PRACTICING EXCELLENCE:

Generating Physician Change for the Patient Experience

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Physician Change

- Creating Physician “Buy-in”
- Training to achieve Clinical and Service Excellence
- Tactics to create Patient Loyalty and Drive Quality

Step 1: Creating Physician "Buy-in"

"People place more importance on doctors' interpersonal skills than their medical judgment or experience, and doctors failings in these areas are the overwhelming factor that drives patients to switch doctors."

The Wall Street Journal 2004

Rank of "What patients want"

1. Treats you with dignity and respect
2. Listens carefully to your health concerns
3. Easy to talk to
4. Takes concerns seriously
5. Willing to spend enough time with you
6. Truly cares about you and your health

Harris Poll, 2004

Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care

John T. Chang, MD, MPH; Ron D. Hays, PhD; Paul G. Shekelle, MD, PhD; Catherine H. MacLean, MD, PhD; David H. Solomon, MD; David B. Reuben, MD; Carol P. Roth, RN, MPH; Caren J. Kamberg, MSPH; John Adams, PhD; Roy T. Young, MD; and Neil S. Wenger, MD, MPH

2 May 2006 | Volume 144 Issue 9 | Pages 665-672

Background: Patient global ratings of care are commonly used to assess health care. However, the extent to which these assessments of care are related to the technical quality of care received is not well understood.

Objective: To investigate the relationship between patient-reported global ratings of health care and the quality of providers' communication and technical quality of care.

Design: Observational cohort study.

Setting: 2 managed care organizations.

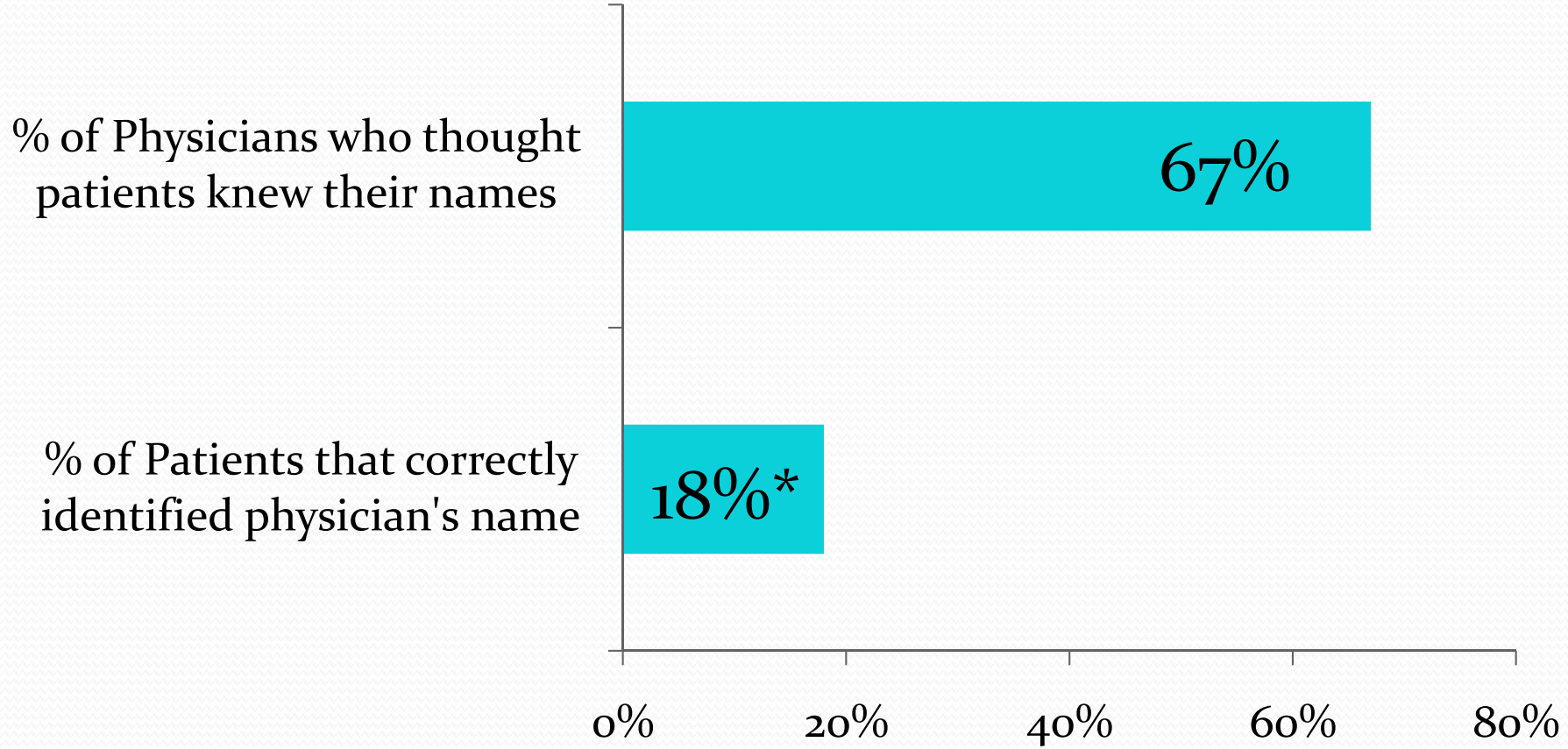
Patients: Vulnerable older patients identified by brief interviews of a random sample of community-dwelling adults 65 years of age or older who received care in 2 managed care organizations during a 13-month period.

Measurements: Survey questions from the second stage of the Consumer Assessment of Healthcare Providers and Systems program were used to determine patients' global rating of health care and provider communication. A set of 236 quality indicators, defined by the Assessing Care of Vulnerable Elders project, were used to measure technical quality of care given for 22 clinical conditions; 207 quality indicators were evaluated by using data from chart abstraction or patient interview.

Results: Data on the global rating item, communication scale, and technical quality of care score were available for 236 vulnerable older patient In a multivariate logistic regression model that included patient and clinical factors, better communication was associated with higher global ratings of health care. Technical quality of care was not significantly associated with the global rating of care.

How are physicians doing in the care of patients?

