Objectives

- Identify the purpose and use of compassionate, dialogue-based patient interactions
- Through simulations, develop relationship-based skills to apply in healthcare settings to improve clinical, experience, and engagement outcomes
- Identify leaders’ role in assuring effective partnerships with patients and creating joy in work
If you have knowledge, let others light their candles with it

Winston Churchill

Knowledge Café – Why

- Tapping into the wisdom in the room
- Learn from each other – sharing experiences and insights
- Stimulating innovative thinking
- Opening up possibilities
- Engaging all in generating outcomes
- A way for everyone to contribute
How Knowledge Café Works

- Cross pollinate and grow your network
  - Sit with those you do not know
- Movement! 2 rounds of conversations in small groups
- After last round – we will synthesize as a larger group
- We will pose questions to prompt conversation
- Capture ideas and learning in pictures and words at your table
- In Round Two:
  - Select host who will remain at table of origin
  - Host will share 2-3 insights from previous group discussion
  - You will see their Table Words and Doodles: build on them!
  - You will share 1 key idea from your previous table
Host Guide

- Stays at table while others move
- Engage in the conversation as a participant and a steward
- Help all contribute
- Keep the conversation flowing
- Share a summary of the conversation for the guests who arrive in the next round
- Encourage visual notes/drawings
- Take pictures of table drawings as they develop

Participant Guide

All Teach – All Learn

- Moves to a different tables in Rounds 1 & 2
- Rapid introductions – “tweet” yourself!
- Listen to understand
- Contribute your thinking and experiences
- Connect ideas you hear; Listen together for patterns, insights, other questions
- Use visual learning:
  - Doodle – Draw – Capture Ideas!
Round One Question

- You have been recruited by the CEO (or are the CEO) to achieve a **Person Centered strategy for an organization**
- “Based on what I know, 3 steps I would take to develop and achieve a Person Centered Strategy”

Round One

- “Tweet” your introduction
- Conversation about Round 1 question
- Be specific with answers to the question
  - Don’t: “Develop a strategy”
  - Do: “Identify current assets in the organization”
- Develop table drawings
- Help host do the best job possible in sharing key ideas for guests at Round Two
- Take key ideas with you to the next discuss
Round One Question

- You have been recruited by the CEO (or are the CEO) to achieve a **Person Centered strategy for an organization**
- “Based on what I know, 3 steps I would take to develop and achieve a Person Centered Strategy”

Round Two Question

- You have been recruited by the CEO (or are the CEO) to achieve a strategy to vastly improve **Joy in Work for an organization**
- “Based on what I know, 3 steps I would take to develop and achieve a strategy to vastly improve Joy in Work”
Round Two

- Host welcomes new guests
- Introductions: “Tweet” yourself
- Rapid Round
  - Host shares 2-3 insights from Round One
  - Guests add connections and 1 “ah-ah!” from Round One
- Conversation about the Round 2 Question
- Add to the Table Drawings and Doodles
- Help host do the best job to summarize themes and insights

Round Two Question

- You have been recruited by the CEO (or are the CEO) to achieve a strategy to vastly improve Joy in Work for an organization
- “Based on what I know, 3 steps I would take to develop and achieve a strategy to vastly improve Joy in Work”
Synthesis

- 1 minute to reflect on what you heard and learned
  - Key theme, discovery, new question
- Write one Key Insight on a post it
- At your table share your note
- How does it connect to your conversations?
- Popcorn reports
- Put post its on flip paper – wall walk at breaks

Break: 15 minutes
Human Centered Co-Design
What and Why

Human-Centered Co-Design at the core

LEADERSHIP VISION STRATEGY ENTERPRISE MAKING CONSULTING & ADC INNOVATION

PATIENT EXPERIENCE PATIENT VALUE PATIENT OUTCOMES PATIENT PARTNERSHIPS

partnerships that add value
impoation & path statement patient as partners profit oriented systemic

KEY OUTCOMES
PATIENT EXPERIENCE RESULTS PATIENT EXPERIENCE RESULTS PATIENT EXPERIENCE RESULTS PATIENT EXPERIENCE RESULTS

Human-Centered Co-Design at the core
What Effective Leaders Do

- Why
- Words Matter
- Work-Look-Feel
- Impact on Safety, Experience, Engagement, Cost
- Patient/Family Advisors

- Purpose
- Choice/Respect
- Mastery

- Engagement – Burnout
- To-For-With
- Systems That Work
- Data

- 200% Accountability
- Presence
- COACH L3

The Power of Purpose
Personal Why
Who I am and Why I’m Here

Beyond “trust me!”

