

Leadership for Transforming Health Care

Partnerships with Patients and Families

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Session Objectives

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At the conclusion of this session, participants will be able to:

- Describe and apply evidence and actions that lead to transformed systems based in patient/family partnerships
- Learn and apply tools we can use to engage colleagues in creating partnerships with patients and families
- Describe leadership behaviors essentials to partnerships



Session Agenda

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- Evidence into action: What we know
- Leaders' essential role in shaping culture
- Patients as “*detectives*”
- Activities to engage others



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– from –

RANDOM ACTS OF GOODNESS

– to –

AN INTEGRATED SYSTEM



What Patients Want

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“What patients want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it. We are great at rocket science. We love rocket science. What we’re not good at are the things that are so simple and basic that we overlook them.”

—*Laura Gilpin, Griffin Hospital*



What Patients and Families Want

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- Dignity and respect
- Information sharing
- Participation
- Collaboration



What Patients and Families Want

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- **Patient- and Family-Centered** – no helplessness for those served or serving
- **Safe** – no needless harm or deaths
- **Effective** – no needless pain or suffering
- **Timely** – no unwanted waiting
- **Efficient** – no waste
- **Equitable** – for all



Questions Leaders Ask

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Disciplined Action

Meeting	Questions – How many times?
Sample Questions	<p>“How does this strategy/tactic improve patient care?”</p> <p>“How does this reduce variation in care?”</p> <p>“What patients developed sepsis in the past 24 hours? What have we learned from that?”</p> <p>“How many patients are affected by this outcome?”</p> <p>“What patients or community members have we asked about this?”</p> <p>“What value does this add to patient care and patient experience?”</p> <p>“What patients/family members or community members do we have on teams?”</p> <p>“What other organizations are helping us with this strategy?”</p>



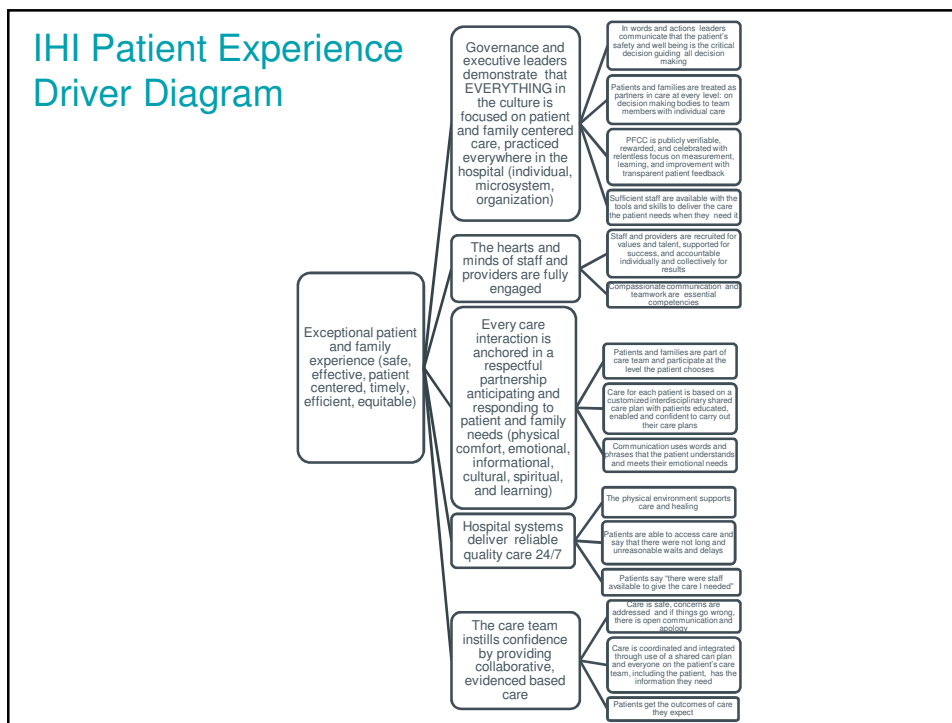
A Framework

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● What We Know from Exemplars:

