IHI Expedition

Engaging Frontline Teams to Create a Culture of Safety

Annette Bartley, RN, MS, MPH

May 9, 2013

These presenters have nothing to disclose.
Today’s Host

Lizzie Grimm, Project Assistant, Institute for Healthcare Improvement
Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)
When Chatting…

Please send your message to
All Participants
Tracy Jacobs, BSN, RN, Director, Institute for Healthcare Improvement (IHI), currently directs IHI's work with Improving Patient Care, a wide-reaching improvement program within the Indian Health System, and the ongoing “Achieving Excellence in Primary Care” call series. She has worked on several large IHI collaborative improvement projects, including the Transforming Care at the Bedside inpatient-focused initiative and a ten-year collaborative initiative with the Health Resources and Services Administration's Federally Qualified Health Centers focused on improving chronic disease and preventive care services for the nation's underserved populations. Ms. Jacobs has 12 years of experience in health care quality improvement.
Today’s Agenda

- Introductions
- Homework discussion
- Focus on patients and families
- Summary of expedition
Our Intent – Overall Program Aim

- Understand the discipline of patient safety and its role in minimizing the incidence and impact of adverse events, and maximizing recovery from them
- Create a culture of safety amongst frontline healthcare teams that protects all
- Active participants/homework assignments
- Applying the theory in practice
- Sharing the learning
Expedition Objectives

At the end of the Expedition each participant will be able to:

- Describe background and context of patient safety
- Identify tools which will help to improve communication and teamwork, essential to building culture
- Apply a range of simple tools and improvement methods for engaging staff in improving patient safety and measuring improvement
- Identify strategies for managing conflict management, including: appropriate assertion and critical language
- Describe strategies for involving patients and family members in preventing harm
Final Call
Session 6 – Engaging Patients and Families in Preventing Harm
Date: Thursday, May 9, 1:00 PM – 2:00 PM ET
Annette J. Bartley RGN, BA (Hon) MSc, MPH, Programme Director, The Health Foundation's Safer Patient Network, UK, is a registered nurse with over 30 years of health care experience. In 2006 she was awarded a one-year Health Foundation Quality Improvement Fellowship at the Institute for Healthcare Improvement, during which time she also completed an MPH at Harvard University. Ms. Bartley was faculty lead for the Welsh pilot of Transforming Care at the Bedside (TCAB) and now advises the Welsh Assembly Government as TCAB spreads across Wales. She is a founding member of the Welsh Faculty for Healthcare Improvement and serves as faculty for the IHI TCAB Collaborative, the Wales 1,000 Lives plus Transforming Care programme, the South West Quality and Patient Safety Improvement programme, the National Tissue Viability pressure ulcer prevention pilot programme for Quality Improvement Scotland, and the Kings Fund hospital pathways programme.
Work for Action Period

- Identify three things you will take away from the expedition?
- As an individual, reflect on what YOU will do differently as a result of this investment?
- What will you and your team/organization do differently?
- Plan and do at least one small test of change
Volunteers to Share?
Questions?

- Raise your hand
- Use the Chat
Engaging Patients and Families in Preventing Harm
Session Objectives

By the end of this session participants will be able to:

• Identify strategies for engaging patients’ and families’ in their own care
• Identify strategies to support staff to provide the sort of care they would like for themselves and their families
• Identify ways of improving staff experience of delivering care in hospital
• Describe a range of tools/approached to help build the capacity to deliver patient centered care
So What Is “Patient Experience”? 

- Patient engagement
- Patient involvement
- Patient satisfaction
- Patient and family centred care
- PFCC
- Person centred care
Patient & Family Centered Care

• People are treated with respect and dignity.
• Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
• Individuals and families build on their strengths through participation in experiences that enhance control and independence.
• Collaboration among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.

Source: Institute for Patient and Family Centered Care, Bethesda MD, USA
The IOM Defines Patient-Centered Care As:

- “Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care”.

- Studies* show that orienting health care around the preferences and needs of patients has the potential to improve patients’ satisfaction with their care, as well as their clinical outcomes. They have also been shown to reduce both underuse and overuse of medical services.

Lessons From the UK – The burning platform is here!!

- The Francis report - key failings
  - Higher than expected mortality rates
  - Patient harm
  - Failure to deliver fundamental care
  - No voice for patients and families
  - Failure to listen
  - Complacent staff
  - Dis-engaged senior management
  - Too much focus on targets
  - Focus on finance above safety and quality
Recommendations

- ‘Better’ leadership
- More accurate information
- Statutory duty of candor
- Fundamental patient care standards with ‘enforcement’
- Compassionate nursing care standards
The mission of Planetree, founded in 1978, is to serve as a catalyst in the development and implementation of new models of health care that cultivate the healing of mind, body, and spirit; that are patient-centered, value-based, and holistic; and that integrate the best of Western scientific medicine with time-honored healing practices.
Planetree's 10 Core Components for Patient-Centered Care

1. **Human Interaction** - Human beings caring for other human beings, creating a healing environment for patients, families, and staff members.

