

ED Efficiency - Clinical Quality and Service Excellence

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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.

Some Would Say . . .

- ▼ Clinical Quality is the real deal, the “hard stuff.”
- ▼ Service Excellence is the fluff stuff.
- ▼ Operational efficiency - “a great work environment” - should be created for us so we can do our job well.

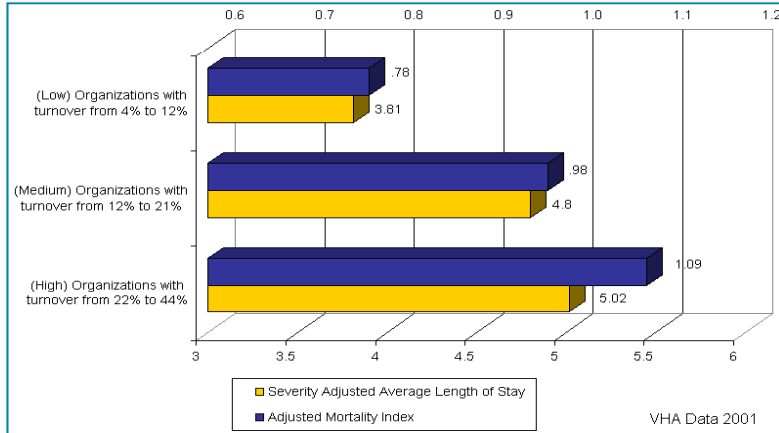
Communication = Compliance = Quality

- ▼ 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.

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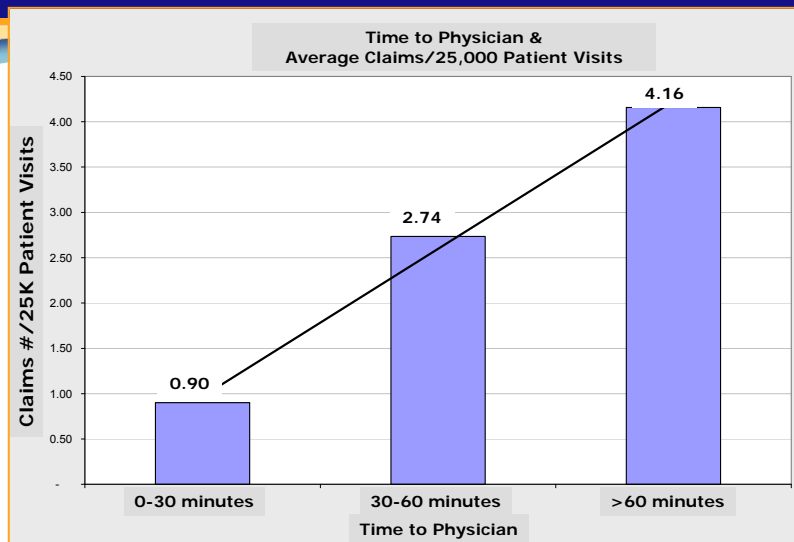
This Is Not Smile School . . .

Service = Quality = Operational Efficiency



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

Time to Doc / Malpractice Claims



Relationship between patient satisfaction, complaints and lawsuits

- ▼ Physicians with lower patient satisfaction results are more likely to have patient complaints (RR 1.79;95% CI 1.38-2.33; p<.001)
- ▼ Each one point decrement in patient satisfaction scores is associated with a –
 - ▼ 6% increase in complaints (RR 1.06, 95% CI 1.03 – 1.08;p<.0001)
 - ▼ 5% increase in risk management episodes (RR 1.05, 95% 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

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

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

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

Background: Patient global ratings of care are commonly used to assess health care. However, the extent to which these assessments of care are related to the technical quality of care received is not well understood.

Objective: To investigate the relationship between patient-reported global ratings of health care and the quality of providers' communication and technical quality of care.

Design: Observational cohort study.

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.

(PDFs free after 6 months)

- ▶ Summary for Patients
- ▶ Summary for Patients (PDF)
- ▶ Figures/Tables List
- ▶ Related articles in Annals

Services

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Articles in PubMed by Author:

