A Framework for Patient and Family Experience

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Person- and Family-Centered Care: Transforming the Patient Experience

Session Objectives

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

- Explain the theory and evidence base of excellence in patient and family experience
- Integrate the current evidence about how to improve patient and family experience into their strategic plan
- Apply one tool to engage colleagues in understanding the culture change for patient and family experience
Session Agenda

What we know from exemplars:
- Introduction to a well-integrated and effective framework to aid in creating patient- and family-centered care environments that offer excellent patient experience
- What patients and families want
- To-For-With

Roadmap

– *from* –
RANDOM ACTS OF GOODNESS

– *to* –
AN INTEGRATED SYSTEM
It is Not About –

Have a Nice Day
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

- Dignity and respect
- Information sharing
- Participation
- Collaboration

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
Why We Know From Exemplars

- Sequence matters
- It begins with leadership behaviors
- The difference between random acts of goodness and results
- It can impact all domains of the Value Star – experience, quality, safety, engagement, financial vitality
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
Institute for Healthcare Improvement

IHI Patient Experience Actions: Overview

Key areas for improving specific domains of patient experience

- **Staff and Physicians**
  - Systems designed to support staff and physicians' delivery of effective, reliable care consistent with patients' values and beliefs.

- **Patient and Family**
  - Systems designed to support engagement of patient and family in care to create optimal individual patient experience.

- **Connection**
  - Interchange to support mutual goals of care — calling on staff and physician expertise of health care and patient expertise of self.

- **Leadership**
  - Leaders take ownership of defining purpose of work and modeling desired behaviors.

- **Engagement**
  - Staff, leaders, and physicians engage patients and families to improve patient experience.

- **Improvement/Infrastructure**
  - Daily improvement is solidly grounded in skills to achieve reliable change and meaningful understanding of data.

Foundational Elements for Improving Patient Experience

Patient Experience Change Package: Overview

Key areas for improving specific domains of patient experience

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Foundational Elements for Improving Patient Experience
Key Change Ideas: 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

Patient Experience Change Package: 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 Change Ideas: 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

Patient Experience Change Package: 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 Change Ideas: 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

Doing To – Doing For – Doing With

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

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? What gets in the way of doing with?

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Action Planning

- What does the Driver Diagram show us for our Action Plan?
- What is our strategy for PFCC and Patient Experience? Why do we have it?