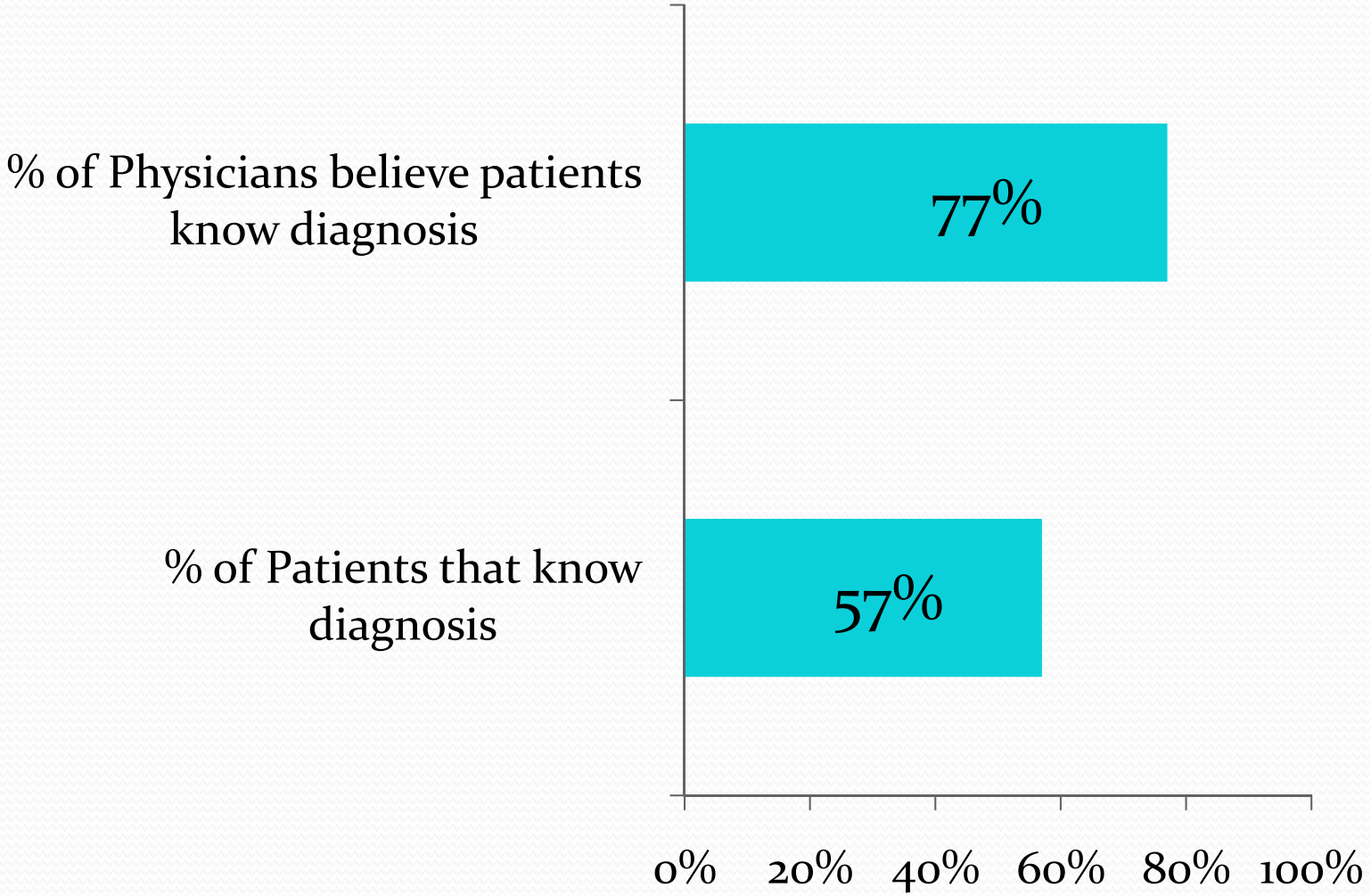
Patients' and physicians' impressions about patient knowledge



*73% of patients thought there was 1 main physician, 18% correctly named that physician

Source: Arch Intern Med. 2010 Aug 9;170(15):1302-7. Communication discrepancies between physicians and hospitalized patients. Olsen, DP et al

Patients' and physicians' impressions about patient knowledge



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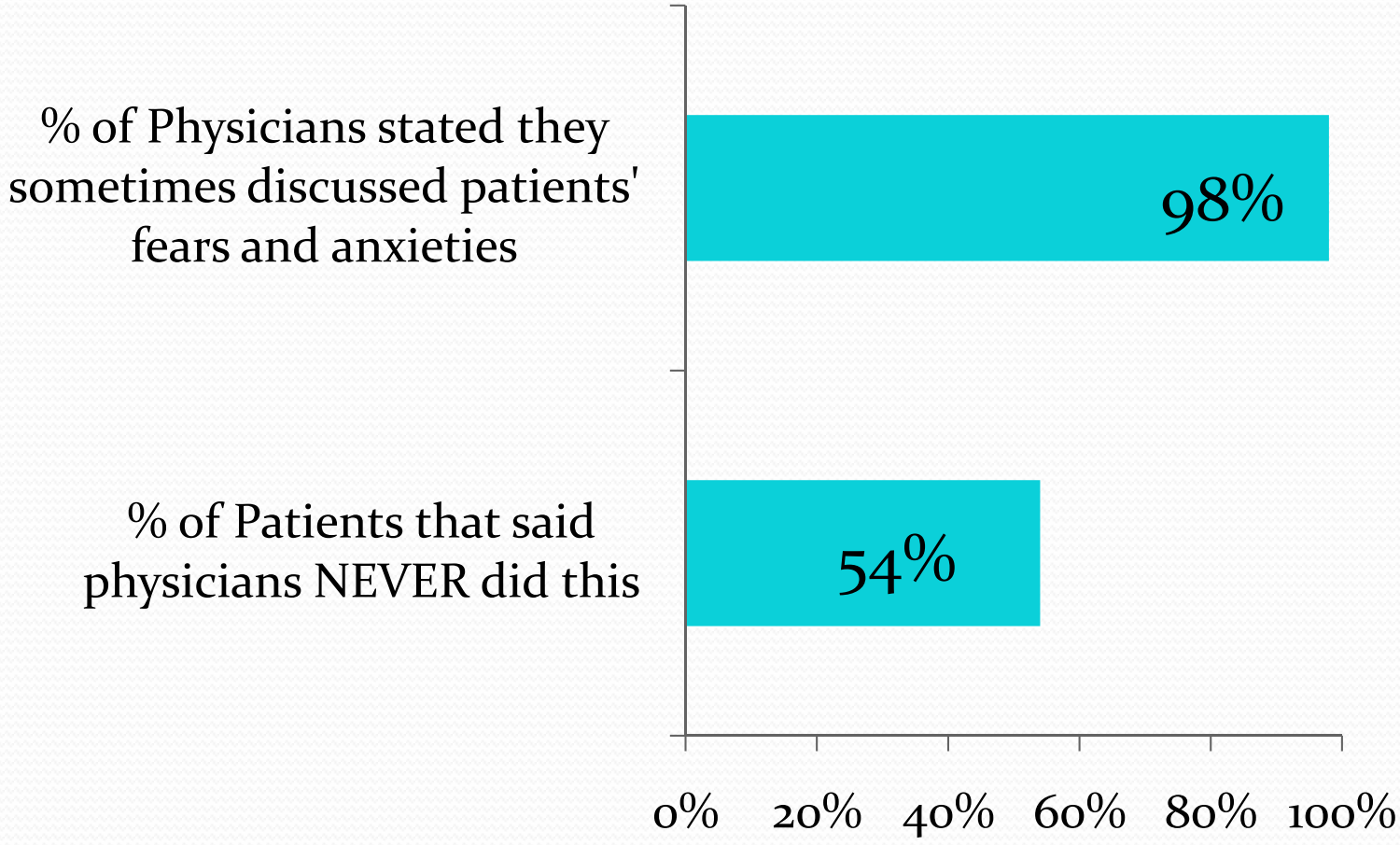


