prepare List of Patients, Distribute among team, Prepare Tracking Log). Select team to make discharge calls everyday. Joan, Matthew, Carol, Mary</td>
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<td></td>
<td></td>
<td>Joan, Matthew, Carol, Mary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make and Track Discharge Phone Calls</td>
<td>1. Matthew testing call and documentation process. 2. Receive update from Matthew. Joan, Matthew 20-Sep Follow up calls being done daily. Matthew has created a data base and reports are generated as calls are made. Reports posted for staff. 3. Organize the process (Prepare List of Patients, Distribute among team, Prepare Tracking Log). Select team to make discharge calls everyday. Joan, Matthew, Carol, Mary</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Joan, Matthew, Carol, Mary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roll Out Standards of Behavior</td>
<td>1. Develop Large Sign that summarizes all Standards and can be signed. Name(s) 14-Oct Commitment Statement finalized in ED Pat Sat on Oct. 7. Final laminated version being prepared for Pat Sat meeting on Nov. 11th. 2. Distribute Standards to all mailboxes Name(s) 7-Oct Cover letter prepared to attach to standards. Will be presented in Monday’s meeting (10-07) Letters and standards to be distributed on 10-14.</td>
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<td></td>
<td>Name(s) 7-Oct Cover letter prepared to attach to standards. Will be presented in Monday’s meeting (10-07) Letters and standards to be distributed on 10-14.</td>
<td></td>
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</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”

---

Annual Physician Evaluation

<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>
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</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/EMTALA</td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Practice Standards -</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
</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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Performance:</th>
<th>IE</th>
<th>ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate use of resources, thoroughness of documentation, quality of care</td>
<td></td>
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</tr>
</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
“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>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></td>
<td>85%ile</td>
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<tr>
<td></td>
<td>Patient Satisfaction - Physician section percentile</td>
<td></td>
<td>85%ile</td>
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<tr>
<td></td>
<td>Patient Satisfaction - Nurse (or other key) section percentile</td>
<td></td>
<td>85%ile</td>
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<tr>
<td></td>
<td>Discharge phone calls % contacted</td>
<td></td>
<td>60%</td>
<td></td>
<td></td>
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<tr>
<td>Quality</td>
<td>Patient Arrival to Bed</td>
<td></td>
<td>15 min</td>
<td></td>
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<tr>
<td></td>
<td>Bed to Physician/PA/NP</td>
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<td>15 min</td>
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<td></td>
<td><strong>Length of Stay Times</strong></td>
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<tr>
<td></td>
<td>ED Discharges</td>
<td></td>
<td>150 min</td>
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<td></td>
<td>ED ESI 4&amp;5 patients</td>
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<td>60 min</td>
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<td></td>
<td>ED Admissions</td>
<td></td>
<td>240 min</td>
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<tr>
<td></td>
<td>Imaging/Lab TAT measures</td>
<td></td>
<td>30 min</td>
<td></td>
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<tr>
<td></td>
<td>Admit order to patient departure for inpatient bed</td>
<td></td>
<td>60 min</td>
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<td></td>
<td>Patients being boarded - # and hours</td>
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<td>0/0</td>
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<td></td>
<td>Core measures – Acute MI - PCI within 90 minutes</td>
<td></td>
<td>100%</td>
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<td></td>
<td>Core measures – CAP – Most Appropriate Antibiotics</td>
<td></td>
<td>100%</td>
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<td></td>
<td>Inpatient metric - % Patients Discharged by 12 noon</td>
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<tr>
<td>People</td>
<td>#Recognitions/Wowgrams</td>
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<td></td>
<td>% Vacancy Rate RN/LPN</td>
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<td></td>
<td>% or # Shifts Below Minimum Core Staffing</td>
<td></td>
<td>10%</td>
<td></td>
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<td></td>
<td>#Sick calls</td>
<td></td>
<td>10%</td>
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<td>Finance</td>
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<tr>
<td>% Registration accuracy</td>
<td>100%</td>
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<tr>
<td>% LWOBS</td>
<td>1.0</td>
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<tr>
<td>Co-pays &amp; deductibles collected per month ($)</td>
<td>25,000</td>
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<table>
<thead>
<tr>
<th>Growth</th>
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<tbody>
<tr>
<td>Patient visits - % change for the month comparing the month this year to last year</td>
</tr>
<tr>
<td>Patient visits - % change for the year-to-date comparing this year to last year</td>
</tr>
<tr>
<td>Patient admissions - % change for the month comparing the month this year to last year</td>
</tr>
<tr>
<td>Patient admissions - % change for the year-to-date comparing this year to last year</td>
</tr>
</tbody>
</table>

Date: ______________________
### 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>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 troubleshoot 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 Triage area</td>
<td>ECC PCC's (need a key lead)</td>
<td></td>
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<tr>
<td></td>
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<td>Post results on a cumulative calendar for month</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Review results of prior day at Pre shift meeting</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>If MD’s notice that Pull until full is not occurring - 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**

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

#### 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. |
<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>Communication and notification to admitting attendings that bed ready = pt goes to room.</td>
<td>Dr. M.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Obtain and review data on number of times (%) pt bed is changed</td>
<td>Carmen S./ FLOW</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>When bed is assigned pt goes to floor - communication and monitor nursing staff</td>
<td>PCC need champion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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>
<td></td>
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</tr>
<tr>
<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>
<td></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>
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<tr>
<td>Review proposals from work group members</td>
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<tr>
<td>Revise and document proposed tracts</td>
<td></td>
<td></td>
<td>TBD</td>
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<td></td>
</tr>
<tr>
<td>Establish time line for implementation</td>
<td></td>
<td></td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop communication plan for staff concerning proposal and time line for implementation</td>
<td></td>
<td></td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement new schedule tracts</td>
<td></td>
<td></td>
<td>TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>