Scan for CEUs

Michael Giuliano

Chief Operating Officer

Planetree International

The Ideal Combination:

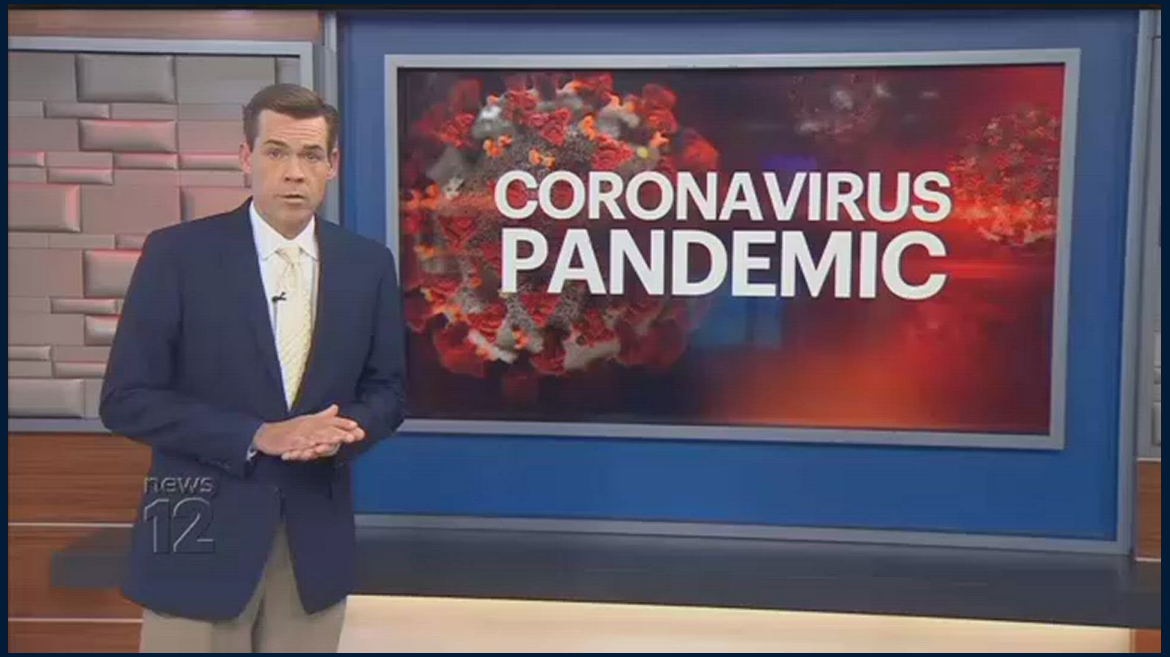
Human Understanding, Quality, and Safety