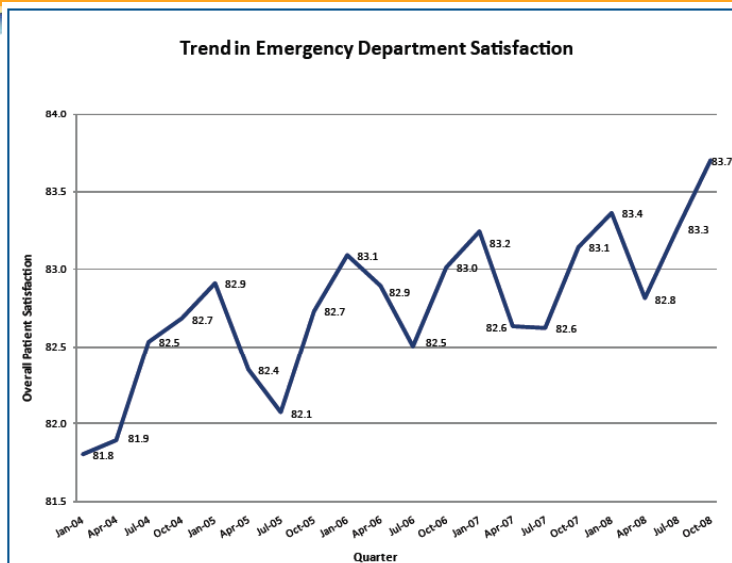
- ▶ Chang, J. T.
- ▶ Wenger, N. S.
- ▶ Related Articles in PubMed
- ▶ PubMed Citation
- ▶ PubMed

A Fact of Life

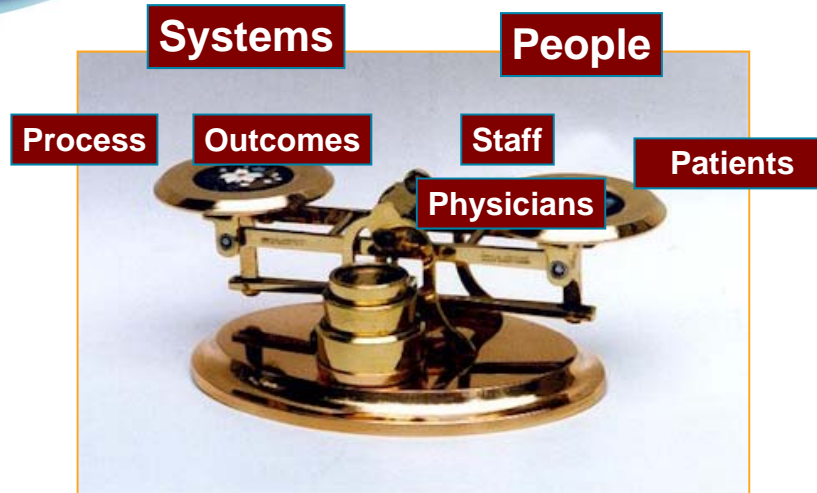
"If the other guy's getting better, then you'd better be getting better faster than that other guy's getting better . . . or you're getting worse."

-- Tom Peters
[The Circle of Innovation](#)

It's Getting Harder to be Great



To Improve Anything . . .



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 . . . “

Systems

Think Bowling . . .



- Set up pins (goals)
- Follow through
- Keep score



- Determine metrics
- Define baselines
- 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

Focus on Systems - Getting Patients In



- Quick Registration
- Immediate Bedding (“Triage” replaced by “Intake”)
- RME: Treat-&-Street from Triage/Initiate Care on Others
- Advanced Nurse Interventions



↓ Door to Doc
↑ Patient Sat

Systems - While Patients Are In

Turnaround Time Guarantees in Brief

Creating Shared Expectations



Walsh Hospital

LABORATORY OF PATHOLOGY *Emergency Testing Turnaround Times*

The laboratory turnaround times for emergency (stat) testing after specimen receipt are the following (95 percent confidence limits):

RRL/Hematology		Chemistry	
Acetone (Ketone)	30	Chemical Assay	
Arterial Blood Gases	30	Abdominal Pain	45
Carboxyhemoglobin	30	Amylase	45
CBC, without Diff	30	BUN/Creat	45
Congulation (PT, PTT)	30	Chem-7	45
CSF Cell Count	45	CK	45
Differential (manual)	45	CSF Glucose/Protein	45
Pregnancy Test, Urine	30	Electrolytes	45
		Enzymes	45
		Glucose	45
		Liver Profile	45
		Immunosay	
		CK-MB	60
		Digoxin	60
		Dilantin	60
		hcG, Serum	60
		Hetererephl (Monospot)	60
		Myoglobin	60
		Troponin	60
		Chest Pain Profile	60

- Service goals for Lab, Imaging and Consultants
- All rooms multi-purpose
- Chairs instead of stretchers
- Extenders
- Charge Physician
- Board Rounds

Systems - Getting Patients Out

- Early Inpatient Discharge
- No delay nurse report
- Admissions Nurse
- “Zero Tolerance” on Hidden beds
- Rapid Admission Unit
- Discharge Hospitality Suite
- Smoothing Elective Surgery
- Code Purple/Full Capacity Protocol

