The presentation will begin shortly.

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Chasing Excellence: Achieving Outcomes with Leader and Patient/Family Engagement

Objectives

- **Define the dimensions of patient and family centered care**
- **Describe leader and organizational commitment required to advance a culture of patient and family engagement**
- **Identify the value and best practices of patient and family engagement**

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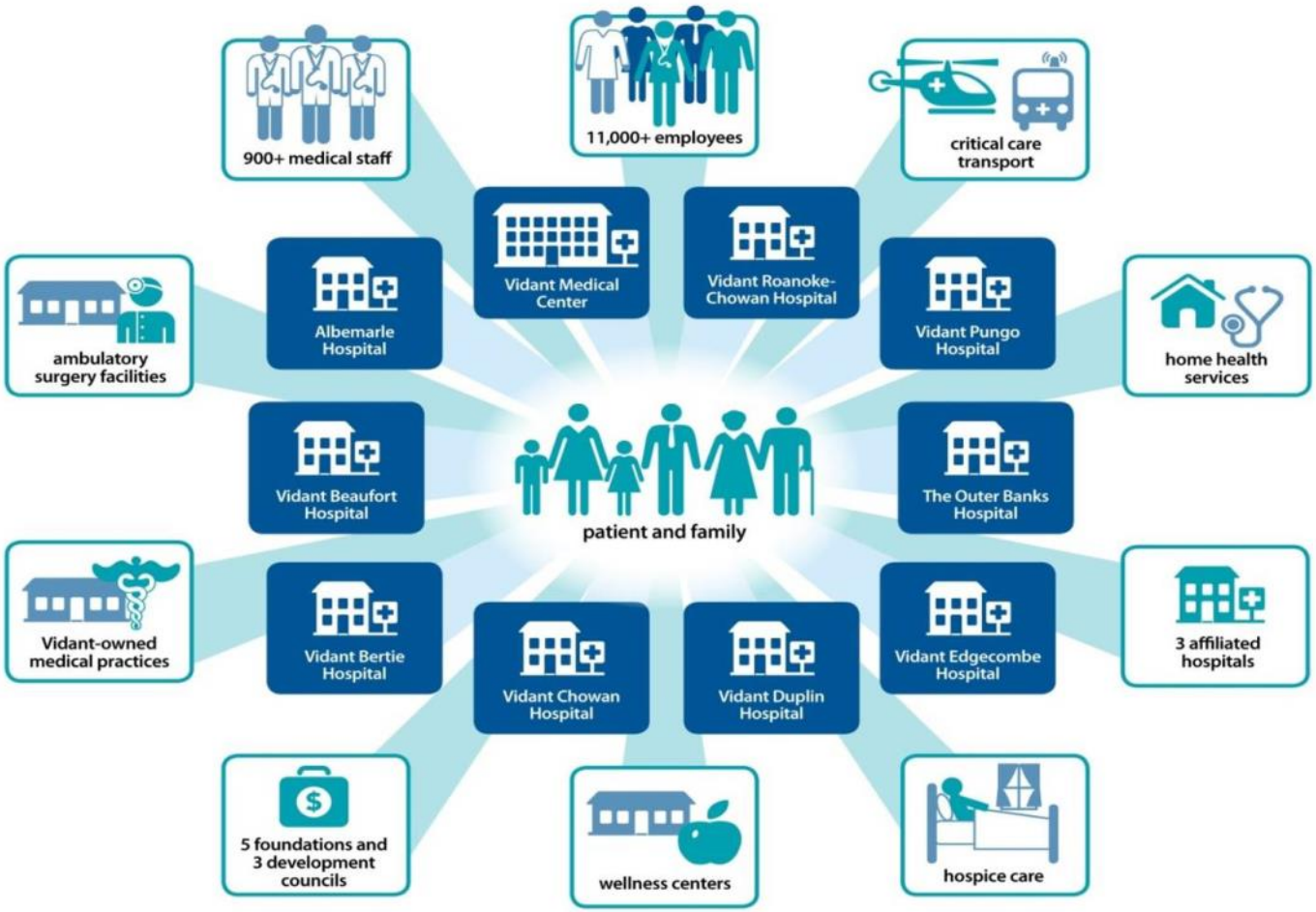
Vidant Health