- Decide what qualities make you trustworthy

- With your chosen quality, tell a 3 minute story that delivers evidence of that quality, e.g.:
  - Person/event in your life that taught you the importance of that quality
  - A time that you failed your own standard and vowed to never let it happen again
  - A specific event that exemplifies this quality in you

- Find a trusted colleague to listen to your story and give you feedback – practice in 20’ walk

- Then use it – often!
Patients as “detectives”

- How do patients and their families understand, evaluate and value the care processes and partnerships with clinicians/providers?
- The more important, variable, complex, and personal the service – the more alert and clue sensitive customers are*
- Helps to understand and reflect on the context in which we live, each and every day


Clues Tell the Story

**Work**

- **What**
  - Functional: Does it function/work reliably and consistently

**Look**

- **How**
  - Mechanic: The tangibles, first impressions
  - Humanic: People, behavior and appearance

**Feel**

Adapted from Carbone/Haeckel, 1994, revised by Berry/Seltman, 2008
Some is not a number
Soon is not a time
Hope is not a plan!
Wish is not an action

How Do We Get There?

Combination of both:
- Organization wide strategies and tactics
- Local ownership & accountabilities to drive change
Impact on Safety, Experience, Engagement, Cost

It's the whole deal
It’s about the culture that …

- …is based on excellence in all arenas
- …requires an engaged and optimized team
- …is relentlessly reliable about what matters (discretionary effort)
- …has leadership that truly leads

Culture - What is it?

- The total learned, shared, taken-for-granted assumptions that a group has learned throughout its history; the base of daily behavior
- Deep, broad, stable
  - Schien, Corporate Culture Survival Guide, 1999
- Seen in behavior
- Changed over time by working on behaviors that eventually shift mental models
- “Right” culture is one that achieves your aims consistent with your values
How Culture is Embedded

**Primary**
- What leaders do, pay attention to, measure and reward on a regular basis
- How leaders react to critical incidents and organizational crises
- Deliberate role modeling, teaching and coaching
- Observed criteria by which leaders allocate rewards and status
- Observed criteria by which leaders recruit, select, promote, and terminate organizational members

**Secondary**
- Organizational design and structure
- Organizational systems and procedures
- Organizational rites and rituals
- Design of physical space and buildings
- Stories, legends and myths about people and events
- Formal statements of organizational philosophy, values and creed

E. Schein, Organizational Culture and Leadership, 1994

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**Patient/Family Advisors**

THE most under-utilized strategic enablers
Leadership for Advisors

- Cannot be delegated
- Personally invest
- Dyad leadership of PFAC is powerful combination
- Prepare organization/teams to work with PFA’s
- Set goals, evaluate effectiveness, be accountable for maintaining purpose and infrastructure

Choice and Respect
Respect people by eliminating systemic disrespect
Here is Edward Bear, coming downstairs now – bump, bump, bump – on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.

Winnie-The-Pooh, A.A. Milne
Symptoms of Systemic Disrespect

- TBU
- WAC
- Ox3
- BSO

WAC

- Work Around Culture
- How we solve problems – or don’t
  - Sustain ambiguity
  - Promote 1st order problem-solving
  - Harmful to all
  - Huge source of waste
  - Unseen: “Get through the day”
  - And rewarded (“she went above & beyond”)
BSO

- Bright Shiny Objects
  - vs.
- Systematic change by paying attention every day to the small – in service to Mission

Healthy Work Environments

Engagement → Burnout

- Workload – Balanced vs. Overload
- Control – Ability to have some control over work
- Value match – Personal vs. work
- Fairness – Presence or Lack of in . . .
- Community – Civility; support among co-workers; feeling appreciated

- Requires both organizational and personal resilience
Three Questions

• Can each person answer yes each day?
  
  o Am I treated with dignity and respect by everyone?
  o Do I have what I need so I can make a contribution that gives meaning to my life?
  o Am I recognized and thanked for what I do?

NPSF. http://www.npsf.org/?page=throughtheeyes

To – For – With
Where are you in the 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
- Information is not shared or understandable
  - Discharge information = 30 pages; unreadable AVS
- 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 patients in mind when designing or improving programs – then ask
- We plan the teams to help you – without you
- Dedicated efforts to improve patient experience
- We manage your expectations
- We use the term adherence
- 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 know little 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; are skilled in respectful communication and teamwork
- Health Literacy is everywhere in patient care
- Research includes patient reported outcomes
- 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 you in doing to-for-with?

