Session Objectives

- Assess value of various theoretical constructs to support your own goals for improvement for the people you serve
- Recognize a variety of ways to gain a greater understanding of the experiences of individuals in our care
- Describe how asking “What matters to you?” opens the door to more fully understanding the whole person
- Explore new ways to form effective partnerships between clinicians/staff and individuals and their family members
- Introduce Always Events as a practical action-oriented approach to reliably implement new processes and/or behaviors that are important to patients
Session Agenda

- Explore various theoretical approaches to greatly enhance care for individuals and their family members from their perspective
- Through the patient’s eyes >> What is the patient’s experience?
- “What matters to you?”
- Patients and Family Members as Partners
- Reliably Implementing Always Events

Health Care is in Transition and Leaders are Asking Themselves…

- How will we navigate the transition from fee-for-service to value-based payment models?
- What skills, capabilities, and culture will we need to thrive?
- How do we prioritize and integrate the many change initiatives to insure success?
- In the midst of so much change how do we keep our focus on the people and populations we serve?
“Through the Patient’s Eyes”

Through the Patients’ Eyes

“Patient-centered care focuses on the patient’s needs and concerns as the patient define them.”

Picker/Commonwealth
Patient-Centered Care Program
Dimensions of Patient-Centered Care

- Respect for patients' values, preferences and expressed needs
- Coordination and integration of care
- Information, communication and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transitions and continuity


What ‘Patient-Centered’ Should Mean

Patients and family members say:

“They give me exactly the help I need and want, exactly when and how I need and want it.”

-- J. Wasson and D. Berwick

Don Berwick, MD, MPP What ‘Patient-Centered’ Should Mean: Confessions Of An Extremist. Health Affairs, May 19, 2009
IHI’s Work: Five Key Areas

Person- and Family-Centered Care

Our Goal:
Usher in a new era of partnerships between clinicians and individuals where the values, needs, and preferences of the individual are honored; the best evidence is applied; and the shared goal is optimal functional health and quality of life.
What We Hear from the Field
Person- and Family-Centered Care

**CURRENT STATE**
- "We’re unsure which changes to tackle first and how to sustain them."
- "We’re not sure how to align care to be more patient and family-centered."
- "We’re too busy to ask about patient concerns and respond with empathy."
- "Clinicians/staff doubt validity of patient survey data; 6+ month delays in getting results and few responses over time create uncertainty."
- Staff and physicians understand that addressing patient concerns saves time overall and better supports organizational goals.
- We understand which HCAHPS areas correlate to overall satisfaction, and have an action plan for those areas.

**DESIRABLE STATE**
- We understand the needs, preferences and values of our patients, and reliably honor them.
- We reliably implement high leverage changes and can test changes, build competencies, transform the culture, and measure our progress.
- There’s a process in place to gather immediate feedback from patients and families and test changes for improvement.

Maureen Bisognano, CEO, IHI

- Do you know how good you are?
- What do patients think?
- Where is the variation?
- Where do you stand relative to the best?
- Do you know your rate of improvement over time?
Through the Patients’ Eyes

*What do patients think/experience?*

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**Table Exercise**

- Ask for a volunteer to share a personal story, or a story of a family member or a close friend who has experienced the consequences of a long-term and/or serious health care condition.

- How does the illness or clinical condition affect his/her life? What are realities of their daily life?

- Describe a time when they sought health care for a problem they were encountering/
Varying Responses to Treatments

**Patient group**

- Drug toxic but beneficial
- Drug toxic but NOT beneficial
- Drug NOT toxic and NOT beneficial
- Same diagnosis, same prescription
- Drug NOT toxic and beneficial
Precision Medicine: N-of-One Solutions

- N-of-One’s solutions are designed with one goal in mind—to streamline access to relevant leading-edge molecular-targeted knowledge, diagnostics, treatments, clinical trials, and other resources matched to each cancer patient’s specific tumor type and molecular profile.

