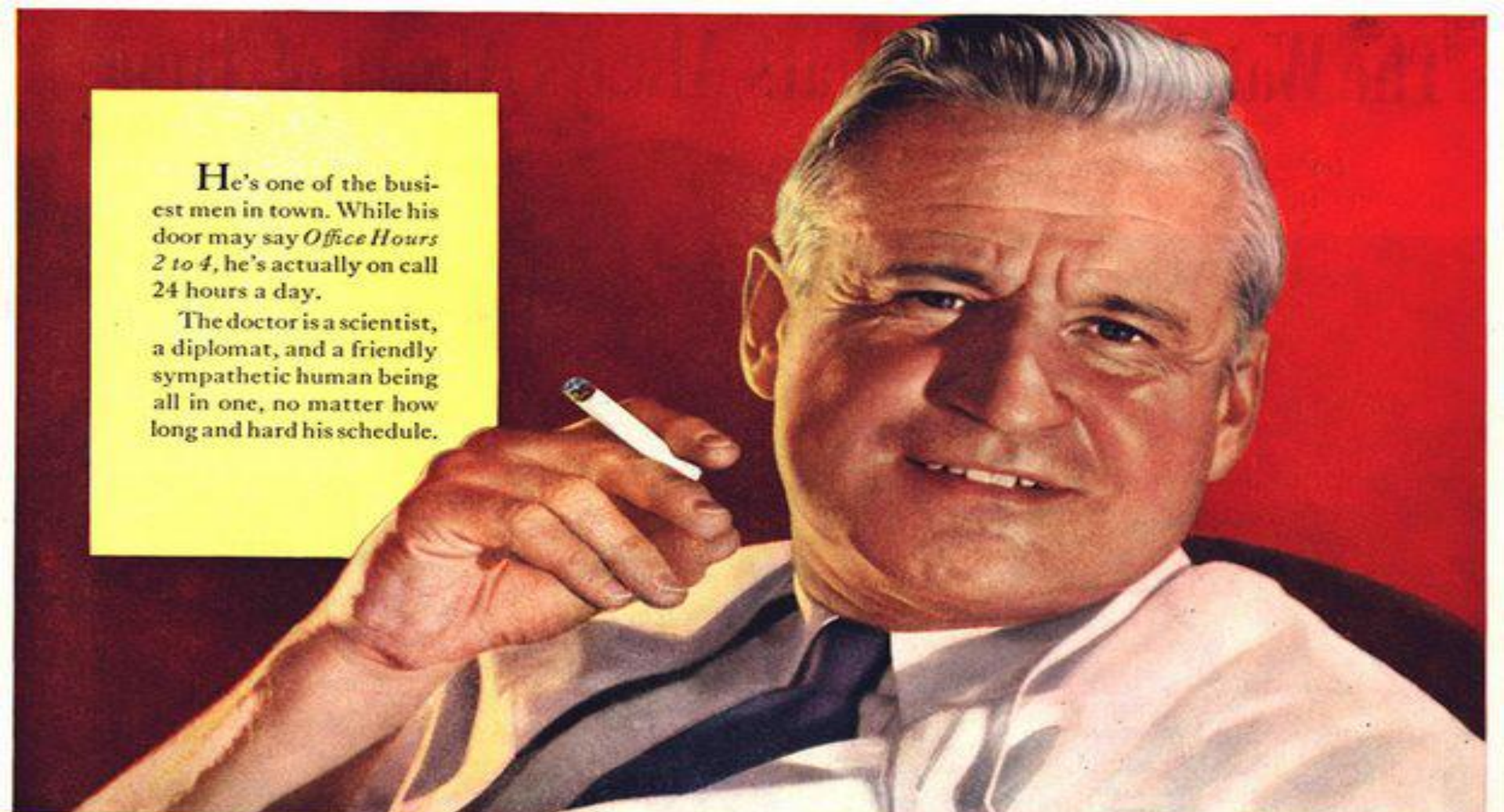


# Moving ED Metrics:

A Five-Star Plan for Service & Operational Excellence



**TEAM**Health®



He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

*According to a recent Nationwide survey:*

**MORE DOCTORS SMOKE CAMELS  
THAN ANY OTHER CIGARETTE**



**TEAM**Health®

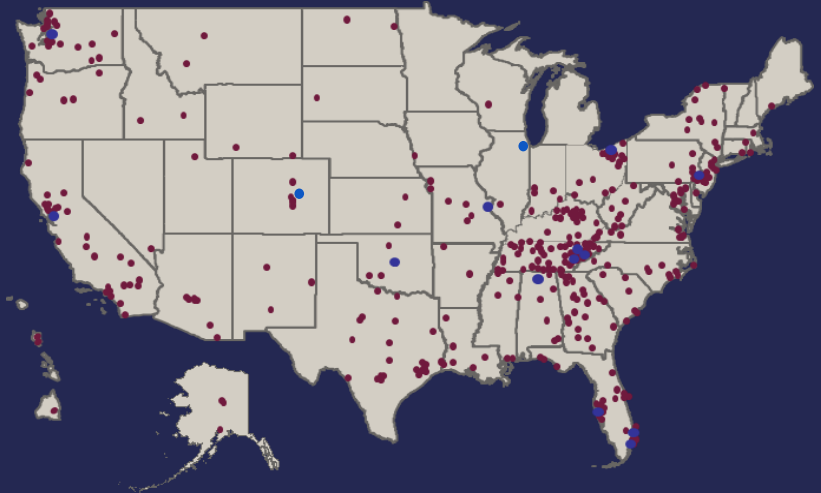


**TEAM**Health®

# About Us

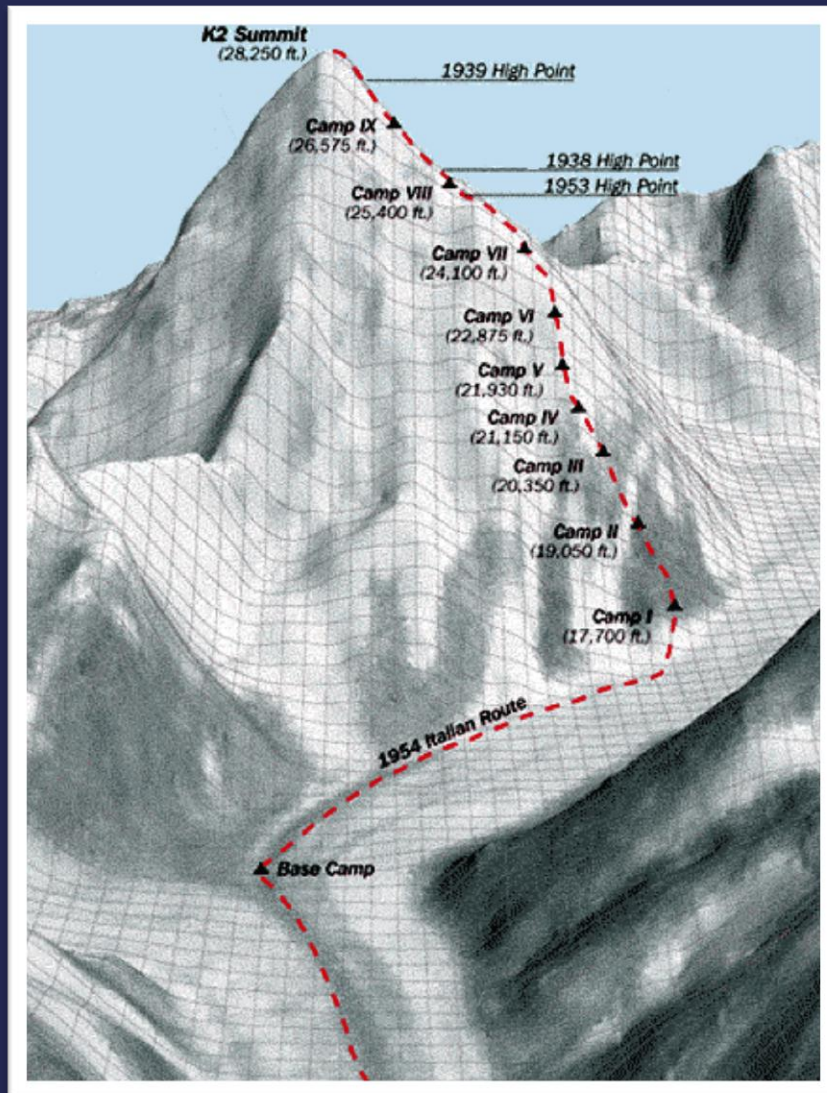
- Founded in 1979 by emergency physicians
- Leading provider of hospital-based clinical services

