

Sustainability & Spread

AFPA Webinar

October 8, 2014

Janiece Gray, Founding Partner, DTA Associates, Inc.

Patient Voices

← → ↻ www.patientvoices.org.uk/stories.htm ☆ ☰

effective
affective **Voices**
Patient
reflective

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The Patient Voices digital stories

The Patient Voices digital stories use video, audio, still images and music to convey patients', carers', practitioners' and managers' own stories in a unique way. They are intended to touch the hearts of managers, clinicians and others striving to improve the quality of health and social care, and our workshops being are increasingly used to engage with, and evidence outputs from, the Patient and Public Involvement (PPI) and patient engagement agendas, together with being used to provide qualitative evidence of the patient experience.

Distribution of these stories is funded solely by Pilgrim Projects as a social enterprise. Please let us know how and when you use the stories, so that we can use your experiences to persuade sponsors to support the development of more stories for everyone to use.

The stories

Most stories are gathered during small-group workshop sessions with storytellers, who may be patients, carers, managers and/or healthcare professionals. These workshops typically last between two and four days, with pacing and level of technical content adjusted to suit each group of storytellers. The Patient Voices workshops are run using a methodology developed and enhanced by Pip Hardy and Tony Sumner over several years for use in health and social care and educational settings. The aim of a workshop is to facilitate storytellers in a journey through a process which will result in them producing a Patient Voices digital story which is 'Effective, Affective and Reflective' (Sumner, 2008).


Using the stories

The stories are accessible from the links at the left of this page. Contact us if you would like to use stories in presentations or other projects. If you would like to be notified of developments to the programme or website, or when we release new stories, please join the Patient Voices discussion group using the link on the 'Contact us' page.

We would ask all users of the stories to be mindful of the license conditions for their use, particularly that they may not be modified. It is important that they remain as they are released by us, in order to retain the integrity of the story shared by the storyteller with us, to keep in place any acknowledgements that may be necessary to comply with the conditions we agree to when we licence music or images for use in a story, and to maintain the visibility of the Patient Voices Programme and Pilgrim Projects so that viewers of stories understand their provenance and where they may find out more. So, for example, you cannot put the stories on YouTube, because of their conditions of service.

Please let us know how and when you use the stories, so that we can use your experiences to persuade sponsors to support the development of more stories for everyone to use. Please join the discussion group so that we can let you know when new stories, workshops or publications are available.

The patients, carers and professionals who contributed their stories to the Patient Voices programme have consented to their use as an educational and learning resource as part of the international drive to improve the quality and responsiveness of services for patients and carers. Any other use or modification or editing of the stories without prior written agreement is not acceptable.

 **SOME RIGHTS RESERVED**

In order to make this possible, the Patient Voices digital stories on this website are licensed under a [Creative Commons Attribution-NonCommercial-NoDerivs 2.5 License](https://creativecommons.org/licenses/by-nc-nd/2.5/).

Linking to the stories

If you would like to link to the stories from your website, that would be fine.

To link to one story in a group of stories, please provide a link to the page on which the stories sit on our website, with an instruction along the lines of:

<http://www.patientvoices.org.uk/stories.htm>

Measure Stage in Review

❑ Types of Measures

- Quantitative, Qualitative, or both!
- Outcome, Process & Balancing



❑ Data & measurement pitfalls to avoid

- Lack of clarity
- Too many – focus on the few
- Waiting on technology
- Directional at best

