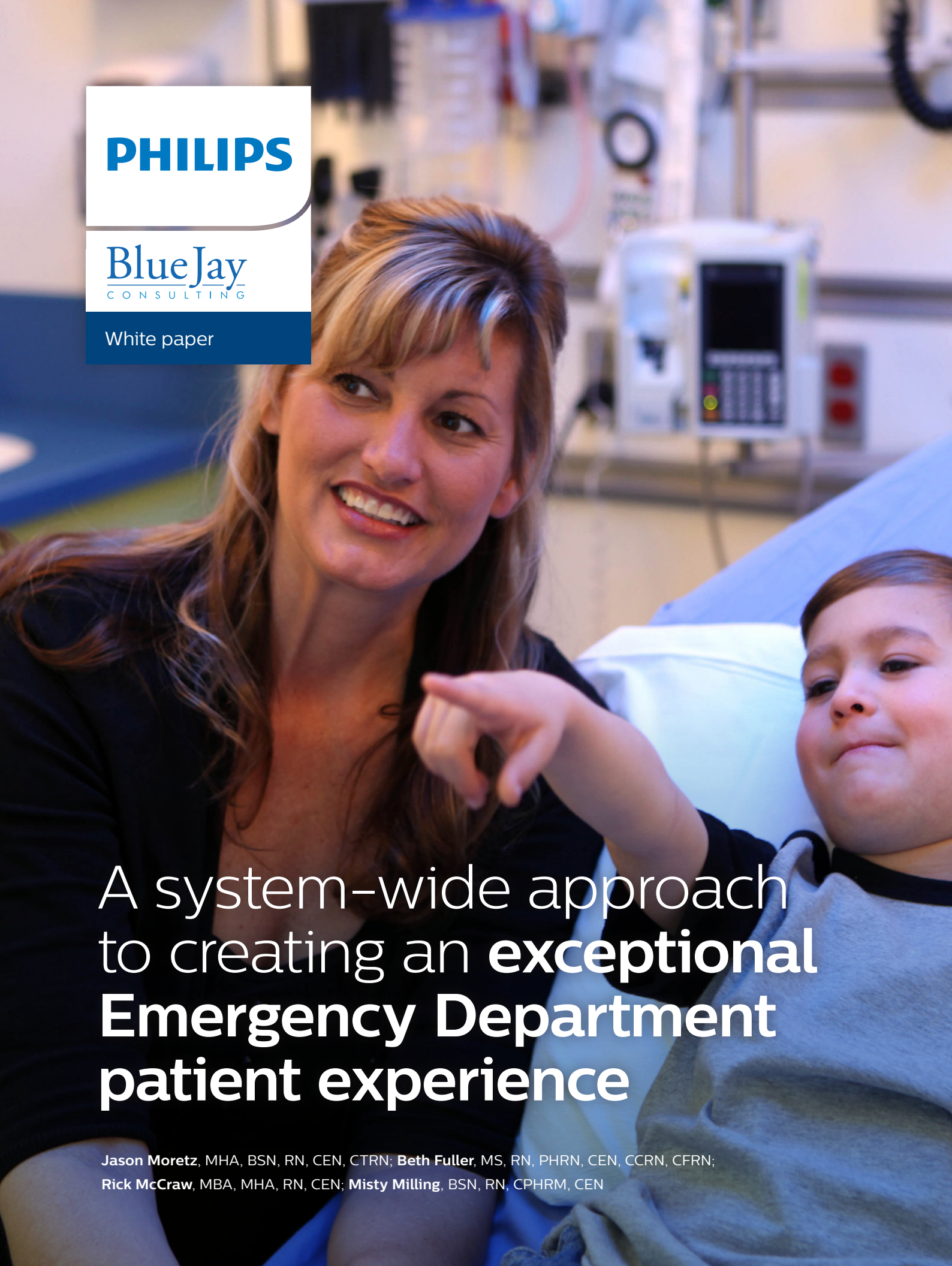


PHILIPS

Blue Jay CONSULTING

White paper

A system-wide approach to creating an **exceptional Emergency Department patient experience**

Jason Moretz, MHA, BSN, RN, CEN, CTRN; **Beth Fuller**, MS, RN, PHRN, CEN, CCRN, CFRN;
Rick McCraw, MBA, MHA, RN, CEN; **Misty Milling**, BSN, RN, CPHRM, CEN

Executive summary

Emergency departments are in a new age where quality care must be provided with an excellent patient experience. In 2016, the Centers for Medicare and Medicaid Services will fully implement the Emergency Department Patient Experience of Care (EDPEC) as a standardized method for gathering and publically reporting emergency department patients' experience across the nation.[11] Realizing the importance of creating a culture of excellence in patient experience in the ED, a four-hospital system in Texas contracted with Philips Blue Jay Consulting to identify and deliver process improvement initiatives to achieve their patient experience goals.

In a two-phase engagement, emergency department nurses, technicians, paramedics, administrative staff, and medical providers attended didactic training and skills labs, were directly observed with coaching, and finally validated as able to support the system's patient experience expectations. The hospitals realized an increase of 2 to 47 percentile of their overall Press Ganey® standard scores. Questions relating to "Nurses took time to listen" and "Nurses' attention to your needs" resulted in 40 percentile point increases.

