Emergency Department Directors Academy – Phase II

Clinical Quality and Service Excellence

American College of Emergency Physicians

ADVANCING EMERGENCY CARE

May 2011
Clinical Quality and Service Excellence

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Medical Director, Studer Group

Outline

▸ What is “Quality in Health Care?”
▸ How can you tell how you are doing?
▸ How can you get it done?

Definitions – Excellence in Health Care

▸ Clinical Quality – clinical care that is measurably superior by recognized standards.
▸ Service Excellence – meeting the needs and fulfilling the expectations of patients and staff.
▸ Operational Efficiency – doing both of the above efficiently without time/resource waste.
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 regiments has significant influence on quality measures in chronic disease and outcomes. 

*Medical Care*: August 2009 - Volume 47 - Issue 8 - pp 826

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**Service = Quality = Operational Efficiency**

Mortality Index = Clinical Quality
Employee Turnover = Service Excellence
LOS = Operational Efficiency

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**Time to Doc / Malpractice Claims**

Courtesy CEP America Physician Partners, Emeryville, CA, 2006
Hourly Rounding - Call Light Study
(American Journal Nursing Sept 2006)

- **Operational Efficiency:** Call lights reduced 37.8%
- **Patient Satisfaction:**
  - Increased avg. 12 pts (78.8 -> 90.8) n=10
  - % Excellent ratings increased 41.8% (38.2% -> 81.0%) n=2
- **Clinical Quality:** Falls reduced 50% (average cost of fall $19,440-$22,000)

One year after study, 85% of units still doing the practice, 92% had spread practice to other units

The ED Study – Published Online
*Journal of Emergency Medicine (June 2010 in print)*

- There was significant interest from nurses
- A logical ‘next’ step to test hourly rounding in another environment
- Test the IPC tactic (Individualized Patient Care) in an experimental setting
- 32 EDs participated; leader rounding required

Demographics of the EDs

<table>
<thead>
<tr>
<th>Demographic Factor</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Visits-All</td>
<td>42,438</td>
<td>13,000-78,205</td>
</tr>
<tr>
<td>Annual Visits-Pediatric hospitals</td>
<td>36,558</td>
<td>19,000-78,205</td>
</tr>
<tr>
<td>% having a separate fast track</td>
<td>64%</td>
<td>N/A-yes or no question</td>
</tr>
<tr>
<td>Turn around time (minutes) for discharged patients</td>
<td>176</td>
<td>90-318</td>
</tr>
<tr>
<td>Turn around time (minutes) for admitted patients</td>
<td>303</td>
<td>180-438</td>
</tr>
<tr>
<td>Number of ED staff (all)</td>
<td>70</td>
<td>22-181</td>
</tr>
</tbody>
</table>
Demographics of the EDs That Participated (continued)

<table>
<thead>
<tr>
<th>Demographic Factor</th>
<th>Average</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED physicians and NP/PAs (some serve several hospitals in a system)</td>
<td>21</td>
<td>5-96</td>
</tr>
<tr>
<td>% of patients under age 18 (excludes the pediatric hospitals)</td>
<td>17.3%</td>
<td>.04%-30%</td>
</tr>
<tr>
<td>% having white boards in patient treatment areas</td>
<td>50%</td>
<td>N/A-yes or no question</td>
</tr>
<tr>
<td>Patient satisfaction vendors</td>
<td>46% Press-Ganey (n=13); 18% NRC (n=5); 14% Field Research (n=6); 11% PRC (n=3); 4% Avatar (n=1); 4% Gallup (n=3); 4% In house service (n=1)</td>
<td></td>
</tr>
</tbody>
</table>

What We Believed Would Result (Research Hypotheses)

- H1-Increase patient satisfaction with 4 specific issues
- H2-Reduce LWOBS
- H3-Reduce AMA
- H4-Reduce call lights
- H5-Reduce visits to nursing station
- H6-Reduce patient falls
- H7-Increase awareness of ED staff behaviors
- H8-Impact MDs to improve their behaviors

Three Rounding Tactics

- Rounding 30 minutes was given to any ED with a treat and release under 150 minutes
  - Triage or reception area rounding
- Rounding hourly was randomly assigned
  - Triage or reception area rounding
- Rounding hourly with IPC randomly assigned
  - IPC done on whiteboards, with cards or stickers
Behaviors: 30-Minute and Hourly Rounding

1. Use opening key words and/or actions to introduce yourself, your skill set, your experience
2. Perform scheduled tasks.
3. Address PPD – Pain, Plan of Care and Duration (wait time)
4. Assess additional comfort needs. (warm blanket, pillow, etc)
5. Conduct environmental assessment. (call light, warm blanket, side rails up, etc)
6. Use closing key words and/or actions
7. Explain when you or others will return
8. Document the round on the log or chart

Why Pain - Plan of Care - Duration?

