



Building the Best Emergency Department

Removing Barriers to Success- Our Objectives

- ▶ Have a vision of what's possible. "Believe you can achieve results. Relate, don't compare."
- ▶ Think Alignment, Action and Accountability. "Have a bias for action".
- ▶ Introduction to latest evidence-based best practice tools and strategies to help you get there. "Avoid the pitfalls".
- ▶ Next steps – What, how, and when to implement. "Have an action plan. Don't just roll the dice".

Execution Framework

Evidence-Based LeadershipSM

Foundation

Breakthrough

STUDER GROUP®:



Aligned Goals

- ▼ Implement an organization-wide staff/leadership evaluation system to hardwire objective accountability (Must Haves®)
- ▼ Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

Aligned Behavior

- ▼ Agreed upon tactics and behaviors to achieve goals
- ▼ Re-recruit high and middle/solid performers
- ▼ Move low performers up or out

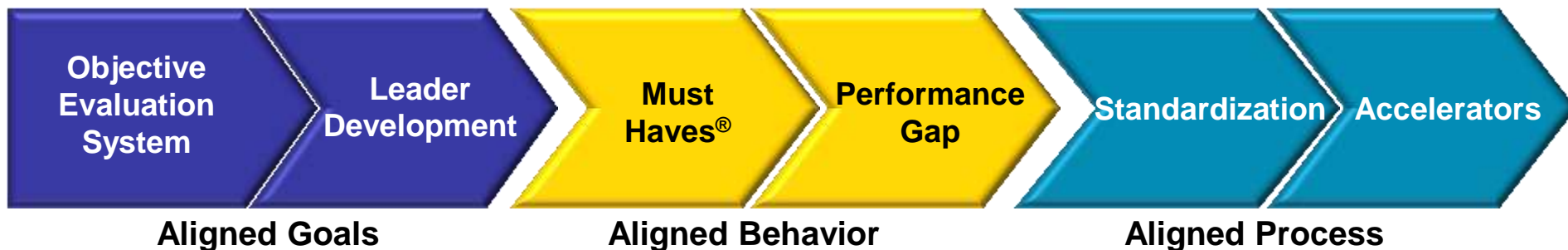
Aligned Process

- ▼ Processes that are consistent and standardized
- ▼ Software
- ▼ Process Improvement
 - ▼ PDCA
 - ▼ Lean
 - ▼ Six Sigma
 - ▼ Baldrige Framework

