

Service Excellence in the ED: Physician Buy- in for Change

Dan Smith, MD

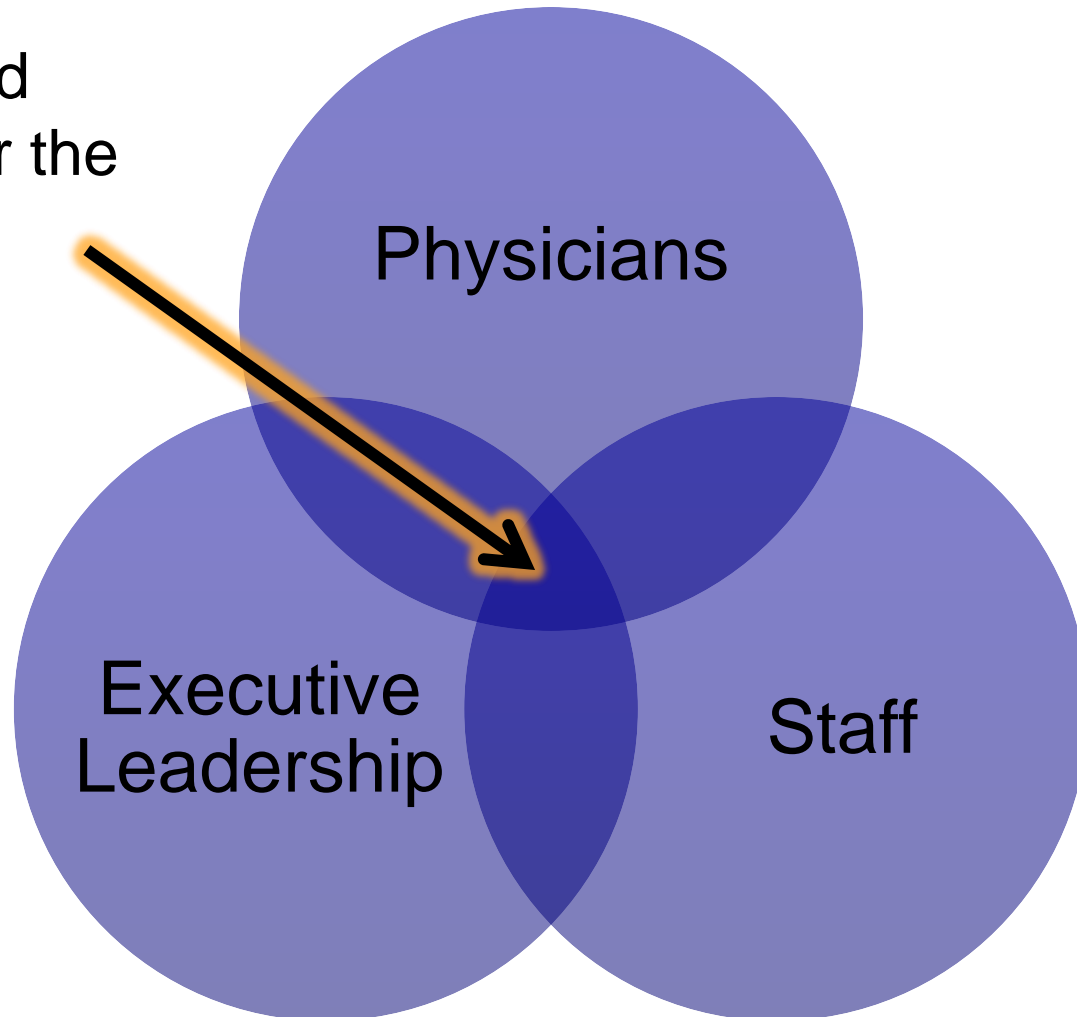
Kirk Jensen, MD, MBA, FACEP

Is Your Organization in Orbit?



Ideally

Quality and
Service for the
Patient



Case Example

- ▶ 50 physician, emergency medicine, independent group (range: new grads to 30 year veterans)
- ▶ 30+ year, stable contract with hospital
- ▶ Large 5 hospital community system, urban and suburban venues
- ▶ Contract approaching renewal
- ▶ Quality: Very Good
- ▶ Service Excellence: Poor (20th % rank overall care)

Case Example (cont)

- ▼ Expectation: Engage the physicians and raise performance on patient satisfaction
- ▼ Timetable: Now

Case Example (cont)

How would you proceed in creating buy-in from the group for the requested change?

Choices

- ▶ (a) Hardline mandate of performance improvement in 90 days or risk non-renewal of contract.
- ▶ (b) Suggestion to consider beginning a satisfaction program in next 12 months if convenient.
- ▶ (c) Selection of a physician champion to lead physician efforts.
- ▶ (d) Explanation of “why” this initiative is important with a service excellence plan plotted methodically for next 180 days .
- ▶ (e) both c and d

Cracking the Code on Buy-in

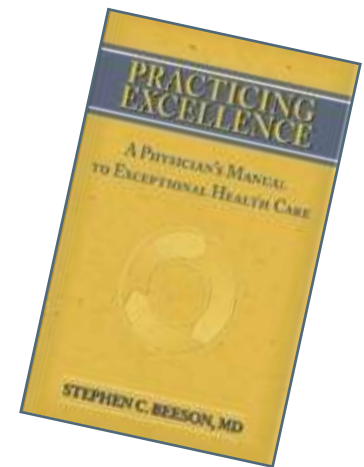
\$1M Question

Extremes of Approach

(This won't work)



“Successful and thorough physician engagement is about understanding physicians and speaking to the issues and principles that inspire, motivate, incentivize, influence and push a physician’s commitment to a change effort.”