- Leadership
- Engage the hearts and minds
- Respectful interactions
- Reliable systems
- Evidence based care

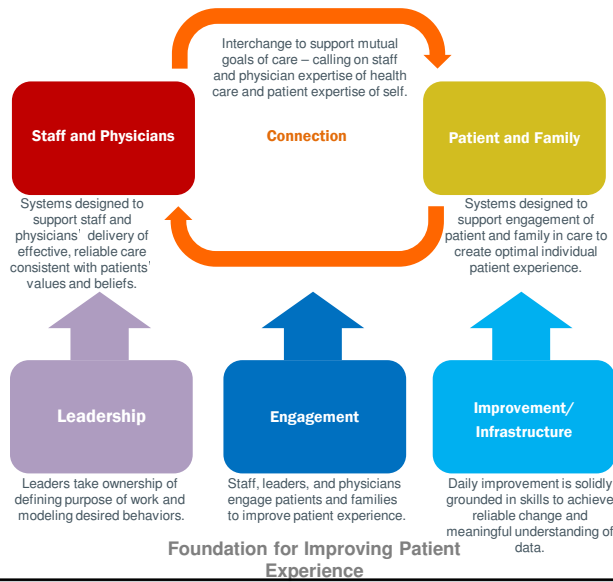
Balik B, Conway J, Zipperer L, Watson J. Achieving an Exceptional Patient and Family Experience of Inpatient Hospital Care. Institute for Healthcare Improvement; 2011. (Available on www.IHI.org)



IHI Patient Experience Actions: Overview

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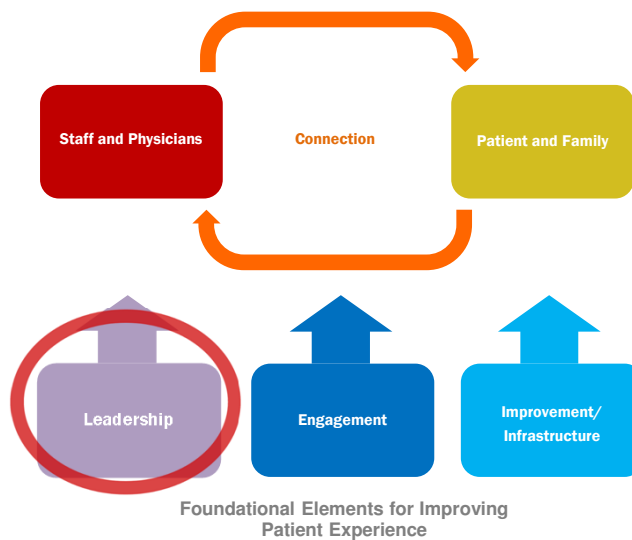
Key areas for improving specific domains of patient experience



Patient Experience Change Package: Overview

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Key areas for improving specific domains of patient experience



Key Change Ideas: Leadership

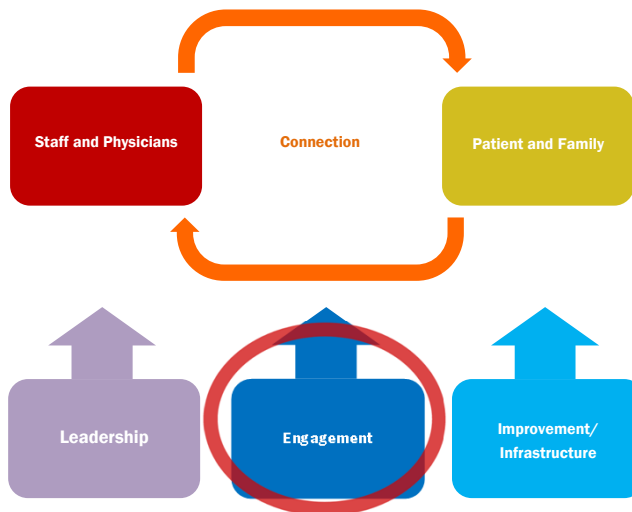
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- Leaders take ownership of defining purpose of work and modeling desired behaviors.
 - Purpose
 - Label and link
 - “All in” behaviors
 - Leadership behaviors/role modeling
 - Leadership rounding
 - Storytelling