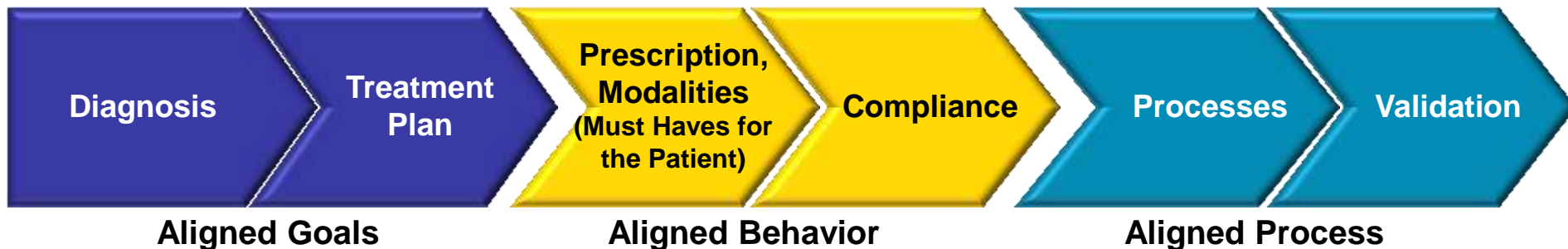
Evidence-Based LeadershipSM

Evidence-Based Care

Evidence-Based LeadershipSM



Evidence-Based Care



***“Vision without
execution is
hallucination.”***

Thomas Edison



Top Ten Challenges in Execution

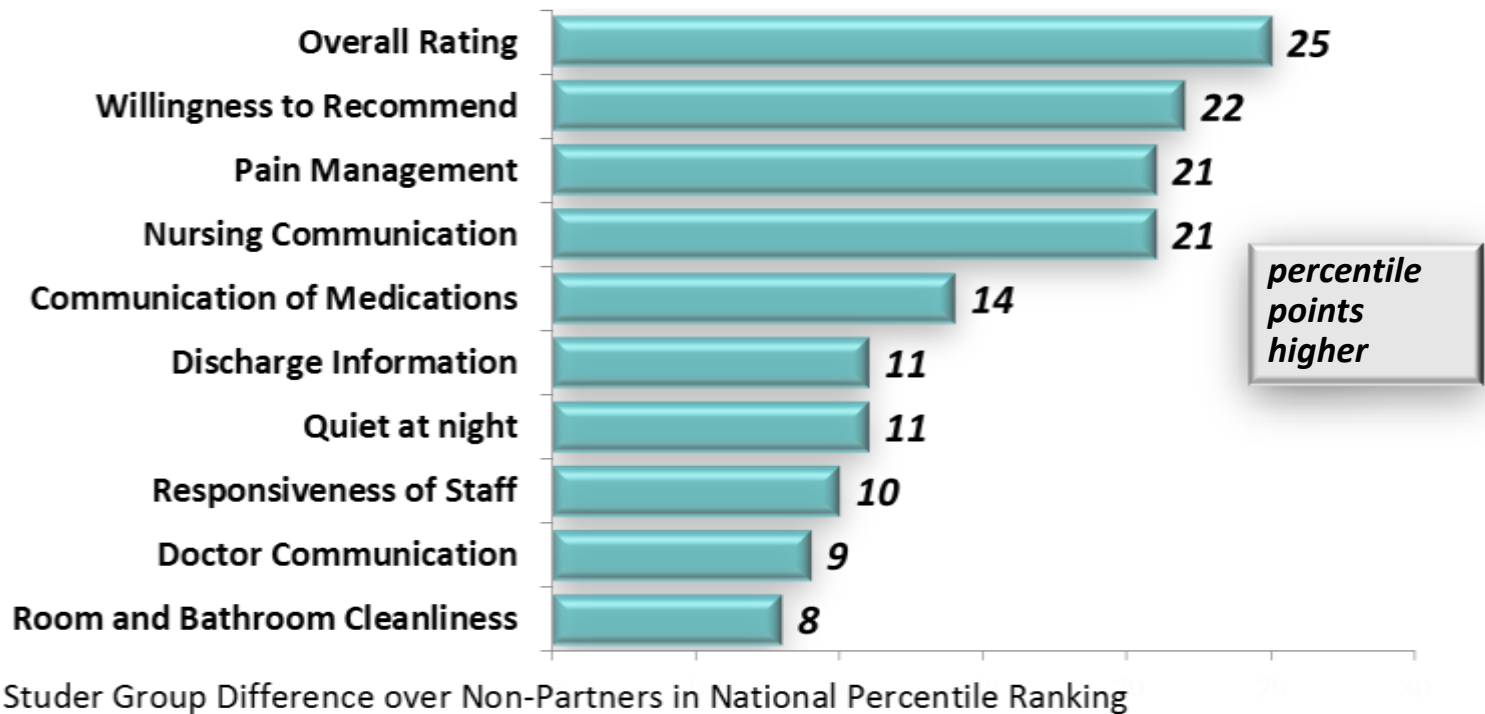
1. Leaders / Others underperforming and still receiving a good evaluation
 (Accountability)
2. Change not connected to why
 (Alignment)
3. Lack of necessary urgency
 (Alignment)
4. Leaders do not have the skills to assure a solid implementation.
 (Action)
5. Too many changes -- too soon
 (Action)
6. Push Back by leaders, staff and physicians
 (Accountability)
7. Not familiar with what “right” looks like
 (Action)
8. Lack of frequency
 (Action)
9. Inability to transfer best practices
 (Action)
10. Poor processes
 (Action)

Evidence and Industry Impact

Studer Group Partners Outperform the Nation across HCAHPS Composites

New Update!

Studer Group Difference over Non-Partners in National Percentile Ranking

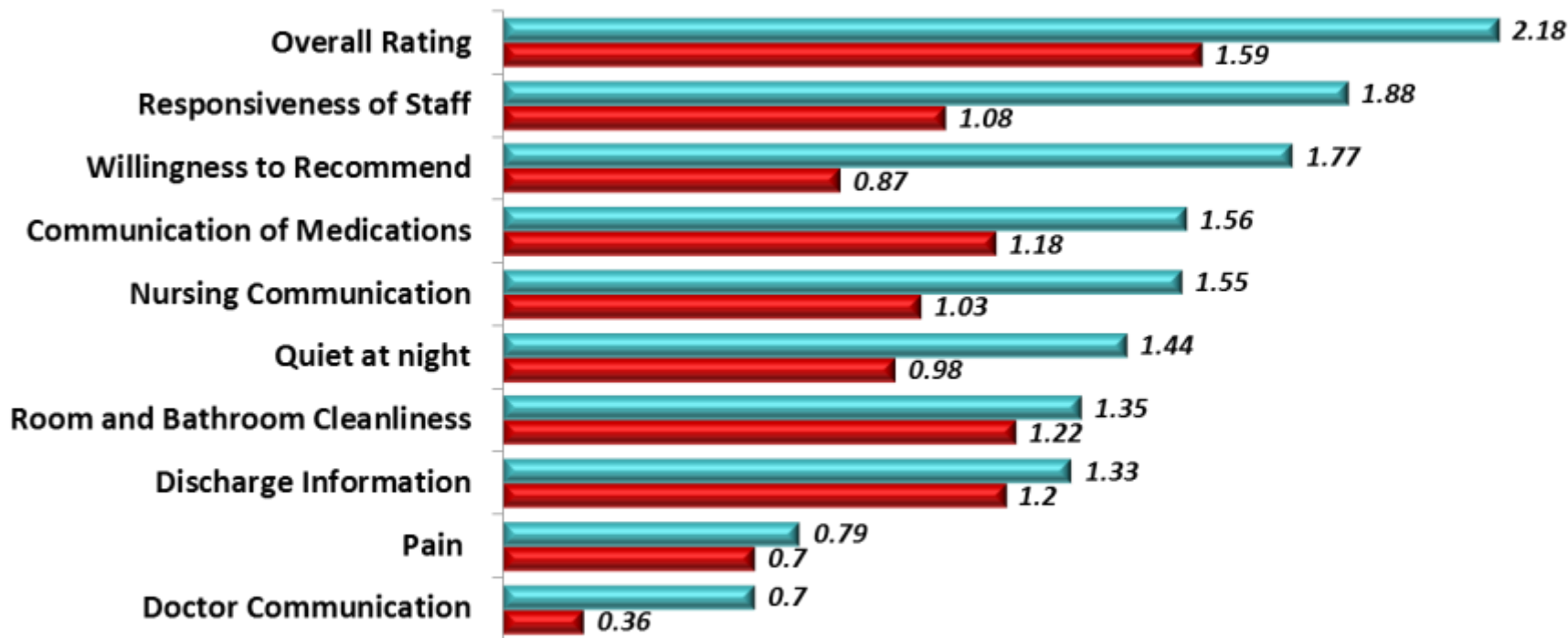


Source: The graph above shows a comparison of the average percentile rank for Studer Group Partners that have received EBL coaching since Oct 2008 and non-partners for each composite; updated 8.10.11 using 4Q09-3Q10 CMS data.