Source: Arch Intern Med. 2010 Aug 9;170(15):1302-7. Communication discrepancies between physicians and hospitalized patients. Olsen, DP et al

The Chasm for Physician Excellence

- Physician Communication When Prescribing Medications
  - 26% failed to mention the name of a new medication
  - 13% failed to mention the purpose of the medication
  - 65% failed to review adverse effects
  - 66% failed to tell the patient duration of treatment

Arch of Int Med, 2006

The Chasm for Physician Excellence

- 74% of patients are interrupted by physicians giving the initial history

JAMA 1999 281; 283-287

- 91% of patients did not participate in decisions regarding treatment plans

JAMA 1999 282: 2313-2320

The Case for Service

- For every customer that complains, 20 dissatisfied customers do not
- Of those dissatisfied customers who do not complain, 90% do not return
- It is 10X more expensive to recruit new patients than to keep established ones
- The average wronged customer will tell 25 others

The Case for Service

- Improves patient compliance
- Improves clinical outcomes
- Improves patient satisfaction
- Increases growth and market share
- Reduces malpractice risk
- Improves physician satisfaction

Step 2: Physician Training

It is estimated that less than 20 percent of physicians have training in the very behaviors that are critical to a physicians success

Every patient needs:

- To feel assured
- To feel listened to
- To feel cared for

Physician Skill Training

- Making a first impression
- Non verbal communication
- Paraphrasing history taking
- Explaining medications
- Explaining diagnosis
- Delivering bad news
- Expressing empathy
- Consensus decision making
- Managing-up colleagues

An evidence based approach to the patient experience:

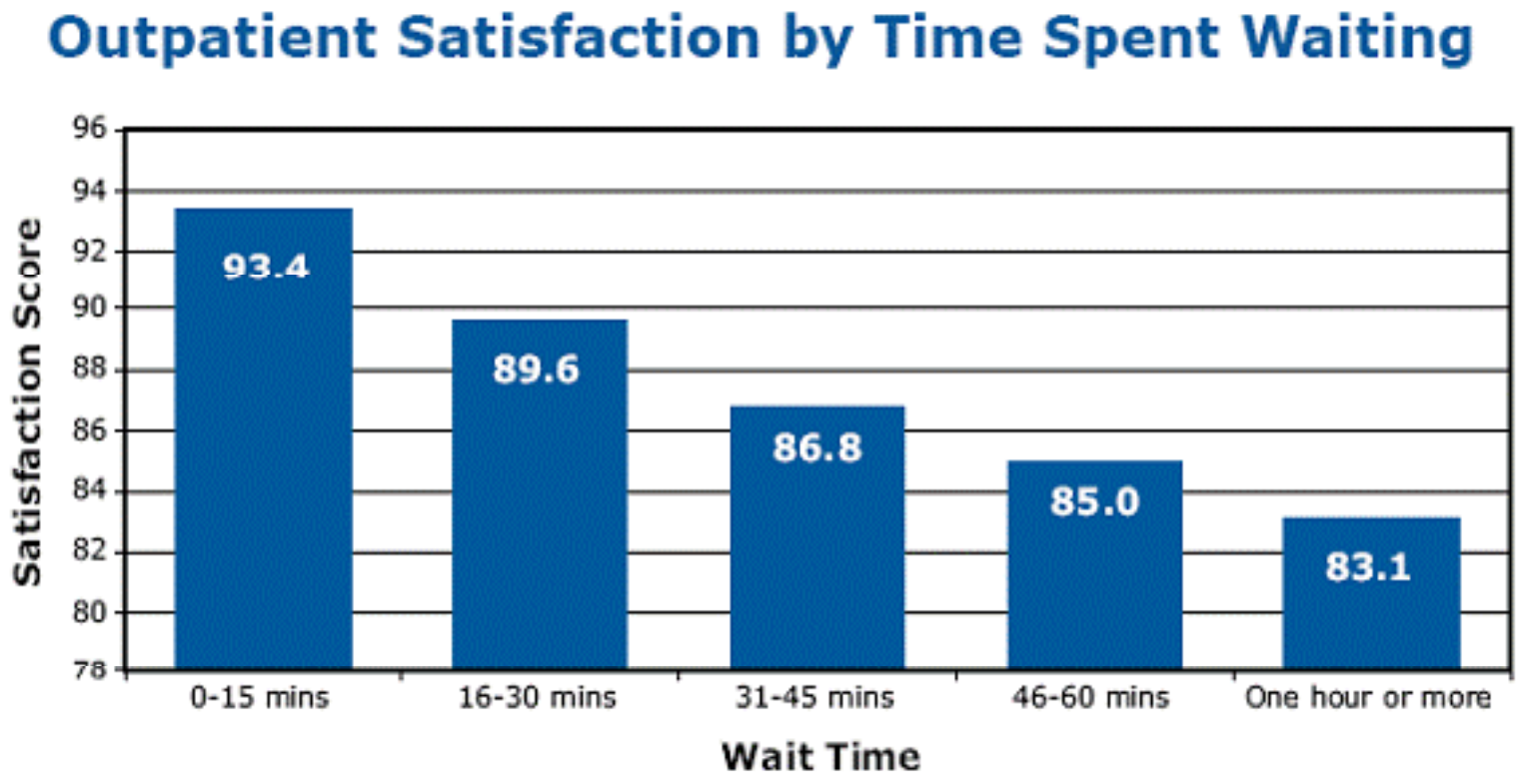
- Charm is a set of clinical communication skills than can be taught and mastered

