



Respectful Partnerships

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The Patient Experience: Improving Safety, Efficiency, and HCAHPS

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Presenters have nothing to disclose.

Session Agenda

- Observation Exercise
- Doing To, Doing For, and Doing With

Session Objectives

At the conclusion of this session, participants will be able to:

- Utilize the observation exercise to identify areas for improvement related to patient experience
- Apply Doing To-For-With activity as a means to enable more rapid change to improve the patient experience
- Design services to improve the patient experience through the eyes of the patient

Observation Exercise

- What did you see?
- What did you hear?
- What surprised you?
- What upset you?
- What pleased you?
- If you did not do an observation:
 - Think about what you are hearing during the conversation from a patient/family view.

Doing *To* – Doing *For* – Doing *With*

Where are you in your work?

Doing To

You know you are ***doing to*** when:

- We say – you do: visiting hours; schedules
- We waste your time – come to the clinic & wait
- We determine what and when you eat.
- Information is not shared or understandable.
- We determine if you are compliant.
- There is helplessness – when the patient/family say:
 - I don't know what is the plan of care and what happens next.
 - I don't know who is in charge of my care.
 - I don't feel like you know me.

Doing For

You know you are ***doing for*** when:

- Family presence is defined by the patient
- We keep the patient in mind when designing or improving programs – then ask
- We design the teams to help you – without you
- Dedicated efforts to improve the patient experience
- We *manage* your expectations about waiting
- Information is openly shared with patients
- Early use of health literacy
- We teach you – lots & lots & lots
- We are beginning to get it about cross-continuum care but don't know much about the white spaces

Doing For

“We are really good about caring what you think about us. We are not good about caring what you think.”

– Catherine Lee, VP Service Excellence,
McLeod Regional Medical Center

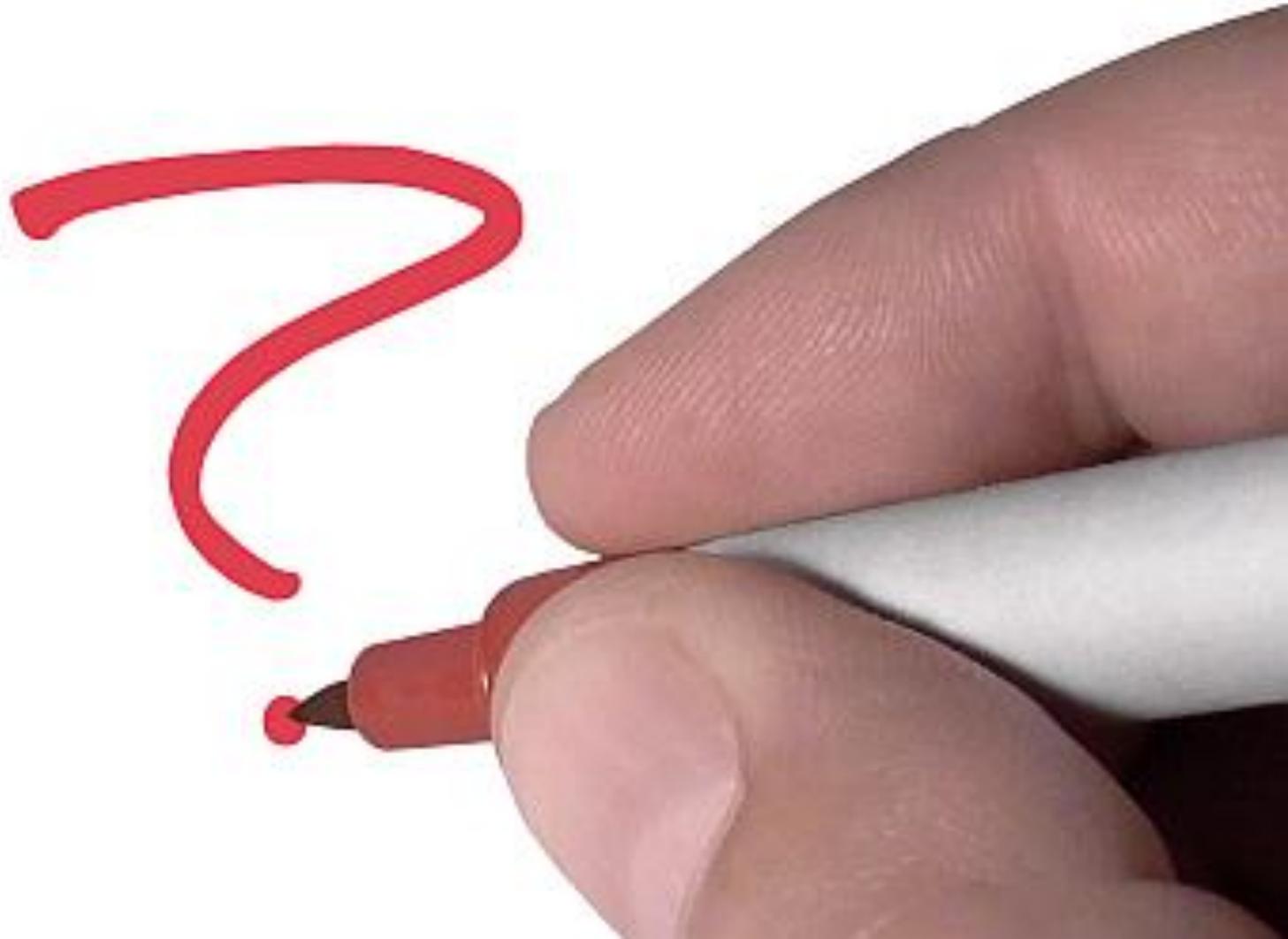


Doing With

You know you are ***doing with*** when:

- Build on Doing *for* and move beyond
- Patient/family advisors are on teams to design or improve programs that follow the patient journey
- All key decisions are mutual – including who is on my team
- All staff are viewed as caregivers and are skilled in respectful communication and teamwork
- Health Literacy is everywhere in patient care
- Senior leaders model that patient's safety and well-being guide all decisions
- Staff, providers, leaders are recruited for values & talent; patient/family advisors involved in hiring

Where are we in
doing *to-for-with*?



Activity: Doing To-For-With

Individually:

- Spend 2 minutes jotting down an example of Doing To/Doing For/Doing With Patients/Families

As a team:

- Share your examples and identify themes/key insights
- Discuss what gets in the way of moving to **doing with** patients/families

To-For-With Assessment Patient and Family

1. Individually – Complete 1-2 examples in each category
2. Review as a group at your table
3. What do your lists tell you?

Doing To – Patients and Families

Doing For – Patients and Families

Doing With – Patients and Families

To-For-With Assessment – Staff and Providers

1. Individually – Complete 1-2 examples in each category
2. Review as a group at your table
3. What do your lists tell you?

Doing To – Staff and Providers

Doing For – Staff and Providers

Doing With – Staff and Providers

Insights

- What surprised you?
- What examples came to mind?
- How might you use this to engage others?

Design Exercise

or What Can I Do Next Tuesday?

- What is the problem?
- Is it a problem for staff? Patients? Families?
- Who sees it as a problem?
- Do all parties see it the same?
- What are the barriers to change?
- Will the change be an improvement?