Expedition Coordinator

Kayla DeVincenitis, CHES, Project Coordinator, Institute for Healthcare Improvement, currently manages web-based Expeditions and the Executive Quality Leaders Network. She began her career at IHI in the event planning department and has since contributed to the State Action on Avoidable Rehospitalizations (STAAR) Initiative, the Summer Immersion Program, and IHI’s efforts for Medicare-Medicaid enrollees. Kayla leads IHI’s Wellness Initiative and has designed numerous activities, challenges, and educational opportunities to improve the health of her fellow staff members. In addition to implementing the organization’s first employee health risk assessment, Kayla is certified in health education and program planning. Kayla is a graduate of Northeastern University in Boston, MA, where she obtained her Bachelor of Science in Health Science with a concentration in Business Administration.
WebEx Quick Reference

- Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)

When Chatting…

Please send your message to All Participants
Chat Time!

What is your goal for participating in this Expedition?

Join Passport to:

- **Get unlimited access to Expeditions**, two- to four-month, interactive, web-based programs designed to help front-line teams make rapid improvements.
- **Train your middle managers** to effectively lead quality improvement initiatives.

. . . and much, much more for $5,000 per year!

Visit [www.IHI.org/passport](http://www.IHI.org/passport) for details.
To enroll, call 617-301-4800 or email improvementmap@ihi.org.
What is an Expedition?

**ex·pe·di·tion (noun)**
1. an excursion, journey, or voyage made for some specific purpose
2. the group of persons engaged in such an activity
3. promptness or speed in accomplishing something

Expedition Support

- All sessions are recorded
- Materials are sent one day in advance
- Listserv address for session communications: PatientExperienceExpedition@ls.ihi.org
  - To add colleagues, email us at info@ihi.org
Expedition Director

Kelly McCutcheon Adams, LICSW has been a Director at the Institute for Healthcare Improvement since 2004. Her primary areas of work with IHI have been in Critical Care and End of Life Care. She is an experienced medical social worker with experience in emergency department, ICU, nursing home, sub-acute rehabilitation, and hospice settings. Ms. McCutcheon Adams served on the faculty of the U.S. Department of Health and Human Services Organ Donation and Transplantation Collaboratives and serves on the faculty of the Gift of Life Institute in Philadelphia. She has a B.A. in Political Science from Wellesley College and an MSW from Boston College.
Today’s Agenda

- Ground Rules & Introductions
- Foundational Elements to Improve Patient and Family Experience – Why is this so hard?
  - Learning from Participants
  - The Tale of Two Hospitals
  - What We Know from Evidence and Exemplars
  - Skills to Engage Others
- Using the Model for Improvement
- Assignment for Next Session

Ground Rules

- We learn from one another – “All teach, all learn”
- Why reinvent the wheel? – Steal shamelessly
- This is a transparent learning environment
- All ideas/feedback are welcome and encouraged!
Overall Program Aim

Using the IHI Patient Experience Change Package, this program will aid participants in a) harvesting updated concepts to improve the culture and strategies for improving patient and family experience; and b) assuring the foundations for success are identified and implemented to support the stickiness of their strategies.

Expedition Objectives

At the end of the Expedition each participant will be able to:
- Identify new concepts to test that will improve patient experience
- Explain how attention to reliability affects the utility of change ideas
- Describe key issues to address when planning spread of effective ideas
- Modify current practices to increase reliability and ability to spread
- Recommend actions to engage colleagues at all levels in patient and family experience culture change
Schedule of Calls

Session 1 – Foundational Elements to Improve Patient and Family Experience
Date: Wednesday, June 26, 1:00 PM – 2:30 PM ET

Session 2 – Latest Thinking and New Ideas – Engaging Others for the Journey
Date: Wednesday, July 10, 1:30 – 2:30 PM ET

Session 3 – Using Reliability Concepts to Improve Patient Experience
Date: Wednesday, July 24, 1:30 – 2:30 PM ET

Session 4 – Spread and Adaptability
Date: Wednesday, August 7, 1:30 – 2:30 PM ET

Session 5 – Live Case Studies of Improving Patient Experience
Date: Wednesday, August 21, 1:30 – 2:30 PM ET