Patient Experience Change Package: Overview

Key areas for improving specific domains of patient experience



Foundational Elements for Improving Patient Experience



Key Change Ideas: Engagement

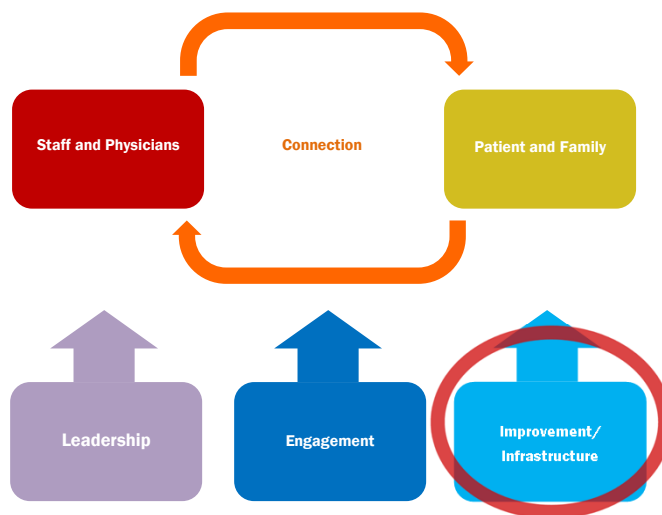
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- Staff, leaders, and physicians engage patients and families so that efforts to improve patient experience reflect actual patient experience
 - Definition
 - Advisors and leaders
 - Improvement initiatives
 - Tools
 - Physical design



Patient Experience Change Package: Overview

Key areas for improving specific domains of patient experience



Key Change Ideas: Improvement Infrastructure

- Improvement teams are solidly grounded with skills to affect reliable change and gain meaningful understanding of data.
 - Daily improvement
 - Measurement system
 - Reliability
 - Patient journey



Leadership Behaviors Assessment

Behavior	Description	How are we doing? (1 low – 5 high)
Why	Clearly describe the purpose or “Why” of Driven by Persons and Community for everyone in the organization – 6 meter talk	
It’s Everybody	Executives assure all leaders are clear and consistent in words/actions about the Purpose or “Why”	
Close to the work	Leaders round or are present and ask questions to understand first hand the effectiveness of systems in their organization and in the community to achieve “Driven by Person and Community”	
Engage Hearts and Minds	Hire for partnership values; assure effective systems; devote resources for improvement close to the work; leaders are skilled coaches and develop shared accountability; team members answer “yes” to 3 questions	
Infrastructure and Capability	Infrastructure and capability in place to adopt and sustain new behavior	



A resource for you

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- Change Package
- An array of tactics and strategies with varying levels of evidence
 - From highly evidence based, peer reviewed to we have seen it very successful a few times, but no solid research based evidence



Leadership is *absolutely* essential

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- Cannot be overstated...the single most important ingredient in designing and sustaining the desired culture
- Starts at the senior team, and includes leaders at every single level throughout the entire organization
- 200% accountability



Key attributes of leadership

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- Establish and communicate the vision for your organization
- Create a sense of urgency
- Make clear that this work and the goal requires “all in”
- Remove obstacles and barriers
- Operate based on metrics and facts (quantitative and qualitative data)
- Requires ability and motivation at all levels
- Never, ever, ever, give up!!!