❑ Excellent case study

- Marie Elivert & Queens



Define

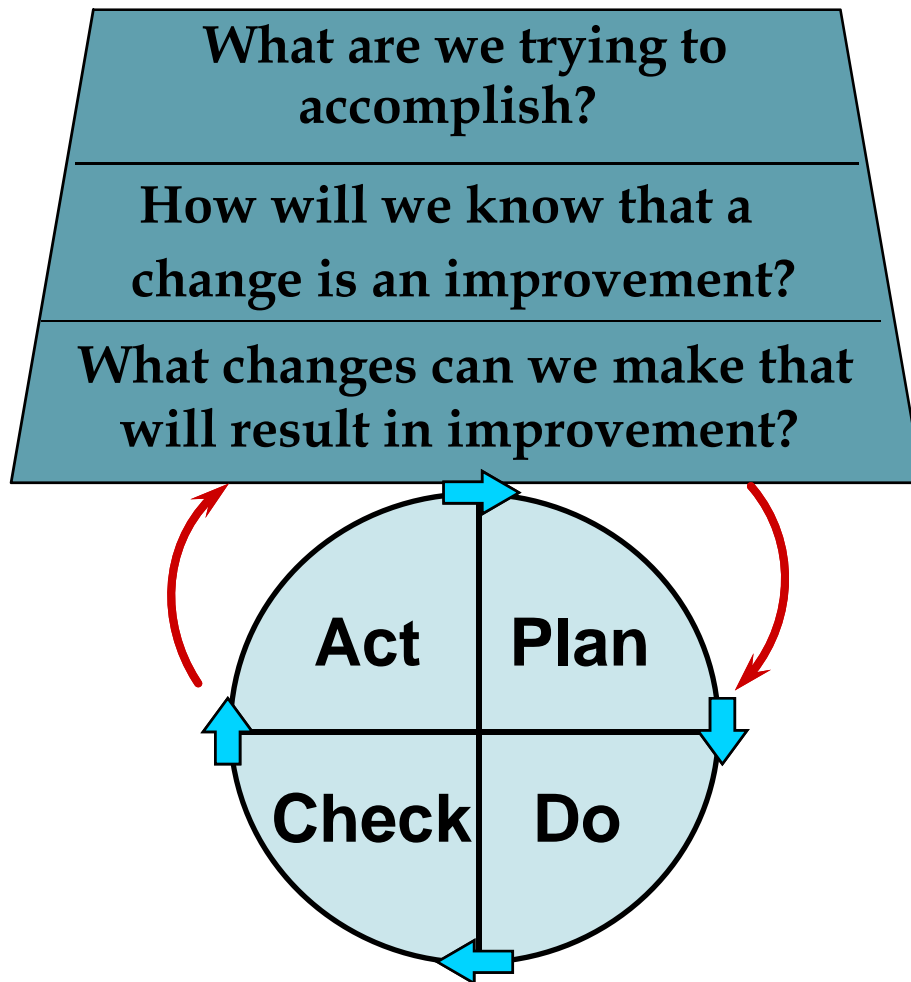
Measure

Analyze

Improve

Control

Improvement & Testing a Change



When you
combine the 3
questions with
the...

PDCA cycle,
you get...

*The Model for
Improvement*

Define

Measure

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Step 1: Plan

- Plan the test or observation, including a plan for collecting data
 - State the objective of the test
 - Make predictions about what will happen and why
- Develop a plan to test the change:
 - Who?
 - What?
 - When?
 - Where?
 - What data need to be collected?

Define

Measure

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Step 2: Do



- Try out the test on a small scale
 - Carry out the test
- Document problems and unexpected observations
- Begin analysis of the data

Define

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Step 3: Check/Study

- Set aside time to analyze the data and study the results
 - Complete the analysis of the data
- Compare the data to your predictions
- Summarize and reflect on what was learned

Define

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Step 4: Act

- Refine the change, based on what was learned from the test
 - Determine what modifications should be made
- Prepare a plan for the next test

Define

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Tips for Testing Changes

- Stay a cycle ahead
- Scale down the scope of tests
 - Pick easy changes to try initially
 - Don't tackle world hunger
- Pick willing volunteers
 - Work with those who want to work with you!
 - Be aware of what else is going on in the organization, unit, area
- Avoid the need for complete consensus, buy-in, or political solutions
 - Watch for technical slowdowns
- Don't reinvent the wheel!
- Reflect on the results of every change
- Be prepared to end the test of a change

