Seven Steps to Emergency Department Patient Satisfaction in the 99th Percentile: A Physician’s Point of View

September 17, 2013
Speakers

Todd Hold, M.D., President, Georgia Emergency Services
- Dr. Hold is President of Georgia Emergency Services and currently serves as Associate Medical Director- Gordon Hospital Emergency Department.
- Dr. Hold completed his Family Practice Residency at Rome Family Medicine, and attended the Medical College of Georgia. He is Certified by the American Board of Family Medicine. He has lead process improvement and patient experience efforts in seven community hospitals in the past 14 years.

Paul Glatzhofer, Consulting Manager, Select International
- An industrial psychologist, Paul’s expertise is in the planning, design and implementation of healthcare selection systems. Paul earned his Master’s degree in Industrial/Organizational Psychology from Xavier University and his B.A. in Psychology from Siena College. He is a member of the Society for Industrial and Organizational Psychology (SIOP) and the Society for Human Resource Management (SHRM).
- Paul heads the Select Interviewing® for Healthcare program. His clients include industry leaders including Merck Pharmaceuticals, Beth Israel Deaconess Medical Center and the University of Pittsburgh Medical Center. He is a valued resource to senior healthcare leaders looking to develop a high performance culture.
Our Agenda

• The role of behaviors in outcomes

• Keys to Emergency Department patient satisfaction

• Building the right team
Wrong Site Surgeries

- 2004 Joint Commission wrong-site surgery universal protocol: Checklists, marking the site, etc.

- Current estimate: 3,000/year!

- “[It] turns out to be more complicated than anybody thought because it involves changing the culture of hospitals and getting doctors — who typically prize their autonomy, resist checklists and underestimate their propensity for error — to follow standardized procedures and work in teams.” NY Health Commissioner
Behaviors or Process?

• ICU Central Line Infections
  – Checklists, standardized processes, staff education
  – Some hospitals have essentially eliminated them
  – Others – no progress
  – 41,000 /year in U.S. hospital ICUs

“For the process to work, each individual has to make a commitment to perform each step each time, and have the courage to correct their colleague when they see an error has been made.”

John Santa, MD, MPH, Director of the Consumer Reports Health Ratings Center
Behaviors and the Patient Experience

• The role of empathy
• Communication
• Collaboration
• Adaptability
Emergency Department and Patient Satisfaction

• Complicated relationship between
  – Patient satisfaction scores
  – Clinical outcomes
  – Staff satisfaction/turnover/retention
  – Profitability

• Multiple variables
  – Wait times
  – Pain management
  – Information dispersion
  – Empathy/attitude
  – Supervisory relationship?
Emergency Department and Patient Satisfaction

• For better or worse – Patient experience has been established as a key marker of value

• Correlation between ED patient satisfaction and HCAHPS scores

• Emergency medicine group contracts often include patient satisfaction expectations

• Value vs. Quality?
The Gordon Hospital Experience

• The initial challenge

• The results:
  – From 15\textsuperscript{th} percentile to 99\textsuperscript{th} in three quarters
Emergency Department and Patient Satisfaction

- Improving patient satisfaction:
  - Patient compliance
  - Malpractice risk
  - Physician and staff morale
  - Patient volume and market share
  - The role in group contracts
A Physician’s Point of View

- Understand the natural reaction to patient satisfaction “programs”

- Overcome the discouragement caused by the numbers

- Make incremental changes
Seven Keys

• Make the patient experience a provider priority
• Make it a hospital priority
• Create accountability
• Appreciate the limitations of training
• Lead by example
• Balance persistence with patience
• Build the right team
Make Patient Satisfaction a Priority

• The role of training

• Getting physician/staff buy-in

• Hospital administration sets the tone
  – Need to hold hospital staff accountable
  – Remove operational barriers
Creating the Right Culture

• A culture of accountability

• Lead by example

• Balance persistence with patience
Build the Right Team

- Willingness to make difficult decisions

- Impact on performance and provider/staff satisfaction
Healthcare’s Approach to Talent

- Historically focused on clinical/technical skills
- Changing expectations/demands
- A shift in the role of talent
Three Keys to Building the Right Team

• The interview

• Screening tools

• Developmental tools
Common Mistakes

- Pressure to fill positions
- De-valuing front line staff
- Lack of understanding of the required behavioral competencies
- Horizontal and vertical counterproductive behaviors
Culture, Behaviors and Talent Strategies

Competencies:
What behaviors predict success?

Content:
What tools will predict performance?

Process:
The most efficient, effective and legally defensible system.
## Competencies Across Levels

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support &amp; Services</td>
<td>Skilled Individual Contributor</td>
<td>Professional Individual Contributor</td>
<td>Supervisor &amp; Manager</td>
<td>Director &amp; Executive</td>
</tr>
</tbody>
</table>

### Core Competencies

- Accountability
- Teamwork
- Initiative
- Dependability
- Interpersonal Skills/Communication
- Positive Presence
- Compassion
- Quality Focus
- Business Acumen
- Transformational Leadership
- Adaptability and Flexibility
- Implements Vision
- Drives Vision
Competencies Drive Key Systems

- Collaboration
- Communication
- Customer-focused
- Quality-focused
- Adaptability
- Dependability
- Accountability
Selection Content Supports your Culture

• Consistent, objective, clear evaluation standards
• Healthcare specific content important to capture your culture
• Assessments built on a track record of success/research
• Assessment content as an integrated system; triangulating on key competencies within and across selection components
• Fair, accessible and positively perceived by applicants
The Provider Behavioral Interview

Openness to New Ideas

- Maintaining a constant focus on forward progress by identifying areas for improvement.
- Keeping an open mind and seeking out new ideas and ways of doing things.
- Making suggestions for new ways to address inefficiencies and taking the necessary steps to implement changes.

Past Behavior Questions

1. Tell me about a time when new information changed your mind about your approach to a particular type of patient or condition. What was the result?

2. Tell me about a time when a new practice, policy or procedure was implemented that you disagreed with but you had no choice. How did you respond? What was the outcome?
Physician Selection and Development

• Recent demand
• Define behavioral competencies
• Evaluate behaviors during the recruiting process
• Evaluate “operational fit”
• Use the data/results as part of the physician developmental plan
A Comprehensive Approach

- Children’s Hospital of Pittsburgh, of UPMC
  - 16 percentile point improvement in pt. sat.
  - Reduced staff turnover by 59%
  - Reduced time to fill by 44%
  - Improved staff perception of focus on safety by 10%
  - Improved staff perception of involvement in patient experience initiatives by 18%
Discussion & Questions

For more information, visit us at www.hiringinhealthcare.com or contact us at bwarren@selectintl.com