A subsequent correlation was realized between each hospital's admission length of stay and an increase in their patient experience scores, with the hospital with the lowest admission length of stay having the highest patient experience scores. Hospital executives are optimistic that current ED expansion plans will further decrease admission length of stay and increase the patient experience.

Background

In 2006, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey was introduced as a standardized survey instrument and data collection methodology to measure patients' perceptions of hospital care.[5] The joint venture between the Centers for Medicare and Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ) used three broad goals in developing HCAHPS:[4]

- First, to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers.
- Second, the public reporting of the survey results creates new incentives for hospitals to improve quality of care.
- Third, public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

The HCAHPS survey was implemented to capture the patient's experience during in-hospital care, not to be mistaken for a patient's satisfaction with their care.[3] The creation of HCAHPS was a leap forward in regards to comparing hospital inpatient patient experiences. However outpatient settings, such as emergency departments (ED), were left to third-parties to gather patient experience data. Since these third-party entities were not all uniform with their methodologies, outpatient departments were not compelled to share their results publically.

In 2012, CMS contracted with RAND Corporation to develop an Emergency Department Patient Experience of Care (EDPEC) survey.[11] The goals of EDPEC, which is slated to be fully implemented in 2016 are:[8]

- Better understand ED experiences from the patient's perspective
- Allow for objective comparisons of care patients receive in Emergency Departments
- Improve the quality of ED visits across the country

The Studer Group[8] reported that less than 50 percent of hospitals they had surveyed were actively preparing for the implementation of EDPEC. Furthermore, research by Johansen,[6] identified a disconnect between an emergency nurse's perception of patient satisfaction and quality of care. Emergency nurses identified staffing levels, leadership understanding, and unrealistic expectations as barriers to providing excellent patient experiences.[6]

To bridge the gap, emergency department leaders must create clear operational patient experience standards and defined measures of quality.[6] Defining what quality of care means to the ED nurse broadens the understanding of how quality should be measured and defining nurse-sensitive quality indicators is a means to achieve this goal.

In a meta-analysis of patient satisfaction in emergency department research, Taylor and Benger[9] identified that improving the interpersonal, attitudinal, and communication skills within ED staff and providing short training sessions are highly effective in increasing positive patient experiences. Emergency nurses must recognize that the patient experience is a component of a quality patient care delivery system and clinical care alone does not meet the quality expectations that exist in today's healthcare market.