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Healthcare Reform

WHERE WE HAVE BEEN	WHERE WE ARE GOING
Fragmented Care	Coordinated Care
Provider Centered	Patient Centered
Payment for Volume	Payment for Value
Facilities Focused	Care Systems Focused
Physician Accountability	Care Team Accountability
Paper	Electronic
Episodic, Hospital-Based Care Models	Longitudinal, Multi-Site Care Models
Inconsistent, Variable Methods	Efficient, Evidence-Based Care
Cost Reduction	Cost Restructuring

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Leadership at All Levels

- **Staff & Physicians**: Bedside rounds, shift reports, interdisciplinary rounds, champion patient experience
- **Patients & Families**: Activated and engaged in self-care; advocate for improvement in services
- **Unit/Service Line & Quality**: Coach and mentor staff; conduct leader rounds to reinforce best practices
- **Hospital/System Executives**: Ensure patient and family experience performance is a priority
- **Board Members**: Advocate for patient engagement in development, implementation and evaluation of services

System & Executive Leadership

- **90 day plans, annual plans, long range plans**
- **Entity audits and rounds**
- **System Coordination Group Meetings**
- **Performance Scorecards**
- **Collaboration, coaching and support**
- **Patient Safety and PI Committees**
- **Transparency**

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Vidant Health Broad Aims

- **Zero Events of Preventable Harm**
- **100% Optimal Care**
- **Exceptional Patient & Family Experiences ($\geq 90^{th}$ percentile)**

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Transparency

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Key Leverage Point

Putting patient and families on the improvement team is the leverage point with the greatest potential to drive the long-term transformation of the entire system (IHI)

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Patient and Family Advisors

- ***Guiding principle*: Partnerships with patients and families are essential in achieving safe and reliable quality care and exceptional experiences**

- ***Commitment:* Embed patient and family perspectives in all decision-making**

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Patient and Family Advisors

- **Share important perspectives**
- **Teach us how systems really work**
- **Inspire and energize staff and leaders**
- **Strengthen connections to community**

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Building a Team of Advisors

- ✓ **Design process for selection and recruitment of advisors**
- ✓ **Provide orientation and educate advisors on project aim**
- ✓ **Provide diversity in engagement opportunities to match interest and skills**
- ✓ **Facilitate relationships between advisors, leaders and staff**

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Patient and Family Advisor Roles

- **Patient Safety**
- **Quality Teams**
- **Patient Experience Mapping**
- **Leader and Staff Education**
- **Storytelling**
- **Facility Design**
- **Interview Teams**
- **Board Representatives**

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Patient Safety

Safety Summits
Safety Rounds

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Quality Teams

- Falls with harm
- CAUTI
- Skin Breakdown
- Medication Errors
- VAP
- CLABSI
- Pain Management
- Failure Modes and Effects Analysis (FMEA)
- Root Cause Analysis (RCA)

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Storytelling

- **Strategy to engage the heart and mind**
- **Start with one compelling story**

Christie's Story:
First shared with the Leadership Steering Team in May 2007

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Quality and Safety Outcomes

VAP	**↓ 64%**
CAUTI	**↓ 30%**
CLABSI	**↓ 25%**
FALLS (with harm)	**↓ 40%**
Med Errors (with harm)	**↓ 88%**

***FY2009-2012**

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Patient Experience Outcomes

- **VIDANT MEDICAL CENTER RANKED #1 FOR PATIENT CENTEREDNESS (2012 UHC QUALITY AND ACCOUNTABILITY PERFORMANCE SCORECARD)**

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What's Next?

