The Patient Experience: Challenges and Opportunities in the Safety Net

Leon L. Haley Jr., MD, MHSA, FACEP
Executive Associate Dean, Clinical Services – Grady
Chief Medical Officer, EMCF
Associate Professor
Department of Emergency Medicine
Emory University
Disclosure Slide

- I have no financial disclosures to declare.
Objectives

• Grady Background
• Defining the ED Challenge
• Focus on the Patient Experience
  – Studor Group Partnership
  – Improvements and Successes
• Barriers and Challenges
• Summary
My Safety Net: One of America’s Original Essential Hospitals

- Vision of Henry W. Grady, *Atlanta Constitution* Editor in 1880’s and proponent of Atlanta as leader of the “New South”
- Grady Memorial Hospital opened in May 1892 with 100 beds
- First Grady ambulance began transporting patients in 1896
- Current Grady Memorial Hospital was opened in 1958
- Last major renovation completed in November 1995
What Sets Grady Apart?

**Remarkable Scope of Services**

- Area’s Premier Level 1 Trauma Center
- Atlanta’s 911 Ambulance Service;
- One of the Busiest EDs in the U.S.
- Home to Georgia’s Only Poison Center
- One of the Nation’s Largest Burn Units (one of only two in the state)
- Regional Perinatal Center & NICU
- Georgia Cancer Center for Excellence
- Named one of the Nation’s Top Infectious Disease Programs
- World Renowned Diabetes & Comprehensive Sickle Cell Centers
- Certified Comprehensive Stroke Center
- Largest Nursing Home in Georgia
- 6 Neighborhood Health Centers
- Regional Coordinating Hospital for All Disasters (natural or man-made)
Exceptional Care

Annual Numbers

- 921,000 patient visits
- 120,000+ Adult ED Visits; 50,000+ Pediatric
- 92,000 EMS responses
- 4,000 trauma/burn admissions (22 percent of cases in the state)
- 81,000 psychiatric visits
  - Second largest mental health center in the State behind the Prison system
- 117,000 Poison Center calls
- 1.6 million prescriptions filled
VISION
Grady Health System will become the leading Public healthcare system in the United States

STRATEGIC PLAN 2015

QUALITY
Leading performer in clinical quality and operational excellence and safety measures at all sites of care

SERVICE EXCELLENCE
Patient-centered, integrated system of care focused on meeting the service expectations of the patient

STEWARDSHIP
Financially strong, innovative leader focused on providing funding for high quality care

PEOPLE
Highly engaged workforce who propel Grady toward excellence

GROWTH
Exceptional health system creating opportunities for profitable growth to fund the ongoing mission

The Triple Aim
- Improve population health
- Reduce / control per capita cost
- Enhance patient experience

S - Safe
T - Timely
E - Equitable
E - Effective
E - Efficient
P - Patient Centered

Grady
The ED Challenge: Our Daily Reality
The Perfect Storm: The Safety Net for the Safety net

ED Volume Increases

↑ Operational costs
Nurse Shortage
Technology
On-call
Inflation

→ Special Patients:
Mental Health
Immigrants
Prisoners

→ EMTALA

→ Ambulance Diversion

→ Balanced Budget Act of 1997

↓ Revenue
Medicaid / Medicare
Managed care
Uncompensated care
Stock market

→ On-Call Specialty Physician Shortage

→ Bed Shortage

Grady
Emergent and Urgent Care Services
2012 Volume Data

- WUCC: 12,109
- Walk-In Center: 12,000
- Psych CIS: 18,293
- Advice Nurse: 180,000 Calls/yr
- HSCH: 52,165
- Sickle Cell: 3,826

ECC: 120K+
The Hypothesized Consequences of Crowding

- Safety and quality
- Prolonged pain and suffering
- Long waits and dissatisfaction of patients
- Ambulance diversions
- Decreased physician productivity
- Violence
- Negative effect on teaching and research mission
# Patient / Family Experience