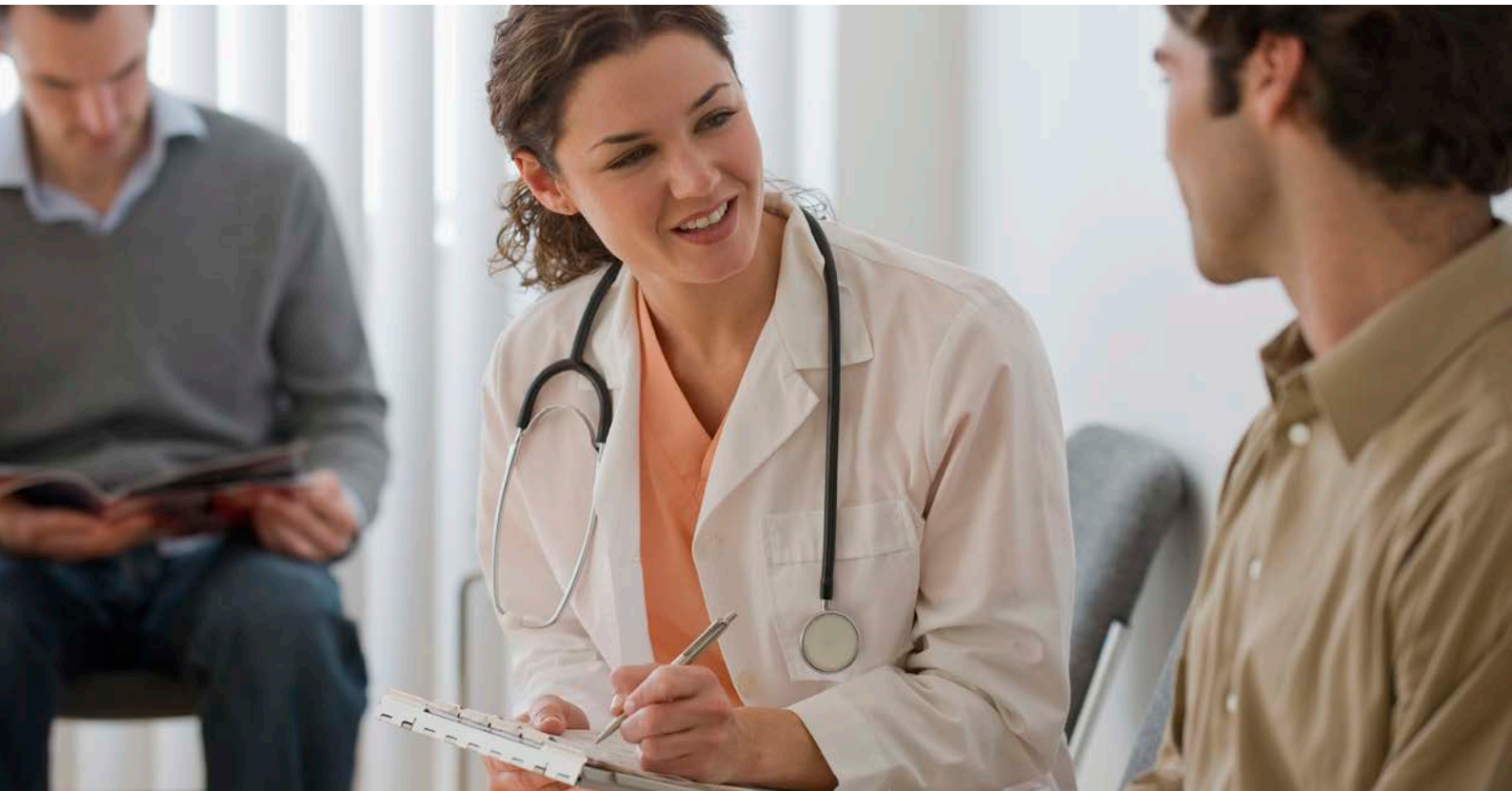
Introduction

Beginning in May 2014, a four-hospital system in Texas, contracted with Philips Blue Jay Consulting for a twenty-six week consulting engagement to provide process improvement assistance in their emergency departments. The ED's censuses ranged from 42,000 to 60,000 visits annually. Their average admission percentage was approximately 20%.

This first engagement was centered on redesigning front-end processes, triage training, a train-the-trainer triage program, and development of a system-wide ED metric dashboard. As with all of our consulting engagements, a Philips-client project team was established to support the project from definition to development to results. The end result was successful with over 98% (over 200) clinical staff members receiving Emergency Severity Index (ESI) triage training and validation through testing and direct observation.

Our consultants worked with the system's business development personnel to create an ED dashboard. The dashboard is accessible through the system's intranet and displays individual and hospital metrics along with the system's goals. It allows the staff and management to identify areas where improvement has been made as well as areas which need attention. The system greatly appreciated this new tool as it provides them with quick and easy access to a high-level view of their performance by individual hospital or across the system.

Due to the success of the first engagement, the system contracted with Philips Blue Jay Consulting for two additional consecutive twenty-six week consulting engagements focused on enhancing the patient experience within their EDs. The second engagement focused on clinical staff (nurses, paramedics, technicians, and secretaries), while the third engagement focused on the medical staff for patient experience training and validation. The goals were to create consistent education and training of the patient experience, improve workflow processes to enhance the patient's perception of care, and increase the overall patient experience across the emergency departments of the four hospitals.



Strategy and implementation

Patient experience engagement (clinical staff)

The priority goal of this engagement was to improve the patient experience in the various emergency departments. This would be met by developing an education, training, and validation program that encompassed the system's key patient experience standards. Philips Blue Jay Consulting deployed three consultants between the four hospitals. Two of the consultants were each assigned to two hospitals, with the third consultant providing oversight to ensure a systemic approach was accomplished.

Cameron et al.[2] identified that when discussing patient communication in groups, ED staff found empowerment, resolutions, and strategies to overcome barriers. As part of the program development, key hospital and system stakeholders, including department directors, managers, educators, quality specialists, patient experience specialists, and operational development staff met to create a didactic presentation that aligned with already existing patient experience standards for the system. Through several collaborative sessions, the project team developed a two-hour presentation that would serve as the initial education to promote discussion with department staff on the five patient experience standards. System representatives ensured the presentation was consistent with the system's mission, vision, and patient experience standards. These patient experience standards included the use of positive language, hourly rounding on patients, leader rounding on patients, waiting area rounding, and bedside shift report. Furthermore, during these sessions, staff education and validation tools were created to ensure standardization across the four hospitals.

The consultants taught twenty courses, with over 300 staff members attending. Included in the initial education were nurses, secretaries, paramedics, and technicians. These courses boasted robust discussion from staff questioning the prioritization of patient care versus the patient experience, similar to the concerns voiced in Johansen's[6] research. The consultants and departmental leadership expressed that first and foremost, the five standards were the "right" ways to treat patients. The consultants also shared early information on the upcoming EDPEC survey and how those survey results could effect financial performance of the hospital. Departmental leadership at each hospital set the expectation regarding staff performance in relation to patient experience. Staff was also made aware that annual evaluations would be reflective of these standards.

Based on the observations of Lane and Rollnick[7] and Bosse et al.[1], staff were required to attend a skills lab using role-play scenarios to provide a high degree of realism related to specific communication skills. Each hospital conducted approximately forty hours of skills labs in four-hour sessions over a two-week period. In these labs, the consultants partnered with hospital service quality specialists to conduct role-play scenarios with staff. The purpose was to ensure the five standards could be simulated via return demonstrations. Staff members would role-play a patient care scenario utilizing the five standard patient experience expectations. The consultants, service quality specialists, and department leaders served as patients and challenged the staff member's use of the standards. Following the interactions, positive feedback would be shared with the staff member by peers, leaders, and consultants, as well as identification of areas for improvement.