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I attribute my success to
this...I never gave, or took,
an excuse

Florence Nightengale



Begin with Why: the 20 Foot Talk

- 2 Minutes: Draft a brief description of why this aim is vital to your organization
 - Can be shared in a 20 foot walk down the hall with a busy team member
 - Links to the team member's role
- Practice – Pair up with a colleague
 - Two rounds:
 1. Say your 20 foot talk as you walk; stop at 20 foot mark
 - Partner gives feedback; you revise talk; repeat the walk with revised talk
 2. Switch roles – speaker and listener; repeat #1



Patients as “detectives”

- So, how to patients and their families understand, evaluate and value the care processes and partnerships with clinicians/providers?
- Helps to understand and reflect on the context in which we live, each and every day



Consumer Expectations: The world we live in

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Consumer Perceptions of Healthcare

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Clues Tell the Story

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Adapted from Carbone/Haeckel, 1994, revised by Berry/Seltman, 2008



Clues tell the story

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“Didn’t anybody tell you?
Fridays are casual day in
the O.R.”



Clues Tell the Story

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Everyone leaves with an opinion of their experience

WORK LOOK FEEL



Proposition:

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Make sense of everything, and align all efforts as seen through the eyes of our patients and families.



Doing To – Doing For – Doing With

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- Where are you in your journey?

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Doing To

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You know you are **doing to** when:

- We say – you do: schedules; visiting hours
- We waste your time – come to the clinic & wait
- We determine what and when you eat.
- Information is not shared or understandable.
- We determine if you are compliant.
- There is helplessness – when the patient/family say:
 - I don't know what is the plan of care and what happens next.
 - I don't know who is in charge of my care.
 - I don't feel like you know me.

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Doing For

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You know you are **doing for** when:

- Family presence is defined by the patient
- We keep the patient in mind when designing or improving programs – then ask
- We design the teams to help you – without you
- Dedicated efforts to improve the patient experience
- We *manage* your expectations about waiting
- Information is openly shared with patients
- Early use of health literacy
- We teach you – lots & lots & lots
- We are beginning to get it about cross-continuum care but don't know much about the white spaces

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Doing For

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“We are really good about caring what you think about us. We are not good about caring what you think.”

– Catherine Lee, VP Service Excellence,
McLeod Regional Medical Center



Doing With

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You know you are ***doing with*** when:

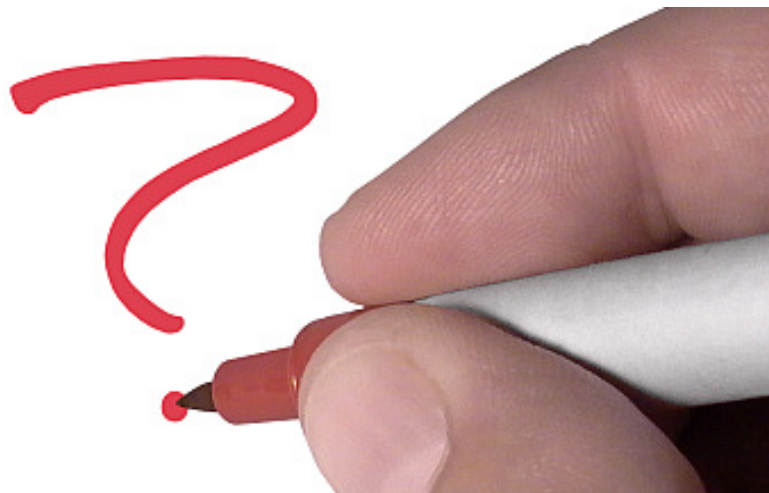
- Build on Doing for and move beyond
- Patient/family advisors are on teams to design or improve programs that follow the patient journey
- All key decisions are mutual – including who is on my team
- All staff are viewed as caregivers and are skilled in respectful communication and teamwork
- Health Literacy is everywhere in patient care
- Senior leaders model that patient's safety and well-being guide **all** decisions
- Staff, providers, leaders are recruited for values & talent; patient/family advisors involved in hiring

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Where are we in doing to-for-with?

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To-For-With Assessment

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Patient and Family

1. Individually – Complete 1-2 examples in each category
2. Review as a group at your table
3. What do your lists tell you? What gets in the way of *doing with*?

Doing To – Patients and Families

Doing For – Patients and Families

Doing With – Patients and Families

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Action Planning

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- Aim setting
- Where do you want to go with aspirations or Always Events?