- Emergency Medicine
- Hospital Medicine
- Anesthesiology



- 6,900 affiliated physicians and other clinicians serving 700+ hospitals in 46 states
- A TeamHealth clinician cares for a patient every 3 seconds!

# Our Purpose Today...



Share TH's approach to incorporating SG tactics to take our nationwide metric driven practice to the next level.

# Our Challenges

## External Environment...

- ✓ Lofty Partner Expectations
- ✓ HCAHPS
- ✓ Increased Regulations
- ✓ Continued Focus on Metrics

## Internal Environment...

- ✓ Lofty Organizational Expectations
- ✓ Large, Nationwide Company
- ✓ Employees & ICs



# Biggest “Challenge” - Physicians

- Prefer focused evidence-based solutions
- Want to hear from their peers
- Require communicating multiple ways
- Use of Linkage Grid very important



# Our Plan:

- ✓ Partnered with the Studer Group
- ✓ Developed a 5-Star Plan
- ✓ Focused on Leadership Development
- ✓ Established Expectations & Cascaded Goals
- ✓ Began with Rounding & Goal-Setting
- ✓ Emphasized Top-down MD Involvement
- ✓ Created Accountability



FIVE STAR	ESSENTIALS	EXPLANATION	TOOLBOX SAMPLES AVAILABLE
CARING	1. Establish ED culture with expectations and standards of behavior	Create a culture in which staff is focused on service and operational efficiency.	<ul style="list-style-type: none"> <li>Performance Expectations</li> <li>Performance Guarantee</li> </ul>
	2. Implement departmental rounding (leadership, patient, and lobby).	Rounding is another way of saying connecting and communicating with others. It's critical to success.	<ul style="list-style-type: none"> <li>Rounding Logs</li> <li>ED Rounding Checklist</li> <li>Pearls of Rounding</li> </ul>
	3. Keep patients informed (with documented times for follow-up).	A top driver in patient satisfaction is the ability to keep the patient informed.	<ul style="list-style-type: none"> <li>Turnaround Promise</li> <li>Signage with Key Words</li> </ul>
COMFORT	4. Utilize standardized pain protocol.	Pain is the 5 <sup>th</sup> vital sign.	<ul style="list-style-type: none"> <li>Pain Protocols</li> </ul>
	5. Implement comfort rounds.	Everyone can round—RNs, ED Techs	<ul style="list-style-type: none"> <li>Comfort Round Checklist</li> </ul>
CLINICAL & OPERATIONS EFFECTIVENESS	6. Keep the ED e comfortable for		<ul style="list-style-type: none"> <li>Checklist</li> <li>Clean Schedule</li> </ul>
	7. Implement nur		<ul style="list-style-type: none"> <li>Signage Training Kit</li> </ul>
COMMUNICATION	8. Ensure efficient into 3 times: a. Arrival to Clin b. Clinician to D c. Disposition D		<ul style="list-style-type: none"> <li>Boards</li> <li>Works for Key Times</li> <li>Flow Options</li> <li>Capacity Protocol</li> </ul>
	9. Establish a for communicating staff.		<ul style="list-style-type: none"> <li>Signage &amp; Whiteboards</li> <li>Cards</li> <li>y</li> </ul>
	10. Ensure a process is in place for measu patient & staff satisfaction as well tracking progress.	Create a baseline measurement and track progress on both fronts.	<ul style="list-style-type: none"> <li>Survey-specific Resources</li> <li>Real-Time Survey Cards</li> </ul>
COMMUNITY	11. Establish a process for calling discharged patients.	Several options are available to make the calls. The key is to start making calls.	<ul style="list-style-type: none"> <li>DC Callback Scripting</li> <li>You Were Mentioned Cards</li> </ul>
	12. Ensure a process is in place to manage complaints.	Track and manage complaints. As the plan is implemented, the # will decrease	<ul style="list-style-type: none"> <li>Service Recovery Policy</li> <li>Sample Complaint Forms</li> </ul>
COMMUNITY	13. Focus on strong intra-department relationships.	<ul style="list-style-type: none"> <li>Regular staff meetings</li> <li>Reward/Recognition</li> <li>Celebrate successes!</li> </ul>	<ul style="list-style-type: none"> <li>Examples of Celebrations</li> <li>Sample Reward/Recognition Ideas</li> <li>Workplace Exercise</li> </ul>
	14. Focus on strong intra-hospital relationshi	Proactive approach to relationship buildin with inpatient & ancillary depts.	<ul style="list-style-type: none"> <li>Patient First Award</li> <li>Regular Action Team Meetings</li> <li>Annual Strategy Meetings</li> </ul>



# Focus on **Leadership...**

## Internal Tactics

- **Expectations**
- **Goals**
- **Alignment**
- **Rounding**
- **LDIs**

## External Tactics

- ⦿ **Rounding**
- ⦿ **AIDET**
- ⦿ **DC Calls**

# Achieving Excellence Behaviors...

## ACHIEVING EXCELLENCE

*As dedicated providers and staff always striving for excellence, our vision is to develop the best teams of healthcare professionals who achieve great results through leadership, service, teamwork and innovation. It is not our intent to dictate the clinical practice of medicine or to interfere with the independence of clinical judgment that you exercise when delivering patient care. Instead, the purpose of this document is to remind each of us that we have the ability each day with every encounter to positively impact our patients, their families, our hospital clients, and colleagues. Emphasizing a culture that values outstanding interpersonal skills, solid communication, relationship building and individual accountability, we are committed to creating a great environment to care for patients and to work.*

### Relationships with Patients

#### We strive to

- Treat every patient with unconditional positive regard and make him/her feel like he/she is my only patient.
- Work together with patients and their families as a team and strive for them to feel that I'm always on their side—effective care is never delivered in opposition.
- Be respectful of patients' individual beliefs and involvement of extended families.
- Acknowledge everyone in the room when I enter, introduce myself, explain my role and the duration of treatment and any delays, and thank the patient for allowing me to care for them.
- Apologize for the patient's wait when appropriate and take actions to deliver timely care.
- Sit down if possible while listening and talking with patients to demonstrate empathy and to signal that I have the time to hear their concerns.
- Address pain and comfort issues.
- Communicate clearly, share the plan of care, provide updates, and ask what questions the patient has before leaving the room.
- Realize patients can choose where to receive care and earn their loyalty through my behaviors.
- Be a continual learner and incorporate current evidence-based techniques in my practice.