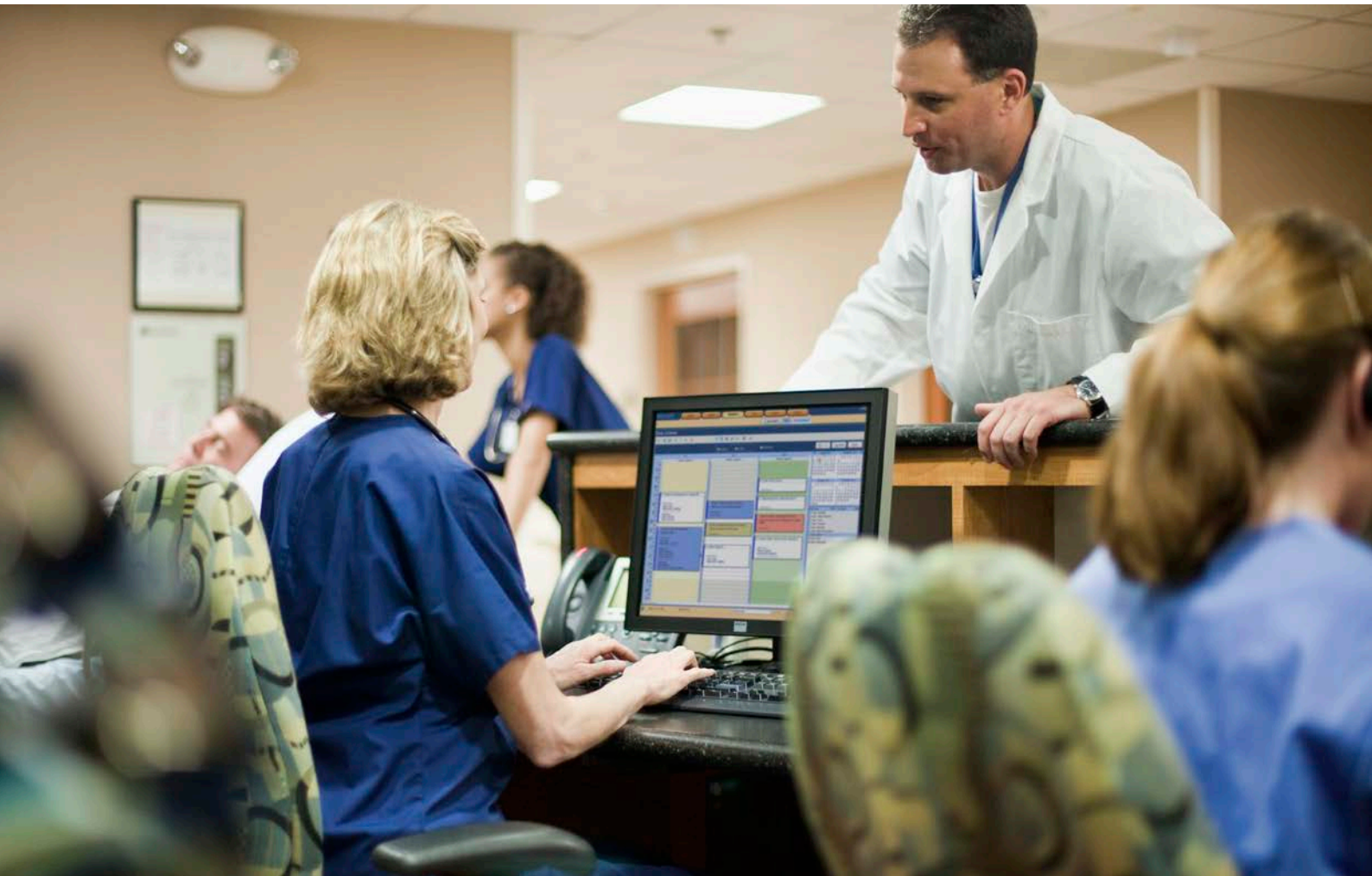
The final phase of validation occurred as in-department live observations of every staff member interacting with a patient utilizing the five patient experience standards. The consultants would accompany the staff member into patient care rooms to observe the interaction. Upon completion of the interaction, the consultant would provide feedback and allow an opportunity for questions. Staff were observed until they met all critical criteria on a jointly-developed observation validation checklist. The majority of the staff completed the validation in two observations.

Patient experience engagement (medical staff)

The goal of the second twenty-six week patient experience engagement was to continue the patient experience education, training, and validation of the emergency department medical providers. During this engagement, the Philips Blue Jay Consulting team provided an additional consultant so each hospital had a full-time consultant to ensure proper education, training, and validation of the medical providers.

Each hospital offered a series of one-hour program introduction meetings for the medical providers. All providers, including physicians, nurse practitioners, and physician assistants were required to attend one of these meetings in which the five standards of patient experience were presented. In all cases, the medical director kicked off the meeting with opening remarks regarding the importance of the training, thereby setting the expectation for performance.

