

Improving Patient Experience in the GI Endoscopy Unit

2023 SCSG GI Symposium

Thomas J. Savides MD
Chief Experience Officer
Distinguished Professor of Clinical Medicine
University of California San Diego



Disclosures

- None

H. Worth Boyce MD
University of South Florida



- 1973 ASGE President
- 1982 ASGE Schindler Award
- Internationally recognized esophagologist
- ***Behavior in the endoscopy room.*** GIE 2001

Behavior in the endoscopy room

Based on personal observations of behavioral tendencies of individuals present in the endoscopy room over the past few years, some reminders and caveats are in order for all of us. For those who have been per-

Physician-related matters

The physician who is in charge of an endoscopy clinic has a heavy responsibility in terms of patient safety, comfort, and convenience. Because the procedure may be of interest to colleagues, medical stu-

Common sense, courtesy, compassion, and respect for the patient go a long way toward ensuring procedural success, comfort, and safety during all of our procedures.

H. Worth Boyce, MD

*University of South Florida College of Medicine
Tampa, Florida*

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doi:10.1067/mge.2001.111566

dent aspects of the procedure and obtain appropriate informed consent. The well-informed endoscopy assistant may present procedure details and specifics of

Behavior in the Endoscopy Room

H. Worth Boyce, GI Endo 2001:53(1):133-136

“...understand that for many patients endoscopic invasion of the body is a major, once-in-a-lifetime occurrence. Consequently every effort should be made to ensure the experience will be as physically and mentally tolerable as possible.”

Why is patient experience important for gastroenterologists?

- Better patient experience correlates with better safety and outcomes
- Hospitals have 2% of their CMS Medicare payments at risk depending on the Value Based Purchasing (VBP) score – 25% of VBP is based on HCAHPS data
- Starting 2024 Ambulatory Surgery Centers will be required to do patient surveys with reimbursement implications
- Physician/Practice Reputation (USNWR/Vizient)
- Physician/Practice Marketing (Web searches)
- **It is the right thing to do!**

Healthcare Excellence

1. Safety
2. Quality
3. Experience*
4. Cost

*Patient Experience \neq Satisfaction

How do patients' give us feedback about their experience with us?

- Home grown surveys
- Federally mandated surveys (CAHPS)
- National benchmarking surveys
- Internet based social media postings (Yelp, Healthgrades,, Google, etc)
- Unsolicited complaints to hospital or health plan



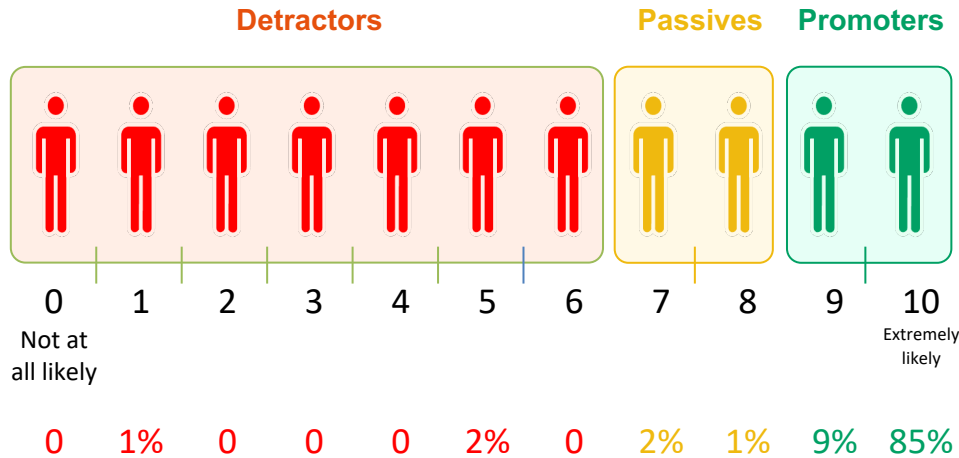
What do practices do with patient experience data?

- Look for ways to improve
- Coach team members
- Address safety and quality issues
- Marketing
- Focus organizational incentives

What is Net Promoter Score?

WHAT IS NPS?

How likely would you be to recommend this facility to your family and friends?



Example:

3% 3% 94%

Net Promoter Score

=

% Promoters

-

% Detractors

Net Promoter Score = 94% - 3% = 91

WHY UTILIZE NPS?

- Simple metric makes it easy to align stakeholders
- Proven to correlate highly to growth across many industries
- Benchmark within and outside of health care vertical
- **“What will you do”** not **“what happened”**