### Relationships with Hospital Clients

#### We strive to

- Consistently deliver results on time.
- Be a good listener and strive to demonstrate that the hospital's problem is my problem.
- Demonstrate a sense of urgency.
- Anticipate and be proactive in addressing potential issues and opportunities before they become real problems and lost opportunities.
- Inspire confidence and gain respect in my individual abilities, as an expert in the field, and as a person of integrity.

### Relationships with Colleagues

#### We strive to

- Work to create a supportive environment to allow individuals to flourish professionally and to attract/retain the most talented providers and staff.
- Demonstrate passion and bring enthusiasm to my work.
- Perform my job with excellence.
- Collaborate by listening openly, acknowledging others' ideas/concerns, being considerate, and acting respectfully.
- Recognize that the task of medicine is to "cure sometimes, relieve often, and care always".
- Foster the spirit of learning by mentoring less-experienced colleagues and being receptive myself to teaching from others to enhance my skills and ability to serve.
- Manage up my colleagues to others and support them by discussing issues one-on-one and not criticize them to others.
- Ask for help with situations if beyond my knowledge and likewise offer help to others.
- Take responsibility for my actions, recognizing that I can only expect better from those around me when I do better myself.
- Be flexible, cooperative, and supportive of efforts to improve service delivery and medical care.
- Work to be a change agent and strive for continuous improvement.
- Be respectful of diversity and differing opinions and open to input from all.
- Understand importance of nonverbal communication such as tone of voice and body language.
- Remain professional when dealing with uncomfortable or pressured situations.
- Reward and recognize others for a job well done and for contributing to our mission.
- Hold each other accountable as we strive to achieve excellence.

This document is available on THI Online and TeamNet.

# Ensuring Accountability

- Established Goals by pillars
- Aligned Goals
- Created Ownership
- Ensured Critical Follow-Up



# Nationalizing our Approach...

## ◎ Quarterly LDIs

- *In-Person*

  - ... *Four Regions*

- *Train-the-Trainer, then*

  - ... *Local – Taught by RMDs*

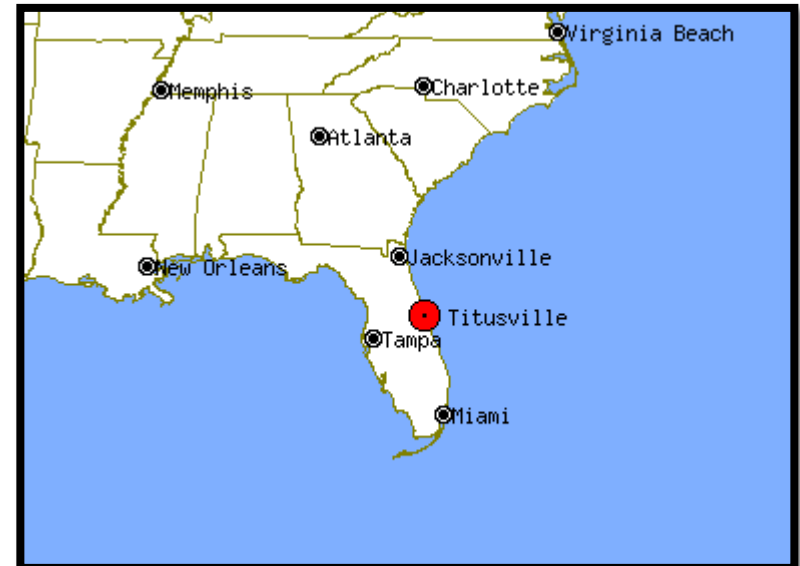
- *Video Demonstrations*

- *AudioCast*

## ◎ All Materials Recorded & Available for Review & Download



# Case Study #1



# Case Study #1

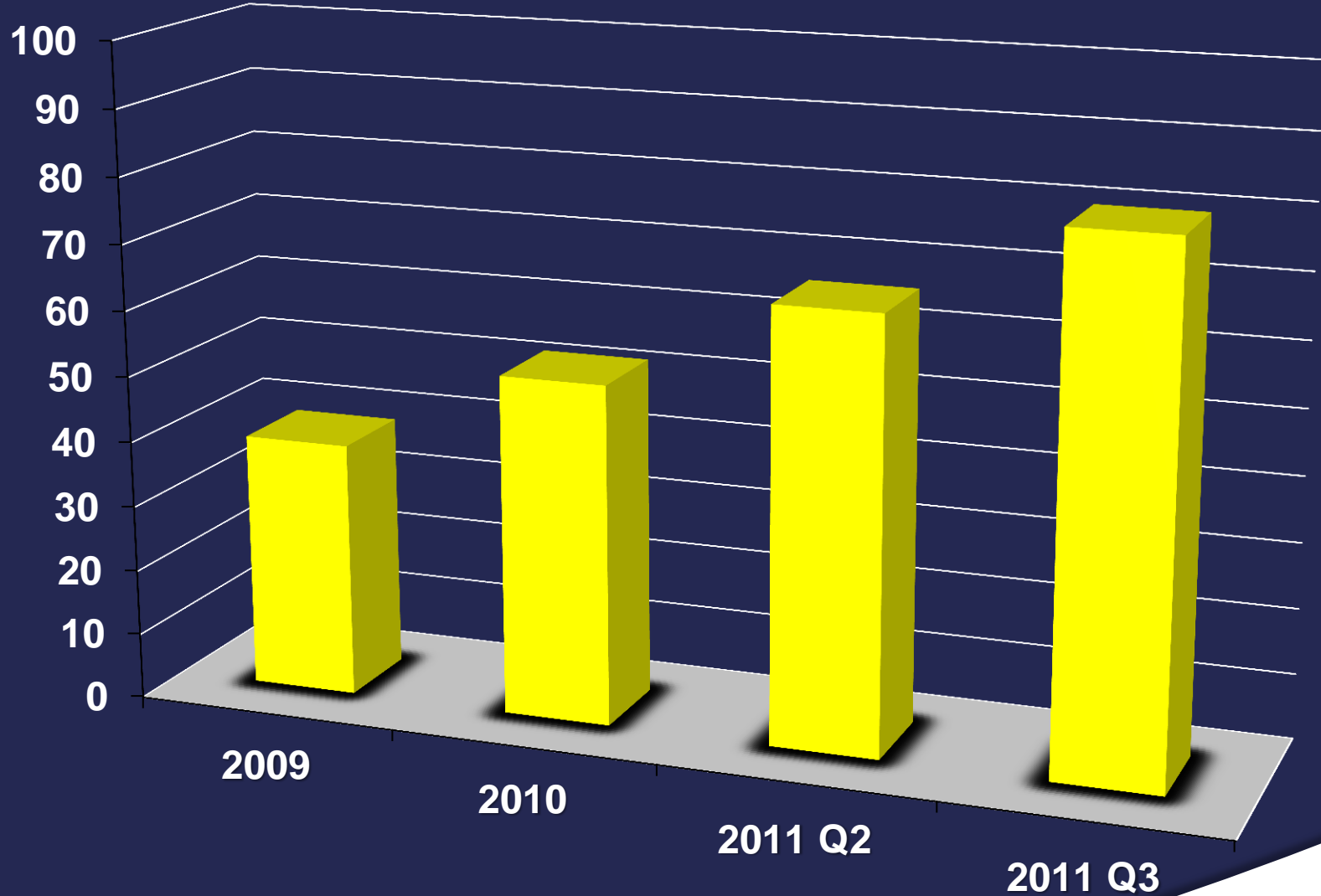
**Challenge:** Improve Patient Satisfaction Scores

