

Creating A Culture Of Excellence To Deliver Value And Restore Joy And Resiliency To The Practice Of Medicine

Alberta Health Services
2016 Quality Summit
October 25, 2016

William J. Maples, MD
Executive Director, The Institute for Healthcare Excellence
Chief Medical Officer, Professional Research Consultants, Inc.



- **When you think of patient experience, how do you define it?**
- **What does it mean to create an excellent patient experience?**

HEALTH

The Problem With Satisfied Patients

A misguided attempt to improve healthcare has led some hospitals to focus on making people happy, rather than making them well.

4 Myths That Physicians Believe About Patient Experience

MYTH 1:

Patient experience is not a real clinical concern

FACT:

Excellent patient experience – including better coordination and clearer communication – **drives clinical outcomes**

4 Myths That Physicians Believe About Patient Experience

MYTH 2:

Patients rate the experience based on factors like amenities or nursing – things outside physicians' control

FACT:

Physicians hugely influence the most important **drivers of experience ratings**

4 Myths That Physicians Believe About Patient Experience

MYTH 3:

I don't have the time to spare for long patient interactions

FACT:

Better patient experience is about **quality, not quantity**

4 Myths That Physicians Believe About Patient Experience

MYTH 4:

Patient experience is not about physicians

FACT:

The physician is the **Influencer in Chief** when it comes to patient experience

What do patients really want?

- **Confidence in Provider**
- **Teamwork and Coordination**
- **Empathy**

What is at Risk?

- **Patient loyalty, value of care, and market share**
- **Reputation of individual physicians – increasingly more apparent and transparent**
- **Physician Resilience and Well-Being**

Gaps in Humanizing Medical Care From The Patient's Perspective

- **Treats you with dignity and respect**
- **Listens carefully to your health concerns and questions**
- **Is easy to talk to**
- **Takes your concerns seriously**
- **Truly cares about you and your health**
- **Is willing to spend enough time with you**

Gaps in Humanizing Medical Care From The Patient's Perspective



Gaps in Humanizing Medical Care From The Caregiver Perspective

- **Teamwork, Teamwork, Teamwork**
- **Leadership**
- **Communicating and understanding strategy**
- **Accountability**
- **Time, Resources, and Staffing**
- **Upstream Thinking**
- **IT infrastructure and tools**
- **Caring for each other**

Gaps in Humanizing Medical Care From The Caregiver Perspective





Physician Burnout

- **30% of primary care physicians ages 35-49 expect to leave the industry**
- **75% of physicians would not recommend the profession to their children**
- **Physicians are more likely than general public to commit suicide**

Caring for Each Other

2025

23,100 – 31,600

Surgeon Shortfall

Caring for Each Other

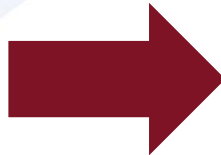
**Alcohol use or
dependence: 15.4%**
13.9% males
25.6% females

Burnout: 40%

Depression: 30%

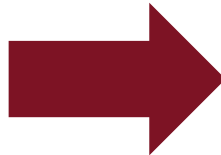
Caring for Each Other

Depression



**1 in 16 report suicidal ideation
1.4-2.3X suicide completion**

Burnout



**High correlation
with medical errors**

Signs and Symptoms of Caregiver Burnout

- 50% of providers working today experience some aspect of burnout
 - Depressed
 - Overwhelmed
 - Depersonalized
 - Emotional exhaustion
 - Feelings of professional inadequacy

Burnout is associated with:

-Patient Satisfaction

Aiken et al. *BMJ* 2012;344:e1717

Vahey, Aiken et al. *Med Care*. 2004 February; 42(2 Suppl): II57-II66.

-Infections

Cimiotti, Aiken, Sloane and Wu. *Am J Infect Control*. 2012 Aug;40(6):486-90.

-Medication Errors

Fahrenkopf et al. *BMJ*. 2008 Mar 1;336(7642):488-91.

-Standardized Mortality Ratios

Welp, Meier & Manser. *Front Psychol*. 2015 Jan 22;5:1573.



Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org



Major article

After controlling for pt severity and nurse and hospital characteristics, **only nurse burnout was associated with the clinical outcomes**

Key Words:
Hospital
Workload
Cost
PHC4

Background: Each year, nearly 7 million patients are hospitalized for various conditions while being treated for other conditions. Nurse staffing has been associated with patient outcomes, but little evidence is available to explain this association. **Methods:** We linked nurse survey data to data from the National Inpatient Care Cost Containment Council report on hospital infections and the American Hospital Association Annual Survey. We examined urinary tract and surgical site infection, the most prevalent infections reported and those likely to be acquired on any unit within a hospital. Linear regression models were used to estimate the effect of nurse and hospital characteristics on health care–associated infections. **Results:** There was a significant association between patient-to-nurse ratio and urinary tract infection (0.86; $P = .02$) and surgical site infection (0.93; $P = .04$). In a multivariate model controlling for patient severity and nurse and hospital characteristics, only nurse burnout remained significantly associated with urinary tract infection (0.82; $P = .03$) and surgical site infection (1.56; $P < .01$) infection. Hospitals in which burnout was reduced by 30% had a total of 6,239 fewer infections, for an annual cost saving of up to \$68 million. **Conclusions:** We provide a plausible explanation for the association between nurse staffing and health care–associated infections. Reducing burnout in registered nurses is a promising strategy to help control infections in acute care facilities.

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Example of Impact on Critical Care Nurses

- **Half are emotionally exhausted (burned out)**
- **2 out of 3 have difficulty sleeping**
- **1 out of 4 are clinically depressed**

Sexton, et al. (2009). Palliative Care.

Caregiver Burnout

At Risk Population

- Tenacity
- Dedication
- Strong Sense of Responsibility

Contributing Factors

Getting Satisfaction from Conversations with Others

- Poor Boundaries Between Home/Work Life

Solutions

- Spending Time With Spouse
- Social Support
- Positive Learning Environment
- Having a Clinician as a Parent
- Being a Parent
- Getting Satisfaction from Conversations with Others
- Control Over Days Off
- Quality of Working Relationships

A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

Cathal Doyle,¹ Laura Lennox,^{1,2} Derek Bell^{1,2}

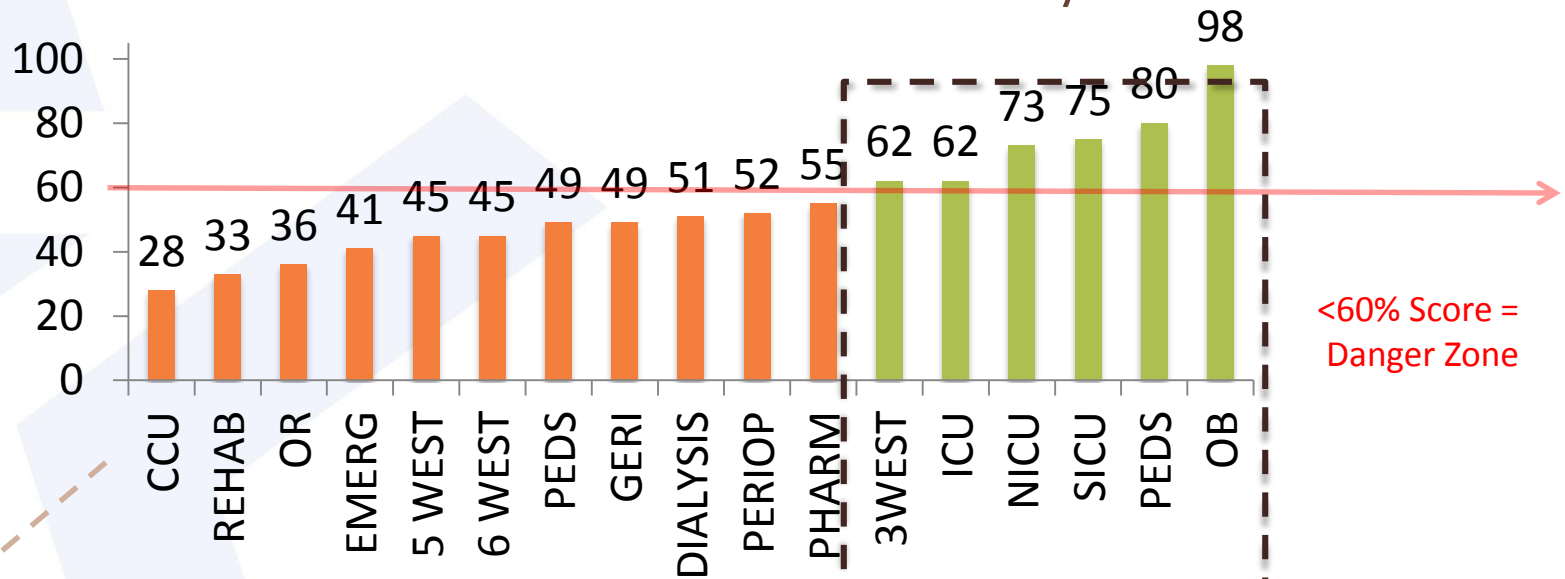
Links between patient experience and clinical safety and effectiveness

