

RIQI/RI-PTN TCPI Exemplary Story: University Surgical Associates, Inc.



University Surgical Associates is a high performing, Exemplary Practice engaged in the Rhode Island Practice Transformation Network. Our physicians and teams provide state of the art care for patients in the Southern New England region.

University Surgical Associates, Inc. (USA) is Rhode Island’s largest multidisciplinary surgical group, comprised of 14 urban and suburban locations serving approximately 3,000 patients per month. Over the last 25 years, we have grown from 10 to over 50 surgeons in our practice. In addition to the surgeons on our staff, we also have 39 Nurse Practitioners and Physician Assistants who support the patient care we provide in our 16 surgical specialty areas, which include: bariatric, colorectal, general, hepatobiliary, pediatric, surgical oncology, thoracic, transplant surgery and vascular surgery. Our patient population is quite diverse given the range of locations and specialties we provide. Regardless of their background or health concerns, individuals who receive care at our practice benefit from the “state of the art care [that] is provided by surgeons who are nationally and internationally recognized for their expertise in selected areas of surgery” (as described on our website: <http://www.usasurg.org/>). This statement is supported by the fact that all of our surgeons are on the teaching staff of the Alpert Medical School of Brown University, and the fact that our organization is one of the six Foundations of Brown Physicians, Inc.. We also boast participation in the American College of Surgeons National Surgical Quality Improvement Program, ACS NSQIP.[®] As the USA mission centers on research, academia and patient care, these relationships all tie together to meet our organizational goals.

While USA has excellent credentials and a strong reputation, it can be argued that the ultimate key to our success lies in our improvement mindset, our TEAM approach and a true focus on the *patient* as the center of care. We demonstrate excellence in many areas, including reducing hospital readmissions, and many elements of transformation work, such as Patient and Family Engagement and promoting Joy in Work.

On-Going, Data Driven Improvement: Efforts to Reduce Readmissions and Increase Satisfaction

University Surgical Associates Performance Chart			
Quality Measure	Performance Target	Current Performance	National MIPS Benchmark
Prevention			
Tobacco Use: Screening and Cessation Intervention	73%	96%	83%
Documentation of Current Medications in the Medical Record ^a	N/A	97%	89%
Disease Management			
Pain Assessment and Follow-Up ^a	N/A	92%	68%

^a an additional measure not included in quarterly reporting for CMS

The importance of providing excellence in care at USA can be seen through our high achievement in the clinical quality measures USA performance exceeds the Targets and National MIPS Benchmarks.

At USA, we prioritize improving the health outcomes for our patients. To achieve this, we place an emphasis on providing supportive, patient-centered, collaborative care not just at the time of surgery, but through the continuum of care. This approach ensures that our patients receive critical support every step of the way in their healthcare journey. Our strong performance can be seen through our data for the Clinical Quality Measures for *Documenting Current Medications in the Medical Record*, *Tobacco Use: Screening and Cessation Intervention* and *Pain Assessment and Follow-up* measures (see table). Once we

began to track these measures and ensure all staff were following the correct workflows, we quickly succeeded in ensuring these important activities are consistently completed for patient visits. For example, for the tobacco screening measure, the rate has remained over 95% since the beginning of 2017.

Given the complexity of many of our surgical patients, ensuring these tasks are done consistently is a valuable piece of their on-going care. Such efforts tie into our organization’s overall ability to examine areas of excellence and areas needing improvement. When we find opportunities for improvement, we proceed with a data driven mindset that carefully evaluates the value of each effort. Our engagement in utilizing the Colorectal Bundle and improving surgical site infections are associated applications of this approach.

The USA Discharge Call-Back Program is another excellent example of how our organization leverages a methodology that leads to excellence in improving patient outcomes. In March of 2016, we set a goal to reduce our patient readmissions after hospitalization. From our examination of the data collected, we assessed that around 30% of readmissions were preventable. Through PDSA cycles, we developed a plan to call people 48-72 hours post-surgery/discharge to see how we could intervene and provide support. This effort was initially driven by our nursing staff who focused on patients having a safe transition to home. Using a modified LACE tool (to evaluate patient risk) along with tools available within our Electronic Health Record, we provide outreach for approximately 800 patients per quarter. We developed marketing to inform patients they would be getting a call so they would have a clear expectation regarding the outreach. Ultimately, from the related data collected, our organization has succeeded in reducing the readmission rate after hospitalization from 6.6% to 5.7%.

Working with our RI-PTN Practice Facilitator, Ashley Kurpiewski, USA has made strides in advancing our Patient and Family Engagement through conducting a patient satisfaction survey. Our organization has had a strong level of engagement in this effort and have been excited for the opportunity to more effectively include the patient voice in our processes. One of the most empowering elements of the experience was to receive feedback that expressed how patients have a strong loyalty to staff at USA. Our Director of Clinical Operations and Quality, Ann George, explained, “it was humbling for our staff and created a boost of morale. We do a great job and the results of the patient experience survey confirmed this.”