- Transformational new model of medical care that involves the selection of diagnostic tests that have the potential to identify changes in each individual patient’s cancer cells. The use of that knowledge may help to prevent and treat cancer through the development of treatment strategies to target these specific molecular alterations. Ultimately, the goal of precision oncology is to improve patient outcomes.
What About “**Precision Care**”?:
N-of-One Care for Each Unique Individual

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**Through My Eyes as a ‘Patient’**

**What Matters to Me?**

- Having respectful partnerships with my healthcare team (shared decision-making, both Eastern & Western Medicine treatments, etc.)
- Achieving clinical outcomes consistent with my values and preferences
- Timely access to clinicians when problems arise
- Seeing me as a whole person
  - Continuing to lead an active life with my family and friends
  - Continuing to contribute to the mission of IHI
Experiences with My Care Team

“Do not tough out side effects!” – oncologist

“There’s nothing we can’t fix.” – nurse practitioner

“How is it really going? – primary infusion nurse

“I am with you.” – acupuncturist

Shared Decision-Making

From: [redacted]
Sent: Saturday, August 17, 2013 9:22 PM
To: Pat Rutherford
Subject: RE: decision re: clinical trial

Dear Pat,

In my view, it’s absolutely imperative for you to be comfortable and at peace with how your care is being carried out. We should and will do whatever you prefer in terms of overall treatment approach.

I have had numerous patients on this study, but as stated you have to be comfortable with how potential participation in the study affects you as a patient, and if it doesn’t feel right we don’t need to give it any more thought.

If a conversation with another patient of mine who participated in the vaccine study would be helpful for you, I can make arrangements for this.

Of course I’m happy to discuss this coming week as well. Let me know what you prefer when you can.

All the best.
Experience Of Individuals….

….with a long-term and/or serious health care condition

1. realities in their daily life
   AND
2. realities in encounters with clinicians and staff in various parts of the health care system

5000 Hours

The Power of Patient Stories: Learning Moments in Medicine

Video Ethnography

Video Ethnography is the rapid, applied use of ethnographic methods using video to capture observation and interviews in order to analyze and then share key findings with performance and quality improvement teams, leaders, and others across an organization or institution to catalyze change.

**Benefits**

- Leverage patient, staff, and physician voices to drive change and improvement – real people’s voices motivate change in ways that other data cannot.
- Uncover ‘why’ something is happening, often explaining discrepancies between what people say and what they do, and identifying needs that people can’t always articulate explicitly.

- [Watch the video](http://kpcmr.org/what-wm/dps/evaluationanalysis/returning-home-video/)
- [Read impact in Health Affairs Article](http://content.healthaffairs.org/content/31/6/1244.abstract)
- [Try it yourself with our toolkit](http://kpcmr.org/cms-news/tool-kits/)
Rebecca’s Story

Rebecca Bryson lives in Whatcom County, WA and she suffers from diabetes, cardiomyopathy, congestive heart failure, and a number of other significant complications; during the worst of her health crises, she saw 14 doctors and took 42 medications. In addition to the challenges of understanding her conditions and the treatments they required, she was burdened by the job of coordinating communication among all her providers, passing information to each one after every admission, appointment, and medication change.
Rebecca’s Story

Rebecca said if she were to dream up a tool that would be truly helpful, it would be something that would help her keep her care team all on the same page. Bryson described typical medical records as being “location or process centered, not patient-centered.” She also describes how difficult it can be for patients to navigate a large health care system. Rebecca summarizes her experience in this way – “Patients are in the worst kind of maze, one filled with hazards, barriers, and burdens.”

http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/ImprovementStories/PursuingPerfectionReportfromWhatcomCountyWashingtononPatientCenteredCare.htm

Instant Replay – A Quarterback’s View of Care Coordination, Mathew J. Press MD, The New England Journal of Medicine, August 7, 2014

Ambulatory Care Coordination for One Patient.
Over an 80-day period, 12 clinicians were involved in the care of the patient. The patient's primary care physician (PCP) communicated with the other clinicians 40 times (32 e-mails and 8 phone calls) and with the patient (or his wife) 12 times. The patient underwent 5 procedures and had 11 office visits (none of them with his PCP). (An animated “instant replay” is available with the full text of this article at NEJM.org.)
The Burden of the Illness

