Redrawing Boundaries with a Co-Design Culture

Building a Culture of Value side-by-side with patients and families – from the bedside to the boardroom.

Charleen Tachibana, DNP, RN, FAAN, Senior VP, Quality & Safety, CNO
Amy Tufano, MBA, Administrative Director, Patient Experience

29th Annual IHI National Forum on Quality Improvement in Health Care
December 2017
Today’s Objectives

1. Hear the journey of an organization going through a cultural transformation from being provider-driven to patient-driven, learning to see the patient’s experience more deeply.

2. Identify methods that help shift from “designing for” to “designing with” patients and families.

3. Discover ways this work can influence the typical rules and dynamics of leadership.
Culture of an Organization
Virginia Mason Health System

- Integrated health care system
- 501(c)3 not-for-profit
- Two hospitals
  - Virginia Mason Medical Center, Seattle
  - Virginia Mason Memorial, Yakima
- 40+ medical clinics
- Graduate Medical Education
- 1,100+ physicians
- 7,800+ employees
- Two philanthropic foundations
- Bailey-Boushay House
- Benaroya Research Institute
- Virginia Mason Institute
The Challenge of Healthcare

- Poor Quality.................................3% defect rate
- Impact on individuals...............100% defect
- Cost of poor quality.................Billions of dollars
- Cost of healthcare to those who pay................Unaffordable
- Access...........................................Millions
- Morale of workers......................Unreliable systems
\[ Q = A \times \left( \frac{O + S}{W} \right) \]

**Q**: Quality  
**A**: Appropriateness  
**O**: Outcomes  
**S**: Service  
**W**: Waste
Clash of “Promise” and Imperatives

Traditional “Promise” Legacy Expectations

- Autonomy
- Protection
- Entitlement

Imperatives

- Improve safety/quality
- Implement EHR
- Create service experience
- Be patient-focused
- Improve access
- Improve efficiency
- Recruit/retain quality staff
The Old Leadership Way

- No accountability
- Physician-centered
- Lack of shared vision
- Misaligned expectations
- Focus blame on people vs process
Thinking Differently
Changing our Hearts and Minds

From

Provider first
• Waiting is good
• Errors are to be expected
• Diffuse accountability
• Add resources
• Reduce cost
• Retrospective quality assurance
• Management oversight

To

Patient first
• Waiting is bad
• Defect-free medicine
• Rigorous accountability
• No new resources
• Reduce waste
• Real-time quality assurance
• Management onsite
Looking Outside Healthcare
The Virginia Mason Production System

We adopted the Toyota Production System key philosophies and applied them to healthcare.

1. The patient is *always* first
2. Focus on quality and safety
3. Engage all employees
4. Strive for the highest satisfaction
5. Maintain a successful economic enterprise
The Patient is *Always* First

- The patient is at the top of our strategic plan
- Value is defined by the patient
- Patient’s voice is embedded in our improvement activities
Patients at the Board
Promoting Safety and Respect

A tireless volunteer and civic activist, Mary Louise McClinton devoted her life to helping others. In 1990, she moved to Juneau, Alaska, where she remained for more than 10 years. Mary was active in local social and public policy issues where she was a vocal advocate, a community leader, and a prevailing spirit. Mary is recognized as a community leader and a respected voice in the community. Mary was awarded the Golden Heart award in 2000 for her tireless efforts in the community and for her dedication to public service.

Mary McClinton, 1951-2001

Mary was a volunteer and civic activist, Mary Louise McClinton devoted her life to helping others. In 1990, she moved to Juneau, Alaska, where she remained for more than 10 years. Mary was active in local social and public policy issues where she was a vocal advocate, a community leader, and a prevailing spirit. Mary is recognized as a community leader and a respected voice in the community. Mary was awarded the Golden Heart award in 2000 for her tireless efforts in the community and for her dedication to public service.

Mary McClinton, 1951-2001

Mary was a volunteer and civic activist, Mary Louise McClinton devoted her life to helping others. In 1990, she moved to Juneau, Alaska, where she remained for more than 10 years. Mary was active in local social and public policy issues where she was a vocal advocate, a community leader, and a prevailing spirit. Mary is recognized as a community leader and a respected voice in the community. Mary was awarded the Golden Heart award in 2000 for her tireless efforts in the community and for her dedication to public service.