2. **Family, Friends, & Social Support** - Contributes to the quality of the hospital experience by promoting caring connections between the patients and their support systems.

3. **Information & Education** - Patients, families, and community members are provided with increased access to meaningful information.

4. **Nutritional & Nurturing Aspects of Food** - Choice and personalized service, in combination with sound nutrition practices, add pleasure, comfort, and familiarity.

5. **Architectural & Interior Design** - The Planetree design considers the patients’ wellbeing. The hospital is welcoming and accessible, providing clearly marked signs for direction, comfortable and familiar rooms, and designs that engage the senses and break down barriers.
6. **Arts & Entertainment** - Music, artwork, theater, crafts, and clowns offer engagement and enjoyment to enhance the clinical environment.

7. **Spirituality** - Planetree recognizes the vital role of spirituality in healing the whole person. From chaplains to meditation programs, hospitals can provide opportunities for reflection and support of spiritual needs.

8. **Human Touch** - Touch reduces anxiety, pain, and stress, benefiting patients, families, and staff members.

9. **Complementary Therapies** - Expand the choices offered to patients. Aroma and pet therapy, acupuncture, and Reiki are offered in addition to clinical modalities of care.

10. **Healthy Communities** - Expand the boundaries of health care: Working with schools, senior centers, churches, and other community partners, organizations are redefining healthcare to include the health and wellness of the larger community.
PFCC Requires a Fundamental Shift of Focus

We are asking staff and patients to re-learn how to work with one another and to recognize and adjust the professional and cultural models that they have learned.
A Powerful Evolution

Do it to me.
Do it for me.
Do it with me.

Martha Hayward
Patient Advocate
Maintaining a Focus on Patients

- Warm but chaotic
- Unpleasant and inefficient
  - “Cold comfort farm”
- Everything works
- Efficient but impersonal
  - Coordinated, integrated
  - Warm, fed, watered
  - “Battery chicks?”

Jocelyn Cornwell

The Kings Fund

Ideas that change health care
Safe, Reliable, Patient and Family Centered Care

Safe

Equitable

Patient and family

Timely

Effective

Efficient

“Getting it right for every patient every time”
Key Attributes of Patient-Centered Care

A high degree of consensus exists regarding the key attributes of patient-centered care. In a systematic review of nine models and frameworks for defining patient-centered care, the following six core elements were identified most frequently:

- Education and shared knowledge
- Involvement of family and friends
- Collaboration and team management
- Sensitivity to nonmedical and spiritual dimensions of care
- Respect for patient needs and preferences
- Free flow and accessibility of information
Key Factors

- **Leadership**, at the level of the CEO and board of directors, sufficiently committed and engaged to unify and sustain the organization in a common mission.
- **A strategic vision** clearly and constantly communicated to every member of the organization.
- **Involvement of patients and families** at multiple levels, not only in the care process but as full participants in key committees throughout the organization.
- **Care for the caregivers** through a supportive work environment that engages employees in all aspects of process design and treats them with the same dignity and respect that they are expected to show patients and families.
- **Systematic measurement and feedback** to continuously monitor the impact of specific interventions and change strategies.
- **Quality of the built environment** that provides a supportive and nurturing physical space and design for patients, families, and employees alike.
- **Supportive technology** that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers.
Patient and Family Centered Care (PFCC):
Understand your local context

- What’s good about it?
- What’s not so good?
- What could be improved?
WEARING NEW GLASSES...
seeing the hospital/service from the perspectives of patients and families

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<th>Examples of patient- and family centered policies, programs, design, or practices</th>
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If you could make one change to improve the experience of care and to be more responsive to patient and family preferences, priorities, values, strengths, and needs, what would it be?
Nothing About Me Without Me
Theoretical Basis

- Consider **all** drivers of patients’ experience
- Includes staff experience
- Includes clinical care and the concept of reliability

- Understand patients’ experience
- Design a good experience
- Organisational support to maintain momentum

Annette Bartley Consulting Limited 2012
Exceptional inpatient experience

Leadership & Culture
- Leadership
- Patients + families as partners
- PFCC is measured & rewarded
- Sufficient staff, tools and skills

Staff hearts and minds
- Recruited for values, supported & accountable
- Communication and teamwork
- Participation at patient’s choice
- Shared care plan
- Communication meets emotional needs

Respectful partnership
- Physical environment
- No unreasonable delays
- Staff availability
- Safety

Reliable care
- Co-ordination
- Expected outcomes

Evidenced based care
The Six Steps to Patient and Family Centered Care Methodology and Practice

1. Select a care experience for improvement and define the beginning and end points of the care experience on which to focus
2. Establish a PFCC Guiding Council
3. Evaluate the current state through Shadowing, Care Flow Mapping, and other tools from the PFCC Co-Design Toolkit
4. Establish a PFCC Care Experience Working Group
5. Create a shared vision by writing the ideal care story from the patient and family’s viewpoint
6. Form PFCC Project Improvement Teams to close the gaps between the current state care experiences and the ideal

Dr Anthony Di Gioia UPMC
http://www.pfcc.org/what-is-pfcc/
Patient and Family Engagement

Communication  
Information  
Collaboration  
Participation
Communication

- First impressions last
- Introduction
- Meet and greet
- Smile!
Information

- On admission discussion
- Patient information leaflets
- Pressure ulcers/nutrition
Collaboration

- Contract of care
- Family rounding
- Liberalized diet
- Patient discharge - ticket home
Hospital in Jönköping had traditional hemodialysis and peritoneal dialysis center.


