



Resources, Strategies and Tactics Supporting a Client's Return to Growth

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Closures. Furloughs. Service cuts. Cash flow and operating income concerns. Sound familiar?

The COVID-19 pandemic has put extraordinary pressures on America's hospitals and health systems. In markets across the country, these unprecedented times are forcing hospital leaders to look more closely than ever before at their clinical, financial and operational framework to ensure their ability to provide stable, long-term quality care to the communities they serve.

Across the country, from the onset of the pandemic to today, as America's hospitals begin to regain their footing and position themselves for growth and return to normalcy (in an environment that is anything but), TeamHealth is proud to serve as a valued strategic partner to help you confront your most pressing operational challenges.

The experience gleaned from the work we've done with literally hundreds of hospitals, as well as the contributions of literally thousands of TeamHealth clinicians and operations professionals working across the nation, represents the dedication and commitment we bring to every client relationship, and is reflected in the operational guide in the pages that follow.

Tools and Resources to Assess Emergency Department (ED) Operational Efficiency and Readiness for "Return to Growth"

- Individualized operational assessment and recommendations to optimize flow
- Best Practice sharing and networking through Team Health's Zenith Communication App
- Custom-staffing optimization analysis via Cognition - a proprietary analytics platform to help align clinician and nurse staffing with patient demand by hour of day, day of week, and week of the year
- Flow modeling, simulation and implementation support
- Clinical integration support for emergency and hospital medicine services to expedite transition of care, improve admission processes and reduce admission holds
- Analysis of LWOT (Left Without Treatment) and surge response tactics aimed at patient safety and mitigating volume loss/promote recapture (perhaps consider inclusion of LWOT to facilitate capture of revenue, mitigate risk and improvements in patient experience)
- Relationship building with EMS to increase ambulance traffic through provider involvement in EMS education programs and process improvements that address quality of patient care and reduce wall time (ambulance receiving)
- Patient flow educational offerings through X32 Academy and TH PlayBook (consider including nursing leaders)
- Effective and outcome-centered multidisciplinary operational monthly meeting
- Utilize Performance & Innovation Team (physician and nurse) analysts as consulting resources
- Focus on areas of performance and metrics that are declining in score and develop action plans and processes to address, improve and monitor

On-site Physician and Nursing Leadership Development Resources

- Dedicated regional and corporate operational support for the Facility Medical Director (FMD) by Regional Medical Director (RMD) / Vice President of Operations (VPO) / Practice Managers
- Educational leadership programs for FMD (e.g. Leadership Education & Development (LEAD) / Advanced LEAD / Medical Director Boot Camp) with attention to leadership operations, throughput and patient experience
- National TeamHealth Patient Experience Program that includes analytics, drill down by provider, shadow rounding, education and individualized coaching
- Leadership Fundamentals program for staff physicians who have demonstrated leadership potential (provides an introduction to leadership development)
- Focus and support of Advanced Practice Providers/Clinicians (APP/APC) to operate at full scope of license
- Annual National Medical Leadership Conference aimed at familiarization of national best practices related to flow, patient experience and other relevant clinical topics
- Educational offerings through X32 Academy, regular webinar offerings and podcasts
- New "Superpower" Process Improvement certification program to enhance the formal process improvement training skills of clinical leaders
- Resource/support for nursing leaders on leadership, efficiency and patient experience (e.g. charge nurse and ESI training)
- Dyad rounding on patients and staff

Improving CMS Star Ratings, Patient Confidence and the Patient Experience

- National Patient Safety Office involvement and engagement for all clinicians (recognized by the AHRQ)
- Evidence-based education for Physicians and APCs
- Minefield Navigator and Merit-Based Incentive Payment Systems (MIPS)
- Develop tool kits and resources for clinical quality (e.g. Sepsis, CHF, CT Utilization)
- Data mining to identify clinical trends in care, with solutions to help foster improvements
- Provide EM/HM leadership training around quality metrics
- Customer service training for employees (i.e., “same way, every time”)
- Reinforce positive behaviors
- Model a continuous flow of communication between clinician/nurse/patient
- Utilize A-PEX to train clinicians (including shadow rounding)
- Be transparent in reporting metrics/shared goals
- Conduct routine and regular follow up of both positive and negative experiences

Re-Engaging an Aggressive Marketing Plan

- Use positive experiences from employees and patients as part of marketing strategy (social media/testimonials in local advertising)
- Conduct a competitive analysis to determine areas of differentiation and integrate those advantages into your marketing content strategy
- Consider paid newspaper/TV campaigns
 - Key messages
 - “Don’t ignore sudden symptoms or warning signs”
 - “Take your sudden symptoms”
 - “Your local ER is safe, with cleanliness protocols in place to ensure your safety – you need not fear contracting COVID by visiting your local emergency department”
- As part of your hospital’s social content strategy, leverage social feeds to reinforce patient safety messaging (e.g., Facebook Live events featuring ER clinicians, posts on Twitter, Facebook, etc.)
- Guest editorials – consider drafting editorials for local papers written by (or “for”) EM leaders to reinforce patient safety messaging
- Internal videos (short vignettes featuring clinicians talking about ER safety to be shown on internal channels, smart screens on patient waiting areas, hospital social feeds, etc.)
- Patient education literature - distributed via primary care offices, inside the hospital, etc.

Public Relations/Outreach

- Provide physicians and other clinicians to participate in media interviews stressing ED safety and COVID-19 protocols (key message: “Your local hospital ER is safe and at the ready for your acute/urgent warning signs, symptoms and illnesses – don’t wait to get the care you think you might need”)
- Outreach to local referring specialists to ensure referrals, reduce/minimize outmigration and to determine their expectations and encourage use of hospital’s ancillary and inpatient services
- Outreach to local post-acute facilities, including offers to conduct community education programs (e.g., nursing homes, rehab facilities, assisted living, etc.)
- Pitch EM leaders, FMDs for interviews with local papers and TV stations to discuss ER safety, the steps ERs are taking to ensure patient safety, etc.

EMS

- Consider sponsoring an on-site event, speaker or break at local EMS Symposium or on-site are the hospital
- Consider opportunities to expand/deepen relationship building with local EMS (e.g., provide/sponsor a food truck for lunches on EMS week outside the ED)
- Sponsor/promote/participate in EMS-facing events