

Phase I: Implementing Foundations for Improvement

DOMAIN 3: PARTNER WITH PATIENTS TO TRANSFORM TO A TRULY PERSON-CENTERED SYSTEM OF CARE

Activities

Change Areas

Partner with patients for wellness and health

Engage in shared decision-making honoring patient goals, strengths, and preferences as critical drivers of treatment, and health/self-care behaviors

Continued on next page...

July - Oct 2016

- Leaders and team understand the transformative power of partnering with patients and families to plan, design and build person-centered care
- Learning Session focus on patient journey to whole health

Oct 2016 - Feb 2017

- Teams map patient journeys to understand the experience of care and identify areas for improvement
 - Include patient in mapping when possible
 - Map journeys of patients with diverse experience
 - Shadow patients' care experience beginning with access and partner with patient(s) to ID improvements
- Seek regular guidance from individuals with lived experience to design integrated whole person care
 - Patient/Consumer Advisory Councils and/or specially convened patient groups
- Based on patient input and mapping of experience, identify, design and test practice changes care design strategies to increase patient/provider partnerships
- Site-based 'storytelling' monthly of partner impact

July 2017 - Feb 2018

- Sites learn from each other and share stories of 'partnering in action' during web and in-person meetings
- Implement concrete practice change strategies to increase patient/provider partnerships
 - Track results through patient experience measures where possible

- Clinic team/clinic staff are introduced to the effectiveness research and basic elements of Shared Decision Making
 - Seek patient participation
 - Explore treatment options
 - Understand patient's values and preferences
 - Reach a shared treatment decision
 - Follow-up re: results (AHRQ Share Approach)
- Use Motivational Interviewing to support shared decision-making

- Track patient response to focus on shared decision making in treatment planning and self-management support.
- See Patient Experience survey question.

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Activities

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July - Oct 2016

- Teams and organizations are introduced to evidence that improving patient experience is correlated with better health outcomes
- Virtual and site-level sharing of how team engagement is creating patient engagement
- Summary of research demonstrating how team/staff experience is a driver of patient experience

Oct 2016 - Feb 2017

- Patients are requested (a minimum of once a month) to participate in a confidential patient experience survey
- Team reflects on monthly results, and sets monthly goals for improvement. Team plans and tests changes to achieve goals.
- Team lead tracks estimated patient participation in survey and monthly goals for potential patient experience improvements and impacts
- Team Lead tracks participation and goal setting
- Team leader tracks and reviews patient experience quarterly impacts and trends

July 2017 - Feb 2018

- Team lead tracks estimated patient participation in survey and monthly goals for potential patient experience improvements and impacts
- Team continues to plan, test and implement practices/ activities to improve patient experience
 - Patients and peer providers are involved in designing and evaluating improvements
 - Improvement efforts are focused through staff involvement in goal-setting sessions with meaningful dialogue vs. scores on surveys.
- Clinic and organization leaders track participation, quarterly impacts and trends and share results across the organization
- Leaders include patient experience in organization's quality improvement plan and develop plan to test and spread beyond integrated complex care management team and to other clinics

Change Areas

Measure & improve patient experience at clinic through team reflection on monthly results, setting monthly goals; tracking quarterly impacts & trends

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References

Agency for Healthcare Research and Quality (AHRQ), The Share Approach, <https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

5 Essential Steps of Shared Decision Making and Share Approach Tools

Institute for Healthcare Improvement (in collaboration with Barbara Balik). Patient Care Experience Observation Exercise, SEE ATTACHED PDF

Wolf, J. Engagement, a Cornerstone of an Unparalleled Patient Experience, The Beryl Institute blog, August 2012.

Trusted source of Patient Experience research and resources; first stop resource for healthcare professionals, well attended conferences and well connected to research in the area of Patient Experience.

Baird, K. Engaged, Empowered and Enthused: The Link Between Employee Engagement and the Patient Experience, Nurse Executive, Becker's Hospital Review, January 2014.

Well written management piece; sometimes best way to connect with leaders - real leaders sharing their experiences.



Patient Care Experience Observation Exercise

The purpose of this exercise is to:

- *Learn through the patient's eyes.* Understand the care experience from the patient's view and not from our assumptions.
- *Be curious.* Observe with inquisitiveness and with respect for (not judgment of) those providing care and service. (We may not always like what we see, but it is important to examine the real experiences of those providing and receiving care.)

Directions

Select one or more team members to complete the observation exercise, depending on the number of people you are observing. For example, one team member may observe the care experience from the patient's perspective while another may observe the staff member involved in care. Choose one of the [options](#) below to conduct the observation and then discuss the patient experience observed with team members when completed. Be ready to share the following about the observation:

- What surprised you?
- What delighted you?
- What confused you?