Healthcare NPS 70-90





Apple NPS 47

Amazon NPS 25

UC San Diego Health

How we use patient experience surveys
in Gastroenterology and Hepatology

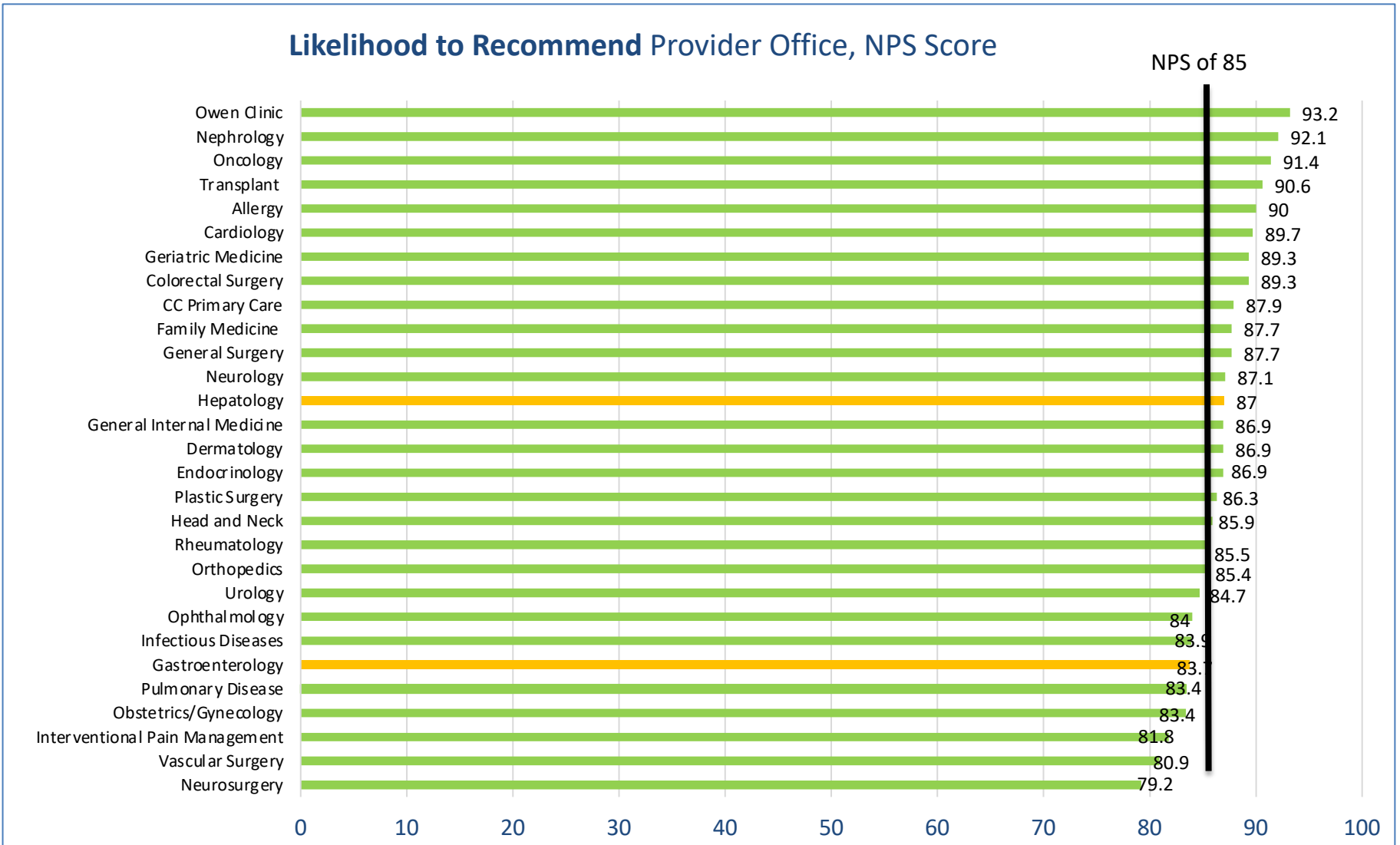
Organization Wide Experience Goal FY23

<p>Goal: Improve NPS of Likelihood to Recommend across all survey sites from July 1, 2022 to June 30, 2023 compared to FY2022 baseline ratings</p>	<p>FY2023 YTD (7/1/2022-4/30/2023)</p>
<p>Threshold </p> <p>(50% of units improved at least .5 NPS point, OR if unit baseline was 85 NPS or above, then maintained a score above 85 NPS)</p>	<p>83% 302 units out of 362 Improved NPS by .5 point</p>
<p>Target </p> <p>(50% of units improved at least 1 NPS point, OR if unit baseline was 85 NPS or above, then maintained a score above 85 NPS)</p>	<p>82% 296 units out of 362 Improved NPS by 1 point</p>
<p>Max </p> <p>(50% of units improved at least 1.5 NPS points, OR if unit baseline was 85 NPS or above, then maintained 85 NPS or above)</p>	<p>80% </p> <p>291 units out of 362 Improved NPS by 1.5 points</p>

*Note: **94%** of departments/units have a stable n-size (at least 30 responses)*

Patient Experience Survey Data

Combination by Specialty – Rolling 12 Months



Source: NRC Health Patient Experience Survey
 Benchmarked by: All Respondents
 Encounter Date: 5/01/2022 – 4/30/2023

Patient Experience Data

GI Clinic – Overall

Medical Practice - GI F2F

Questions	Domain Equivalence	FY22			FY23 YTD 7/1/22-4/30/23		
		%ile Ra	Score	n size	%ile Ra	Score	n size
NPS: How likely would you be to recommend this provider to your family and friends?	LTR/NPS	27	78.1	778	36	82.6	1,245
Using any number from 0-10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	Overall Rating	26	84.5	788	27	85.3	1,286
For this visit, were you able to get an appointment as soon as you needed?	Access to Care	1	31.8	893	1	32.2	1,477
Was office staff courteous and helpful during your visit?	Office Staff Quality	24	77.4	867	28	80	1,414
Did nurses treat you with courtesy and respect?	Magnet	28	82.9	859	28	84.5	1,403
Did this provider listen carefully to you?	Provider Communication	42	83.6	852	40	84.3	1,396
Did the provider explain things in a way that you could understand?	Provider Communication	33	82.6	847	35	83.9	1,388
Did this provider give you enough information about your health and treatment?	Provider Communication	43	78.4	844	46	80.4	1,385
Was there good communication between members of your care team?	Team Communication	30	75.3	839	39	78.5	455
*Were you treated respectfully and without bias against your race, ethnicity, preferred language, age, gender identity, sexual orientation, or other personal traits?	EDI	N/A	N/A	N/A	36	88.1	1,336
**Did everyone treat you as a unique person?	Human Understanding	N/A	N/A	N/A	36	81.1	1,145
Were you kept informed about any delays?	Wait Times	36	46.1	555	39	47.9	945
Did you know what to do if you had more questions after your visit?	Care Coordination	11	63.8	210	35	76.1	285
Did you trust this provider with your care?	Provider Communication	38	82.4	199	26	79.4	287
Did nurses listen carefully to you?	Magnet	32	81.2	207	27	81.5	303
***On the day of your appointment, were you seen by your care provider in a timely manner?	Wait Times	N/A	N/A	N/A	57	78.8	311
Were you comfortable talking with nurses about your worries and concerns?	Magnet	49	82.1	190	39	81.7	301
Did you have confidence and trust in the nurses treating you?	Magnet	28	78.5	209	34	81.4	295
Did the nurses explain things in a way you could understand?	Magnet	21	77.2	206	34	82.4	301
Did the staff do everything they could to help you with your discomfort?	Magnet	35	76.1	138	48	80.2	212
*Question added to survey starting 7/1/22							
**Question added to survey starting 7/1/22. Response Scale = 0-10							
***Question replaced "Was your wait time reasonable?" starting 7/1/22							
General Response Scale = No Yes, somewhat Yes, mostly Yes, definitely							
Indicates top priorities							
Indicates additional opportunities							
Top opportunities determined by a combination of %ile rank and score							

Add Physician Scorecard on 6/15/2023

UC San Diego Health

Physician Star Rating Preview – Rolling 12 Months

Likelihood to Recommend:

4.8 Stars

Abrams, Reid	Cheng, George	Grunvald, Eduardo	Khan, Adnan	Mulligan, Caitlin	Smith, Michael
Adler, Eric	Chiarappa, Frank	Gupta, Roopali	Kim, Alexander	Nager, Charles	Sunwoo, Bernie
Agarwal, Sanjay	Choe, Charles	Hakim, Miriam	Kinkel, Revere	Nguyen, Khai	Tang, Michelle
Ajmera, Veeral	Cohen, Ezra	Hamidi, Vala	Klein, David	Novotny, Richard	Taub, Pam
Alam, Mohammad	Copur-Dahi, Nedret	Han, Frederick	Kolb, Frederic	Osorio, Joseph	Taylor, Kenneth
Allen, Richard	Cowell, Anne	Harris, Jeffrey	Kono, Yuko	Parry, Lisa	Tecoma, Evelyn
Alperin, Mariann	Dalstrom, David	Hata, Tissa	Krinsky, Mary	Patel, Hitendra	Thistlethwaite, Patricia
Alsaigh, Tom	Deak, Pamela	Heimler, Graham	Kunkel, David	Patel, Mitul	Thorne, Christine
Alshawabkeh, Laith	Deiss, Robert	Helsten, Teresa	Lane, John	Poch, David	Tom, Wynniss
Alvarado, Jorge	Diaz, Joseph	Hemmen, Thomas	Lee, David	Rahman, Akbar	Torres Barba, David
Anderson, Lindsey	Dobke, Marek	Hinds, Brian	Leu, Amy	Rajagopal, Amutha	Tsai, Matthew
Antalan, Tessa	Docherty, Michael	Hofflich, Heather	Litvan, Irene	Reddy, Rajiv	Uloko, Maria
Beaumont, Thomas	Driebe, Amy	Hsieh, Tung-Chin	Lonergan, Joseph	Reid, Christopher	Urey, Marcus
Ben-Haim, Sharona	Duleba, Antoni	Hsu, Jonathan	Lopez, Nicole	Resnik, Jamie	Vahabzadeh-Hagh, Andrew
Bevins, Elizabeth	Evans, Sean	Hupfeld, Christopher	Lukacz, Emily	Riggins, Nina	Viirre, Erik
Bharti, Ajay	Farrell, Maureen	Husain, Ali	Lunde, Ottar	Robertson, Catherine	Vyas, Dhwanil
Bhatia, Prerana	Fehmi, Syed	Iraguimadoz, Vicente	Martin, Leslie	Saba, Sheeda	Wang, Mary
Birgersdotter-Green, Ulrika	Fiorella, Melanie	Jacobsen, Garth	Matro, Jennifer	Sachdev, Namita	Watson, Deborah
Boland, Brigid	Foran, Ian	Javier-Desloges, Juan	Mccowen, Karen	Saenz, Cheryl	Wilkinson, Lesley
Borad, Amruti	Gaffey, Ann	Jiang, Shang	Mendez, Eric	Salzman, Holly	Wong, Melissa
Botta, Gregory	Galloway, Samuel	Kalmaz, Denise	Mendler, Michel	Sannidhi, Deepa	Woo, Jason
Boys, Joshua	Garfin, Steven	Kalunian, Kenneth	Merrill, Sarah	Santos Cavaiola, Tricia	Wooten, Darcy
Bruggeman, Andrew	Gin, Geneen	Kannan, Swati	Mesarwi, Omar	Schnickel, Gabriel	Wright, Brenton
Buckley, Jill	Golts, Eugene	Kansal, Leena	Modir, Royya	Schulte, Jessica	Yan, Carol
Burnett, Lindsey	Gopal, Srila	Kari, Elina	Moore, Thomas	Schultz, Christina	Yuseif, Jandark
Castellanos, Joel	Graves, Jennifer	Kato, Shumei	Moran, Ryan	Schwartz, Marc	
Castellanos, Luis	Greenberg, Barry	Kaunitz, Genevieve	Mori, Victor	Shankar, Megha	
Chang, Michael	Greene, Jacqueline	Kent, William	Morn, Cassandra	Shen, Jia	
¹ Chen, Jeffrey	Gross, Erin	Khalessi, Alexander	Morris, Sheldon	Siddiqui, Fareeha	