Providers were also required to participate in a skills lab and/or in-department validation of the five patient experience standards of practice. Differing tactics were utilized for skills labs and validations due to a number of challenges encountered working within the four hospitals and the limited available shifts worked by most providers. While one hospital chose to provide a formalized skills lab similar to the one provided for staff members, the other hospitals performed multiple live in-department observations providing feedback after each interaction to ensure provider compliance utilizing a validation checklist.



Results

Over the yearlong engagement, dedicated to enhancing the patient experience, the results demonstrated an overwhelming collective increase in the Press Ganey® standard overall score by 27 percentile points. The individual hospital results are shown below.

Press Ganey standard overall score				
Hospital	**Dec 2014**	**Dec 2015**	**Percentile increase**	**Percent increase**
A	14	25	11	79%
B	19	67	48	253%
C	37	39	2	5%
D	44	92	48	109%

Percentile rank in the overall Press Ganey database.

With the first engagement which focused on nursing staff, all of the hospitals achieved increases in their Press Ganey standard overall nursing scores, from 2 to 48 percentile points. The questions in regards to "Nurses took time to listen" and "Nurses' attention to your needs" both resulted in up to 50 percentile point increases. Detailed results related to nursing are displayed below.

	Hospital A				**Hospital B**			
	Dec 2014	**Dec 2015**	**Score increase**	**% increase**	**Dec 2014**	**Dec 2015**	**Score increase**	**% increase**
Standard nursing	9	13	4	44%	25	61	36	144%
Nurses courtesy	12	12	0	0%	29	58	29	100%
Nurse took time to listen	8	9	1	13%	16	66	50	313%
Nurses attention to your needs	14	13	-1	-7%	24	66	42	175%
Nurses informative re treatments	7	15	8	114%	21	66	45	214%
Nurses concern for privacy	8	18	10	125%	32	64	32	100%
	Hospital C				**Hospital D**			
	Dec 2014	**Dec 2015**	**Score increase**	**% increase**	**Dec 2014**	**Dec 2015**	**Score increase**	**% increase**
Standard nursing	48	44	-4	-8%	46	94	48	104%
Nurses courtesy	41	52	11	27%	30	85	55	183%
Nurse took time to listen	45	46	1	2%	49	90	41	84%
Nurses attention to your needs	45	42	-3	-7%	42	95	53	126%
Nurses informative re treatments	48	41	-7	-15%	44	93	49	111%
Nurses concern for privacy	52	48	-4	-8%	68	97	29	43%

Results are for Press Ganey nursing questions represented in percentile scores.

With the second engagement which focused on medical providers, every facility recognized an increase in their Press Ganey overall doctor scores, ranging from 9 to 54 percentile points. "Doctor's information regarding treatments" generated the largest overall average increase. Below are the detailed Press Ganey results specific to doctor perceptions.

	Hospital A				Hospital B			
	Dec 2014	Dec 2015	Score increase	% increase	Dec 2014	Dec 2015	Score increase	% increase
Standard doctor	5	18	13	260%	3	47	44	1467%
Doctors courtesy	7	22	15	214%	3	38	35	1167%
Doctor took time to listen	8	20	12	150%	4	58	54	1350%
Doctor information re treatment	4	17	13	325%	4	44	40	1000%
Doctors concern for comfort	4	13	9	225%	2	54	52	2600%
	Hospital C				**Hospital D**			
	Dec 2014	Dec 2015	Score increase	% increase	Dec 2014	Dec 2015	Score increase	% increase
Standard doctor	37	46	9	24%	41	76	35	85%
Doctors courtesy	45	42	-3	-7%	54	87	33	61%
Doctor took time to listen	36	42	6	17%	40	77	37	93%
Doctor information re treatment	29	39	10	34%	40	77	37	93%
Doctors concern for comfort	35	51	16	46%	36	76	40	111%

Results are for Press Ganey doctor questions represented in percentile scores.

Considering the significant increases seen in the "Overall Nursing Care" and "Overall Doctor Care" scores, it is not surprising to see the increases in "Overall ER Care" and "Likeliness to Recommend". Detailed results for each of these metrics per hospital are below.

Press Ganey overall rating of ER care				
Hospital	**Dec 2014**	**Dec 2015**	**Percentile increase**	**Percent increase**
A	10	13	3	30%
B	20	71	51	255%
C	30	47	17	57%
D	34	89	55	162%
Press Ganey likelihood to recommend				
Hospital	**Dec 2014**	**Dec 2015**	**Percentile increase**	**Percent increase**
A	10	26	16	160%
B	20	66	46	230%
C	28	41	13	46%
D	36	88	52	144%

Discussion

All four hospitals had substantial increases in their Press Ganey overall standard rating, nurse rating, doctor rating, overall rating of ED care, and likelihood to recommend. Hospitals generated varying levels of increases due to differences in operational barriers at each hospital.

Successes

As expressed in the data, the engagements were successful in each hospital by enhancing the patient experience. The engagement brought together the four hospitals to create the first standardized service line training. Emergency department staff at each hospital had the same training and validation, thus creating inter-rated reliability in regards to patient experience expectations across the emergency department service line.

Philips Blue Jay Consulting, in collaboration with each hospital's department leadership and system service quality personnel, created a program for training that will continue past the engagement and be taught by department leadership with support from service quality. This will help to further sustain the patient experience scores and position continued improvement in scores as the culture becomes one of service and quality patient care.