When first doing an observation, you may find that it feels uncomfortable. This is a great source of learning! The intent is to be a learner, not the one "in charge" or "an expert," so you might feel a bit awkward. You may also make unsettling observations, such as witnessing processes of care that are not consistent with your expectations. Treat those discoveries as opportunities for improvement and not failures because they offer you insights. [There are hints below](#) to help you learn from your observations.

Options

Choose one option below for completing your patient care experience observation.

1. *In any care setting:* Sit with a patient to observe what they see. Identify an area or process and determine how you can observe with a patient as they experience care for one to two hours or through a cycle of care (admission, laboratory testing, clinic visit, etc). Examples include:
 - Clinic, ambulatory surgery, inpatient surgery, etc. – Sit in a waiting room with a patient and family.
 - Ambulatory care setting – Observe what happens from door-to-door or "toes-in-to-toes-out," (i.e., from walking in for a clinic visit to walking out the door).
 - Long-term or skilled care setting – Accompany a patient for an hour, perhaps at meal times.

2. Drive from your home to your clinic, hospital, or ambulatory care center following the exact directions given by staff to patients.
3. Accompany a home health staff member on a home visit.
4. Take a tour of your facility with a team member pushing you in a wheelchair. Experience your facility's entrances, signage, waiting areas, registration or nursing stations, interactions, etc., from this vantage point.
 - Recruit a colleague to help you complete this observation. For "extra credit," have the person in the wheelchair wear a patient gown and have a blanket on their lap during the observation.
 - Have the person in the wheelchair take notes about what they observe through all of their senses. These observations should include comments about the environment (e.g., accessibility of all doorways) and about interactions with staff, patients, and families. When done with the tour, also have the person who was pushing the wheelchair jot down observations.

Helpful Hints

- Find times of day to learn the most about a process of interest (e.g., when a waiting room is full, when a patient is beginning an ambulatory surgery process, or evenings in the ED).
- Consider asking patients and family members for help. Keep the explanation clear and short. Although patients and families rarely turn down an opportunity to help, make it safe for patients to say "no."
 - After introducing yourself and your role in your organization, say something like, "We are working to improve the care provided by our organization. We learn so much from patients and families, especially when we try to see things from your perspective. Would it be okay if I spend the next hour with you? To keep this confidential, nothing specific about you will be shared. Feel free to ask me to leave at any time, for any reason."
 - Ask permission again to continue your observation before any physical exam, if sensitive information is being discussed, or when private family time is needed. ("Would you be more comfortable if I waited outside?")
 - If patients or families voice fears, anxieties, or distress, be prepared to ask if they would like you to get a clinician to aid them.
- It is important to strike the right balance of silent observation and discreet inquiry. Your primary purpose is to observe and not to have ongoing conversations.
- Start at any point that gives you an opportunity to follow part or all of a process (e.g., in the clinic, ED, pre-op, a block of time on a medical unit, etc.). You do not have to observe an entire process at once; you can examine different parts of a process over time.

- Document what happens. Make sure your notes are objective rather than judgmental. For example, if a patient is made to wait, write “sat waiting for 10 minutes” rather than “ignored for 10 minutes.” Use your senses to gather additional information – what do you see, smell, feel, and hear?
 - Briefly summarize key points from the observation with the patient/family and ask, “What else should I add about what you experienced?”
 - Use stick figure drawings, timelines, photos (no patients or staff), etc., to capture the flow of the patient care experience.
 - Note learnings and “a-ha” moments.
- Bear in mind that this is not a “secret shopper” experience, which can diminish trust with staff and providers. Full transparency, curiosity, and learning are essential characteristics of understanding the care experience.

Background: Evidence-based Method

- Understanding the actual patient experience and using observation is an important evidence-based tool to understand organizational culture and practices. Direct observation in the care setting shows us how people really behave in a setting, particularly very complex settings. The observation method is based in ethnography, a form of anthropological research, which has a long history of learning about how others experience their lives. Application of observation in experience-based design is common in other industries. With more than 10 years of experience, we have found that use of observation in health care settings is a powerful learning and improvement tool.
- We assure you that those who have used observations are surprised by how much they missed previously in their improvement work!
- For those who use Lean improvement methods, observation is an effective means of understanding the current state before jumping to solutions. Terms like [“spaghetti diagrams”](#) are used to describe the pictures of the patient and staff/provider journeys.

If you have questions or comments about this exercise, please contact IHI Lead Faculty Barbara Balik at balik.barbara@gmail.com.

Spaghetti Diagram Example

How do we move patients?

