

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
SCIENTIFIC ASSEMBLY
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**Beyond Patient Care: Thriving in
Competitive Times (*James D Mills
Memorial Lecture*)**

The competition for patients is fierce. Hospitals that give patients a reason to come back stand a good chance of survival. Emergency departments that meet the demands of their customers---referring physicians and patients---enjoy a competitive advantage. A major health care system in the Northeast has developed an effective, multifaceted, successful reengineering program. Following its example will give new life to your department.

- Describe numerous ways the health care system has used to develop and foster close customer relations with staff, patients and managed care.
- List the four “steps of service.”
- List ways to identify problems in your department.
- Write a useful variance report to help correct those problems.
- Describe methods to measure physician performance and engender change.

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Barron Room
Las Vegas Hilton

FACULTY

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Beyond Patient Care – Thriving in Competitive Times

Jay Kaplan, MD, FACEP
ACEP Scientific Assembly
October 1999

Topics

- The times in which we live
- Developing a competitive advantage
- Differentiation - how in Emergency Medicine
 - tools to help you do so
- Key words: Systems
Service
- Focus
 - on the systems
 - on the individual

Preface: Creating context: no one achieves success alone

- My family
- EMA/MedAmerica
- SBHCS

The Times in which we live

Premise: These are competitive times

Premise: We are involved in a game where the rules of the game are constantly changing, where if you go off the field at halftime you may not be playing the same game when you return, where they may change the game even while you're on the field, and where for the first time we can't be certain we're going to have a place on the team.

Premise: A career in medicine and a secure and comfortable lifestyle are no longer synonymous.

Questions of the Day:

- Do you accept the above premises?
- Do you want to play the game?
- Do you feel you need to?
- Are you all alone or are there others on the path with you?
- What are some of the first steps you can take?

So what if the above are true? How will that affect you?

- Hospitals are closing and more will close.
- Risk
 - of your group losing its contract
 - of you losing your job
 - of your compensation falling

So what can you do about it?

- Help your group/ED/hospital to differentiate itself and grow patient volume
- Help yourself by differentiating yourself in comparison to other EP's

Premise: Physicians won't change until it's too late – as long as they are doing well they won't see the need and when the time comes they won't be prepared/have the skills or knowledge to meet the challenge.

Premise: To thrive in these competitive times you must differentiate yourself (and your group/ED/hospital).

Premise: “Quality” (as defined by physicians who are technically competent with medically sound judgement) is not a differentiating factor. It is taken-for-granted.

In Emergency Medicine, differentiation is accomplished by:

- Patient satisfaction
- ED staff satisfaction
- Medical Staff satisfaction
- Quality Outcomes – recognized indicators
- Cost-effective practice
- Synergy with institutional goals

Premise: We are in a service profession. The reason that many of us became physicians and nurses (in the beginning) was to serve people. Our task as healers is to meet the needs of our patients (and other “customers”).

Premise: In Emergency Medicine, we practice an art, a science and a business. Your ED may be considered a “small business”.

- It is not crass to think about what you do in this way.
- The Four Major Influencers in any Business (in the ED)
 - Customer = patients/ families
 - Employee = ED staff
 - Supplier = Medical Staff/EMS
 - Lender = The Hospital
- Look at the single biggest frustration for each group re: your business and then go after it with all your might.

Premise: There will be decreased reimbursement per patient encounter

So how will that affect you?

- Decreased \$ means decreased income for physicians

So what can you do about it?

- Increase volume of patients seen
- Be more efficient in how you see them

How can you do that?

- Differentiate your ED compared to others (other ED's, UCC's, MD's)
- Utilize physician extenders – PA's, NP's, CIM's

Premise: Improved customer satisfaction can translate into increased patient visits/admissions.

Question: What influences a patient's choice of an Emergency Department?

- Hospital reputation, including the ED - the ED is “the window to the community”, and has now become “the door to the hospital.” (The patient or patient's family makes the choice.)
- Proximity (The illness makes the choice.)
- Private physician (The private physician makes the choice.)
- Managed Care Organization/Insurance carrier in network (The MCO makes the choice.)

In each one of these choices the patient/patient's family makes the final decision.

Premise: Differentiation takes work – it cannot be wished into existence

- You need systems to help you do so
- Philosophy – your primary aim
- Information systems – technology
- Operations systems – hard-wiring successful methods/approaches

But first, consider: Why you don't need to re-engineer anything –

I'm a great doctor/nurse.

In fact, I'm a great doctor/nurse.

