



Engaging the Patient and Family to Improve Health Care Outcomes

AMGA IQL

October 5, 2012

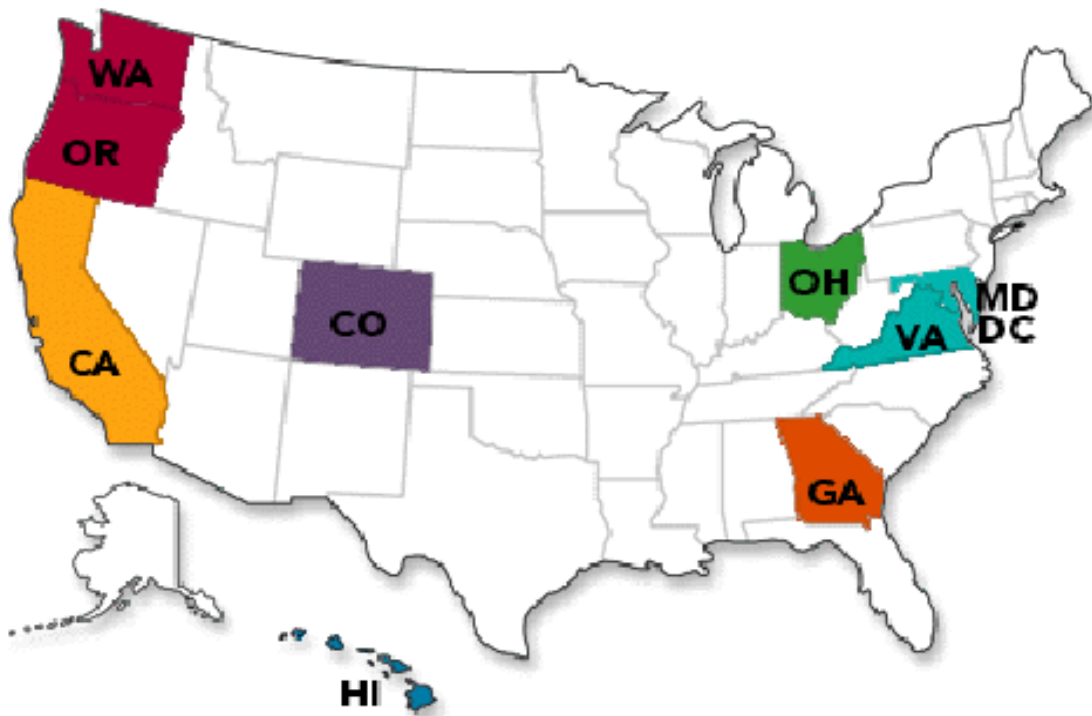
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Session Overview

- **Why Patient and Family Centered Care?**
- **Kaiser Permanente's Journey**
- **Methods of Engaging Patients**
 - **Shared Decision Making**
 - **Video Ethnography**
 - **Shadowing**
 - **Patient Advisory Councils**
 - **Rounding for Outcomes**