**Target Goal = 50th%tile**  
**August 2012 Final**

<table>
<thead>
<tr>
<th>Area</th>
<th>1st 10th</th>
<th>2nd 17th</th>
<th>3rd 24th</th>
<th>4th 31st</th>
<th>Aug Final</th>
<th>Rank</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;D</td>
<td>91.3</td>
<td>85.9</td>
<td>85.5</td>
<td>83.8</td>
<td>84.4</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>89.3</td>
<td>83.7</td>
<td>83.6</td>
<td>84.5</td>
<td>85.4</td>
<td>4th</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>75.0</td>
<td>72.3</td>
<td>72.4</td>
<td>74.2</td>
<td>74.2</td>
<td>3rd</td>
<td></td>
</tr>
<tr>
<td>ED MDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>79.6</td>
<td>3rd</td>
<td></td>
</tr>
<tr>
<td>Asa Yancy</td>
<td>81.9</td>
<td>83.0</td>
<td>82.7</td>
<td>82.7</td>
<td>83.6</td>
<td>23rd</td>
<td></td>
</tr>
<tr>
<td>Asa MDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87.5</td>
<td>20th</td>
<td></td>
</tr>
<tr>
<td>E. Point</td>
<td>83.6</td>
<td>84.1</td>
<td>83.6</td>
<td>84.4</td>
<td>84.5</td>
<td>29th</td>
<td></td>
</tr>
<tr>
<td>E. P. MDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89.2</td>
<td>33rd</td>
<td></td>
</tr>
<tr>
<td>N. Fulton</td>
<td>82.7</td>
<td>83.2</td>
<td>83.0</td>
<td>84.3</td>
<td>83.9</td>
<td>24th</td>
<td></td>
</tr>
<tr>
<td>N. F. MDs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>88.5</td>
<td>27th</td>
<td></td>
</tr>
</tbody>
</table>
## ED- Priority Index

**Grady Memorial Hospital  MODE: Telephone  4/1/2012 - 6/30/2012**

### ER/ED SUMMARY REPORT

#### 7.0 Priority Index (Internal)

<table>
<thead>
<tr>
<th>Current Order</th>
<th>Previous Order</th>
<th>Top 10</th>
<th>Question</th>
<th>Mean Score</th>
<th>Correlation Coefficient</th>
<th>Priority Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td>Informed about delays</td>
<td>59.4 (32)</td>
<td>.75 (26)</td>
<td>32 26 58</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>11</td>
<td>Overall rating ER care</td>
<td>72.4 (24)</td>
<td>.83 (34)</td>
<td>24 34 58</td>
</tr>
<tr>
<td>1</td>
<td>16</td>
<td>1</td>
<td>Waiting time to treatment area</td>
<td>56.9 (34)</td>
<td>.74 (24)</td>
<td>34 24 58</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>11</td>
<td>Staff cared about you as person</td>
<td>72.3 (25)</td>
<td>.79 (32)</td>
<td>25 32 57</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>4</td>
<td>Adequacy of info to family/friends</td>
<td>73.5 (23)</td>
<td>.80 (33)</td>
<td>23 33 56</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>11</td>
<td>Likelihood of recommending</td>
<td>70.2 (26)</td>
<td>.78 (29)</td>
<td>26 29 55</td>
</tr>
<tr>
<td>7</td>
<td>11</td>
<td>1</td>
<td>Waiting time to see doctor</td>
<td>58.1 (33)</td>
<td>.68 (18)</td>
<td>33 18 51</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>11</td>
<td>How well pain was controlled</td>
<td>69.0 (28)</td>
<td>.71 (22)</td>
<td>28 22 50</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>3</td>
<td>Nurses informative re treatments</td>
<td>76.3 (20)</td>
<td>.77 (28)</td>
<td>20 28 48</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>1</td>
<td>Nurse took time to listen</td>
<td>78.7 (14)</td>
<td>.78 (30)</td>
<td>14 30 44</td>
</tr>
<tr>
<td>10</td>
<td>19</td>
<td>1</td>
<td>Doctors concern for comfort</td>
<td>77.2 (19)</td>
<td>.75 (25)</td>
<td>19 25 44</td>
</tr>
</tbody>
</table>
ED vs. HCAHPS Overall Correlation

- **ED Overall Rank (Trauma Rank)**
- **HCAHPS Overall (% Top Box)**

**Graph Details:**
- **X-axis:** Months from Oct-11 to Sep-12
- **Y-axis:** ED Overall ~ Percentile Rank and HCAHPS Overall ~ % Top Box
- **Graph Shows:** Trends and correlation between ED and HCAHPS rankings over time.
We Needed Help: Studer Group Partnership

• Expertise in Clinical, Operational and Finances
• 3 Year Engagement; $3 Million Investment
  – August 2012-July 2015
• Hospital-Wide, but started with ED:
  – 2 “Coaches” assigned to ED
  – Monthly On-site visits
  – Homework, initiatives, training in-between
  – Principles of success
Execution Framework

Evidence-Based Leadership℠

STUDER GROUP®:

Objective Evaluation System

Leader Development

Must Haves®

Performance Gap

Standardization Accelerators

**Foundation**

**Breakthrough**

**Aligned Goals**

- Implement an organization-wide staff/leadership evaluation system to hardwire objective accountability

**Aligned Behavior**

- Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results
- Agreed upon tactics and behaviors to achieve goals (Must Haves®)