Studer Group Partners Outpace the Nation in HCAHPS Improvements

New Update!

Average Change in Top Box Results in One Year Studer Group Partners vs. Non Partner

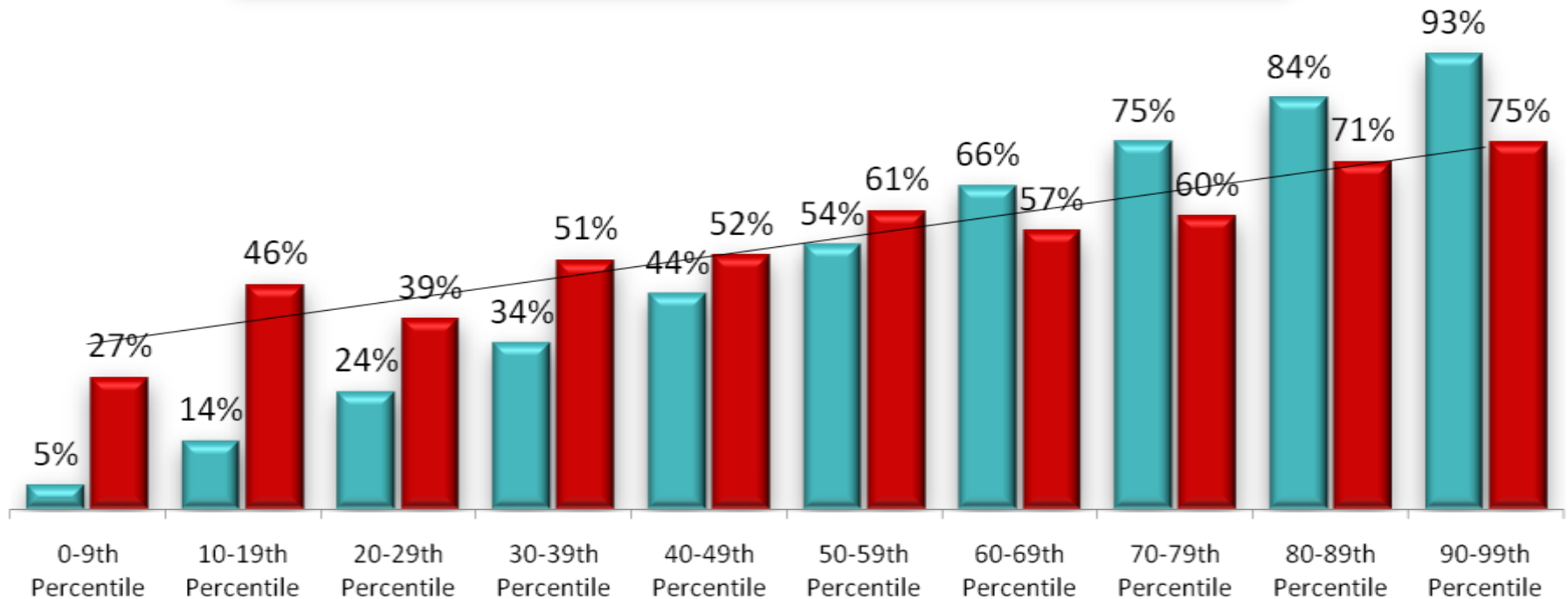


■ Avg Change One Year 3Q08-2Q09 to 3Q09-2Q10 - SG Partners

Source: The graph compares the change in one year in "top box" results achieved by Studer Group partners vs. non-partners. Change is from 4Q08-3Q09 to 4Q09-3Q10. The "top-box" is the most positive response to HCAHPS survey questions.

As Hospital's ED Percentile Ranking Increases, So Does Its HCAHPS "Overall" Percentile Ranking