**SG Tactics Used:** AIDET, Rounding

**Customization Used:** Focus Groups

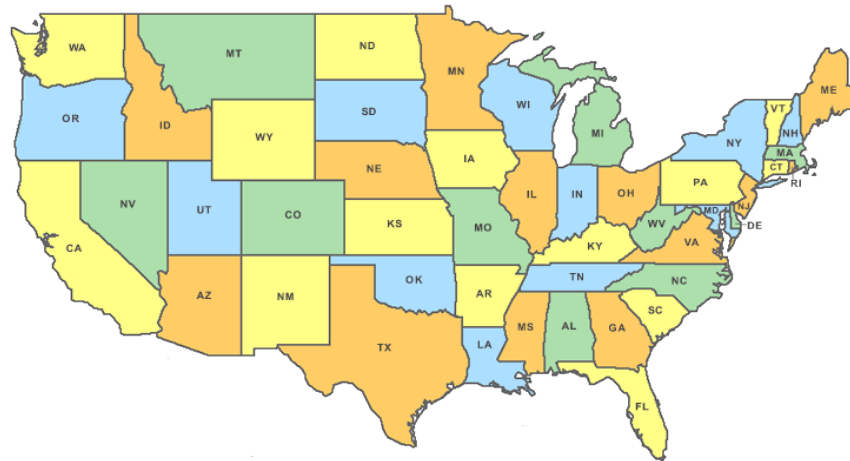
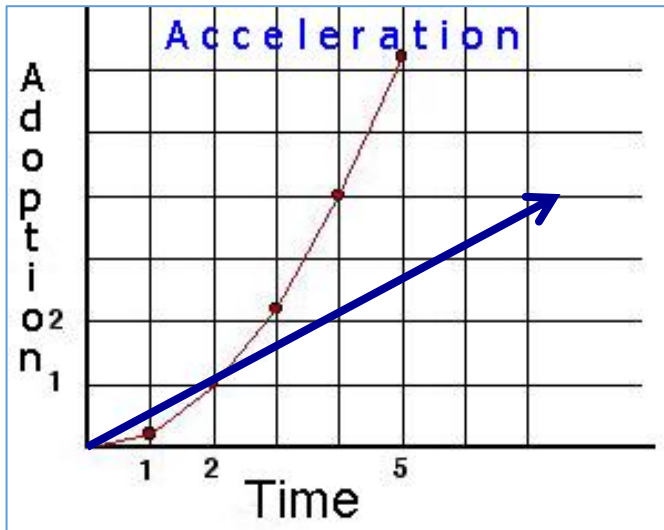
**Secret Weapon:** Synergy & Leadership

