



A-PEX: Achieving Peak Performance in Patient Experience

TeamHealth's Turnkey Approach to Improving Service Excellence

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TeamHealth's new patient experience program, A-PEX (Achieving Peak Performance in Patient Experience), is facilitating mutually beneficial results in the departments and hospitals where it's been introduced going beyond the basic "checklist approach" to patient satisfaction.

THE FOUNDATION OF A-PEX: COMMUNICATION IS THE KEY

For a moment, imagine being a patient in the hospital or emergency department and seeing multiple caregivers for no more than just a few minutes each. Each caregiver has important information to share with you, and some of that information is new and perhaps difficult to comprehend. Those types of patient experiences can be impacted by teaching clinicians to communicate a consistent message, providing positive aspects in the patient experience.

Past studies have shown valid reasons for improving the patient experience. Satisfied patients can lead to:

- Improved patient outcomes
- More engaged clinicians and caregivers
- Improved patient compliance
- Increased hospital profitability/financial incentives/ stability of jobs and contracts
- Fewer legal situations
- An improved work environment

One of the benefits of A-PEX is that patients feel better about the care they're receiving from clinicians. And in turn, clinicians become energized by the results they see from a more empathetic approach to patient interactions.

THE PATIENT: THE BEST EVALUATOR OF CARE

Key studies show the patient perspective best evaluates how all healthcare disciplines can come together to form a patient-centric, quality-focused experience.

TeamHealth believes patient experience correlates with key quality care outcomes, such as lowering readmissions and improving patient compliance. TeamHealth's commitment to patient safety, clinical quality and data-driven excellence in hospitals across the U.S. served as the foundation of this integrated strategy for improving patient experience.

In preparation for a broad introduction, several client sites came together in 2019 to participate in an early launch of the program, experimenting with the educational materials, videos and analytics in its toolkit, then offering feedback in anticipation of the rollout of the TeamHealth-wide standardized framework. The materials are designed to assist FMDs and patient experience clinician champions to initiate the A-PEX launch in their areas. Future iterations of the A-PEX program include portal refinement for client-facing materials and incorporation of program feedback, evolution and enhancements.

A ROBUST TOOLKIT CENTERED ON OPTIMIZING THE PATIENT EXPERIENCE

A-PEX provides a comprehensive, scalable (and turnkey) program that creatively balances:

- Didactic learning sessions
- One-on-one coaching
- Individual accountability

Using our national reach and experience in working with outstanding hospitals and health systems across the country, TeamHealth pooled its expertise to develop an eight-step program that begins with an assessment as well as checklists and tools for data analytics, educational videos and suggested materials for optimizing communication between the clinician and the patient.

Accountability and sustainability are built into the program through flexible training that can be delivered a variety of ways (onsite, remotely or by video for leader and clinician training in shadow rounding and coaching). Individual A-PEX teams are guided in creating their project charter, customized to define and examine problems specific to their situation and location.

Hospitals that participated in the A-PEX rollout provide valuable suggestions in the refinement of program components, adding insights from previous recommendations and examining resulting analytics for future use across the country. Examples of tools and templates include initial self-assessment and startup checklists, topic-specific videos in which behavior modeling is shown, competency grids, communication templates or scripts, shadow rounding documents and other related materials.

OVERCOMING OPERATIONAL STUMBLING BLOCKS

Common barriers to providing a great patient experience can be pinpointed within operational realities and basic human behaviors. Barriers within operations can involve timeliness in correlation with the reliability of care, such as:

- Getting the patient in front of a clinician
- Securing reliable turnaround time for ancillaries and procedures focusing on reliable collection and transport
- Making sure that, when diagnostic results are back, the patient leaves the emergency department as quickly as possible, even if the physician does the discharge.

With regard to behavioral obstacles, consider for a moment an emergency medicine team. How EM clinicians interact with and treat patients can be altered through improved communication techniques and accountability, coupled with shadow rounding for validation and other incentives. The key educational foundation of A-PEX involves teaching staff how to model the behavior that patients most desire.

A November 2017 study examined in the Annals of Emergency Medicine showed that patients want:

- To understand the cause and expected course of their symptoms
- Reassurance
- Symptom relief
- A plan to manage symptoms, resolve their issues or pursue further care
- Staff members who care about them as a person
- A doctor/nurse dedicated to keeping them informed about treatment
- To be kept informed about delays

WHAT PATIENT-CENTERED COMMUNICATION BEHAVIORS CORRELATE WITH HIGHER PATIENT EXPERIENCE SCORES?