Define

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CENTERS OF CARE

Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Family Health Centers
Elmont • Westbury • Hempstead • Roosevelt

2013-14 America's Essential Hospitals Fellowship

*Kathy Skarka, RN; Venkatesh Sasthakonar, MD; and
Amgad Makaryus, MD*



The Fellows Program brings leaders together to look unflinchingly at the enormous challenges in health care and gives them the tools necessary to meet those challenges on behalf of our most vulnerable populations. The program is designed to build leadership capacity so that more organizations are equipped to take on the difficult work of cultural change.





2013 FELLOWS PROJECT : LEADING HIGH PERFORMING ORGANIZATIONS

NuHealth, Nassau University Medical Center

Improving Patient Perception of Nurse and Physician Communication through Team Stepps Methodology

Kathy Skarka RN, Venkatesh Sasthakonar MD and Amgad N. Makaryus MD



Problem and Project Goal

Problem: Communication between caregivers and patients is poor as evidenced by 65% of patients reported on HCAHPS survey that doctors and nurses "always" communicated well. Poor HCAHPS scores have a negative impact on reimbursement through the Value Based Purchasing process.

Goal: Improve our HCAHPS scores for patients reporting "doctors and nurses always communicate well" from 65% to 75% by August 2014

Project Design and Progress

Implement **Team Stepps** (Team Strategies to Enhance Performance and Patient Safety)

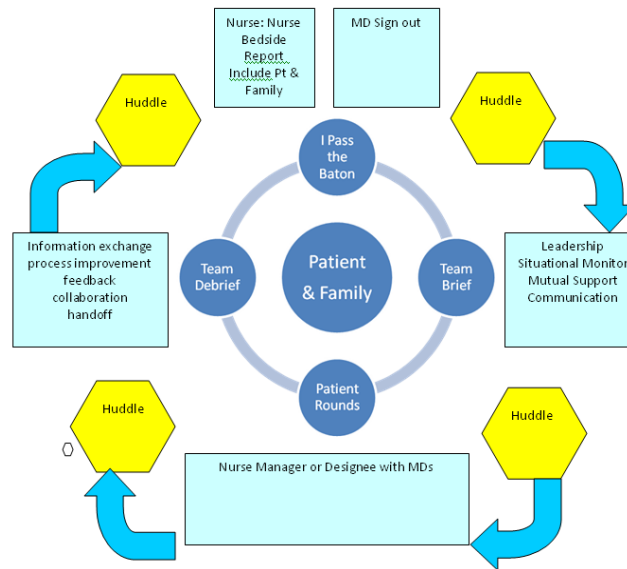
The main areas of focus include:

Creating high performing teams that effectively use people, resources, and information to achieve desired outcomes
Increasing team awareness and clarifying roles, responsibilities, and outcomes
Resolving conflict and improving information-sharing

- Developed algorithm and training module week of 7/29/13
- Began nurse training on pilot units on 8/5/13
- Train Surgery Physicians 8/7
- Trained Medicine Physicians 8/13/13
- Implemented Team Stepps on pilot units (9th floor and 11th floor) on 8/19/13
- Implemented Team Stepps on remaining 3 med-surg floors mid November 2013

Outcomes

As of February 2014, HCAHPS scores reveal that 71.6% of patients perceive that doctors and nurses "always" communicate well.