# Case Study #1 – Pt. Satisfaction Results



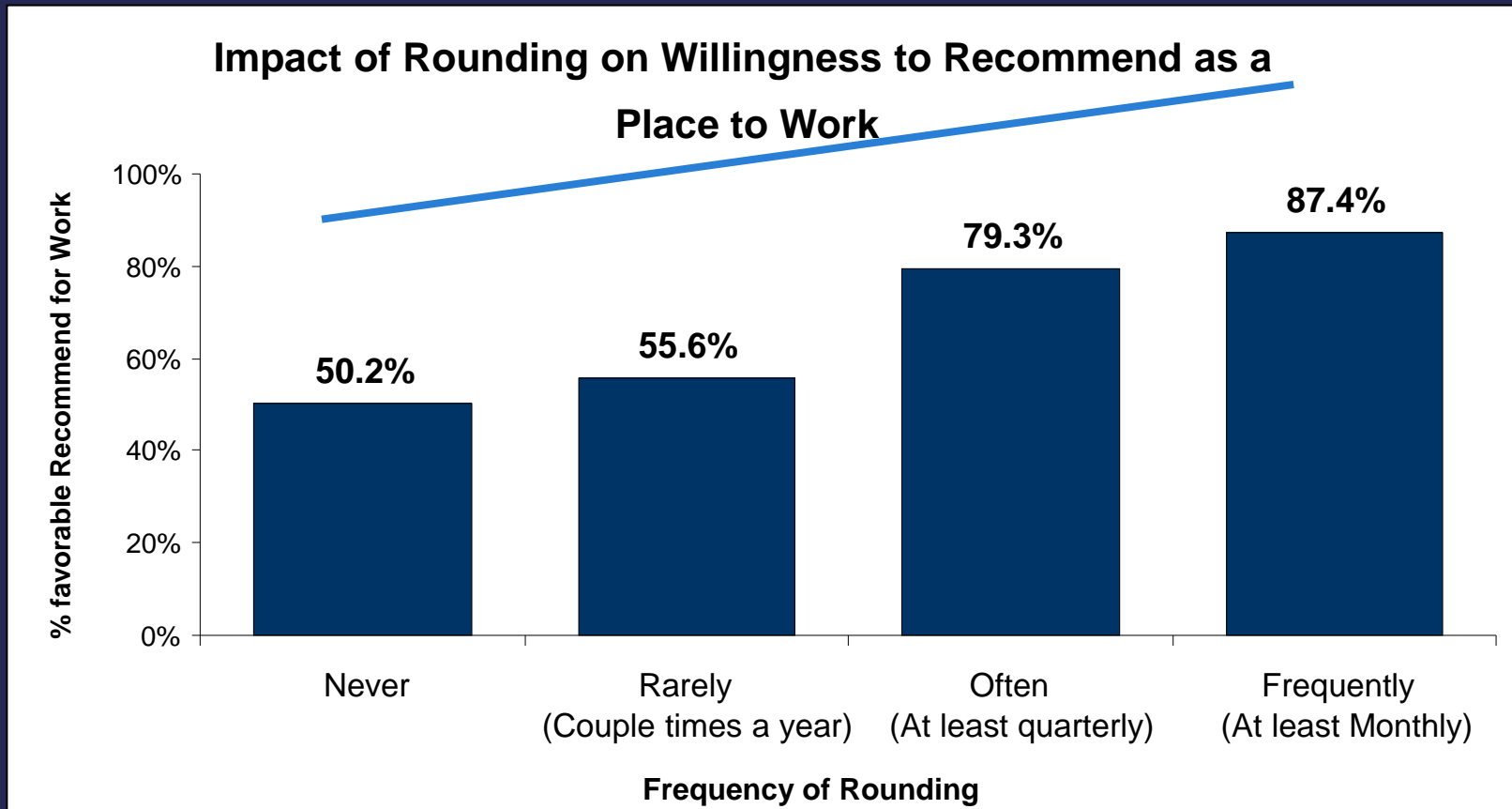
*Highest score ever reached!*

# Case Study #2: Rounding on Direct Reports



# The Why

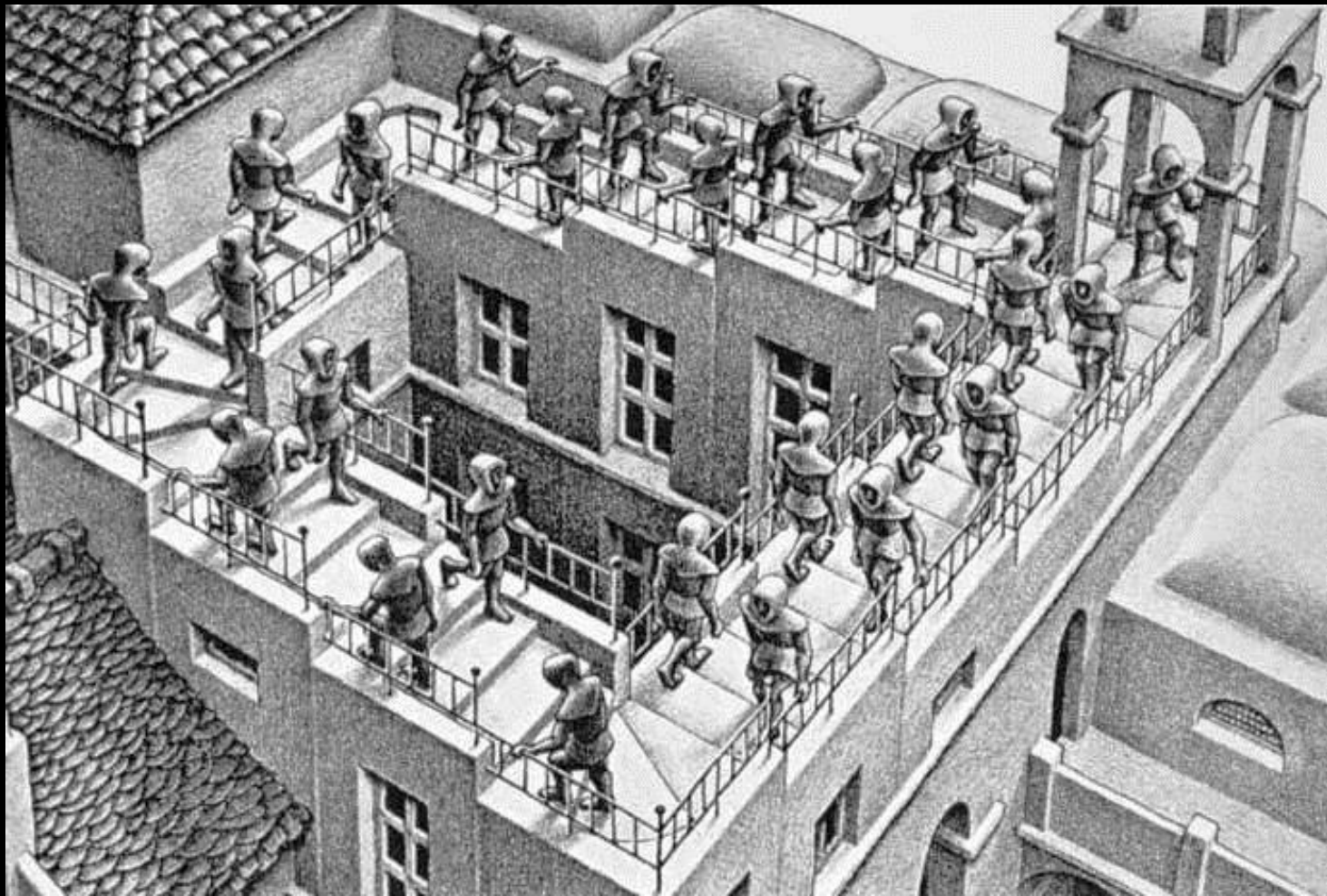
Willingness to Recommend = Practice Satisfaction



# Case Study #2: Rounding on Direct Reports

## The Rounding Cascade

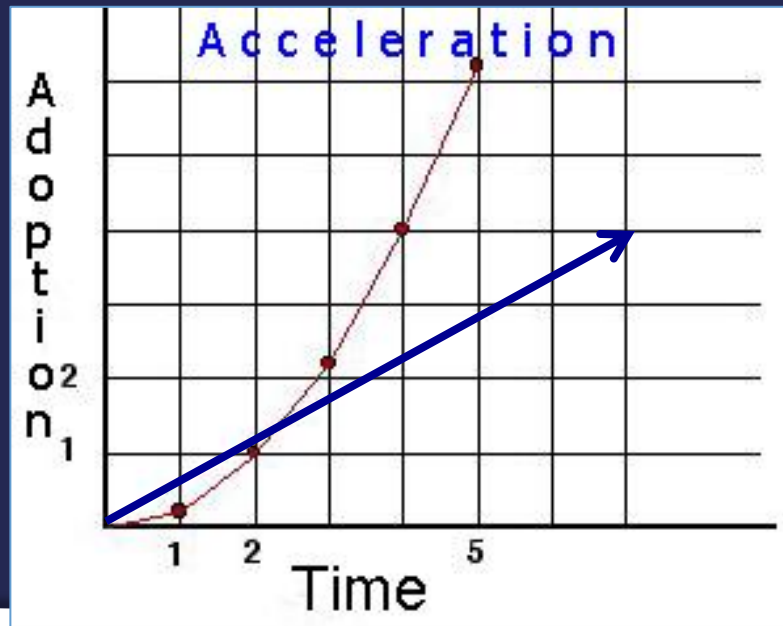
● Sr. Leaders → RMD → FMDs → Staff MDs/AHPs



## Case Study #2: Rounding on Direct Reports

**Challenge:** Accelerate Rounding on Direct Reports

**Tactics Used:** Rolled out at 1<sup>st</sup> National LDI, Top Down, Template, Video Training





## Case Study #2: Rounding on Direct Reports

**Challenge**: Accelerate Rounding on Direct Reports

**Tactics Used**: Rolled out at 1<sup>st</sup> National LDI, Video Training, Top Down, Template

**Customization Used**: Allowed Slight Variation on Approach

**Secret Weapon**: Online Survey

## Effectiveness of Rounding on Direct Reports Questionnaire

We appreciate your honest feedback. Please note this survey is anonymous.

### \* 1. What is your title?

- Staff Physician  RMD  Administrative  
 FMD  NP/PA/CRNA  
 Other (please specify)

### \* 2. In which division do you work?

- Anesthetix/TH Anesthesia  TH East/Midwest  TH Southeast  
 Corporate  TH Hospital Medicine  TH West  
 Northwest Emergency Physicians of TH  
 TH Atlantic  
 Other (please specify)

### \* 3. What is your primary service line?

- Anesthesiology  E  
 Division Operations  F  
 Other (please specify)

### \* 4. What is your working level?

- Full-time  P

### \* 5. What is your leader's name?

### 6. Does your leader Round on you using these presc

What is working well?