Mary McClinton, 1951-2001

Mary was a volunteer and civic activist, Mary Louise McClinton devoted her life to helping others. In 1990, she moved to Juneau, Alaska, where she remained for more than 10 years. Mary was active in local social and public policy issues where she was a vocal advocate, a community leader, and a prevailing spirit. Mary is recognized as a community leader and a respected voice in the community. Mary was awarded the Golden Heart award in 2000 for her tireless efforts in the community and for her dedication to public service.
Respect for People refers to how we treat one another as we work to create the perfect patient experience.
Top 10 Ways to Show Respect to People

1. 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.

2. 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.

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

4. 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.

5. 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, a handwritten note, verbal praise, or share a story of “going above and beyond” at your next team meeting.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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 work load is level loaded.
“The real voyage of discovery consists of not in seeking new landscapes but in having new eyes.”

--Marcel Proust
Create full partnership with patients and families to improve and transform our delivery of care.

Customers define value-added.

Do we really know what matters?

Understanding customer experiences stimulates creative thinking and breakthrough innovation.
The Vision

Move from this to this

Don’t listen very much to our users and we do the designing

Design and improve, then ask our users what they think

Listen to our users, then go off and do the designing

Listen to our users and go off with them to do the designing

(Professor Paul Bate, UCL 2007)

• Become an organization that **routinely** listens to and deeply understands customers’ experiences

• Co-design better services through an active partnership **with** patients, family and staff
Deliberate Integration of Patient Experience

2013-2017 Strategic Service Plan

INTEGRATION OF QUALITY & SERVICE
Patient experience integrated into organizational strategies.

PARTNERSHIP WITH PATIENTS & FAMILIES
Active participation in process improvement to transform care delivery.

ENGAGE, DEVELOP & ACTIVATE PEOPLE
Select for service, develop skills and enhance accountability with our people.

We create an extraordinary patient experience.
An Improvement Framework: VMPS

Process Boundaries:
From: Patient enters clinic
To: Patient receives final forms

Current State
Future State (Circle One)
Value Stream Map For: Flu Shot Clinic

Documentation not completed by all patients

I am greeted
- Check in
- Given paperwork
- Given vaccine information sheet

Greet

I complete paperwork
- Complete paperwork
- Review vaccine information sheet

Complete paperwork

I am interviewed by the RN
- Review of health history

Interview

I receive my flu shot
- Administers flu shot

Flu shot

RN

My follow-up questions are answered
- RN answers any questions
- Given paperwork regarding flu shot

Follow-up questions

RN

00:06 00:05 01:21 00:28 00:44 00:00 00:29 00:00 00:12

CT 00:06
PT 00:06
CD 00:00
VA 00:00
NVA 00:06
% VA 0%
% NVA 100%

CT 01:21
PT 01:21
CD 00:00
VA 00:00
NVA 01:21
% VA 0%
% NVA 100%

CT 00:44
PT 00:22
CD 00:00
VA 00:22
NVA 00:22
% VA 50%
% NVA 50%

CT 00:29
PT 00:29
CD 00:00
VA 00:29
NVA 00:00
% VA 100%
% NVA 0%

CT 00:12
PT 00:12
CD 00:00
VA 00:12
NVA 00:00
% VA 100%
% NVA 0%

Lead Time 03:25
Processing Time 02:30
Takt Time = Available Time / Demand 5:10 min 5 1/2 min 122 sec
Value Added (VA) Time 01:03
Non-Value Added (NVA) Time 02:22
% VA 31%
% NVA 69%

© 2017 Virginia Mason Medical Center
Technical tools of VMPS are great

• Measure time, flow, defects, etc.
• Tended to flow processes from our perspective

But what about the emotional experiences of our customers?

• How do negative experiences impact flow and quality?
• What does their process flow look like?
• How can we incorporate their stories and emotions?
Experience-Based Design Is…

A philosophy and set of methods focused on an understanding of the experiences and emotions of those who are involved in receiving and delivering healthcare services, striving to understand what people *naturally do and feel*.