Relationship: ED and HCAHPS "Overall" Percentile Rankings

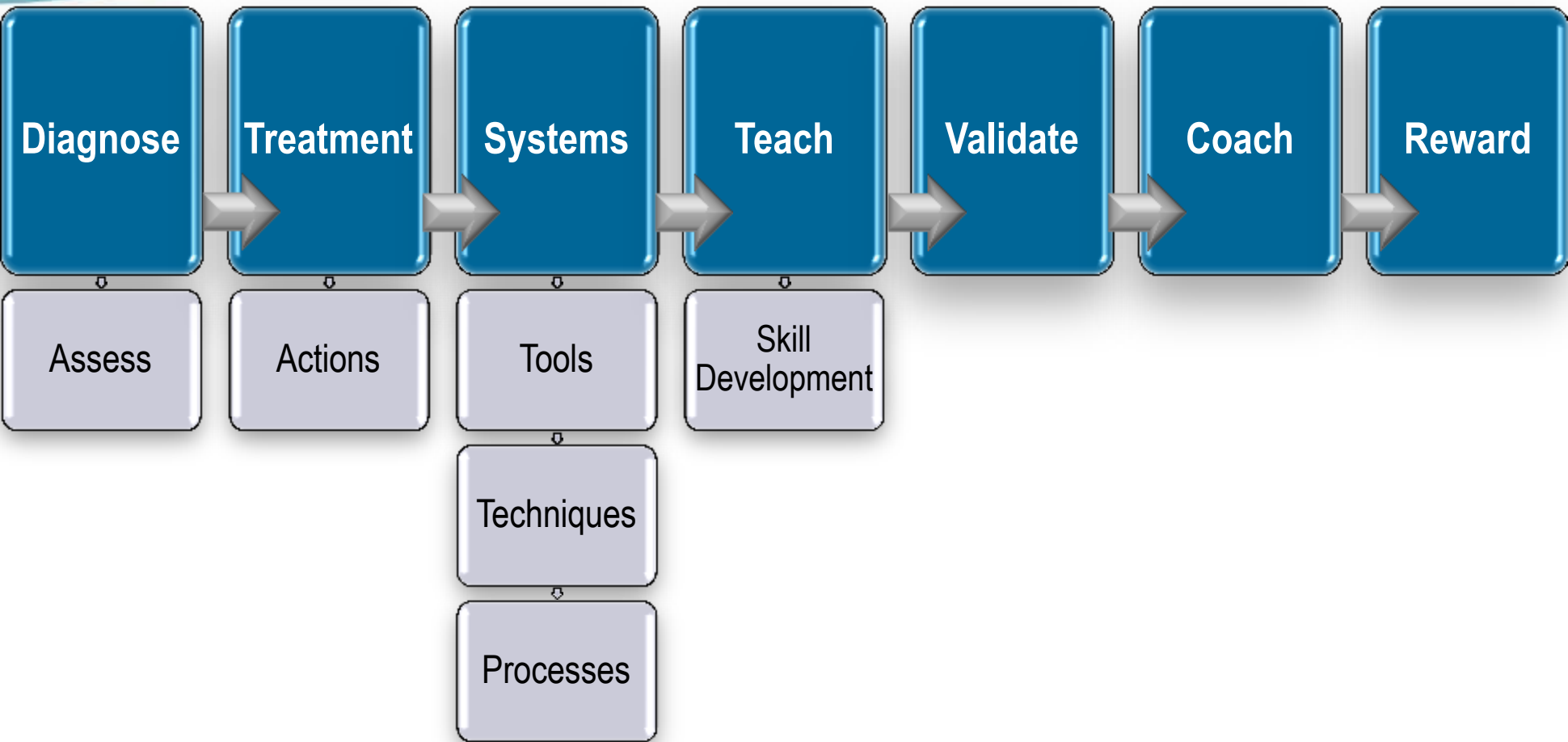


■ Emergency Department Percentile Rank ■ HCAHPS "Overall" Percentile Rank

— Linear (HCAHPS "Overall" Percentile Rank)

Driving Performance

New!



Standardized ED Metrics Crosswalk

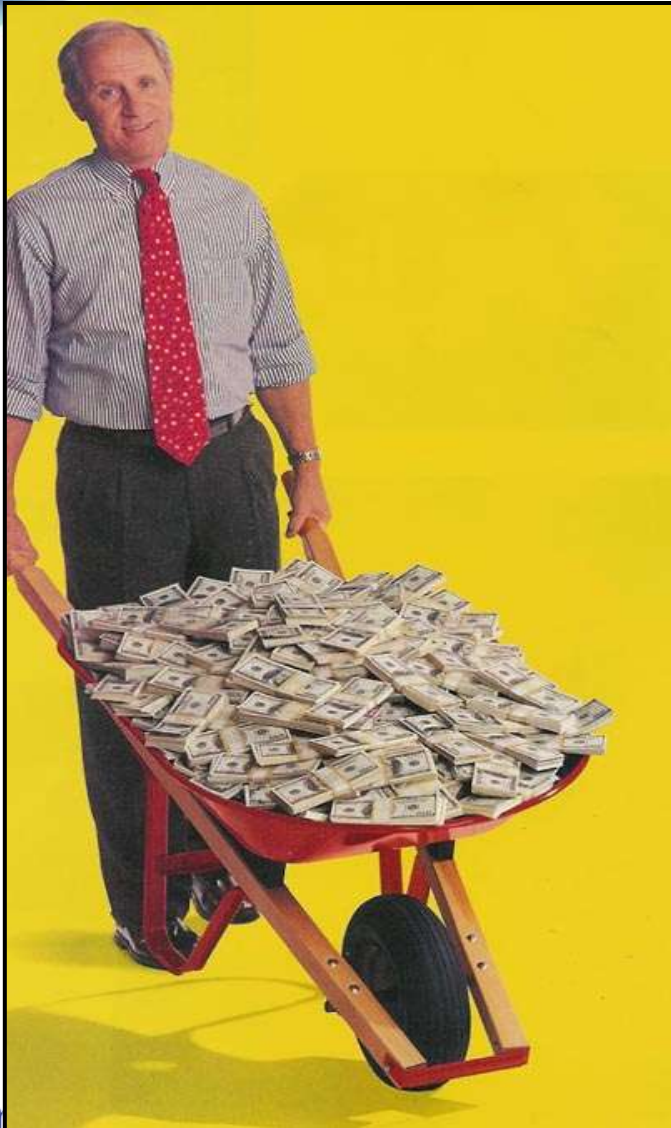
Standardized ED Metric	Patient Expectations	Evidence Based Tools and Tactics to Improve
BEGINNING- UPON PATIENT ARRIVAL ED Arrival Time ED Offload Time ED Transfer of Care From Pre-Hospital Providers Time ED Triage Time ED Treatment Space Time	Acknowledged upon arrival and triaged promptly with courtesy and respect Kept informed of next steps	Expedited triage process Immediate Bedding Hourly Rounding in reception area
MIDDLE-DURING ED VISIT ED Physician/Advanced Practice Registered Nurse (APRN)/Physician Assistant (PA) Contact Time	Seen by ED provider in a timely manner (best practice is 30 minutes or less) Checked on frequently during the visit- want be more than just a number Kept informed of next steps	AIDET SM /Key Words Hourly Rounding with focus on pain, plan of care and duration (PPD) Bedside Report Leader Rounding on Patients
END- CLOSING THE VISIT ED Documentation of Disposition To Discharge Time ED Decision to Admit Time Admission Time ED Departure Time	Discuss results and diagnosis with ED provider Be able to ask questions Kept informed of next steps	ED provider conducts formal close with patient using AIDET SM and Key Words Post visit phone call within 48 hours after the visit

Why is The Focus On the ED?