### 6. Does your leader Round on you using these prescriptive Rounding questions?

	Always	Usually	Occasionally	Never
What is working well?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there providers/staff you want to manage up for doing a good job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there systems or processes that need improvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have the necessary tools and equipment to do your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there anything else I can do for you right now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 7. How often does your leader:

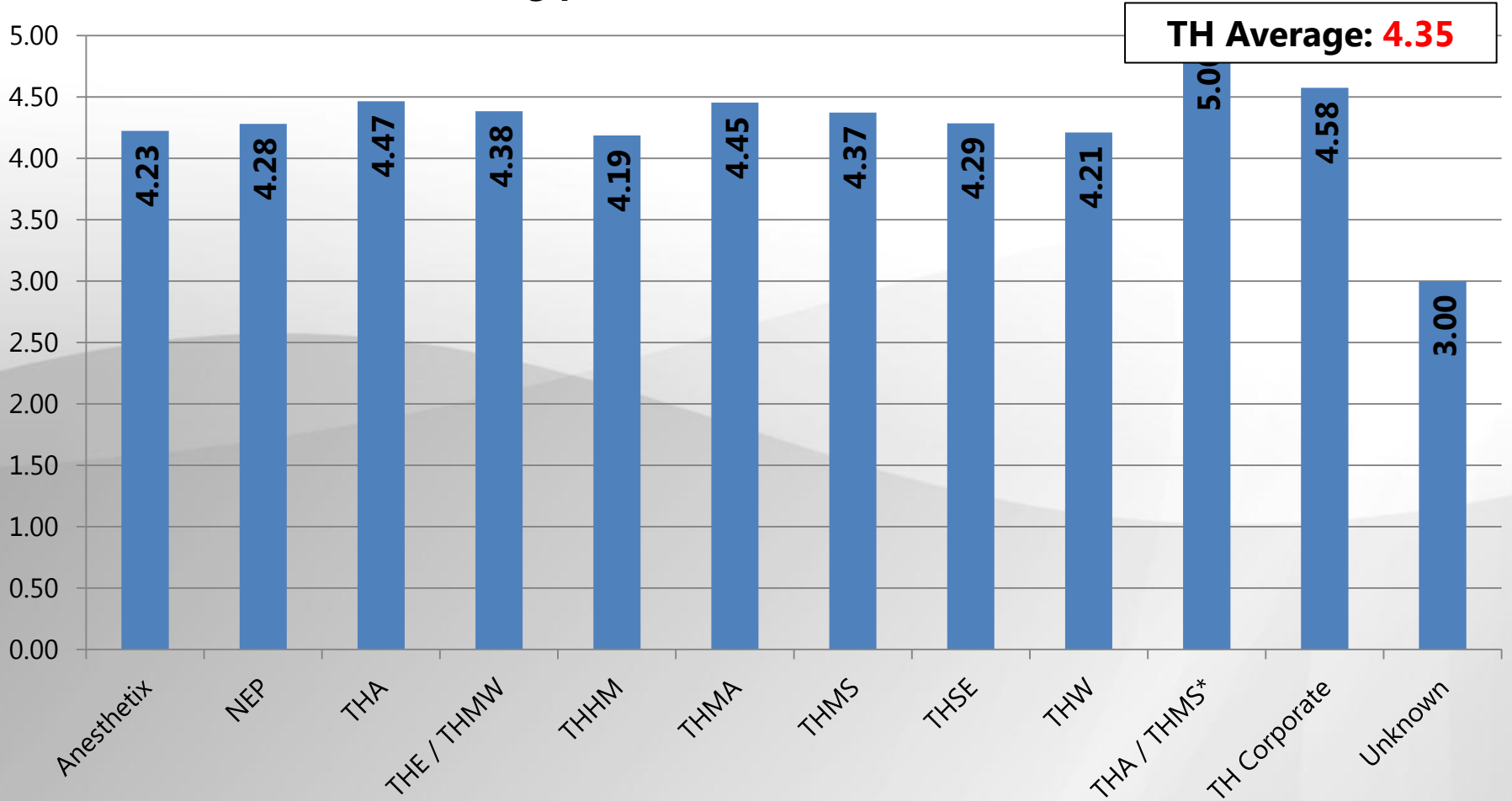
	At least once per month	At least every other month	At least every 3 months	Less than every 3 months	Never
Round on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 8. How often does your leader:

	Always	Usually	Occasionally	Never
Follow-up from issues raised during your Rounding sessions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate your satisfaction regarding:

- **The overall effectiveness of your leader to conduct the Rounding process?**



\* Respondents who selected both THA and THMS as their division.

How would you rate your satisfaction regarding:

