Joy at Work:
Co-Design an Environment Where Staff Can Thrive

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9:30 am and 11:15 am
Nothing to disclose

- Anthony Digioia discloses that he is founder of “gosshadow” will be talking about this company in his presentation
- Angela DeVanney and Molly O’Brien today have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.
Learning Objectives

- Identify the current state of staff morale and related key pain points through shadowing
- Establish an ideal workflow with team members and staff by creating a plan to work toward an ideal state
- Discuss how to inspire change and improve both employee and patient experiences
Session Objectives

- Learn the concepts of **shadowing** and the **patient centered value system**
- Understand how to **empower** and **engage** patients, staff and families to enhance **joy at work**
- Understand and apply the concepts of **shadowing** and **perception mapping** to real-world scenarios
- Identify how to determine **gaps** between **perceived** and **actual current state** through any stakeholders’ eyes
- Identify **shadowing opportunities** in your organization
JOY AT WORK: CO-DESIGN AN ENVIRONMENT WHERE STAFF CAN THRIVE

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“The existing deficiencies in healthcare cannot be corrected simply by supplying more personnel, more facilities and more money. These problems can only be solved by organizing the personnel, facilities and financing into a conceptual framework and OPERATING SYSTEM that will provide optimally for the health needs of the population.”

Dr. Robert Ebert
Founder, Harvard Community Health Plan, 1965
TRANSFORM CARE BY CO-DESIGNING SOLUTIONS WITH PATIENTS, FAMILIES AND STAFF
THE KEYS TO SUCCESS?

- View all care as an experience through the eyes of patients and families
- Co-Design
- Team Building and Implementation
WHY IS PCVS DIFFERENT?

- Builds cross functional care teams
- Combines process improvement with the people for system change
- Breaks down silos
- Generates urgency
- Drives transformational change
PATIENT CENTERED VALUE SYSTEM

The Tools for Bundling, Value Based Care and Joy at Work

1. Shadowing
2. Team Building for Patient Centered System Improvement
3. Time Driven Activity Based Costing (TDABC)
SHADOWING

- Determines your current state
- Identifies true care pathways
- Identifies implementation teams
- Engages patients, families and providers in co-design (real-time)
TEAM BUILDING FOR PATIENT CENTERED SYSTEM IMPROVEMENT

1. DEFINE CARE EXPERIENCE
2. GUIDING COUNCIL
3. SHADOW, CURRENT STATE, URGENCY
4. WORKING GROUP THROUGH TOUCHPOINTS
5. SHARED VISION OF THE IDEAL
6. PROJECT TEAMS CLOSE THE GAP

IDEAL CARE DELIVERY

CURRENT STATE
What's the Secret?....

....The solution already exist within your organization...
IMPORTANT THEME #1 FOR JOY AT WORK

ALIGNS OUR MISSION WITH THE CATALYST TO DRIVE CHANGE
IMPORTANT THEME #2 FOR JOY AT WORK

CO-DESIGN = PATIENT AND FAMILY ACTIVATION

- PATIENT’S KNOWLEDGE, SKILLS, ABILITY AND WILLINGNESS TO MANAGE THEIR OWN HEALTH AND CARE
- IMPROVES CLINICAL OUTCOMES
WELCOME TO THE MAGEE BONE AND JOINT CENTER

HOSPITAL WITHIN A HOSPITAL

Prepared For Bundling and a Center of Excellence
70+ DIFFERENT CARE EXPERIENCES

- Home Health Exp
- Mental Health
- Dental
- ER Registration
- Life After Wt Loss
- ENT Experience
- Imaging
- Urgent Care

- Communication in Ambulatory
- OP Surgery
- Urology
- Gyne-Onc
- Cancer Treatment
- Emergency Dept
- Ortho
COMMUNITY OF PRACTICE

UNITED STATES – 27

INTERNATIONAL - 8
PATIENT CENTERED VALUE SYSTEM: Transforming Healthcare Through Co-Design

“The care systems of the future will be designed with and for our patients and their families. This book is the best guide to give you the tools and methods to co-design care with them.”

-Maureen Bisognano,
President Emerita and Senior Fellow,
Institute for Healthcare Improvement

www.crcpress.com
or
www.amazon.com
WHERE TO START?
THANK YOU!