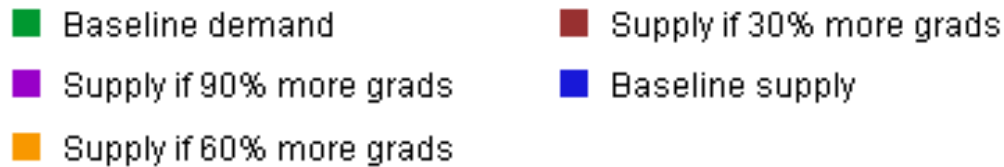
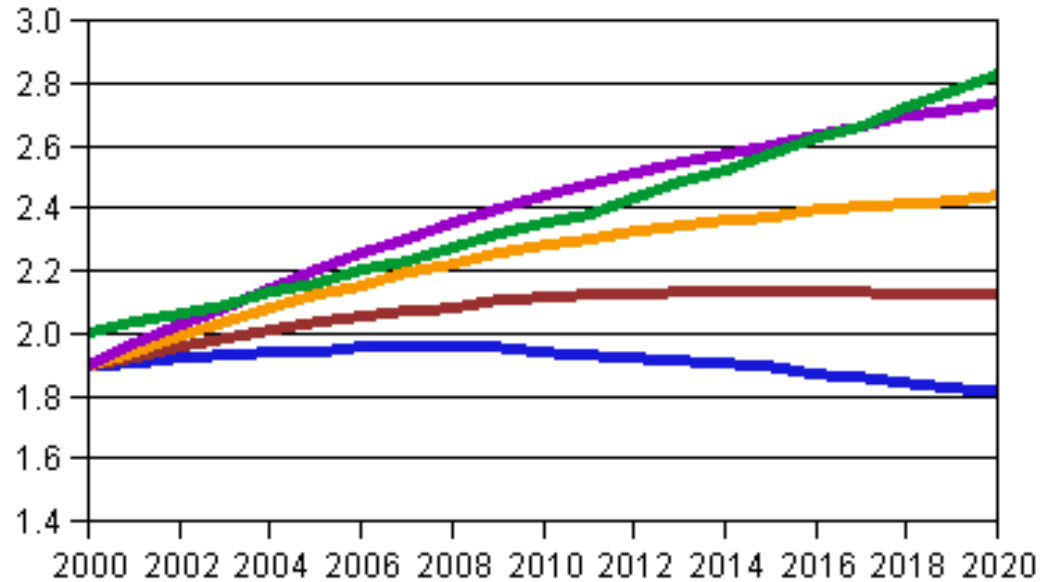
**45-80% of
hospital
admissions
come
through the
ED**

Why is this important? #1 - Reimbursement



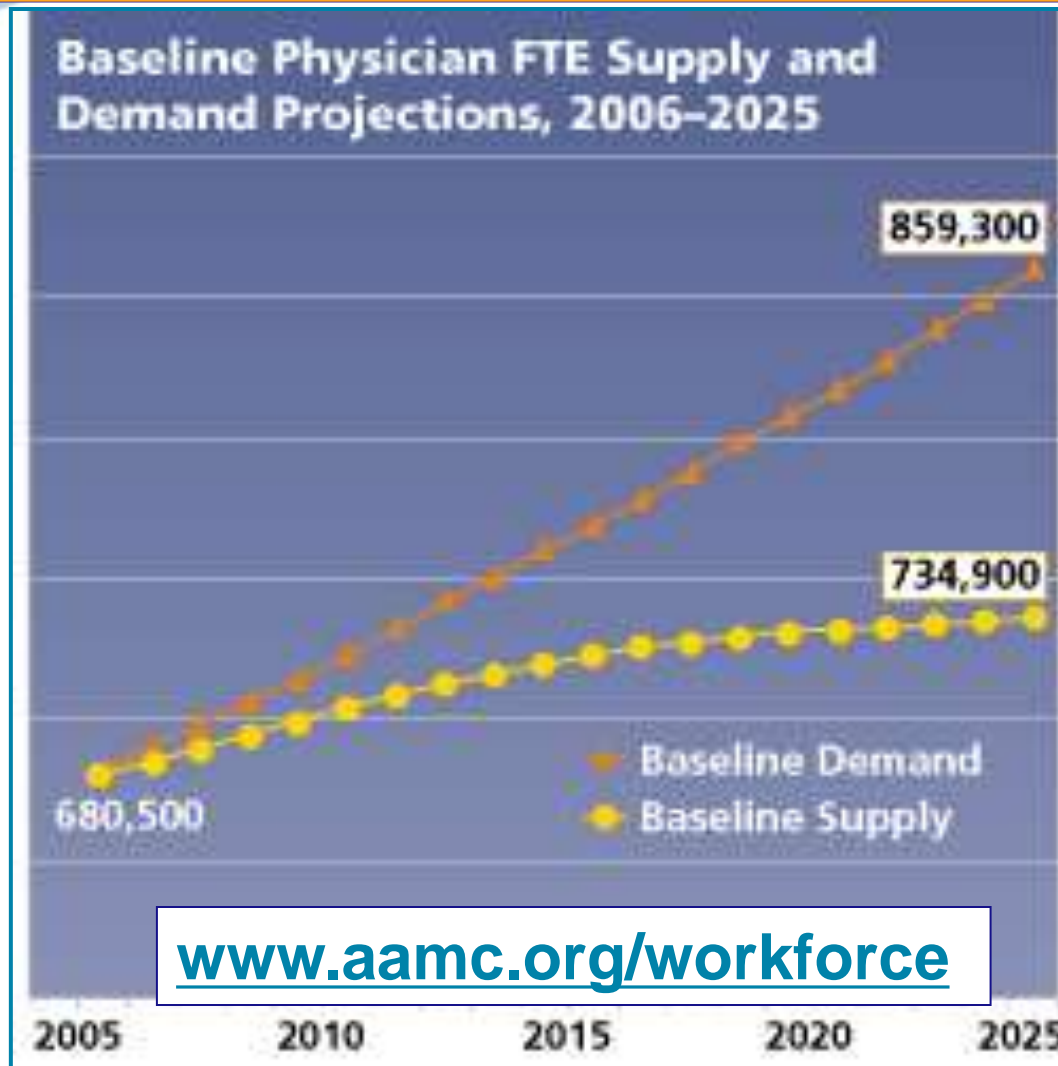
***“Here you go...
thought you
might like this”***