Table 3 Associations categorised by type of outcome

	Objective' health outcomes	Self-reported health and wellbeing	Adherence to treatment (including medication)	Preventive care	Healthcare resource use	Adverse events	Technical quality of care	All categories
No of positive associations found	29	61	152	24	31	7	8	312
'No associations'	11	36	7	2	6	0	4	66

CULTURE ANALYTICS PREDICT AND PREVENT HARM

Teamwork Climate Scores Across Facility



<60% Score =
Danger Zone

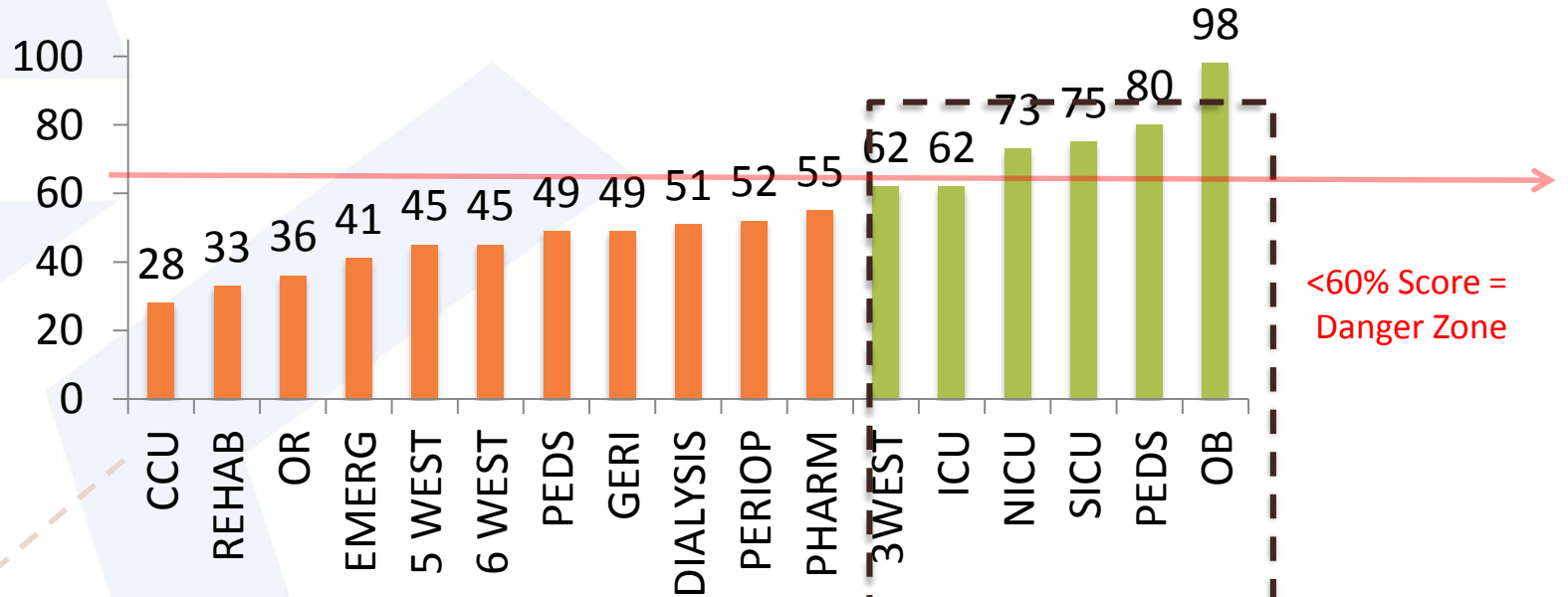
HCAHPS	50	92
Medication Errors per Month	6.1	2.0
Days between C Diff Infections	40	121
Days between Stage 3 Pressure Ulcers	18	52

*Illustrative Data:
Extracted from
Blinded Client Data*

*Michael Leonard, M.D.,
Safe and Reliable Healthcare*

... AND UNFAVORABLE EMPLOYEE OUTCOMES

Teamwork Climate Scores Across Facility



<60% Score =
Danger Zone

Employee Satisfaction	55	91
Employee Injury per 1000 days	16	0.1
Employee Absenteeism per 1000 days	15	10
RN Vacancy Rate	9	1

Illustrative Data:
Extracted from
Blinded Client Data

Michael Leonard, M.D.,
Safe and Reliable Healthcare

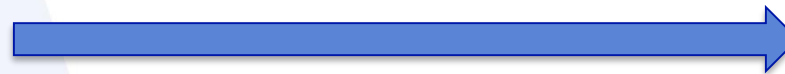
**Population
Payment
System**



**Value-
Based
Population
Payment
System**



**Physician-
Centered**



**Patient-
Centered
& Team-
Based
Care**

$$\text{Value} = \frac{\text{Outcomes} + \text{Safety} + \text{Service}}{\text{Cost Over Time}}$$

IMPROVEMENT

Technical
Capabilities

Cultural
Capabilities

$$I = TC \times CC$$

Patient & Family Centered Care

GENERATIVE

Organizational Culture “Genetically-wired” to produce safety

PROACTIVE

“We methodically anticipate”— prevent problems before they occur

SYSTEMATIC

Systems being put into place to manage most hazards

REACTIVE

“Safety is important. We do a lot every time we have an accident”

UNMINDFUL

Chronically Complacent

- Truly patient-centered care, it’s all about them, a true partnership
- Structured process for patient & family at the table, input is valued, results visible
- Care process visible to the patient, learning and feedback process is sporadic
- Customer service is a focus, PFCC is not incorporated in a meaningful way
- Care process built around the convenience of the providers, not patients and families

Patient-Centered Care:

Patient-Centered Care applies best practice medicine and humanistic values to the needs and preferences of the individual patient in an educationally-rich partnership.

Access

Patient-Centered Care

Facilities

Delivery of Care

Communication in Healthcare

- ✓ Mindfulness/Presence
- ✓ Active listening
- ✓ Information gathering
- ✓ Negotiating an agenda
- ✓ Connecting with patients and team
- ✓ Appreciative inquiry/debrief

Mindfulness



Benefits of Mindfulness

- **Improved Wellbeing**
- **Stress reduction**
- **Boosts to working memory**
- **Focus**
- **Less emotional reactivity**
- **More cognitive flexibility**
- **Relationship satisfaction**
- **Enhanced self-insight, morality, intuition and fear modulation**
- **Increased immune functioning**

Mindfulness Works – Aetna’s Case Study

25% of 50,000 employees participated in Mindfulness Training

20% Increase Sleep Quality

Decrease in Healthcare Costs of \$3k per Employee/Year

At Aetna, a C.E.O.’s Management by Mantra

By DAVID GELLES FEB 27, 2015

Email

Share

On a recent wintry afternoon, Mark T. Bertolini, the 58-year-old chief executive of Aetna, the health insurer, was sitting in his Hartford office wearing a dark suit and a crisp, white, French-cuffed shirt. But instead of a necktie, he wore a shiny metal amulet engraved with the Sanskrit characters “sohum.”

Roughly translated, sohum means “I am that,” and repeating the phrase is used to help control breathing in meditation. Mr. Bertolini says the word also signifies a divine connection with the universe. (He has a similar design tattooed on his back.)

In case there was any doubt, Mr. Bertolini, who runs one of America’s 100 largest companies by revenue, wants to make it clear he is a different sort of C.E.O.



Mark Bertolini, the unconventional chief executive of Aetna, the health insurer, gave thousands of the lowest-paid employees a 33 percent raise, and he has introduced popular yoga classes. His discussions were influenced, in part, by a near-fatal ski accident. Sasha Maslov for The New York Times

28% Reduction in Stress

3-5% Savings in Employee Health Costs



62 min Increase in Productivity/Week

19% Reduction in Pain



Mindfulness

Peak Performance (Marines)

- "Elite performer" brain pattern on fMRI
- Enhanced recovery after stressful combat training (heart rate, breathing rate, plasma neuropeptide Y concentration)
- Enhanced neural processing and autonomic responses

Patient Experience (Nursing)

- Improved mindfulness, burnout, stress and patient experience

Physician Burnout & Empathy (Primary Care MD's)

- Short term and sustained improvements in well-being and attitudes
- Improved total mood, empathy, burnout, conscientiousness and emotional stability

Healthcare Quality (Physicians & Allied Health)

- High-mindfulness correlated to patient centered communication in which both patients and clinicians were more engaged
- High-mindfulness physicians displayed more positive emotional tone
- Patients' perception of clinician communication was increased in high-mindfulness clinicians

Johnson DC, Thom NJ, Stanley EA, et al. Modifying resilience mechanisms in at-risk individuals: A controlled study of mindfulness training in Marines preparing for deployment. *Am J Psychiatry*. 2014;171(8):844-853.

