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

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

Harvey Picker
Philanthropist: Picker Institute
1988
What is Patient- and Family-Centered Care?

“What 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
• 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 FQHC’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)
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.
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
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
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