

The Strategy of Personalized Care: What Matters to Everyone

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MASSACHUSETTS
GENERAL HOSPITAL



The Value of Person-Centered Care

- Patients are the only source of information about many aspects of quality.
- The patient's experience is linked to improved clinical outcomes, reduced readmissions, reduced mortality, and reduced malpractice risk and improved ability to manage chronic conditions.
- Focusing on improving the patient's experience of care is built on improving the quality of work life for clinicians and staff.



The Value of Person-Centered Care

- Partnering with patients and families to redesign and/or improve care brings a wealth of knowledge to care that clinicians and staff do not possess.
- Partnerships with patients inspire and energize clinicians, staff, and leaders and focuses us on the “right” solutions.



Foundational Components of Person-Centered Organizations

- Governance/Leadership/Vision
- Human Resources and Employee Engagement
- Systematic Feedback/Data Management/Goal Setting
- Partnerships with Patients and Families
- Communication Strategies, Technology Support, Clinician Coaching
- Healing Physical Environments



Vision/Governance/Leadership

Successful System Leaders Focus On:

- Placing the patient at the center of all work
- Creating a system of continuous learning and continuous improvement, that engages **everyone** in problem solving.
- Systematic removal of all barriers and excuses as to why excellence every day is not possible.
- Justly dealing with impairment/unsafe acts in practice



Mass General Hospital Credo

As a member of the MGH community and in service of our mission, I believe that:

- The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
- Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
- My colleagues and I are MGH's greatest assets.
- Teamwork and clear communication are essential to providing exceptional care.



Mass General Hospital Credo

As a member of the MGH community and in service of our mission, I will:

- Listen and respond to patients, patients' families, my colleagues and community members.
- Ensure that the MGH is safe, accessible, clean and welcoming to everyone.
- Share my successes and errors with my colleagues so we can all learn from one another.
- Waste no one's time.
- Make wise use of the hospital's human, financial and environmental resources.
- Be accountable for my actions.
- Uphold professional and ethical standards.



Mass General Hospital Boundaries

As a member of the MGH community and in service of our mission, I will never:

- Knowingly ignore MGH policies and procedures.
- Criticize or take action against any member of the MGH community raising or reporting a safety concern.
- Speak or act disrespectfully toward anyone.
- Engage in or tolerate abusive behaviors.
- Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.
- Work while impaired by any substance or condition that compromises my ability to function safely and competently.

Optional, depending on use:

Signature

Print Name

Date



*“Honest criticism is hard to take,
particularly from relative, a friend,
an acquaintance, or a stranger.”*

Franklin P. Jones
The Saturday Evening Post



Systematic Feedback/Data Management/Goal Setting

- Synthesize patient feedback for review in all senior and departmental leadership meetings and practice meetings:
 - Survey data
 - Comments/Service alerts
 - Patient advocacy and grievance reports
 - Letters from patients and families, and other qualitative information
 - Set performance targets and monitor trends
- Stratify and analyze data to ensure equitable care for underserved populations and to address inequities.
- Establish systems to analyze safety data to identify and address gaps related to the social determinants of health, such as being at risk for housing or food insecurity, and to share community resources that can provide support.



Human Resources and Employee Engagement

- Implement clinical and non-clinical HR policies that link hiring, orientation, training, staff education, and performance evaluations to quality and safety goals.
 - Celebrate people when they arrive, not when they leave!
 - Be aggressive about managing people who do not uphold the standards, values and culture.
- Develop thoughtful reward and recognition programs for all staff, based on patient experience of care feedback and reviews from colleagues.
- Conduct regular Surveys of Patient Safety Culture(SOPS) to identify best practices and barriers to culture change and quality of work life for staff.



Paul O'Neill's Preconditions for Habitual Excellence in Patient Experience and Safety

Will your workforce answer yes?

1. Am I treated with dignity and respect everyday by everyone I work with?
2. Do I have the knowledge, skills, and tools to do my job?
3. Am I recognized and thanked for my contributions?
4. Is my safety, psychological and physical, a priority?



Human Resources and Employee Engagement

- Provide service excellence and service recovery training for all clinical and non-clinical staff.
- Ensure that health care professionals and staff are trained to recognize and prevent unconscious bias and are competent in equitable, effective communication strategies.