- **Continued integration of advisors into quality and safety work**
- **Enhanced patient engagement to meet patient experience goals**
- **Streamlined care across the continuum**

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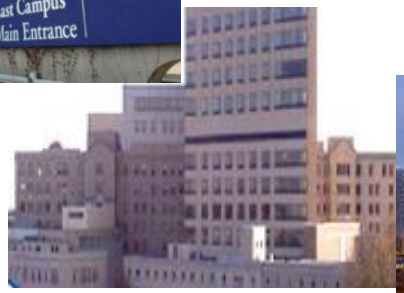
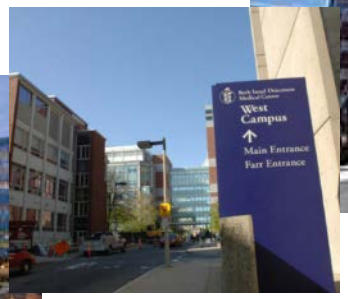
American Hospital Association – McKesson
Quest for Quality Prize®

Hospitals in Pursuit of Excellence





Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Harvard Medical School
&
Beth Israel Deaconess
Medical Center

About us….

- 649 licensed beds, including 440 medical/surgical beds, 77 critical care beds and 60 OB/GYN beds
- Off site/community health centers in 3+ suburban locations
- A full range of emergency services, including a Level 1 Trauma Center and roof-top heliport;
- Over 50,000 Inpatient Discharges
- Nearly 550,000 Outpatient Visits
- 5,000 births a year
- 56,000 Emergency Department Visits
- Over 291,000 Radiology Visits
- 6,100 Full-Time Equivalent Employees (Excluding Research)
- 1,250 physicians on the active medical staff (including over 800 full-time staff physicians), most of whom hold faculty appointments at Harvard Medical School
- BIDMC's research enterprise at approximately $250 million -- consistently ranks among the top three recipients of biomedical research funding from the National Institutes of Health among independent hospitals . BIDMC is particularly known for its "bench to bedside" research, including more than 850 active sponsored projects and 500 clinical trials.

BIDMC has formed partnerships with other outstanding institutions to benefit our patients in communities where they live and work including acute care settings, extended care, specialty clinics and community based health centers providing services in 19 areas across the Commonwealth of MA.

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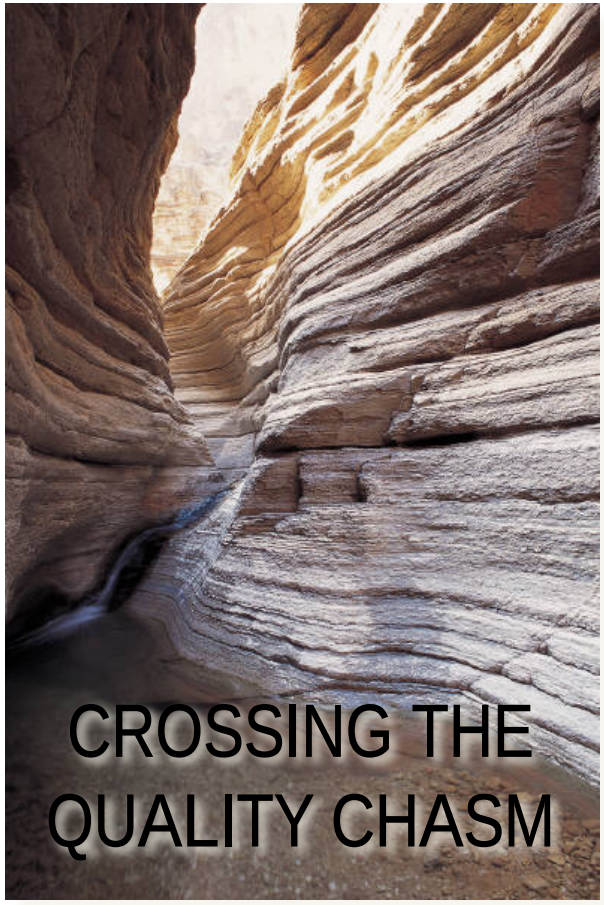
Early adopter of the IOM Framework for Care