Physician Star Ratings posted on Organization Website Improves Search Rank with Stars and Confirmed Patients



thomas savides md



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Thomas John Savides, MD - Gastroenterology

Savides, MD, is a board-certified gastroenterologist. He is a nationally recognized expert in endoscopic ultrasound (EUS) and therapeutic endoscopy (ERCP, ...)

★★★★★ Rating: 4.9 · 197 reviews

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Thomas Savides

Thomas Savides's profile, publications, research topics, and co-authors.

Address: 9500 Gilman Drive #; La Jolla CA 92... Title(s): Professor Of Clinical, Medicine



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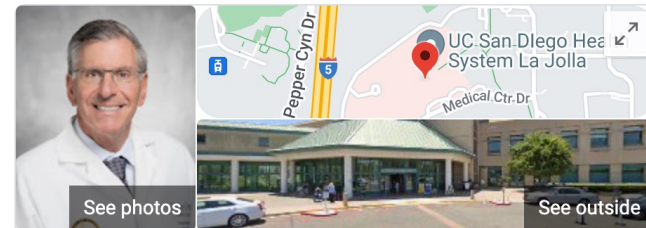
Dr. Thomas Savides, MD – La Jolla, CA | Gastroenterology

I am a board-certified gastroenterologist and Chief Experience Officer at UC San Diego Health. My expertise is in endoscopic ultrasound (EUS) and ...



Healthgrades

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Thomas John Savides, MD



Website

Directions

Save

Call

5.0 ★★★★★ 1 Google review

Gastroenterologist in San Diego, California

Get online care: health.ucsd.edu

Address: 9300 Campus Point Dr, La Jolla, CA 92037

Hours: Closed · Opens 9 AM Mon

Phone: (858) 657-6882

Appointments: ucsd.edu

Providers

[Check insurance info](#)

Click on Star Ratings to get All Patient Comments

UC San Diego Health

MEDICAL SERVICES

MAKE AN APPOINTMENT

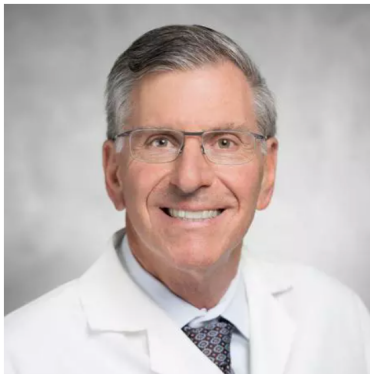
PATIENTS & VISITORS

FIND A PROVIDER

LOCATIONS

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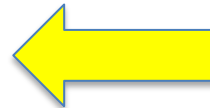
Thomas John Savides, MD

Gastroenterologist
Chief Experience Officer
Interim Chief, Division of Gastroenterology
Professor of Medicine

Appointment Information



4.89 out of 5 (205 Ratings,
65 Comments)



Specialties

- [Gastroenterology](#)
- GI Cancer, Interventional Endoscopy /
Pancreas & Bile Ducts

Patients may use online comments and scores to help choose their gastroenterologist



Thomas John Savides, MD
Gastroenterologist

Appointment Information

Reviews

Ratings and comments are gathered from NRC Health patient satisfaction surveys. Ratings are an average of all responses to the question, "How likely would you be to recommend this provider to your family and friends?" with 5 stars being the highest.

[Learn more about ratings and satisfaction surveys.](#)



He's the BEST

May 11, 2023

- Verified UCSD Patient



I was very pleased with the outcome of my video visit.

May 2, 2023

- Verified UCSD Patient



Telemedicine provides a great option in situations where it is applicable.

Apr 20, 2023

- Verified UCSD Patient



I enjoyed meeting Dr. Savides during our remote call.

Apr 18, 2023

- Verified UCSD Patient



Dr. Savides was exceptional: communication, listening skills, knowledge, and especially reassurance. I left 5-star ratings with healthgrades & google.

Apr 13, 2023

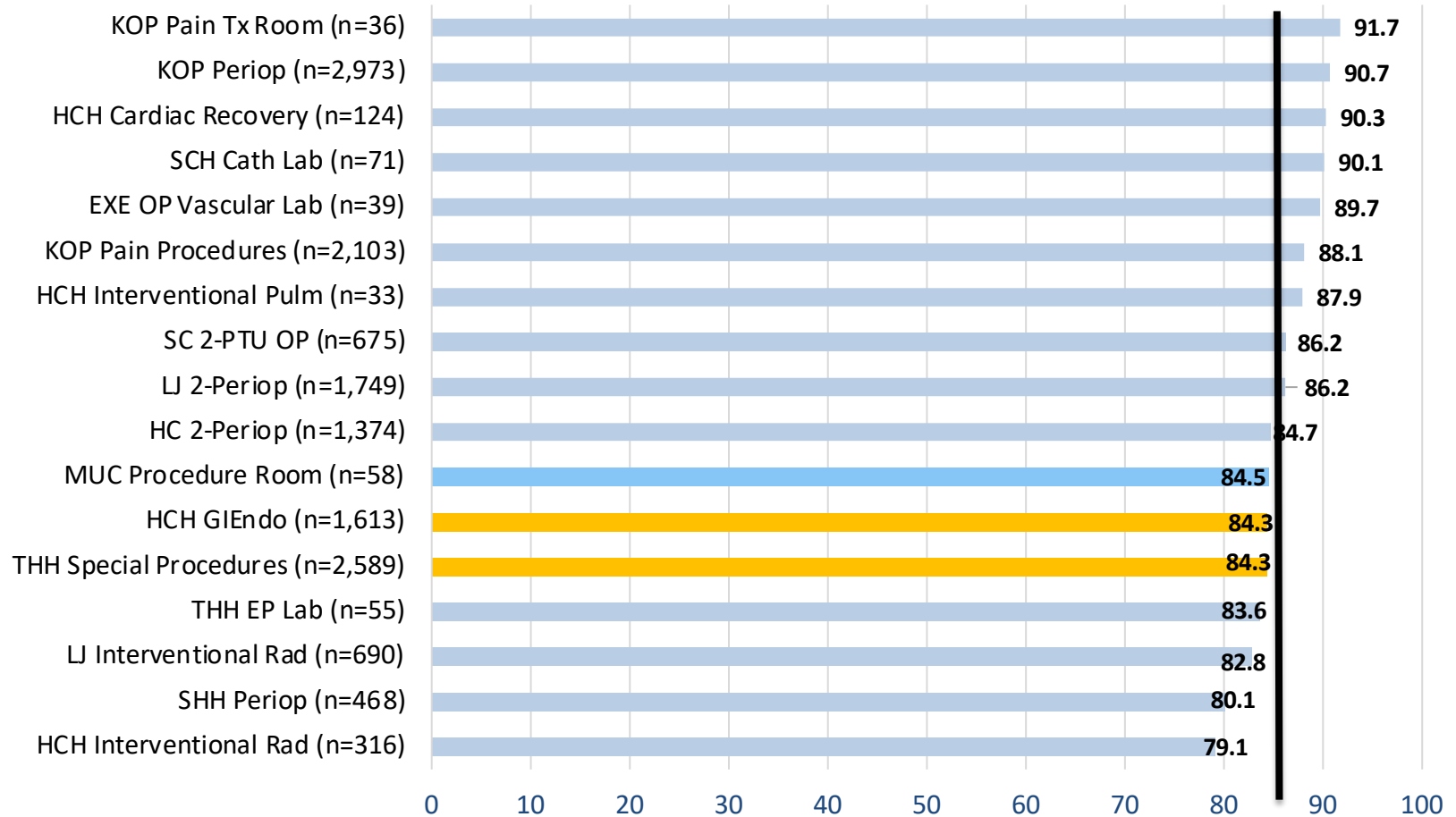
Patient Experience Surveys Used for GI Endoscopy Units or ASC