Observational data from a 2018 study published in the Journal of Patient Experience showed a positive correlation between high-performing ED clinicians in Press Ganey (PG) satisfaction scores and their use of the following six communication behaviors:

- Smile and make eye contact
- Shake hands
- Acknowledge the wait and apologize for it
- Begin with an open-ended question like “How can I help you?”
- Exhibit at least one non-medical gesture
- Overestimate time required for certain procedures

Interestingly, the concept of appreciation of the patient’s time showed the most significant behavioral differences between the high and low-performing emergency departments.

CORE INGREDIENTS OF THE A-PEX TOOLKIT:

Patient experience education materials for clinicians:

- Patient experience background and its importance
- EM and HM operations (how timeliness and reliability of care correlates with patient experience)
- Staff behavior (how to interact with and treat patients)
- HCAHPS overview and relevance to hospital guide
- Nurse and clinician engagement around patient experience



Patient experience data mining and analytics:

- Current state of patient experience performance for the clinician group and department
- Resources for processing and ongoing reporting of patient experience data to clinicians
- Segmentation of patient experience data by clinician

Resources for developing the patient experience committee:

- Identification of key departmental stakeholders (physicians, nurses, APCs) and executive sponsor
- Patient experience advisor
- Patient experience data analyst
- Regular on-site validation of tactic implementation, staff coaching, accountability and sustainability of the hospital's A-PEX program structure

Clinician shadow rounding and mentoring:

- Standardized shadowing evaluation tools to assess clinician interactions with the patient/family at the beginning, middle and closing phases of the clinical encounter
- Shadow rounding feedback and clinician coaching tools

Operational and patient flow Improvement:

- Strong correlation of operational performance on patient experience
- Continuous assessment of operational performance and throughput conducted in parallel with A-PEX

ACTION PLANS: SIMPLIFYING EXPLANATIONS

The A-PEX Toolkit has a myriad of resources and suggestions designed to build an action plan to address the most prevalent attributes valued by most patients.

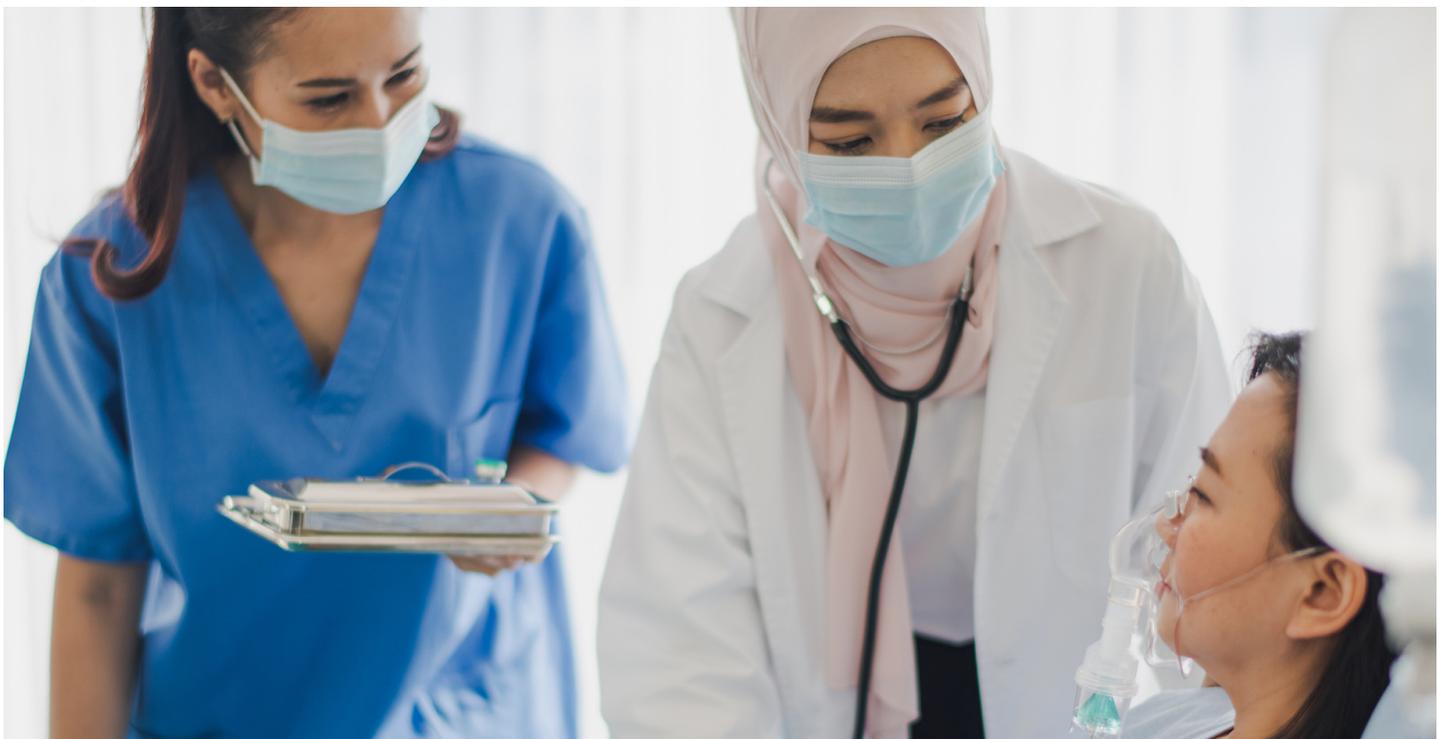
For example, say a clinician scored low in the area of “explaining things” to patients. The toolkit contains actionable scripting, which the clinician can incorporate to help him or her better develop those skills.