Michael Giuliano
Chief Operating Officer, Planetree

nrc HEALTH | HUB23

HAWKERS

Buon-A-Petitti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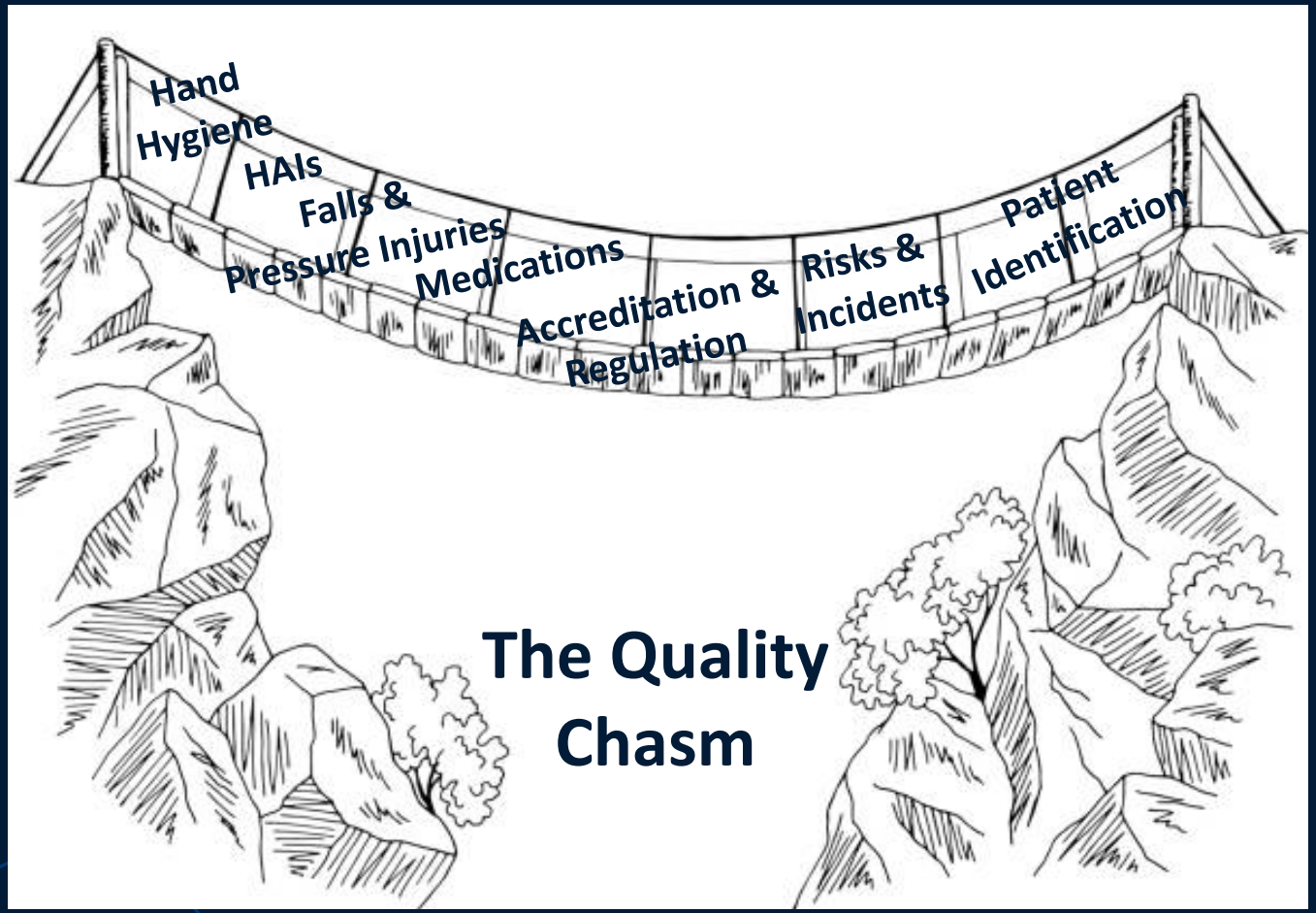
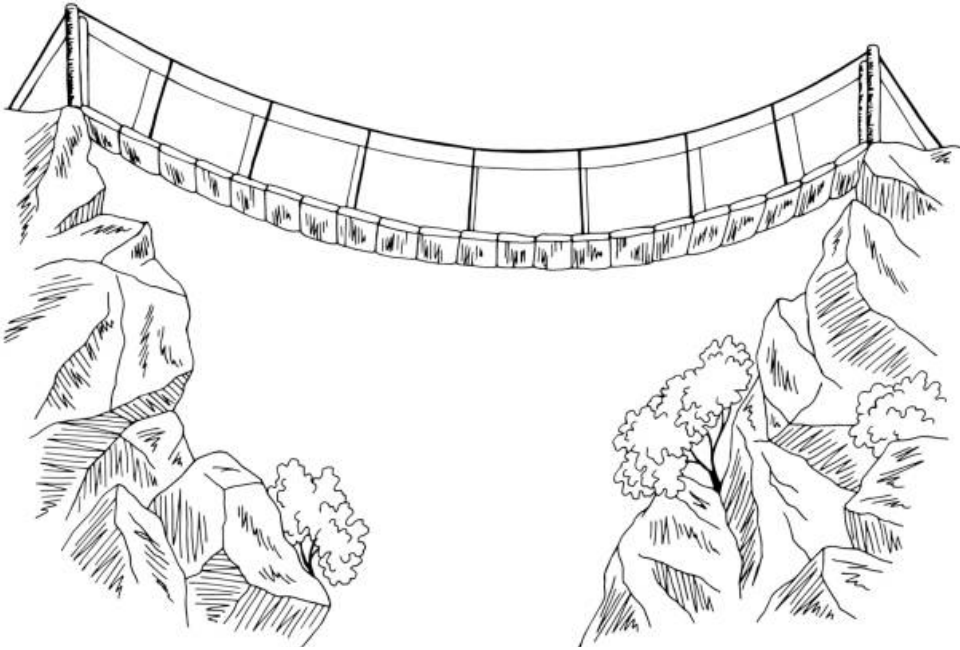
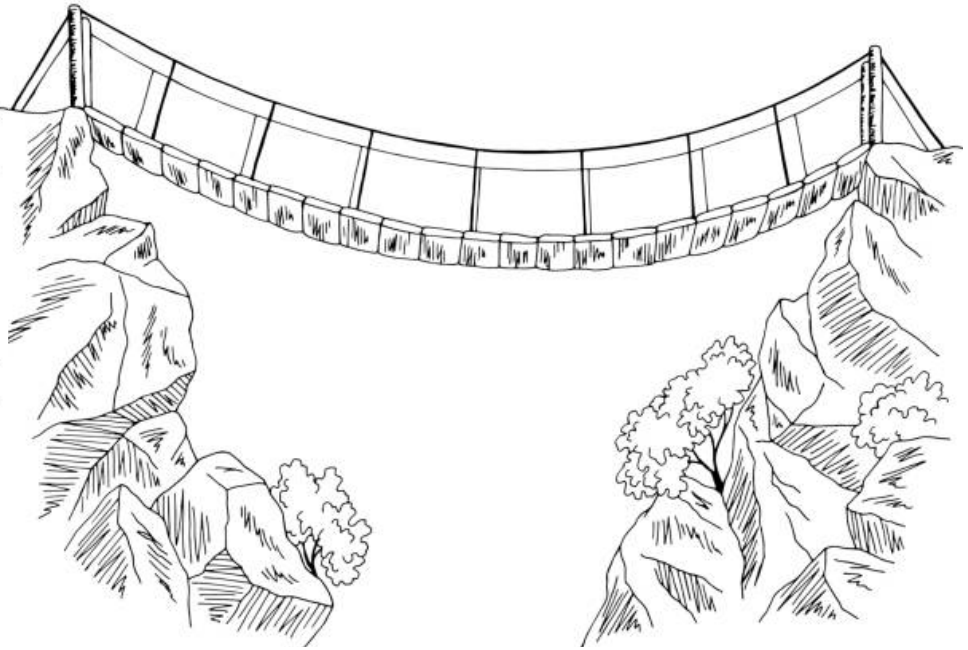