- **ASGE Patient Satisfaction Survey**
 - Non-validated. No benchmark
- **GRS (Global Rating Scale)** – part of JAG (Joint Advisory Group on GI Endoscopy) – hosted by Royal College of Physicians – assists NHS
- **(GESQ) Gastrointestinal satisfaction questionnaire** (validated survey)
- **Vendor surveys** (ie NRC or Press Ganey)
- **Outpatient Ambulatory Surgery (OAS) CAHPS** – CMS

Patient Experience Data Ambulatory Surgery

Likelihood to Recommend, Net Promoter Score

NPS of 85



Patient Experience Data

THH Special Procedures

Ambulatory Surgery - THH Special Procedures							
Questions	Domain Equivalence	FY22			FY23 YTD 7/1/22-4/30/23		
		%ile Ra	Score	n size	%ile Ra	Score	n size
NPS: How likely would you be to recommend this facility to your family and friends?	LTR/NPS	53	85.1	2,711	38	83.9	2,111
After you knew that you needed surgery, were you able to get your procedure as soon as you wanted?	Access to Care	47	57	818	27	50.6	607
Were you kept informed about any delays?	Wait Times	26	46.9	2,057	28	51	1,778
Was the office staff courteous and helpful during your visit?	Office Staff Quality	61	81.4	2,861	47	82.7	2,352
Did nurses treat you with courtesy and respect?	Magnet	39	87.7	2,844	34	88.7	2,335
Did the staff do everything they could to help you with your discomfort?	Magnet	47	84.9	2,409	44	86	2,007
Did the care providers explain things in a way you could understand?	Provider Communication	75	86	2,809	73	87.3	2,305
Did the care providers listen carefully to you?	Provider Communication	66	85.1	2,819	59	85.8	2,317
Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	Care Coordination	n/a	77.8	2,041	83	79.1	2,297
Was there good communication between members of your care team?	Team Communication	47	82.2	2,784	22	79.6	652
*Were you treated respectfully and without bias against your race, ethnicity, preferred language, age, gender identity, sexual orientation, or other personal traits?	EDI	n/a	n/a	n/a	66	92.7	2,231
**Did everyone treat you as a unique person?	Human Understanding	n/a	n/a	n/a	54	83	2,136
Did you trust the care providers with your care?	Provider Communication	72	87.4	793	64	87.9	626
Did you receive consistent information from all care providers during this visit?	Provider Communication	72	81.8	839	57	81.9	640
Did you have confidence and trust in the nurses treating you?	Magnet	56	87.4	808	57	88.9	611
Did nurses listen carefully to you?	Magnet	30	85.3	815	38	88	594
Did nurses explain things in a way you could understand?	Magnet	45	87.2	841	51	89.7	562
Were you comfortable talking with nurses about your worries and concerns?	Magnet	46	86.4	853	41	87.7	612
Did your procedure begin on time?	Wait Times	52	50.1	835	51	52.2	584
During your visit, did you get help as soon as you wanted it?	Custom	64	80.7	688	52	81	547
Was a family member or friend allowed to be involved in your visit as much as you wanted?	Custom	35	68.3	672	41	81.8	527
*Question added to survey starting 7/1/22							
**Question added to survey starting 7/1/22. Response Scale = 0-10							
General Response Scale = No Yes, somewhat Yes, mostly Yes, definitely							
Indicates top priorities							
Indicates additional opportunities							
Top priorities and opportunities determined by a combination of %ile rank and score							

Source: NRC Health Real Time Patient Experience Surveys
 Benchmarked by: Outpatient Surgery: All Respondents
 Encounter Date: 07/01/2021 – 04/30/2023

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

Hospital CAHPS (HCAHPS)

Home Health CAHPS

HCBS CAHPS Survey

Fee-for-Service CAHPS

Medicare Advantage and Prescription Drug Plan CAHPS

In-Center Hemodialysis CAHPS

Nationwide Adult Medicaid CAHPS

CAHPS Hospice

Outpatient and Ambulatory Surgery CAHPS

CAHPS for MIPS

Emergency Department CAHPS

Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS)

Overview: The Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) collects information about patients’ experiences of care in hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs). As of July 2022, there were 6,758 Medicare-certified ASCs and 4,773 HOPDs. In 2010, 48.3 million surgical and nonsurgical procedures were performed; approximately 25.7 million procedures were performed in HOPDs and 22.5 million were performed in ASCs. OAS CAHPS is designed to measure the experiences of care for patients who visited Medicare-certified HOPDs or ASCs for a surgery or procedure to inform quality improvement and comparative consumer information about outpatient facilities.

About the survey: Patients 18 years old and older who had both medically and non-medically necessary surgeries and/or procedures are eligible. The survey includes questions about patients’ experiences with their preparation for the surgery or procedure, check-in processes, cleanliness of the facility, communications with the facility staff, discharge from the facility, and preparation for recovering at home. The survey also includes questions about whether patients received information about what to do if they had possible side-effects during their recovery. OAS CAHPS is designed to be national in scope and will require standardized administration protocols. In 2019, CMS conducted a mode experiment to assess the feasibility of implementing web-based survey administration. In the CY 2022 Final Rule, which was published on November 16, 2021, CMS confirmed plans to add two new web-based modes of survey administration to the existing mail only, telephone only, and mail with telephone follow-up of non-respondents survey modes already implemented. These two new web modes are: web with mail follow-up, and web with telephone follow-up.

Public reporting and policy relevance: The survey is voluntary since its implementation in 2016 and will continue to be voluntary through CY 2023 for HOPDs and 2024 for ASCs. The survey will be required and linked to reimbursement in CY 2024 for HOPDs and CY 2025 for ASCs. If an HOPD or ASC does not conduct and submit OAS CAHPS as part of the quality reporting requirement, they will receive a reduction of 2.0 percentage points in their annual fee schedule update.

For more information, please visit the OAS CAHPS website: <https://oascahps.org/>. You may also contact: AmbSurgSurvey@cms.hhs.gov

OAS CAHPS

Required and Linked to Reimbursement by CMS

CY 2024 for Hospital Endoscopy Centers
CY 2025 for Outpatient Endoscopy Centers

Public reporting and policy relevance: The survey is voluntary since its implementation in 2016 and will continue to be voluntary through CY 2023 for HOPDs and 2024 for ASCs. The survey will be required and linked to reimbursement in CY 2024 for HOPDs and CY 2025 for ASCs. If an HOPD or ASC does not conduct and submit OAS CAHPS as part of the quality reporting requirement, they will receive a reduction of 2.0 percentage points in their annual fee schedule update.

For more information, please visit the OAS CAHPS website: <https://oascahps.org/>. You may also contact: AmbSurgSurvey@cms.hhs.gov

Outpatient Surgery/Procedure Survey

SURVEY INSTRUCTIONS: Answer all the questions by filling in the circle to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes

No → If No, Go to Question 1

Please use black or blue ink to fill in the circle completely.
Example: ●

This survey asks about your experience at the facility named in the cover letter. For this survey, we use the term "procedure" for diagnostic, surgical or other procedures. We refer to "facility" as the place where you had your procedure.