Horner JK, Piercy BS, EureL, et al. A pilot study to evaluate mindfulness as a strategy to improve inpatient nurse and patient experiences. *Applied Nursing Research*. 2014;27(3):198-201.

Krasner MS, Epstein RM, Beckman H, et al. Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *JAMA*. 2009;302(12):1284-1293.

Beach MC, RoterD, KorhuisPT, et al. A multicenter study of physician mindfulness and health care quality. *Ann FamMed*. 2013;11(5):421-428

Listening



Information Gathering and Joint Agenda Setting

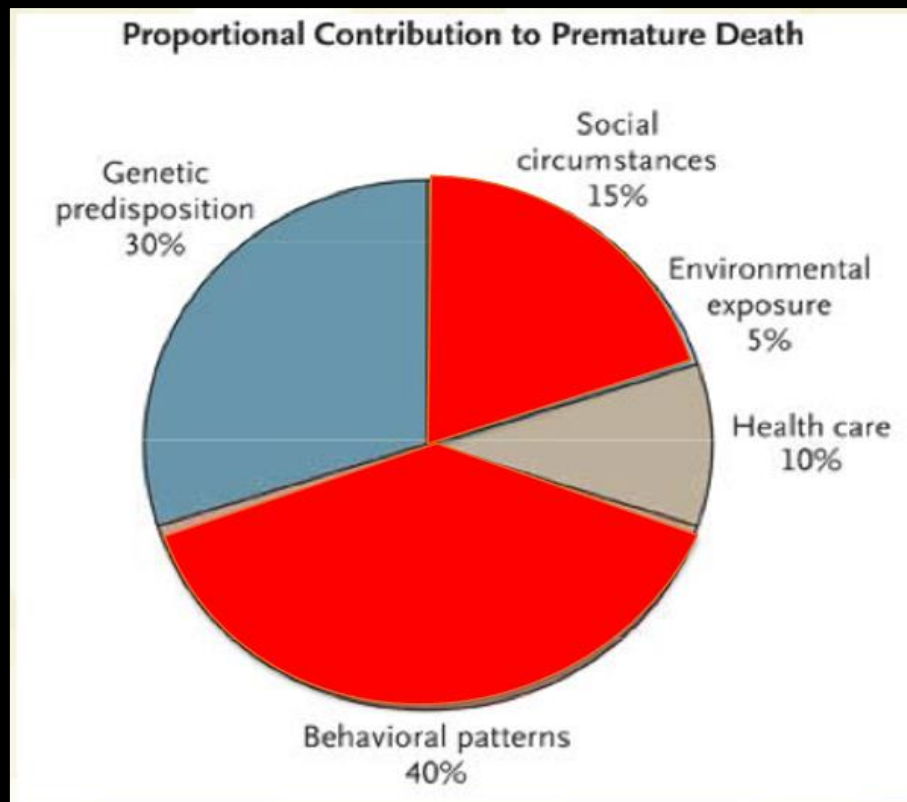


Upstream Thinking

Upstream Thinking uncovers people's perceptions and unmet needs, identifying insights and understanding their health care journey to reframe our understanding of the “problem” and inspire new ideas to improve a person's experience (health).

Upstream Thinking

Social factors contribute to 60% of premature death



**Contribution
of Social
Factors to
Premature
Mortality**

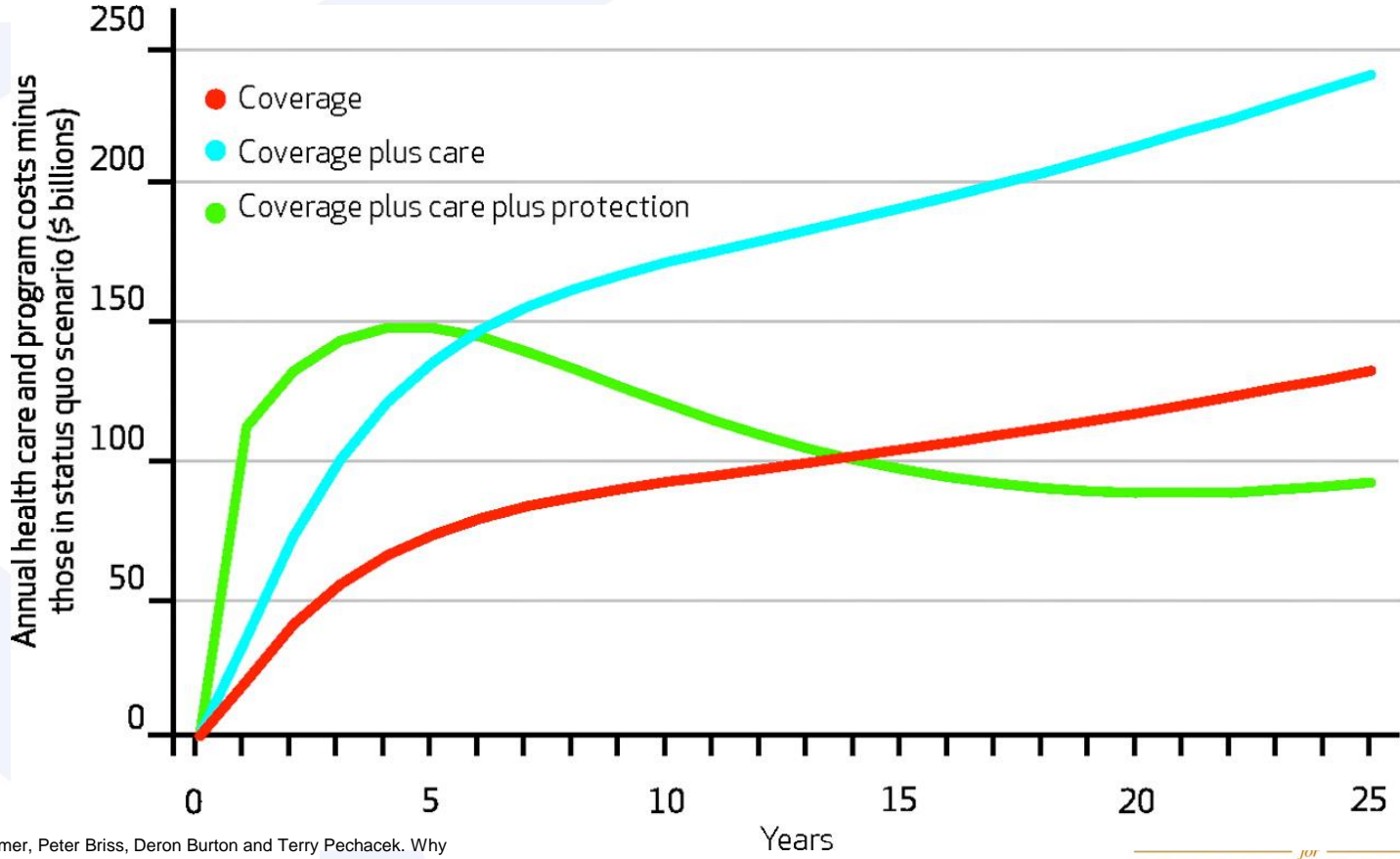
Upstream Thinking

Lack of social determinants integration in healthcare is costly

- Preventable illness & health disparities
- Less effective interventions
- Patient distrust
- Poor workforce recruitment and retention
- Wasteful spending

Upstream Thinking

The cost curve bends by improving care, coverage, and social determinants



Bobby Milstein, Jack Homer, Peter Briss, Deron Burton and Terry Pechacek. Why Behavioral And Environmental Interventions Are Needed To Improve Health At Lower Cost. Health Affairs, 30, no.5 (2011):823-832

Connecting with PEARLS





PEARLS

P

= PARTNERSHIP

E

= EMPATHY

A

= APOLOGY

R

= RESPECT

L

= LEGITIMIZATION

S

= SUPPORT



Relationship Building

Recognize Patient's Emotions:

- anger
- fear
- sadness
- anxiety
- uncertainty

Respond with **“PEARLS”**

Results



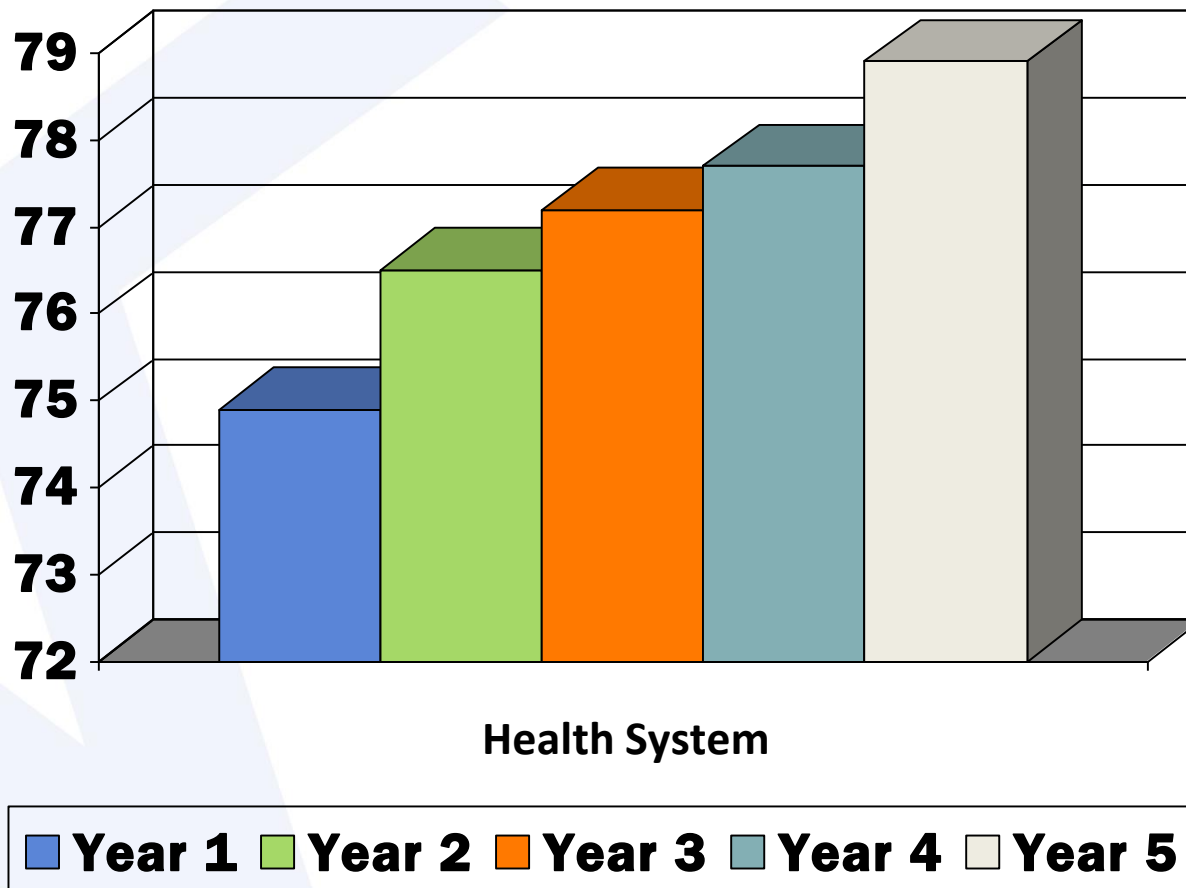
Overall Quality of Care



Patient Experience Results

Outpatient Overall Quality of Care

% Excellent

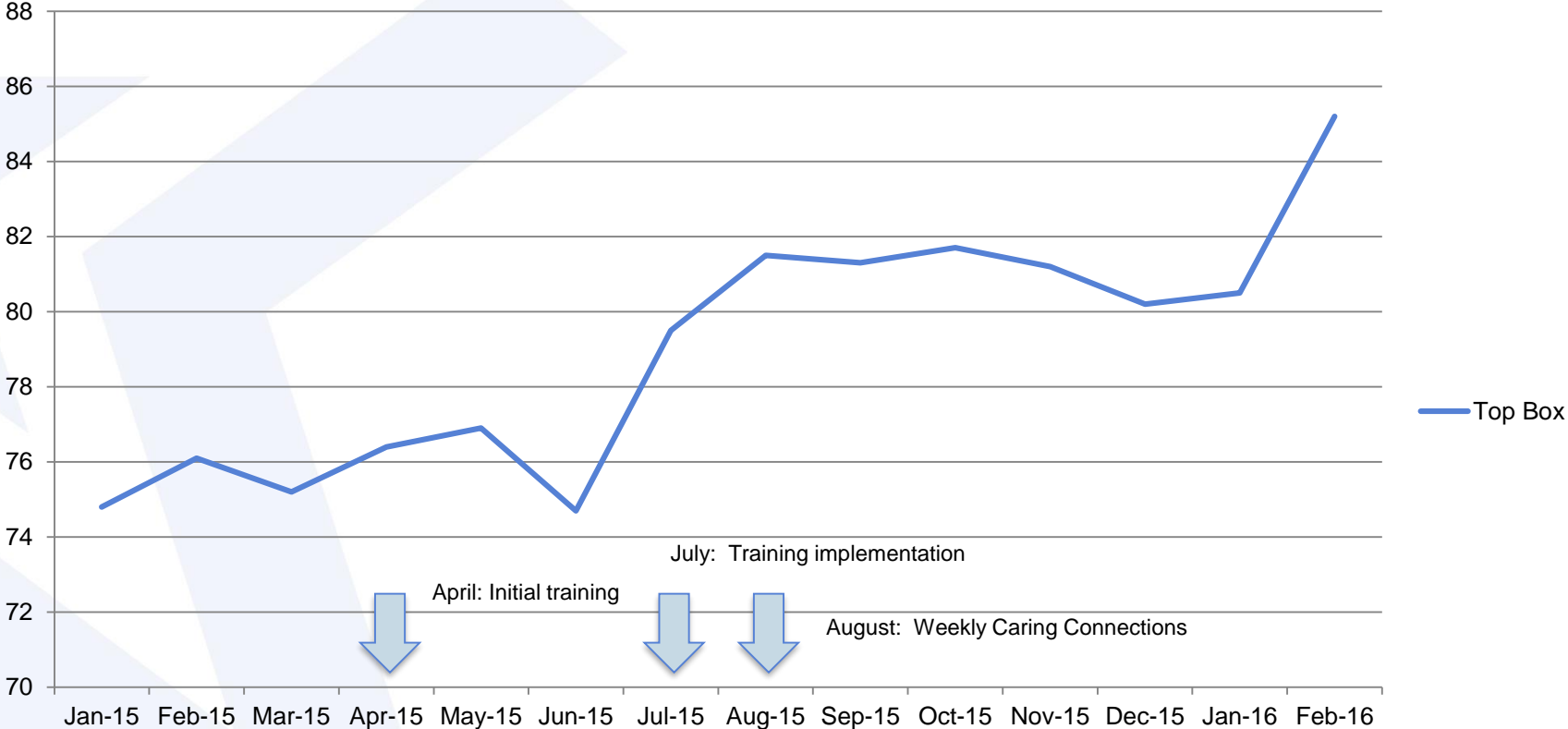


Beaumont Hospital – Troy Results



Patient Satisfaction Data

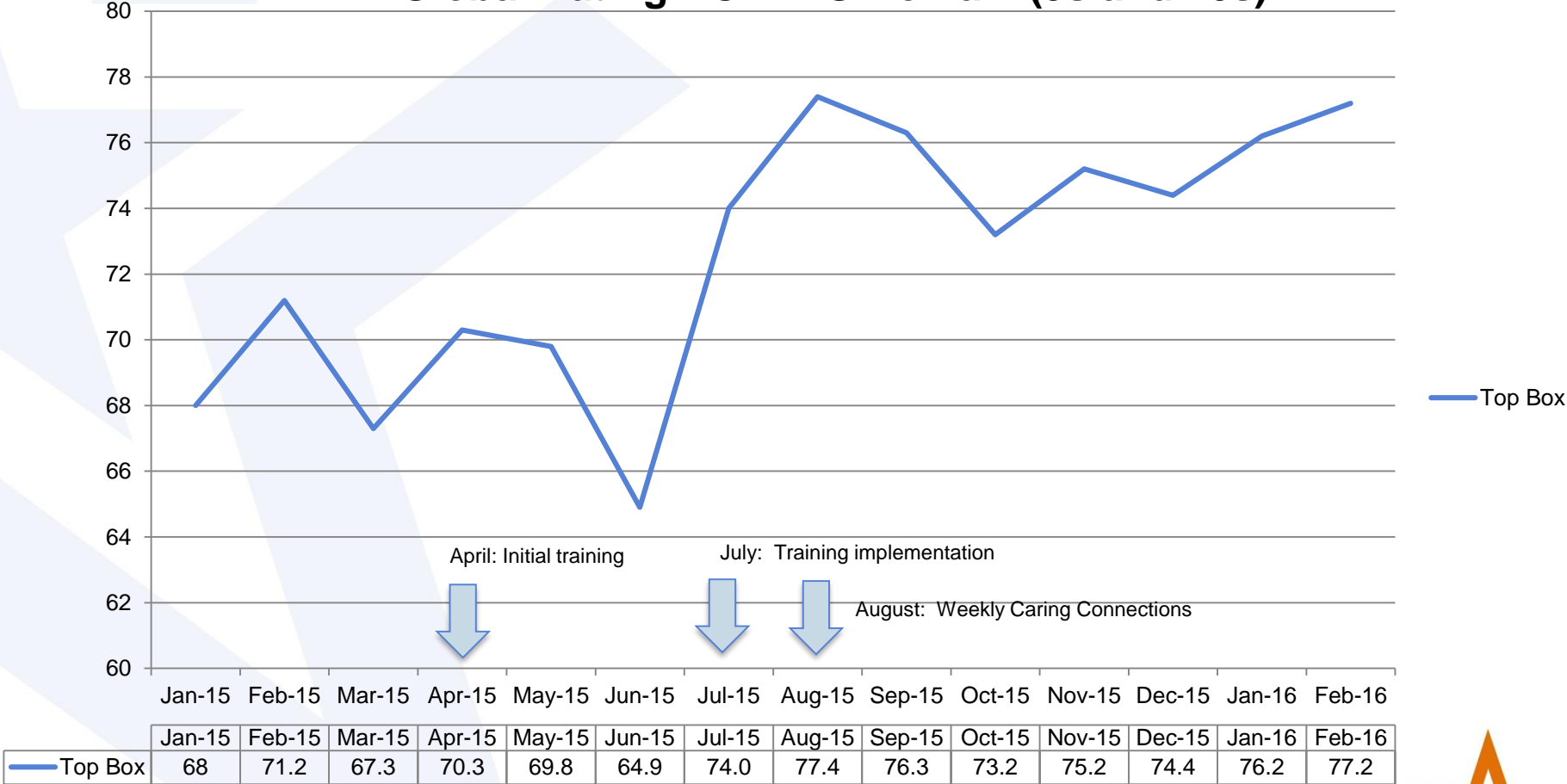
Communication with Nurses HCAHPS Domain