Better quality



The Quality Chasm

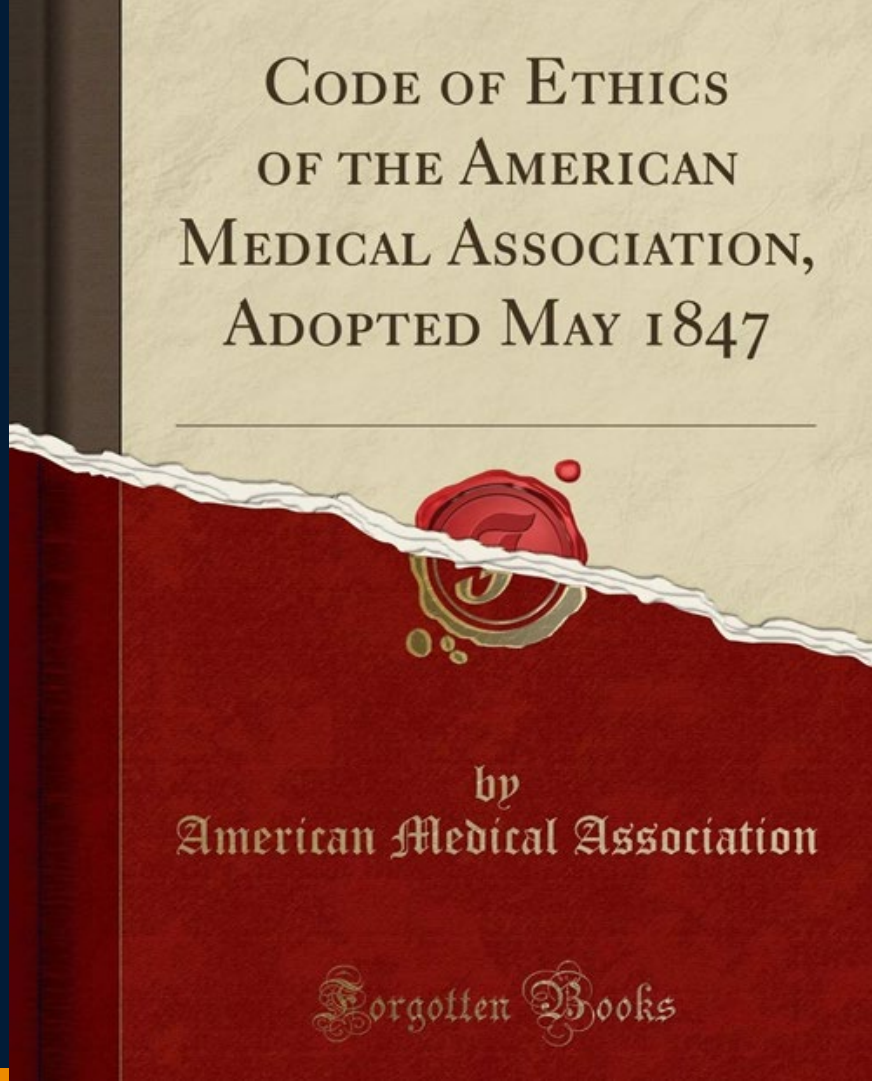


The Experience Chasm

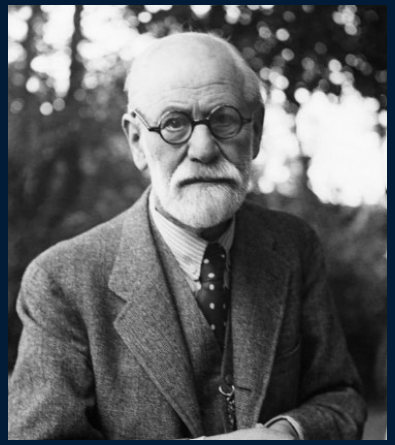
THEN

“The obedience of a patient to the prescriptions of his physician should be prompt and implicit.

He should never permit his own crude opinions as to their fitness, to influence his attention to them." (1847)



DISRUPTION



As a patient I rebelled against being denied my humanity…we should all demand to be treated as competent adults, take an active part in our healing, and insist on hospitals meeting our human needs…'

Angie Thieriot, 1978, Founder, Planetree

NOW

"Patient experience encompasses the full range of interactions patients have with the healthcare system, including health plans, doctors, nurses, and other staff in (and outside of)... healthcare facilities." (AHRQ)

PCC 1.0

DISCUSSION PAPER

Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care

Susan B. Frampton, PhD, Planetree; **Sara Guastello**, Planetree; **Libby Hoy**, PFCCpartners; **Mary Naylor, PhD, FAAN, RN**, University of Pennsylvania School of Nursing; **Sue Sheridan, MBA, MIM, DHL**, Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, MPH**, National Academy of Medicine

January 31, 2017

ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals. This vision represents a shift in the traditional role patients and families have historically played in their own health care teams, as well as in ongoing quality improvement and care delivery efforts. PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care; they are active participants whose voices are honored. Family and/or care partners are not kept an arm's length away as spectators, but participate as integral members of their loved one's care team. Individuals' (and their families') expertise about their bodies, lifestyles, and priorities is incorporated into care planning and their care experience is valued and incorporated into improvement efforts.

A prevalent and persistent challenge to a system-wide transformation to PFEC is uncertainty about whether the resource investment required will lead to better results. There is also a lack of clarity about how, practically speaking, to make it happen.

To address these barriers, the National Academy of Medicine's (NAM's) Leadership Consortium for a Value & Science-Driven Health System convened a Scientific Advisory Panel (SAP) to compile and disseminate important insights on culture change strategies. The SAP's focus was on evidence-based strategies that facilitate patient and family engagement and are tied to research findings revealing improved patient care and outcomes. To achieve this goal, the SAP drew on both the scientific evidence and the lived experiences of patients, their care partners, practitioners, and leaders to develop a comprehensive framework that explicitly identifies specific high-impact elements necessary to create and sustain a culture of PFEC. Research in support of the various elements of the model was then compiled into a selected bibliography. This paper introduces the framework and associated evidence, along with practical examples of elements of the model applied in the "real world," with the goal of supporting action that will pave the way for PFEC to become the norm in health care.

