What Matters to You? Using Co-design to Revolutionize Patient Experience

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A20: 9:30 am – 10:45 am
B20: 11:15 am – 12:30 pm

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Session Objectives

- Explore methods for determining what matters to patients, service users, and care partners.
- Describe the evolution of the Sutter Health Always Event® designed to transform the patients experience and promote well being.
- Illustrate examples of adoption and spread of the Always Event across the Sutter Health Continuum of care.
- Initiate an action plan to begin the steps to co-design an Always Event in your setting.
Approach for Our Time Together

Debrief pre-work

Case Study: Sutter Health Center for Integrated Care

Action Planning and Coaching

Discuss barriers and potential solutions

Pre-work Debrief
Questions

- What is your biggest takeaway from prework?
- What was your idea for improving patient experience?
- How did this change after speaking with patients?
- Any questions about what you read?

Always Events®: Creating an Optimal Patient Experience

Always Events are defined as “those aspects of the patient [individual] and family experience that should always occur when patients [individuals] interact with healthcare professionals and the delivery system.”

Picker Institute (US), 2011
Always Events are... | Always Events are not...
---|---
Reliable processes or behaviors that ensure optimal patient and family member experiences of care | Evidence-based practices (e.g. hand-washing) or professional standards of practice (e.g. patients are treated with dignity and respect) that should “always” occur to ensure safe, high-quality care
Co-designed with patients and family members (done “with”) | Improvement in processes that are done “for” patients and family members
Integrated into overall person- and family-centered care strategies | An isolated organizational quality initiative or local improvement
**Always Events Criteria**

- **Important:** Patients and families have identified the experience as fundamental to their care
- **Evidence-based:** The experience is known to be related to the optimal care of and respect for patients and families
- **Measurable:** The experience is specific enough that it is possible to accurately and reliably determine whether or not it occurs
- **Affordable:** The experience can be achieved without substantial capital expense

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**Communicate Standard Work Processes**

- **Understand “What Matters to Patients?” in the Pilot Unit or Program**
- **Create a Vision for the AE and Develop an Aim Statement**
- **Generate and Test Specific Change Ideas to Address What Matters**
- **Specify Details of Successful Changes for The Always Event**

**Reliably Implement Standard Work Over Time**

- **Plan**
  - Communicate Standard Work Processes
  - Use Process Measures to Assess Progress
- **Do**
  - Implement Standard Work
- **Study/Act**
  - Observe & Redesign Standard Work as Needed to Increase Reliability
Principles of Radical Redesign

New Rules for Radical Redesign in Health Care

- Change the balance of power: Co-produce health and wellbeing in partnership with patients, families, and communities.
- Standardize what makes sense: Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.
- Customize to the individual: Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of what matters to the person in addition to “What’s the matter?”
- Promote wellbeing: Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.
- Create joy in work: Cultivate and mobilize the pride and joy of the health care workforce.
- Make it easy: Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.
- Move knowledge, not people: Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.
- Collaborate and cooperate: Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate silos and tear down self-protective/instrumental or professional boundaries that impede flow and responsiveness.
- Assume abundance: Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.
- Return the money: Return the money from health care savings to other public and private purposes.

Case Study: Sutter Center for Integrated Care
### Sutter Health Office of Patient Experience
### Patient Health Management
### Sutter Center for Integrated Care (SCIC)

<table>
<thead>
<tr>
<th>Our Passion</th>
<th>Person’s values, needs, and preferences guide all care.</th>
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<tbody>
<tr>
<td>Our Vision</td>
<td>Accelerate spread and adoption of person-centered, evidence-based, coordinated care, and restore joy in the practice of healthcare.</td>
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<tr>
<td>Our Mission</td>
<td>Transform health care delivery across the health care continuum to make a meaningful and lasting difference to the well-being of the people we are privileged to serve.</td>
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### Where Our Always Event Started

IHI Webinar Series in 2014

Expert coaching and support start small but dream big for spread and adoption
“Always Event” – High Level

Vision: Identify “what matters most” to patients and ensure patients’ values, needs, and preferences guide all care delivery.

Process Metric: Percentage of patients who have “what matters most” identified.

Outcome Metric: HCAPS ratings of patients’ experience of care.

Balancing Measure: Health care team finds “what matters most” adds meaning and purpose to their work.

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Promote Well-being

“We think our job is to ensure health and survival. But really it is larger than that.

It is to enable well-being.

And well-being is about the reasons one wishes to be alive […] those reasons matter all along the way.”

-Atul Gawande, MD, MPH, Author of Being Mortal: Medicine and What Matters in the End

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Customize to the Individual

Communicate with Empathy: OARS
- Open ended questions
- Affirmations
- Reflect
- Summarize

Not one question but a “family” of questions
- “What are you concerned/worried about …”
- “What would you like to be able to do …”
- “What is a good day for you …”

Make it Easy

- Incorporate into standard work flows
- Role model
- Round for outcomes to remove barriers

**Explain**
In addition to doing the wound care, I’d like to review your medications with you to make sure …
Before we get started, what questions or concerns do you have? I want to make sure we take time for what is most important to you.”
### How “What Matters Most” Changes the Balance of Power

**BEFORE**
Manage signs and symptoms of HF exacerbation, low sodium diet, and fluid restrictions adhered to by end of episode