Please answer these questions only for the procedure(s) you had on the date included in the cover letter. Do not include any other procedures in your answers.

BEFORE YOUR PROCEDURE

The first few questions are about getting ready for your procedure. **Include any information you received before and on the day of your procedure.**

1. Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?
 Yes, definitely
 Yes, somewhat
 No
2. Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?
 Yes, definitely
 Yes, somewhat
 No

ABOUT THE FACILITY AND STAFF

The next questions ask about the day of your procedure.

3. Did the check-in process run smoothly?
 Yes, definitely
 Yes, somewhat
 No
4. Was the facility clean?
 Yes, definitely
 Yes, somewhat
 No
5. Were the clerks and receptionists at the facility as helpful as you thought they should be?
 Yes, definitely
 Yes, somewhat
 No
6. Did the clerks and receptionists at the facility treat you with courtesy and respect?
 Yes, definitely
 Yes, somewhat
 No

7. Did the doctors and nurses treat you with courtesy and respect?
 Yes, definitely
 Yes, somewhat
 No
8. Did the doctors and nurses make sure you were as comfortable as possible?
 Yes, definitely
 Yes, somewhat
 No

COMMUNICATIONS ABOUT YOUR PROCEDURE

As a reminder, please include any information you received before and on the day of the procedure.

9. Did the doctors and nurses explain your procedure in a way that was easy for you to understand?
 Yes, definitely
 Yes, somewhat
 No
10. Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?
 Yes
 No → If No, Go to Question 13
11. Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?
 Yes, definitely
 Yes, somewhat
 No
12. Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?
 Yes, definitely
 Yes, somewhat
 No

continued...

13. Discharge instructions include things like symptoms you should watch for after your procedure, instructions about medicines, and home care. Before you left the facility, did you get written discharge instructions?
- Yes
 - No

YOUR RECOVERY

14. Did your doctor or anyone from the facility prepare you for what to expect during your recovery?
- Yes, definitely
 - Yes, somewhat
 - No
15. Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?
- Yes, definitely
 - Yes, somewhat
 - No
16. At any time after leaving the facility, did you have pain as a result of your procedure?
- Yes
 - No
17. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had nausea or vomiting?
- Yes, definitely
 - Yes, somewhat
 - No
18. At any time after leaving the facility, did you have nausea or vomiting as a result of either your procedure or the anesthesia?
- Yes
 - No
19. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?
- Yes, definitely
 - Yes, somewhat
 - No
20. At any time after leaving the facility, did you have bleeding as a result of your procedure?
- Yes
 - No
21. Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?
- Yes, definitely
 - Yes, somewhat
 - No

22. At any time after leaving the facility, did you have any signs of infection?
- Yes
 - No

YOUR OVERALL EXPERIENCE

23. Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?
- 0 = Worst facility possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 = Best facility possible
24. Would you recommend this facility to your friends and family?
- Definitely no
 - Probably no
 - Probably yes
 - Definitely yes

ABOUT YOU

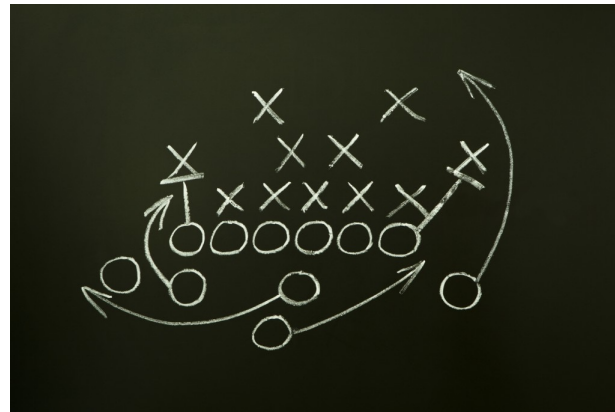
25. In general, how would you rate your overall health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
26. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
27. What is your age?
- 18 to 24
 - 25 to 34
 - 35 to 44
 - 45 to 54
 - 55 to 64
 - 65 to 74
 - 75 to 79
 - 80 to 84
 - 85 or older

Tips and Tactics **Gastroenterologists** can do to Improve Patient Experience

What can YOU Do?



Dr. Boyce's **Tactics** and **Behaviors** to Improve Patient Experience and Enhance Professionalism in the GI Endoscopy Unit (with Savides updated modifications)



Behavior in the Endoscopy Room

H. Worth Boyce, GI Endo 2001:53(1):133-136

AIDET

A

Acknowledge

I

Introduce

D

Duration

E

Explanation

T

Thank You

AIDET Communication Tool

Acknowledge	Make a positive first impression with a friendly, personalized greeting.
Introduce	Tell the patient your name and describe the services to be provided.
Duration	Inform the patient of the anticipated time require for the service.
Explanation	Outline each step of the service.
Thank you	Express appreciation for the patient's time and participation in the service.

Patients Hear and See EVERYTHING

- Be hypersensitive to sounds in hospital, office and endoscopy units (chit chat, gossiping, arguing, music, talking to trainees, industry partners etc)
- Keep endoscopy doors closed so patients do not look into other patient's rooms



My heart soared when I held my first child.
Weeks later, it failed.