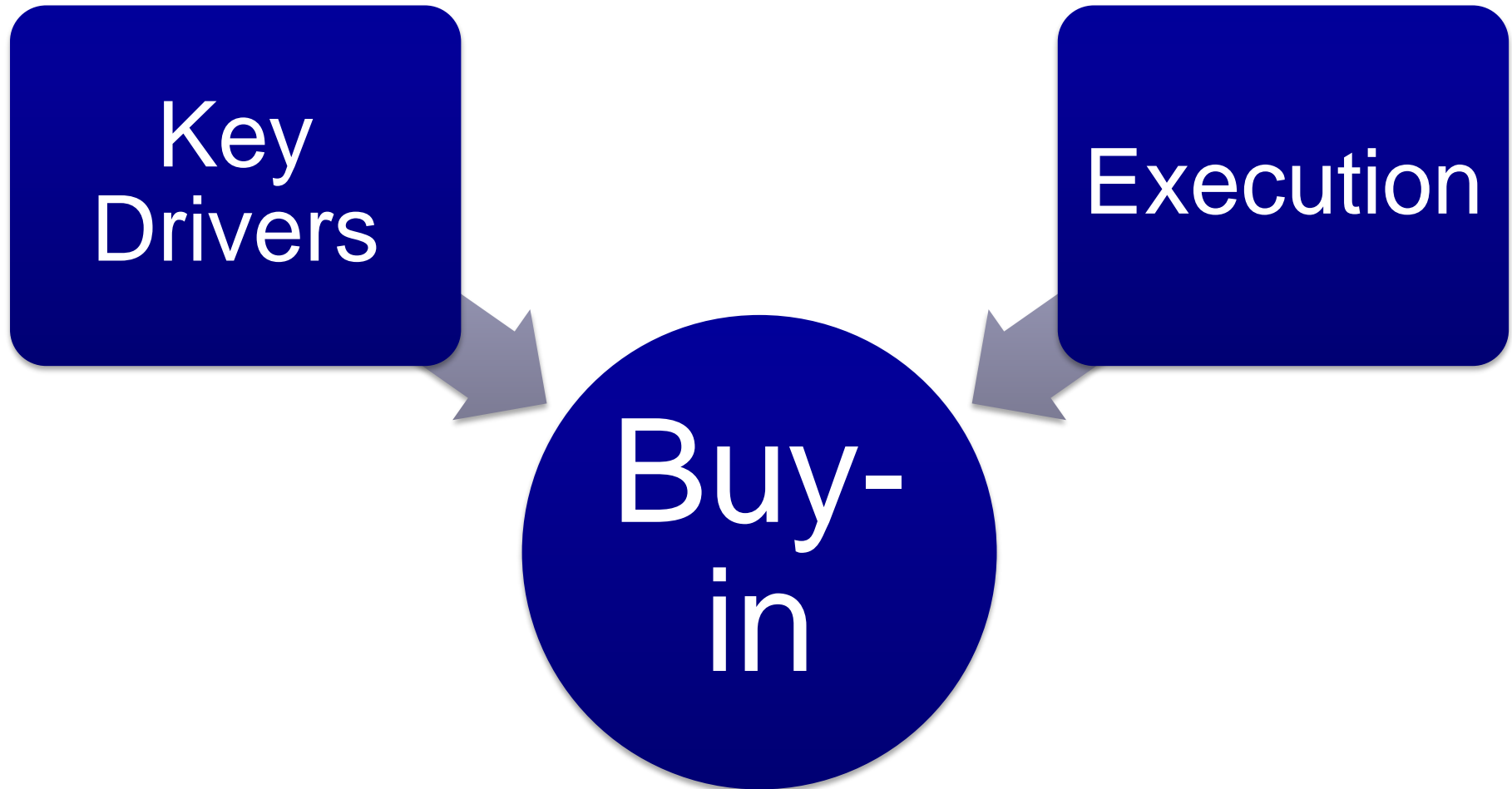


From “Practicing Excellence: A Physician’s Manual to Exceptional Health Care,
2006, Stephen Beeson, MD

WIIFM: Make a Most Compelling Case



Creating Buy-in



Physician Key Drivers to Change

- ▼ (1) Is it good for practice (arm me with knowledge)
- ▼ (2) Expectations of consumer/organization/
licensing boards
- ▼ (3) Reduction in risk and complaints
- ▼ (4) Financials/incentives

Driver #1: Knowledge on Service Excellence

- ▼ Equip physicians with the truths/facts
- ▼ Dispel the myths
- ▼ Is it good for patients and my practice?
- ▼ Vendor Data vs. HCAHPS

Simple Truths of Service Excellence

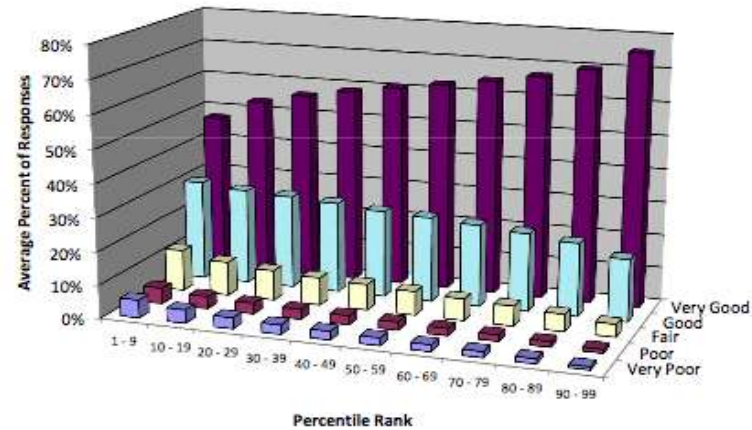
- ▶ A more satisfied patient means more satisfied staff and physicians
- ▶ More satisfied patients spread the word and market growth occurs
- ▶ Patients are more likely to be compliant when they trust staff and doctors (quality)
- ▶ Doctors prefer to work with an engaged staff and organization (vice versa)
- ▶ Organizations with physicians as stewards of this model will thrive in the healthcare marketplace

Fears, Myths and Misinformation About Service Excellence

- ▶ “Our patients don’ t fit the model”
- ▶ “We’ ll attract the wrong patients”
- ▶ “I didn’ t go into medicine to kiss their butts”
- ▶ “Scores are low because of the unreasonable patients”
- ▶ “Perception doesn’ t really matter”
- ▶ “The hospital is just trying to make money”

Emergency Department Overall Distribution of Responses by Decile

Data reflects responses received 01-01-2010 through 12-31-2010 for 1721 clients with a percentile rank from 1 to 99. Rankings are based on the January All PG DB peer group. Each bar in the chart represents the average percent of responses that fall into each of the five response categories for each breakout of the database.



Rank	Very Poor	Poor	Fair	Good	Very Good	Mean
1 - 9	5.4%	4.7%	12.4%	30.2%	47.3%	76.9
10 - 19	4.0%	3.7%	10.2%	28.8%	53.3%	80.6
20 - 29	3.3%	3.2%	9.0%	28.1%	56.3%	82.4
30 - 39	2.8%	2.9%	8.3%	27.4%	58.6%	83.7
40 - 49	2.6%	2.6%	7.8%	26.3%	60.8%	84.8
50 - 59	2.3%	2.4%	7.2%	25.8%	62.6%	85.7
60 - 69	2.0%	2.1%	6.5%	24.7%	64.7%	86.7
70 - 79	1.7%	1.9%	6.0%	23.5%	66.9%	87.8
80 - 89	1.4%	1.8%	5.1%	22.1%	69.8%	89.1
90 - 99	0.9%	1.1%	3.8%	18.6%	75.6%	91.6

If you wanted to move from one percentile rank range to another you could use this data to determine the Goods that should move to Very Goods or Very Pools and Pools that would need to be eliminated. It is important to note however, that achieving a certain percent of Very Goods will not guarantee a given mean score or percentile rank.