Leadership Lessons

Challenges

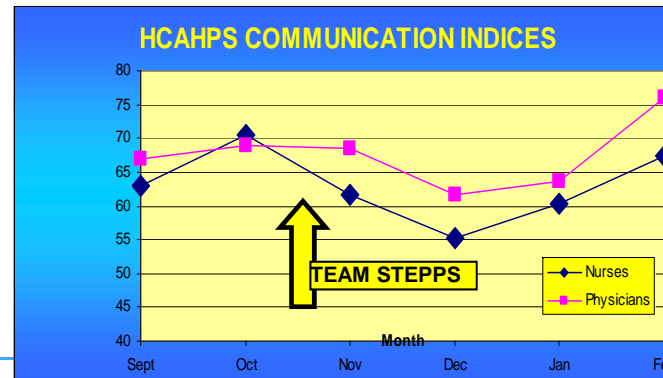
- Other Organization priorities/ PI initiatives concurrently taking place
- Keeping up the momentum
- Getting people to buy in
- Ability to reinforce continuously
- Changes in Leadership
- Loss of Sponsor

Successes

- Positive feedback regarding increased communication during morning briefs.
- Promotes improvement of team dynamics which translates to better patient care
- Improvement in publically reported HCAHPS scores that ties into Value Based Purchasing financial reimbursement thus leading toward financial stability

Next Steps

- Roll out Team Stepps throughout all divisions.