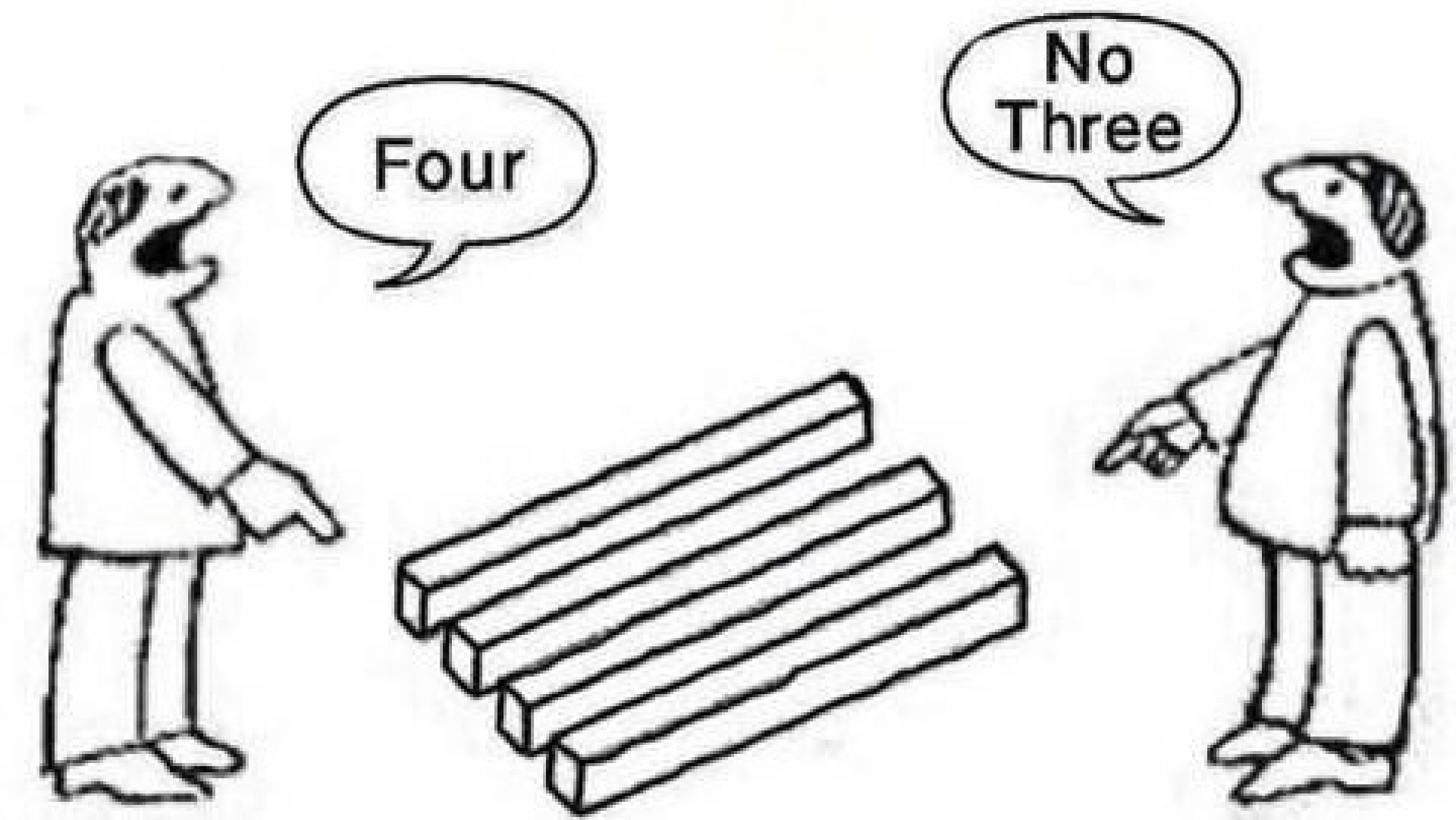
Perspectives

Safety

Preferences

Targets

Environment


Four
No
Three

Point of Re-entry & Transition (PORT)

NYC HEALTH+ HOSPITALS

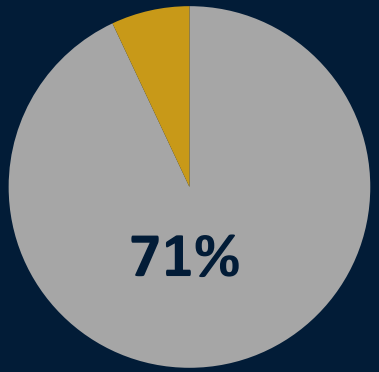
What CHWs assumed?

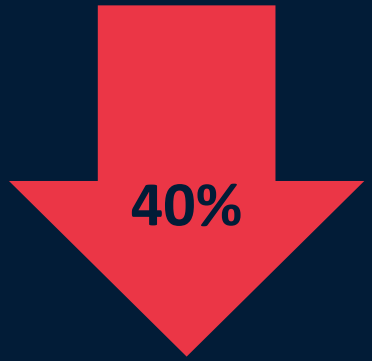
The top three priorities for patients upon their release from prison…

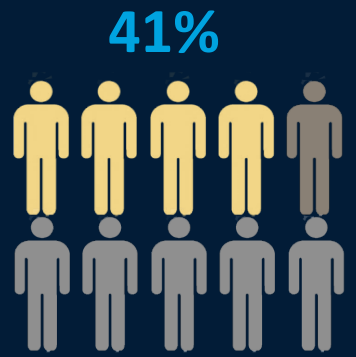
What was actually important to patients

HUB23

Don’t assume perspective







Lee CN, Hulsman CS, Sepucha K. Ann Plastic Surg2010;64:563-6.
Wagner E, et al. Med Care1995;33:765-70
Covinsky KE, et al. J Am Geriatr Soc 2000;48:Suppl:S187-S193.