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Top Box	74.8	76.1	75.2	76.4	76.9	74.7	79.5	81.5	81.3	81.7	81.2	80.2	80.5	85.2

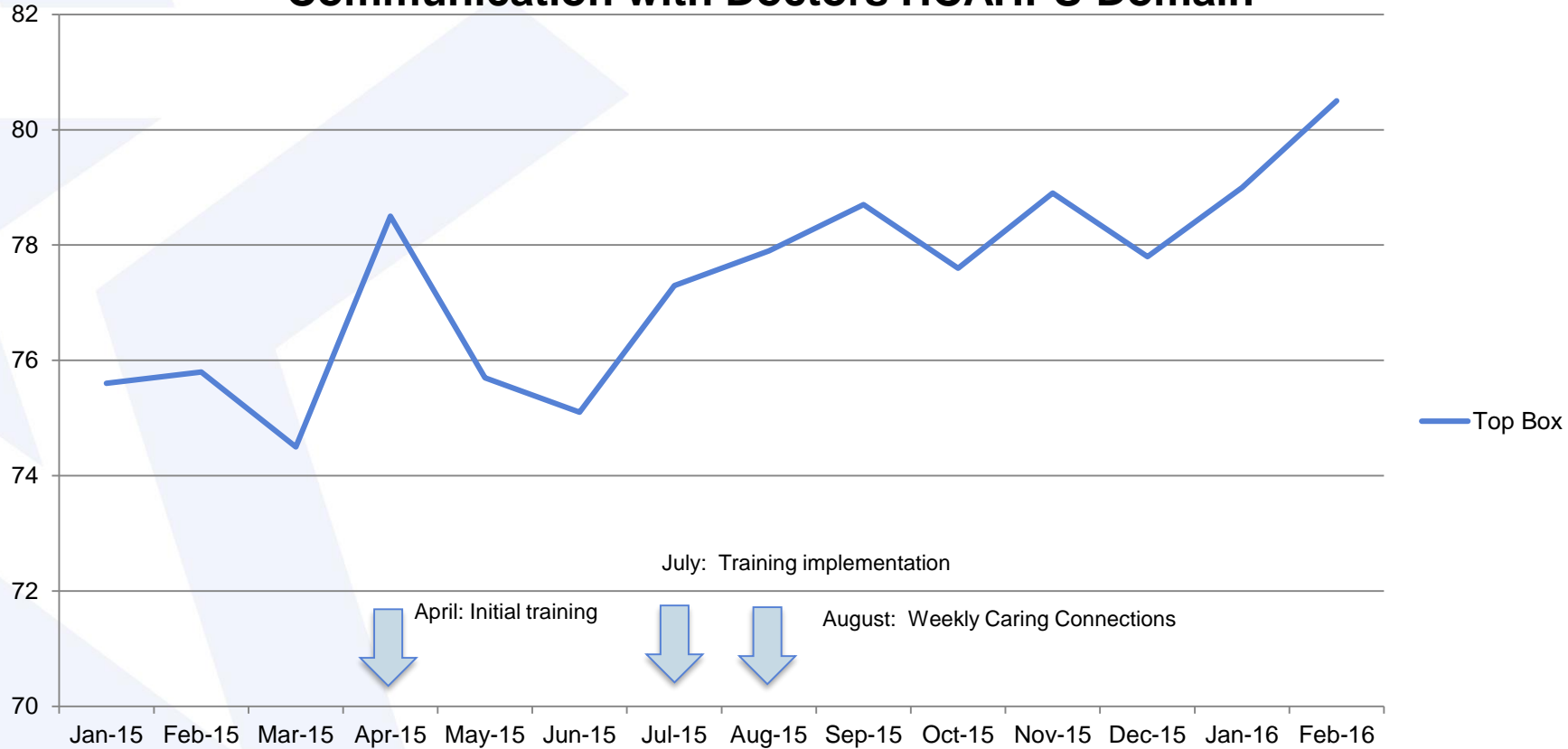
Patient Satisfaction Data

Global Rating HCAHPS Domain (9s and 10s)



Patient Satisfaction Data

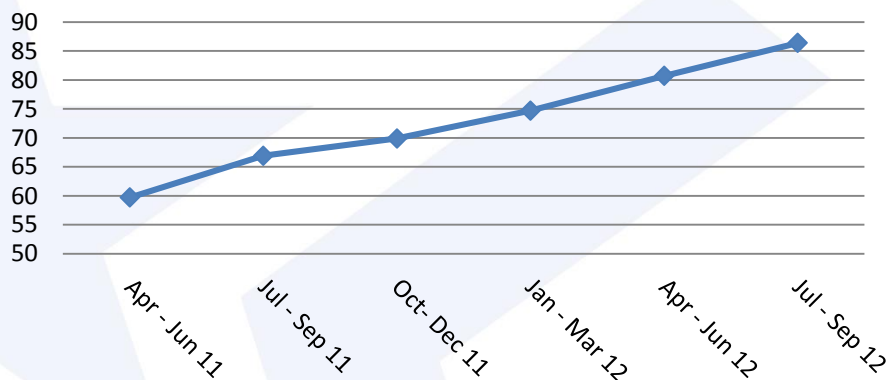
Communication with Doctors HCAHPS Domain



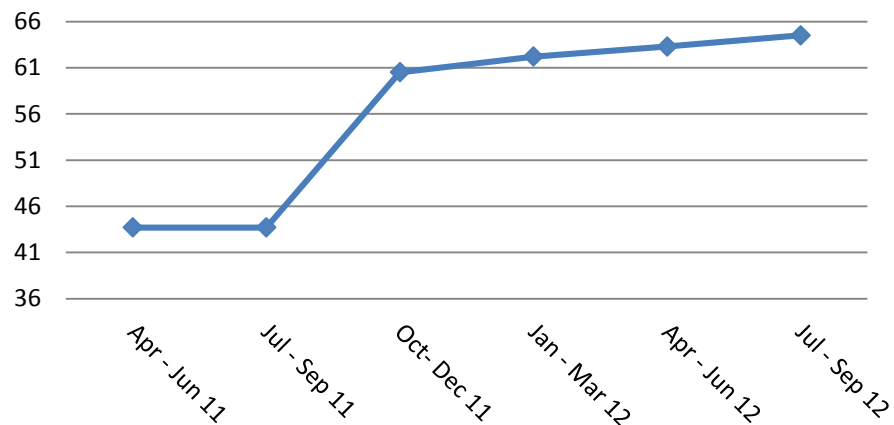
	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
— Top Box	75.6	75.8	74.5	78.5	75.7	75.1	77.3	77.9	78.7	77.6	78.9	77.8	79.0	80.5