Victor Montori, MD, MSc  Minimally Disruptive Medicine
Workload of Patients with Chronic Illnesses

Self-reported time for care workload = 48 min/day “not enough time”

Estimated time for recommended care = 122 minutes/day

Adding other desirable tasks & admin tasks = 143 minutes/day

Russell LB et al. JFP 2005; 54: 52-56

Principles of Minimally Disruptive Medicine

Establish the weight of burden -- what is the effective yet least burdensome treatment program for this person with this set of conditions in this context?

Encourage coordination in clinical practice -- Incentives should prioritize holistic approaches and improved coordination of care.

Acknowledge comorbidity in clinical evidence -- Improved coordination of clinical knowledge and the development of robust techniques and clinical guidelines that deal explicitly with the problems of managing multiple chronic conditions.

Prioritize from the patient perspective -- Patients and family caregivers’ involvement must be a central part of disentangling individual and collective treatment burdens.

C. May, V Montori, F. Mair. We need minimally disruptive medicine. BMJ August 2009.
One morning, a blood vessel in Jill Bolte Taylor's brain exploded. As a brain scientist, she realized she had a ringside seat to her own stroke.

TED Talk --http://www.ted.com/speakers/jill_bolte_taylor

“ER” Alone in a Crowd (Cynthia Nixon)
http://www.youtube.com/watch?v=QnYgO01r9LE

Patients’ Experience

“The quality of patients’ experience is the “north star” for systems of care.”

–Don Berwick
Patient Experience Defined

The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute

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Health Affairs
February 2013 Vol. 32 No. 2 healthaffairs.org

New Era Of Patient Engagement

Rx For The ‘Blockbuster Drug Of Patient Engagement

By Susan Czerep

Demonstrations at Seattle-based Group Health and elsewhere have already shown that fully informed patients often choose less invasive and lower-cost treatment than their doctors recommended—and that variation in practice patterns among physicians also matters as a result. But while many physicians have brought into shared decision-making others have been slow to adapt and some have described the use of decision aids—typically, brochures, audio-visuals, or computer software—so far as providing more information and missing the value of patient-physician conversations as first discussed.

In a study of five patient care practices in California, the effort ran into a number of obstacles—including some physicians' fear of giving up their traditional decision-making roles, their fear of missing in communication, and their complaints that they simply lacked the time.

A number of articles place the case...
Patient and Family Engagement

We define patient and family engagement as patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system -- direct care, organizational design and governance, and policy making -- to improve health and health care.

Barbara Balik, RN, EdD, a senior IHI faculty member and (currently principal with Aefina Partners), authored the Healthcare Executive (July/August 2011) article “Leaders’ Role in Patient Experience,” in which she wrote that “the drivers of exceptional patient experience are founded on a commitment to patient and family-centered care -- care that is constantly viewed through the patient’s eyes ... Critical to the entire hospital’s success is senior leaders’ ability to continually clarify, articulate and model the organization’s goals for patient and family experience and why they matter.”

Balik also observes that “any time leaders chase the numbers, they miss an opportunity to really innovate in their systems.” And innovating in terms of patient centeredness, she says, is “really about the patient and family at the center as partners in everything we do.”
The Heart of Change

See, Feel, Change

Changing one person is hard enough, but changing 100 or 1000 is an almost Herculean task. Yet organizations are doing just that. Most that do so successfully focus on showing what needs to be changed. Once people respond emotionally to the lesson, their emotional reactions propel them into action. They see, then feel, then change. To help them make the leap, you must:

✓ Help people see the need for change with compelling, eye-catching dramatic situations to visualize problems and solutions.
✓ Let people feel as they are hit with the reality of their situation and feel the need to act.
✓ Let people take their emotionally charged ideas into action.

