

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



Behaviors or Process?

- 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 15th percentile to 99th 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

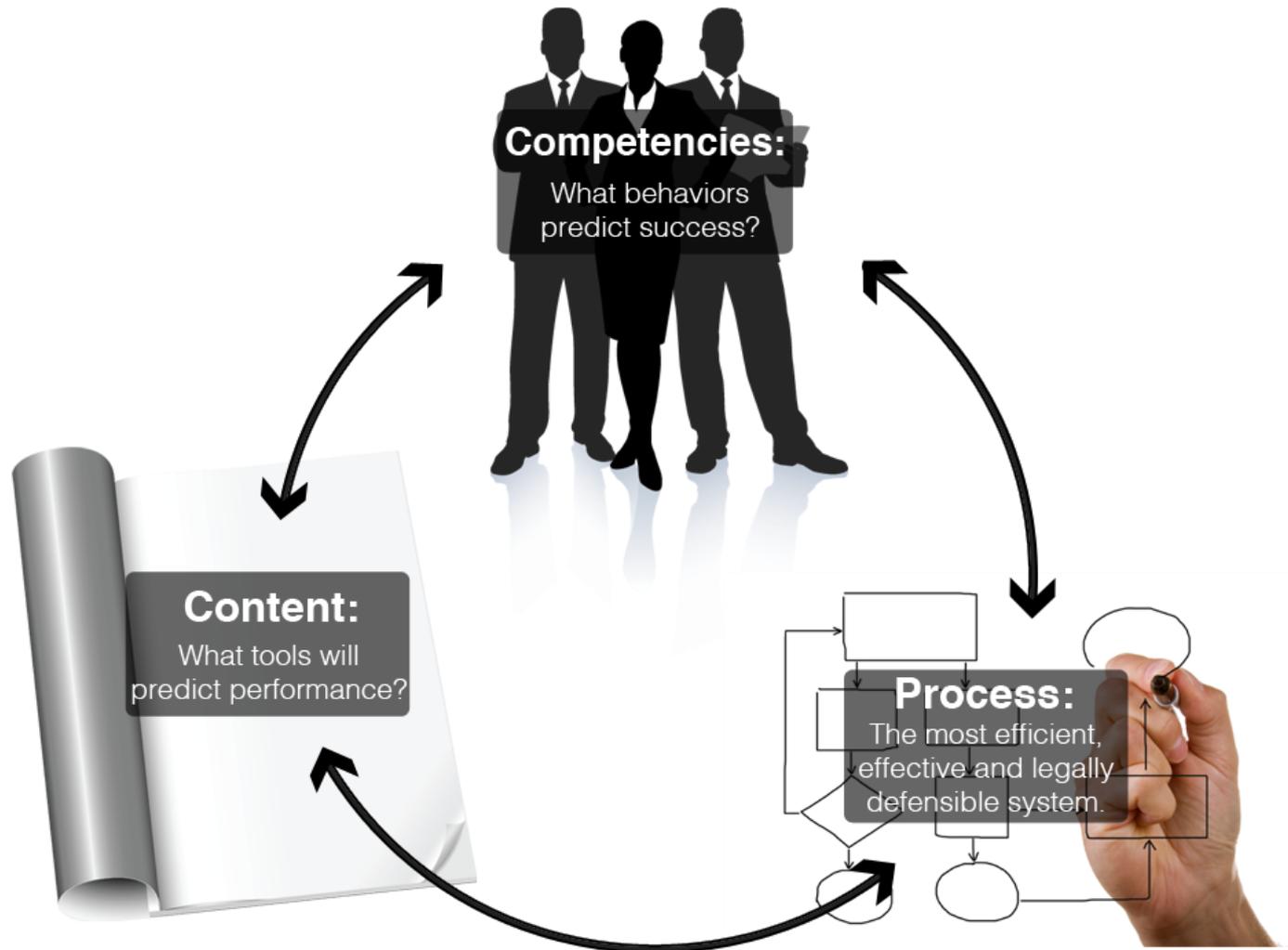
Three Keys to Building the Right Team

- 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

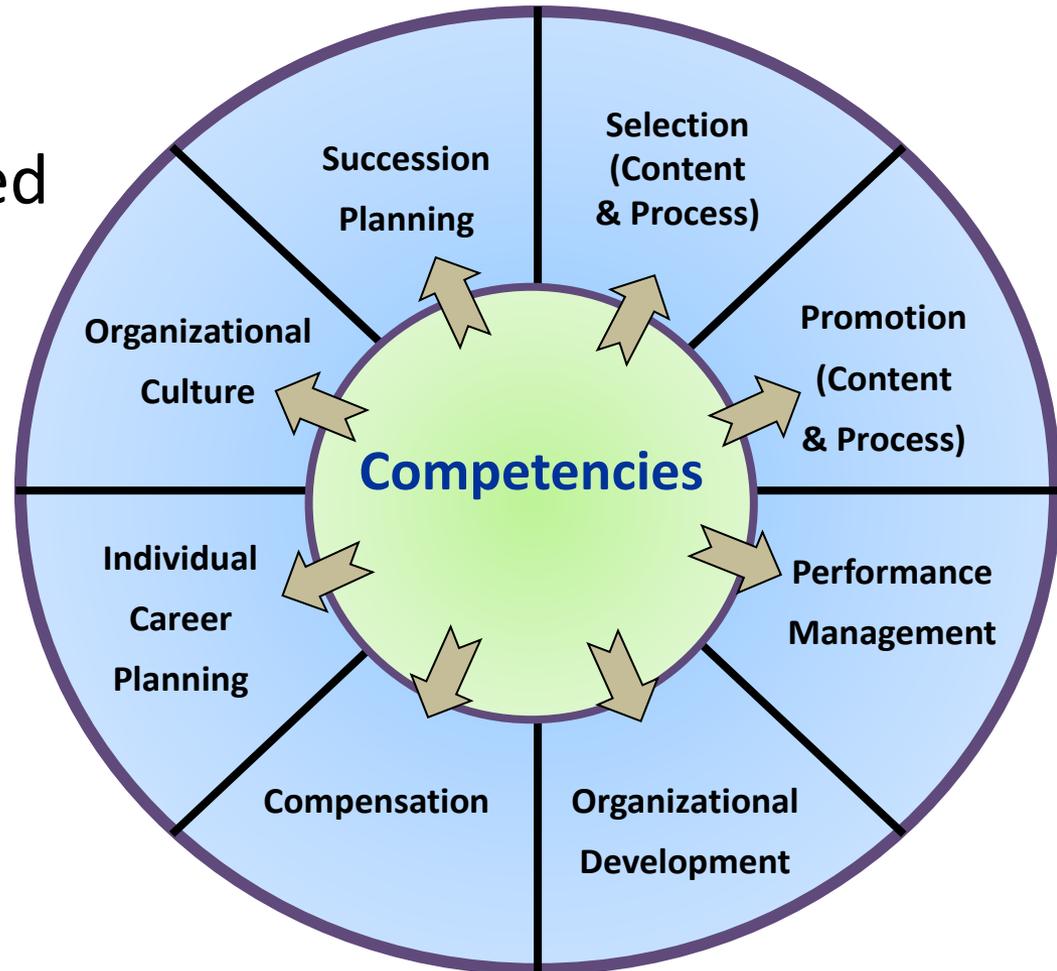


Competencies Across Levels

Level 1 Support & Services	Level 2 Skilled Individual Contributor	Level 3 Professional Individual Contributor	Level 4 Supervisor & Manager	Level 5 Director & Executive
		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

John Q. Worker
 September 28, 2008
 412-358-8595
jworker@yahoo.com
 0812 4123588595

FIT			
Poor Fit	Potential Fit	Good Fit	Very Good Fit



Competencies

	Low	High		Suggested Interview Probes
ACCOUNTABLE	Unreliable	1 2 3 4 5 6 7 8 9 10	Takes Ownership	Tell me about a time when you made a mistake at work. What was the mistake? What did you do? How did it turn out?
ADAPTABLE	Prefers Consistency	1 2 3 4 5 6 7 8 9 10	Adapts Quickly	Ofentimes our workdays are filled with unexpected events. Tell me about a time when you had to adjust your workday to accommodate unexpected responsibilities.
COLLABORATIVE	Independent	1 2 3 4 5 6 7 8 9 10	Works Well with Others	Tell me about a time when you pitched in to help a co-worker on the job. What did you do? What was the result?
COMPASSIONATE	Inattentive	1 2 3 4 5 6 7 8 9 10	Caring	Working in a health-related industry forces us to interact with individuals and families with physical and/or mental illness. Tell me about a time when you had to care for a person less fortunate than yourself.
DECISION MAKING	Poor Judgment	1 2 3 4 5 6 7 8 9 10	Makes Good Decisions	Tell me about a time when you had to make a judgment call about a patient. What was the situation? What kind of decision did you have to make? What happened?