He needed to regain some control in his life.

His nurse Britt Marie agreed to help him.
Design Challenge

How might we fully engage service users and their family members in preventing harm?
The New Way

- Christian taught a 73-yr old woman how to do it... and together they started to teach others how to do it!
The New Way

- Now they aim to have 75% of patients to be on self-dialysis
- They currently have 60% of patients.
Consider

• Best clinical practice
• Improvements in processes of care
• Communication and information with patients and families
• Support/care for patients
• Engagement /co-production
• Support for the experience of staff providing care (Schwartz rounds)

Patient safety improvements in hip fracture care

97% of patients believed everything was done to effectively control pain.

90% of patients now receive surgery in 36 hours – the best rate in the country.

98/100 patients scored cleanliness.

80-90% of patients now receive additional feeding each day, with the help of nutrition assistants and volunteers.

31% reduction in 30 day mortality.

Surgical site infection down 68%.

90% of patients now receive an effective nerve block on admission to hospital, from 0% to 79%.

100% of medically fit patients are mobile by day one following their surgery and 25% on the day of their operation (previously this was less than 4%).

88% improvement in best practice tariff (from 2% to 90%).

Improved patient experience. Consistently excellent scores of more than 90% across the domains of care that matter most to patients.

Over 9/10 patients would be likely to highly recommend Northumbria Healthcare to their friends and family.
A Framework for Patient Safety

- Generating the will
- Set clear local aims (focused)
- Develop your driver diagram
- Use the Model for Improvement
- Create a measurement plan to see progress
- Action plans - what will you DO?
- Encouraging innovative thinking
Examples

- Peace & Quiet Time
- Dear Doctor notes
- Patient diaries
- “Ask me three”
- Patient and family education
- Enabling family members to participate in handovers
- Music therapy
- Spa and alternative therapies
- Ticket Home
- Condition H
- Changing the concept of family as visitors to partners
Practical Ways for Involving Patients and Families-Co-production

• Developing a welcome packet...an orientation to the unit.
• Developing a series of Tip Sheets.

What We Wished We’d Known...

Parent support

Tips for getting organized
Expedition Objectives

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Simple Tools

- Context questions
- Trigger tools/mortality reviews
- Ask 5/Take 5/ five why’s?
- Driver diagram/Safety cross/measures
- Model for Improvement
- Real time root cause analysis - See it, Swarm it. Solve it!
- Real time feedback of data
- Communication tools - SBAR, Safety briefings/huddles
- Critical assertion language CUSS
- G’rrrr /Patient safety board
- The Snorkel – generating ideas from the frontline
- Patient shadowing
“Systems awareness and systems design are important for health professionals, but are not enough. They are enabling mechanisms only. It is the ethical dimension of individuals that is essential to a system’s success. Ultimately, the secret of quality is love. You have to love your patient, you have to love your profession, you have to love your God. If you have love, you can then work backward to monitor and improve the system.”

Avedis Donabedian (Physician)
You Are This Hospital

You are what people see when they arrive here.

Yours are the eyes they look into when they’re frightened and lonely. Yours are the voices people hear when they are in the lifts and when they try to sleep and when they try to forget their problems. You are what they hear on their way to appointments that could affect their destinies and what they hear after they leave those appointments.

Yours are the comments people hear when you think they can’t. Yours is the intelligence and caring that people hope they’ll find here. If you’re noisy, so is the hospital. If you’re rude, so is the hospital. And if you’re wonderful – so is the hospital.

No visitors, no patients can ever know the real you, the you that you know is there — unless you let them see it. All they can know is what they see and hear and experience.

And so I have a stake in your attitude and in the collective attitudes of everyone who works at Cooley Dickinson Hospital. We are judged by your performance. It is judged by the care you give, the attention you pay and the courtesies you extend.

Thank you for all you are doing.
CEO Cooley Dickinson Healthcare Org
Michelangelo’s Thoughts on Transformation

“In every block of marble I see a statue as plain as though it stood before me, shaped and perfect in attitude and action. I have only to hew away the rough walls that imprison the lovely apparition to reveal it to the other eyes as mine see it.”  -- Michelangelo
“I saw the angel in the marble and carved until I set him (her) free.” .... Michelangelo
Preventing Harm - Loving your work

http://www.youtube.com/watch?v=uqbkc89bNLs
Progress summary

- Content and background to patient safety
- Essentials of teamwork
- Effective communication
- Measurement of adverse events
- Tools and techniques for the frontline staff
- Engaging patients and families in preventing harm
Expedition Communications

- Listserv for session communications: SafetyExpedition@ls.ihi.org
- To add colleagues, email us at info@ihi.org
- Pose questions, share resources, discuss barriers or successes