#2 Workforce Shortage - Nurses



[D]

Physician Workforce Shortage



Reason #3 - Malpractice

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

- ▼ 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

Reason #4 - The Transparent Environment –Quality On-Line



Hospital Compare - A quality tool for adults, including people with Medicare

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Find and Compare Hospitals

Welcome to Hospital Compare. This tool provides you with information on how well the hospitals care for all their adult patients with certain [conditions or procedures](#). This information will help you compare the quality of care hospitals provide. Talk to your doctor about this information to help you, your family and your friends make your best hospital care decisions.

Hospital Compare was created through the efforts of the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services, and other members of the [Hospital Quality Alliance: Improving Care Through Information \(HQA\)](#). The information on this website has been provided primarily by hospitals that have agreed to submit quality information for Hospital Compare to make public.

Overview

- **Hospital Process of Care Measures:**
See how often a hospital gives recommended treatments for certain conditions or procedures.
[Learn More](#)
- **Hospital Outcome of Care Measures:**
See the results of care or treatment for certain conditions or procedures.
[Learn More](#)
- **Survey of Patients' Hospital**

Find and Compare Hospitals

Pay for Performance . . . Coming Soon to Your Neighborhood

▶ 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
50% public 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

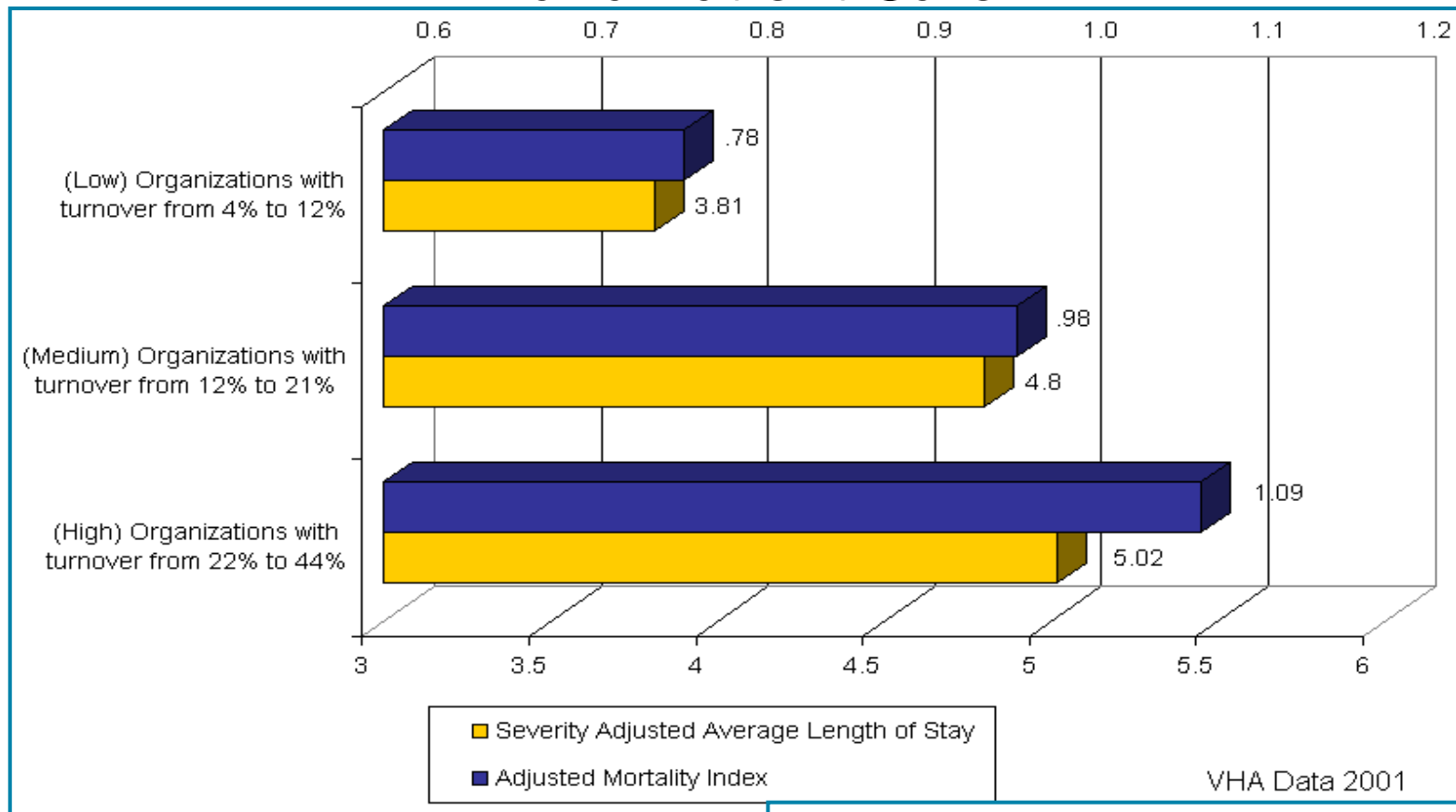
Reason #5 – Communication = Compliance = Quality