Know when you are *On* and *Off Stage*

We are “**on-stage**” when patients see us

Endoscopy room

Clinic

Hallways

Outside



We are “**off-stage**” when patients don’t see us

Break rooms



Easy Access is Everything to Patients

- Easy to schedule
- Short time to appointment (<7 days)
- Phone calls answered



James Carville, 1992 Presidential Campaign for Bill Clinton v George Bush

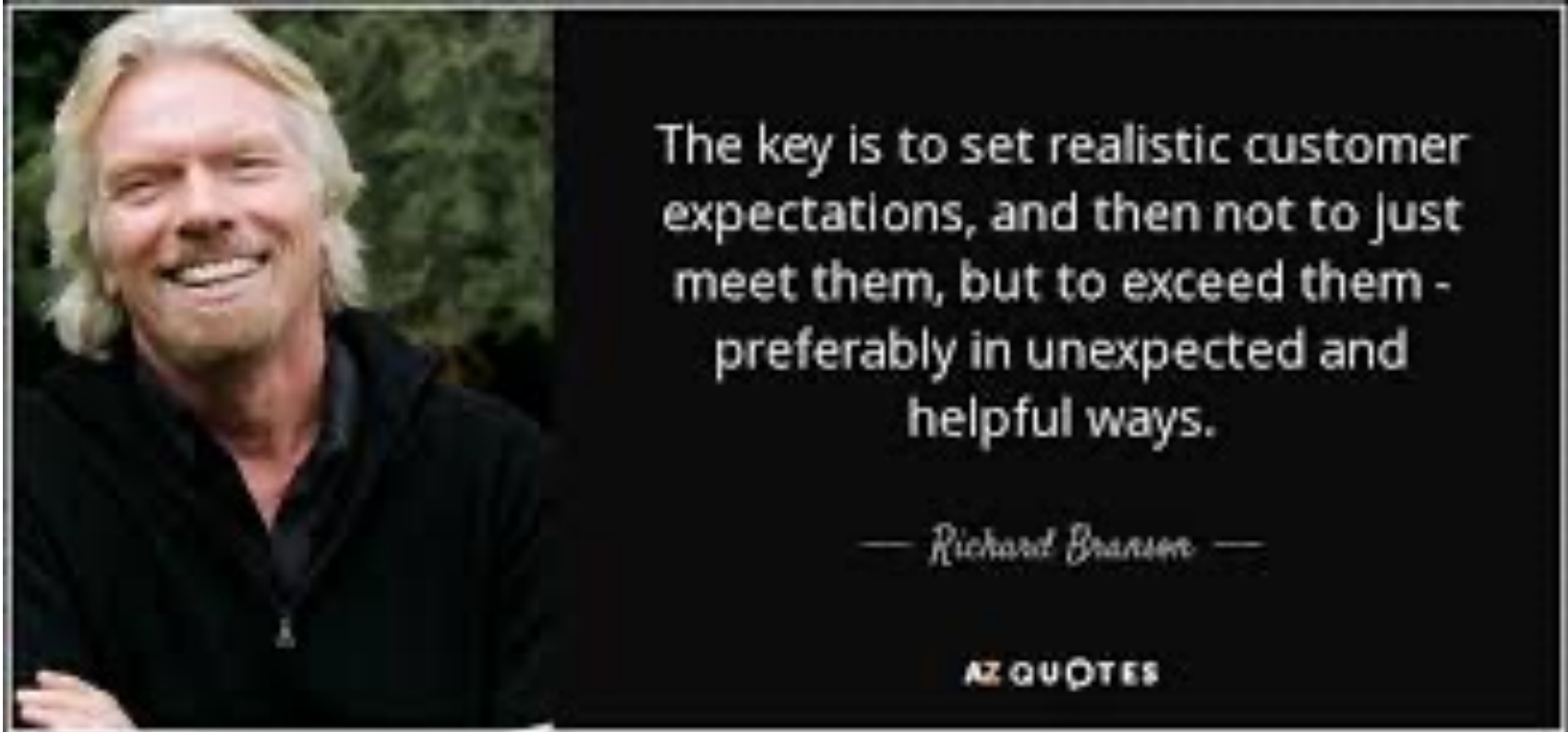
Answer the Phone if it is Ringing

THE LAST TIME I PICKED UP THE PHONE ON WARDS:



Set expectations for patients

Explain to patients what they will experience



The key is to set realistic customer expectations, and then not to just meet them, but to exceed them - preferably in unexpected and helpful ways.

— Richard Branson —

AZ QUOTES

Anticipate patient needs **BEFORE** the endoscopy and make it easier for them

- Set expectations on what to expect
 - Split Bowel prep
 - Diet
 - Ride home
- Staff calls the patient 2 days before to clarify questions/prep/procedure time

Keep to your schedule

Your patient's time is valuable – respect it

- On time service
 - “truth in scheduling cases”
 - Be realistic – you can't do an EUS/ERCP in 30 minutes!
 - Team explains to family if running late and why



Review the medical records before entering patient room...otherwise patient will think you are unprepared... and perhaps incompetent

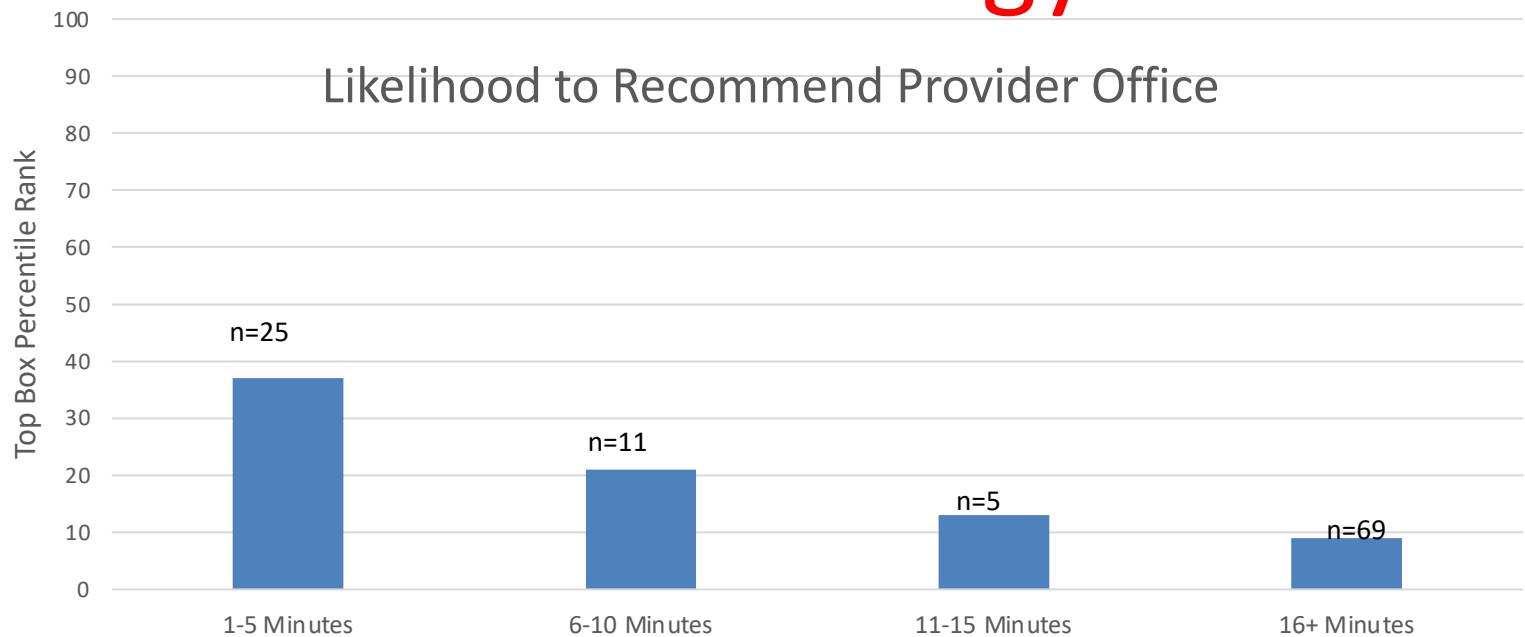


First Impressions Matter!

CG CAHPS

Impact of Wait Times in Exam Room

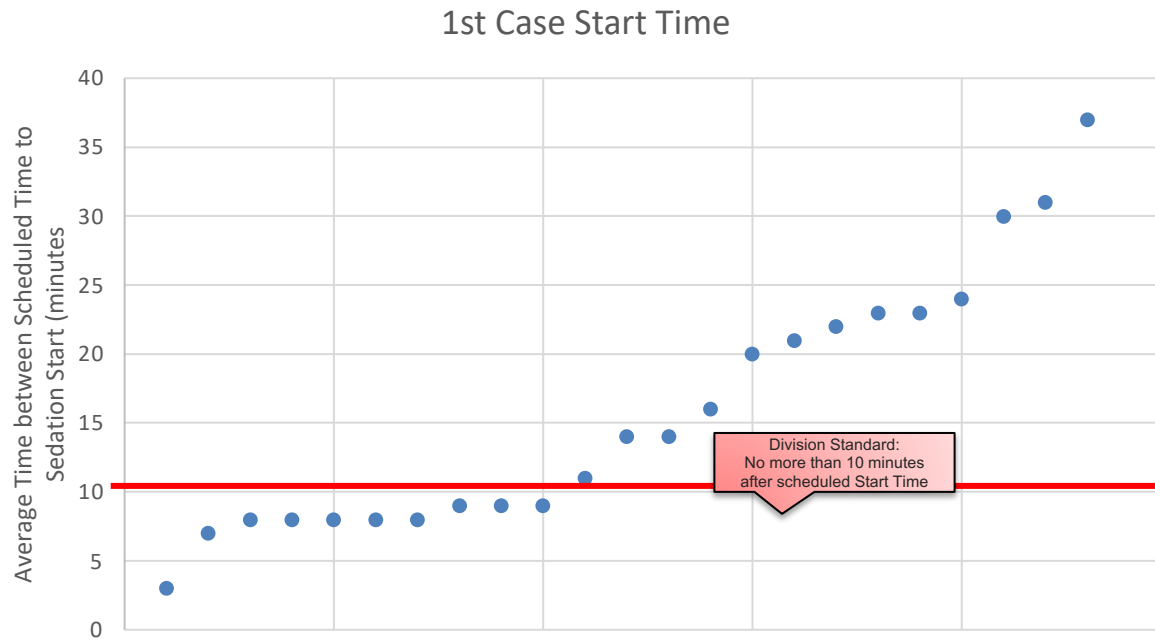
Gastroenterology



Source: CG CAHPS Patient Experience Survey
Benchmarked by: Specialty - Gastroenterology
Received Date: 9/1/16-8/31/17

Self-reported by the patient on the survey

Delays starting GI Endoscopy result in unhappy patients and also angry colleagues who follow in the room



In 3 months; division will send a report of all providers start times to the entire division

- Review endoscopy cases ahead of time
- Arrive to endoscopy 15 minutes before first case start time
- Case should start no later than 10 minutes after scheduled start time
- Complete report and discharge instructions before starting the next case so patients can be discharged

Address patients by their name – even during hand offs



Introduce yourself and the name and role of every team member in the room (Nurse, Tech, Resident, Student, Anesthesiologist, etc)



Ask Patients About things Important to Them in their Lives (which may be important to their medical care too)

- Do you live with anyone?
- Do you work and if so what type and if not how do you spend the day?
- Do you have kids? Grandkids? Greatgrandkids?
- Do you exercise regularly? If not why?

