Digital Engagement of Discharged ED Patients is a Must

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2:45-4:00 pm

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Disclosure

- Tom is President of smartER
- Smart-ER owns the IP used in EffectiveResponse™, which is distributed by TAYLOR HEALTHCARE

Edward-Elmhurst Health

Edward's 12-Year Experience

- Contacting patients the day after ED discharge keeps them safe and satisfied
- Engaging patients digitally (instead of by telephone call) reduces cost and increases reach
- Workflow automation allows charge nurses and case managers to efficiently intervene on wellbeing issues
- Built-in response module allows acknowledgement of compliment and resolution of complaints by ED leaders
- Statistically-valid metrics and relevant comments drive providers to achieve top-tier performance

Remember that guy you saw yesterday?

100 Million ED Discharges

- 4% “worse”
  - 1/1,000 high risk
  - 1/10,000 claim averted
- 5% aftercare gap closed
  - Medication compliance
  - Follow-up obstacle
- 12% offer feedback
  - 5 compliments for each complaint
  - Generates great ideas
Original Edward ED Program (2004)

Dialing
- Disruptive
  - Caller ID hook
  - Rushed answers
- Expensive
  - 1 FTE per 25K annual volume
  - $100K/RN and $50K/clerk (includes benefits)
  - Plus supervision/space/equipment/turnover
- Bias/Inconsistency

Digital
- Asynchronous
  - Non-disruptive contact
  - Thoughtful response
- Automated
  - Pop-ups and alerts
  - Align to workflow
- Effective
  - Consistent method
  - Same reach, one-fourth cost

Smartphone Accessibility
- Three-quarters of all US adults
- Half of those below the poverty line
- One-third of those over 65 years old
  - though two-thirds have internet/email

Digital Connectivity
- Email address (65%)
  - 50% opened
  - 1% unsubscribe
- Cellphone number (90%)
  - 78% texts delivered
  - 0.5% opt-out
- Home phone (half are landlines)
- Some digital means (95%)
Power of PX

- ED-CAHPS
  - Penalty v bonus
  - High co-pays/deductible
  - Consumerism
  - Better communication
  - Better outcomes
  - Less complaints

What’s the best reason to focus on providing a great patient experience?

d. Patient loyalty improves the hospital’s profit margin.

Loyalty

- High PX hospitals have 25% increase in LTR*
  - 10% increased retention = 50% increase in profits
- Drivers
  - 2/3 = PX
  - 1/3 = Cost
  - 1/3 = Quality

Benchmarking

- External: validate the “whole”
  - Similar EDs
  - Low n acceptable
  - More of a destination
- Internal: validate the “parts”
  - Individuals within same ED
  - High n required
  - More of a journey

Edward-Elmhurst Health

- External benchmarking
  - Press Ganey (CAHPS vendor)
- Internal benchmarking
  - EffectiveResponse™
  - Rate the provider by the level of concern showed for your wellbeing
  - Very high (top box) = 60%
Typical Response Types

- Top-box
  - 6 times as loyal as next box
  - Rate the provider by the level of concern shown
    (Very High/High/Average/Low/Very Low)
- Net Promoter Score – likelihood to recommend
  - NPS = %Promoters - %Detractors

EDPEC (ED-CAHPS)

- 37 service questions
- Low n due to length
- Results lag by 6 weeks
- Begins in 2017

Survey Fatigue

AMA Position (2015)

experience surveys already play significant role in patient care across the
country. Physicians can no longer choose not to participate in, but they
can decide how best to engage with, incentive programs. Hospitals and
clinics are using these scores to justify greater investment in improving
experience for patients—a big step for an industry not known for customer
service. That overall trend will likely be good for patients.

AAEM Position: Patient Satisfaction

Existence of a Relationship

- Accuracy
  - Type 1 error: False positive
  - > 95% accuracy (p < 0.05)
- Power
  - Type 2 error: False negative
  - 80% power
- Validity
  - Internal: current setting
  - External: other settings
30: The Statistical "Magic" Number

- 30 = necessary sample size for valid results
- Typical EP sees 300 patients a month
  - 300 x 80% x 30% = 72
- Handel: 15% of ED patients received paper surveys and 11% returned them, for a 1.7% sample rate
  - 300 x 80% x 1.7% = 4
- 8 months to measure performance

\[ n = \frac{(Z_{\alpha} + Z_{\beta})^2 \times \sigma^2}{\Delta^2} = \frac{2.8^2 \times (2X)^2}{X^2} = 31 \]

Performance Curve

https://www.researchgate.net/post/What_is_the_rationale_behind_the_magic_number_30_in_statistics

Greet
- Introduce yourself in a welcoming, reassuring way.

Relate
- Actively listen for needs and respond in an authentic, empathetic manner.

Explain
- Clarify your role and the situation/plans as clearly as possible.

Ask
- Inquire with open-ended questions to gauge understanding.

Thank
- Show gratitude for the interaction and wish them well.

G.R.E.A.T.™ Coaching
- Appear confident and unhurried
- Warm introduction to all in the room
- Carefully listen (paraphrase)
- Look for other ways to relate
  - weather, sports team, clothing, profession
- Explain well (our primary service)
- “Do you have any other concerns?”
- “Thanks for putting your trust in us.”