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(The greatest difference between top box and bottom box performers is seen in ratio of very good/good)

The Contemporary Focus: It's Changed!

- ▼ Cost of Care
- ▼ Access to Care
- ▼ Workforce Issues
- ▼ Quality of Care
- ▼ Perception of Care: (I'm sorry, it's not going away)

Driver #2: Expectations of the Consumer

Paternalistic

“I’m the doctor”
Unilateral

Consumeristic

Computer-age
Internet (mis) info
Patient entitled
Watch dog groups

Mutualistic

“Partner”
Inform me
Include me in
treatment
decisions
Dignity and respect
Help me filter the
expanse of info

“Changes”

THE CHRIST HOSPITAL No 74389

RECEIPT

Patient's Name Mrs. Paul Carol Smith Date 5-26-67

Address 2696 Stratford Ave Case No. D33286

Cash Check

Name of Bank Summitville Real By Mr. Smith

Address Summitville Ind Signature [Signature]

Amount \$ 174.95

Form 818



"- And do you, Susan, take Kevin to be your lawful wedded husband for three years or 50,000 miles, whichever comes first?"

Top Box Consumer Expectations



Expectations: Voice of the Consumer

2009 National Emergency Department Priority Index

Survey items are correlated to Overall Satisfaction

Represents the experience of 1,501,672 patients treated at 1,893 Emergency Departments nationwide between January 1 and December 31, 2009.

Survey Item	n	Mean	Correlation	Rank
F2. Degree to which staff cared about you as a person	1,412,794	82.0	0.888	1
F4. Likelihood of your recommending our emergency department to others	1,434,598	82.0	0.877	1
F1. How well were you kept informed about delays	1,296,405	71.3	0.808	3
F68. Overall rating of care received during your visit	1,455,413	83.0	0.909	3
F41. How well was your pain controlled	1,233,566	77.9	0.803	5
B4. Nurses' concern to keep you informed about your treatment	1,455,801	83.1	0.828	6
E2. Staff concern to keep family or friends informed about your status during your course of treatment	1,051,479	83.7	0.844	7
C1. Waiting time in the treatment area before you were seen by a doctor	1,441,795	74.4	0.749	8
B3. Nurses' attention to your needs	1,462,256	85.3	0.823	9
C3. Doctor's concern to keep you informed about your treatment	1,440,863	83.1	0.796	9
C4. Doctor's concern for your comfort while treating you	1,432,143	83.5	0.802	9
E1. Courtesy with which family or friends were treated	1,089,291	86.5	0.840	12
C7. Information you were given about caring for yourself at home (e.g., taking medications, getting follow up care)	1,372,367	83.6	0.787	13
B76. Degree to which the nurses took time to listen to you	1,465,999	86.4	0.812	14
A4. Waiting time before you were brought to the treatment area	1,424,740	77.9	0.681	15
C75. Degree to which the doctor took time to listen to you	1,446,723	84.9	0.782	15
A5. Comfort of the waiting area	1,390,180	78.1	0.678	17
B5. Nurses' concern for your privacy	1,440,212	86.3	0.778	18
D3. Waiting time for radiology test	878,462	82.1	0.657	19
A87. Helpfulness of the person who first asked you about your condition	1,460,969	86.2	0.708	20
C2. Courtesy of the doctor	1,457,976	87.1	0.771	21
B1. Courtesy of the nurses	1,478,693	88.4	0.784	22
D52. Concern shown for your comfort when your blood was drawn	756,554	87.0	0.694	23
A2. Privacy you felt when you were asked about personal/insurance information	1,380,497	86.6	0.694	23
A3. Ease of giving your personal/insurance information	1,377,180	87.5	0.699	23
E3. Staff concern to let a family member or friend be with you while you were being treated	1,068,175	88.2	0.765	26
D2. Courtesy of the person who took your blood	772,869	87.9	0.698	27
A28. Courtesy of the person who took your personal/insurance information	1,395,950	87.6	0.688	28
A86. Waiting time before staff noticed your arrival	1,470,178	87.5	0.641	29
D65. Concern shown for your comfort during your test	882,293	88.9	0.650	30
D4. Courtesy of the radiology staff	877,408	89.6	0.641	31

Inpatient Priority Index

Survey items are correlated to Overall Mean Score

Based on responses of 3,047,705 patients from 2,162 hospitals received between January 1, 2009 and December 31, 2009

Survey Item	Mean	Correlation	Priority Rank
Response to concerns/complaints made during your stay	84.0	0.804	1
Staff effort to include you in decisions about your treatment	84.4	0.798	2
Degree to which hospital staff addressed your emotional needs	84.4	0.798	3
Waiting time for tests or treatments	80.9	0.682	4
How well the nurses kept you informed	85.9	0.773	5
Explanations about what would happen during tests and treatments	85.1	0.735	6
Accommodations and comfort for visitors	83.4	0.673	7
Promptness in responding to the call button	84.6	0.692	8
Amount of attention paid to your special or personal needs	86.9	0.760	8
Time physician spent with you	81.9	0.667	8
Staff concern for your privacy	86.9	0.756	8
How well staff worked together to care for you	88.9	0.817	12
Likelihood of your recommending this hospital to others	88.3	0.783	12
Pleasantness of room decor	79.7	0.620	14
Instructions given about how to care for yourself at home	85.9	0.704	15
How well physician kept you informed	84.8	0.679	16
Overall rating of care given at hospital	89.2	0.813	16
Temperature of the food (cold foods cold, hot foods hot)	78.7	0.529	18
Physician's concern for your questions and worries	85.9	0.693	18
Speed of discharge process after you were told you could go home	80.5	0.607	18
Room cleanliness	83.8	0.629	21
How well your pain was controlled	86.2	0.697	21
Noise level in and around room	76.3	0.545	23
Quality of the food	75.3	0.538	23
Staff attitude toward your visitors	88.5	0.748	23
Room temperature	79.2	0.547	26
Nurses' attitude toward your requests	88.7	0.747	27
Speed of admission process	83.5	0.573	28
Extent to which you felt ready to be discharged	85.5	0.629	29
Skill of the nurses	90.5	0.734	30
Courtesy of the person who took your blood	88.4	0.676	30
Friendliness/courtesy of the nurses	91.5	0.715	32
Courtesy of the person who started the IV	88.9	0.671	33
Courtesy of the person who cleaned your room	87.1	0.599	34
Friendliness/courtesy of physician	89.2	0.658	35
Courtesy of the person who served your food	87.4	0.599	36
Skill of physician	91.5	0.632	37
Courtesy of the person who admitted you	89.9	0.610	38

