Engaging Physicians

The Patient / Provider Experience – A Case Study

Presenters

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Background – Banner Health

- Recognized leader in healthcare
- Not-for-profit
- 24 Hospitals in 7 states
  - Tertiary, Teaching facilities
  - Urban and Rural facilities
- More than 35,000 employees

We exist to make a difference in people’s lives through excellent patient care
Emergency Physicians Insurance Program (EPIP)

Physician owned

In partnership with Banner Health

Provides malpractice insurance to emergency medicine providers

- Three practices groups
  - 5 hospitals
  - 200+ providers
  - 380,000 annual Emergency Department visits
Emergency Physicians Insurance Program

Risk Reduction Strategic Teams

- Information Technology
- Physician Recruitment
- Innovation
- Patient Experience
- Risk Reduction
Organizational & Individual Change

The ABC’s of Organizational Change

- Activate a Champion’s Agenda
- Build a Vision
- Create a Case for Dissatisfaction
- Develop Stakeholder Commitment
- Enable Workforce
- Follow Progress
- Guarantee Results

Adapted from David Ulrich, Human Resource Champions; Caren Siehl, Thunderbird School of Global Management
Organizational & Individual Change

Engage the Individual

- Enlighten with purpose
- Explode with passion
- Energize with the possibility of a new way
- Engage the heart
- Encourage at all levels
- Experience it – do it, feel it, share it
- Excite with enthusiasm
- Evolve – listen, ask, change, do
The Ripple Effect – It Just Takes One

- Physician Engagement Workshop
  - Focuses on the provider experience
  - Journey of discovery
    - Get out of it what you put in to it
    - Have the capacity and willingness to believe

- Principles of Design
  - Start Slow, Think Small
  - Consistency is critical
  - Physicians are paid for their participation
  - CME’s (10) for participation
  - Not a ‘how to’ class on Patient Experience Techniques
  - A facilitated discussion around a positive patient provider experience
  - Series of four sessions over two months

Enlighten, Energize, Engage, Experience, Encourage
The Ripple Effect – It Just Takes One

It just takes one… then two, then three ...

- Ripple Effect Workshop Participants
  - Providers: 125+
    - Medical Directors
    - Physicians
    - Mid-levels
  - Staff: 80+
    - Leadership (CNO, Directors, Clinical Managers)
    - Bed side nurses
    - Emergency room techs
  - Hospitalists: 39+
    - Three facility groups
  - Med Exec Committees: 2
    - Two facility department chair retreats
The Journey Begins – For Dan

- An Invitation to Improve the Patient Experience
  - “Please attend the positive patient experience workshop”
And, it wasn’t just Dan ....

The Story of Ron

- Construction! Waits! Staff absenteeism! ...
  - Little (if any) control over what drives patient satisfaction
  - ‘not my job’
- ‘Too hard pile’
  - So much to pay attention to
- Defensive around patient experience scores
  - Patients only send survey to complain
  - Not representative of ED population
  - Measured on things we have no control over
- Why bother?
  - ... because it matters ....

"With the ever increasing demands and pressure placed on providers, our humanity slips away just to get the job done."

K. Dickson, MD, Emergency Medicine Physician
The Patient Experience – It Matters

Risk Matters

Providers engaging in positive patient experiences have fewer malpractice suits than their counterparts


Clinical Matters

“Despite all of the diagnostic tests available to us in the ED, diagnoses are still 90% based on the patient’s history. Establishing a positive relationship with our patients early on in the visit allows for a more rapid and accurate gathering of historical facts which increases the chance for an accurate diagnosis and timely treatment”

Robert Baron, MD  Emergency Professional Services

“One of the best outcomes so far, for me, had been going home in a much better mood after a hard day!”