To-For-With Assessment

*Patient and Family*

1. Individually – Complete 1-2 examples in each category
2. Review with 1-2 colleagues
3. What do your lists tell you? What gets in the way of *doing with*?

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<thead>
<tr>
<th>Doing To – Patients and Families</th>
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To-For-With Assessment
Team Members

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

Doing To – Team Members

Doing For – Team Members

Doing With – Team Members

Choice and Respect
Systems that Work
Infrastructure

- Identify key infrastructure needs
- Current state to ideal state; and plan to manage the gaps
- Examples
  - HR systems supportive: in hiring, orientation, ongoing development, performance review, recognition systems, and coaching
  - PI/lean disciplined to include patients/families
  - Useful and transparent data

Data - Stop the Abuse!
Ensure access to “good” data
Multi-sourced
Transparent
Data

- Be clear about “why”
- Ensure access to “good” data
- Multi-sourced
- Transparent
Holding Self, Peers and Team Accountable

- Clarity on goals and expectations
- Self
- Peers
- Team

It’s not what we say, but what we do.
The ability to have difficult conversations is key.
Leadership Essential Skills

- Executive leadership alignment
- All In – expectations for everyone
- Communicate often and effectively
  - Rounding: Leadership Moments
- Engaging hearts and minds
- Coaching: Holding self, peers, and team accountable
- Stop doing things that don’t matter
- Ensure infrastructure, targeted processes to sustain efforts
- Personally engage with PFA’s and PFACs
Effective and Intentional Communication

- Clarity and urgency around vision, goals and how people can contribute
- Different venues, continuously
- Develop and use the Personal Why
- Can each person describe their contribution to the experience of care?

Rounding

- Consider the buddy system.
- Be clear about purpose.
- Collect stories.
- Great opportunity for coaching and recognition.
- “Schedule it!”
"The measure of success is not whether you have a tough problem to deal with, but whether it’s the same problem you had last year."

– John Foster Dulles
Lunch!

COACH + L3
Skills for Compassionate Communication
C.O.A.C.H.™ Scenario

- You are walking down a hallway and overhear a team member say to a frustrated patient “we can’t do that – it’s our policy”
- Or
- Use a current team member dilemma you have in your setting

- Groups of 3: 2 simulate + 1 observer
- Switch roles so all get a chance
L.A.S.T.™ Scenario

- You are coaching a physician colleague (or NP) on better connections with patients in their clinic (or hospitalist role). You want to role model how to build relationships that reflect L.A.S.T. – show how you would demonstrate L.A.S.T. behaviors

- Groups of 3: 2 simulate + 1 observer
- Switch roles so all get a chance

L.E.A.R.N. Scenario

- A patient scheduled for a radiology exam requiring a significant overnight prep, arrives in your radiology department as scheduled at 0700. Unfortunately, overnight, he has inadvertently been removed from the schedule, and the schedule is now completely full- leaving you without options to “add him” back in. He is understandably angry. What can you do?

- Groups of 3: 2 simulate + 1 observer
- Switch roles so all get a chance
L.E.A.P.™ Scenarios

- You are in a busy orthopedic clinic with a full late morning and afternoon schedule when you are alerted that the last case of the morning took a very complicated turn and the surgeon with the most patients to see in clinic will be 1-2 hours late.

- Groups of 3: 2 simulate + 1 observer
- Switch roles so all get a chance

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Action Cards

Complete two cards:
- One card to us
- One card for yourself

Complete:
- 2 Organizational Strengths I can build on
- Data we have about our strengths/gaps in Patient Centeredness and Joy in Work
- 2 steps I will take by _____________________________
- 200% accountability:
  - Email me in _____________ to see how I’m doing
  - Email:

Resources
Barbara@AefinaPartners.com
Kris@AefinaPartners.com
www.AefinaPartners.com
Resources


Top 10 Ways to Show Respect – Virginia Mason Medical Center

- **Listen to understand.** Good listening means giving the speaker your full attention. Non-verbal cues like eye contact and nodding let others know you are paying attention and are fully present for the conversation. Avoid interrupting or cutting others off when they are speaking.

- **Keep your promises.** When you keep your word you show you are honest and you let others know you value them. Follow through on commitments and if you run into problems, let others know. Be reliable and expect reliability from others.

- **Be encouraging.** Giving encouragement shows you care about others and their success. It is essential that everyone at VM understand their contributions have value. Encourage your co-workers to share their ideas, opinions and perspectives.