Skill of the physician #37/38 on Inpatient Priority Index

Expectations: Graduate Medical Education

▼ ACGME

- ▼ Core Competencies:
 - ▼ “Professionalism”
 - ▼ “Interpersonal and Communication Skills”
- ▼ Patient Care
- ▼ Medical Knowledge
- ▼ Practice-based Learning and Improvement



Expectations: Licensure/Boards

- ▼ American Board of Medical Specialties
 - ▼ “Maintenance of Certification”
 - ▼ Patient and peer review summary
 - ▼ Encouraged all 24 professional boards to have diplomats survey patients
- ▼ Physician Practice Connection (PPC), Patient Centered Medical Home
 - ▼ Quality and preception of care

Expectations: Do we live up to mission?

The screenshot displays the Baptist Health System website. At the top, there is a navigation bar with links for "medical services", "facilities", "patients & visitors", "education", "news, classes & events", and a dropdown menu for "About Baptist" containing links for "Maps & Directions", "For Healthcare Professionals", "Contact Baptist", and "Employment".

The main content area is titled "ABOUT BAPTIST MISSION STATEMENTS". Below the title, there is a breadcrumb trail: "About Baptist --> Mission Statement".

The "Mission Statement" section is highlighted in the left sidebar. The text of the mission statement reads: "The Baptist Health System exists to provide the highest quality in health care delivery, education and community service through a dedicated team of health care professionals working together in a compassionate Christian environment."

Below the mission statement, there is a section titled "George H. Gaston, Ph.D., Vice President of Ministry, Baptist Health System reads the Baptist Health System Mission Statement." with a "Listen" button.

The "Values" section lists the following:

- Compassion
- Excellence
- Safety
- Stewardship
- Community
- Faith

On the left sidebar, there is a "Free Baptist E-News" section with a "Subscribe Today" button and a "STAY INFORMED." section with an image of a newspaper.

Expectations: Group/Practice Credo

Emergency Physicians' Affiliates fosters excellence in emergency medicine through a physician and administrative staff dedicated to quality and compassionate care while being stewards of accountability, partnership and positive change...alignment of these elements shall facilitate a great environment to practice and receive care.

Driver #3: Reduce Risk and Complaints

- ▼ Satisfaction and Risk
 - ▼ Physicians with low patient satisfaction results are more likely to have complaints
 - ▼ Association: for every one point decrement in satisfaction scores,
 - 6% increase in complaints
 - 5% increase in risk management events

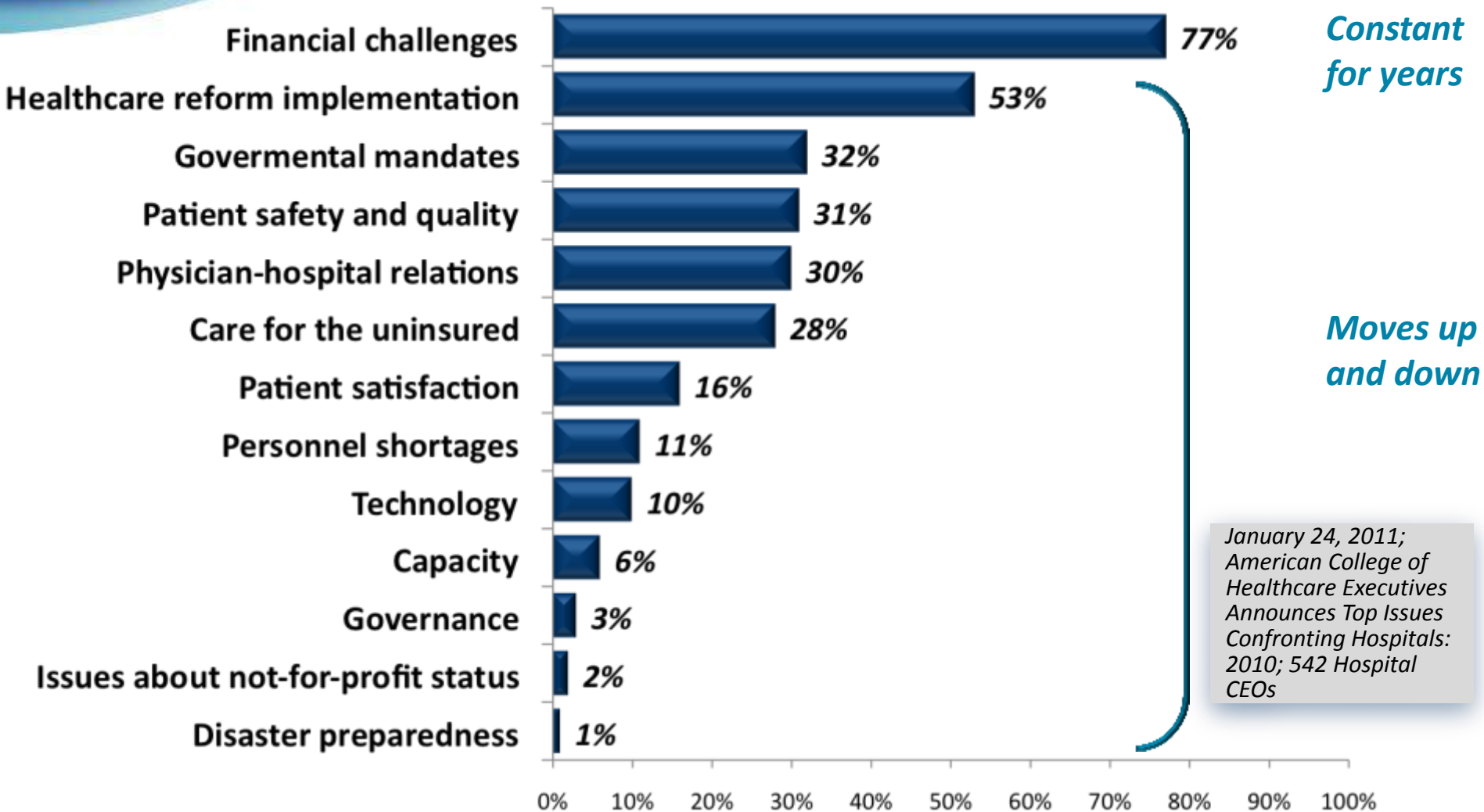
Stelfox HT, et al. The American Journal of Medicine 2005; 118: 1126-1133