1,457 acute hospitals

86%

Unrestricted access policy in some units

68%

Encouraged patients/families to participate in shift change reports

67%

Policy for disclosing / apologizing errors

38%

Patient & Family Advisory Council

Barriers	n	(%)
Competing organisational priorities	652/1276	(51.1)
Time it takes to set up and implement advisory programmes	545/1284	(42.4)
Time available for rounds, shift changes, etc.	409/1282	(31.9)
Amount of financial support for PFE activities	411/1289	(31.9)
Training of clinical providers in how to engage with patients	327/1282	(25.5)
Degree of transparency of medical cost information enabling patients to compare	319/1277	(25.0)
Availability of clinical information systems	284/1283	(22.1)
Support for PFE from clinicians	224/1282	(17.5)
Patient's willingness to participate in care activities	210/1280	(16.4)
Risk management concerns	200/1282	(15.6)
Degree of transparency of quality information enabling patients to compare	184/1278	(14.4)
Privacy/Health Insurance Portability and Accountability Act concerns	180/1284	(14.0)
Differences in language between patient and healthcare provider	156/1289	(12.1)
Cultural differences between patient and healthcare provider	119/1289	(9.2)
Leadership commitment to PFE activities	119/1288	(9.2)
Support for PFE from hospital administrators	109/1285	(8.5)
The literature/evidence supporting the usefulness of PFE	98/1275	(7.7)

Herrin J, Harris KG, Kenward K, Hines S, Joshi MS, Frosch DL
BMJ Qual Saf 2016 Mar; 25 (3): 182-189

How do we define quality and safety in healthcare?

How should we define quality and safety in healthcare?

Quality Defined

The Institute of Medicine (IOM) established 6 domains of quality in healthcare:

- Effectiveness
- Efficiency
- Equity
- Patient-Centeredness
- Safety
- Timeliness

Makoul G, Donohue R, England W, Gorley T. 2023 Experience Perspective. NRC Health. https://nrchealth.com/resources

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How patients see quality

3 IOM domains

- Effectiveness
- Patient-centeredness
- Safety

2 additional domains

- Communication
- Cleanliness

Makoul G, Donohue R, England W, Gorley T. 2023 Experience Perspective. NRC Health. https://nrchealth.com/resources

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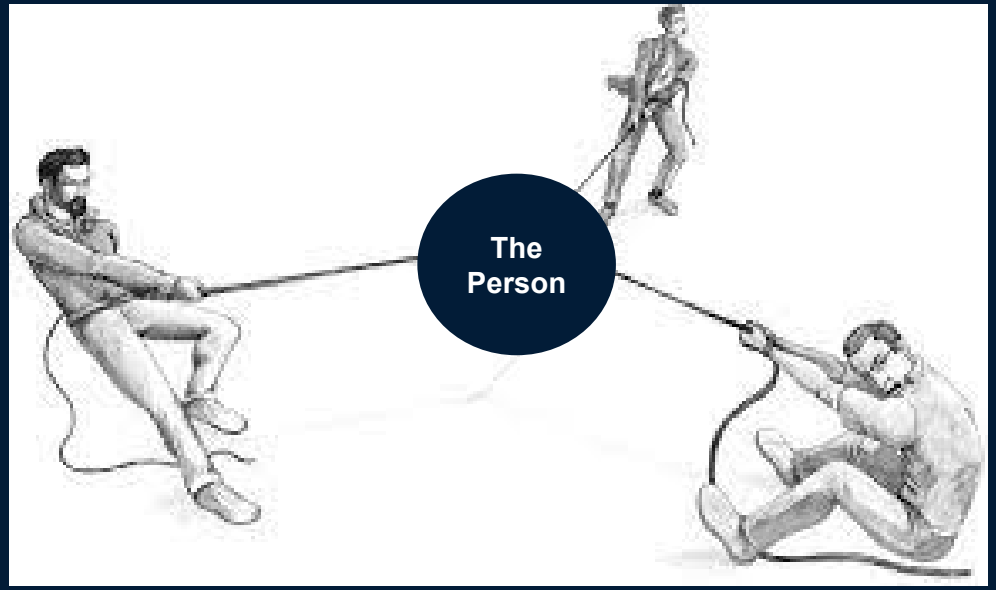
Traditional patient safety meanings and measures frequently miss the mark in serving patients and families by ignoring or denying harms that patients and community members continually call us to acknowledge and address.

Lyndon A, Davis D, Sharma AE, et al Emotional safety is patient safety, BMJ Quality & Safety Published Online First: 02 February 2023. doi: 10.1136/bmjqs-2022-015573

Emotional Safety
‘feeling safe’

Physical Safety
‘being safe’



Cultural Safety
‘contextually safe’