Manage Up The Patient's Team



- “We have the **A-team** today”
- “Dr. X who referred you is the **best doctor**”
- “I’m going to send you to Dr. Y who is the physician **I would send my family members to**”

Patients don't want to get an infection from your previous patient during their colonoscopy or EGD (and I'm not talking about CRE ERCP)

Gel in and gel out. Patients watch you.

Change your gowns and gloves between patients



If patient is in gurney, sit at eye level
(rather than hovering over them)



Hopkins Hospital Medicine Personalized Physician Cards



Hello! My name is **Suchitra Paranj, M.D.**, and I am a hospitalist physician with the Collaborative Inpatient Medicine Service (CIMS) at Johns Hopkins Bayview. I will be caring for you during your stay.

To contact me while you are in the hospital, please ask your nurse to page your health care provider.

(over)

ed from the hospital, you should direct
r primary care provider. However, if you
er of the hospitalist team, please call the
ffice at 410-550-5018. The CIMS staff is
ls Monday through Friday, 9 a.m. to 5 p.m.
will return your call as soon as possible.

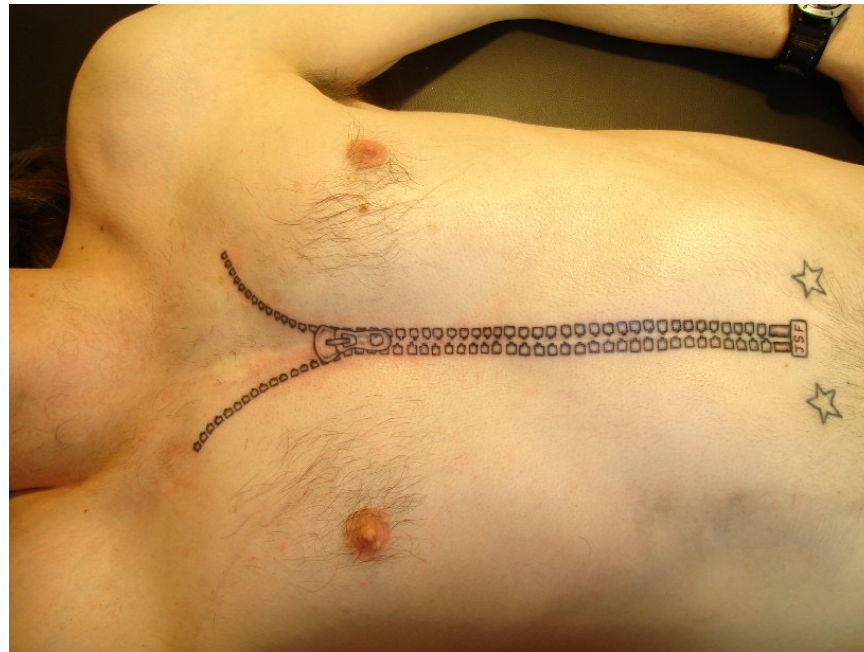
g a medical emergency after you are
911.



Talk to Patients and Anticipate their Concerns

- *"I'm going to give you a scar during your liver resection but you'll be able to put a snake tattoo on it so nobody will know"*

Liver surgeon to 30 year old woman with metastatic breast cancer



Keep room clean between cases
Pick up gauze or gloves on floor



Behavior in the Endoscopy Room
H. Worth Boyce, GI Endo 2001;53(1):133-136

Focus on Patient During Procedure

- Avoid idle chatter
- Keep patient warm
- Do not discuss other patients
- Have family wait outside – not observe the case
- Nurse should reassure patient during procedure
- Get permission and introduce visitors

Patients lying on gurneys are usually really **COLD**
Offer them a **WARM** blanket – they will
remember this



No food or drink in the endoscopy room



Behavior in the Endoscopy Room

H. Worth Boyce, GI Endo 2001:53(1):133-136

Don't Shine Endoscope Light in Patient's Eyes When they are Awake

“It is not difficult to imagine how frightening it would be to look ‘down the barrel’ of an endoscope or 56 Fr dilator pointed directly at your head”



Behavior in the Endoscopy Room

H. Worth Boyce, GI Endo 2001;53(1):133-136

If music in endo unit, let patient choose



Never say ***“Uh Oh”*** or ***“Oops”*** or ***“Whoops”*** or ***“I’ve Never Done That”*** during the Procedure



Don't text during procedures
Don't talk on cell phone while scoping



Health & Science

Do cellphones belong in the operating room?

A 9 Save for Later Reading List

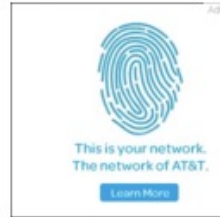
Sign up to be a +500 BONUS with a 360 Security Account.



(MICHAEL HIRSHON FOR THE WASHINGTON POST)

By Shefali Luthra July 13, 2015

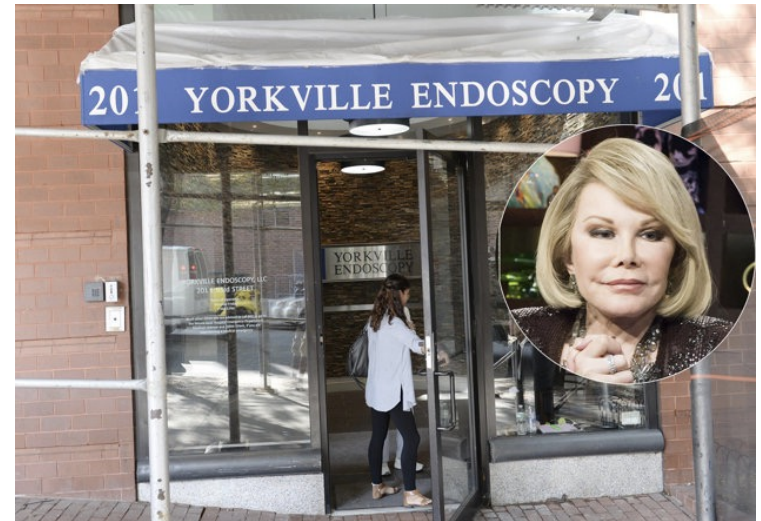
Next time you're on the operating table and you take one last look around as the anesthesiologist approaches, don't be too sure that that person in scrubs looking at a smartphone is pulling up vital health data. He or she might be texting a friend, or ordering new carpet.



Most Read

- 1 Why Justice Scalia was staying for free at a Texas resort
- 2 After computer hack, L.A. hospital pays \$17,000 in bitcoin ransom to get back medical records
- 3 In shards of glass, a new sign of how the enigmatic Easter Islanders met their demise
- 4 Montana quarterback receives \$245K settlement for university's 'unfair and biased' rape investigation
- 5 This crazy creature just returned from the dead after 30 years encased in ice

Don't take selfies!



If patient doesn't remember, their cell
phone might...