- Training in Critical Care Division began January 2014. Implementation of Team Stepps in Critical care areas on 3/18/14.
- To begin training in Perinatal /Peds in April
- Will monitor HCAHPS scores on an ongoing basis and discuss at Nursing and Physician leadership forums



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Improving Patient Perception of Nurse and Physician Communication through Team Steps
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HCAHPS

Hospital Consumer Assessment of
Healthcare Providers and Systems



Hospital Compare

Medicare.gov

The Official U.S. Government Site for Medicare

NuHealth
Together through life.

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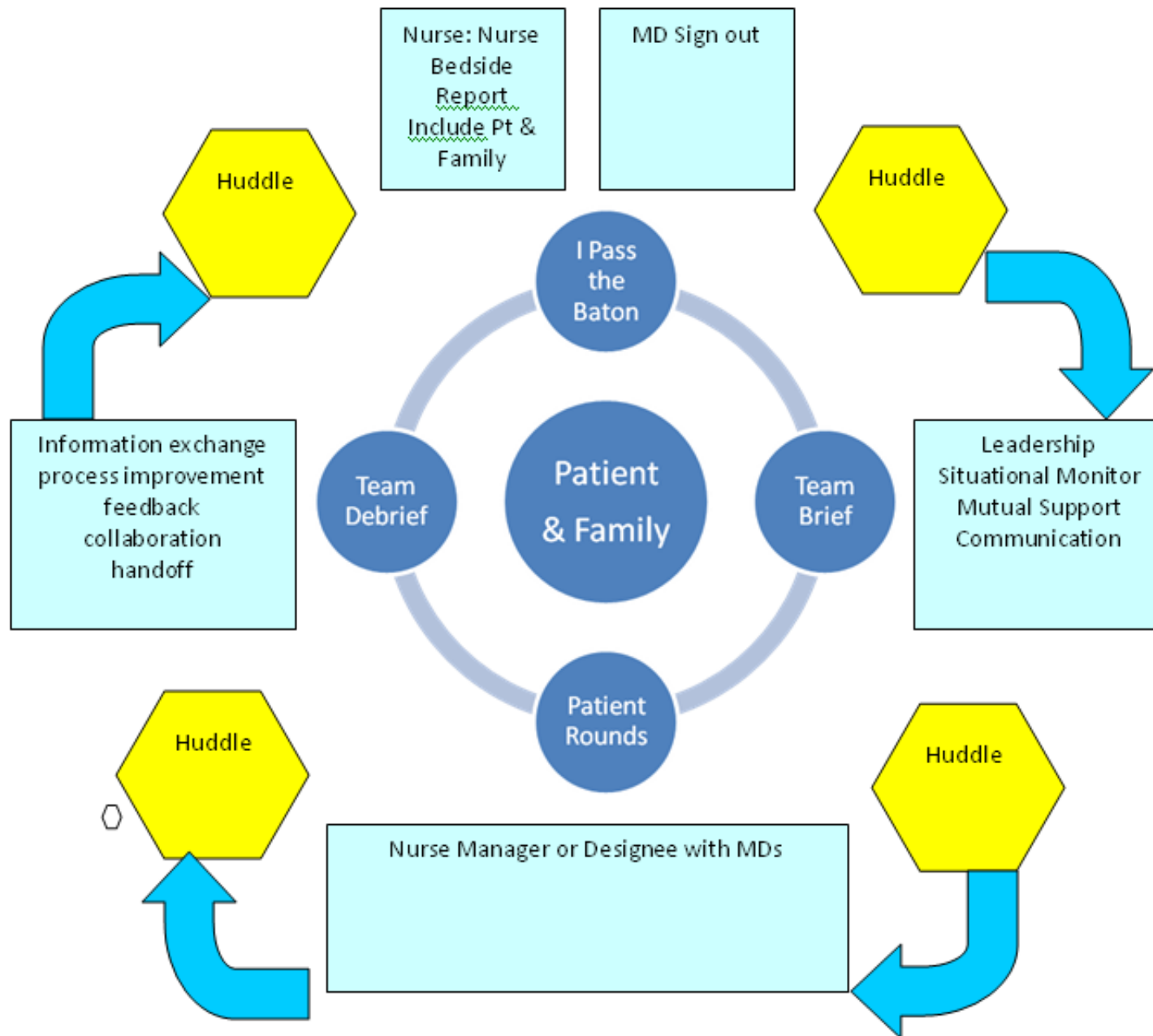
Team Steps