Impact of my experience

Justified care deferment

Solidified brand blur

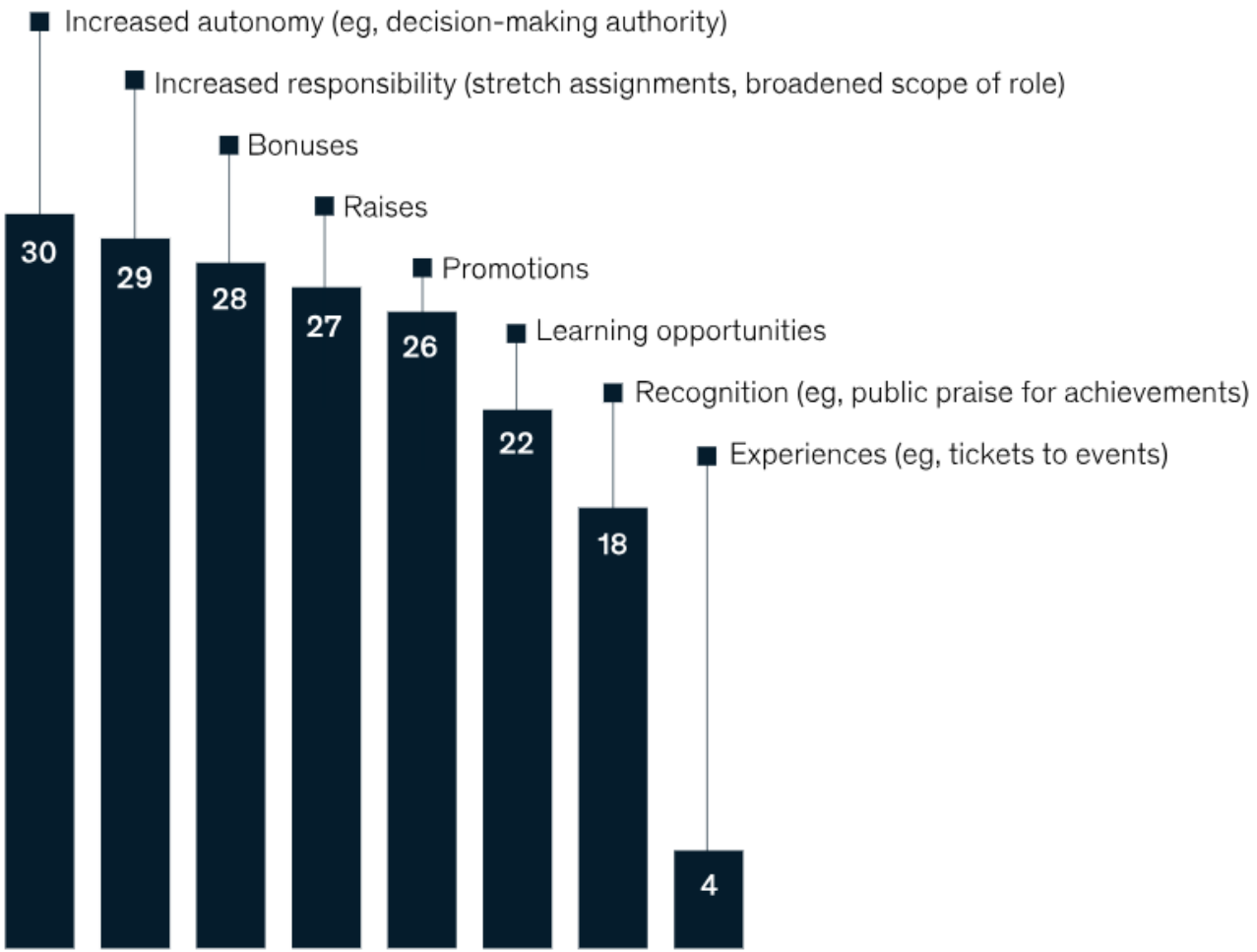
Invited new entrants

Invalidated expectations

Amplified pain of paying

Cemented no preference

Ways in which managers would most prefer to be rewarded for their work,[1]
% of respondents



2023 McKinsey Review, "Stop wasting your most precious resource: middle managers"

Self Determination Theory

Doing something for the purpose of obtaining an external goal

Extrinsic Motivation

Promotions
Rewards
Recognition

Doing something because it is satisfying and interesting to do

Intrinsic Motivation

Autonomy
Competency
Relatedness

Human understanding and targets

EMA Emergency Medicine Australasia

Original Research | Full Access

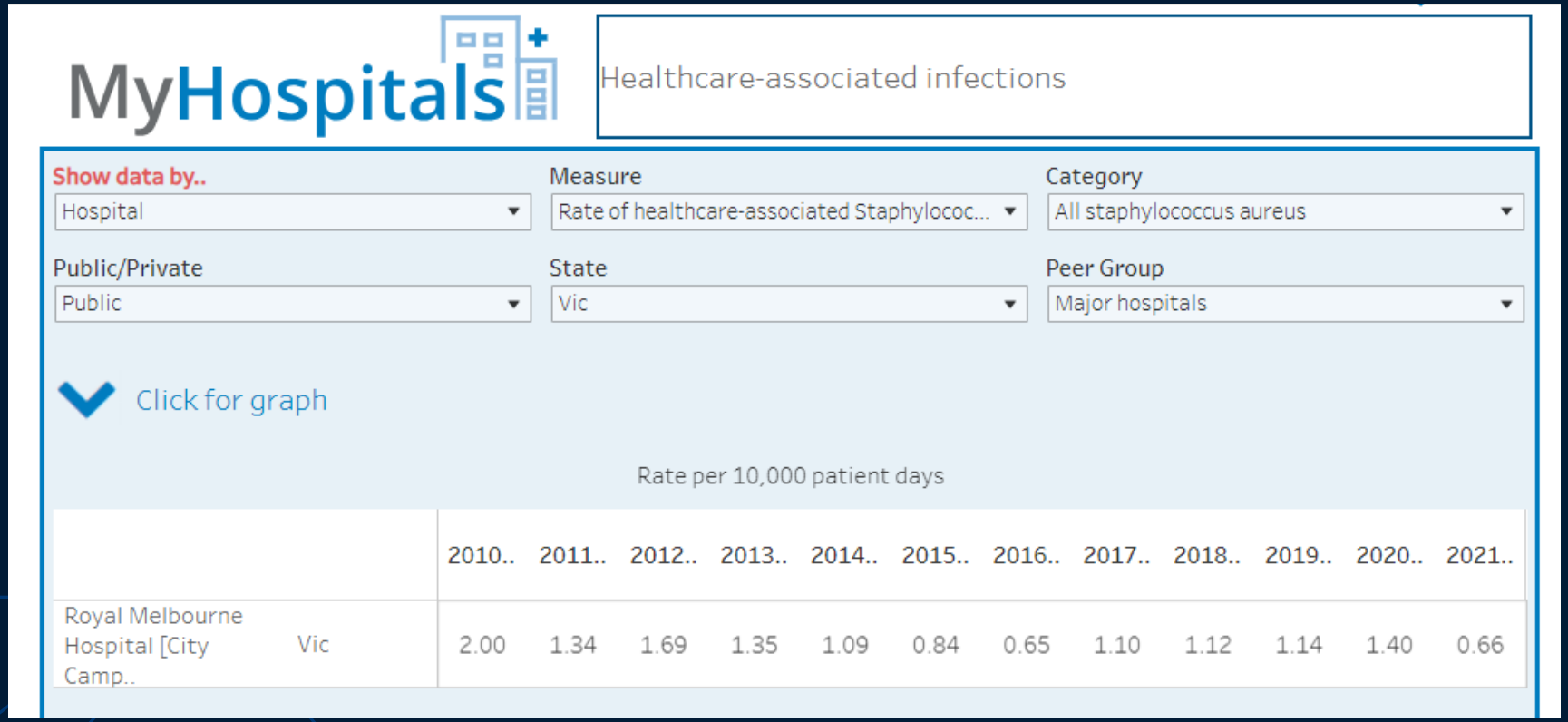
Impact of the four-hour National Emergency Access Target on 30 day mortality, access block and chronic emergency department overcrowding in Australian emergency departments