Operational Barriers

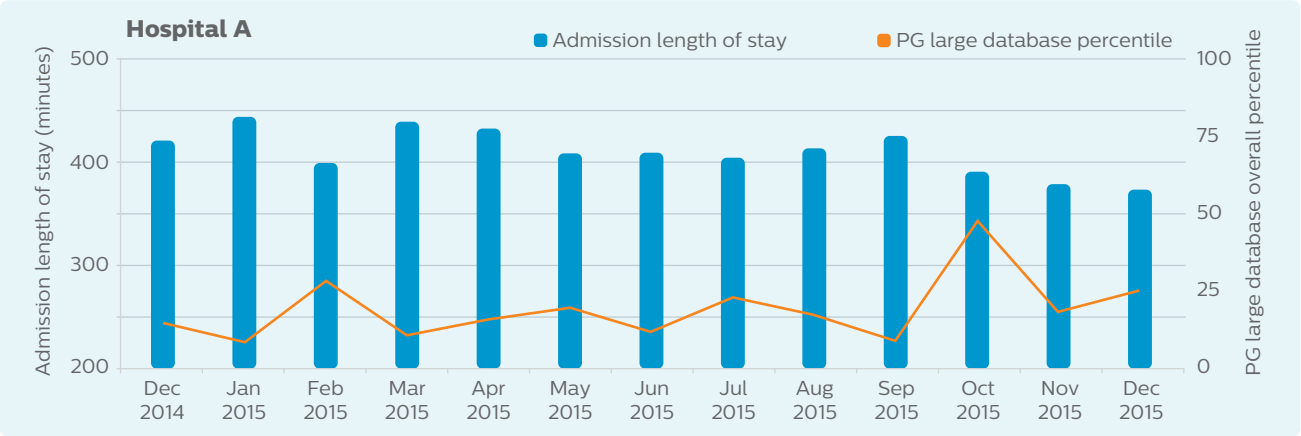
During the engagement, hospitals A, B, and C experienced weekly episodes of overcrowding within the ED resulting in inpatient boarding. Research has shown that emergency department crowding, as a result of the boarding of inpatients within the emergency department, has a negative effect on the patient experience for discharged emergency department patients.[10] This same phenomena appeared true within the four hospitals as well. As each hospital was successful in increasing their patient experience scores, the hospital with the lowest ED admission length of stay (LOS) realized the greatest increase in scores as shown on the following page.

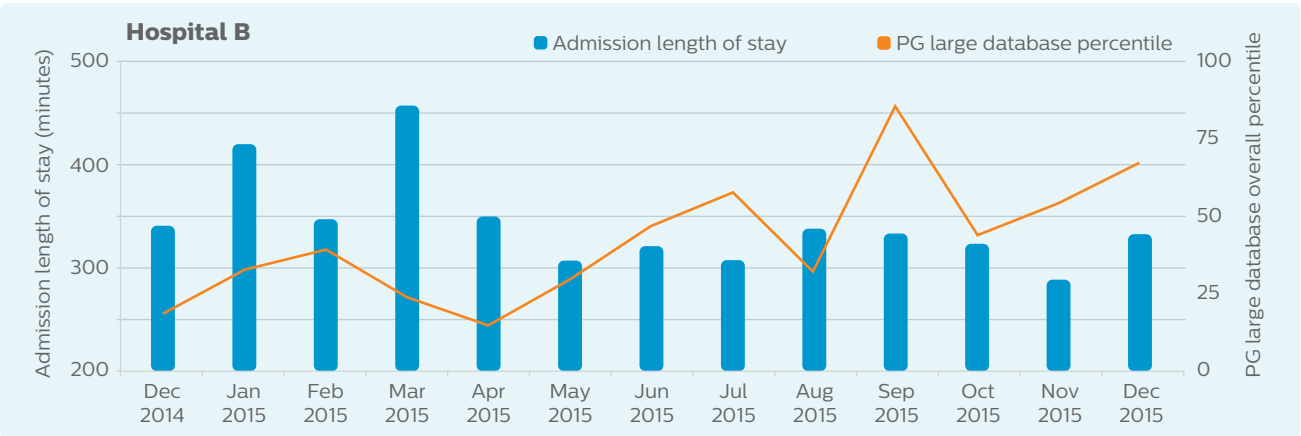
Hospital D had an average admission LOS of 290 minutes throughout the engagement period and realized the greatest level of success increasing patient experience scores. Hospital B's average admission LOS was 338 minutes and generated the second highest gains. The admission data is shown below.

