

**Patient Access, Safety and Satisfaction (PASS)  
The Everett Clinic  
2004 Acclaim Award Recipient**

Achieving Institute of Medicine (IOM) AIMS is among the most substantial challenges a physician-driven organization can have. The Everett Clinic has 215 physicians and an entire support staff of 1,400 employees oriented toward achieving Board of Directors goals, the top four of which are related to: Customer Satisfaction, Patient Safety, Secure Future, and Best Workplace. These elements are committed to at the Board level, which then holds senior management accountable for their successful implementation. At all management levels of the Clinic, there are performance targets oriented toward the overall Board of Directors-approved goals. These goals are in alignment throughout all management levels of the organization and this alignment has allowed achievement of significant progress towards the IOM AIMS.

**Goal**

<b>IOM AIMS</b>	<b>Clinic Goal</b>	<b>Accomplishment</b>
<b>Safe</b>	Patient Safety is, and has been paramount at The Clinic as demonstrated by it being a key Board and Leadership goal.	Focused patient safety program with substantial technology-based incident reporting system. Internal safety risk reports by staff increased 300 percent since inception of program.
<b>Effective</b>	Evidence-based decision making and using metrics to gauge results is a staple of clinic decision making and performance improvement.	Quality and cost of prescribing initiatives have resulted in 40 percent increase in optimal choice of first line antibiotics.
<b>Patient-Centered</b>	We have a patient centered culture, as evidenced by major cultural change from a physician centered to a patient centered organization.	Patient satisfaction scores in 2004 up 20 percent compared to those in 2003.
<b>Timely</b>	Through our multiple sites and emphasis on customer satisfaction we reduce waits and avoid delays for our patients.	Nine service sites allow advanced access; third available appointment in primary care reduced from 8 - 20 days to 2 - 3 days.
<b>Efficient</b>	Our target of reasonable economic security demands that we avoid and eliminate waste while engineering effective cooperation amongst providers and staff.	Nurses now treating chronic patients as opposed to triaging those seeking an appointment. Phone response time has also improved.
<b>Equitable</b>	All the patients are treated equitably regardless of payer classification. This includes our outreach programs to the medically underserved in our service area.	Specific outreach program for pharmacy with support for 500 needy patients in 2004, compared to under 100 in 1999.

The evolving corporate culture facilitates the Everett Clinic being able to implement such successful changes. Overarching guiding principles around which goals are formed are: (1) we do what is right for each patient, (2) we provide an enriching and supportive workplace, and (3) our team focuses on value: service, quality, and cost. The development of this patient-centered culture has been an ongoing Clinic strategy since 1998, highlighted by the shareholder physicians adopting a change in the physician

compact in 1999. The Everett Clinic also recognizes that achieving the IOM AIMS is a never-ending challenge and they will continue to strive to improve their performance in these areas. Within the construct of the guiding principles, the top four Board of Directors goals for 2004 are:

### **Customer Satisfaction**

*We will improve the American Medical Group Association (AMGA) patient survey response to “the visit overall” by 10 percent by:*

- Implementing an “Advanced Access” model of care in all primary care sites and selected specialty departments by the end of 2004
- Refining and applying a meaningful “on-time” metric to all clinical areas
- Offering advanced communication training to new physicians and shareholders to improve their patient satisfaction scores
- Creating an organizational culture that focuses on saying “YES” to patients and provides regular feedback to departments

### **Patient Safety**

*We will strengthen our “culture of safety” through implementation of the following:*

- Increasing the use of the error reporting system
- Expanding the use of the Computerized Medical Record (CMR) by:
  - Implementation of mobile CMR
  - Implementation of results review and refill medication management to all departments
  - Implementation of an automated system to offer all our patients the best possible preventative care recommendations

