Patient and Family Scenarios: Experiential Simulations for Care Providers (and Patients!)

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Today’s objectives:

• Understand link between collaboration and trust
• Identify key participants
• Consider range of possibilities
• Consider methods for identifying urgencies

Exciting and new venture with wide open possibilities. How to avoid boiling the ocean?!
NOW PLAYING: “Great Expectations”

- To be trusted...give and receive...
- Christian ministry of healing...
- Best place to work....
- Best place to practice...
- Best place to have a baby...
- The Best Belong at Baylor...
- Vision 2015...
- HCAHPS 95th percentile...
- ‘I would recommend’...

This theme of expectations is present for us all...doctors, nurses, clinical, supporting and administrative staff...as well as patients and consumers. To be the best, always, you must be consistent and trusted.
All relationships of trust, whether personal or business or ...in health care... are built on the fundamentals of inclusion and transparency...just think about a close personal relationship you’ve made in the past. Didn’t it start by spending time together, and gradually sharing more of your self? Your heart? Your dreams? Your affections? Your fears? Your time? Those we really trust see the best and the worst of us...and yet continue to be present and true and giving.

These are critical factors for our success with both patient experience and advancing accountable care. Patients and providers including and transparent, mutually giving and building trust. It’s fundamental to our vision statements at Baylor. Collaborative provision of care is essential for staff to ensure safe passage for patients, and for patients to have confidence to reveal their own vulnerabilities to enhance the outcomes.
This trust is interdependent and indicative of the key parties shown here (and many more)...if any party fails to build trust, it becomes unbalanced and trust is at risk. But to build trust, the key players – actors – need to each know their role, and what they should be able to expect in an ideal circumstance. When this is not happening, how do they proceed with inclusion and transparency, while keeping trust and respect?
The Actors (Avatars)

**Providers/Student Games**
- Physicians, extenders
- Residents
- Nurses
- Other licensed professionals
- Other supporting clinical
- Interns (all)

**Patient/Consumer Games**
- Patients – adults
- Patients – children
  - Teens/tweens
  - Younger children
- Parents of children patients
- Family
- Friends
- Caregivers

We know the greatest urgencies lie internally, with the members who create the medical and clinical teams. But keep the possibilities of general consumer gaming for elective hospitalizations and stressful outpatient visits in mind...**readiness is everything**, particularly for more complex care or family dynamics. And readying our community will be a critical element of population health.
Story Lines to Consider - Physician- and Nursing-Centric Scenarios

**Collaboration exercises that build trust**

- Sharing/agreeing on plans of care
- Sharing testing, results, information, concerns
- Timeliness, delays  
  - Rounds, consults  
  - Tests, procedures  
  - Discharge
- Readiness to proceed  
  - Prep work, testing  
  - Informed consent  
  - Staffing  
  - Turning over...space, documents, equipment
- Respectful communications, managing up
- Managing errors, mishaps, bad news

In other words... how we often throw each other under the bus!

In thinking back to my own experiences clinically, there were a number of hot-buttons that could trigger daily relationships. Keeping in mind the day in and day out, this list can begin to spark others... This would not include more serious, safety interventions – stop the line, appropriateness of care – but it certainly could...
Story Lines to Consider -
Patient- and Family-Centric Scenarios

**Advocacy often required to support patient and family**
- Inclusion of patient and family
- Privacy of space and information
- Readiness for procedures, decisions, care, discharge
- Optimizing the environment for noise, light/dark, etc.
- Managing pain and adjusting meds
- Managing diet, drink, dogs?
- Understanding meds, access, barriers
- Ensuring respectful, meaningful communications
  - Language, cultural barriers
  - Socioeconomic, educational considerations
  - Tone, timing
- Addressing emotional needs

Wisdom is our ally

There are so many ways we all advocate (or hope to) for our patients and families. As patients and family ourselves, we understand the decoupling that occurs between typical or normal dress, manners, communications, inclusion, and ‘power’ when we place our lives and care in the hands of our providers. The most vulnerable of states – we all need advocates – ACTIVE advocates – inviting us to speak up and participate, and speaking up when we cannot. Here are some common themes we all understand. They don’t look difficult, but we have deep cultural and industry perceptions to work through to accomplish not only speaking up, but then receiving with grace the information that prompts us to reconsider the circumstance.
Nursing and other clinical leaders have always worked diligently to advocate for patients and families. These past several years they have advanced practices that ensure our patients and families remain together for inpatient stays and ED visits, that they are included in bedside shift report and hand-offs, and that they are rounded on regularly by nursing and other clinical leaders. As inclusion has increased, transparency has increased, and the experience scores are reflective of these increased communication opportunities. And structured integration of the patients = Voice of the Customer – also an important consideration in Lean improvement.
Patient and Consumer Needs

• Help them Speak Up!
  ▫ Family/loved one involvement
  ▫ Hand-washing
  ▫ IV placement
  ▫ Pain management
  ▫ Discharge planning
  ▫ Decision conflict
  ▫ Financial concerns
  ▫ Difficult symptoms, signs, behaviors
  ▫ Fear, loss
  ▫ Access to appointment, care
Consider Involving Patients and Families When Writing Simulations

...”Leverage Point Four – Put Patients and Families on the Improvement Team – is not only an important force in driving the achievement of measured results, it is also the leverage point with the greatest potential to drive the long-term transformation of the entire care system.”

“Seven Leadership Leverage Points For Organization-Level Improvement in Health Care

IOM Innovation Series
2008, 2011

In 2008 the IOM noted in their report they key stages of evolution....and advisors are clearly an advancing stage. They noted that of the 7 leverage points for organizational improvement

They noted...this is the leverage point with the greatest potential for long-term transformation....In 2011, when we were interviewed for this same series along with 10 other high-performing systems, this was again the differentiating theme.
Potential methods for identifying urgencies

- HCAHPS domains/questions, data driven
- ‘Safe culture surveys, priority areas
- Employee engagement survey, opportunities
- Physician engagement survey, opportunities
- Patient advisors, priorities
- Diversity management, priorities
- Cancellation data, lack of readiness/fear
- Voice of patients, sentiment analysis/comments

How to identify the greatest opportunity? Where to begin?
Appendices

- HCAHPS domains
- Interested colleagues
### HCAHPS Dimensions

<table>
<thead>
<tr>
<th>1. Nurse communication</th>
<th>5. Responsiveness of hospital staff</th>
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<tbody>
<tr>
<td>2. Doctor communication</td>
<td>6. Communication about medications</td>
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<tr>
<td>3. Pain management</td>
<td>7. Cleanliness and quietness*</td>
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<tr>
<td>4. Discharge instructions</td>
<td>8. Overall rating*</td>
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</tbody>
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*NOTE: HCAHPS dimensions are similar to those currently reported on Hospital Compare. Two modifications include: (1) combined “Cleanliness” and “Quietness,” and (2) removed “Would recommend” from overall rating.
Questions?  Ideas?

Other colleagues interested in this work....

- Laurie Wissinger  Steve Arze, MD
- Roger Khetan, MD  Guwan Jones
- Dana Wingate, DO  Cathy Pierce
- Janna Entzminger  Lona Bryant
- Pat Link  Brent Walker, DO
- Veronica Cochran  Brenda Blair