Driver #4: Financials/Incentives



- ▶ Satisfied customers return and word of mouth expands volume for the practice or hospital
- ▶ Help your hospital with the “at risk” dollars
- ▶ Keep what you have earned

CEO's Top Issues - 2010



Financial Impact – Example

Hospital Profile:

- 276-bed hospital
- 22 bed ED
- Patient Revenue: \$630 million
- Payor mix: 45% Medicare

Impact:

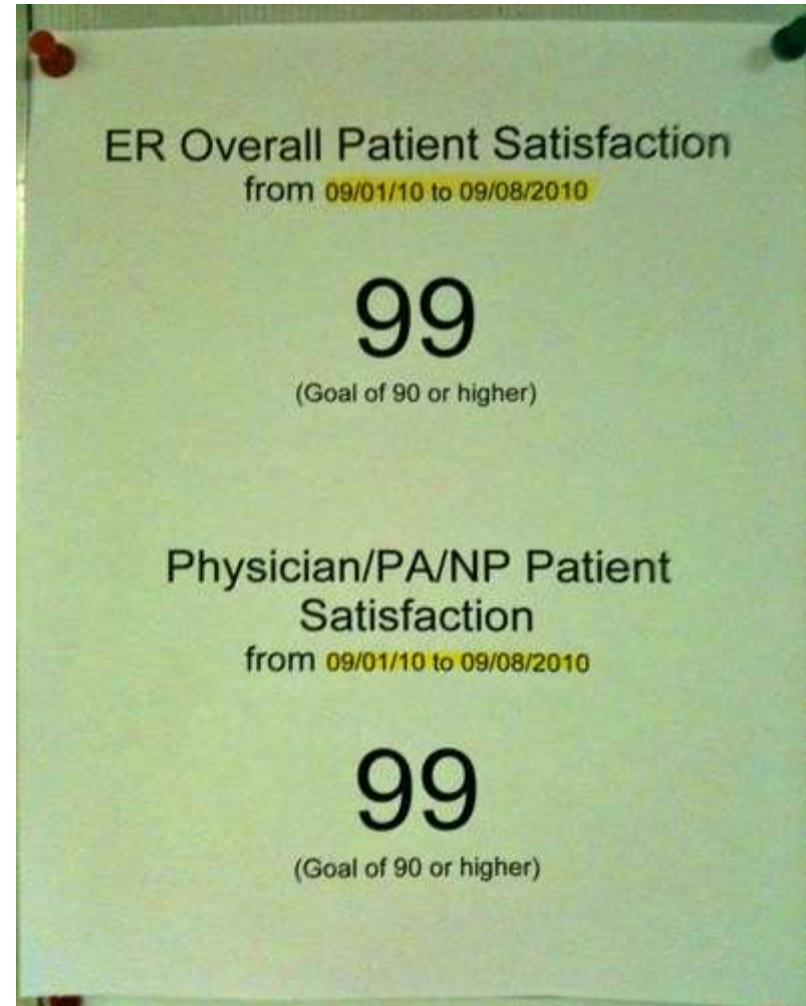
- 1% impact (current P4P projection for 2013) = **\$2,835,000**
- 30%* attributed to HCAHPS performance = **\$850,500** potential risk
- 70%* attributed to Core Measure performance = **\$1,984,500** potential risk

*Impact percents are estimates based on the latest forecasts (11.2.10).

Execution (means to get there)

- ▼ (1) Transparency and Metric Feedback
- ▼ (2) Training and Coaching for Success
- ▼ (3) Collegial Influence/"team" effects
- ▼ (4) Reward and Recognition
- ▼ (5) Emotional Persuasion

Means to Drive Change #1: Transparency and Feedback



...Let me introduce you to transparency

The screenshot shows the Medicare.gov website interface. At the top, it features the U.S. Department of Health & Human Services logo and the HHS.gov domain. A search bar for Medicare.gov is present, along with links for Sign In to MyMedicare.gov, Email, Print, Bookmark & Share, RSS, and Español. Below the search bar are navigation tabs for Medicare.gov, Manage Your Health, Medicare Basics, Resource Locator, and Help & Support. The main content area is titled "Hospital Compare" and includes a search form with fields for "Location" (ZIP Code or City, State) and "Search type" (General, Medical Conditions, Surgical Procedures). A "Find Hospitals" button is located below the search form. To the right of the search form is a "Hospital Spotlight" section titled "Are You a Hospital Inpatient or Outpatient?" and an "Additional Information" section with links to "View a list of Hospital Compare Contacts" and "Download the Hospital Compare Database". A "Back to Top" button is located at the bottom left of the main content area. The footer indicates "Data Last Updated: May 25, 2010".

U.S. Department of Health & Human Services
HHS.gov

Search Medicare.gov Search FAQ

Email Print Bookmark & Share RSS Español

Medicare.gov Manage Your Health Medicare Basics Resource Locator Help & Support

Help For Consumers For Professionals

Medicare.gov Hospital Compare Home

Hospital Compare

Where do you want to find a hospital?

Search Information

Location - ZIP Code or City, State

e.g., 10009 or New York, NY

Search type [What is this?]

General
 Medical Conditions
 Surgical Procedures

Find Hospitals

Hospital Spotlight

Are You a Hospital Inpatient or Outpatient?

Hospital Compare now includes information that will help consumers compare the quality of information available in hospital-outpatient departments.

For more information about the differences between inpatients and outpatients, read our fact sheet, [Are You a Hospital Inpatient or Outpatient?](#)

Additional Information

- View a list of Hospital Compare Contacts
- Download the Hospital Compare Database

[Back to Top](#)

Data Last Updated: May 25, 2010

Your Ticket to Success: "Always"

SAMPLE



VISITORS AND FAMILY

- | | very poor | poor | fair | good | very good |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. Accommodations and comfort for visitors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Staff attitude toward your visitors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

PHYSICIAN

- | | very poor | poor | fair | good | very good |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Time physician spent with you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Physician's concern for your questions and worries | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How well physician kept you informed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Friendliness/courtesy of physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Skill of physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

DISCHARGE

- | | very poor | poor | fair | good | very good |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Extent to which you felt ready to be discharged | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Speed of discharge process after you were told you could go home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Instructions given about how to care for yourself at home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

PERSONAL ISSUES

- | | very poor | poor | fair | good | very good |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Staff concern for your privacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. How well your pain was controlled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Degree to which hospital staff addressed your emotional needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Response to concerns/complaints made during your stay | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Staff effort to include you in decisions about your treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

OVERALL ASSESSMENT

- | | very poor | poor | fair | good | very good |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How well staff worked together to care for you | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Likelihood of your recommending this hospital to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Overall rating of care given at hospital | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

ADDITIONAL INFORMATION

1. Did you receive a follow-up phone call after discharge? Yes No
2. Did a staff member check on you on a regular basis? Yes No

If you can recall, what was the name of your primary nurse? _____

Patient's Name: _____ Telephone Number: _____

THANK YOU. Please return the completed survey in the postage-paid envelope.