L. Knudson, Emergency Medicine Provider
The Patient Experience – It Matters

Business Matters

Patient Protection and Affordable Care Act of 2010 includes HCAHPS among the measures to be used to calculate value-based incentive payments in the Hospital Value-Based Purchasing program

Centers for Medicare & Medicaid Services

Physician Satisfaction Matters

“High patient satisfaction cannot be achieved without high staff satisfaction, which cannot be achieved without high physician satisfaction. Unless you can create all three, you will not be successful in attaining any of them”

Jay Kaplan, Engaging physicians in Service Excellence, Satisfaction Monitor, 2004

“It has definitely reinforced my belief that ‘care’ for doctors is what we do, while ‘care for patients is how we make them feel’”

D. West, MD, Emergency Medicine Physician
Create a Ripple – Getting Started

➢ ‘Turn your observer on’!
  • See the gifts of care delivered!
  • Notice your ability to ‘change the encounter’

“You can observe a lot just by watching”

Yogi Berra

➢ Get Back to Basics
  • Why did you want to pursue a career in medicine?
  • What brings you joy in your job?

➢ Set the stage to ‘Change the Conversation’
Get Back to the Basics

1. Why did you want to pursue a career in medicine?
2. What do you like about working in the Emergency Department?
3. What do you believe to be the 3 to 5 most important components of patient satisfaction that our team can focus on?
4. What would you like to accomplish in the next 6 months?
5. What single action can you take now to achieve a component of patient satisfaction?
6. What are your ideas of good communication with patients/staff/providers?
7. What brings you joy in your job?
8. Why is participating in this Patient Experience Workshop important to You?
9. Why does having a positive patient experience matter?
Change the Conversation

- Favorite Patient
  • For each shift, identify your favorite patient and tell someone
    - Shifts the focus from what drains you to what brings you joy
    - Personalizes the patient encounter
    - Recognition / awareness of provider actions & outcomes
    - Engages multiple individuals in positive conversation

- Thank a Colleague
  • For each shift, ‘turn your observer on’ and thank a colleague
    - Personal gift of thanks
    - The ‘secret’ will get out – can you believe Dr. X said ???
    - The giver is the bigger receiver!
“Enlightenment is not a process of learning, it is a process of unlearning”

Dr. Kat Domingo
Excerpts from: My Stroke of Insight, Jill Bolte Taylor

- “... I told the story of our project ... just as the interactions with the patients are becoming more and more personal, these moments with the staff were eye openers”

- “I approached the nurse and told her ‘Thank You’- That was very nicely done’. At first she was confused, but when she realized what I was referring to, her face lit up and she thanked me for noticing... I gotta tell ya, it was pretty cool.
Make the Commitment... To Try

“Whether it’s business, risk, clinical or personal returns we are looking to achieve, there is one component we can all agree on and that is, ‘it’s the right thing to do’”

R. Cohen, Emergency Medicine Provider

- Make a personal commitment to create an exceptional patient experience
- Create your vision of the experience
- Adopt one (new) personal behavior that you will exhibit during each patient encounter
- Create a conversation – Ask the Patient
- Record your conversations – Reflect on your feelings
- Share the experience

“...this will take a lot of work, and can be VERY painful to continue to do. But also there are times, when the reward just reinforces what we are doing!”

F. Favors, MD, Emergency Medicine Provider
Adopt ‘One Thing’

Adopt one thing at a time …

- Begins the engagement into the experience
- Start Slow, Think Small
- Consistency is Critical
- Stepping stone to trying
- They get to pick
- Acts as a ‘trigger’ to a new patient experience
Create a Conversation – Ask the Patient

- At the end of each patient encounter ask:
  - Do you feel I provided good care to you today?
  - Do you feel that I answered all of your questions?
  - Is there anything I could have done differently to improve your visit?