**NOW**
Be able to join my ROMEO group (Retired Old Men Eating Out) for lunch once a week

### Scale Up Across Home Health & Hospice

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<thead>
<tr>
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<th>Asking “what matters”</th>
<th>Documentation</th>
<th>Learning</th>
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<tbody>
<tr>
<td></td>
<td>3 Home Visits</td>
<td>Pen &amp; paper</td>
<td>IHI Coaching for ALWAYS event &amp; small test of change</td>
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<td>Home Care Liaison Training “concerns or worries about when you get home”</td>
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<td>Communicating with Empathy: OARS</td>
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<td>Communication with Empathy &amp; AIDET</td>
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<td>High Risk Transitions of Care patients</td>
<td>Referral Intake Note completed by Hospital Liaisons</td>
<td>Case Coordination Note Completed by RN Case Managers</td>
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<td>Visit Notes completed by all disciplines</td>
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<td>All Patients on Admission</td>
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<td>All Patients at every encounter</td>
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Results: Experience of Care Measure

HH CMS STAR Ratings based on HHCAHPS Surveys

5.0
- Marin
- Roseville

4.0
- Concord/San Leandro
- Lakeside
- Modesto
- North
- Sacramento
- Santa Cruz
- Salinas

3.0
- San Francisco
- San Mateo

1-5 Scale with 5 being The BEST patient experience

Results: Process & Balance Measures

Ensuring patient goals NOT clinician goals guide care

90% 100%

92% Favorable

EOW Q18: Employees in my department seek to understand and meet our customers’ needs and requirements
**Same Concept/ Different Manifestation**

**Same Concept**

At the Local Provider Level

- Hospital Communication
- White Board Template
- Standardize what makes sense

- Telehealth Nurses
- Conduct Targeted Virtual Visits
- Move knowledge, not people

- What Matters Most
- Added to CJR Stoplight Tool
- Customize to the individual

- From Pre-surgery to Post Acute Care
Standardize What Makes Sense

Hospital White Board becomes...

**A Person-Centered Communication Board**

Scaling Up

- Boards pilot tested at one SH hospital
- Metric: HCHAPS measure – During hospital stay, how often did nurses explain things in a way that was easy to understand?
- Goal: template of board used at all 24 SH hospitals
Move Knowledge, Not People

Always Event Embedded in Telehealth Workflow

High Leverage Change

<table>
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<tr>
<th>Aim statement</th>
<th>Telehealth nurses identify “what matters most” to 95% of patients on service by the third virtual visit and documents this in EMR</th>
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<tbody>
<tr>
<td>What will happen</td>
<td>3 pre-scheduled virtual visits using template</td>
</tr>
<tr>
<td>What will be improved</td>
<td>Care coordination/relationship with telehealth nurse</td>
</tr>
</tbody>
</table>
| Metrics/goals | Process: % virtual visits conducted on high risk patients using template  
Outcome: % respond “strongly agree” to question: “the telehealth nurse knows what matters most to me”  
% improvement from baseline in Self-Efficacy with Condition Management score   |
| End date | January 31, 2017                                                                                                                 |
Humanizing Health Care

Always Event Template for Virtual Visits

During consenting process, notify pet that you may be scheduling virtual visits with them in the future. Allow at least 15 minutes for each virtual visit.

Cell 1

1. Call I Script:

All of us at Better Care at Home want to make sure that we know what matters most to you so we can plan your care around that. Can I ask you a few questions to help us learn about what is most important to you at this time?

I want to start off by asking if you have any worries or concerns that we need to know about. Are you worried about anything right now?

What would you like us to know about you? Tell me your story.

What brings you joy in your life?

What does a good day look like to you?

What would you like to have happen as a result of our care?

What is one thing that is most important to you that you want to be able to do again?

What does receiving excellent care mean to you?

Scaling Up

- Practice will be replicated across all 10 branches for high risk patients
- Metric: discharge tablet survey rating- My nurse who calls me understands what matters most to me
- Scheduling staff to place virtual visits for high risk patients in scheduling workflow
Customize to the Individual

Scaling Up

- Stoplight Tool endorsed by System-Wide CJR team
- Tool introduced at pre-surgical visit by SCAH
- Metric: HHCAPS-Likely to recommend
- Tool content reinforced at hospital discharge and during home health care delivery
Alignment with Office of Patient Experience Strategic Initiatives

SP#5: Coordinated Care/ One Sutter

SP#6: Personal goals drive care

SP#7: Provide engaging tools for patients

Action Planning and Coaching
**Part I: Output**

What population or area do you want to focus on?
- Hip and knee outpatient surgical patients

What experience do you plan to improve?
- Decision to have surgery to 3 days post surgery

What will you “always” deliver to persons, patients, and their families?
- My care team always understands what matters most to me.

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**Part II: Output**

How will you generate ideas based on patient and family perspective?
- Ask four representative patients to draw the surgical process from their point of view and share with staff; conduct five video interviews

What high-leverage ideas will help us meet our always event?
- Ask during first appointment, include in the chart, revisit at pre-op appointment, include in phone check-in, care plan review meetings

What radical redesign principles can help our team think differently about the work?
- Shift the balance of power, move knowledge, not people, customize to the individual (stimulus for curiosity)
Part III: Output

How will you test your ideas when you return?

- **PDSA:** Ask Dr. Jones to ask “what matters” at the next appointment. Do a quick exit interview to see if the question made sense to the patient and whether they felt Dr. Jones listened to what was important to them and adjusted the care plan. We predict people will be a little confused about the question and we may need to modify the way we ask. We also predict the patient will feel listened to and some confidence it is integrated into the care plan.

How could you measure whether your work is making a difference?

- Example: Patient experience surveys, interviews with patients, poker chip in “my provider listened to what mattered to me”, reliability of asking what matters

What are some considerations for making this work reliable and how you may scale the work?

- Scale-up plan (need different things for different levels) and consider possible defects at each step of the process

Predicted Barriers and Solutions