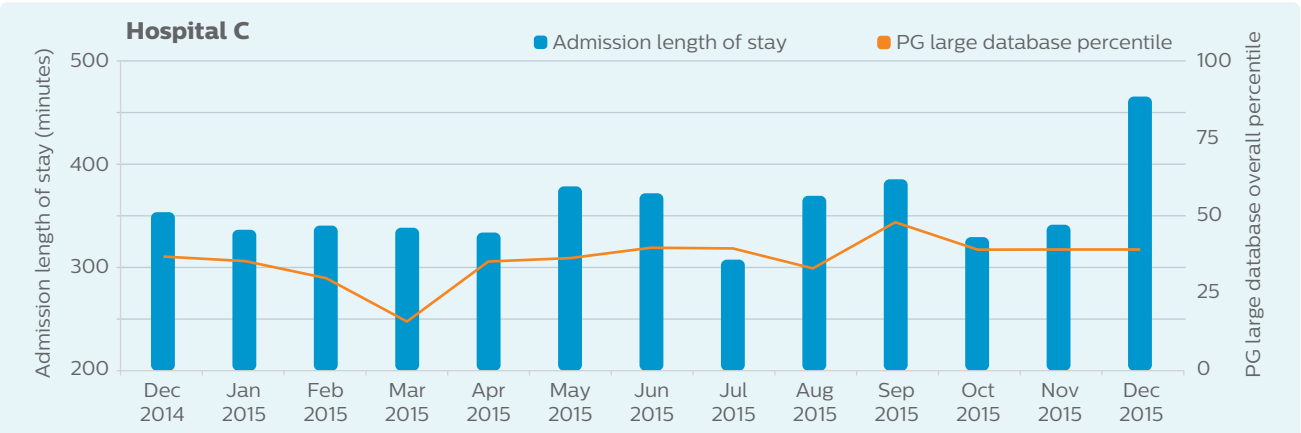
The hospital executives were very pleased that their individual facilities were able to increase the emergency department patient experience in spite of the inpatient boarding barrier. Hospitals A, B, and C are all in stages of construction to open more inpatient rooms in the future. Executives are optimistic that once these rooms are available, their ED admission length of stay will decrease and thus further increase the overall patient experience for both discharged and admitted emergency department patients.

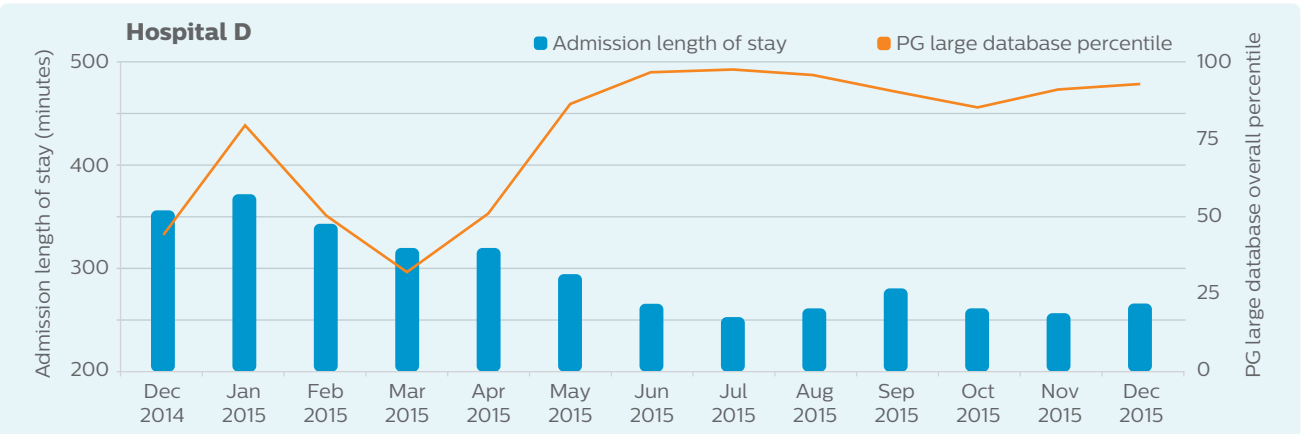
Admission length of stay vs. Press Ganey overall percentile score

Hospital	Average engagement admission length of stay	Press Ganey overall percentile score Dec 2015
A	411 minutes	25
B	338 minutes	67
C	351 minutes	39
D	290 minutes	92


Hospital A
Admission length of stay
PG large database percentile
Admission length of stay (minutes)
PG large database overall percentile
500
400
300
200
100
75
50
25
0
Dec 2014
Jan 2015
Feb 2015
Mar 2015
Apr 2015
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015


Hospital B
Admission length of stay
PG large database percentile
Admission length of stay (minutes)
PG large database overall percentile
500
400
300
200
100
75
50
25
0
Dec 2014
Jan 2015
Feb 2015
Mar 2015
Apr 2015
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015


Hospital C
Admission length of stay
PG large database percentile
Admission length of stay (minutes)
PG large database overall percentile
500
400
300
200
100
75
50
25
0
Dec 2014
Jan 2015
Feb 2015
Mar 2015
Apr 2015
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015


Hospital D
Admission length of stay
PG large database percentile
Admission length of stay (minutes)
PG large database overall percentile
500
400
300
200
100
75
50
25
0
Dec 2014
Jan 2015
Feb 2015
Mar 2015
Apr 2015
May 2015
Jun 2015
Jul 2015
Aug 2015
Sep 2015
Oct 2015
Nov 2015
Dec 2015

Summary

Through dedicated training, observation, and validation, this hospital system was able to successfully enhance the emergency department experience provided to their patients. As noted, the Press Ganey® standard overall score increased by 27 percentile points. The staff has developed a culture of caring and a realization that the patient experience and quality of care are synonymous. The system adopted the methodologies, training program, and process improvement initiatives that will support sustainable success and will continue to foster a culture of excellence.