The Leadership Challenge

Model the Way
- Clarify Values
- Set the Example

Inspire a Shared Vision
- Envision the Future
- Enlist Others

Challenge the Process
- Search for Opportunities
- Experiment and Take Risks

Enable Others to Act
- Foster Collaboration
- Strengthen Others

Encourage the Heart
- Recognize Contributions
- Celebrate the Value and Victories

J.P Kotter and Deloitte Consulting LLC

The Leadership Challenge
Kouzes and Posner, 2002
Framework for Change

Direct the Rider
- Provide crystal-clear direction

Motivate the Elephant
- Provide emotional reasons to change

Shape the Path
- Make the change easy
- Workflows, systems, habits

What Matters?
Patient Engagement in Primary Care Visits

- Patients are given an average of 23 seconds to tell their story before they are interrupted.
- In 25% of visits, physician never asked the patient for his/her concerns.
- When uninterrupted, 50% of patients finished their story in 60 seconds or less, 78% in 2 minutes or less.


What Matters?

Enhancing conversations between patients and clinicians from -- “What’s the matter?” to also including “What matters to you?”

Shared Decision Making — The Pinnacle of Patient-Centered Care
Michael J. Barry, M.D., and Susan Edgman-Levitan, P.A.
n engl j med 366;9 nejm.org march 1, 2012
What if…. every clinician, staff member and community health worker routinely asked -- “what matters to you?” — and listened attentively at every encounter with individuals and their family members?

What would we learn?
“What matters to you?”

From God to Guide

https://www.youtube.com/watch?v=LnDWt10Maf8
**Diabetes Visit Cards**

- The patient sorts the cards to select issues that form the agenda for the visit
- Satisfaction is improved and patients report more control of their disease

Developed in England by the Design Council to improve the effectiveness of chronic care visits at physicians’ offices

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**What matters to you today?**

“1st and Last 5 Minutes”

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**HOME CARE SERVICES CSI**
Home Health Care

Example of a Bedside White Board

Any concerns or worries about going home (or to next care setting)?
What matters to Kendra?

- Last year, Jenn Rodgers, a nurse from Scotland, heard Maureen Bisognano encourage clinicians and staff to ask about “What matters?”

- She returned from the meeting and started giving every patient at Yorkhill Children’s Hospital in Glasgow, a piece of construction paper and an art kit. Each child writes in their first name and age, and designs the poster according to what matters to them.
A Soul Doctor and a Jazz Singer

“What would be a good day for you?”

https://www.youtube.com/watch?v=QzdIdb2s144

Medicine and What Matters in the End

“Good day for you?”
the conversation project

- A grassroots movement to encourage everyone to have conversations about end-of-life wishes with loved ones “at the kitchen table”
- Bringing about change “from the outside in”
- Leveraging media, including social media, to bring messages and tools to all
- Targeting specific geographic regions and segments of the population

http://tedxboston.org/speaker/goodman

Changing the Cultural Norm

A national campaign encouraging everyone to have a conversation about their wishes for end-of-life care

Collaboration to ensure health care systems are ready to receive and honor wishes for end of life care
Patients and Family Members as Partners

Doing To
Doing For
Doing With

Where are you in your journey?
A Multidimensional Framework For Patient And Family Engagement In Health And Health Care

Levels of engagement
- **Direct care**
  - Consultation: Patients receive information about a diagnosis
  - Involvement: Patients are asked about their preferences in treatment plan
  - Partnership and shared leadership: Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment

- **Organizational design and governance**
  - Consultation: Organization surveys patients about their care experiences
  - Involvement: Hospital involves patients as advisers or advisory council members
  - Partnership and shared leadership: Patients co-lead hospital safety and quality improvement committees

- **Policy making**
  - Consultation: Public agency conducts focus groups with patients to ask opinions about a health care issue
  - Involvement: Patients’ recommendations about research priorities are used by public agency to make funding decisions
  - Partnership and shared leadership: Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

Factors influencing engagement:
- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