Roberto Forero, Nicola Man, Hanh Ngo, David Mountain, Mohammed Mohsin, Daniel Fatovich, Ghasem (Sam) Toloo, Antonio Celenza, Gerry FitzGerald, Sally McCarthy ... See all authors

First published: 30 July 2018 | https://doi.org/10.1111/1742-6723.13151 | Citations: 12

Sullivan C, Staib A, Khanna S, et al. 2016; 204, 9, Medical Journal of Australia

Human understanding and data



Bring the magic of the mouse

			Delivery Methods		
			Cast	Setting	Process
Service Standards	Non-Negotiable	**Safety**			
	What are we known for and want to be known for?	**Courtesy**			
		Show			
	How we make money	**Efficiency**			

Over $2 Billion in annual revenues
Over $56 million in profit

Northern Westchester Hospital – Mt. Kisco, NY

Personal Touch = Trust = Great Patient Experience

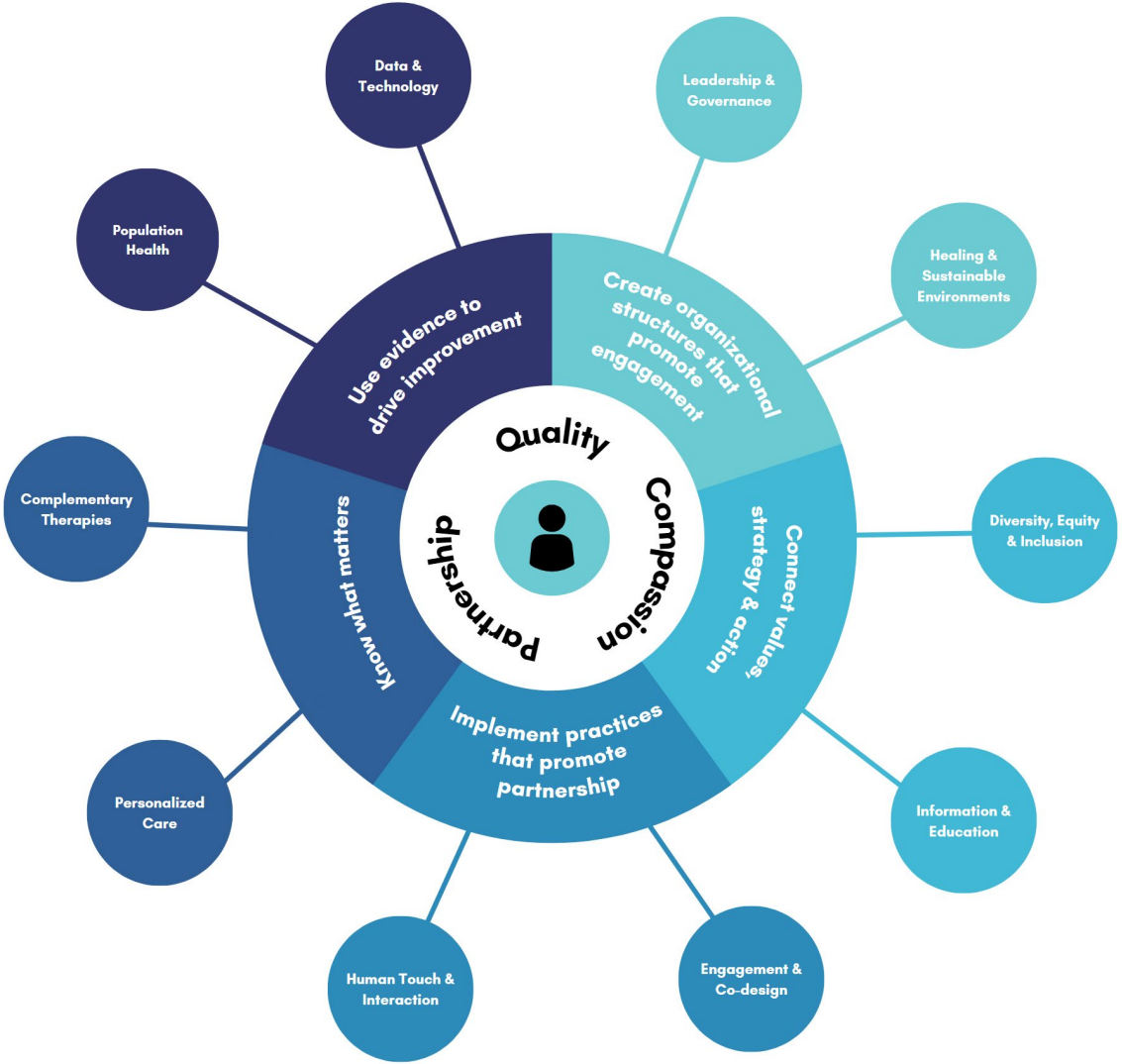
MAGNUS THE THERAPY DOG

THE SOCIAL MEDIA SENSATION...

Instagram followership of 945,000 and over **21.6 million views**.