- **Safe:** *no injuries from the care*
- **Timely:** *reduce waits and delays*
- **Effective***: services based on scientific knowledge*
- **Patient Centered**: *care that is responsive to the individual*
- **Efficient**: *avoiding waste*
- **Equitable:** *quality does not vary because of personal characteristics*

-Institute of Medicine, 2001

Recent Recognitions for Quality Care, Safety and Innovation

- American Hospital Association-McKesson Quest for Quality Winner 2013
- The Leapfrog Group Top Hospital - Top Tier 2009-12
- American Heart Association –Gold, Plus and Target Achievement for Stroke Care 2012-13
- Joint Commission Top Performer - 2013
- Information Week "Number 1 Technology Innovator“ 2012
- US Department of HHS - National Award to Recognize Progress in Eliminating Healthcare-Associated Infections
- US News & World Report *"Best Hospitals" 2012*
- The Society of Critical Care Medicine (SCCM) Winner Family-Centered Care Award - 2010

Examples to Share

Structures/Processes/Outcomes that are

Unique
Innovative
Replicable and Spreadable

Improving Safe Care

Consolidated Harm Reporting

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BIDMC Definition of ***"Harm"*** Targeted for Elimination

Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires or prolongs hospitalization, and/or results in permanent disability or death.

BIDMC Definition of *"Preventable"*

Injury results from failure to provide care to the existing institutional standard

OR

Reasonable adaptations to the existing standard can be introduced that would be expected to decrease the risk of future injury by the same mechanism.