Interventions to Advance Genuine Partnerships with Patients/Families

<table>
<thead>
<tr>
<th>IOM Rule</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care is customized</td>
<td>• Open visitation&lt;br&gt;• Family participation in care&lt;br&gt;• Patients establish daily goals</td>
</tr>
<tr>
<td>Patient is source of control</td>
<td>• Patients &amp; family members activate rapid response teams&lt;br&gt;• Patient choice in meal selection&lt;br&gt;• Patient &amp; family member participation in change of shift report and multidisciplinary rounds</td>
</tr>
<tr>
<td>Knowledge is shared</td>
<td>• Access to medical records&lt;br&gt;• Providing effective teaching and facilitating learning</td>
</tr>
<tr>
<td>Needs are anticipated</td>
<td>• Conduct observations of patient experiences&lt;br&gt;• Observe peace and quiet times</td>
</tr>
</tbody>
</table>

Nurse-to-Nurse Bedside Report

Multidisciplinary Rounds at the Bedside
Recognizing the Valuable Role of Family Caregivers

- 46% of family caregivers performed medical/nursing tasks
- 78% of family caregivers managed medications
- 53% of family caregivers served as care coordinators
Shared Decision-Making

- Invitation – preferred role in decision making
- Elicit values and preferences
- Effective risk communication using absolute risks. balanced framing, graphics and pictures
- Identify and help resolve decisional conflicts
- Check for understanding
- Make a choice

Based on AAHC, American Association for Healthcare Communication, Braddock et al JAMA 1999, Montori

http://www.optiongrid.org/

<table>
<thead>
<tr>
<th>Breast cancer surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this grid to help you and your healthcare professional talk about how best to treat breast cancer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequently asked questions</th>
<th>Lumpectomy with radiotherapy</th>
<th>Mastectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is removed?</td>
<td>The cancer lump is removed, with some surrounding tissue.</td>
<td>The whole breast is removed.</td>
</tr>
<tr>
<td>Which surgery is best for long-term survival?</td>
<td>Survival rates are the same for both options.</td>
<td>Survival rates are the same for both options.</td>
</tr>
<tr>
<td>What are the chances of cancer coming back in the breast?</td>
<td>Breast cancer will come back in the breast in about 10 in 100 women (10%) in the 10 years after a lumpectomy. Recent improvements in treatment may have reduced this risk.</td>
<td>Breast cancer will come back in the area of the scar in about 5 in 100 women (5%) in the 10 years after a mastectomy. Recent improvements in treatment may have reduced this risk.</td>
</tr>
<tr>
<td>Will I need more than one operation?</td>
<td>Possibly, if there are still cancer cells in the breast after the lumpectomy. This can occur in up to 20 in 100 women (20%).</td>
<td>No, unless you choose breast reconstruction.</td>
</tr>
<tr>
<td>How long will it take to recover?</td>
<td>Most women are home within 24 hours of surgery.</td>
<td>Most women are home within 48 hours of surgery.</td>
</tr>
<tr>
<td>Will I need radiotherapy?</td>
<td>Yes, for up to six weeks after surgery.</td>
<td>Radiotherapy is not usually given after a mastectomy.</td>
</tr>
</tbody>
</table>
Risks and Treatment Decisions

Low Risk Patient:
- 65 year old male
- non-smoker
- total cholesterol = 130 mg/dl
- HDL = 40
- systolic BP = 130

We need minimally disruptive medicine. BMJ August 2009.
Health Literacy and Activation to Promote Patient Engagement

- The importance of health literacy and activation to fully engage our patients is under appreciated.
- There is a strong evidence base for the value of routinely identifying health literacy and patient activation and then customizing our patient instructions and care plans.

Improving Health Literacy

NEW CONCEPT: Health Information, Advice, Instructions or Change in Management

Assess Patient Recall & Comprehension Ask Patient to Demonstrate

Explain / Demonstrate New Concept Patient Recalls and Comprehends/ Demonstrates Mastery

Clarify & Tailor Explanation

Re-assess Recall & Comprehension Ask Patient to Demonstrate

Adherence / Error Reduction

Activation is developmental

**Level 1**
Starting to take a role
Patients do not yet grasp that they must play an active role in their own health. They are disposed to being passive recipients of care.

