Closing the Knowing-Doing Gap

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Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.
“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

Charles Darwin
The Journey Ahead vs.
Quality and Value

Value = Quality/Price

Quality

- **S.T.E.E.E.P.** (IOM, 2001)
- The culmination of everything that happens to a patient during and as a result of an encounter (Studer Group, 2012)
- Cannot be determined without voice of the customer input
Value Based Purchasing FY 2013

1% Base operating DRG payments

12 Process of Care Measures
(* 70% Weight)

HCAHPS
(* 30% Weight)

Performance attainment and improvement will determine total hospital reimbursement

Implementation FY 2013 (October 2012)
Source: Value Based Purchasing Program final rule 4.29.11
The Rise of HCAHPS

Comparison of Senior Leader Goals among Studer Group Partners

Source: Studer Group proprietary data. Created October 2012.
HCAHPS Results are Improving

Average Change in Top Box Results in One Year

- Patients who gave a rating of 9 or 10 (high) changed by 0.9
- Clean and Quiet improved by 0.6
- Patients always received help as soon as they wanted improved by 0.7
- Yes, patients would definitely recommend the hospital improved by 0.4
- Staff always explained about medicines before giving… improved by 1.0
- Pain was always well controlled improved by 0.3
- Nurses always communicated well improved by 0.8
- Doctors always communicated well improved by 0.31

Source: Hospital Compare database. The graph compares the change in one year in “top box” results. The “top-box” is the most positive response to HCAHPS survey questions.
But the Pace is *Slowing*

![Graph: National Average Change in Top Box Trends](image)

<table>
<thead>
<tr>
<th>Change 1Q08-4Q08 to 1Q09-4Q09</th>
<th>Change 2Q08-1Q09 to 2Q09-1Q10</th>
<th>Change 3Q08-2Q09 to 3Q09-2Q10</th>
<th>Change 4Q08-3Q09 to 4Q09-3Q10</th>
<th>Change 1Q09-4Q09 to 1Q10-4Q10</th>
<th>Change 2Q09-1Q10 to 2Q10-1Q11</th>
<th>Change 3Q09-2Q10 to 3Q10-2Q11</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00</td>
<td>2.00</td>
<td>2.00</td>
<td>2.00</td>
<td>1.50</td>
<td>1.00</td>
<td>0.50</td>
</tr>
</tbody>
</table>

**Source:** Hospital Compare database. The “top-box” is the most positive response to HCAHPS survey questions.
Always

Never | Sometimes | Usually | Always
Patients’ Perception of Care = Quality

Pressure Ulcer Stages III and IV

Hospitals Rate per 1000 of PRESSURE ULCER STAGES III AND IV by their Percentile Ranking on Responsiveness

- 0-24th Percentile in "Patient Always Received Help When They Wanted" = 0.163
- 25-49th Percentile in "Patient Always Received Help When They Wanted" = 0.115
- 50-74th Percentile in "Patient Always Received Help When They Wanted" = 0.081
- 75-99th Percentile in "Patient Always Received Help When They Wanted" = 0.041

Source: 4Q10-3Q11 Hospital Compare, CMS data.
What’s Really at Risk

Our Vision:
To be the Best Community HealthCare System in America.
“People wish to be settled; but only as far as they are unsettled, is there any hope for them.”

Ralph Waldo Emerson
We Practice What We Teach

- 2010 recipient of the Malcolm Baldrige National Quality Award
- 99th percentile employee engagement for eight straight years
- One of the best small companies to work for in America for five straight years (#4 in 2012)
- Mission: to create better places to work, practice medicine and receive care.
- Vision: to maximize the human potential within healthcare
“Vision without execution is hallucination.”