Patient Experience Results

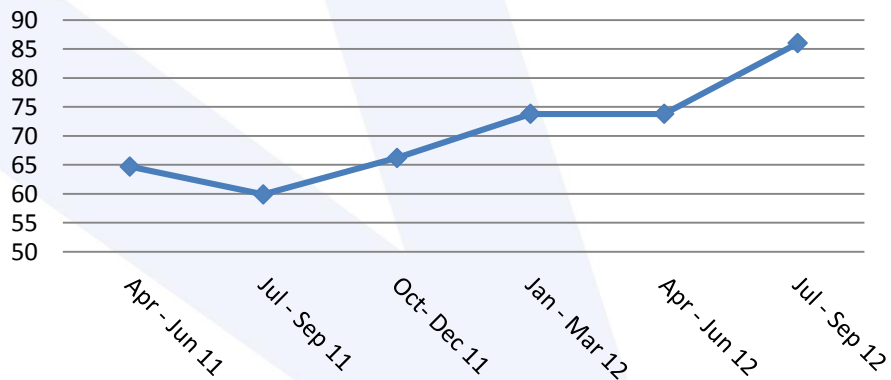
Doctor's Involving Patient in Decision-Making Process



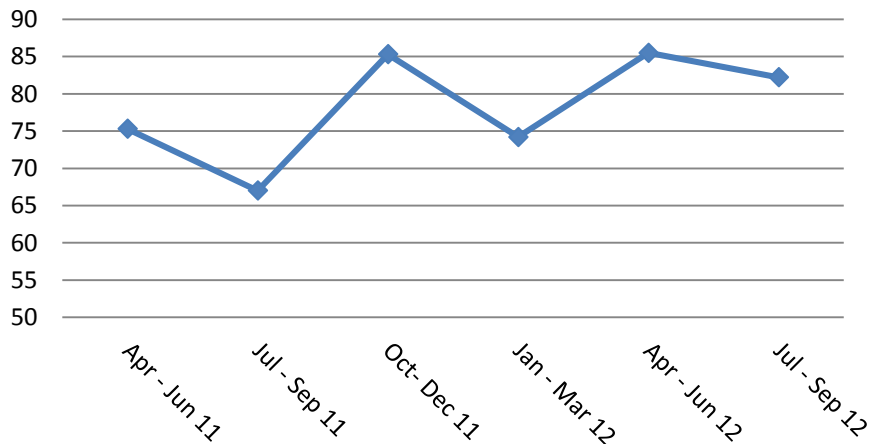
Doctor's Understanding and Caring



Doctor's Communication / Keeping Patient Informed



Nurse Listen

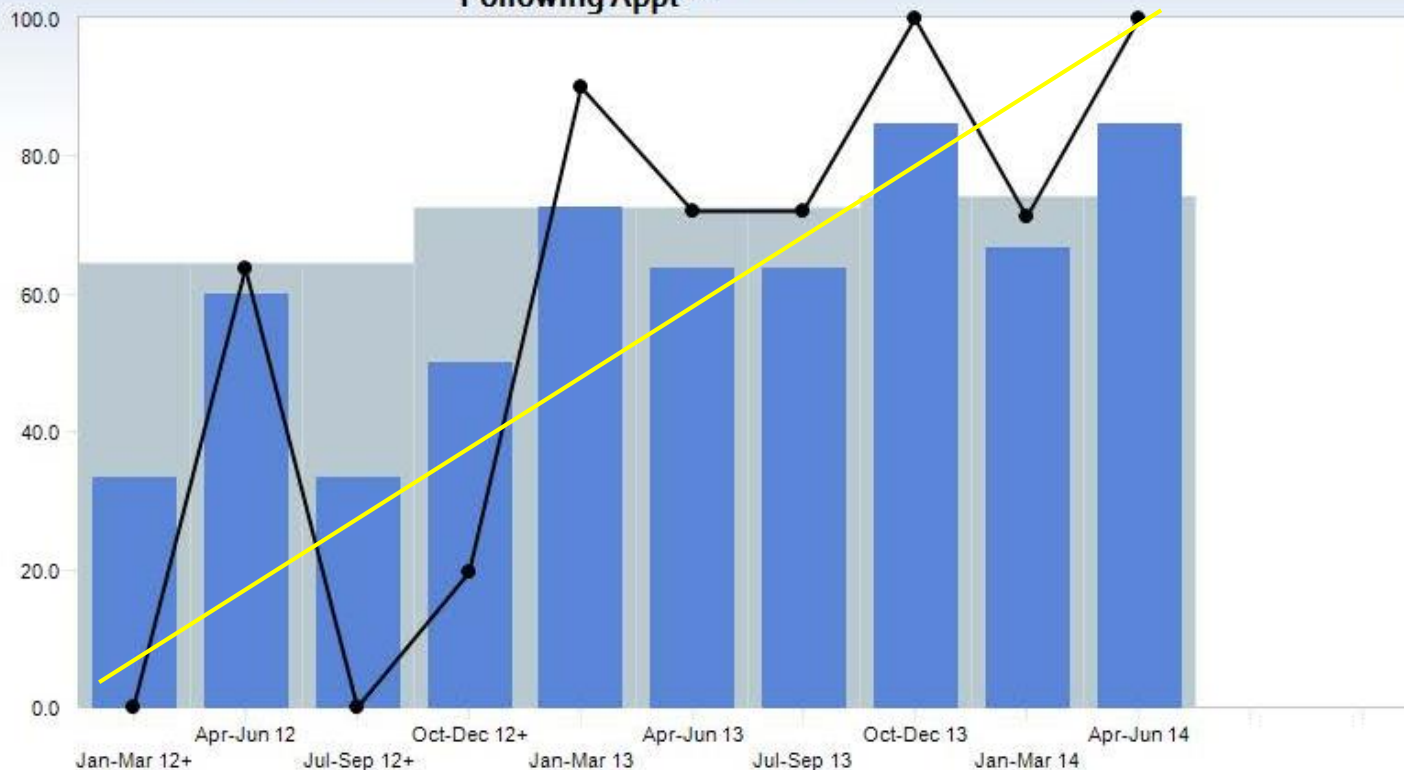


Individual Provider Communication



Patient Experience Results: Individual Provider Communication Results

Doctor Giving Instructions About What Patient Should do Following Appt **



● Prov-Cardio % Excellent Rank *	0.0	63.8	0.0	19.6	90.1	72.1	72.1	100.0	71.2	100.0
■ % Excellent	33.3	60.0	33.3	50.0	72.7	63.6	63.6	84.6	66.7	84.6
■ Prov-Cardio 90th Percentile	64.6	64.6	64.6	72.7	72.7	72.7	72.7	74.2	74.2	74.2
N of Cases	9	10	9	12	11	11	11	13	12	13
Norm Year	2011	2011	2011	2012	2012	2012	2012	2013	2013	2013

* Rankings are based on PRC Norm data.

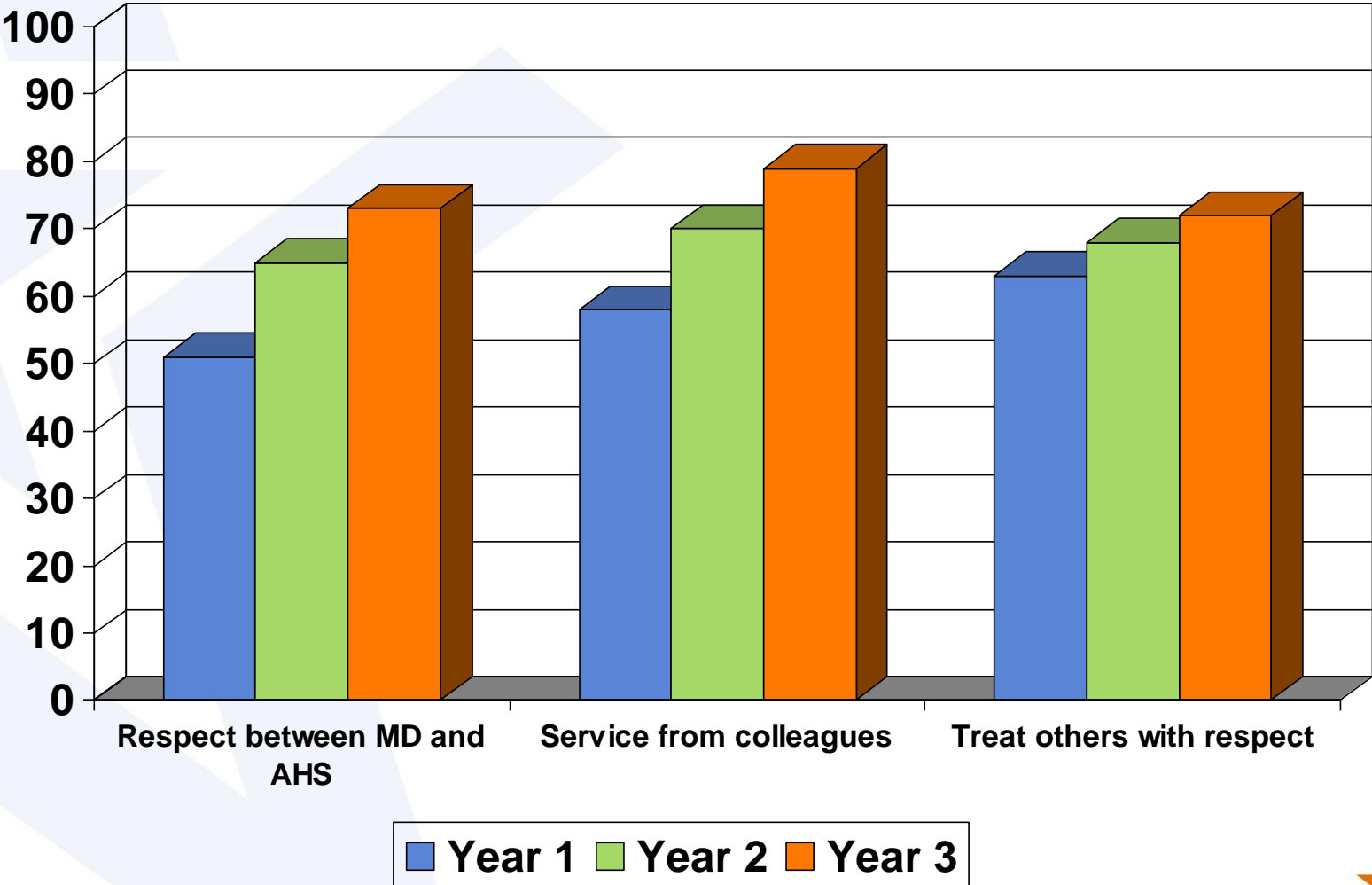
** The data in this chart has been filtered.