Focus on ED Satisfaction

- Consumerism (due to high copay/deductible)
  - Patients consider themselves customers
- Organizations compared based on satisfaction scores
  - www.HospitalCompare.hhs.gov
- Bonus or penalty based on satisfaction scores
  - Value-Based Purchasing Program
  - EDPEC* (ED-CAHPS) expected in 2017

Complaints

- Typical causes
  - Poor communication
  - Inattention
  - Excessive cost
- Immediate and appropriate response by authority figure
- View as loyalty opportunity
  - Apologizing and promising a fix may create turnabout
  - Closing gaps makes future patients more loyal

Test Drive

- Enter V.GD/score into your browser
- Click the “SmartDemo” URL and enter email address
- Complete the survey and await a response
Multi-Lingual
- How are you doing?
- ¿Cómo te va?
- 你好吗？
- Jak się masz?
- איך אתה?
- كيف حالك؟

Survey Link
Patient receives a text or email invitation to click a secure link

First screen is a click-thru acknowledgement that the survey is not a substitute for care

Question #1 checks on the patient’s well-being

Briefly explains why you are worse and then call your doctor for advice or return to the ER now.
Wellbeing: “Worse”
- 4% “worse”
  - “Pop-up” states contact PCP or return to ER
- Downward trajectory associated with missed diagnoses and gaps in expectation management
  - 1 in 25 “worse” instructed to return
  - 1 in 250 “worse” would otherwise be claims (estimated)
- 50K ED, electronic contact mitigates 2 claims a year
  - (50,000 x 80% x 30% x 4% ÷ 250 = 2)

Example: Knowledge Gap
25 F in rear end auto collision diagnosed with whiplash and reports worse neck and back pain the next day
- Problem
  - Patient unaware increased next day pain expected
- Intervention
  - Charge nurse called patient to assure no neurological symptoms
  - Patient pleased with the attention
  - Unnecessary ED return avoided

Example: Follow-up Gap
9 F with extremity fracture, referred to on-call orthopedic surgeon and refused since “out of network”
- Problem
  - Medicaid HMO has limited referral options
- Intervention
  - ED case manager reminded office manager about the on-call obligation
  - Next-day visit scheduled

Example: Averted Claim
25 M with diagnosis of “lumbar strain” developed fever and weakness
- Problem
  - Potential missed diagnosis
- Intervention
  - Charge nurse instructed patient to immediately return
  - Epidural abscess diagnosed on MR
  - Patient had urgent surgery and regained full strength

Misdiagnoses
- One-third of malpractice claims
  - Average payout $500,000
- Commonly report “worse”
  - Screens for downward trajectory
- Typical scenario
  - Alert → Callback → Return (5%)
  - 1 claim prevented per 20K visits

Risk Mitigation
- “Worse”
  - Immediate RN callback
- “Same or Improved”
  - Documented stability
- Positive experience
  - Demonstrates effort
- No response
  - Indicates ED effort and patient apathy
• Case manager reconciles
• 4% have issue
• Can send medication issues to pharmacist

• Creates an opportunity for the
tvoice of the patient to be heard
• The final screen can link to the patient portal.
• Helps achieve Meaningful Use Stage 3 requirement that 25% of patients access PHI electronically

• Half completing self-assessment clicked to MyChart
• 53% new users to portal from EffectiveResponse – Higher rate than any other source

5:1 Compliments to Complaints

Would you like to add anything else about your experience?
Yes: Everyone I encountered at Edward was respectful, performing their duties well with a pleasant demeanor. The valet, triage, recorder volunteer, custodian, nurse, and doctor all did what was needed to produce a favorable outcome.
Yes: Excellent staff everyone was very attentive and compassionate toward my condition. As my injuries were result of domestic violence.
Yes: The staff went above and beyond, they took care of my other two children and helped calm a very frazzled mommy. I’m so grateful.

Insightful Comments

toe injury / Substance abuse
Response
Would you like to add anything else about your experience?
Yes: I came in after falling while I was in a fog from Ambien. It was the best experience I've ever had w/ your ER. Not a care in the world. I remember something about the dr. yelling. That's about it. I have no idea how long we waited. A wonderful way to visit Edward. I highly recommend it.

AIM Module

Login screen to AIM Module

A patient has entered a response to a survey question that triggered a notification – this is an “active issue.”
The Call Center is a secure, web-based module that lists all patients who have not responded via text or email.

**AIM Module**

- Categorizing presents editable template
- Sends response by same means patient used

Patients receive in-kind response (text or email)

Please click the link below to read a response sent to you from Edward Hospital:
https://es.emr-eem.net/stratBg/19heb/c443/6448/6442

Re: Recent Feedback

Thanks very much for taking the time to offer us positive feedback about our emergency department visit.

Our team members work hard and really love hearing that they did a good job.

We value your input and use continuous improvement to offer our community the very best healthcare experience.

Respectfully,

Tim Fuccello
Medical Director

The Call Center is a secure, web-based module that lists all patients who have not responded via text or email.
The user can quickly document attempts to reach patients or bad phone numbers.

Documentation of responses will generate email notifications to the clinical staff. This means that clerical or assistive personnel can serve as call center operators.

Responder Role

Notifications
- A typical notification text or email will look like this.
- Depending on system rules, access can require authentication.
Related Articles

- A Better Way to Elicit Patient Feedback
- Can you afford not to invest in digital patient engagement?
- Timely patient satisfaction surveys: No longer an option
- Best Practices for improving care with patient follow-up
- Post-Discharge Follow-Up Isn’t Just for Hospitalizations: The Value of Contacting ED Patients
- Discharge Texting: The Evolution of ED Callbacks
- Happy Meals for Everyone?

Questions?

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