- **Connect with others.** Notice those around you and smile. This acknowledgement, combined with a few sincere words of greeting, creates a powerful connection. Practice courtesy and kindness in all interactions.

- **Express gratitude.** A heartfelt “thank you” can often make a person’s day and shows you notice and appreciate their work. Use the VM Applause system (an internal recognition program), a handwritten note, verbal praise, or share a story of “going above and beyond” at your next team meeting.
Share information. When people know what is going on, they feel valued and included. Be sure everyone has the information they need to do their work and know about things that affect their work environment. Sharing information and communicating openly signals you trust and respect others.

Speak up. It is our responsibility to ensure a safe environment for everyone at VM; not just physical safety but also mental and emotional safety. Create an environment where we all feel comfortable to speak up if we see something unsafe or feel unsafe.

Walk in their shoes. Empathize with others; understand their point of view, and their contributions. Be considerate of their time, job responsibilities and workload. Ask before you assume your priorities are their priorities.

Grow and develop. Value your own potential by committing to continuous learning. Take advantage of opportunities to gain knowledge and learn new skills. Share your knowledge and expertise with others. Ask for and be open to feedback to grow both personally and professionally.

Be a team player. Great teams are great because team members support each other. Create a work environment where help is happily offered, asked for and received. Trust that teammates have good intentions. Anticipate other team members' needs and clearly communicate priorities and expectations to be sure the workload is level loaded.

http://virginiamasonblog.org/2013/01/16/respect-for-people-building-block-for-engaged-staff-satisfied-patients; accessed 10/14/2015

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Tell the Truth</strong></td>
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<tr>
<td><strong>Staff-to-Patient/Family</strong></td>
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<tr>
<td><strong>Staff-to-Staff</strong></td>
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<tr>
<td><strong>We communicate what is happening and provide timely updates</strong></td>
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<tr>
<td><strong>We praise and coach; we acknowledge good work</strong></td>
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<tr>
<td><strong>We are comfortable saying “I don’t know – but I will find the answer”</strong></td>
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<tr>
<td><strong>We provide constructive feedback regularly and in a timely manner</strong></td>
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Cincinnati Children’s 2014
### Cincinnati Children’s Core Behaviors

#### Respect Everyone

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<th>Staff-to-Patient/Family</th>
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<tr>
<td><strong>We greet patients and families warmly and sincerely; introduce yourself and your role</strong></td>
<td><strong>We demonstrate respect for one another’s expertise/experience/contribution regardless of title or role</strong></td>
</tr>
<tr>
<td><strong>We make a personal connection; learn something about patients &amp; families</strong></td>
<td><strong>We actively solicit input and ideas from one another</strong></td>
</tr>
<tr>
<td><strong>We demonstrate respect for all; reserve judgment and avoid labels</strong></td>
<td><strong>We treat one another with professionalism and respect</strong></td>
</tr>
<tr>
<td><strong>We demonstrate sensitivity whenever you are “on-stage” – remember patients and families can hear you even when you are not speaking directly to them</strong></td>
<td><strong>Make personal connections; learn something about each other</strong></td>
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Cincinnati Children’s 2014

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#### Work as a Team

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<tr>
<td><strong>We ask about patient/family expectations and needs upfront to ensure they are addressed</strong></td>
<td><strong>We share the load; act on opportunities to help peers</strong></td>
</tr>
<tr>
<td><strong>We speak in words patients and families understand</strong></td>
<td><strong>We “talk up” our colleagues; we don’t undermine one another</strong></td>
</tr>
<tr>
<td><strong>We invite and encourage patient/family input; value their experience and expertise</strong></td>
<td><strong>We feel empowered to voice concerns and suggestions without fear of reprisal</strong></td>
</tr>
<tr>
<td><strong>We actively listen</strong></td>
<td><strong>We provide timely information to all who need it to ensure we are on the same page</strong></td>
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Cincinnati Children’s 2014
### Cincinnati Children’s Core Behaviors

#### Make a Difference

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<tr>
<td>• We move beyond task oriented interactions; we demonstrate meaningful engagement</td>
<td>• We demonstrate empathy and compassion toward one another</td>
</tr>
<tr>
<td>• We are empathic; We show sensitivity to a patient or family member’s emotional state in our communications</td>
<td>• We lead by example; we inspire innovation</td>
</tr>
<tr>
<td>• We act on the little things that can make a big difference</td>
<td>• We act on the little things that can make a big difference</td>
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Cincinnati Children’s 2014