Faculty

Barbara Ballk, RN, EdD, Principal, Common Fire Healthcare Consulting, is also Senior Faculty at the Institute of Healthcare Improvement. Her areas of expertise include leadership and systems for a culture of quality and safety, including patient- and family-centered care, patient experience, systems to improve transitions in care, and transforming care prior to or with optimization of an electronic health record implementation. She works with leaders to develop adaptive systems to excel and innovate in complex organizations, and to ensure sustained improvement and innovation every day. Ms. Ballk’s publications include the book, The Heart of Leadership, and the IHI white paper on “Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care,” among others. Previously, she served in senior leadership roles at Allina Hospitals and Clinics, United Hospital, and Minneapolis Children’s Medical Center.
Foundational Elements to Improve Patient and Family Experience

**Why is this so hard?**

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**Session Objectives**

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

- Describe the Expedition process and how to gain the most from it
- Explain the Patient and Family Experience Driver Diagram and high impact changes to improve patient/family experience
- Apply selected lessons from evidence and the field to enable sustained Experience results
- Apply two tools to engage colleagues in understanding the culture change for patient and family experience
- Identify assets and gaps in current approach to Patient and Family Experience
Learning from Participants: Where you are in the journey

Poll Questions
- Have you participated in previous IHI Patient Experience programming (seminar, Expedition, etc.)?
- Have you eliminated visiting restrictions for family members (and family is defined by patient)?
- Do you have active Patient/Family partnerships?
  - E.g. one or more of these:
    - Ask Patients/Families for their ideas on potential improvement
    - Patient/Family Advisors on teams
    - Patient/Family Advisors on a council

Learning from Participants: Where you are in the journey

- Have you implemented White Boards?
  - If so, what is your reliability in those departments?
- Have you implemented bedside connections?
  - If so, what is your reliability in those departments?
- Have you implemented leader rounding (executive through departmental leader)?
  - If so, what is your reliability in those departments?

- Why do you think your tactics worked?
  - Chat your thoughts into the chat box!
A Tale of Two Hospitals: Reliability Hospital

A Tale of Two Hospitals: Inconsistency Hospital
Why implementation matters...

Definition of Patient Experience

- Do you have a definition of patient experience for your organization other than “HCAHPS scores”?
  - If yes, please share your definition in the chat box
Patient- and Family-Centered Care

Connections: Patient-and Family-Centered Care and Patient Experience
- To be truly patient centered, healthcare providers must partner with patients and families to see what the experience is like through their eyes . . .
- Patients and families are architects and designers of an effective healthcare system

• Picker Institute – Always Events Healthcare Solutions

Patient- and Family-Centered Care:
One definition
- Dignity and respect: Providers listen and honor patient and family perspectives and choices
- Information sharing: Providers share complete and unbiased information in ways that are affirming and useful
- Participation: In care and decision-making
- Collaboration: In my care; policy and program development; implementation and evaluation

• Institute for Patient-and Family-Centered Care

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Institute for Healthcare Improvement
It is Not About –

- “Our patients are…
  - Older
  - Sicker
  - Crabbier
  - In a busy clinic
  - In double rooms
  - In the ED
  - …”
What Patients Want

“What patients want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it. We are great at rocket science. We love rocket science. What we’re not good at are the things that are so simple and basic that we overlook them.”
—Laura Gilpin, Griffin Hospital

What Patients and Families Want

- Patient- and Family-Centered – no helplessness for those served or serving
- Safe – no needless harm or deaths
- Effective – no needless pain or suffering
- Timely – no unwanted waiting
- Efficient – no waste
- Equitable – for all
A Framework

What We Know from Exemplars:
- Leadership
- Engage the hearts and minds
- Respectful interactions
- Reliable systems
- Evidence based care

IHI Patient Experience Driver Diagram

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Leadership

Patient Experience Actions: Overview

Key areas for improving specific domains of patient experience

- Staff and Physicians
- Connection
- Patient and Family
- Improvement/Infrastructure
- Engagement
- Leadership

Foundational Elements for Improving Patient Experience

High Impact Changes Overview

- Connections – the Big Deal
  - Nurses in Hospitals; Home Health
  - Providers in Clinics
  - Tactics that strengthen the connections done reliably

- Lessons Learned
  - Variety of settings
  - New literature

- Foundational supports
  - Without them risk Random Acts of Goodness
Patient Experience Actions: Overview

Key areas for improving specific domains of patient experience

- Staff and Physicians
- Connection
- Patient and Family

Foundational Elements for Improving Patient Experience

Connections

- The core of Experience
- Sample Tactics:
  - Bedside connections
  - Care rounds
  - White Boards
  - Everyone is a caregiver
  - Bundle: Knock, Introduce, Sit, “What are you most worried about?”, Listen
**Patient Experience Actions: Overview**