The patient survey also led to helpful feedback regarding renovations to our facilities and clear branding of our organization. Ann George describes, “it was the first time we stepped back and said, *who is USA – who did we want to be?*” Our professional look across locations was enhanced and standardized with new carpet and paint. When a second Patient Satisfaction survey was done (after the renovations), we saw further increases in our scores in the category of overall feedback and willingness to recommend to others. While our initial score of 4.73 was excellent, it increased further to 4.85 (with a maximum score of 5.0). The overall strengths of our staff, their friendliness and the cleanliness and improvements to our facilities were reflected in these scores and truly something to celebrate. Of course, being improvement oriented, we are now working to address some open ‘action items’ from most recent patient survey. Specifically, some patients noted that it can be difficult to find our locations within the hospital setting. We are now looking to see if we can work with the hospital system to help improve signage and make it easier to navigate to our offices.



University Surgical Associates
Core Values of TEAM

- T**eamwork
- E**xcellence
- A**ccountability
- M**aking a Difference

Telephone Answering Expectations

- Calls answered within 4 rings
- Calls answered with a greeting
- Ask caller for permission before placing them on hold
- End each call with a positive closure

Required Components of Answering a Call:
Greeting, Name of Company or Department, State your name

Expectations: TEAMwork, and Excellence in Customer Service and Care

At USA, regular effort is made to have all staff working to the top of their license within a team-based model. Staff engagement is solidly built within a culture that focuses on developing excellent service at all levels. As seen by the included image of our USA staff reminder card (which are given to all employees), the acronym, TEAM permeates our organization: Teamwork, Excellence, Accountability and Making a Difference.

To support this approach, documentation regarding expectations (as seen in the appendix) and continuing professional development is provided for all staff along with customer service

training. The customer service training provided for our staff has been designed to align with both the USA core values and mission. These trainings also tie back to the patient survey results and information we receive regarding how people want to be treated. Telephone etiquette expectations were incorporated into our Service Excellence Training in April 2018 for all support staff members and efforts to continuously enhance communications are ongoing. For example, through an ongoing series of PDSA cycles, we have restructured our workflows around answering the phones. As we do not believe in letting any patient calls go to voicemail, our organization wanted to be sure to have an optimal process in place to address patient needs and avoid wait times. Previously, secretaries in each separate pods would answer the calls for their own units. If their lines were busy, the phone lines would roll over to their medical records staff, who would send them back to the secretaries. Now, when the calls come to secretary, a group of other secretaries who do similar work will get the bounced calls if they are unable to pick up in first 4 rings. These staff members are better able to assist the patients and prevent having to make a patient wait. This was a cultural shift which was initially difficult to make, as other secretaries who support different providers were not used to handling the calls. But, through slowly improving using the PDSA methodology, they were able to learn how to manage the calls and now we are in the process of spreading this workflow to other USA sites. Along with spreading this success, we are also currently working on developing standardized guidelines for scheduling that will be rolled out to help with onboarding new staff. This will help with providing clarifications with expectations regarding these processes, as well.

At USA, we prioritize joy in work for all employees and are continuously working to build teams and enhance workflows. Given this, our staff has benefitted from a number of internal improvements and program developments, such as the formation of a non-management staff committee. So far, this group has been successful in identifying service activities, such as supporting a backpack program at schools (next year USA will be adding a monetary donation). As this committee was organized with the intent of providing an opportunity to elevate staff voices within the company, they are currently regrouping after their first year so they can determine the best ways that they can work to highlight problem areas within the organization. We are also continuing to engage staff through surveys that provide opportunities for them to give feedback and suggestions for future improvements within our organization.

Conclusions

At University Surgical Associates, transformation is seen as a slow and steady process that affects everyone in the organization. As can be seen by the numerous applications of ongoing Quality Improvement efforts at all levels, it is clear that our high performance is based on prioritizing on-going change that ultimately benefit the patients and the care we provide. As described by Ashley Kurpiewski, “USA really cares about their employees and their patients and are open to change in quite an inspiring way. They have a strong grasp on the healthcare environment and are willing to adapt to whatever I introduce them to.”

Our exemplary work has led us to progress in reducing hospital readmissions, and marks us as a strong leader in transformation, with excellent examples in the areas of Patient and Family Engagement and promoting Joy in Work. We are continuing the path to continuous improvement as seen by our constant effort to seek feedback and utilize this information to make our practice better. Through TCPI funding, we are also currently in the planning stages of implementing Care Management Alerts and Dashboards, which will provide us with near real time information about our patients admissions and discharges to acute care hospitals throughout the state of Rhode Island. The use of this tool will help us to further improve our efforts to provide excellent care coordination and avoid unnecessary re-hospitalizations. It is important to add that USA is currently exploring Alternative Payment Models (APMs) and, with this new approach, we will need the *right* fit for a multi-specialty surgical practice. As APMs are further developed, we look forward to being an excellent and beneficial partner within a larger system of care.

Probably the most important takeaway, is how the data, training and PDSAs ultimately touch our patients and their experiences. As part of USA’s efforts to avoid sending patients to an ED, we have a ‘Doc of the Day:’ a surgeon from our staff who is available to handle emergency events for the day. These providers take care of patients and avoid having them unnecessarily go into the hospital environment where they will be at risk for exposure to infection and possibly a long wait to receive care. We also has numerous individual,

personal stories about how our staff has gone above and beyond for our patients. Making calls to ensure that home oxygen is delivered for a patient, providing education, going in person to a pharmacy to find a medication a patient had misplaced... these are ways for us to ensure that, at all stages in the continuum of care at USA, patients will receive thoughtful, top notch care from not just the well trained surgeons, but from the highly engaged staff at USA, as well.