Aren't I enough?

I haven't had any problem yet.

Making the right diagnosis is really what's most important.

- The Blame Game
- Alien Avengers
- It's Not My Fault
- Heterogeneity Is Good
- Sour Grapes

Premise: We must manage how we do what we do. If we don't manage our practice, someone else will end up doing it to (not "for") us.

RECOMMENDATION: Look At The Glass Half-Full – we need to be the ones doing the measurement and utilizing the findings to our advantage.

Philosophy: your primary aim

Why did you become an emergency physician?

- Personal Autonomy
- Challenge of meeting/handling crises
- Opportunity to establish relationships with people and influence their lives
- Opportunity to make the world a better place to live in
- Security
- \$\$\$

What do you have now? What do you want to have?

Premises:

- No one achieves success alone – creating a supportive culture is vitally important.
- Achieve/Connect
- Perception = Reality
- Perception = experience + needs + communication
- In the ED exceeded thresholds = pain/discomfort, anxiety, convenience
- Every patient encounter has a beginning, a middle, and an end.
- Four Steps of Service

Premises:

- Measurement is a key factor in any analysis of performance (duh)
- Everyone would rather do a good job rather than a poor one
- Most people do not know whether they are outliers or not (“We see things as we are, not as they are”)
- Businesses are not successful because of extraordinary people; rather, they are successful because they create extraordinary systems which allow ordinary people to perform extraordinarily well.

Operations Systems

- Emergency Department Patient Tracking System (real-time)
- ED Management Team meetings
- Physical Plant issues – chairs/stools by every bedside; rolling carts with specialized equipment; maximum flexibility of use of rooms; bedside registration
- The Credo Card
- Care Variance Reports – doing your homework real-time
- Nurse Triage Guidelines (consistent, systematic nurse empowerment)
- Words of wisdom – the use of scripts in communication

Measurement Tools

- Patient Satisfaction survey
- ED Staff Survey
- Medical Staff Survey
- ED MD Peer Survey
- ED RN/MD Survey
- Emergency Department Information Management System
 - Matching resource to demand
 - Patient registration to Patient seen (2 components; reg-room/room-MD)
 - Hospital profiles
 - LWOBS
 - TAT for discharged/admitted patients
 - Patient satisfaction
 - Physician profiles
 - patient satisfaction (quality)
 - patients per service hour (productivity)
 - patients/acuity per service hour (productivity)
 - % admitted (resource utilization)
 - lab/x-ray utilization for a given chief complaint
 - 72 hour returns admitted on 2nd visit (quality)
 - time from patient in exam room to seen by MD (efficiency)

Focus on the system/Focus on the individual

- CQI/TQM says that systems issues are responsible for 85% of quality deficiencies; correct the system and individual performance will improve
- Problem: these days 85% is not enough; it will get you in the game, but it won't win it.
 - Therefore, we need to focus on the individual/personal change/growth

Premise: We are all rapidly depreciating assets

- The Seven Habits of Highly Effective (vs. Affected) People
- This is the Age of Brand You
- Answer the question: Besides being a competent doctor/nurse/etc. I make my ED/group/hospital/practice a better place by _____ (P.S. If you can't say why you've made your company a better place in the last year, you're out)
- Construct a one-quarter page yellow pages ad for Y.O.U.
- Take the Personal Brand Equity Test
- Create a draft formal Renewal Investment Plan for yourself

Summary:

“There is no greater power on earth than the human soul on fire”

General Ferdinand Foch, French hero in WWI

“Your work should be a good servant to your soul’s desire.”

David Whyte

“Follow your bliss”

William Blake

“He who wishes to be the greatest, let him serve the many”

The Bible

The Golden Rule – “Do unto others as you would have them do unto you”

The Platinum Rule – “Do unto others as they would have you do unto them”
(Alessandra)

The Alchemist Rule – “Don’t do unto anyone; be with others first and then work with others” (Kaplan)

Where there’s no gardener, there’s no garden”

Steven Covey

“You do not merely want to be considered just the best of the best. You want to be considered the only ones who do what you do.”

Jerry Garcia

“Love all, serve all”

Credo, Hard Rock Café

“People stuff is real stuff. People stuff is the only stuff”

Tom Peters

“Life is either a daring adventure, or nothing.”

Helen Keller

“You must be the change you wish to see in the world.”

Mohandas K. Gandhi

“We work in the dark. We do what we can. We give what we have. Our doubt is our passion. Our passion is our task. The rest is the madness of art.”

Robert Coles, M.D.

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