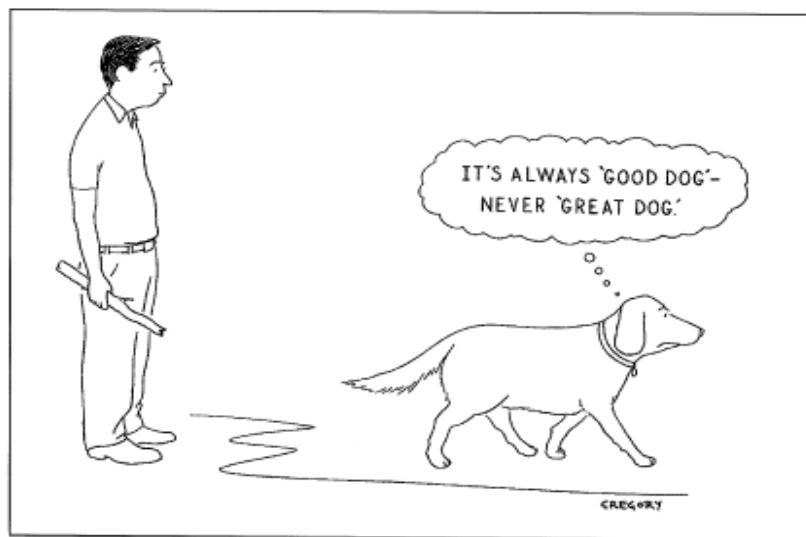


Finding Your “Why”

- What motivates you?
- What inspires you?
- Where do you find your pride?
- How does your drive align with our mission?



We're not the only one who wants to be 'Great'



Partnerships with Patients and Families

- Create formal patient/family advisory councils for major services/practices and get patient/family input on all QI, redesign efforts, and patient-facing materials.
- Match the method of patient/family partnerships with the problem being solved:
 - PFAC's
 - Task forces
 - Interviews
 - Focus groups
 - Walkthroughs
 - Employee interviews



Benefits of Partnering with Patients and Families

- Improved quality of care
- Improved efficiency
- Revitalized organizational culture
- Enhanced mission focus
- Excellent experiences of care for patients and providers
- Enhanced community reputation
- Increased patient loyalty
- Improved bottom line



Partnership Opportunities

- Serving as representatives on health system and health care organization governing boards and board quality/safety committees
- Serving on Patient and Family Advisory Councils
- Serving on patient education review committees
- Serving as representatives on quality improvement teams and root cause analysis teams



What Matters to You - Background



PERSPECTIVE

SHARED DECISION MAKING

Shared Decision Making — The Pinnacle of Patient-Centered Care

Michael J. Barry, M.D., and Susan Edgman-Levitan, P.A.

Nothing about me without me.
— Valerie Billingham,
Through the Patient's Eyes,
Salzburg Seminar
Session 356, 1998

Caring and compassion were once often the only “treatment” available to clinicians. Over time, advances in medical science have provided new options that, although often improving outcomes, have inadvertently distanced physicians from their patients. The result is a health care

ive of patients: respect for the patient's values, preferences, and expressed needs; coordinated and integrated care; clear, high-quality information and education for the patient and family; physical comfort, including pain management; emotional support and alleviation of fear and anxiety; involvement of family members and friends, as appropriate; continuity, including through care-site transitions; and access to care.¹ Successfully addressing these dimensions requires enlisting patients and

for the rest of one's life, and screening and diagnostic tests that can trigger cascades of serious and stressful interventions.

For some decisions, there is one clearly superior path, and patient preferences play little or no role — a fractured hip needs repair, acute appendicitis necessitates surgery, and bacterial meningitis requires antibiotics. For most medical decisions, however, more than one reasonable path forward exists (including the option of doing nothing, when appropriate),



to become more effective coaches or partners — learning, in other words, how to ask, “What matters to you?” as well as “What is the matter?” In addition, novel



Barry M, Edgman-Levitan S. Shared decision making – the pinnacle of patient-centered care. NEJM 2012, 366:780-781.



What Matters to You – Purpose



- Encourage and support more meaningful conversations between people who provide health care and those receiving it by:
 - Asking what matters
 - Listening to what matters
 - Doing what matters





Montefiore Medical Center- What Matters to You



What matters to ewe?



THE UNIVERSITY OF EDINBURGH
The Royal (Dick) School
of Veterinary Studies

What matters to you?

Is something bugging you?
Do you think we could be doing something better?
Is there anything that you would like us to keep doing or do more of?

Your feedback matters to us!

As an AVMA accredited school, we particularly welcome any comments against the AVMA standards:

- Organisation
- Finances
- Physical facilities and equipment
- Clinical Resources
- Library and Information Resources
- Students
- Admission
- Faculty
- Curriculum
- Research programs
- Outcomes Assessment

RCVS SETTING VETERINARY STANDARDS



What matters to some...