About the authors

Beth Fuller, MS, RN, PHRN, CEN, CCRN, CFRN brings over 30 years of emergency, ICU, and critical care transport leadership experience in academic medical centers and community hospitals. She possesses extensive clinical and leadership knowledge and experience and has led ED change and reduced cost while improving patient satisfaction and employee engagement. Beth holds nursing certifications in critical care, emergency nursing, and flight nursing, is an EMT, and can be reached at beth.fuller@philips.com.

Rick McCraw, MBA, MHA, RN, CEN, has over 30 years of emergency, trauma, and physician practice leadership experience. He led a Level 1 trauma center ED and has reduced door to provider times, the decision-to-admit to inpatient bed times, implemented point-of-care testing in the ED, and streamlined nursing workflow and the ED discharge process. Rick is a certified nurse specializing in emergency nursing and can be reached at rick.mccraw@philips.com.

Misty Milling, MHA(c), MSN(c), BSN, RN, CEN, CPHRM brings 25 years of nursing experience with over 20 years of healthcare leadership in varying capacities. She brings exceptional leadership qualities that focus on patient outcomes, safety, and staff development. Misty is a registered nurse specializing in emergency nursing and is actively pursuing a dual degree for a Master's of Science in Nursing and a Master's in Healthcare Administration. She can be reached at misty.milling@philips.com.

Jason Moretz, MHA, BSN, RN, CEN, CTRN has extensive experience as an ED nurse leader and management consultant. He brings expertise with level 1 trauma centers, pediatric EDs, and community EDs and has lectured on process improvement strategy, triage training, and leadership/team development and has presented on tabletop exercises in relation to EDs. Jason is a certified emergency nurse and transport RN and can be reached at jason.moretz@philips.com.

Learn more

Through collaborative and patient-focused engagements, Philips Healthcare Transformation Services can help you unlock insights and opportunities to solve your most complex challenges of care delivery. We can help you achieve meaningful and sustainable improvements in clinical excellence, operational efficiency, care delivery, and financial performance to improve value to your patients. For more information, please visit **www.philips.com/healthcareconsulting**.

References

1. Bosse, H., Nickel, M., Huwendiek, S., Junger, J., Schultz, J., & Nikendei, C. (2010, March). Peer role-play and standardized patients in communication training: a comparative study on the student perspective on acceptability, realism and perceived effect. *BMC Medical Education*, 10(27). doi: 10.1186/1472-6920-10-27.
2. Cameron, K., Engel, K., McCarthy, D., Buckley, B., Mercer Kollar, L., Donlan, S., Makoul, G., Tanabe, P., Gisondi, M., & Adams, J. (2010, December). Examining emergency department communication through a staff-based participatory research method: identifying barriers and solutions to meaningful change. *Annals of Emergency Medicine*, 56(6), 614-622. doi: 10.1016/j.annemergmed.2010.03.017.
3. Centers for Medicare & Medicaid Services. (2015, June). Consumer assessment of healthcare providers and systems (CAHPS). Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS.
4. Centers for Medicare & Medicaid Services. (2014, September). HCAHPS: Patients' perspectives of care survey. Retrieved from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/HospitalQualityInits/HospitalHCAHPS.html.
5. Centers for Medicare & Medicaid Services. (2010). The HCAHPS survey – Frequently asked Questions. Retrieved from https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/downloads/hospitalhcahpsfactsheet201007.pdf.
6. Johansen, M. (2014, January). Conflicting priorities: Emergency nurses perceived disconnect between patient satisfaction and the delivery of quality patient care. *Journal of Emergency Nursing*, 40(1), 13-19.
7. Lane, C., Rollnick, S. (2007, July). The use of simulated patients and role-play in communication Skills training: A review of the literature to August 2005. *Patient Education and Counseling*, (67)2, 13-20. doi: 10.1016/j.pec.2007.02.11.
8. Studer Group. (2014, August). ED CAHPS At-A-Glance: Why ED patient perception of care matters – and how to prepare for the upcoming CMS survey.
9. Taylor, C., & Benger, J. (2004). Patient satisfaction in emergency medicine. *Emergency Medicine Journal*, 21, 528-532. doi: 10.1136/emj.2002.003723.
10. Tekwani, K., Kerem, Y., Mistry, C., Sayger, B., and Kulstad, E. (2013, February). Emergency department crowding is associated with reduced satisfaction scores in patients discharged from the emergency department. *Western Journal of Emergency Medicine*, 14(1), 11-15. doi: 10.5811/westjem.2011.11.11456.
11. Weinich, R., Becker, K., Parast, L., Stucky, B., Elliott, M., Mathews, M., Chan, C., and Kotzias, V. (2014). Emergency department patient experience of care survey: Development and field test. Santa Monica, California: RAND Corporation.

Results from case studies are not predictive of results in other cases.
Results in other cases may vary.

www.philips.com/healthcare
healthcare@philips.com

4522 991 19441 * MAY 2016