- ▼ 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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- pp 826

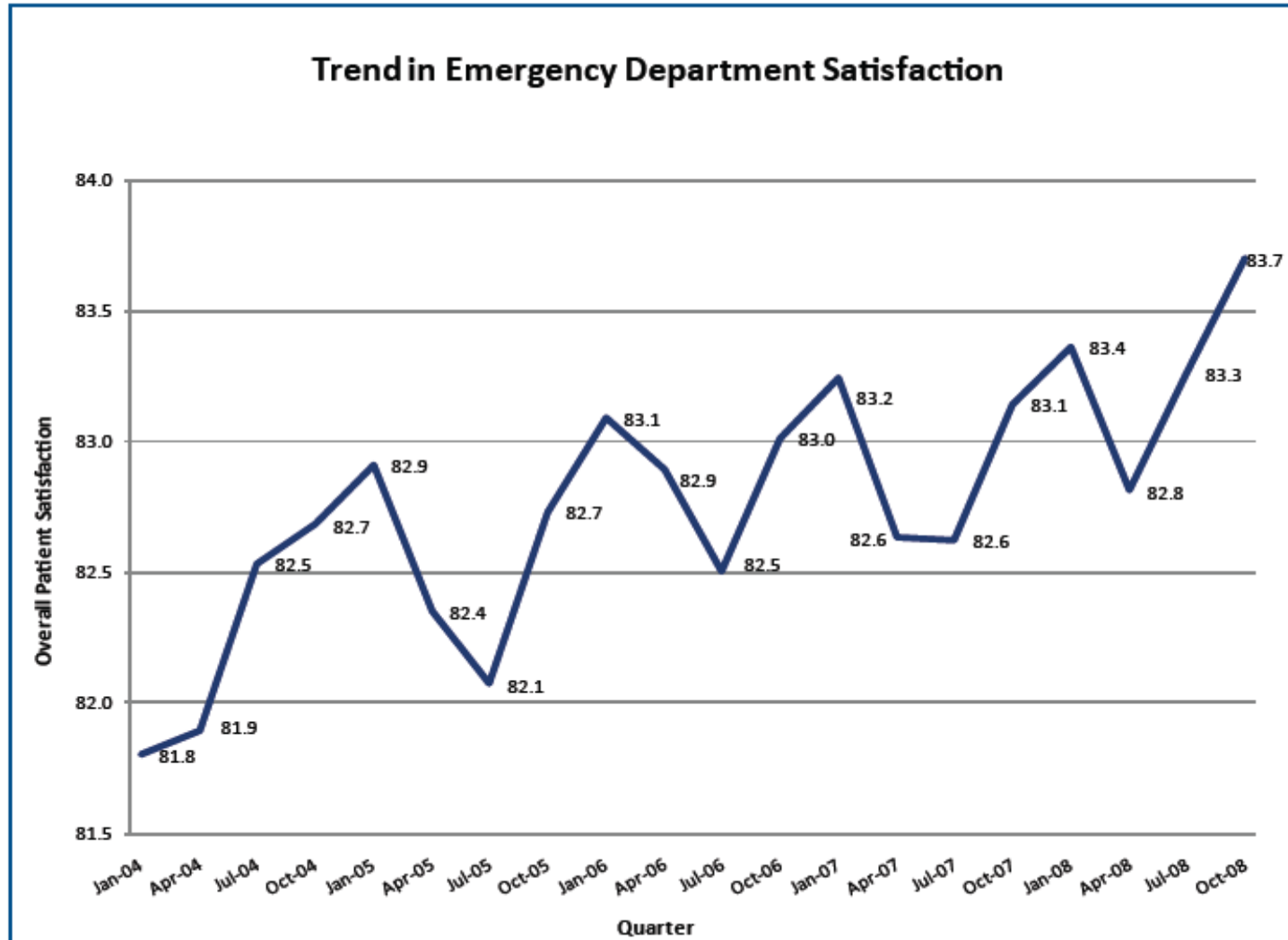
Quality/Service/Efficiency

Relationship Between Employee Turnover and Patient Care



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

It's Getting Harder to be Great



The Best Definition of Madness is

To keep doing things
the same way
and expect different
results . . .

How Are You Feeling About All of This?