Key areas for improving specific domains of patient experience

- **Staff and Physicians**
- **Connection**
- **Patient and Family**

**Foundational Elements for Improving Patient Experience**

**Key Actions: Leadership**

- Leaders take ownership of defining purpose of work and modeling desired behaviors.
  - Purpose
  - Label and link
  - “All in” behaviors
  - Storytelling
  - Leadership rounding
  - Leadership behaviors
  - Champions
**Key Actions: Engagement**

- Staff, leaders, and physicians engage patients and families so that efforts to improve patient experience reflect actual patient experience.
  - Definition
  - Advisors and leaders
  - Improvement initiatives
  - Tools
  - Physical design
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**Why Partner with Patients and Families?**

- Health care significantly lags
- When patient, family, or community members’ view is absent – high risk of:
  - Professionally or organizationally centered
  - Over-designed
  - Wasteful
- We find out what *really* matters
- Fast, simple, safe, easy, cheap

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**Patient Experience Actions: Overview**

Key areas for improving specific domains of patient experience

- Staff and Physicians
- Connection
- Patient and Family
- Leadership
- Engagement
- Improvement/Infrastructure

Foundational Elements for Improving Patient Experience
Key Actions: Improvement Infrastructure

- Improvement teams are solidly grounded with skills to affect reliable change and gain meaningful understanding of data.
  - Daily improvement
  - Measurement system
  - Reliability
  - Patient journey

Engaging Colleagues

- Major barrier – we already think we are patient-centered!
- Actions to engage others – All In!
  - Purpose: What and Why
    - Define Patient Experience
  - To – For – With
  - Observe the Journey
Purpose – What and Why

- Patient Experience:
  - Most lacking a clear, concise definition
- Actions:
  - What is it and why is it important
  - How does it link to the organization’s mission and strategies
  - How do I contribute – everyone is a caregiver
  - 20 foot talk

Doing To – Doing For – Doing With

Engaging Colleagues:
- Where are you in your journey?
Doing To

You know you are doing to when:
- We say – you do: schedules; visiting hours
- 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

Barbara Balik
Where are we in doing to-for-with?

1. Individually – complete 1-2 examples in each category
2. Review as a group
3. What do your lists tell you? What gets in the way of doing with?

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Key Change Ideas: Improvement Infrastructure

- Improvement teams are solidly grounded in skills to effect reliable change and gain meaningful understanding of data
  - Daily Improvement
  - Measurement System
  - Reliability
  - Patient Journey

Action Period Assignment

- Observe one patient using options in observation guide (will be shared by listserv after session)
- After the observation by Mon 7/8 - post on listserv:
  - What surprised you?
  - What delighted you?
  - What confused you?
- Be prepared to share what you learned
Questions?

Raise your hand

Use the Chat

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Aim of Improvement

Measurement of Improvement

Developing a Change

Testing a Change

Act

Plan

Study

Do

Principles & Guidelines for Testing

- A test of change should answer a specific question
- A test of change requires a theory and prediction
- Test on a small scale
- Collect data over time
- Build knowledge sequentially with multiple PDSA cycles for each change idea
- Include a wide range of conditions in the sequence of tests
Repeated Use of the PDSA Cycle

Sequential building of knowledge under a wide range of conditions

Changes That Result in Improvement

Spread

Implementation of Change

Wide-Scale Tests of Change

Follow-up Tests

Very Small Scale Test

Aim: Implement Rapid Response Team on non-ICU unit

Cycle 6: Expand rounds to one unit for one shift seven days a week

Cycle 5: Have Nurse Practitioner respond to calls in addition to RT and RN

Cycle 4: Expand coverage of RRT on unit to one unit for one shift for five days

Cycle 3: Have Respiratory Therapist attend rapid response calls with ICU Nurse

Cycle 2: Repeat cycle 1 for three days

Cycle 1: ICU nurse responds to rapid response team calls on one unit, one shift for one day
Questions?

- Raise your hand
- Use the Chat

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Expedition Communications

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- To add colleagues, email us at info@ihi.org

- Pose questions, share resources, discuss barriers or successes

Next Session

Wednesday, July 10, 1:30 PM – 2:30 PM ET
Session 2 – Latest Thinking and New Ideas – Engaging Others for the Journey