*What really matters to our customers?*
## The Value of Emotion Words

**EMOTION WORD LIST**  
December 2012 Version

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afraid</td>
<td>Enthusiastic</td>
<td>Ignored</td>
<td>Resentful</td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td>Frustrated</td>
<td>Insecure</td>
<td>Sad</td>
<td></td>
</tr>
<tr>
<td>Compassion</td>
<td>Grateful</td>
<td>Jealous</td>
<td>Safe</td>
<td></td>
</tr>
<tr>
<td>Confident</td>
<td>Great</td>
<td>Joyful</td>
<td>Satisfied</td>
<td></td>
</tr>
<tr>
<td>Depressed</td>
<td>Guilty</td>
<td>Loyal</td>
<td>Secure</td>
<td></td>
</tr>
<tr>
<td>Disgusted</td>
<td>Happy</td>
<td>Okay</td>
<td>Sense of Accomplishment</td>
<td></td>
</tr>
<tr>
<td>Disrespected</td>
<td>Hatred</td>
<td>Optimistic</td>
<td>Successful</td>
<td></td>
</tr>
<tr>
<td>Empowered</td>
<td>Hopeful</td>
<td>Peaceful</td>
<td>Valued</td>
<td></td>
</tr>
<tr>
<td>Enjoyment</td>
<td>Hopeless</td>
<td>Pleased</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2017 Virginia Mason Medical Center
EBD Helps Bust Assumptions

Don’t make assumptions.

How is the water?

What’s the heck is water?
Four Methods of EBD

1. Observations
- Fly on the wall; subtle presence
- Big ears, big eyes, small mouth

2. Interviews
- Collect stories, guide through an experience
- Open-ended questions

3. Experience Questionnaires
- Visual depiction of a process
- Customers select emotions at each touch point

4. Focus Groups
- Small group
- Guide through a common experience
- Open-ended questions
The Power of EBD Bundle

Collected data: March - August 2013
Customers identified: Patients, Families & Staff

6 Observations
58 Interviews
117 Questionnaires
1 Focus Group

Don't listen very much to our users and we do the designing
Design and improve, then ask our users what they think
Listen to our users, then go off and do the designing
Listen to our users and go off with them to do the designing
Patient Questionnaire Results

Customer Experience Questionnaire Results: PATIENTS

- How do you feel when you or your loved one began experiencing physical symptoms that led to seeking medical attention?
- How do you feel when you or your loved one is undergoing diagnostic testing to either confirm diagnosis or monitor status of your illness.
- How did you feel when the news of a diagnosis of pancreatic cancer for the first time?
- How did you feel when you and/or your loved one informed others about the diagnosis?
- How did/do you feel while you or your loved one receives treatment?
- How do you feel when you or your loved one receives support services?
- How do you feel when you or your loved one is discharged from the hospital?
- How did you or your loved one feel when introduced to hospice care?
- How do you feel when you or your loved one is at the medical center to see the provider?

Higher the mark, the more positive the experience.
Family Questionnaire Results

Customer Experience Questionnaire Results: FAMILY

- How did you feel when you or your loved one began experiencing physical symptoms that led to seeking medical attention?
- How do you feel when you or your loved one is undergoing diagnostic testing to either confirm diagnosis or monitor status of your illness?
- How did you feel when your provider gave you the news of a diagnosis of pancreatic cancer for the first time?
- How did you feel when you and/or your loved one informed others about the diagnosis?
- How did/do you feel while you or your loved one receives treatment?
- How do you feel when you or your loved one receives support services?
- How do you feel when you or your loved one is discharged from the hospital?
- How did you or your loved one feel when introduced to hospice care?
- How do you feel when you or your loved one is at the medical center to see the provider?

Higher the mark, the more positive the experience

© 2017 Virginia Mason Medical Center
Staff Results

Customer Experience Questionnaire Results: STAFF

- How do you feel when waiting for the doctor to share plan of care?
- How do you feel about the communication between care teams about the plan of care?
- How do you feel about providing education to the patients/families?
- How do you feel when sharing outpatient resources to patients and family members?
- How do you feel when coordinating care for patients living outside of Seattle?

