

Improving Patient-Centered Care in the Hospital

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Involving Patients and Families in the Redesign of Care and Quality Improvement

■ *FROM*

- Care delivery based on “one size fits all”
- Patients as representatives on improvement projects
- Targets set externally in service delivery terms

■ *TO*

- Care customised to individual needs, aspirations, and choice
- Healthcare professionals as advisors to patient-led improvement work
- Improvement goals set locally as promises to patients, with patients

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Elements of Patient/Family/ Clinician Partnership/Collaboration

- *Mutual respect for skills and knowledge*
- *Honest and clear communication*
- *Understanding and empathy*
- *Mutually agreed upon goals*
- *Shared planning and decision making*
- *Accessibility and responsiveness*
- *Joint evaluation of progress*
- *Absence of labeling and blaming*

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Patients and Families as Partners: the Benefits

Patients/Family	Clinicians/staff	Organization
Opportunity to affect change	Enhances relationships with patients/families	Improves quality of services and programs
Improves clinical outcomes	Improves clinical outcomes	Keeps programs relevant and realistic
Builds knowledge/skill	Develops knowledge and skills	Brings creative solutions
Models empowerment for others	Provides a reality check and fresh perspective	Helps save money
Network with others	Increases empathy and understanding	Creates a constituency to advocate for org.

Patients and Families as Partners: The Barriers

■ *Attitudes*

- Staff comfort talking in front of patients
- Patients/families don't trust providers
- Staff think patients/families too overwhelmed to participate
- Paternalism/loss of "expert" status
- Patients/families underestimate the value of their perspective
- Patients/families will see the "messy" side of medicine
- Patients/families will express feelings in a negative and critical manner

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Patients and Families as Partners: The Barriers

■ *Logistics*

- No mechanism for providing child care
- Transportation is difficult or unavailable
- Meetings are only held during working hours
- Patients/families lose time/money from their families/jobs
- Translator services

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Patients and Families as Partners: The Barriers

■ *System barriers*

- Organization doesn't have mechanism to reimburse or compensate patients/families
- Lack of resources for training staff and families to work in partnership
- Staff time can only be paid during regular working hours

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Patients and Families as Partners: The Barriers

■ *Lack of skills*

- Staff/patients/families have never participated in these kinds of activities
- Clinicians aren't ready to work with patients/families as partners
- Lack of knowledge of each other's roles
- Clinicians and staff use jargon
- Addressing confidentiality issues

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Examples of Roles

- *Members of task forces*
- *Members of Advisory Boards*
- *Participants on search committees and hiring of new staff*
- *Participants in QI activities*
- *Co-trainers for clinical and non-clinical staff, in-service programs, trainees*
- *Reviewers of AV and written materials*
- *Consultants for program design*
- *Participants in focus groups*
- *Patient advocates: service, quality, and safety*
- *Conducting needs assessments*
- *Advisors/mentors to other patients and families*

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Examples of Roles

- ***Patient and Family Faculty programs***
 - Sharing personal stories in small groups
 - Role playing interactions with patients and families
 - Presenting at orientations, grand rounds, and other continuing education programs
 - Co-instructing courses
 - Consulting in curriculum development and review
 - Hosting students on home visits

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Orientation/Training Programs

- *Frequency: kick-off meetings, quarterly, semi-annually, monthly*
- *Key objectives of training:*
 - Overview of the institution/program
 - Introduction to patient/family centered care
 - Introduction to the collaborative process
 - Introduction to roles and strategies
 - Sources of information and support
 - Logistical considerations

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Orientation/Training Programs

- Introduction to roles and strategies
 - Present information in a positive manner
 - Use respectful language, no jargon
 - Use language that promotes learning
 - Allow time for self-evaluation and reflection
 - Think in advance of how to deal with difficult and challenging issues

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Orientation/Training Programs

- Sources of information and support
 - The role of the program coordinator
 - How to access the library, the Internet, other educational and training resources
 - The names, phone numbers, email addresses of resource persons and coordinators

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Revitalize Customer Service Efforts

Organizational assessment

- *Have scores improved?*
- *Do we generate new ideas?*
- *Can we adapt practices from other industries?*
- *Are we measuring results?*
- *Do we have a vision?*
- *Are we working toward it?*