HODGE CLINITY

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Hospital CAHPS®

OMB Control Number: 0938-0981

SURVEY INSTRUCTIONS: You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer *all* the questions by filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next.

Please answer the questions in this survey about this stay at Baptist Medical Center. Do not include any other hospital stay in your answers.

Please use black or blue ink to fill in the circle completely.
Example: ●

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always
2. During this hospital stay, how often did nurses listen carefully to you?
- Never
 Sometimes
 Usually
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
- Never
 Sometimes
 Usually
 Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
- Never
 Sometimes
 Usually
 Always
 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always
6. During this hospital stay, how often did doctors listen carefully to you?
- Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
- Never
 Sometimes
 Usually
 Always
9. During this hospital stay, how often was the area around your room quiet at night?
- Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
- Yes
 No → **If No, Go to Question 12**
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- Never
 Sometimes
 Usually
 Always
12. During this hospital stay, did you need medicine for pain?
- Yes
 No → **If No, Go to Question 15**
13. During this hospital stay, how often was your pain well controlled?
- Never
 Sometimes
 Usually
 Always
14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?



093818

HCAHPS Questions

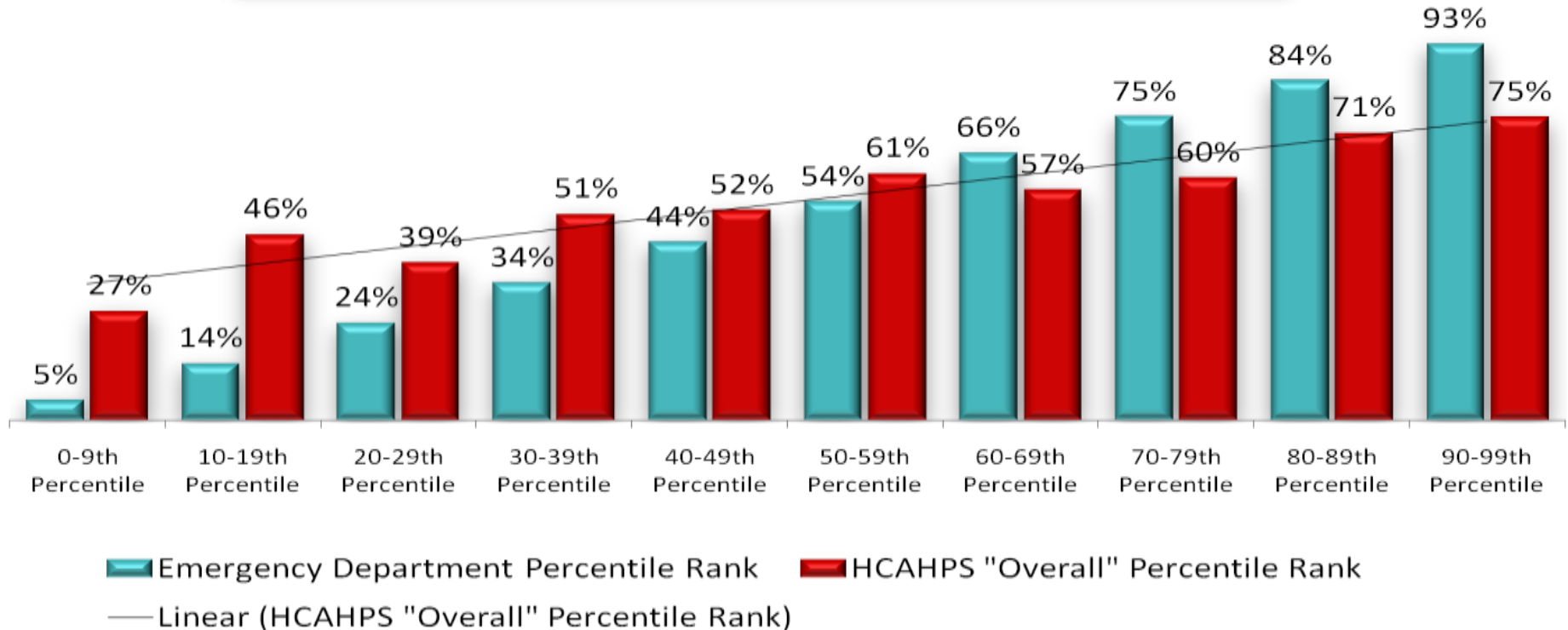
Composite	Question Summary	Response Scale
Nursing Communication	Nurse courtesy and respect	ALWAYS ¹ , Usually, Sometime, Never
	Nurses listen carefully	ALWAYS, Usually, Sometime, Never
	Nurse explanations are clear	ALWAYS, Usually, Sometime, Never
Doctor Communication	Doctor courtesy and respect	ALWAYS, Usually, Sometime, Never
	Doctors listen carefully	ALWAYS, Usually, Sometime, Never
	Doctor explanations are clear	ALWAYS, Usually, Sometime, Never
Responsiveness of Staff	Did you need help in getting to bathroom? ²	Yes No (screening question)
	Staff helped with bathroom needs	ALWAYS, Usually, Sometime, Never
	Call button answered	ALWAYS, Usually, Sometime, Never
Pain Management	Did you need medicine for pain? ²	Yes, No (screening question)
	Pain well controlled	ALWAYS, Usually, Sometime, Never
	Staff helped patient with pain	ALWAYS, Usually, Sometime, Never
Communication of Medications	Were you given any new meds? ²	Yes, No (screening question)
	Staff explained medicine	ALWAYS, Usually, Sometime, Never
	Staff clearly described side effects	ALWAYS, Usually, Sometime, Never
Discharge Information	Did you go home, someone else's home, or to another facility? ²	Own home, Someone else's home, Another facility (screening question)
	Staff discussed help need after discharge	YES, No
	Written symptom/health info provided	YES, No
NA	Area around room kept quiet at night	ALWAYS, Usually, Sometime, Never
NA	Room and bathroom kept clean	ALWAYS, Usually, Sometime, Never
NA	Willingness to Recommend	DEFINITELY YES, Probably Yes, Probably No, Definitely No
NA	Hospital Rating Question	0 to 10 point scale (percent 9 and 10 reported)

¹Response used to calculate the question score is designated by capital letters

²For analysis purposes, it is important to know which areas have screening questions because the sample size will be lower than the other areas

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

Relationship: ED and HCAHPS "Overall" Percentile Rankings



Will Physician Performance Be Measured and Monitored?