Tony@pfcusa.org
goShadow: Rooted in human-centered design and process thinking

- Comprehensive **process discovery** through collection and analysis of **qualitative and qualitative data**
- **Transparency** and **co-design** with all stakeholders
- **Flexibility** to scale based on scope and client needs
- **Real time data aggregation** and **reporting** to pinpoint opportunities for improvement to sequence process recommendations
What is goShadow?

An App to Collect & Organize
Easily create experiences, coordinate shadowers, and quickly capture and categorize shadowing notes while in the field.

A Web Platform to Manage and Report
Organize experiences, review notes, and build compelling reports that will drive change in your organization. Use the platform to enter historical data, enjoy automatic reports from pen and paper shadowing!
Team Building for Patient Centered System Improvement

**STEP 01** Select a Care Experience

**STEP 02** Select Your Champions for the Guiding Council

**STEP 03** Evaluate the Current State: Shadowing and goShadow

**STEP 04** Expand the Guiding Council into the Working Group

**STEP 05** Write the Story of the Ideal Care Experience

**STEP 06** Identify Projects and Form Project Teams to Close the Gap Between the Current State and Ideal Care Experience
Tools and Case Studies to Engage Staff (and Patients) in Co-designing better workflows and experiences
Day of Surgery Experience and OR Efficiency

Patient’s experience during day of surgery was studied alongside OR efficiency metrics such as start time and room turnover. Data was collected by service line and surgeon. At the conclusion of 4 week project, patients spent 21% less time waiting day of surgery, leading to measurable efficiency in room turn over and on-time starts.

HOSPITAL DAY OF SURGERY: TOTAL KNEE REPLACEMENT
TIMED EXPERIENCE FLOW MAP

TOTAL TIME OF EXP. 402 MINS

PATIENT IN OR (Wheels in to wheels out) 128 MINS

SURG. 91% or 1 hr + 16 mins

OR TURNOVER 27 MIN

EV'S OUT TO WHEELS IN 81% or 16 mins

SPINAL 8% or 10 mins

OR 32% or 2 hrs + 8 mins

PACU 44% or 2 hrs + 56 mins

PRE-OP 25% or 1 hr + 30 mins

DOS OBSERVATIONS AND RECOMMENDATIONS:

- Dedicated ortho team(s) throughout DOS segments
- Address PACU length of stay and activities for same-day discharge patients
- Evaluate ortho OR block and high-census days
What is Perception Mapping?

A technique used to understand and identify:

- Multiple dimensions of any human experience
- What stakeholders believe the process is in order to measure that against what the process actually is
- Identify gaps in an experience and can help target areas for improvement
- Facilitate understanding and bridging differences between work silos
Perception Mapping:
How do you think a patient flows through your care experience?

- Where does the experience begin and end?
- How long does the experience last?
- What are the segments that make up the experience?
Do Well, Do Better

The people who live the experience and those doing the work are likely the most knowledgeable on what does, and does not work well.

This is why we view the exercise from the staff perspective and the patient/family perspective.

Because staff are the most knowledgeable about their jobs and their patient population, they often know most accurately what can be done to improve the process and scale accomplishments.

These improvements and accomplishments are often quite simple.
Perception Mapping+Shadowing

Understand, analyze and breakdown silos in order to:

● Identify gaps between staff perception of patient experiences and the actual experiences

● Understand differences between perceived staff workflows and the actual

● Identify staff perceived opportunities for improvement
Improving Staff Vitality in a Transplant ICU

Large, urban transplant ICU identified issues with nursing satisfaction and joy at work leading to high turnover and lower than average NDNQI scores. An initial assessment was done to understand the perceived current state of the unit, as identified by the staff. The goShadow team then shadowed the unit to reveal the true current state to provide the internal teams with the data needed to correctly identify opportunities for improvement. **Nurse-led rounding was standardized across attending** and service and **hospital leadership reassigned resources** allowing staff to spend more **value-added time** at the bedside.
Next Steps:

1. Use existing working groups and teams to identify known areas for improvement
   a. Transitions in care are often the best place to start

1. Shadow to understand the current staff workflow and patient pathway in a small segment of that experience
   a. Start with an experience such as registration

1. Use perception mapping tools to understand how patients and staff perceive the workflow and pathway to be
   a. Access tools at www.goshadow.org/resources

1. As a team, review true current state and perceived current state to identify gaps and create an action plan

1. Re-shadow
Next Steps:

For easy to follow templates, tips and tricks related to shadowing, patient and staff engagement, please contact angela@goshadow.org or molly@goshadow.org.