CHILDREN

- “To listen and play music which I can’t do now”
- “Being in the hospital, I miss my grandparents and my cousin. I miss my daily hike with my mama.”
- “Please do not touch my stuffed animals.”
- “I like to watch movies – action in particular”
- “I would prefer not to be woken early in the morning. I like to sleep.”
- “I don’t like hospital food. I like Hispanic food. I do like MGH vanilla cake.”
- “It helps if you sing to me while someone is poking me for blood.”

PARENTS

- “I worry about not having enough time to get things done”
- “I appreciate it when staff talks about nonsense with me, unrelated to my sick baby. It’s nice to feel normalish.”
- “I like how everyone calls my baby by her nickname. She gets so happy.”



What Matters to You Internationally



55+ Countries



Communication Strategies to Promote a Culture of Trust and Respect

- Recognize patients, families, and care partners as full partners on the health care team:
 - Inviting patients, families, and care partners to actively engage in their care by encouraging them to ask questions, speak up at any time, pause care activities when they are worried something is not right, and mobilize rapid response teams.
 - Involving patients as equal partners in the diagnostic process and in decisions about their care using evidence-based patient decision aids and reporting tools for patient-reported outcomes.
- Clinician and staff training on shared decision making and how to communicate evidence-based benefits and risks of screening, diagnostic and treatment options.
- Ensure full transparency by offering patients and authorized family or care partners timely access to a patient's electronic health records, including visit notes, discharge summaries, and proxy access to patient portals to avoid errors, delayed diagnoses, or other safety risks.



Communication Strategies to Promote a Culture of Trust and Respect

- Offer patient and family-centered technologies:
 - portals that are ADA compliant
 - decision support tools
 - educational resources
 - Maintain COVID-related interventions: virtual visits, iPad connections for patients and families, virtual Town Halls, virtual www.PrepareforYourCare.org events



Communication Strategies to Promote a Culture of Trust and Respect

- In partnership with patients and literacy experts, select and implement effective communication and training tools and materials for all care settings, including home and community settings, to assist patients, families, and care partners in understanding and identifying risks, potential hazards, urgent or additional care needs and problems.
- Use “plain language” and design and validate materials with patients and families for varying literacy levels and languages.
- Apply practices of equity and trauma-informed care that are contextually appropriate for the unique needs of patients, families, and care partners.



Communication Strategies to Promote a Culture of Trust and Respect

- Transparently provide information related to the organization's safety and quality performance to patients, families, and care partners.
- Implement and maintain programs for providing appropriate ongoing support in the aftermath of harm.
 - When preventable harm occurs, interview the patient and family and include them, as appropriate, in root cause analysis.
 - Openly and honestly disclose when the standard of care is breached, apologize, address physical and psychological harm, and offer the opportunity to discuss appropriate remedies.
- Institute communication and resolution programs for patients, families, and care partners and encourage them to obtain and consult with their own legal counsel.
- Do not impose or permit gag and confidentiality clauses to be included in post-harm legal agreements with patients, families, and care partners.



Healing Physical Environments

- Wayfinding strategies that are disability friendly
- Safety enhancement for patients and staff:
 - Fall prevention
 - Medication safety
 - Standardized storage
 - Handwashing
- Noise reduction
- Access to light, nature and positive distractions
- Disability friendly: wheelchair access, bathroom safety, exam tables
- Enhance patient control of environment





*Those who say it
cannot be done
should not
interrupt the
person doing it.*

-Chinese Proverb



Kitchen Table Wisdom
Rachel Naomi Remen MD



The medical system does not trust process. We are all "works in process." The challenge for us is to shift from being the fixers of the broken to the holders of the "yet" for people who have lost sight of it. To recognize that what we are seeing is not deficit, but the growing edge in every human being. We are seeing the "yet," the place where God is present, the place where the work happens.



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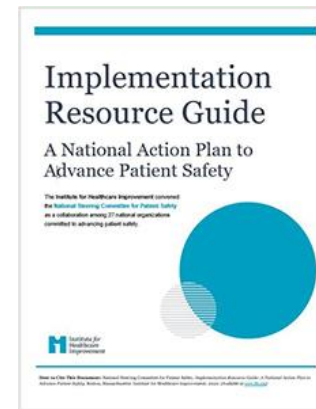


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National Steering Committee on Patient Safety Resources



www.ihi.org/SafetyActionPlan



Resources

- [The Power of Four Words: "What Matters to You?" | IHI - Institute for Healthcare Improvement](#)
- [What Matters to You? Day \(goshadow.org\)](#)
- [The CAHPS Ambulatory Care Improvement Guide: Practical Strategies for Improving Patient Experience | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
- [Surveys on Patient Safety Culture™ \(SOPS®\) | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
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Thank You!

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