TikTok 2.9 million followers and over **58.1 million views** of the video

Person Centered Care *(PCC) is care focused on the* ***needs*** *of individuals, guided by peoples'* ***preferences and values****, and includes supporting* ***structures, policies, and practices*** *that create a culture of* ***quality, compassion, and partnership*** *across the continuum of care.*



Model for person-centered care

PCC 1.0

\+

Human Understanding

=

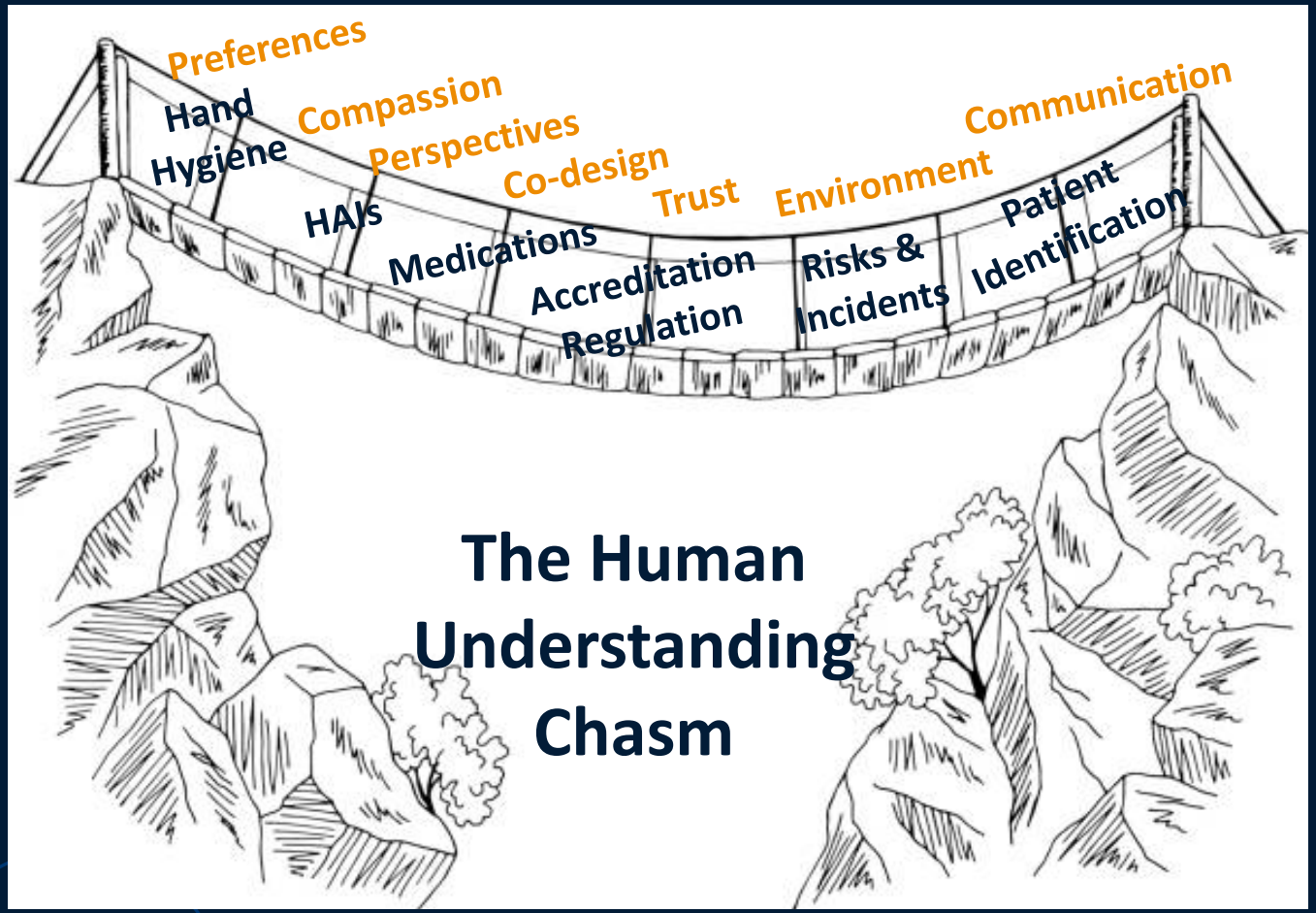
PCC 2.0

Deep understanding of the individual

--

Standardized individualization

NOW



Better quality & experience

MYTHBUSTERS

BROADEN OUR DEFINITIONS

ASSUME NOTHING
BE FOREVER CURIOUS

SEEK PERSPECTIVE

HONOR PREFERENCES

MASTER THE MUNDANE

DON'T HIT THE TARGET
BUT MISS THE POINT
10
9
8
7

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LEAVE YOUR LEGACY & MAKE THE NEW AWESOME

Thank You

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