Higher the mark, the more positive the experience

© 2017 Virginia Mason Medical Center
Co-designing together

Group Discussion

Idea Generation

Negotiating Priorities

© 2017 Virginia Mason Medical Center
Co-Design Pathway

Priorities Identified
- Goal Setting
- Nemawashi
  - Add PFP to planning work

Preparation Huddle
- Decision Meeting Go/No Go
  - Understand readiness and decide whether to proceed

Decision Meeting Go/No Go
- Phase I Planning
  - Data collection plan
  - Design team recruitment
  - Kaizen plan
- Visioning & scoping
  - Visioning to provide scope
  - Build design production plan with diverse customer groups and locations

Phase II Iterative Design
- Carry out design production plan
- Include waves of patients and families

Decision Meeting Go/No Go
- Review outcomes of design phase and decide whether and how to proceed with implementation

Reporting and Tracking Results
- Scheduled progress checks
- Visibility with metrics/results
Sourcing a Program is Critical

(From recruitment to engagement)

Successful engagement requires reliable and stable processes from beginning to end. Do not starve the process.
“The dialogue was so rich and the values of trust, caring, and compassion were felt so strongly. It was an outstanding experience.”

- Patient-Family Partner Participant
It is not “us” versus “them”

We are all human beings with universal emotions.
<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>One patient on the team</td>
<td>Half patients, half staff</td>
</tr>
<tr>
<td>Designing for patients</td>
<td>Designing with patients</td>
</tr>
<tr>
<td>Voice of one</td>
<td>Voice of many</td>
</tr>
<tr>
<td>Convenient sampling</td>
<td>Broader sampling</td>
</tr>
<tr>
<td>Conventional surveys</td>
<td>More qualitative data</td>
</tr>
<tr>
<td>Collecting data for events only</td>
<td>Creating a habit of listening</td>
</tr>
<tr>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Deficit</td>
<td>Strength</td>
</tr>
<tr>
<td>Illusion of certainty</td>
<td>Discovering together</td>
</tr>
<tr>
<td>Disease focus</td>
<td>Quality of Life</td>
</tr>
<tr>
<td>Individual</td>
<td>Family / community</td>
</tr>
<tr>
<td>For / to me</td>
<td>With me</td>
</tr>
<tr>
<td>Spectator</td>
<td>Team Member</td>
</tr>
<tr>
<td>Isolation / closed</td>
<td>Inclusion / open</td>
</tr>
<tr>
<td>Hierarchy</td>
<td>Equal Partners</td>
</tr>
</tbody>
</table>

© 2017 Virginia Mason Medical Center
What about our leaders?

**Purpose:** To understand how this work has influenced leader’s experience

**Who:** Leaders across all levels of the organization:
  - Board / executives: CEO, Board Chair, President, Senior VP; Administrative Directors, Directors, Patient Care Technician

**Method:** EBD Interview
  - Open ended questions:
    - How did it feel at the beginning when inviting PFP into your work?
    - How has this changed your leadership / your role? How about how you lead?
    - How do you feel now when inviting PFP into your work?
    - What else would you want to say to other others?

**Study:**
  - 13 interviews
  - October – November 2017
## The Shift in Experience of Virginia Mason Leaders

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td>Readiness</td>
</tr>
<tr>
<td>Knower</td>
<td>Learner</td>
</tr>
<tr>
<td>Fixer</td>
<td>Listener</td>
</tr>
<tr>
<td>Closed Minded</td>
<td>Open &amp; Receptive</td>
</tr>
<tr>
<td>For / to them</td>
<td>With them</td>
</tr>
<tr>
<td>Fear</td>
<td>Humility</td>
</tr>
<tr>
<td>“No Way / it won’t work”</td>
<td>“Let’s try it”</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>Vulnerable</td>
</tr>
</tbody>
</table>
Rebalance the Partnership
<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Mason Team Members</td>
<td>Virginia Mason Experience</td>
</tr>
<tr>
<td>Patients and Family Members</td>
<td>Virginia Mason Experience</td>
</tr>
</tbody>
</table>
Our Lessons

- Assumptions will be one of your largest hurdles
- We are all human beings with universal emotions.
- People are stronger than you think
- Patients and family partners are so much more than “just patients”
- Keep your promises
“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”

- Eric Hoffer
Key Takeaways

• Patient First
• Vision and belief in zero defects
• Board oversight/leadership accountability
• Supported by processes and methods
• Evidence based standard work
• Culture & Respect for People
• Patient/family voice
“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.”

– Atul Gawande
Charleen Tachibana DNP, RN, FAAN
Senior VP, Quality & Safety, CNO
(206) 341-0419
Charleen.tachibana@virginiamason.org

Amy E. Tufano, MBA
Administrative Director, Patient Experience
(206) 341-0667
Amy.tufano@virginiamason.org