Smith, Ann of Internal Med 1998

Step 3: Tactics to Drive Patient Loyalty and Quality

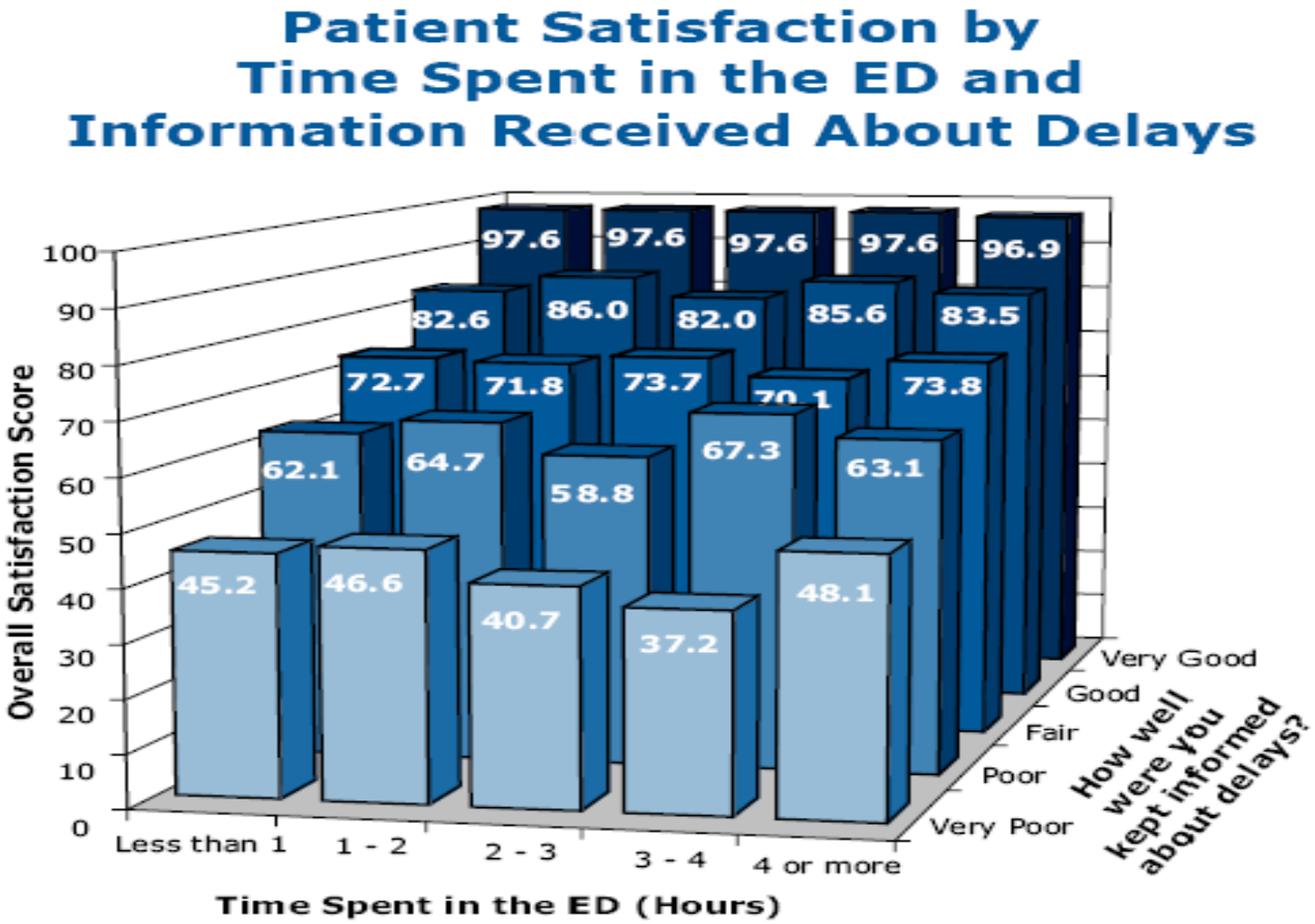
- Keeping patient informed of waits
- Discharge Phone Calls
- A Physician Code of Conduct

Keeping Patients Informed of Duration



Represents the experiences of 1,978,332 patients treated at 1,096 facilities between January 1 and December 31, 2006

Duration



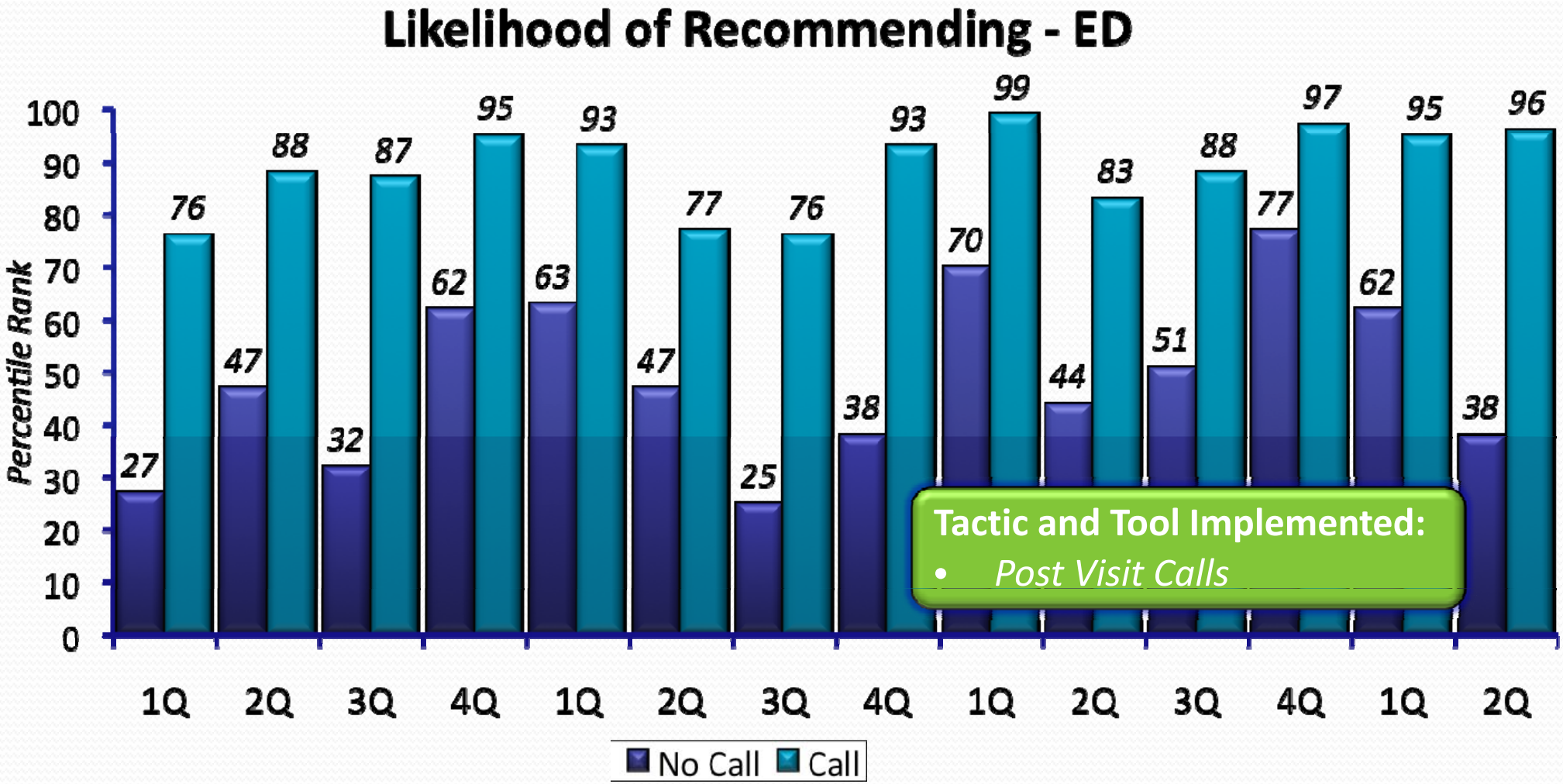
Represents the experiences of 1,509,541 patients treated at 1,552 emergency departments nationwide between January 1 and December 31, 2006