- ▶ “What gets measured gets results”
- ▶ “Unsettling” is healthy
- ▶ The more transparent, the more motivating
- ▶ Physicians want to succeed



Means to Drive Change #2: Teaching and Coaching for Success

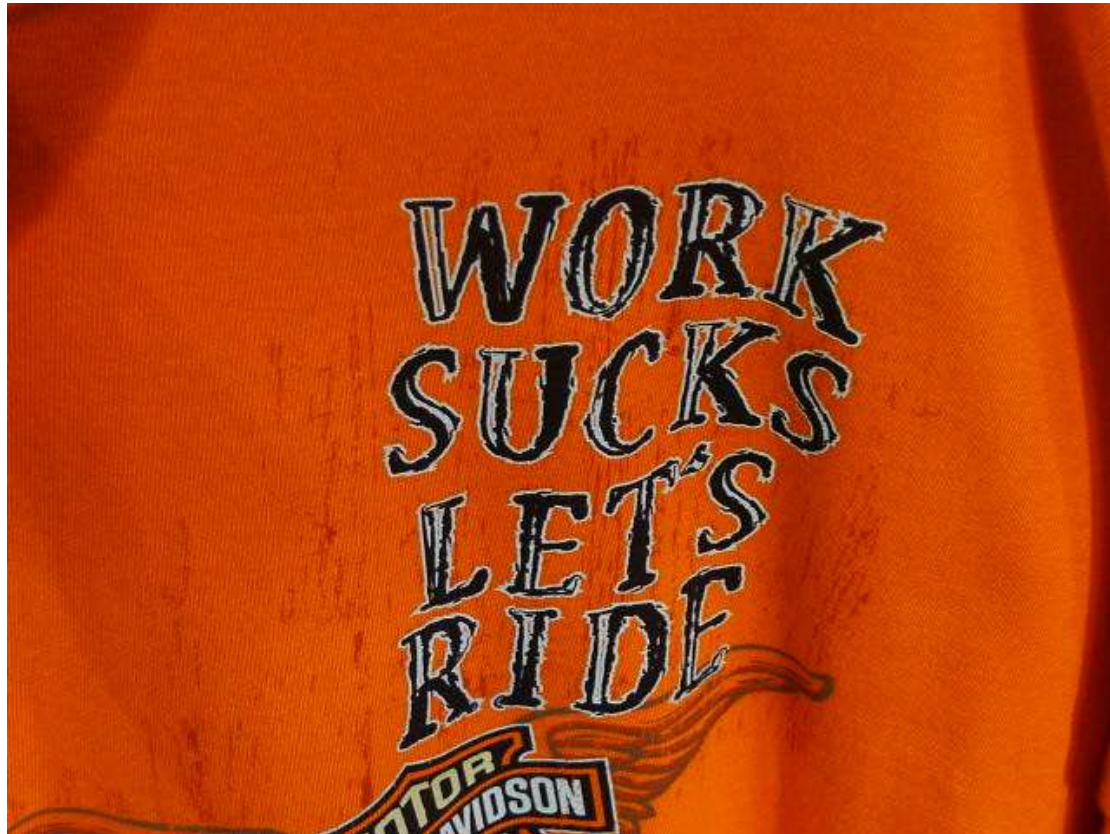
- ▶ Use best practice tactics/skill sets
- ▶ Consider nuances/challenges of a given practice or service line and tailor coaching accordingly
- ▶ Coaching calendar critical
- ▶ Form a foundation for success
- ▶ Round on physicians in coaching sessions
- ▶ “this is not an initiative”, “not flavor of the month”
- ▶ Use peer-reviewed literature to guide a tactical approach

Means to Drive Change #3: Collegial Relationships (The Team Needs You)

- ▶ Aligned physician and staff missions/values
- ▶ What am I doing to help the team?
- ▶ Does the end product (service and quality) match the written goals/mission
- ▶ Is your work day the best it can be?



It Doesn't Have To Be This Way



Collaboration Must Be the Norm

- ▼ Physicians
- ▼ Executive Leadership
- ▼ Staff
- ▼ Ancillary Services
- ▼ Pastoral Care
- ▼ Board of Directors

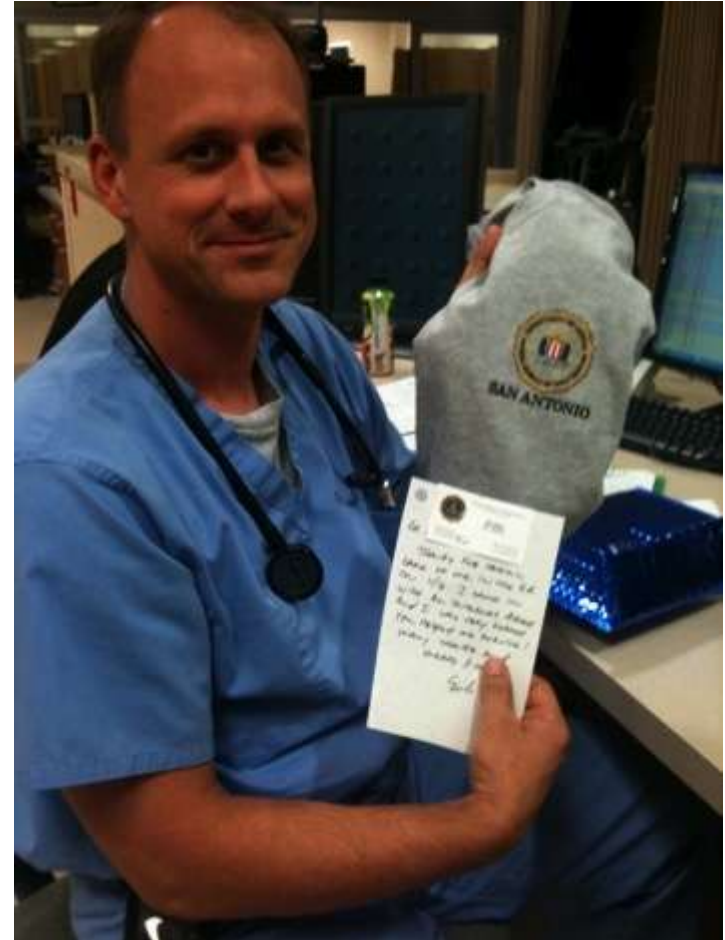


Collaboration means...