**Level 2**
Building knowledge and confidence
Patients lack the basic health-related facts or have not connected these facts into larger understanding of their health or recommended health regimen.

**Level 3**
Taking action
Patients have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors.

**Level 4**
Maintaining behaviors
Patients have adopted new behaviors but may not be able to maintain them in the face of stress or health crises.

**Increasing Level of Activation**

Source: J. Hibbard, University of Oregon

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Supporting Activation

► Means supporting people where they are

► Moving away from a generalized approach to a tailored or segmented approach.

► Doing so will likely increase the efficiency and efficacy of efforts.
Health Literacy and Patient Activation

- For most of the healthy and self-management behaviors, activation plays an equal or larger role than literacy
- Taking on and maintaining new behaviors requires self-efficacy as well as knowledge.
- Taking on new behaviors also requires a belief that this is one’s “job” to manage health.
- Where information is the primary requirement for decision-making, health literacy plays a larger role.

Advanced Illness Planning: Respecting Choices

- Created at Gundersen Lutheran in LaCrosse, WI
- Consider Advanced Care Planning (ACP) as a system and determine how to ensure patients and health professionals optimally interact across all care settings
- “The ultimate goal is to make sure that patients receive just the treatment they want based on truly informed decisions and to avoid over or under-treatment.”
Part 1

Guide to Patient & Family Engagement

Insert hospital logo here

Working With Patient and Family Advisors:

Part 1. Introduction and Overview

What Is The Role of a Patient/Family Advisor?

- Patient/Family Advisor
- Partner in Care Redesign
- Engaged Patient
- Patient Activist
- Community Advocate
- Speaker
- Leader
- Organizer

Identifying Patients and Family Members

- Ask clinicians “Do you know a patient/family member that comes to mind as a potential members?”
- Are there patients/family members who have contacted health care leaders about concerns and who were highly effective in communicating their requests?
- Are there Patients/Families with unique perspectives as previous patients or family caregivers for a project?
- Use your internal and external network of Board members, faith community, volunteers to cast a wide search
Tiffany Christensen

“I’ve been a patient since I was born.”

https://www.youtube.com/watch?v=TipFfR1drTg

Patient and Family Centered Care Partners

http://www.pfccpartners.com/

Libby Hoy
https://www.youtube.com/watch?v=pHP6mLzQNkI
The Patient Voices Network

The PVN is a mechanism to support the patient voice in improvement by recruiting, training and supporting patients, caregivers and their families to become fully engaged in primary health care system change. PVN is guided by a province-wide Steering Committee comprised of patients and health care providers.
Listening to the Customer

- Pt driven rather than Pt Centered
- Examples of really listening
  - Tribal Advisory Groups – VSMT, Nilavena
  - Elders Council
  - Diabetes, H. Ed, Head Start Advisory
  - Traditional Healing Elder’s Council
  - Customer Service Reps
  - Surveys, focus groups, public forums
  - Board, staff, friends, family
  - Industry standard written surveys

Organizations Learning from Patients

- Ryhov Hospital in Jönköping had traditional hemodialysis and peritoneal dialysis center.
- But in 2005, a patient, Christian, asked about doing it himself.
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Dr Maya Angelou

Human Connections and Empathy
Human Connections and Empathy

*Could a greater miracle take place than for each other to look through each other’s eyes for an instant?*
– Henry David Thoreau

If you could stand in someone else’s shoes, and
- Hear what they hear
- See what they see
- Feel what they feel

Would you treat them differently?
Developing Competencies of the Health Care Team to Develop Genuine Partnerships with Patients and Family Members

- Developing genuine partnerships with patients and family members will require new skills and behaviors
  - Will require health care leaders and clinicians to give up some control
  - Will require new levels of listening skills and empathy
  - Will require a new level of skill to reach the goals of creating genuine partnerships and shared decision-making
- Care processes are often designed to optimize the roles of clinicians and care teams; need to move to co-design of care processes
What Matters to Clinicians and Staff?