Thomas Edison
Closing the *Knowing-Doing Gap*

- In healthcare, our Gap is profound.
- It’s not just about trying harder and learning 25 novel tactics.
- *How do you systematically ensure that people always apply evidence-based practice?*

Most Change Efforts Fail

Total Quality Management programs:
• About two-thirds “grind to a halt because of their failure to produce the hoped-for results”

Reengineering
• 70% failure rate

Why Organizational Change Fails

1. Dots are not connected consistently to purpose, worthwhile work and making a difference

2. Do not achieve critical mass - Lack of balanced approach

3. Absence of an objective accountability system

4. Leaders do not have the training to be successful

5. Too many new behaviors introduced at once – need of sequenced approach

6. No process in place to re-recruit the high and middle performers and address low performers

7. Inability to take best practices and standardize across organization

8. Failure to have leaders “always” do desired behaviors

Three Elements to Execution

Source: Simplified depiction of Studer Group’s Evidence-Based Leadership℠ framework.
The Journey Ahead

VS.

Image courtesy of Apple Inc.
It’s not what we do for patients.

It’s what we do with patients.
Narrating Your Care

Key Words at Key Times
Advantages of AIDET®

Decrease anxiety with increased compliance

Decreased Anxiety + Increased Compliance = Improved clinical outcomes and increased patient and physician satisfaction
Key Words at Key Times – AIDET®
Outcome – Outpatient Satisfaction

Source: Advocate Good Samaritan Hospital, Beds = 303, Admissions = 17,486
<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
<th>Eye contact, smile and acknowledge everyone in the room.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
<td>“Hello Mr. Clark. My name is Jackie and I am your nurse today. I have been a nurse for 20 years and have worked in this hospital for over 8 years. I have done this procedure thousands of times and I go back for training each year….”</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
<td>“This procedure will take about 10 minutes to perform and then about one hour for the results….”</td>
</tr>
<tr>
<td>E</td>
<td>Explanation</td>
<td>“Let me explain some more about the procedure.” (Explain why performing the procedure, what will happen and what they should expect, understanding of side effects, and answer any questions.”</td>
</tr>
<tr>
<td>T</td>
<td>Thank you</td>
<td>“Thank you for choosing us ….Thank you for waiting … Thank you for coming in today…What other questions do you have?”</td>
</tr>
</tbody>
</table>
“I find that when I do AIDET®,

- Patients are nicer
- And more compliant…”
It only works if you do it.
AIDET® – Impact on Safety and Quality

Change in Percentile Ranks

Ease of obtaining test results (60.0%)
CP instructions for follow-up care (80.0%)
CP information about medications (73.5%)
CP efforts to include in decisions (73.3%)
CP concern for prob/condition (84.2%)
Access to care (46.5%)
Overall Patient Satisfaction (53.0%)

Source: Oklahoma University; OUP Hematology/Oncology Clinic & Infusion Center; 10 providers & 22 staff, take care of 15,000 clinic visits & 10,000 chemotherapy infusions per year
Improvement in Patient Perception of Care Following Coaching of AIDET®

"Nurses Always Communicated Well" Average Percentile Point Improvement Among Partners Implementing AIDET

- Average Increase in Percentile Points among Partners Implementing AIDET
- National Average Percentile Point Improvement

Source: HCAHPS: Hospital Compare Database, April 2011

n=16 hospitals
Lessons Learned from >800 Implementations Over 13 years

- Implementation is both art and science
  - Must be authentic
  - But don’t suffer from terminal uniqueness

- Success is not about the implementation. It’s about the sustainability.
  - Frequency versus skill
  - Trust. And verify.

- Connect the dots.
  - The 3 levels of why: head, heart, WIFM
First, Hold Up the Mirror
Where are you currently?

How Hardwired?

Commitment

HIGH

LOW

LOW

HIGH

1

2

3

4
What Coaches Do

- Help people understand how they are currently performing
- Show them your confidence in their potential to perform even better than they ever believed possible
- Show them how they can get there
Everyone thinks of changing the world, but no one thinks of changing himself.

Leo Tolstoy
Thank You!

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