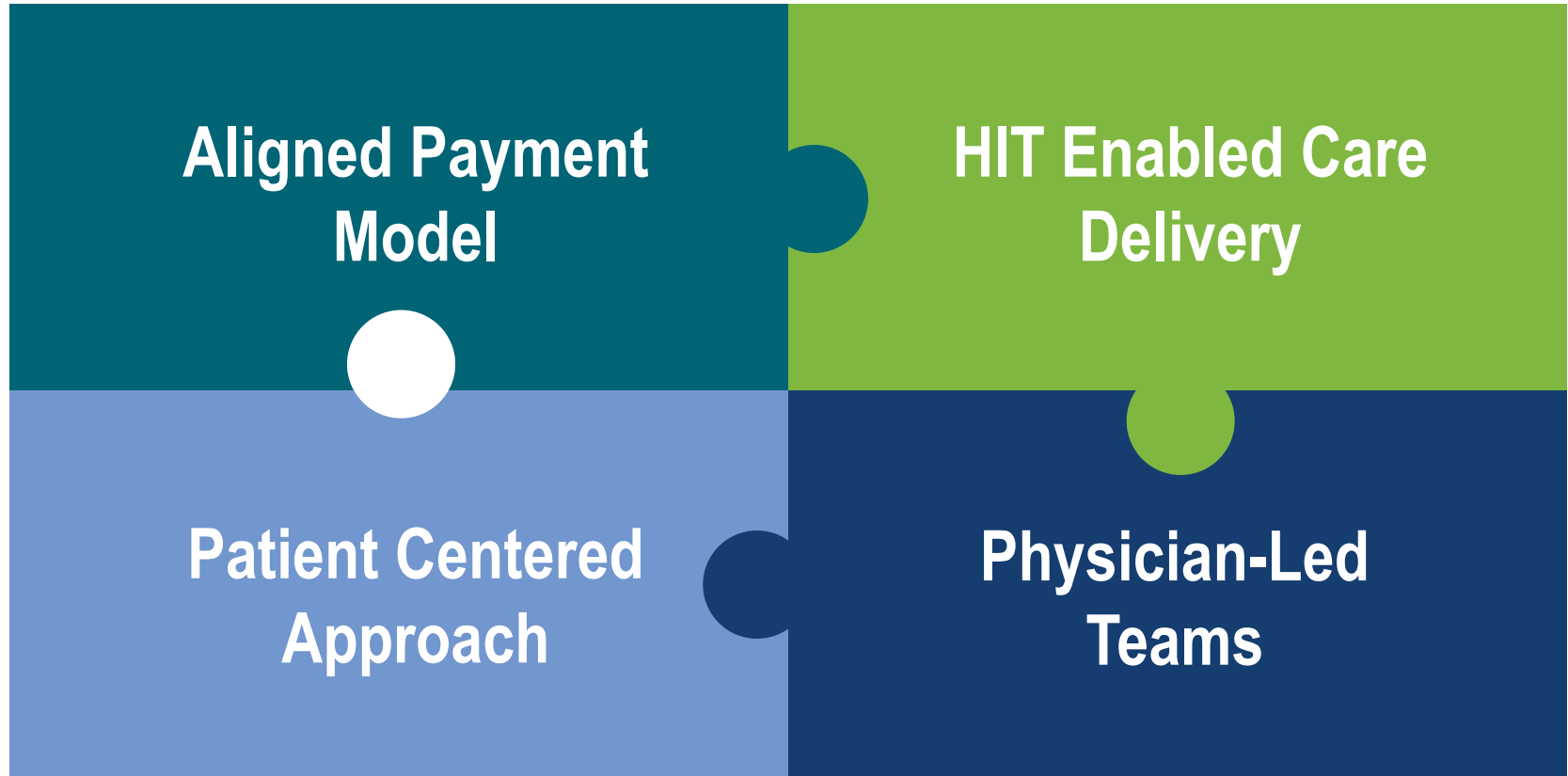
About Kaiser Permanente



- Nation's largest nonprofit health plan
 - Integrated health care delivery system
 - 9 million members
 - 16,000+ physicians
 - 182,000+ employees
 - Serving 9 states and the District of Columbia
 - 36 hospitals
 - 533 medical offices
 - \$44.2 billion operating revenue*
- Scope includes ambulatory, inpatient, ACS, behavioral health, SNF, home health, hospice, pharmacy, imaging, laboratory, optical, dental, and insurance



Platform for Optimizing Care Delivery



Principles of Patient and Family-Centered Care

Dignity and Respect

Information Sharing

Participation

Collaboration

*From the Institute for Patient- and Family- Centered Care

PFCC Commitment

- On a scale of 1 to 5, where would you place your organization in its commitment to PFCC?



- On a scale of 1 to 5, rank your commitment and actions you've taken to advance PFCC in your area.



- On a scale of 1 to 5, where would you place yourself in your skills and capacity to lead PFCC in your organization?



“Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.”