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Number of Patients Seen</th>
<th>Create a Conversation: Ask the Patient</th>
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<td></td>
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Notice Anything?
- How do I feel?
- What made it great?
- Did I thank a colleague?
Experience the Experience

Do, See, Discover, Practice, Change, Transform

- **Provider Shadow – Practice in Motion**
  - No critiques, no scoring, no expectations
    - Focuses on ‘what we are already doing well’
  - ‘Turns your observer on’... with a little help
  - Identifies, by name, patient experience techniques in practice
    - Brings patient experience techniques to the conscious level
    - Creates pathway to ‘intentional’ behavior
  - Provides a format to try something new
    - ‘One Thing’
    - Create the Conversation – Ask for Feedback
    - Change the encounter
Positive Patient Experience

Positive Patient Experience; Demonstration of Techniques

Positive Impressions

- Smiles
- Personalization
- Eye Contact
- Touch
- Engaged / Active Listening
- Considerate
- Courteous / Polite
- Knocks prior to Entry
- Apologizes

Introductions

- Introductions – 2 way
- Refers to patient by name
- Familiar with Patient History

Creates the Conversation

- Creates a Conversation
- Involves the Patient; Asks for Input
- Repeats Back Patient’s Words
- Summarizes all things discussed
- Sets / Manages Expectations
- Explanations – What & Why
- Validates Understanding
- Connects the dots
- Provides Alternatives
- Turns Negatives into Positives

Puts at Ease

- Puts Patient at Ease
- Manages Pain
- Reassures
- Empathetic
- Compassionate
- Encouraging
- Validates Patient Comments
- Continuity of Care
- Manages Up
**Shadow Experience**

**Demonstration of Techniques: Practice in Motion**

**Shadow Experience**

**Provider:** Sample #1  
**Date:**

**General Observations:**
- Point of Service Recovery: In Action: Upon arrival, a patient was wanted to leave AMA. The patient seemed stressed. Provider entered the room and apologized for the issues that led the patient to want to leave AMA. He confirmed that he would address the issue(s) with all involved. Provider resolved the immediate issue, getting the patient to stay and continue with his care. It was a great example of recovery in action and how a “downward” path could continue downward without a recovery intervention at the point of care.
- Calm confidence
- Provides slow, clear instructions
- Touches the patient, but he seems to know just the ‘right’ moment
- Looks as though you are giving the patient your complete attention (also turns the TV down...)
- Soothing

**One Thing:**
- Working on is the “clean slate” concept. I want to see each patient w/fresh (non-biased) eyes.

**Words that Work:**
- What questions do you have? I know there are a lot of things going through your mind.
- Do you have any questions that I haven’t answered?
- I apologize for the wait. Usually we see our patients much quicker, but for some reason tonight we are a bit busy.
- …it’s not uncommon, but let’s check things out closely.
- Are there any questions that I haven’t answered?
- We are happy to care for you.
- How are you feeling now? How is the pain at this point?

**Patient/Provider Experience Interaction: Conversations, Behaviors, Words**

<table>
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<tr>
<th>Personalization</th>
<th>Create / Continue the Conversation</th>
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<td>I’m glad you did (hearing the patient comment that he ‘almost’</td>
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<th>didn’t come in tonight)</th>
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- I don’t want you to either (responding to a patient commenting he ‘didn’t want to die’)
- I’m concerned you might have a pneumonia...
- I’ve been watching your heart...
- I’m a little inclined to admit you...

- Reassuring
  - We’ve been seeing a lot of colds, so it’s not uncommon...
  - At this point, all of your (test) numbers are looking good...
  - …I am keeping an eye on it...
  - …it’s not uncommon... but let’s check things out closely.
- Compassionate

- Setting/Maintaining Expectations
  - you might end of staying here for a couple of days...
- Explanations
  - Thorough, Easy to Understand
  - This type of rash is called ___. Usually they are not itchy... Most of the time they are...

- Courteous/Polite

- Empathetic

- Engaged/Active Listening
  - Yes!
- Pain Management
  - I’m going to have the nurse give you a couple of medicines to get you feeling better...
  - How are you feeling now? How is the pain at this point?

- Involving the Patient: Asking for input
  - This sounds like a kidney stone
  - Have you ever had a kidney stone before?
  - I’ve been watching your heart...
  - Have you noticed the fluttering?