Colonoscopy patient awarded \$500K by jury after anesthesiologist mocks him on tape

Man was verbally brutalized and defamed by doctors, jurors agree

The Associated Press | Posted: Jun 25, 2015 10:34 AM ET | Last Updated: Jun 25, 2015 10:34 AM ET

Patients remember the last things of an experience

Memories of colonoscopy: a randomized trial

Pain, 2003;104(1-2);187-94

- “Peak-end rule” = people judge experiences (good or bad) based on the peak and end (not average)
- 682 patients undergoing moderate sedation colonoscopy randomized to having scope left in rectum for 3 additional minutes at end of procedure or not
- Patients with longer duration rated their experience less uncomfortable (4.4 vs 4.9 on 10 pt VAS, $p=0.006$)
- Patients with longer duration far more likely to return for follow-up colonoscopy at 5 years follow-up (odds ratio 1.41, $p=0.038$)

Clean up patient before taking back to recovery area

- Dirty sheets/washcloths gauze
- Bite block taken off patient and bed



Work well with Anesthesiology Colleagues

*"I wanted to let you know that today **Dr. xxxxx behavior was unacceptable.** He treated the CRNA, xxxxx, with complete **lack of respect,** gave her a **difficult time about doing a "brief"** before starting the procedure, and began the procedure without letting her start sedation. When she told him to wait until the patient was sedated, he made a show of pulling up the side rail on the patient's gurney and went to stand in the corner of the room. Last week he was witnessed being **rude** to the GI staff in the procedure room when they were trying to help him position the screens to his liking (his set up is different from the majority of the other GI doctors).*

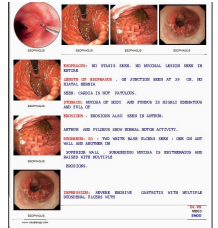
I want you aware of what is occurring and to let you know that it is affecting both the GI staff and our CRNAs."

Make the signature moments after colonoscopy memorable



Anticipate patient needs after endoscopy and make it easier for them

- Endoscopy report given to patient with pictures and instructions (i.e. how to get pathology results; when next colonoscopy due)



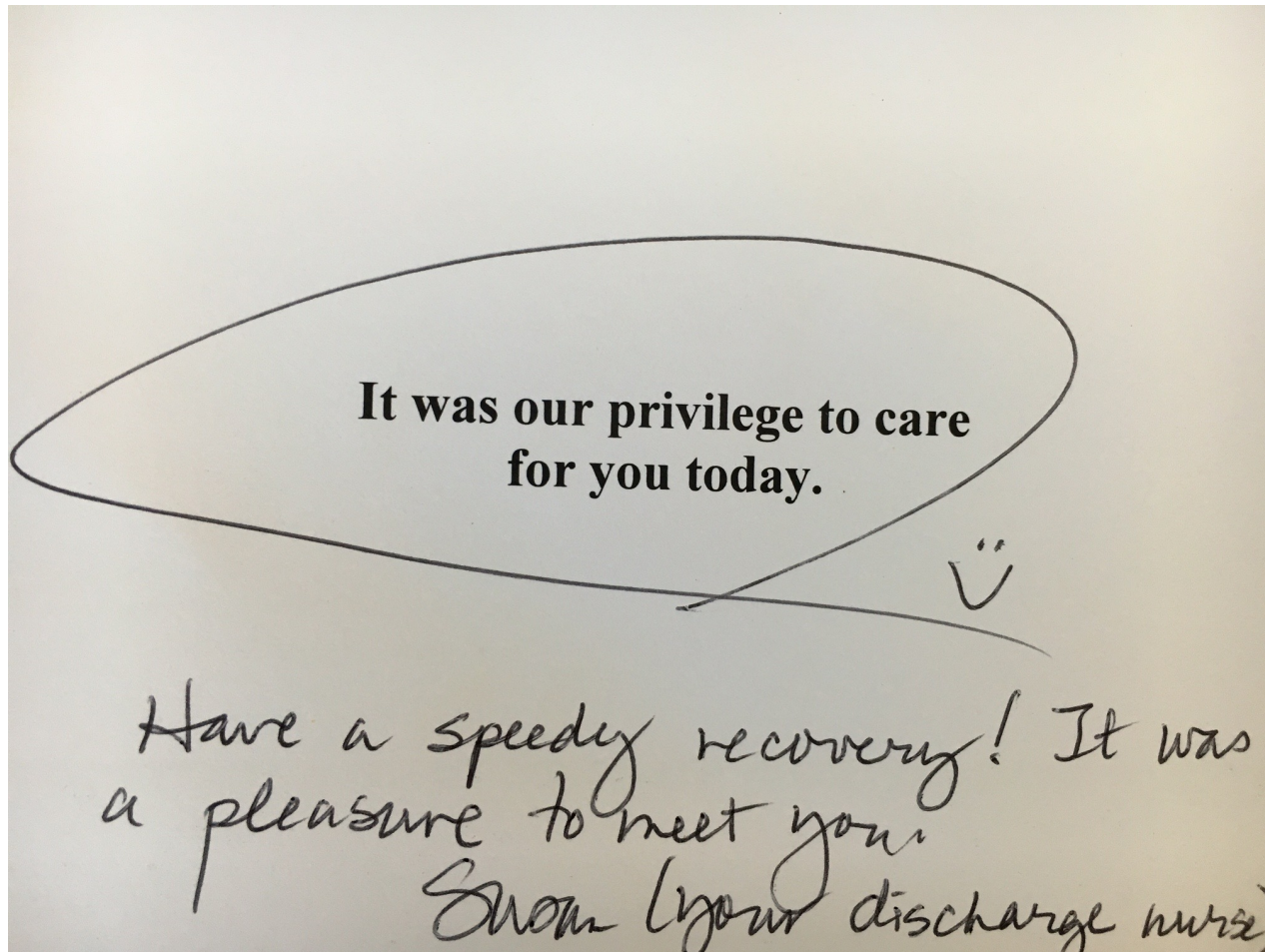
- Talk to families after endoscopic procedures – esp if an unexpected finding



- Call patients back the 1-2 days after procedure to make sure OK and understand instructions



Send Thank You Notes to Patients from Staff After Elective Procedures



If calling patients back about results, ask first if it is a good time to talk



PRACTICE MANAGEMENT: THE ROAD AHEAD

Ziad F. Gellad, Section Editor

Patient Experience in the Gastrointestinal Endoscopy Unit

Lukejohn W. Day* and Thomas J. Savides^{‡,§}



**Division of Gastroenterology, Department of Medicine, Zuckerberg San Francisco General Hospital and Trauma Center, University of California, San Francisco, San Francisco, California; and [‡]Chief Experience Officer, University of California San Diego Health, San Diego, California; and [§]Division of Gastroenterology, Department of Medicine, University of California San Diego, San Diego, California*

Table 1. Summary of Provider Tips for Improving the Patient Experience in Endoscopy Units

Preprocedure

- Employ standardized communication framework (eg, AIDET [Acknowledge, Introduce, Duration, Explanation, Thank you])
- Be prepared before talking to patient (review recent notes, endoscopy reports, imaging, etc.)
- Remember (note to self) important social history to connect with patient (who they live with, kids/grandkids, work, exercise, hobbies)
- Talk to patients at eye level
- Set expectations for patients before the procedure (ie, what to expect after the procedure)
- Don't consent patient when they are in the procedure room (do it in the prep area or office)
- Start on time; apologize when running late

Procedure

- Introduce everyone in the room (and their role)
- Keep endoscopes away from patients until they are sedated or comfortable
- Avoid idle chatter/gossip (patients may hear and remember)
- Keep patient warm (a heated blanket is much appreciated)
- Do not discuss other patients during case
- Do not allow family to observe the procedure
- Get permission and introduce visitors (ie, students, vendors)
- No food or drink in the room
- Let patients choose the music (if there is music)
- Never say "Uh oh" or "oops" or "Whoops" or "I've never done this" during procedure
- Don't take selfies with patient

Postprocedure

- Have a signature moment that patients remember (ie, special food/drink or gift)
- Provide a copy of the endoscopy report with pictures
- Send a thank-you note to patient from the endoscopy team
- Call patient the day after to ask if they have any questions and to make sure that they are doing well
- Ensure patient receives timely follow-up of results/pathology

Thank you!