- **Communication with your direct leader?**

Very satisfied

Very dissatisfied

5

4

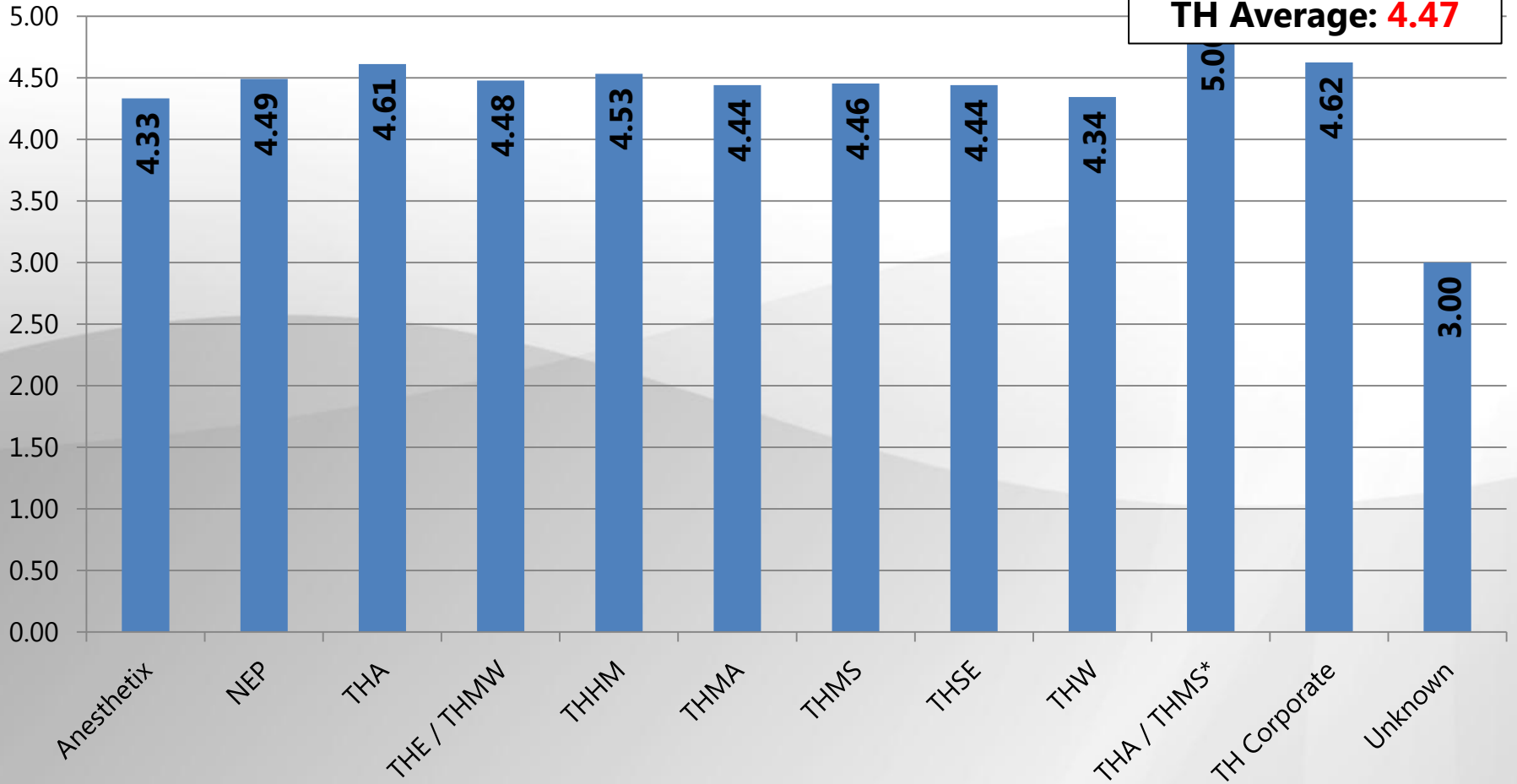
3

2

1



**TH Average: 4.47**



\* Respondents who selected both THA and THMS as their division.

How likely are you to:

- **Recommend TeamHealth to a friend or colleague?**

Very likely

Not likely at all

5

4

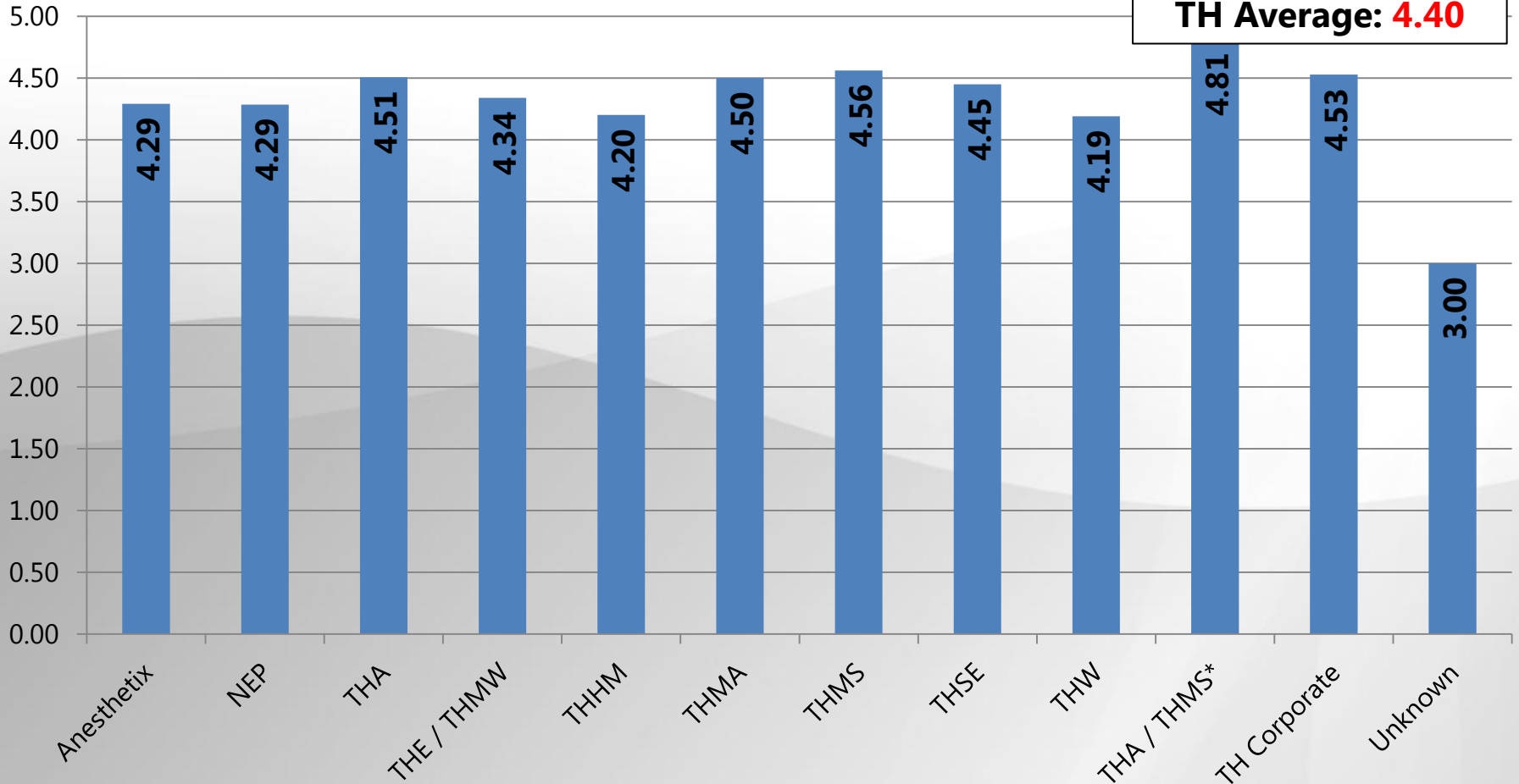
3

2

1



**TH Average: 4.40**



\* Respondents who selected both THA and THMS as their division.

# Next Step – Follow-up to Bring it Home

RMDs, VPs of Client Services and Divisional/Regional senior leaders will receive their own personal data as well as leader-specific results regarding their direct reports.

\*Scale from 1-5

Leader	Division	Total Amount of Responses	Rounding Questions					How your...
			What Is Working Well?	Are there providers/staff you want to manage up?	Are there systems/processes that need improvement?	Do you have the necessary tools/equipment to do your job?	Is there anything else I can do for you right now?	
Leader A	TH Division	1	5.00	5.00	5.00	5.00	5.00	
Leader B	TH Division	23	1.25	2.50	2.50	2.50	1.25	
Leader C	TH Division	11	3.75	2.50	3.75	3.75	2.50	
Leader D	TH Division	8	5.00	5.00	5.00	5.00	5.00	
Leader E	TH Division	2	4.38	4.38	4.38	4.38	4.38	
Leader F	TH Division	7	5.00	5.00	3.75	5.00	3.75	
Leader G	TH Division	4	3.75	3.75	3.75	3.75	3.75	
Leader H	TH Division	14	3.75	3.75	3.75	3.13	3.75	