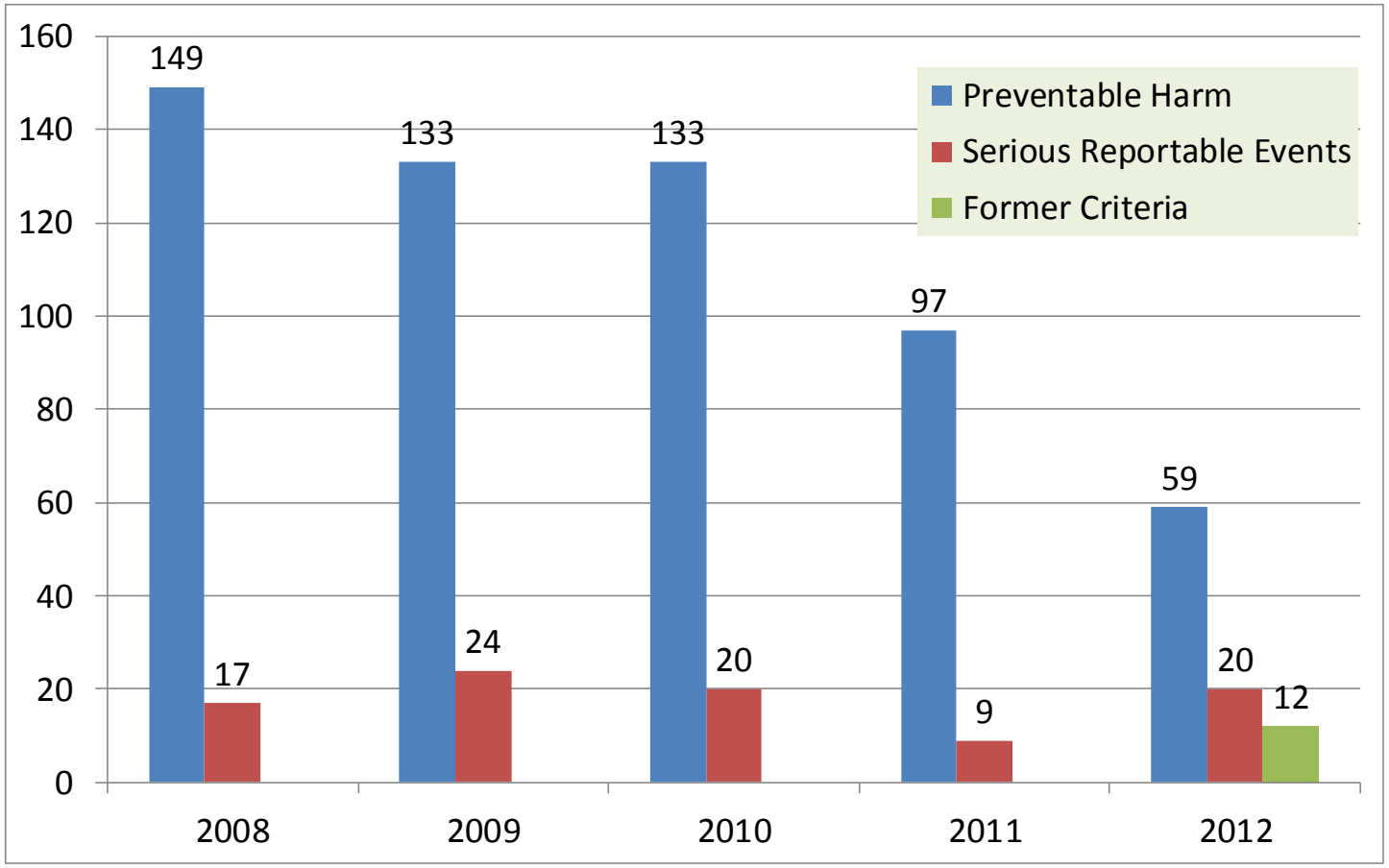
PCAC SCORECARD

				Q2	Q3	Q4	Q1	Q2
							Favorable Comparison	
							Unfavorable Comparison	

PREVENTABLE HARM

	AIM	FY13 Target	CHANGE	Q2 12	Q3 12	Q4 12	Q1 13	Q2 13
MEDICAL MANAGEMENT RELATED								
Death Related to Medical Management	▼	0		0	0	0	0	0
Disease Progression or End Organ Injury (reversible or permanent) Related to Medical Management	▼	0		0	3	3	0	0
Cardiac and/or Respiratory Failure or Arrest Related to Medical Management	▼	0		4	0	1	0	0
INFECTION RELATED								
Nosocomial Catheter Associated Bloodstream Infections	▼	0		0	2	3	0	0
Nosocomial Surgical Site Infections (SSIs)	▼	0		0	1	2	0	1
Nosocomial C. Difficile Infections	▼	0		0	0	3	0	0
Ventilator Associated Pneumonia	▼	0		3	3	3	3	***
Other Nosocomial Infection	▼	0		7	1	2	4	0
CARE RELATED								
Falls Resulting in Injury	▼	0		0	1	0	0	2
Soft Tissue Injuries (Includes Pressure Sores)	▼	0		0	0	0	0	0
Medication Related Adverse Events	▼	0		0	2	1	1	1
Procedure Related Harm/Complication (Non Infectious)-Surgical Services	▼	0		0	2	0	1	2
Procedure Related Harm/Complication (Non Infectious)-Non-Surgical Services	▼	0		0	1	2	0	1
Obstetrical Harm/Complication (Non Infectious)	▼	0		0	0	0	0	0
Neonatal Harm/Complication (Non Infectious)	▼	0		0	0	0	0	0
Other	▼	0		0	0	0	0	0
TOTAL	▼	0		**14**	**16**	**20**	**9**	**7**

Preventable Harm Cases by Calendar Year



Developing Academic QI Talent

A Teaching and Learning Environment

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Developing Academic QI Talent: New Paradigms

Conventional View: QI is a hospital function and not a domain for academic departments.

BIDMC View: QI is an integral part of clinical care and its advancement is an integral part of the academic mission.

Developing Academic QI Talent: New Paradigms

Conventional View: Clinical care detracts from academic pursuits.

BIDMC View: We seek to provide the kind of care to every patient at all times that we would want our family members to receive. Clinical experience motivates QI research.