<table>
<thead>
<tr>
<th>National Emergency Department Priority Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Item: “Likelihood of You Recommending Our Emergency Department to Others”</td>
</tr>
<tr>
<td>Priority Rank</td>
</tr>
<tr>
<td>Survey Item:</td>
</tr>
<tr>
<td>I was told you best information about diagnosis</td>
</tr>
<tr>
<td>Degree to which staff cared about you as a person</td>
</tr>
<tr>
<td>How well was your pain controlled</td>
</tr>
<tr>
<td>Nurse/ anderen to help you informed about your treatment</td>
</tr>
<tr>
<td>Waiting time in the treatment area before you were seen by a doctor</td>
</tr>
</tbody>
</table>

Survey Item: I was told you best information about diagnosis

Survey Item: Degree to which staff cared about you as a person

Survey Item: How well was your pain controlled

Survey Item: Nurse/ anderen to help you informed about your treatment

Survey Item: Waiting time in the treatment area before you were seen by a doctor

Duration

Patient Satisfaction by Time Spent in ED and Information Received About Delays

- Patient Satisfaction Score
- Time Spent in the ED (Hours)
Individualized Patient Care Added to Hourly Rounding

Individualized Patient Care
“What is one thing I can do for you (or your child) to make sure you get very good / excellent care today?”

___________________________
___________________________
___________________________
___________________________

Priority Index / Key Drivers:
_____________________
_____________________
_____________________
_____________________

Hourly Rounding (ED)

- **Operational Efficiency**: Call lights reduced 34.7%
- **Operational Efficiency**: Patients/Families approaching the nursing station reduced 39.5%
- **Finance**: LWOBS reduced 23.4%, LAMA 22.6%
- **Clinical Quality**: Falls reduced 58.8%
- **Patient Satisfaction**: Increased 20%ile in already high-performing ED’s

Do You Ever Feel This Way?
The Transparent Environment – Quality On-Line

Patient Satisfaction Measurement On-Line: HCAHPS

During your hospital stay, how often did doctors:

- 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 Coming to Your Neighborhood Soon . . .

- Value-Based Purchasing (VBP)
  - a specified percentage of hospital payment would be conditional on performance
    - Reimbursement currently: 100% public reporting
    - Reimbursement FY 2013: 50% performance reporting
    - Reimbursement FY 2014: 100% performance
- Calculating Reimbursement
  - Will need to either be at 50%ile or show improvement from previous score to earn points for that dimension
The New Paradigm

Outcome = Income

A Fact of Life

"If the other guy’s getting better, then you’d better be getting better faster than that other guy’s getting better . . . or you’re getting worse.”

-- Tom Peters
The Circle of Innovation
It's Getting Harder to be Great

To Improve Anything . . .

Systems
  • Set up pins (goals)
  • Follow through
  • Keep score
  • Determine metrics
  • Define baselines
  • Create action plans

People
  • Process
  • Outcomes
  • Staff
  • Physicians
  • Patients

Think Bowling . . .
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

Create Your Scorecard/Action Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>METRIC</th>
<th>MAY</th>
<th>APR</th>
<th>MAR</th>
<th>JAN</th>
<th>FEB</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction - Overall percentile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
</tr>
<tr>
<td>Patient Satisfaction - Physician section percentile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
</tr>
<tr>
<td>Patient Satisfaction - Nurse (or other key) section percentile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
<td>85%ile</td>
</tr>
<tr>
<td>Discharge phone calls % contacted</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Patient Arrival to Bed</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
</tr>
<tr>
<td>Bed to Physician/MLP</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
<td>15 min</td>
</tr>
<tr>
<td>Length of Stay Times</td>
<td>ED Discharges</td>
<td>150 min</td>
<td>150 min</td>
<td>150 min</td>
<td>150 min</td>
<td>150 min</td>
<td>150 min</td>
</tr>
<tr>
<td>ED Fast Track Pts</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
</tr>
<tr>
<td>Door to Pain Medication</td>
<td>10 min</td>
<td>10 min</td>
<td>10 min</td>
<td>10 min</td>
<td>10 min</td>
<td>10 min</td>
<td>10 min</td>
</tr>
<tr>
<td>Admit order to patient leaves ED for inpatient bed</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
<td>60 min</td>
</tr>
<tr>
<td>Patients being boarded - # and hours</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Core measures – Acute MI – PCI within 90 minutes</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Core measures – CAP – Antibiotics within 6 hours</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient metric - % Patients Discharged by 12 noon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Make Your Data Public
Strategies to Improve Systems (Quality)