Discharge Phone Calls

- Unsolicited calls to patients treated to check on clinical status a day or two after discharge
- Drives clinical quality, loyalty and institution reputation

Post Visit Calls

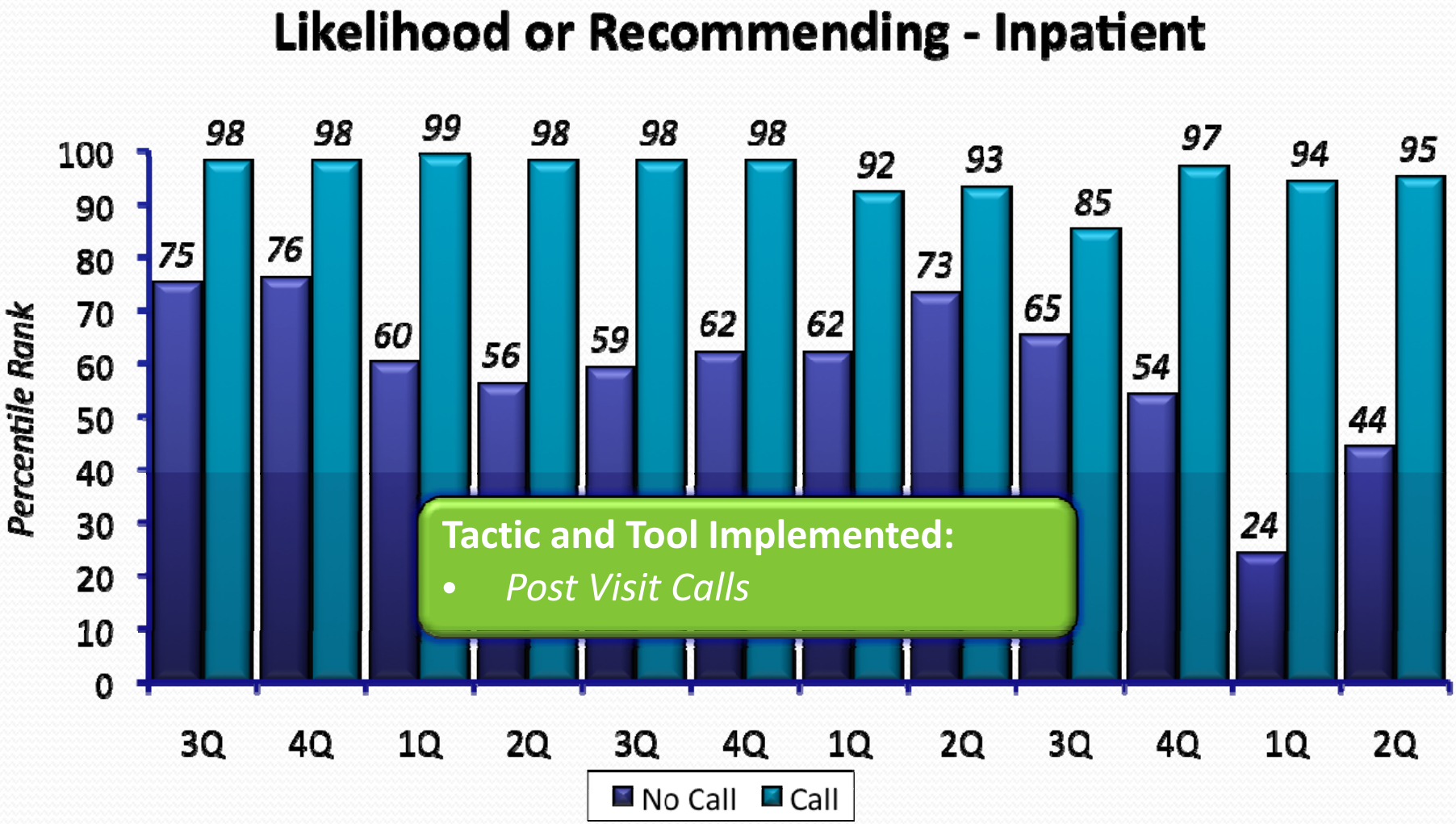
Likelihood of Recommending - ED



Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010

Post Visit Calls

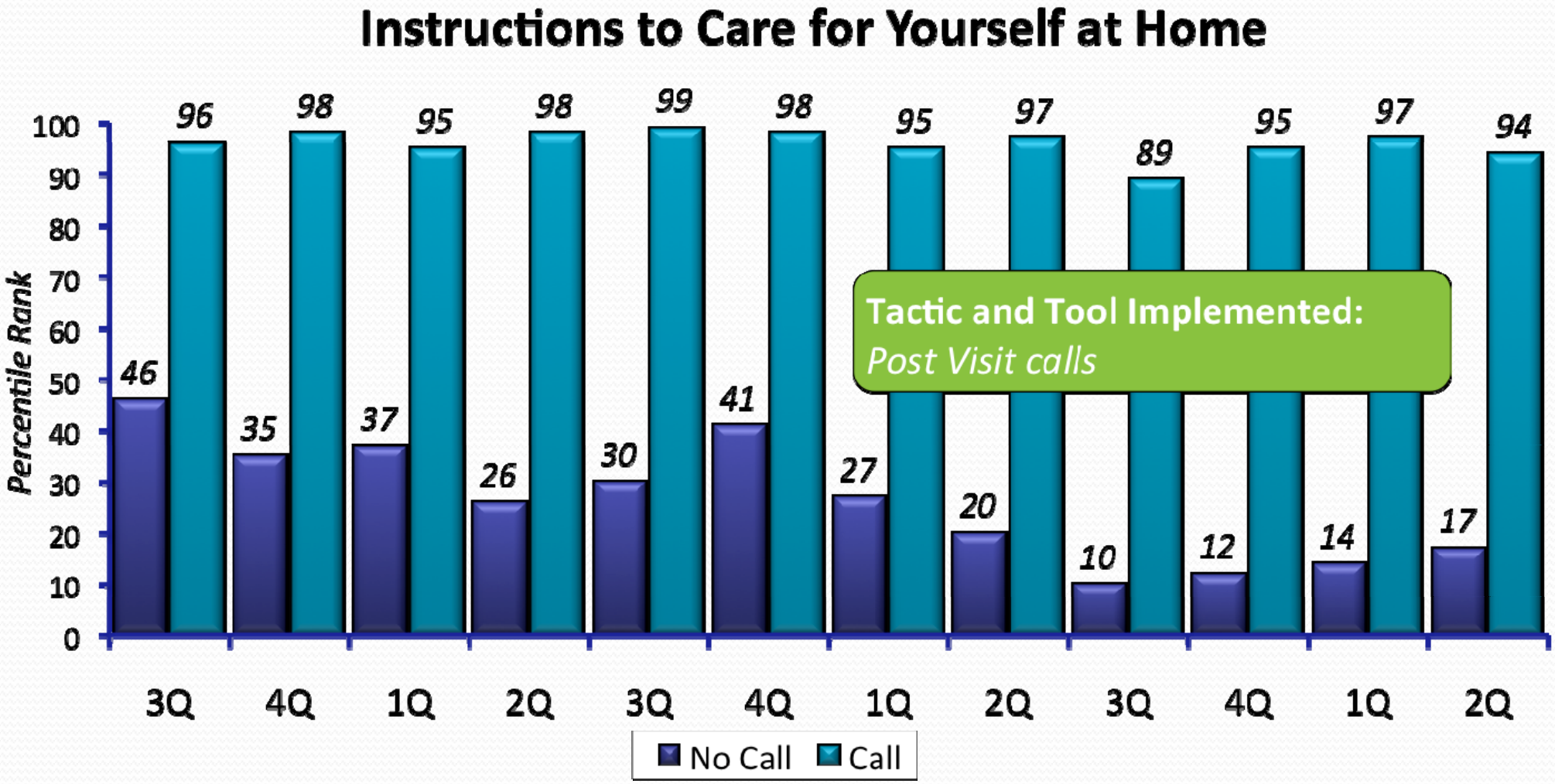
Likelihood of Recommending – Inpatient



Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010

Post Visit Calls:

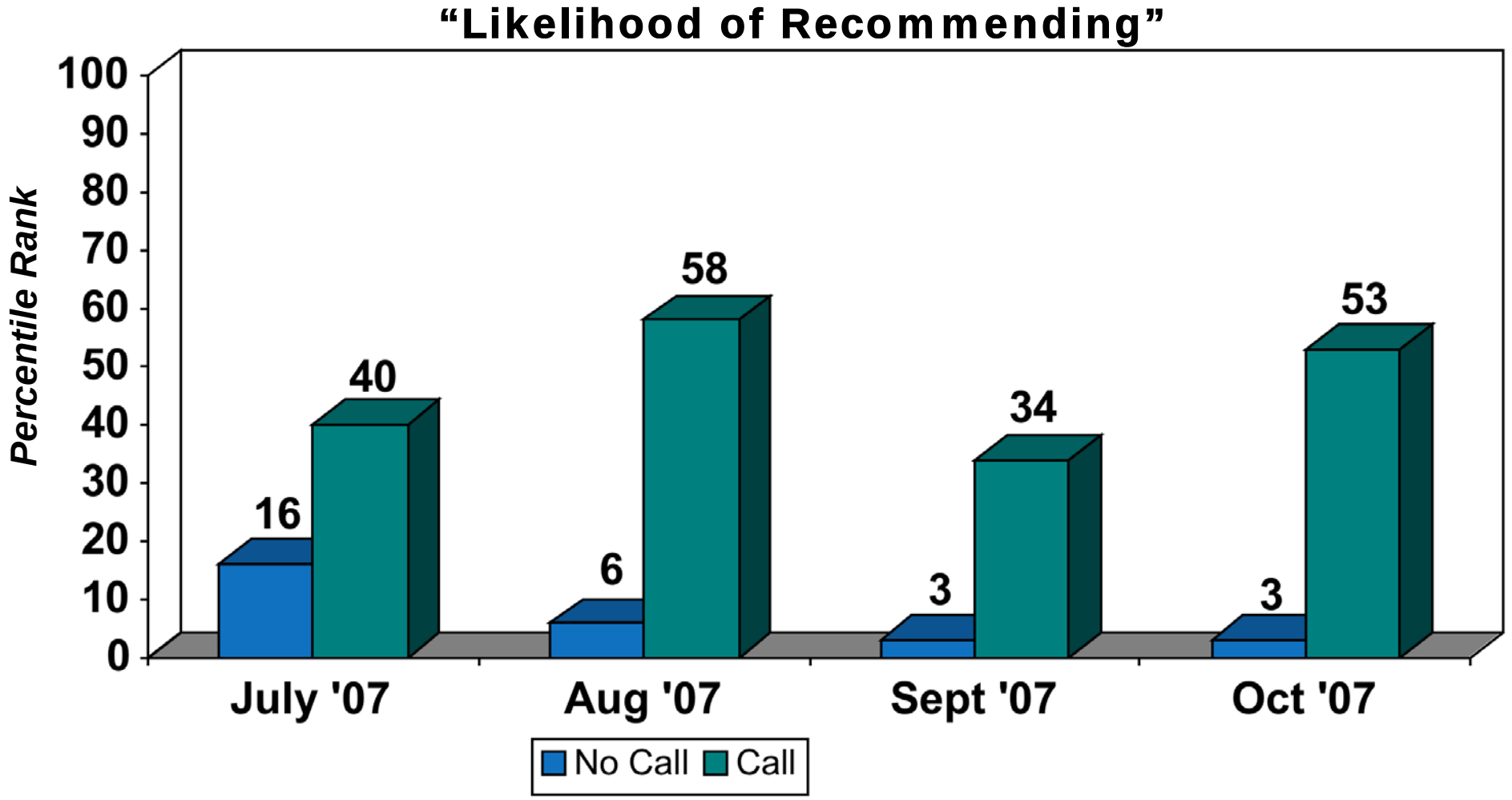
Clinical Quality



Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010

Post Visit Calls: Patient Perception of Care: Inpatient

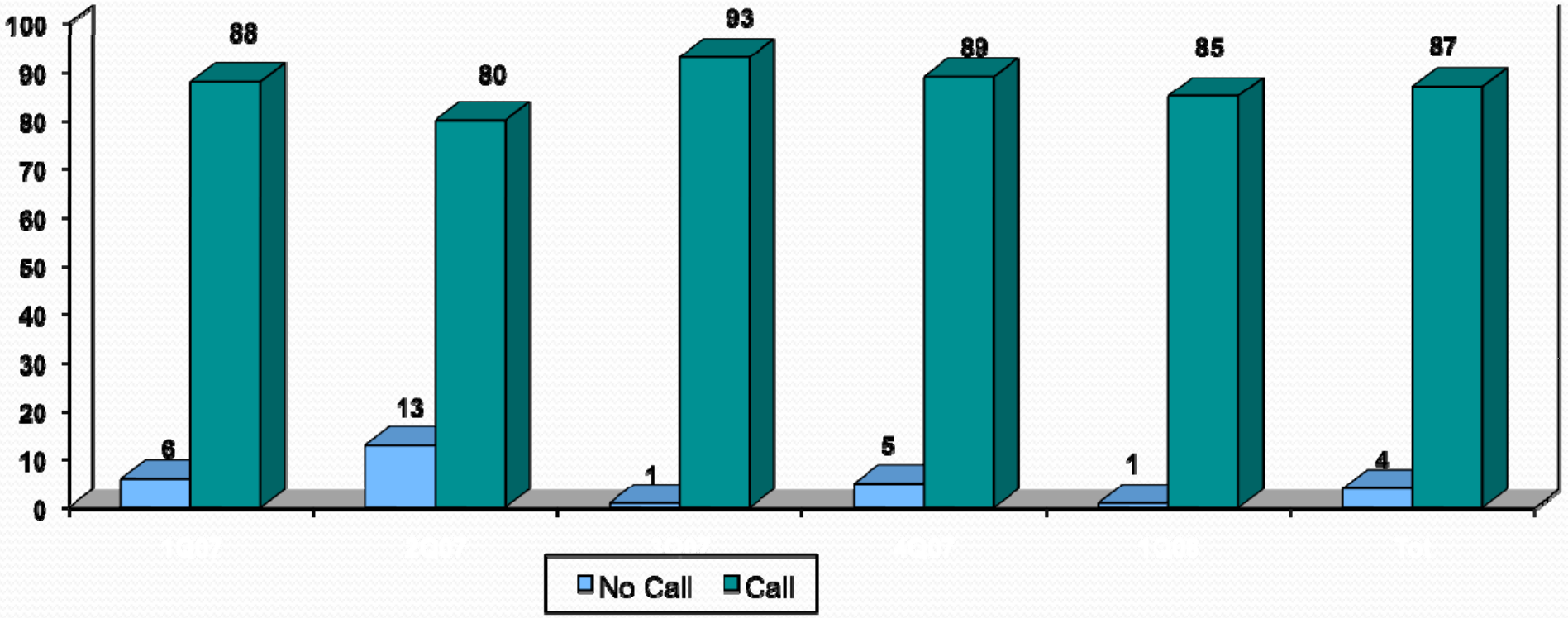
38,877 Admissions



Source: Inpatient, Advocate Christ Medical Center, Oak Lawn, IL, Admissions: 38,877, Total Beds = 648

Post Visit Calls: Inpatient

Tactic and Tool Implemented:
Post Visit Calls - Discharge Call Manager



Good Samaritan, Baltimore, MD, Press Ganey, n=1624

Good Samaritan Hospital
MedStar Health

A Code of Conduct

- A consensus communication of who you are
- A communication of a behavioral expectation
- A step to create consistency

Vanderbilt Behavior Standards

elevate

Vanderbilt Medical Center

Credo

We provide excellence in healthcare, research and education.
We treat others as we wish to be treated.
We continuously evaluate and improve our performance.

Credo Behaviors

I make those I serve my highest priority:

- promote the health and well being of all patients who seek care at Vanderbilt
- support trainees in all of their academic endeavors
- respect colleagues and those we serve who differ by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation and treat them with dignity, respect and compassion
- recognize that every member of the Vanderbilt team makes important contributions
- ensure that all team members understand overall team goals and their roles
- answer questions posed by patients, students or staff to ensure understanding and facilitate learning

I respect privacy and confidentiality:

- only engage in conversations regarding patients according to Vanderbilt policies and regulatory requirements
- discuss confidential matters in a private area
- keep written/electronic information out of the view of others
- knock prior to entering a patient's room, identify myself, and ask permission to enter
- utilize doors/curtains/blankets as appropriate to ensure privacy and explain to the patient why I am doing this. ask permission prior to removing garments or blankets

I communicate effectively:

- introduce myself to patients/families/visitors, colleagues
- wear my ID badge where it can be easily seen
- smile, make eye contact, greet others, and speak in ways that are easily understood and show concern and interest; actively listen
- recognize that body language and tone of voice are important parts of communication
- listen and respond to dissatisfied patients, families, visitors and/or colleagues
- remain calm when confronted with or responding to pressure situations

I conduct myself professionally:

- recognize the increasing diversity of our community and it's impact on those we serve; broaden my knowledge of the cultures of the individuals we serve
- adhere to department and medical center policies such as smoking, attendance and dress code
- refrain from loud talk and excessive noises - a quiet environment is important to heal, learn and work
- discuss internal issues only with those who need to know and refrain from criticizing Vanderbilt in the workplace and in the community
- continue to learn and seek new knowledge to enhance my skills and ability to serve
- strive to maintain personal well-being and balance of work and personal life