– Margaret Mead



Shared Decision Making

- **Shared decision making:**
 - A patient has \geq **two effective** treatment options
 - Options have different constellations of side effects
 - They work with their doctor to **understand their options**
 - The patient chooses the one that's **right for them**
- **With Shared Decision Making, organizations have seen:**
 - Improved **quality** (outcomes that are more concordant with patient's values)
 - Improved patient **satisfaction**
 - Improved **utilization** of resources



SDM Pilots at Kaiser Permanente

- 2 Regions
- 9-12 months
- Decision aid: video (online or DVD)
- Initiated by physician
- Four preference sensitive conditions:
 - Osteoarthritis of the Knee
 - Osteoarthritis of the Hip
 - Prostate Cancer Treatment
 - Herniated Disc
- Tracked:
 - Usage
 - Patient experience
 - Clinician experience
 - Utilization



Lessons Learned



**Providers & Staff
Engagement**



**Seamless Workflows &
Automation**



Training

Video ethnography – a new tool

Ethnography is a qualitative method that involves interviews and observation to understand, interpret, and describe experience, systems, processes, organizations and cultures.



We define *Video Ethnography* as the rapid, applied use of ethnographic methods using video to capture observation and interviews in order to analyze and then share key findings to quality improvement teams, leaders, and others across an organization or institution.

The Power of Video Ethnography



Catalyzing change



Video Ethnography

+

Patient & family, staff,
physician engagement

+

additional data



Improvement
Efforts



Results



Significant
reduction in
readmission rate
in 6 months

Components of PFCC Design in Shadowing

6 Steps to Using the Patient and Family Centered Methodology to Improve Care:

1. Select a Care Experience.
2. Evaluate the current state by using innovative tools that look at everything through the eyes of the patient and family and develop a sense of urgency to drive change.
3. Develop your PFCC Working Group.
4. Create a shared vision by writing the story of the ideal patient and family care experience as if you were the patient.
5. Identify your PFCC projects and form project teams.

Results of Shadowing



- Areas of Opportunity to Improve Communication:

- Many patients did not know what to expect for testing, timing nor diagnosis
- Patients were confused about next steps

- Areas of Opportunity to Improve Patient Comfort:

- Took too long to check in
- Thin gowns made women feel vulnerable and exposed
- Patients had to carry clothes from room to room
- Lack of mirrors
- Cold

- Areas of Opportunity to Improve Timeliness

- Patients with a first abnormal mammogram were uncomfortable with a 2 week wait.
- Patients with a history of DCIS wanted a diagnostic study as the first evaluation

Why Patient Advisory Councils?

- They improve care!
- Errors alone won't erode trust but failure to manage them will
- It's the right thing to do!



Examples of Patient Advisory Council Work

Members...

- Provide input on communications, initiatives & projects
- Identify issues that can be improved
- Help other members



Local Patient Advisory Councils

- **12 Patient/Family Advisory Councils in Kaiser Permanente Southern California** (since 2006)
- **Quarterly Patient Involvement Calls** help coordinate councils across the region.
- **'Special' Advisory Groups**



Regional Member Advisory Council

- First in Kaiser Permanente, 3rd in the US
- Advisors from all KP Southern California medical centers
- Can work on regional level issues
- Initial areas of focus:
 - Improving facility communications
 - Simplifying information flow between facilities
 - Establishing illness-related support groups



Regional Member Advisory Council members and their medical center affiliations include (front row from left): Jeanne Herman, West Los Angeles; Bobbie Baeskin, Fontana; Jennifer Parkell, Riverside; Diana Lampkin, Fontana. Second row: Suzanne Killingsworth, Fontana; Sarah Desborough, South Bay; Danica Aaker, Fontana; Edward Lewinter, Woodland Hills; Carol Lewis, Woodland Hills. Third row: Amiee Andujo, Baldwin Park; Pat Burkes, San Diego; Linda Gren, South Bay; Jerry Ramsay, Downey.

Rounding for Outcomes



What is it?

- An evidence-based approach to having senior leaders speak with members and patients about their care experience and sharing their feedback with staff
- An evidence-based practice designed to improve service, build teams, remove service barriers, and align all levels of the organization

Why?

- Engages senior leaders in service improvement efforts and helps them to lead effectively
- Drives performance improvement and accountability through tracking mechanisms.
- Provides staff with objective, timely recognition and feedback
- Builds trust and confidence and creates a safe patient experience

Feedback to Staff and Providers



- Immediate and specific recognition of excellent performance creates or reinforces a culture of excellence.
- Immediate and specific coaching on performance gaps, with clear expectations for immediate correction creates or reinforces culture of excellence.

Two sides of the same coin.

Questions?

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