

Engaging the Patient and Family to Improve Health Care Outcomes AMGA IQL

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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



*Source: 2010 Kaiser Permanente Annual Report

The Permanente Federation

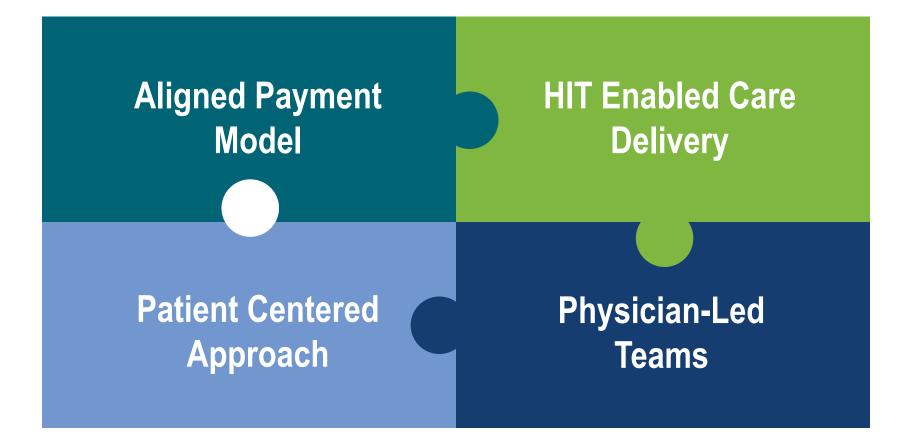
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About Kaiser Permanente

- CO CA HI
- 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



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 ≥ 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





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.



Shadowing

- Follow patients through the process, seeing care from their perspective
- Use people with fresh eyes
- Start and stop from how the patient encounters the system, not by department

Shadowing guide is available at http://www.pfcc.org/guides/ShadowGuide.pdf

	Patient and F	Family Care Shadowing Tool					
Date:	Obs	Observer:					
Time	Location	Touchpoint Observations					

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!



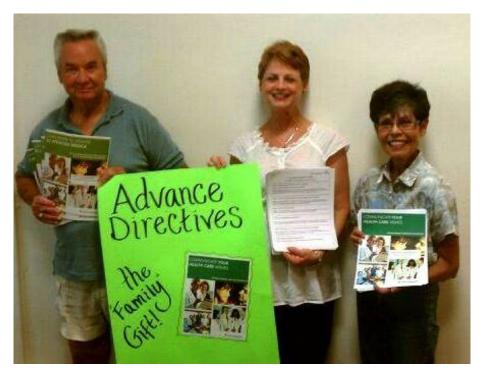
The Patient Safety Advisory Council pose for a pholo; several members pictured above were founders of the Council.



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

NICU Parent Advisory Council KAISER PERMANENTE DOWNEY MEDICAL CENTER









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





- 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
 KAISER PERMANENTE

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.



Rounding for Outcomes: Tracking Tools

Electronic Rounding	Tools:
 Active Strategy 	
 Rounding Plus 	P ^N KAISER F

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Keys5, Anthony	в	5/4/2011			3/4	3/4
Keys6, Amber	Q	6/5/2011	3/5	3/5	3/5	
Keys7, Art	м	4/10/2011			NA	
Keys8, Allan	м					
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4. Are there any systems or processes that need improvement?							
5. Do you have the tools, equipment and information to do your job well?						∍d	
6. Key Message tying their work to desired outcomes.					2	ne	
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Rounding Logs

Stoplight Report

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111/11	SAMPLE: Hold Service Recovery Training	By 10/15/11 Being scheduled for 3 possible sections	SAMPLE: Build New Parking Structure	Until 2012		



Questions?

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