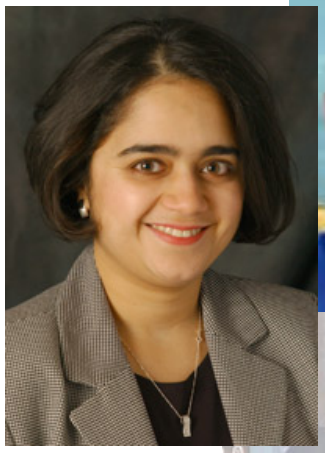
Developing Academic QI Talent: New Paradigms

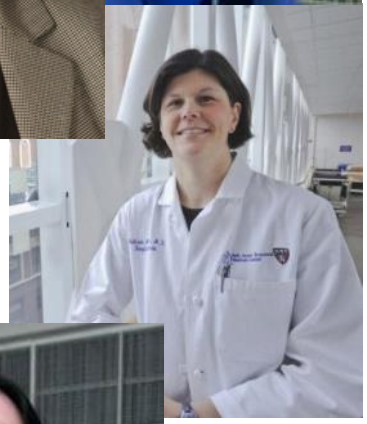
Conventional View: Plan, do, study, publish.

BIDMC View: Plan, do study, fix it, make the improvement permanent; *then and only then do we publish.*

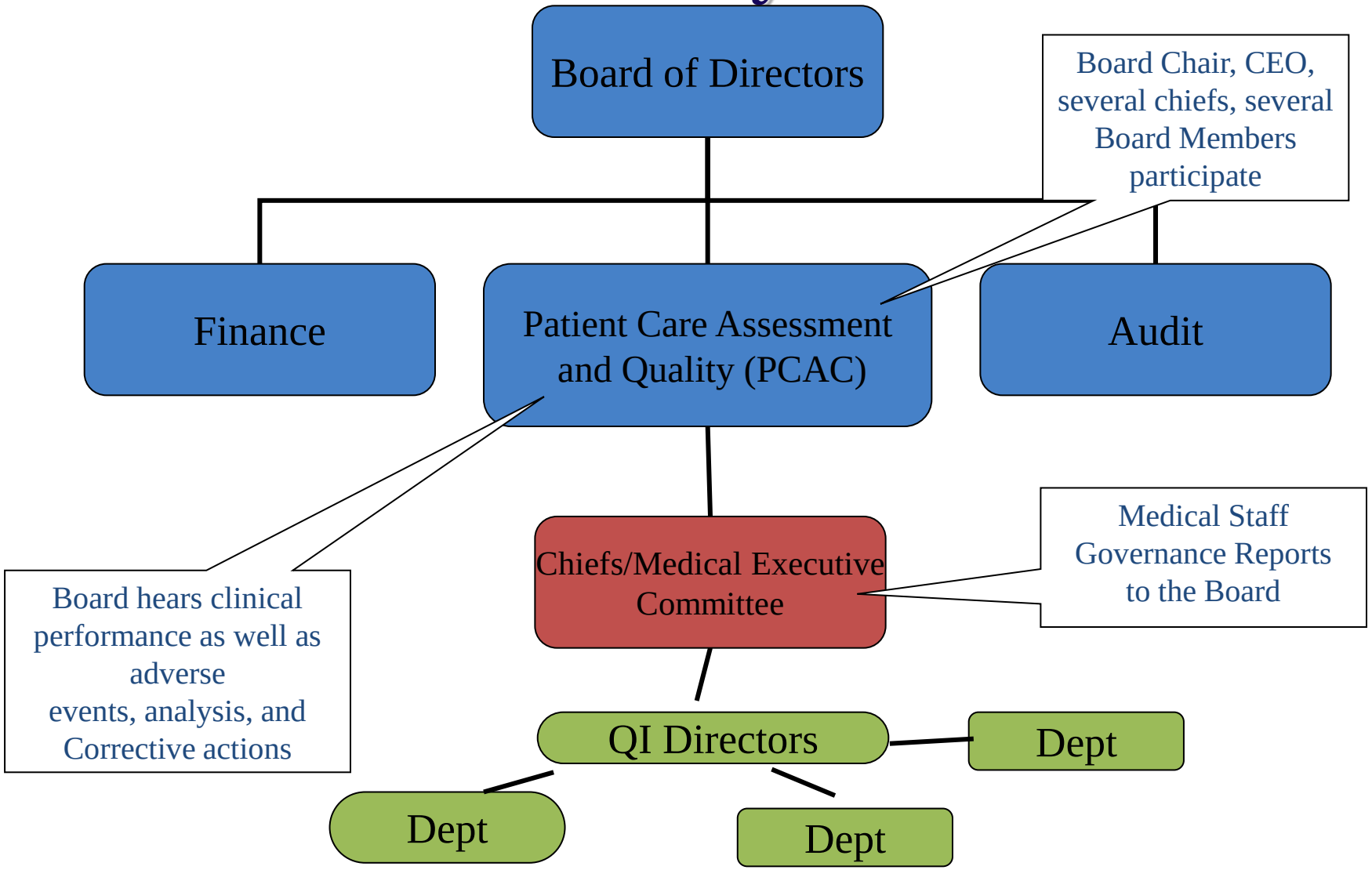
Representative Stories

Mark Aronson	Associate Chair for QI
Ken Sands	Preventable Harm
Michael Howell	ICU safety (Sepsis, Triggers, VAP, Lines)
Julius Yang	Overall systems; avoiding readmits
Anjala Tess	Novel QI curriculum
Chris Smith	Standardized Training for Procedures
Sharon Wright	Preventing nosocomial infections
Alex Carbo	Detection of Events
Hans Kim	QI General Medicine
Stuart Lecker/Ali Mehr	Reliable CRF Care
David Feinbloom	Systems to Avoid Medication-Related Errors
Melissa Mattison	GRACE Program: Elder Safety in Hospital/ECHO
Daniel Leffler	GI QI
Rachel Baden	ECHO Hepatitis C
Shani Herzig	Avoiding adverse drug effects
