



MASSACHUSETTS  
GENERAL HOSPITAL

# “Through the Patient’s Eyes”: Improving the Patient’s Experience for Quality and Safety

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THE JOHN D. STOECKLE CENTER  
FOR PRIMARY CARE INNOVATION  
*Your Primary Care is Our Primary Concern*



*“The current healthcare system views patients as either inventory or imbeciles.”*

Harvey Picker  
Philanthropist: Picker Institute  
1988



# What is Patient- and Family-Centered Care?

“Health care that establishes a ***partnership among practitioners, patients, and their families***...to ensure that decisions ***respect patients’ wants, needs, and preferences*** and that patients have the ***education and support*** they need to ***make decisions and participate*** in their own care.”

*Crossing the Quality Chasm: A New Health System for the 21st Century, Institute of Medicine, 2001*

In a nutshell...

- Move from “*What’s the matter?*” to

“What matters to you?”

# Why Improving the Patient and Family Experience is Critical

- **External Environment**
  - Increasing transparency of performance and cost measures
  - Cost-shifting to patients is growing
  - May impact referral patterns when patients have choice
  - Multiple national levers:
    - NCQA PCMH recognition program
    - NCQA PCMH work with FQCHC's
    - AF4Q
    - CMS initiatives
    - ABMS Maintenance of Certification requirements
    - Local, regional and national P4P and Value-Based Purchasing(VBP)

# Why Improving the Patient and Family Experience is Critical

- **Quality of Care**
  - Patients are the *only* ones who can judge many aspects of quality
  - Patients and families are the only “team members” always present through an episode of care.
  - Improved adherence, outcomes, and safety
  - Reduction in malpractice risk
    - Failing to understand patient and family perspectives
    - Delivering information poorly
    - Devaluing patient and/or family views
    - Desertion/Abandonment

(Beckman et al., Archives of Internal Medicine, 1994)

(Gibson, R. Singh, JP. *Wall of Silence*, Washington DC: Lifeline Press, 2003)

# Why Improving the Patient and Family Experience is Critical

- **Organizational Environment**
  - Provides evidence that the organization is truly patient and family-centered
  - Improving the quality of work life for clinicians and staff goes hand in hand with improving the patient's experience of care.
  - Reduces the time and energy currently invested in “service recovery”

# Clinical Quality Improvement vs. PEC Quality Improvement

- Building cathedrals: frame expectations
- Create a code of conduct and honor it
- Everyone in practice plays a role
- Requires consistent partnering with patients and families to ensure that improvement strategies succeed



# 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.**

**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.**



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# 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 a relative, a friend,  
an acquaintance, or a stranger.”

Franklin P. Jones

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

*-Chinese Proverb*

# For More Information...

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<https://www.cahps.ahrq.gov/default.asp>



CALIFORNIA  
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# TRANSFORMING HEALTH THROUGH THE PATIENT EXPERIENCE

JANUARY 27-28, 2011 *The Beverly Garland Hotel, Burbank, California*



M. Bridget Duffy, MD

January 27, 2010

[www.experiahealth.com](http://www.experiahealth.com)

EXPERIA HEALTH



# What Matters Most to Patients

- Effective Communication
- Respect for Values and Needs
- Equity and Trust
- Barrier-Free Availability of Care
- Coordination

# Great Buildings ≠ Great Experience







*“We are increasingly feeling like assembly line workers. That is ok for my car-it does not notice and has no experience.”*

# The Key to the Optimal Experience

Efficiency

+

Empathy

=

Healing  
Experience



Remove Waste



Human Connection



Loyalty for Life

# The 7 Emotional Gaps

**Fill the emotional gaps with interventions that...**

- 1. Trust** ...build confidence
- 2. Piece of Mind** ...demonstrate expertise and ability
- 3. Support** ...proactively address questions and concerns
- 4. Partnership** ...include in the care team
- 5. Empowerment** ...enable informed decision making
- 6. Connection** ...value the sacred and healing relationship
- 7. Professionalism** ...restore purpose, values, and pride

# Patient View

- *"Needed hope, entered hospital, lost soul."*
- *"I hear voices, never my own."*
- *"Eyes averted, too busy, can wait."*
- *"Trying to get in, bouncing out."*
- *"Who knows my dad's whole story?"*

*"Had no money. Got best care."*

# Designing the Patient Experience

## Clinical



### A Roadmap:

- ✓ Easy Entry
- ✓ Navigation
- ✓ Removal of Barriers

## Physical



### Healing System:

- ✓ Welcoming Environment
- ✓ Respectful Interactions
- ✓ Connection to Community

## Emotional



### Human Connection:

- ✓ Mutual respect
- ✓ Communication
- ✓ Walk in my shoes
- ✓ Responsive to needs

# Employee and Physician Experience Matters



# Frontline View

- *"Doing God's work on a dime."*
  - *"Tired of saying, 'I am sorry.'"*
  - *"Lost insurance, no resources available...sad."*
  - *"Needy patients, no data, no time."*
- "Time restraints, few resources, still care."*

# A Call to Action

1. **Align Leadership, Infrastructure, & Resources**
2. **Include Patients & Families in Improvement**
3. **Link Patient Experience to Quality & Safety**
4. **Use Meaningful and Actionable Data**
5. **Map the Gaps in the Human Experience**
6. **Build a Culture of Competence and Compassion**



# “We owe them journeys-not fragments”

Don Berwick, MD

September 13, 2010