+ Marked bars are Statistically Significant

Employee Satisfaction



Staff Satisfaction

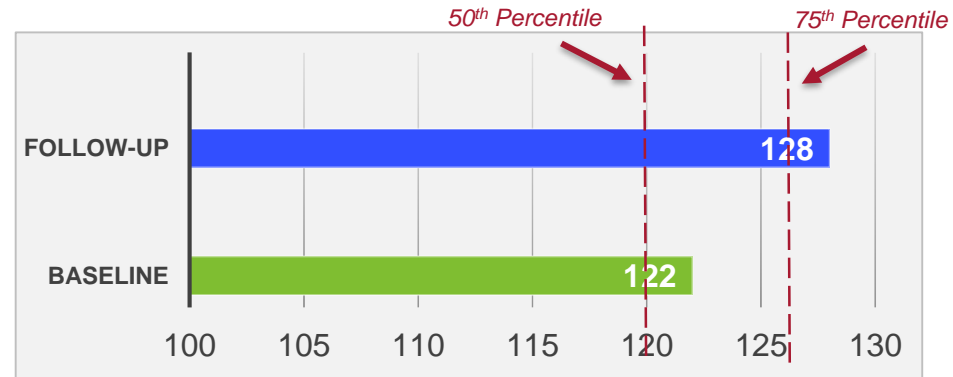


Empathy

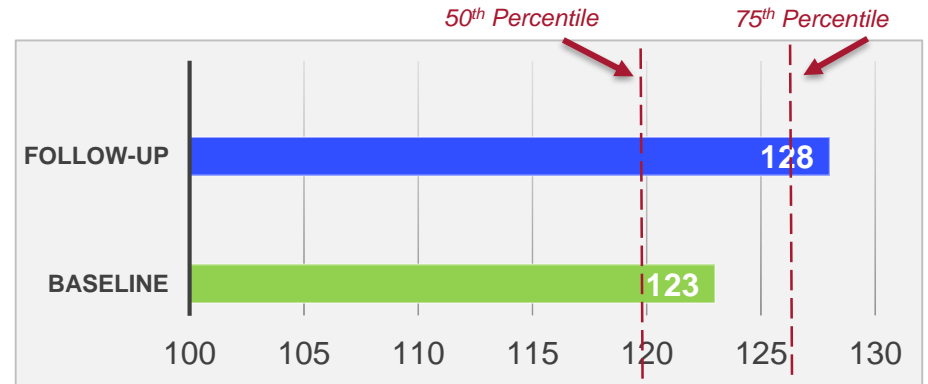


Three-Month Results for 30 Communication in Healthcare Faculty

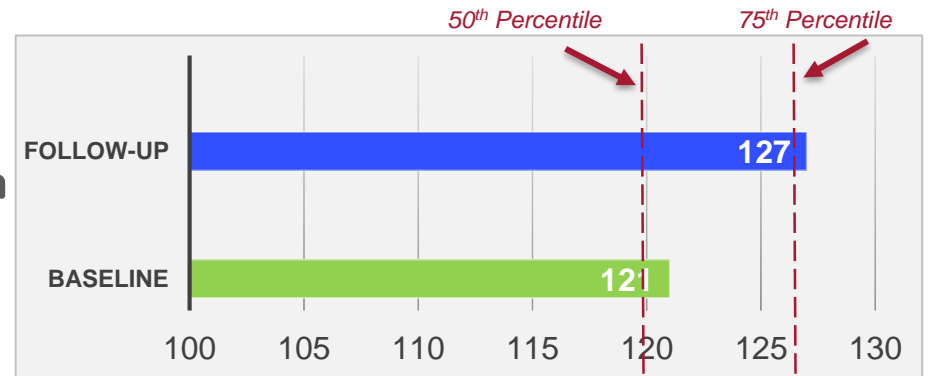
Overall
Empathy
Score



Overall Empathy
Score for Allied
Health Faculty



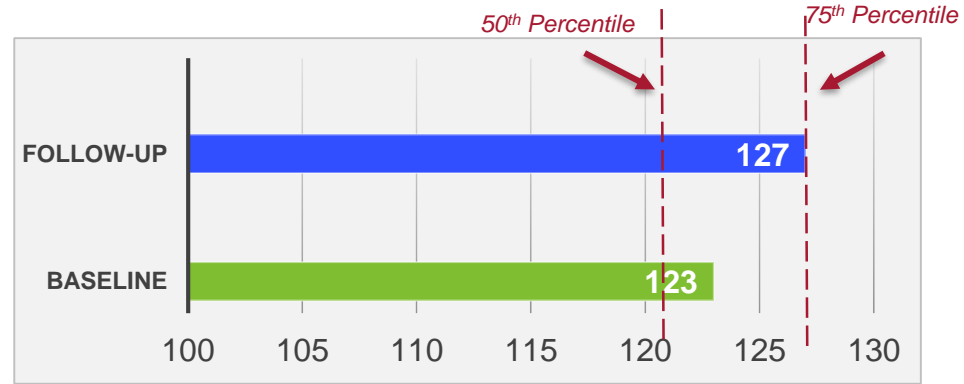
Overall Empathy
Score for Physician
Faculty



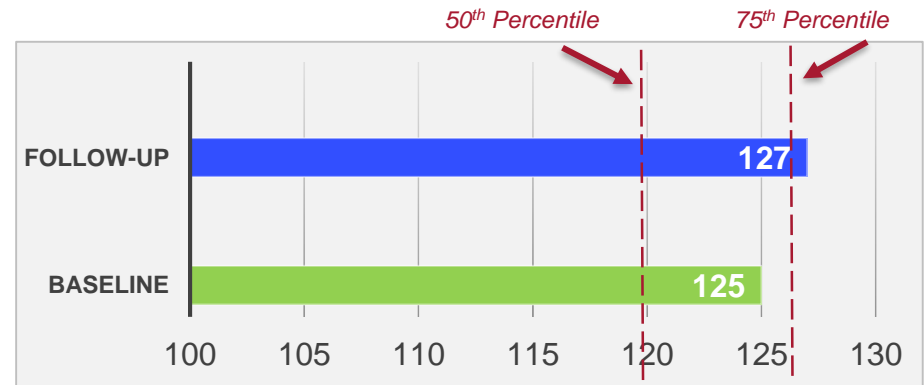
Three-Month Results for 120 Healthcare Providers Participating in Communication in Healthcare Curriculum

(Facilitated by Beaumont
Troy Faculty)