(Team Strategies to Enhance Performance and Patient Safety)

Main areas of focus:

1. Creating high performing teams that effectively use people, resources, and information to achieve desired outcomes
2. Increasing team awareness and clarifying roles, responsibilities, and outcomes
3. Resolving conflict and improving information-sharing

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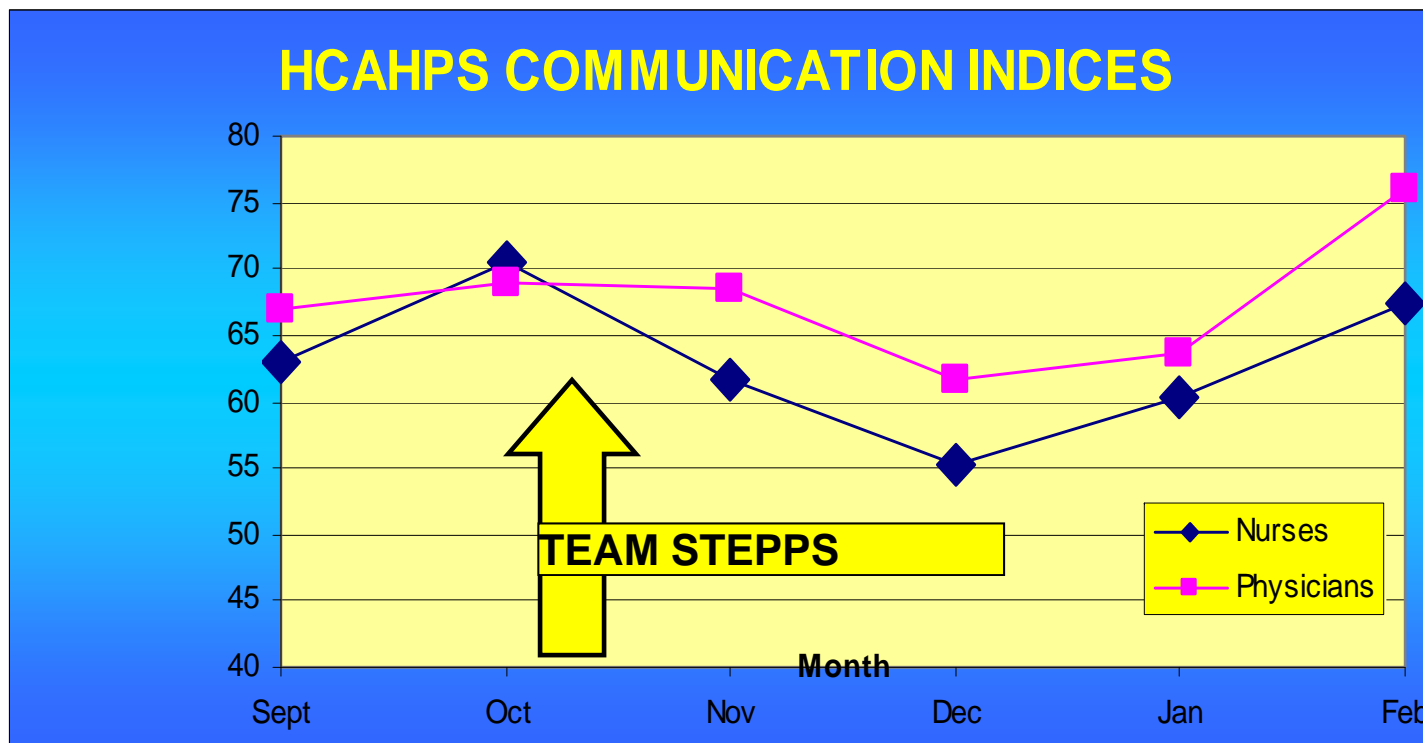
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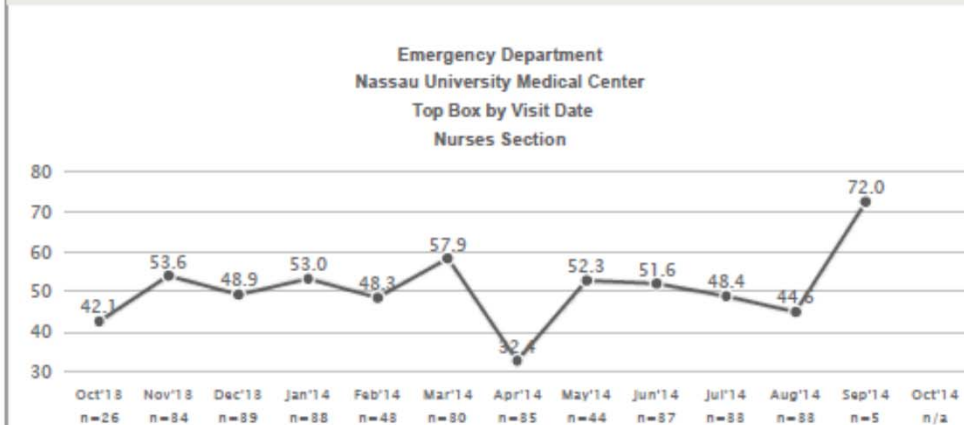
Current Status

- Rolling out Team Stepps throughout all divisions.
- Implementation of Team Stepps in Critical care areas began on 3/18/14.
- Began training in Perinatal /Peds in April and implemented on 7/21/14
- Began training in Emergency Department in May and implemented in July
- Currently training Behavioral Health division