Because medical and health literacy can be fairly low even in patients with advanced degrees, scripting is provided to encourage and guide clinicians in ways to improve their efforts to communicate in a more elementary fashion, with less “medical speak.”

For example, after the clinician finishes verbally outlining a care plan for the patient, the next logical step would be to pause for a moment, then to lead with an appropriate non-judgmental (pre-scripted) question, such as “We have gone over a great deal of information. Is there anything that wasn't clear or something I could explain better?”

SHADOW ROUNDING TOOLS THAT MAY BE SCORED AND REPORTED

To provide tangible feedback to clinicians and to ensure they are modeling key communication behaviors, the toolkit's shadow rounding tools have been sharpened and refined to reflect objective measures which capture critical communication between clinician and patient. The scoring instrument denotes which areas of strength can be rewarded and which areas of weakness can be addressed and corrected.



A DEFINING MOMENT: IMPROVING CLINICIAN ENGAGEMENT

One emergency medicine physician participating in A-PEX shares his perspective:

“By going through the A-PEX project, I saw first-hand how the implementation of the program can improve not just the patient experience, but my OWN personal satisfaction as a clinician. Once I saw how this program helped me (someone who initially was a non-believer), I wanted to help my colleagues achieve the same level of improved patient experiences and improved satisfaction.

“I was reluctant at first, but after utilizing only a few of the components of the communication and behavior techniques that were new to me, I saw immediate results. My patients began to thank me for the visit and would look for me before leaving the ED to let me know how satisfied they were.

“The shadow-rounding and mentoring process within A-PEX also provide some gut-checks in accountability. This accountability is vital. We have to face the reality that unless someone is watching us, it can be difficult to maintain our motivation to continue with a process.

“Additionally, we all need re-calibration periodically. The sharing of scores among peers is beneficial as it allows us to see where we stand relative to others. Many clinicians want to improve their scores, creating a sense of competition, even if only for the individual clinician.

CONCLUSION

Vital patient experience feedback continues to evolve, enabling consistent improvements to A-PEX’s various assessment elements; making this program a dynamic, ever-changing framework within client facilities.

While a focus on positive patient experience isn’t new, the A-PEX program’s “deep dive” into the core elements of patient satisfaction provide partnering facilities with a competitive advantage in today’s challenging operating environment.

As more hospitals implement this exciting new program, A-PEX will only grow in its ability to provide the following added value:

- Providing a turn-key, proven program shown to improve patient experience scores and key components currently measured in the present healthcare environment
- A platform that enables clinicians to learn more effective patient-centered communication techniques (which also can translate into better communication among colleagues, associates and family members)
- A dedication to fostering a more engaged workforce, minimizing the impact of clinician burnout that is so prevalent in emergency medicine and other medical specialties

Through A-PEX, a trackable, reportable system of patient experience data can now be used to understand a facility’s strengths and weaknesses better. This enables groups to study best practices to furthermore unified approaches and put current, tested and verified solutions into place.



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