DEPENDABLE	Likely to be absent or late	1 2 3 4 5 6 7 8 9 10	Likely to be at work and on time	Everyone must miss work at some time or another. Tell me how many unexcused or unapproved absences you think are acceptable for people to have without penalty.
PATIENT FOCUS	Loses Focus on Patient	1 2 3 4 5 6 7 8 9 10	Puts Patient First	Tell me about the most recent example when you went out of your way to help someone else (e.g., patient, coworker, etc.). What was the situation and what did you do?
QUALITY FOCUS	Low Quality Focus	1 2 3 4 5 6 7 8 9 10	Strives for Perfection	Tell me about a time when you were able to catch a potential problem because you sensed something was wrong. What was the situation? What was the problem? What happened?

Preferences

SHIFT PREFERENCES

- | | |
|---|---|
| <input checked="" type="checkbox"/> Day Shift | <input checked="" type="checkbox"/> 12-hr Shifts |
| <input checked="" type="checkbox"/> 2 nd Shift | <input checked="" type="checkbox"/> Rotating Shifts |
| <input checked="" type="checkbox"/> Night Shift | <input checked="" type="checkbox"/> On Call |

NURSING INDEPENDENCE	Prefers guidance			<input checked="" type="checkbox"/>	Works independently
NURSING CHALLENGES	Desires routine tasks	<input checked="" type="checkbox"/>			Needs challenges and variety
TIME WITH PATIENTS	Enjoys spending more time with fewer patients		<input checked="" type="checkbox"/>		Enjoys helping numerous patients
NURSING ENVIRONMENT	Prefers quiet/calm environment	<input checked="" type="checkbox"/>			Enjoys fast-paced/dynamic environment
SCHEDULE FLEXIBILITY	Prefers predictable schedule		<input checked="" type="checkbox"/>		Wants schedule flexibility

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