How We Need to Feel



Always

Never

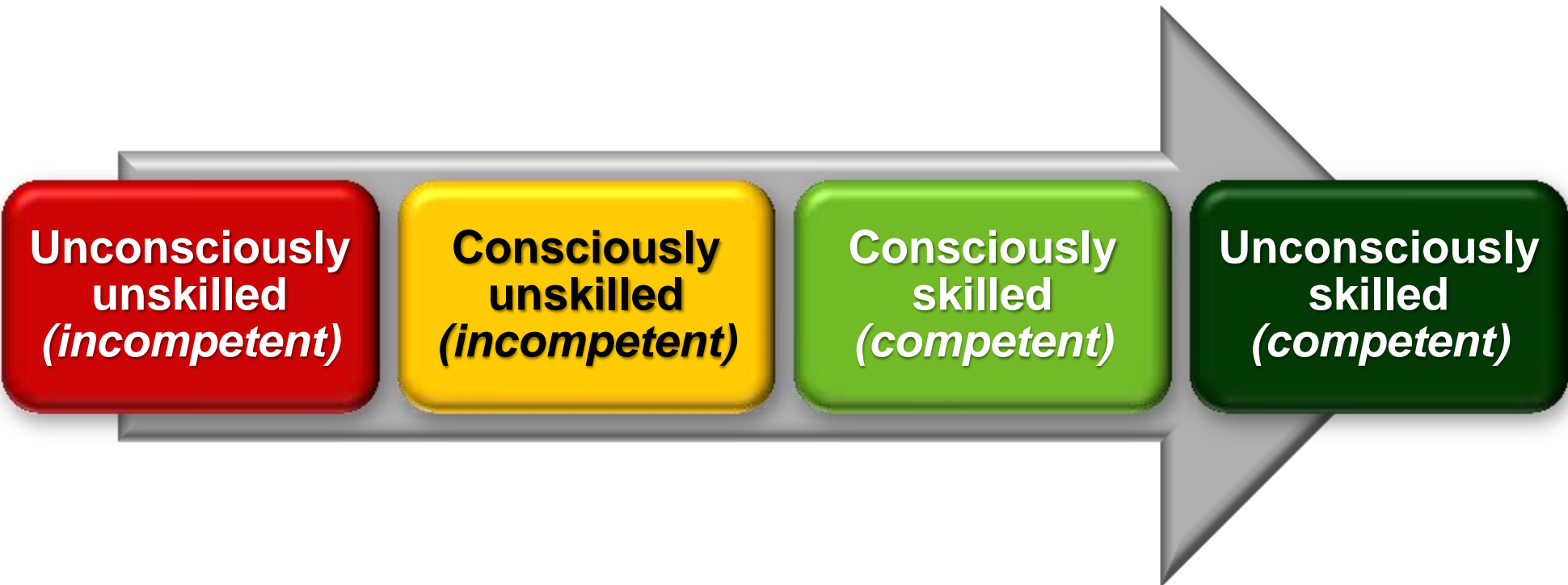
Sometimes

Usually

Always

Phases of Competency and Change

Even with positive change, there is resistance . . .

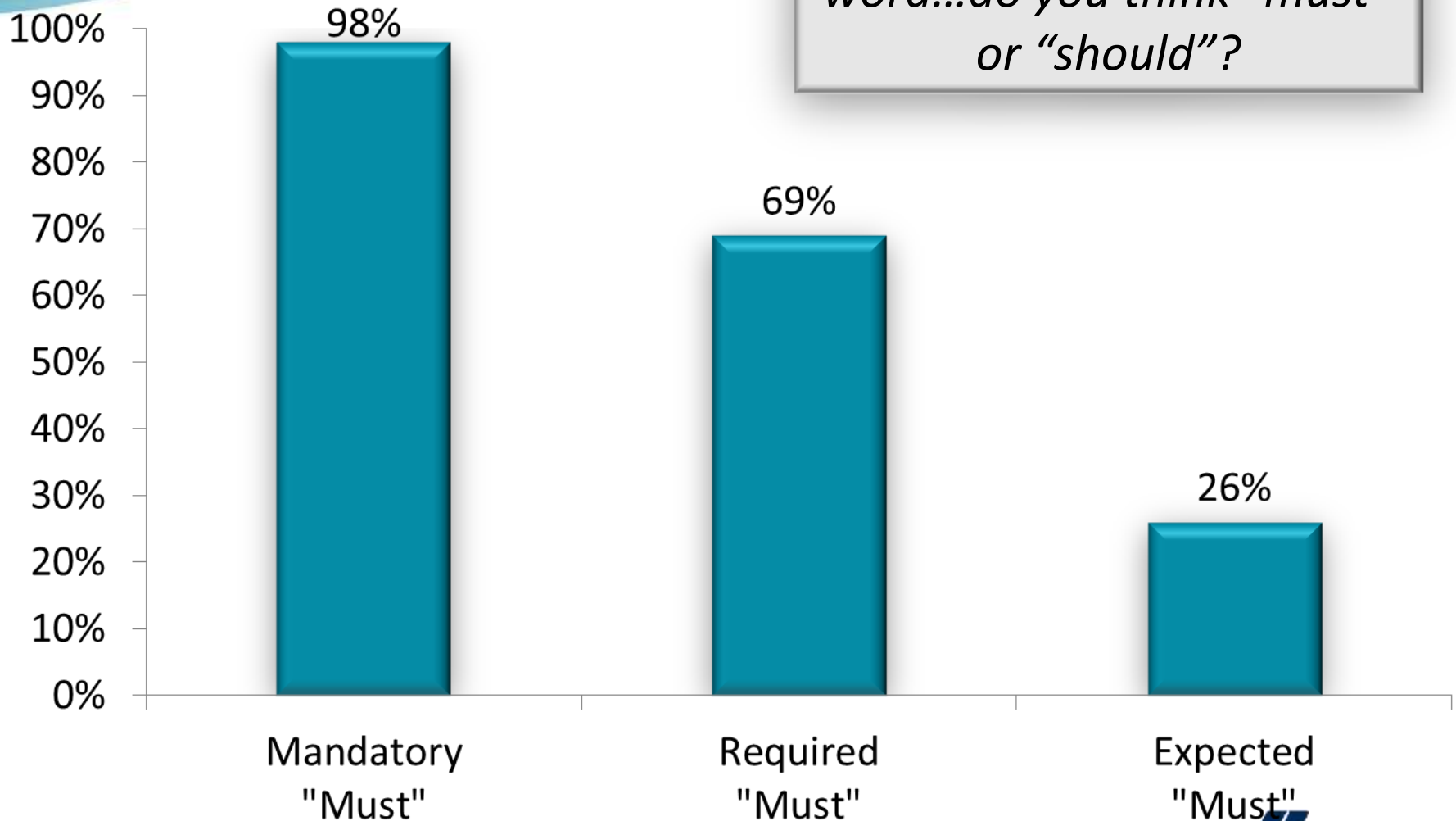


*What is the least amount
to do to achieve the
greatest impact?*



Mandatory – Required – Expected Sample Compliance

When you hear this word...do you think "must" or "should"?





“Where’s There’s No Gardener, There’s No Garden . . .”

(Covey)

No one is
going to
create a great
place for us to
work or for
our patients to
receive care
unless we
participate . . .