- ▶ Input from physicians, executive leadership and staff leadership must all be embraced and respected for high level initiatives
- ▶ Paradigm shift: “How are we going to be successful together”
- ▶ Lose the silos
- ▶ Everyone is my customer
- ▶ Be transparent concerning unmet expectations
- ▶ Don't be offended by unblinded data (think 2nd bullet point)

Means to Drive Change #4: Reward and Recognition

- ▶ Motivational
- ▶ More likely to repeat the positive behavior
- ▶ More likely to motivate others to adopt the culture
- ▶ “I could do this another twenty years”
- ▶ “That’s what brings me back”



Reward and Recognize

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Great work, Brent!

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:))

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Means to Drive Change #5: Emotional Persuasion



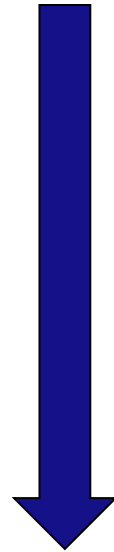


Change Management

Addressing the Human Side of Change

Prochaska's Stages of Change

- ▼ Pre-contemplation
- ▼ Contemplation
- ▼ Decision
- ▼ *ACTION*
- ▼ Maintenance



Some Key Elements of Rogers' Theory of Diffusion of an Innovation

- ▼ Attributes of an innovation
- ▼ Leveraging early adopters

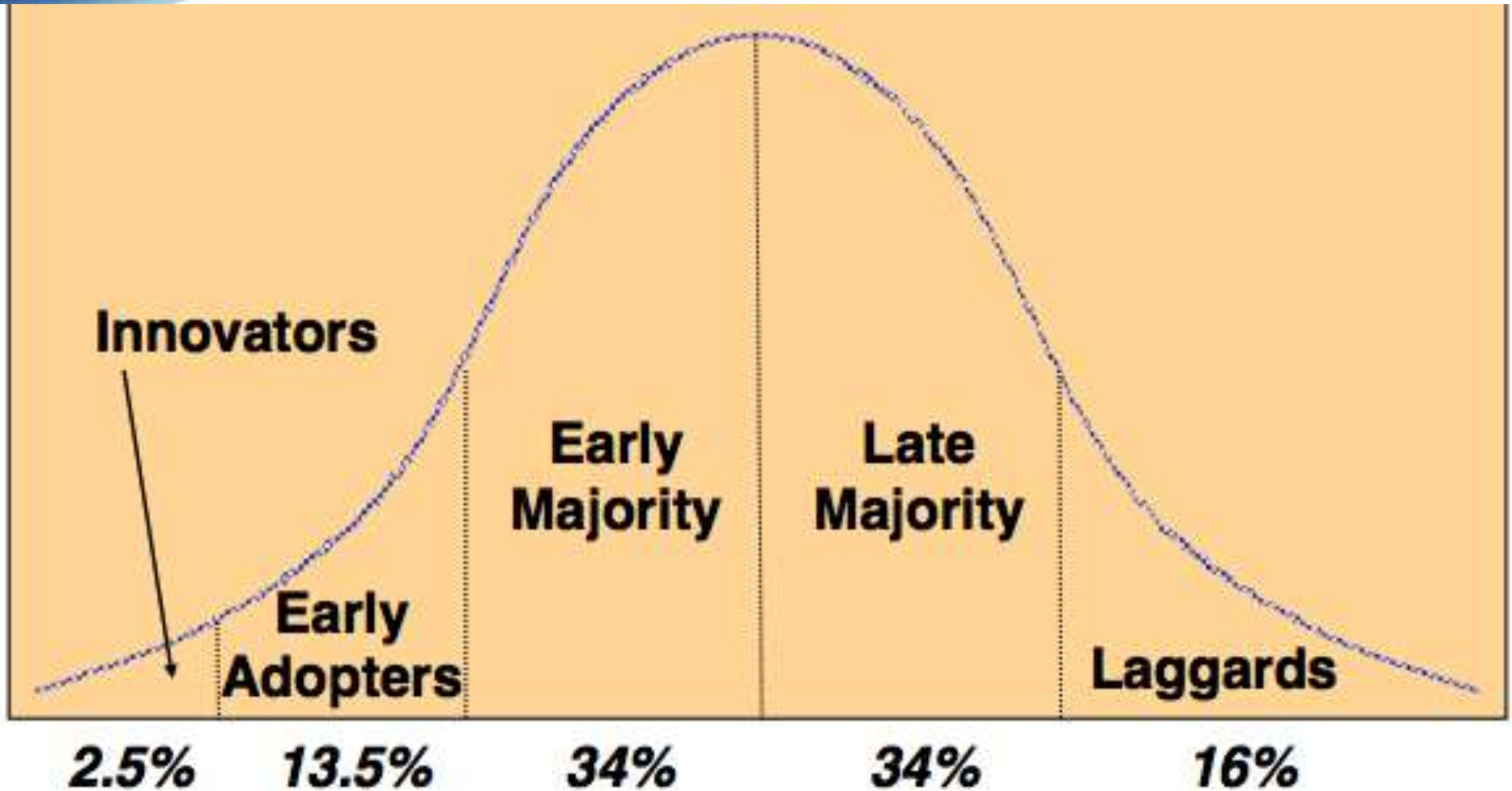
Attributes of an Idea that Facilitate Adoption

- ▼ Relative Advantage
- ▼ Simplicity
- ▼ Trialability
- ▼ Compatibility
- ▼ Observability

Source: Rogers, 1995

Leaders in Emergency Medicine

Adopter Categories



Source: Rogers 1995

The Bottom Line...

- ▼ Do:
 - ▼ Evidence-based clinical and operational practices
 - ▼ “Show me the data” (transparent metrics)
 - ▼ “How do I compare to my peers” (peer comparison and benchmarking)
 - ▼ Align financial incentives and disincentives
 - ▼ Regular feedback and coaching
 - ▼ Nurse and Provider alignment on performance and objectives

The Bottom, Bottom Line...

- ▼ REMEMBER:
 - ▼ It's about culture change (can take time)
 - ▼ Focus on moving the bell-shaped curve
 - ▼ Decrease variability
 - ▼ Don't forget Pareto's Paradox

Pain is Temporary, Success is Forever



Thank you