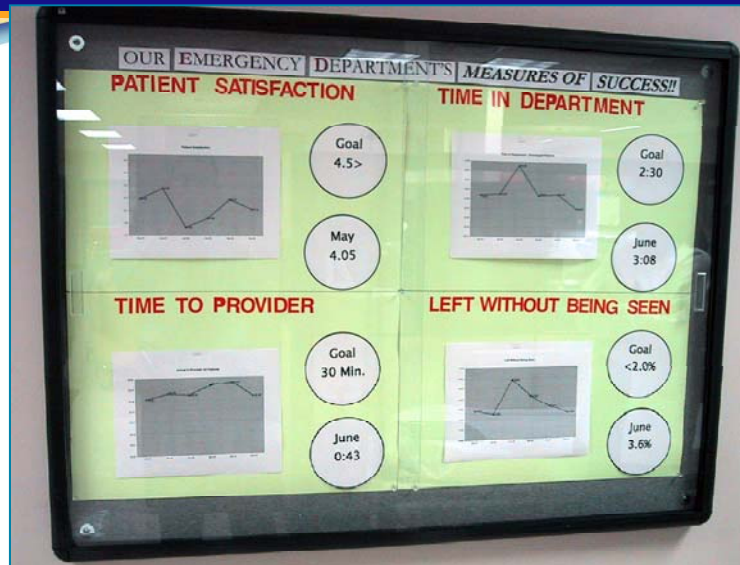


↑ Capacity

Create Your Scorecard/Action Plan

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

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)

Leader Rounding: Ask Patients Real-Time

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:			
<p>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.</p> <p>Do you know who your nurse is today? Doctor?</p> <p>Do you know what your nurse and doctor are doing for you right now? Have there been any delays? Have you been kept informed?</p> <p>Has your pain been addressed yet? Is your pain being controlled?</p> <p>Do you have any questions? Is there anything else I can do for you?</p> <p>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.</p>			
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.

How To Complete the Patient Experience: Follow Up Phone Calls

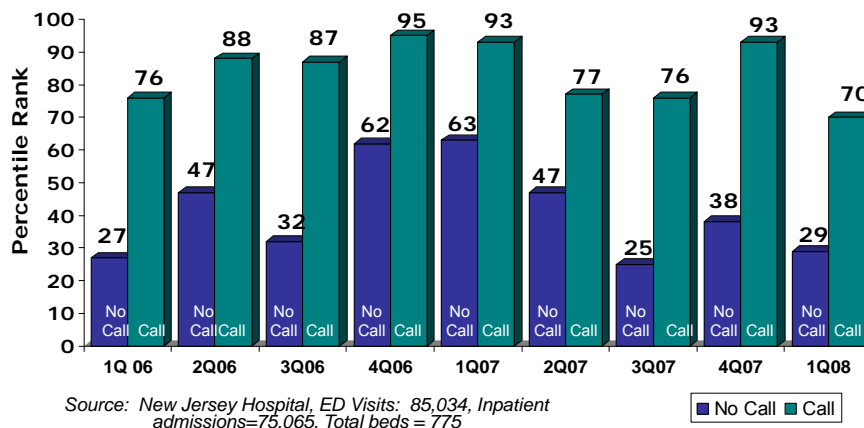
Engel K, Heisler M, Smith D, Robinson C, Forman J, Ubel P, "Patient Comprehension of Emergency Department Care and Instructions: Are Patients Aware When They Do Not Understand?," *Annals of Emergency Medicine*. July 11, 2008

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

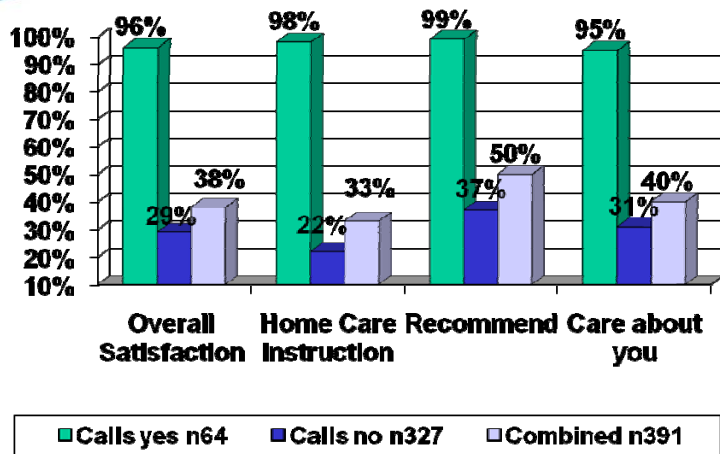


Outcome: Post Visit Calls

"Likelihood of Recommending"