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Revitalize Customer Service

- Reframe the discussion
- Honest assessment
- Methodology—Model
- Start somewhere

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- | | |
|--|--|
| ■ Patients we “like” | ■ Patient we <i>don't</i> “like” |
| <ul style="list-style-type: none">– Do what we ask– Don't complain– Thank us | <ul style="list-style-type: none">– Complain– Have big families– Ask lots of questions– Don't do what we tell them.– Put on their lights– Bring their own information |

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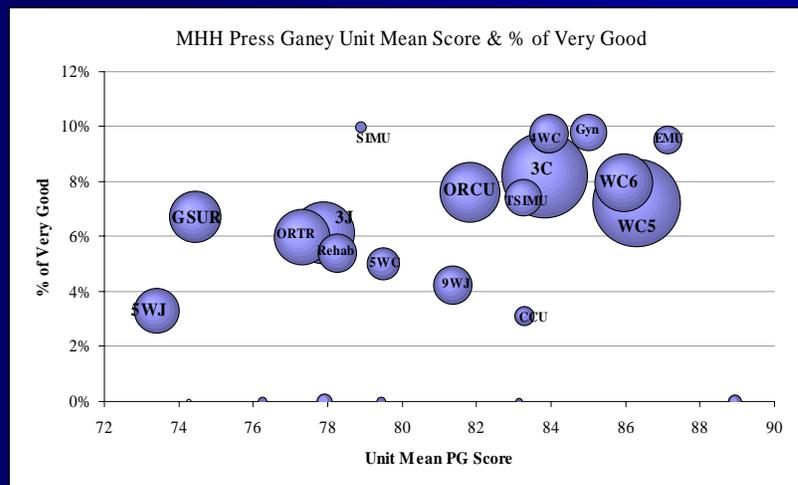
Revitalize Customer Service Efforts

Unit-based assessment—Focused improvement

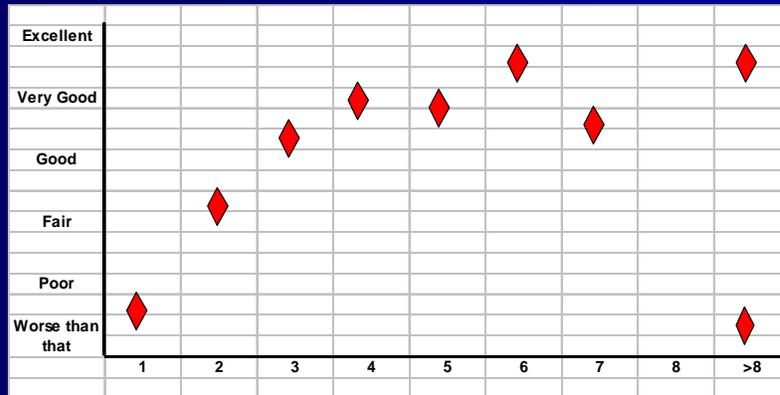
- *Patient characteristics*
 - *Admit source, LOS, illness severity, payor*
- *Unit characteristics*
 - *Bed size, location, semi-private rooms, homogeneous patients*
- *Staff characteristics*
 - *Longevity, turnover, % overtime, vacancy rates*
- *Administrative*
 - *Leadership, HPPD, ratios, support staff*

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Unit Analysis --Examples



Length of stay vs. overall satisfaction



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Depends on who you ask!

		As rated by	
		Physician/Nurse	Patient
Care needs	ICU transfer	Needs help now	Doin' fine
	3 + days	Should be OK	Should be OK
	Same Day --Overnight	Doin' fine	Needs help now

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Refocus Ingrained Routines

- *Redesign the day – more of, less of*
- *Ask why, why, why*
- *Adopt a “Model” for patient discussion*
 - *Novice to Expert*
 - *Modeling and Role Modeling*
 - *Build trust, promote strengths, set mutual goals*
- *Experiment with different shifts, start times, patient assignments*
- *Make the day like “home” for patients*
- *Remove the nurses station*

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Incorporate Patient-Centered Care

- *Just Start...*
- *Focus groups*
- *Special project*
 - *Redesign, design of space*
 - *Educational materials*
 - *Internet Café*
 - *Resource room*
- *Members of Committees*
- *Families on Rounds, at Codes*
- *24/7 with patient*

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