### **Secure Future**

*We will achieve five percent profitability margin by:*

- Improving annual RVU generation per physician full-time equivalent (FTE) and developing action plans for underperforming areas
- Improving our marketing and branding strategy to benefit departments with excess capacity
- Improving our strategy for inventory management and charge capture resulting in inventory reductions of 20 percent and better tracking of charges for supplies
- Successfully transitioning to a self-insurance model for professional liability which will facilitate organizational improvements in loss control
- Strengthening operational and strategic relationships with the local hospital

### **Best Workplace**

*We will be one of the premier work environments in the area by:*

- Conducting regular physician and staff satisfaction surveys, developing responsive action plans, and improving satisfaction scores by five percent
- Minimizing staff turnover to 15 percent and/or 10 percent below the industry standard
- Recognize physicians and staff for excellence and for making outstanding contributions to The Clinic
- Streamlining Clinic processes by eliminating waste and unnecessary paperwork

## Intervention

Movement to change the culture started in 1999 in order to facilitate implementing overall goals such as these. The emphasis was to change the corporate culture from one that was physician-centered to one that is patient-centered. The end result was a formal compact put to a shareholder vote in June 1999 with a 96 percent acceptance rate. The compact provided clinic leadership the authority to implement this patient-centered model.

### The Clinic's Physician Compact

Old	New
Office schedule and work at physician convenience	Scheduling to emphasize patient needs
Quality self and peer perceived	Quality as a group objectively demonstrated for consumers
Patient satisfaction recognized	Patient satisfaction emphasized
Financial incentives purely aligned with fee-for-service production	Financial incentive aligned to promote financial viability, efficiency of care, customer satisfaction, demonstrated quality and participation
Collegial physician and staff relationships not explicitly valued	Expectation for positive, enjoyable personal interactions
Each physician is responsible for their own behavior and performance	Governing Board strengthened to be able to encourage and enforce appropriate physician behavior and performance
Cost of care given low priority	Cost of care carefully considered
Practice styles unique and widely variable	Adoption of mutually agreed upon best practices
I hire; you pay	Local accountability for cost control

## Highlights

The Everett Clinic took several additional steps to effect this organizational transformation:

- Strengthened the Board through longer terms and more discretion over physician compensation.
- Strengthened the Medical Director by going from 0.5 FTE to 2.5 FTE Medical Directors and by adding 13 part-time Medical Directors, one at each site.
  - Strengthened the roles and responsibilities of the CEO
    - Substantially invested in training

## Results

As a result of this effort overall Clinic objectives were modified, with the first formal reference to Patient Safety and Satisfaction being incorporated in its goals for 2002. Some of the tough executive decisions necessary to achieve these three corporate goals outlined above included:

- Committing time and money (Board goals not always tied to financial goals)
- Remaking an entire department where safety was a continuing concern (general surgery)
  - Forcing some specialty departments to expand (Orthopedics Advanced Access)
    - Bringing in new departmental physician leadership (Advanced Access)
- Forcing a change in the site Medical Director at our largest satellite location when it became apparent that the long tenured, beloved Medical Director was not interested in supporting major initiatives (such as Advanced Access)
  - Accepting financial risk for prescribing (improving cost and quality of prescribing)
  - Kicking out all pharmaceutical representatives (improving cost and quality of prescribing)
- Mandating family practice physicians doing OB give up high risk pregnancies, have a minimum of 30 deliveries a year, and be present during the patient's active labor (patient safety)

The senior leadership has been internally motivated in driving a shift in the clinics culture to embrace the IOM AIMS.

- Internal safety risk reports by staff increased 300 percent since inception of program
- Quality and cost of prescribing initiatives have resulted in 40 percent increase in optimal choice of first line antibiotics.
  - Patient satisfaction scores in 2004 up 20 percent compared to those in 2003.
- Nine service sites allow advanced access; third available appointment in primary care reduced from 8 - 20 days to 2 - 3 days
- Nurses now treating chronic patients as opposed to triaging those seeking an appointment. Phone response time has also improved.
- Specific outreach program for pharmacy with support for 500 needy patients in 2004, compared to under 100 in 1999.