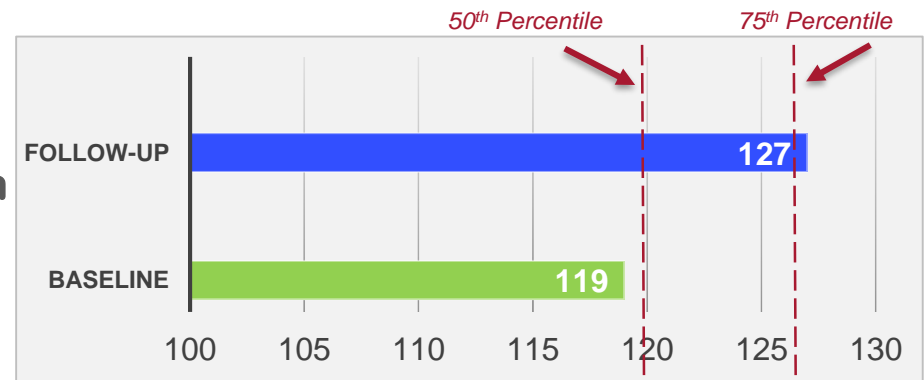
Overall Empathy Score



Overall Empathy Score for Allied Health Faculty



Overall Empathy Score for Physician Faculty

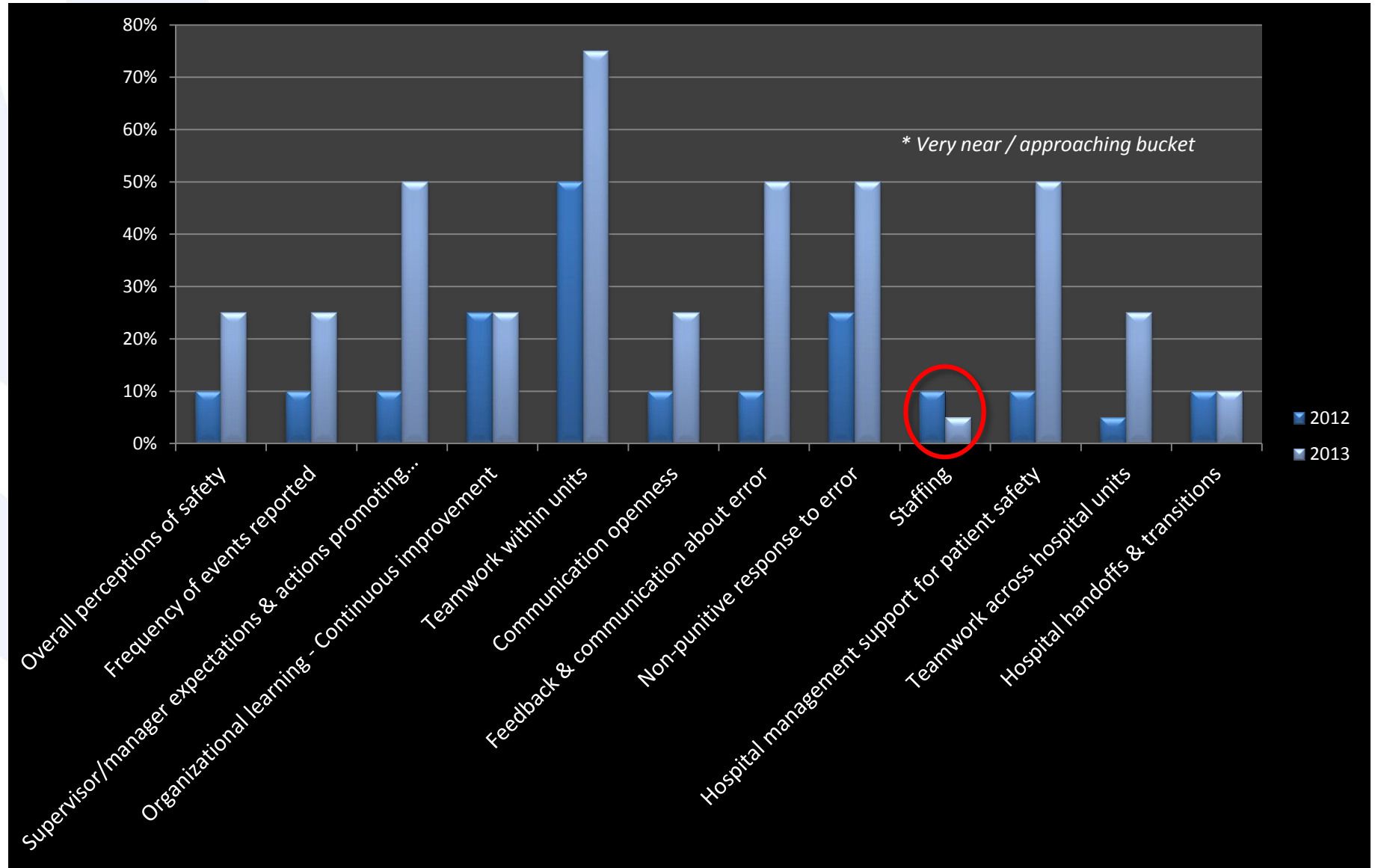


* Empathy Survey received from Thomas Jefferson University

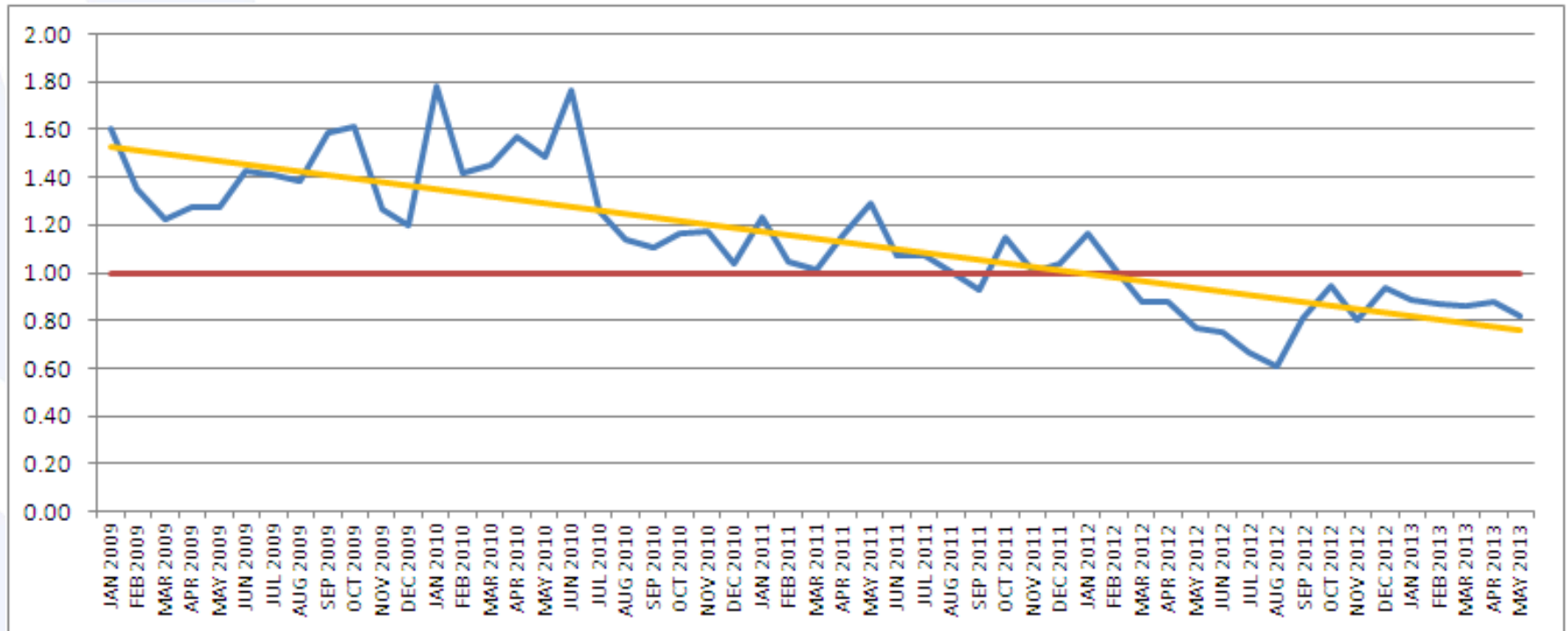
Culture of Safety



Percentile Ranking Nationally



Risk Adjusted Mortality



>500 FEWER Deaths per Year than 2010



A Letter to the Doctors and Nurses Who Cared for My Wife

The New York Times | <http://nyti.ms/2dGZ16M>

WELL | LIVE

A Letter to the Doctors and Nurses Who Cared for My Wife

Voices

By PETER DeMARCO OCT. 6, 2016

After his 34-year-old wife suffered a devastating asthma attack and later died, the Boston writer Peter DeMarco wrote the following letter to the intensive care unit staff of CHA Cambridge Hospital who cared for her and helped him cope.

As I begin to tell my friends and family about the seven days you treated my wife, Laura Levis, in what turned out to be the last days of her young life, they stop me at about the 15th name that I recall. The list includes the doctors, nurses, respiratory specialists, social workers, even cleaning staff members who cared for her.

“How do you remember any of their names?” they ask.

How could I not, I respond.

Every single one of you treated Laura with such professionalism, and kindness, and dignity as she lay unconscious. When she needed shots, you apologized that it was going to hurt a little, whether or not she could hear. When you listened to her heart and lungs through your stethoscopes, and her gown began to slip, you pulled it up to respectfully cover her. You spread a blanket, not only when her body temperature needed regulating, but also when the room was just a little cold, and you thought she'd sleep more comfortably that way.