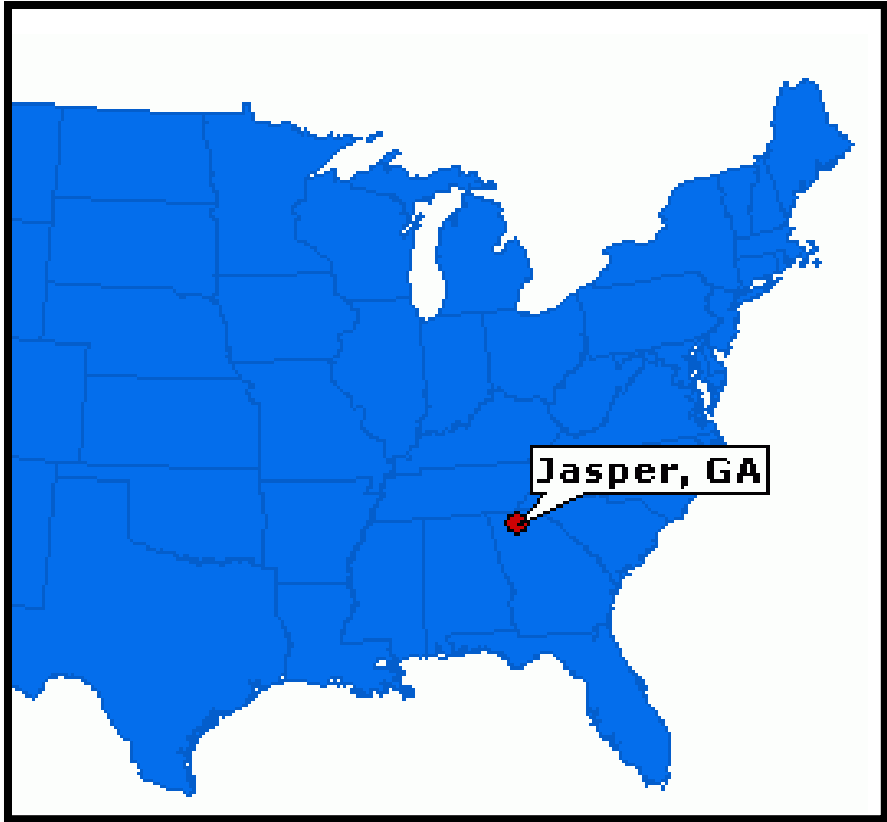
\*survey participants have responsibilities within both THA & THMS

SAMPLE

Important to look at the number of responses

Leader-specific names

# Case Study #3



# Case Study #3

**Challenge:** Improve Patient Satisfaction Scores

**SG Tactics Used:** AIDET, Rounding

**Customization Used:** Callbacks

**Secret Weapon:** Coaching for Performance

# Case Study #3 - Results

- Achieved pt sat goal for the first time
- Led the system in pt sat for over 2 years
- 90<sup>th</sup> percentile for the past 3 quarters



# Case Study #4: Coaching Low & Middle Performers



## Case Study #4: Coaching Low Performers

**Challenge**: Respond to Directors' Request to Learn How to Coach Up Low Providers

**Tactics Used**: Video Training, Dealing with Pushback

**Customization Used**: Video Training

**Secret Weapon**: Metrics by Provider

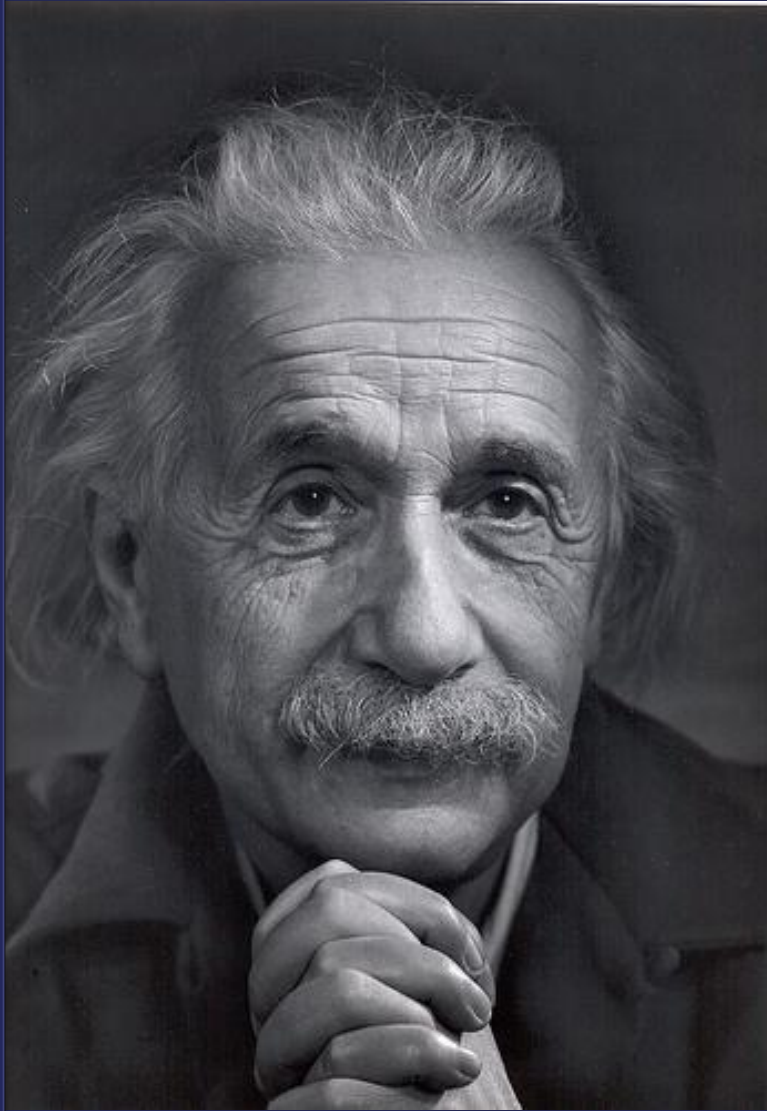
**TEAM**Health®



Studer Group

**TEAM**Health®

## Case Study #4: Coaching Low Performers



“All that is valuable in human society depends upon the opportunity for development accorded the individual.”

Albert Einstein

## Case Study #4: Coaching Low Performer – T.M.

- P.A. Iraq – Combat Medic
- Superb clinical skills – Nights only
- 65,000 patient visits
- #1 provider??
- Most complaints...next letter
- Admin letter – Improve or leave

## Case Study #4: Intervention – T.M.

- ⦿ Confront with caring and tools
- ⦿ Variation on Key Words – 4 parts
  - Personal – I / Me
  - Personal – You / Your
  - Meaningful – Care about / Important
  - Survey specific “key words”

## Case Study #4: Result – T.M.

- ⦿ Immediate results – left room smiling
- ⦿ Scores consistently in high 90s
- ⦿ Worst to best
- ⦿ Personal pride
- ⦿ Outlier for compliments...next letter
- ⦿ Administrative recognition?

# Lessons Learned

- Widespread Involvement is Key
- Establish Buy-In and Accountability
- Physician Involvement Critical
- Requires Varied Approach in order to Cascade Things Nationally
- Persistence and Drive is Key



# Thank You!



## Rob Strauss, MD, FACEP

Senior Vice President, TeamHealth-East  
Chair of TH Leadership Development Institute  
Chair of ACEP's ED Directors' Academy  
[Robert\\_Strauss@teamhealth.com](mailto:Robert_Strauss@teamhealth.com)



## Eric W. Heckerson RN MA FACHE

Vice President of Operational Performance Group  
TeamHealth  
[Eric\\_Heckerson@teamhealth.com](mailto:Eric_Heckerson@teamhealth.com)