- Repeats back Patient’s words

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Shadow Experience

- Are you willing to be admitted?
  - Considerate
    - Can I examine her?
    - Can I examine you?

- Summaries of things all things discussed
  - ...it's a rash ... usually a virus ... no medicine ...
  - ...Does that make sense? ... Do you have any questions?
  - Re-establishing/Building the Relationship

- Introductions (with patient/family)
  - Hi, is this ____? I'm Dr. ____ What's going on with this little one? (Sits down)
  - Hi, I'm Dr. ____ I understand you were diagnosed with a kidney stone...
  - Hi, I'm Dr. ____ Are you family? (Sits down)

- Continuity of Care
  - Approachable/Eye Contact
    - Yes! Excellent!

- Apologize
  - I apologize for the wait. Usually we see our patients much quicker, but for some reason tonight we are very busy.
  - Putting Patient at ease
    - I think there's a very good chance of a lot of good years ahead of you...

- Informative/Providing Alternatives
  - Turning negative to a positive
    - ...but I will find the closest hospital that has that specialty

- Validate Patient Comment
  - That's a great point
  - Knowing Patient History
    - Hi, I'm Dr. ____ I understand you were diagnosed with a kidney stone...
    - The nurse wrote down that you were unable to walk...

- Connecting the dots
  - I'm going to have the nurse give you a couple of medicines to get
  - Manage UP

Asking For Feedback - Provider/Patient Conversation
  - (MD) We are always trying to improve here. Do you mind if I ask you a few questions? Would you give us an A, B...
  - (P) An A
  - (MD) Anything we could improve on to make your visit better?
  - (P) No. It was really fast
  - (P) Staff was really friendly
  - (P) Thank you

  - (MD) We are always trying to improve our care here. Was there anything we could have done better?
  - (P) No. Everything was great!
  - (MD) We are happy to care for you. Thanks for the feedback

  - (MD) How was your care tonight? We are always trying to improve our patient care. How have you guys felt your care has gone?
  - (P) One thing...no blankets in the lobby. It would have been nice if there was a blanket available.
  - (P) The security officer brought us a blanket!
  - (MD) Thanks for the feedback. I'll bring that up to nursing.
  - (P) Other than that, everything else was good.

Asking For Feedback - Provider Statement
  - We are always trying to improve here. Do you mind if I ask you a few questions? Would you give us an A, B...
  - Are there any questions that I haven't answered?

Patient Feedback:
  - Staff was really friendly
  - Thank you

Provider Feedback/Comments:
  - The challenge is taking the time to consistently having the 'observer' hat on and noticing the great things that happen here rather than 'sinking in the mire'; Thank you for helping me to have the 'observer' hat on...
“It’s really a human relationship isn’t it? It’s not customers and company. It’s not even customers and employees. It’s just people and people. People arrive with needs and people go out and serve them to fulfill those needs.”

“People need to feel they belong to the group. People need to feel that they’re important, and that what they do, think and say truly matters.”

"I have worn the ‘Ripple’ pin on my lab coat faithfully for 14 months since finishing the workshop in January 2011. My silly ritual at the start of each shift is to rub the pin and tell myself ‘today I am going to make a difference’... a special place in my heart for changing my approach to patient care."

"I am working in the ICU today with a patient who is "very difficult, mean, needy, condescending" per the night shift report. So, I walk into the room, introduce myself, tell him I want to first make him as comfortable as possible. I readjust his lines that are pulling him every which way, short of choking him to death. I get him his morning coffee and let him take the gown off because he lives "shirtless at home". He promises to keep his lower half covered at all times. Needless to say, he is a sweet and polite as can be. No problems at all.

Hmmmmmm... It only took a minute to ‘change the conversation’. And, I am having a fabulous day taking care of a very nice man!”
“….so I stood in the doorway and said, "Dr. B, first I want to say, 'thank you for being here for this man'." I paused ... and what happened surprised me and I got all warm and fuzzy inside...EVERYONE in the room said "yeah, thank you" and random other positive mumurs. It was so awesome to hear people acknowledge Dr. B, look at him and say thank you!!!! There are no words....”