ED Nurses/Doctor Report

Satisfaction Timeframe: Monthly

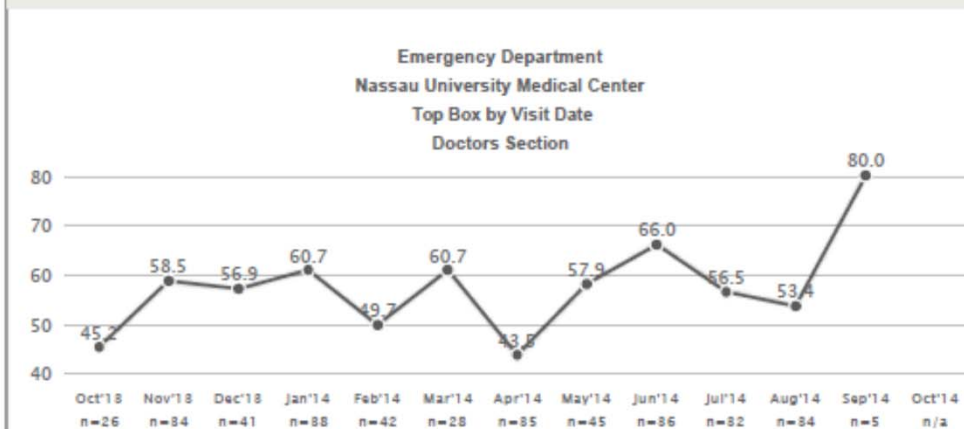
Nurses Section



Improvement Resources

- Key Behaviors for Patient Encounters
- Nurses Courtesy
- Nurses Concern for Privacy
- Script: Privacy
- Emergency Department Solutions Starter

Doctors Section



Improvement Resources

- Key Behaviors for Patient Encounters
- Doctors Courtesy
- Doctors Concern for Comfort
- Sit Down to Share
- Emergency Department Solutions Starter

Implementing the Change



Testing a change:

- Three nurses on different shifts use a new medication reconciliation and order form.

Implementing a change:

- All 30 nurses on the pilot unit begin using the new medication reconciliation and order form.

Define

Measure

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Develop an Implementation Plan



- Outline the steps needed for implementation
 - What
 - Who
 - When
 - Where
 - Why
- Consider who needs to be involved in communication
- Identify potential obstacles and barriers

Define

Measure

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Implement the Solution

- Consider a full implementation, key service lines or an expanded pilot
- Discuss progress and identify problems with team
- Use Gantt chart to track progress
- Data analysis
 - Is your data collection plan getting you what you need?
 - Tools for monitoring results (control charts)
- Meet with sponsor to make sure you are on track
- Make improvements as you go
 - Start new PDSA cycle if needed

Define

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Spreading the Word – Be Prepared



- Traverse the Trajectory on the Path to Performance
 - “Don’t Shoot!”
 - “My patients are different”
 - “Show me the data!”
 - “Tell me what my patients say!”
 - “Fine, just tell me what to do!”



Looking Ahead



- At our December webinar – we'd like to feature several teams and hear about their learnings and progress through this cohort
- If you'd like to volunteer – please contact Janiece Gray at janiece.gray@dtaassociates.com

Questions?



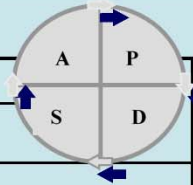
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Going Further



- IHI Open School Resources
 - QI 102: The Model for Improvement: Your Engine for Change
 - Lesson 4– Developing Changes
 - Lesson 5 – Testing Changes
 - QI 104: The Life Cycle of a Quality Improvement Project
 - Lesson 2 - Spreading Changes
 - QI 202: Quality Improvement in Action: Stories from the Field
 - Lesson 2 – Strategies to Sustain Your Quality Improvement Journey
- For further reading on the case study presented today visit:
 - <http://www.ahrq.gov/policymakers/case-studies/201412.html>

MODEL FOR IMPROVEMENT PDSA Planning Worksheet	Team Name: _____
<div data-bbox="1234 313 1430 496">  </div> <p>PLAN: Describe the change you are testing and state the question you want this test to answer. What do you predict the result will be?</p> <p>What measure will you use to learn if this test is successful or has promise? AIM Statement</p> <p>Plan for change or test: who, what, when, where WHO: WHAT: WHEN: WHERE: Data collection plan: who, what, when, where</p>	
<p>DO: Report what happened after you carried out the test. Describe observations, findings, problems encountered, and special circumstances.</p>	
<p>STUDY: Compare results from this completed test to your predictions. What did you learn? Any surprises?</p>	
<p>ACT: Modifications or refinements for the next cycle; what will you do next?</p>	