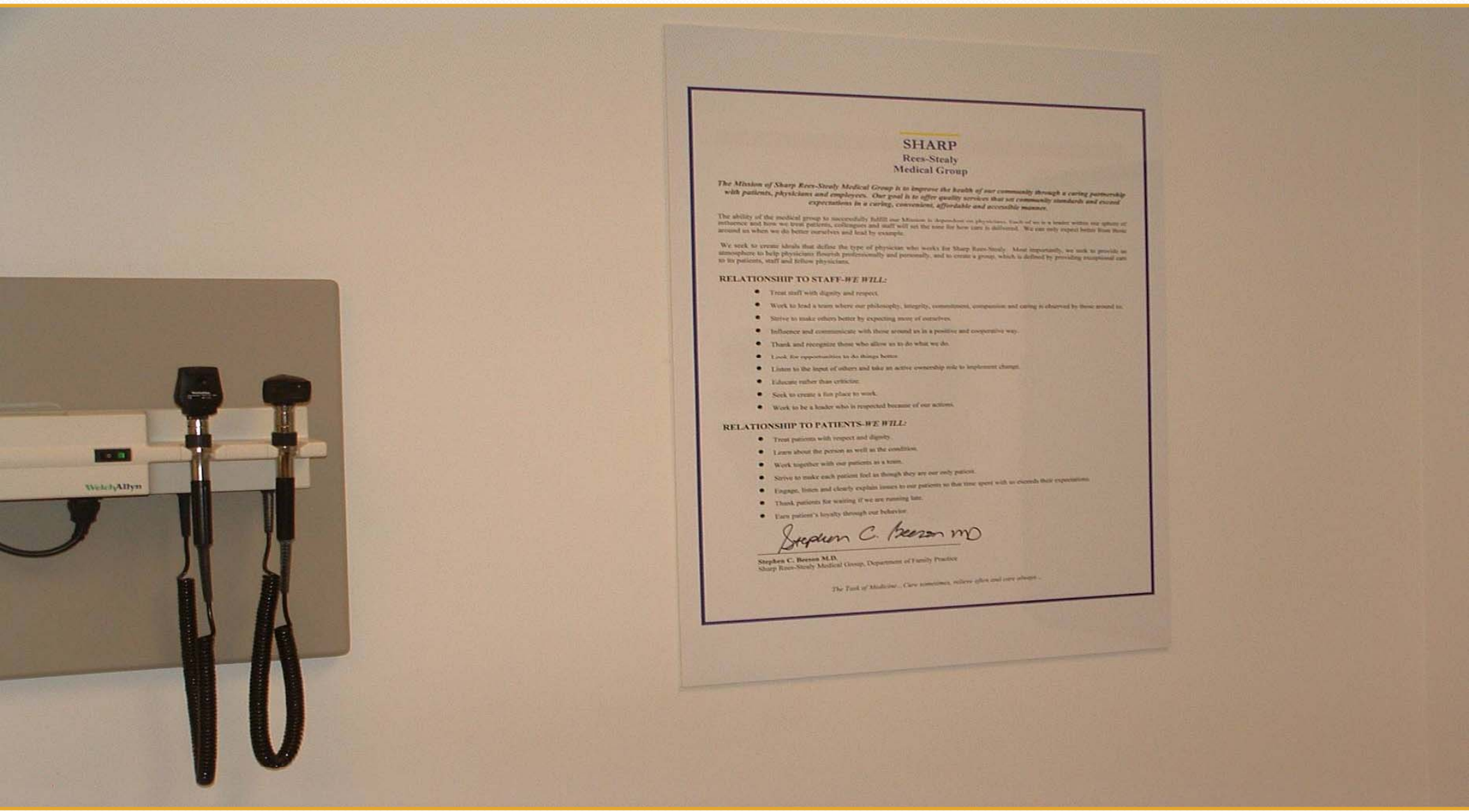
I have a sense of ownership:

- take any concern (real, perceived, big, or small) seriously and seek resolution or understanding - ask for help if the concern is beyond ability or scope of authority
- approach those who appear to need help or be lost and assist/direct them appropriately
- clean up litter, debris and spills promptly or notify the best resource to keep the medical center environment clean and safe
- remain conscious of the enormous cost of health care, teaching and research and optimize resources while delivering exemplary service

I am committed to my colleagues:

- treat colleagues with dignity, respect and compassion; value and respect differences in background, experience, culture, religion, and ethnicity
- contribute to my work group in positive ways and continuously support the efforts of others
- view all colleagues as equally important members of the Vanderbilt team, regardless of job, role or title
- promote interdepartmental cooperation
- recognize and encourage positive behaviors
- provide private constructive feedback for inappropriate behaviors

It's who we are.


SHARP
Rees-Stealy
Medical Group
The Mission of Sharp Rees-Stealy Medical Group is to improve the health of our community through a caring partnership with patients, physicians and employees. Our goal is to offer quality services that set community standards and exceed expectations in a caring, convenient, affordable and accessible manner.
The ability of the medical group to successfully fulfill our Mission is dependent on physicians. Each of us is a leader within our sphere of influence and how we treat patients, colleagues and staff will set the tone for how care is delivered. We can only expect better from those around us when we do better ourselves and lead by example.
We seek to create ideals that define the type of physician who works for Sharp Rees-Stealy. Most importantly, we seek to provide an atmosphere to help physicians flourish professionally and personally, and to create a group, which is defined by providing exceptional care to its patients, staff and fellow physicians.
RELATIONSHIP TO STAFF-WE WILL:
Treat staff with dignity and respect.
Work to lead a team where our philosophy, integrity, commitment, compassion and caring is observed by those around us.
Strive to make others better by expecting more of ourselves.
Influence and communicate with those around us in a positive and cooperative way.
Thank and recognize those who allow us to do what we do.
Look for opportunities to do things better.
Listen to the input of others and take an active ownership role to implement change.
Educate rather than criticize.
Seek to create a fun place to work.
Work to be a leader who is respected because of our actions.
RELATIONSHIP TO PATIENTS-WE WILL:
Treat patients with respect and dignity.
Learn about the person as well as the condition.
Work together with our patients as a team.
Strive to make each patient feel as though they are our only patient.
Engage, listen and clearly explain issues to our patients so that time spent with us exceeds their expectations.
Thank patients for waiting if we are running late.
Earn patient's loyalty through our behavior.
Stephen C. Beeson MD
Stephen C. Beeson M.D.
Sharp Rees-Stealy Medical Group, Department of Family Practice
The Task of Medicine... Cure sometimes, relieve often and care always...
WelchAllyn

Clinicians Leading Change:

- Our staff will do what they see us do
- Leading local change
- The huddle
- Rounding

Physician Change "Levers"

- We believe the change is worthwhile (Buy-in)
- We trust those leading a change (Building Physician Trust)
- We work with others who do the change (Consensus)
- We receive individual comparative performance feedback (Score Cards)
- We are knowledgeable of specific behavioral expectations (Behavioral Standards)
- We are trained on how to do the change (Physician Training)
- We are recognized/incentivized for doing the change

Enrolling Others in a Vision to Transform Care Requires An Appeal to The Heart, Not Just The Brain

Comments from The Heart of Change by John Kotter

"The central challenge… **is changing people's behavior**… the core problem without question is behavior-what people do, and the need for significant shifts in what people do."

"Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth *to influence their feelings*. Both thinking and feeling are essential, and both are found in successful organizations, but the heart of change is in the emotions. The flow of **see-feel-change** is more powerful than that of **analysis-think-change**."

***Practicing Excellence**:* A Physician's Manual to Exceptional Health Care

***Engaging Physicians**:* A Manual to Physician Partnership