Brad Crotty/Arash Mostaghimi	Housestaff Wiki
Kelly Graham	Reliable Signouts
Lisa Fleming	Smart Sheets for CHF Management
Mary Lasalvia	Outpatient Parenteral Antibiotic Therapy





Board and Medical Staff Leaders Participates Directly in Quality and Safety



Promoting Accountability and Transparency

Embedded Process Improvement @ BIDMC

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Process Improvement at BIDMC

- Aligned with Strategic Plan/Annual Operating Plan
- Regulatory / Accreditation / Payer Requirements
- Response to Event(s) (Proactive/Reactive)
- Innovation / Research Based

- "Right People"/"Right Place"
  - Staff Closest to the Work
  - In the Work Area ("Go See")
- Honest conversations about failure
- Standardized Tools for Planning, Measuring , Reporting

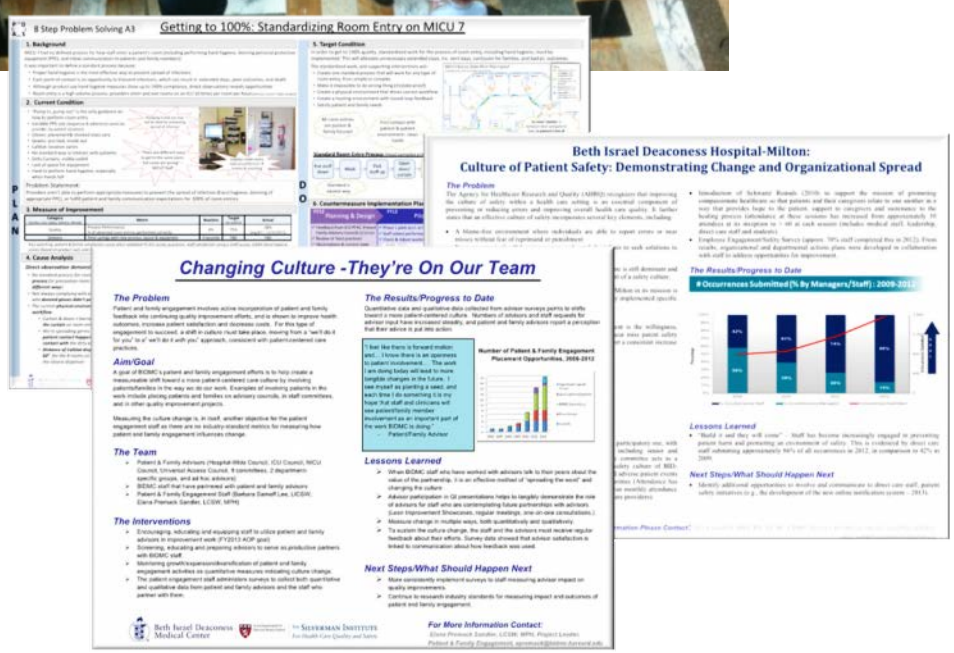
- Standard / Simple/Direct → Error Free (binary/no "forks")
- Clear Connections
- Eliminate / Reduce Non Value Add (Waste)
- Level Flow / Pull Systems