**Aligned Process**

- Re-recruit high and solid performers
- Move low performers up or out
- Processes that are consistent and standardized
- Software
- Process Improvement
  - PDCA
  - Lean
  - Six Sigma
  - Baldrige Framework

**Implementation**

Create a process to assist leaders in developing skills and leadership competencies necessary to attain desired results.
Evidence-Based Leadership\textsuperscript{SM}  
Evidence-Based Care

**LEADERSHIP (EBL)**

- Goal Alignment and Cascading
- **Must Haves\textsuperscript{®}**
- PDCA, Lean, Six Sigma, Baldrige Framework

**PATIENT CARE (EBC)**

- Diagnosis and Prognosis
- **Treatment Plan Prescribed**
- Compliance

**OUTCOMES**  
*Patient and organizational*

- e.g. Beta blocker for patient and core measures for Value-based purchasing

**Aligned Goals**  
- Aligned Goals
- Aligned Behavior
- Aligned Process
Initial Assessment

• Working Well
  – Highly engaged ED and Senior Leadership
  – Passionate Staff
  – Evolving culture of accountability
  – Dedicated to the academic pursuit

• Opportunities
  – Front-end processing
  – Overall Throughput Challenges
  – Inconsistent execution of Evidence Based Leadership Behaviors
  – Patient Communication

Grady
Initial Action Plans

• Flow
  – Initial focus on triage, door-to-MD, Left without being seen (LWBS)

• Infrastructure
  – Revamp ED Throughout Committee

• AIDET Training/Key Words at Key Times
  – All Staff, including MD’s
Studer Group Five Fundamentals

AIDET<sup>SM</sup>

- **A** - Acknowledge
- **I** - Introduce
- **D** - Duration
- **E** - Explanation
- **T** - Thank You
Advantages of AIDET<sup>SM</sup>

Decrease anxiety with increased compliance

- Decreased Anxiety
- Increased Compliance

= Improved clinical outcomes and increased patient and physician satisfaction
## Patient / Family Experience

**Target Goal = September 2012 Final**

<table>
<thead>
<tr>
<th>Area</th>
<th>1st 7th</th>
<th>2nd 14th</th>
<th>3rd 21st</th>
<th>4th 28th</th>
<th>Sept Final</th>
<th>Rank</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;D</td>
<td>86.0</td>
<td>77.7</td>
<td>81.1</td>
<td>79.9</td>
<td>79.7</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>59.4</td>
<td>81.3</td>
<td>79.2</td>
<td>81.3</td>
<td>83.0</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>None</td>
<td>71.6</td>
<td>71.6</td>
<td>76.6</td>
<td>72.5</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>ED MDs</td>
<td></td>
<td>74.3</td>
<td>74.3</td>
<td>78.9</td>
<td>77.5</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>Asa Yancy</td>
<td>82.4</td>
<td>83.2</td>
<td>86.1</td>
<td>83.6</td>
<td>84.4</td>
<td>26th</td>
<td></td>
</tr>
<tr>
<td>Asa MDs</td>
<td>94.4</td>
<td>94.8</td>
<td>95.5</td>
<td>89.4</td>
<td>90.1</td>
<td>45th</td>
<td>Almost</td>
</tr>
<tr>
<td>E. Point</td>
<td>77.3</td>
<td>82.5</td>
<td>82.6</td>
<td>81.7</td>
<td>82.1</td>
<td>17th</td>
<td></td>
</tr>
<tr>
<td>E. P. MDs</td>
<td>74.2</td>
<td>86.2</td>
<td>88.5</td>
<td>88.1</td>
<td>88.0</td>
<td>20th</td>
<td></td>
</tr>
<tr>
<td>N. Fulton</td>
<td>93.0</td>
<td>72.8</td>
<td>74.9</td>
<td>76.5</td>
<td>78.3</td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>N. F. MDs</td>
<td>100</td>
<td>75.3</td>
<td>73.3</td>
<td>75.2</td>
<td>78.1</td>
<td>1st</td>
<td></td>
</tr>
</tbody>
</table>
## Patient / Family Experience