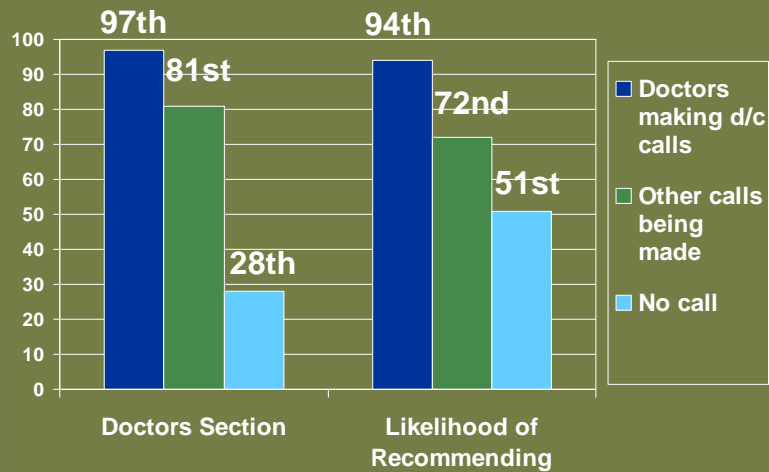


Emergency Department - MPHS



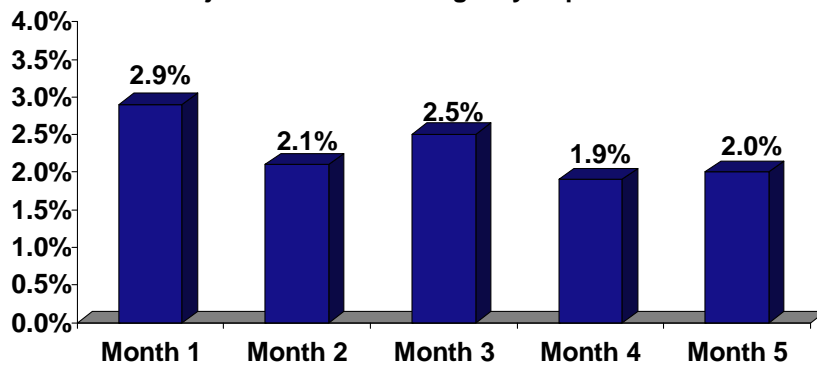
Improves Physician Performance...

(January-June 2008, Press Ganey National %tile rank)



Discharge Calls: Improved Clinical Quality

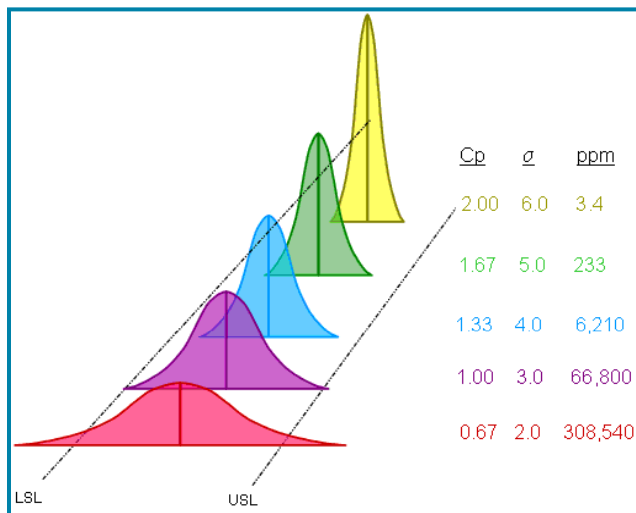
Emergency Department:
Volume Adjusted 24-hour Emergency Department Returns



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

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?

<u>Sigma Level</u>	<u>Time to Crash</u>
4 σ	5 months
4.5 σ	2 years
5 σ	11 years
6 σ	772 years

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

Create the Team Think Football



- If on a football team, what position do you play?
- Do quarterbacks win games?

Colleague as Customer



“What can I do to help you have a great day in working with me today?”

Say Thank You More

The Simplest Recognition:
Saying "Thank you" at the
end of the day (shift)



Summary

- ▼ Quality and Service are intimately interdependent.
- ▼ Systems
 - ▼ Determine key metrics
 - ▼ Define baselines/set goals
 - ▼ Create Action Plans with accountability
- ▼ People - Engage, then Align
 - ▼ Colleague as Customer
 - ▼ Say Thank You More
 - ▼ Everyone on Board