“I had a Ripple tonight. My first patient of the day was a 53 yo woman who had a chief complaint of ‘Nausea, diarrhea, and nervousness. Out of her chronic narcotics x 3 days.’ I expected to start off the day with a drug seeker and boy was I surprised.

She was a sweet lady from England who, because of Whitney Houston’s death, threw out all her narcotics. She made a promise to herself to never let herself ever use them again. All she wanted was for me to make it a little easier for her if I could. I gave her some Zofran, and a clonidine patch and she was grateful.

I can say that I have seen this a few times before but this one was the best. I felt good that I could help her. It also helps to remind me to not make impressions about a patient before I see them.”
“...During the next couple weeks I could see myself changing, back to the way I used to be when I became a nurse, and it was scaring me and making me feel differently...

... My one thing that I made a commitment to was to make sure that I try to greet and create a conversation with every patient that came in by ambulance as well as creating a conversation with EMS personnel.

... Also, when I went into round on patient I would talk to the patients and ask our "rounding questions" in the midst of our conversation so it didn’t make the patients feel I was just asking specific questions.

... When I first started doing this it was hard and it made me feel good inside and that scared me. Now it just comes second nature to me and I embrace how it makes me feel. I also started creating a conversation with my employees and started being more receptive to listening to them on their stories and how they are feeling.

I feel happy to come into work, I always try to have a smile on my face, and I feel really good when I can make a change in patients perception of our hospital and staff, as well as making a change with employees perception. I often find myself going to staff and asking them “Did you thank a colleague today?” and tell me about your favorite patient.

.... was my spark that actually ignited my flame to why I became a nurse in the first place.”
Do, See, Discover, Practice, Change, Transform

“This brings back some of the “old” feelings of caring for patients doesn’t it! As good as it is for us, I believe it is even better for our patients. Feeling cared for is a very good thing.”

“It’s amazing! Patients love it when you are telling them what you are working on, and that you are trying to meet their expectations. They smile. It is cool.”

“Biggest gratification has been seeing patients give back “A’s”… I even let the nurses see some of the comments, and they seem to be more uplifted”

“…I guess that I’m confirming the fact that with some patients, discussions can sometimes overcome an ugly hospital stay, but that sometimes it can’t… but the biggest gratification has been seeing patients give back ‘A’s”

“I found my last week very interesting with my ‘new found attitude’… I was told that I would look at patients differently when I started on this journey – and I have.”
“I want to grab a hold of the energy and keep it building!”

“...even if I am having a bad day ... if I take this time to ‘force’ myself to be courteous to the patients, I end up not being ‘forced’ at all but ‘really nice! And, I end up having a good day after all”

“An elderly man presented with a myriad of complaints ... was asked ... how was your visit today? ... Instead of shooting me the bird ... he held up his trembling right index finger and pressed it next to his left hand, curled in an 0. ‘A ten’, he whispered. It was to weep”

“I have to say, I am heading into work with a different attitude that I have had in the past. Today I feel like I could wear the Team 3 baby blanket as a cape over my scrubs. I feel I am going to work armed with a positive attitude and skills to make sure I can control my destiny and have a great day. This process is a good one!”

“The fact that we ask (for a grade) gives a perception to the patient that we are concerned and makes the visit more personable”
"... And holding that lady’s hand, and "being in the moment with her" reminds me that it may not be that big of a deal for me, but maybe it was for her... and when she started crying because at least we have something to try and fix, I felt really proud to have offered her a little hope. I thought to myself, it's really not about the disease, it's about the people and how the work we do effects them, not their pathology”.

Dan Arguello, MD – Emergency Medicine Physician
Creating a Positive Experience

The Story of Ron .... Today
Thank You

Commit to Create Your Own Ripples!

The Ripple Effect
It just takes one

one thing

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