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

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 Charge RN to do “comfort rounds”
- Rounding in reception area (decrease your LNS)

Key Tactic: Leader Rounding

- 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: Ask Patients Real-Time

Follow Up Phone Calls: Quality and Service


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

Outcome: Post Visit Calls

"Likelihood of Recommending"
Improves Physician Performance…
(January-June 2008, Press Ganey National %tile rank)

Discharge Calls: Improved Clinical Quality

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

Performance Improvement
Six Sigma

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

<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>

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

Service Excellence

Think Bakery – Sit Down

Key Words

AIDET

Round/Pollinate

Think Bakery
Warm Up the Environment
The Goal of Our Team is to Provide EXCELLENT Care!

Vanderbilt Emergency Services
What Do Our Patients Feel?

Sit Down

What Do Our Patients Hear?

People (Patients) will not hear all of your words... Use Key Words or Phrases to express your caring.
Key Words

- "We’re going to do our best to keep you comfortable and informed."
- "We’ve got more pain medicine than you have pain."
- "For your safety . . ." 
- "Do you have any questions? Is there anything I can do for you right now?"

Do Not Assume Our Patients Know . .

- Who we are;
- How good we are;
- How much we care
- How long some process takes;
- What the process will involve;
- What will follow.

Touching All the Bases
Five Fundamentals of Communication

A - Acknowledge
I - Introduce
D - Duration
E - Explanation
T - Thank You
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Acknowledge patient and family, use a greeting, adjust covers, smile, eye contact</td>
</tr>
<tr>
<td><strong>I</strong></td>
<td>Introduce self with title, Manage Up, service recovery if needed (Apologize and Commit)</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Explain how long evaluation and diagnostic work-up will take, use key words for keeping patient informed, Under-Promise and Over-Deliver</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Explain the plan of care, what tests and treatments are to be accomplished, and what you feel is going on, Use Key Words</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Say Good-bye to the patient</td>
</tr>
</tbody>
</table>

### Patient Hand-Off

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Introduce the environment and patient</td>
</tr>
<tr>
<td><strong>Initiate</strong></td>
<td>Start a conversation with the patient</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>Determine the patient's needs and plan for care</td>
</tr>
<tr>
<td><strong>Reassurance</strong></td>
<td>Provide reassurance and support</td>
</tr>
</tbody>
</table>

### Tips for Improvement: AIDET

- Acknowledge patient and family, use a greeting, adjust covers, smile, eye contact |
- Introduce self with title, Manage Up, service recovery if needed (Apologize and Commit) |
- Explain how long evaluation and diagnostic work-up will take, use key words for keeping patient informed, Under-Promise and Over-Deliver |
- Explain the plan of care, what tests and treatments are to be accomplished, and what you feel is going on, Use Key Words |
- Say Good-bye to the patient |

### Outcome - Physician

#### Memorial Regional Doctor Section Questions

<table>
<thead>
<tr>
<th>Month</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 06'</td>
<td>54</td>
</tr>
<tr>
<td>Jun 06'</td>
<td>73</td>
</tr>
<tr>
<td>Jul 06'</td>
<td>83</td>
</tr>
<tr>
<td>Aug 06'</td>
<td>74</td>
</tr>
<tr>
<td>Sep 06'</td>
<td>92</td>
</tr>
<tr>
<td>Oct 06'</td>
<td>83</td>
</tr>
<tr>
<td>Nov 06'</td>
<td>90</td>
</tr>
<tr>
<td>Dec 06'</td>
<td>91</td>
</tr>
<tr>
<td>Jan 07'</td>
<td>95</td>
</tr>
</tbody>
</table>

Memorial Regional ED, Hollywood, FL, as measured by Press Ganey and Associates, 80,000/yr volume - Level I Trauma Center
Spot Rounding by Leaders

**LEADER ROUNDING LOG**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Title</th>
<th>Patient Known</th>
<th>Nurse/Doctor</th>
<th>Body</th>
<th>Patient Informed</th>
<th>Body</th>
<th>Patient Believing</th>
<th>Body</th>
<th>Body</th>
<th>Note</th>
<th>Action</th>
</tr>
</thead>
</table>

**Summary**

- **Quality and Service** are intimately interdependent.
  - **Systems**
    - Determine key metrics
    - Define baselines/set goals
    - Create Action Plans with accountability
  - **People**
    - Sit Down
    - AIDET
    - Round
    - DC Callbacks