- Educating Staff
- Connecting Process/People/Policy

- Measuring Success
- Celebrating/Sharing Stories

Note: Model Adapted from the PI change management model @ Northeastern University's Executive Education – C. Chilton, R. Moran , NU 2010 www.cba.neu.edu/exec

IMPROVING BIDMC
We're part of it!
Beth Israel Deaconess Medical Center
A teaching hospital of Harvard Medical School
THE SILVERMAN INSTITUTE
For Health Care Quality and Safety


8 Step Problem Solving A3
Getting to 100%: Standardizing Room Entry on MICU 7
Beth Israel Deaconess Hospital-Milton:
Culture of Patient Safety: Demonstrating Change and Organizational Spread
Changing Culture -They're On Our Team
The Problem
The Results/Progress to Date
Aim/Goal
The Team
The Interventions
Lessons Learned
Next Steps/What Should Happen Next
For More Information Contact:

Transparency and Accountability

THE FACTS AT BIDMC
we're putting ourselves under a microscope

In 2007, BIDMC began sharing performance and priorities on the web. The senior leaders and medical staff supported content that upheld the following :

- **Intellectual honesty**
- **Salience to patients/employees**
- **Credibility** with medical staff
- **Interpretable** information
- **Strategic value** to BIDMC
- **Timeliness**

A snapshot of BIDMC's internal portal…And linkage to what is shared on the external web

http://www.bidmc.org/Quality-and-Safety.aspx

Engaging Patients and Families

An Important and Necessary Move as We Improve

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Engaging Patients and Families

Qualities of the BIDMC Patient/Family Advisors include :

- ability to listen and hear other points of view
- ability to share personal experiences in ways that others can learn from them and to then think beyond those experiences
- culturally sensitive and competent with respect to the diverse patient base that BIDMC serves
- ability to see the big picture
- enthusiastic about supporting BIDMC's mission/vision
- willingness to learn to be an effective council member (know how to ask the tough questions and what to do when not in agreement)
- seen at BIDMC within the last two years; and
- a sense of humor

http://bidmc.org/Quality-and-Safety/Efforts-to-Improve-Quality-of-Care/Patient-Family-Advisory-Council.aspx

Invaluable Members of Active Committees

During 2013 advisors were seated on the following committees:

- Patient Care Committee of the Board of Directors
- Patient Education Committee
- Ethics Advisory Committee
- Medication Safety Subcommittee
- Drug Shortage Task Force
- Critical Care Executive Committee
- Critical Care Experience Task Force
- Patient Teachers in Patient Safety Education
- We CARE Initiative (Service Excellence)
- Conversation Ready Initiative (End-of-Life Planning)
- Grant Proposal and Design Committee

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Engaging Patients and Families

- Recruitment is key to success
- Start small
- Patient/Family engagement requires Executive commitment and resources
- Stay humble

BOSTON
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Advil
RELIEF IN ACTION

Questions

?

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Q & A