**Target Goal = 50th%tile 3rd Fri Oct 1-19th**

<table>
<thead>
<tr>
<th>Area</th>
<th>1st 5th</th>
<th>2nd 12th</th>
<th>3rd 19th</th>
<th>4th 26th</th>
<th>Oct Final</th>
<th>Rank</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;D</td>
<td>66.9</td>
<td>80.2</td>
<td>81.9</td>
<td></td>
<td></td>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td>93.8</td>
<td>87.5</td>
<td>86.3</td>
<td></td>
<td></td>
<td>30th</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>75.0</td>
<td>82.4</td>
<td>81.7</td>
<td></td>
<td>50th</td>
<td></td>
<td>Yeah!</td>
</tr>
<tr>
<td>ED MDs</td>
<td>85.0</td>
<td>87.9</td>
<td>85.0</td>
<td></td>
<td>57th</td>
<td></td>
<td>Yeah!</td>
</tr>
<tr>
<td>Asa Yancy</td>
<td>82.5</td>
<td>84.7</td>
<td>86.9</td>
<td></td>
<td>47th</td>
<td></td>
<td>Almost</td>
</tr>
<tr>
<td>Asa MDs</td>
<td>87.6</td>
<td>91.2</td>
<td>93.0</td>
<td></td>
<td>89th</td>
<td></td>
<td>Yeah!</td>
</tr>
<tr>
<td>E. Point</td>
<td>82.6</td>
<td>83.1</td>
<td>83.7</td>
<td></td>
<td>22nd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. P. MDs</td>
<td>85.3</td>
<td>86.4</td>
<td>86.9</td>
<td></td>
<td>15th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Fulton</td>
<td>77.2</td>
<td>76.7</td>
<td>79.0</td>
<td></td>
<td>2nd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. F. MDs</td>
<td>81.2</td>
<td>84.8</td>
<td>85.5</td>
<td></td>
<td>13th</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ED Percentile Rank – Trauma 1 Rank

*NOTE: 3Q12 “n” size ended with 147 responses. 4Q12TD “n” size is currently 40 responses.
Sticking with the Plan: Nine Principles of service and operational excellence

1. Commit to Excellence  
2. Measure the important things  
3. Build a culture around service  
4. Create and develop leaders  
5. Focus on employee satisfaction  
6. Build individual accountability  
7. Align behaviors with goals and values  
8. Communicate at all levels  
9. Recognize and reward success
Mean Trends

Emergency Department

Grady Memorial Hospital (Site: 2)

Overall

Displayed by Received Date
Mean Trends

Emergency Department
Grady Memorial Hospital (Site: 2)
Section - Doctors

Grady Memorial Hospital

Displayed by Received Date
One Throughout Highlight: Patient Navigator Program

• Grant Funded through The Healthcare Foundation of GA

• Goals
  – Reduce non-emergent ED visits
  – Increase volumes at external Grady Clinics

• 2 Navigators: 7am – 5pm
  – Off-hours: ED based scheduler

• Referral Sites
  – Grady Internal/External Clinics
  – Local FQHCs
Door to Doc Time

- ED Assessment: 08/2012


- Months: Jan-12, Mar-12, May-12, Jul-12, Sep-12, Nov-12, Jan-13, Mar-13, May-13

Grady
Barriers and Challenges

• Volume Remains High
  – Despite Walk-In Center
  – Despite Patient Navigator Program

• Hospital Capacity

• ED Leadership Turnover
  – VP and Operations VP Left Organization
  – ED Director out on Extended FMLA
  – ED Medical Director Promoted out of ED
Monthly ED Volume

- **Monthly Volume**
- **Average Daily Census**

![Graph showing Monthly ED Volume and Average Daily Census from April 2012 to March 2013. The graph includes data points for each month, with peaks and troughs indicating fluctuations in volume and census. The highest peaks are in January 2013, with a peak of 11229 for Volume and 362 for Average Daily Census. The lowest point is in February 2013, with a Volume of 9776 and a Census of 350.]
NQF 0496: Median Time - ED Arrival to Departure for Discharged Patients

Minutes

Jan-12  Feb-12  Mar-12  Apr-12  May-12  Jun-12  Jul-12  Aug-12  Sep-12  Oct-12  Nov-12  Dec-12

362  370  429  394  402  377  419  443  426  406  390  417

Grady
NQF 0495: Median Time - ED Arrival to Departure for Admitted Patients

Minutes

Jan-12 422  Feb-12 451  Mar-12 479  Apr-12 481  May-12 460  Jun-12 499  Jul-12 491  Aug-12 439  Sep-12 536  Oct-12 536  Nov-12 544  Dec-12 560

Grady
Sticking with the Plan:
July - December

• Daily Huddles x 2
• Employee Rounding
• Stop Light Reports
• Leader Rounding on Patients
• Waiting Room Rounds
• AIDET Training continued
Sticking with the Plan: July- December

• Front-End Flow Simulation Project
• Middle Flow Simulation Project
• Additional Staffing
  – MD, RN, APP’s
• Complete ED Design
  – Board Approval: September 9th
  – Start construction: 1st Quarter 2014
  – Complete New ED: 22 Months later.....
Conclusion

- Stick with the Plan – 3 year engagement
- Leadership Driven
- Operational Improvements
- Data and Information
- Relentless Education
- Finally....Its a Journey, not a Destination
QUESTIONS?
Change is the only Constant