- Leaders make it a priority to fix inefficient processes and the need for workarounds
- QI initiative overload and never-ending changes >>> need for sense-making re: strategic priorities
- Clinicians and staff have a key role in redesigning care processes (engage them early in the process)
- System supports for the emotional toll at the front-lines of care
- A respectful work environment that support their professional practice
Everyone is a caregiver and caretaker
- Relationship-centered caring
- Human to human connections
- Retreats
- Stories
- Staff support
When visitors come to IHI, they’re greeted with these words displayed behind the reception desk:

“We will improve the lives of patients, the health of communities, and the joy of the health care workforce.”

Workforce Culture: Finding Joy and Meaning in Work

“I am treated with respect and dignity by everyone I encounter, everyday.”

“I am given the tools and knowledge to do my work so that it adds meaning to my life.”

“Someone notices.”

Paul O’Neill
former Chairman of ALCOA
former Secretary of US Treasury,
Joy in Work

“The legendary ‘light’ that became a truth... that the future of nursing, the gift of caring for our patients, for ourselves and for each other is an amazing and wonderful event that will undoubtedly save lives and fulfill destinies for those who take our journey...

…I am this day so very proud to be a nurse.”

Nurse from the Seton Healthcare Family in the Transforming Care at the Bedside initiative
The Five Aims of Always Events®

1. Raise the bar on both provider and patient expectations
2. Introduce a new organizing principle to help galvanize action and accountability
3. Demonstrate how the AE concept can be implemented in practice
4. Widely disseminate AE strategies for national replication
5. Energize and expand the movement toward a more patient and family centered system

Criteria for Always Events®

- **Important:** Patients and families have identified the event as fundamental to their care
- **Evidence-based:** The event is known to be related to the optimal care of and respect for patients and families
- **Measurable:** The event is specific enough that it is possible to accurately and reliably determine whether or not it occurs
- **Affordable:** The event can be achieved without substantial capital expense
Picker Institute transferred the Always Events Program to the Institute for Healthcare Improvement in January 2013.

Big Picture: Link between Always Events and Reliable Process Performance

From Patient to Process

- Understand Patient experience “What matters to me”
- State the Always Event(s)
- Translate Always Event(s) into Standard Work

Practice and Improve Standard Work, over time (Daily Management)

Plan
- Use Standard Work Process
- Know how to measure defects and mitigate

Do
- Do the work

Study/Act
- Measure and Communicate
Translate an Always Event Idea into the Care Experience

1. Identify and co-design the Always Event
2. Choose a care setting
   -- Is there will to improve patient/family experience?
   -- Is there capacity to incorporate the Always Event perspective?
3. Specify patient segment
4. Choose a work process within the care setting
   -- Specify process segment or step to focus effort initially
5. Change the work to assure occurrence of the Always Event (follow the Model for Improvement, apply reliability concepts, engaging point of care team in co-design of work)

Coaching to Always Use Teach-back

Tools and Videos
- Coaching Tips (PDF)
- Observation Tool (PPT)
- Confidence and Confidence Scale (PDF)
- Making Teach-back an Always Event (PDF)
- Manager’s Perspective on Coaching (VIDEO)
- Coaching Video (VIDEO)
- Coach’s Overview (VIDEO)
- Coaching: Overcoming Obstacles (VIDEO)
- Coaching: A Nurse to Always Use Teach-back (VIDEO)
- Coaching: A Physician to Always Use Teach-back (VIDEO)

Giving staff knowledge on teach-back and its effectiveness is important. But, to change from a long-standing patient education habit of asking yes/no questions like “Do you have any questions?” to one of using teach-back to confirm understanding via the patient’s own words, takes coaching.

www.teachbacktraining.com
The Leadership Challenge
Start before you are ready.

-Jim Anderson, former CEO, Cincinnati Children’s Hospital and Medical Center, IHI Board Member