



Anesthesia APEX

The Care Experience

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Imagine for a moment that you have an upcoming surgery. How are you feeling? Maybe you're anxious thinking about the process, anxious about your recovery and anxious for the results. You will see multiple healthcare clinicians and others the day of your surgery and be given an abundance of information. It is easy to become overwhelmed.

This is an untapped opportunity for anesthesia teams to guide patients through a critical juncture. Teams can see positive outcomes in patient experience by providing education to clinicians on promoting positive interactions and communicating with patients using a consistent message and a systematic approach.

THE PROBLEM/CHALLENGE

Many facilities miss critical information that can improve patient experience in the perioperative period. Assessment of patient experience with Anesthesiology care is critical to understanding how patients perceive the communication and service they receive during their facility stay.

THE SOLUTION

TeamHealth's Performance and Innovations Consultant (PIC) team and clinicians worked together to replicate key components from sites that were able to maintain a ninetieth percentile and above in patient experience. The turnkey program developed from this collaboration became APEX, our proprietary program that uses an integrated approach to provide data-driven best practices that improve clinician communication and directly enhance patient experience. With proven success across other service lines, including emergency medicine and hospital medicine, the team sought to implement and document the successful roll-out of the program within the anesthesia service.



PILOTED APPROACH

Taking a piloted approach, the PIC team worked with anesthesia facility medical directors (FMDs) at five sites chosen to participate in the initial launch. The facilities range in size from seven to 44 operating rooms and 18 to 89 anesthesia clinicians covering multiple areas, such as main operating room, obstetrics, cardiac catheterization lab, electrophysiology, ambulatory surgery centers and endoscopy. The scope of the pilot sites includes:

- **Site 1:** A 500+ bed non-profit facility in Ohio
- **Site 2:** A 500+ bed non-profit facility in New York
- **Site 3:** a 200+ bed hospital in Florida
- **Site 4:** a 200+ bed hospital in Illinois
- **Site 5:** a 250+ bed, non-profit hospital in Washington, D.C.

KEY COMPONENTS: EDUCATION, SHADOW ROUNDING AND DATA COLLECTION

Education

The PIC team, working alongside a multidisciplinary team, created five educational learning modules that all pilot site anesthesia clinicians completed. The modules included videos, slideshows and vignettes from current team members. All clinicians completing the modules received Continuing Medical Education (CME) hours. Clinicians were given a 60-day window to complete the educational modules. All clinicians assigned completed the education, achieving a 100% completion rate.



Shadow Rounding

Once the education modules were complete, it was imperative to validate that the clinicians were utilizing the information. The PIC team travelled to each of the pilot facilities and worked with the FMD and other leaders to implement shadow rounding. The program's shadow rounding component includes observing the interactions between anesthesia clinicians and patients, followed by an individual coaching and debriefing session. Once every clinician has been rounded on as a baseline, shadow rounding becomes an ongoing activity. That way, FMDs can work with clinicians who may need additional education or coaching.

Data Collection

To bolster datasets around anesthesia patient experience, Dr. Jay Mesrobian and the PIC team created questions that are used in a text-based survey. Patients over the age of 18 who receive outpatient anesthesia services within the piloted facility receive the survey 48-72 hours after surgery.

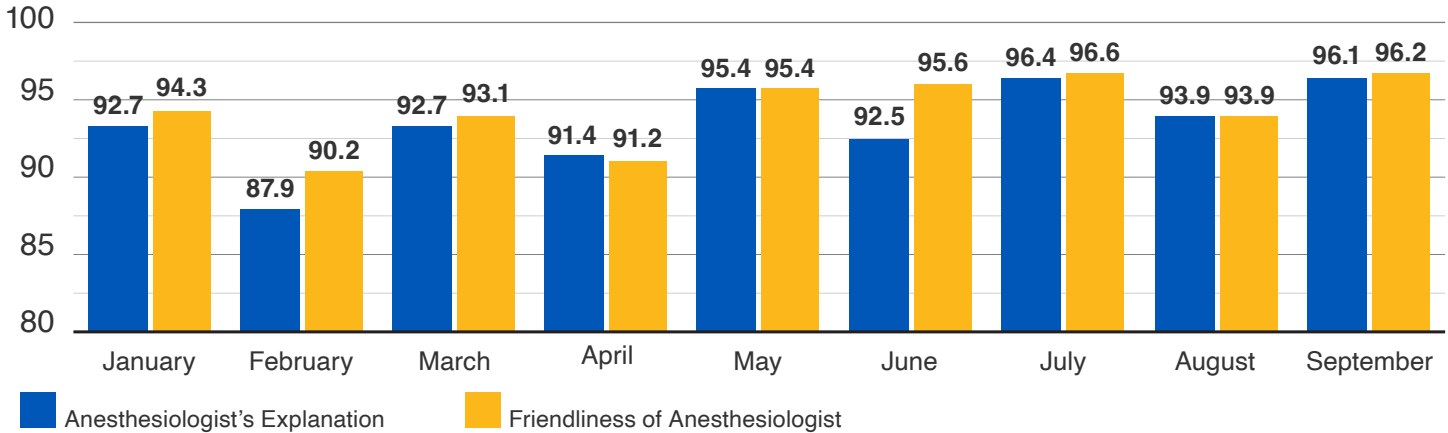
The survey includes a secure form for patients, who have the option to opt-out, to complete. If patients report a poor experience, they also have the option to request to speak with an anesthesia clinician. The on-site leadership receive the request and reach back out to the patient to perform service recovery. Ultimately, this improves patient care delivery at each site.

RESULTS

The data tables reflect metrics that capture the time ranges when education was completed and shadow rounding began. At the time this paper was authored, the team had implemented the proprietary text-based survey at two sites and are also receiving data from each of the facilities' own surveys. The survey data below represents facility-provided data and text-based survey data from site two, as an example of the program's success. Analyzing data from all sites, the team has seen strong correlation between implementation of the APEX program and increased patient experience scores.

EXAMPLE OF THE FACILITY-PROVIDED DATA

Site 2: The PIC Team went on site April 2022



Site 2: Survey questions and responses

