New Leadership Skills, Coaching and Communication
“A New Perspective”

Marjorie M. Godfrey & Maren Batalden

The Microsystem Festival 2017
Qulturum
Jönköping Sweden
1315-1645
March 1, 2017
Today’s Goal

• Reflect on the importance of true partnership in relationships among health professionals and between health professionals and patients and families for healthcare improvement
Objectives

1. Experience the power of active and empathic communication and reflect on its importance in our own work in healthcare improvement

2. Appreciate the intrinsic role of patients and families in coproducing health outcomes

3. Explore tools from improvement science adapted to facilitate better intentional coproducive partnership with patients and families

4. Reflect on the way leaders might build knowledge, take action, and reflect to create conditions that nurture coproducive partnerships in health, healthcare, and healthcare improvement

5. Be able to describe key elements of coaching and reflect on the role of coaching to create the conditions that nurture coproducive partnerships in health, healthcare, and healthcare improvement
Agenda

1315  Welcome & Introductions          Marjorie Godfrey

Microsystem Connection

1330  Partnership & visual explorer cards         Maren Batalden

1415  Communication & Active Listening          Marjorie Godfrey

1430  Break

1500  Pearls Practice                          Marjorie Godfrey

1515  Partnering with patients and families to coproduce care Maren Batalden

1605  Leading and coaching coproduction         Marjorie Godfrey

1635  Summary and possible next steps          Marjorie & Maren

1645  Adjourn
Welcome!
Introductions

Show of hands
Professional Role
Countries
Microsystem Connection

- Original research
- Largest body of microsystem research here at Jönköping Academy, University
- Original research and importance of “The Place where patients, families and healthcare teams meet”
Clinical Microsystem Success Characteristics

- **Leadership**
  - Leadership
  - Organizational support

- **Staff**
  - Staff focus
  - Education & Training
  - Interdependence

- **Performance**
  - Performance results
  - Process improvement

- **Patients**
  - Patient Focus
  - Community & Market Focus
Dartmouth Microsystem Curriculum Improvement

Global Aim

Assessment

Theme

Specific Aim

Change Ideas

Measures

Cause & Effect

Flowchart

***Effective Meeting Skills & Group Dynamics

SDSA

APSD

Improvement Ramp

Global Aim

1

2

3
Find an image that has something to say about partnership for improving health and healthcare.
1. Introduce yourself and your image (1-2 minutes per person)

2. Identify themes and connections, comparisons and contrasts suggested by the metaphors
Communication & Relationships

Poll of 800 managers and employees in 17 industries. 48% intentionally decrease their work effort
47% intentionally decrease the time spent at work
38% intentionally decreased the quality of their work
80% lost work time worrying about the incident
63% lost work time avoiding the offender
66% said their performance declined
78% said that their commitment to the organization declined
12% said that they left their job because of the uncivil treatment
25% admitted to taking their frustrations out on customers.
A New Approach to Conflict in the Workplace

- **Empathy**: Build Relationship
- **Curiosity**: Develop a Common Understanding
- **Respect**: Negotiate Toward a Win-Win
Skills for Building Relationships
I give you my...

Ask with skilled inquiry
– Open-ended inquiry
– Active listening
– Reflections
– Summarize

Active listening is a whole body experience and does not involve your mouth.
Develop Common Understanding

Active Listening

• Help a speaker feel heard or understood
• Encourage further exploration at a deeper level
• Strengthen the relationship
• Show respect

Most people do not listen with the intent to understand; they listen with the intent to reply.

~Stephen R. Covey
Active Listening Exercise

• Use silence (Listen for 2 minutes)
• Respond with non verbal encouragement
• Summarize back what you hear
• Reverse Roles & Repeat
Break

2:30-3:00
Empathy to Build Relationships

PEARLS

Partnership

“I really want to work with you on this.”

Emotion

“It looks like you’re feeling pretty upset..”

Empathy

“I can see that you have been struggling with this.”

Appreciation

“I really appreciate all the work you have done!”

Apology

“I’m sorry …”

Respect

“I respect how you have dealt with…”

Legitimation

“Anyone in you position would feel similarly.”

Support

“I want to support you in any way I can”
Empathy, Curiosity & Respect
Elicit the Other’s Perspective

• Start with open-ended inquiry
  “Help me understand how you see this...”

• Don’t interrupt

• Reflect, rephrase what you hear
  “Sounds like it is important to you...”

• Beware of your assumptions

• Use PEARLS

*Exercise: Try the conversation again*
Partnering with patients and families to coproduce care

Maren
Coproducing better care with patients:
Partnership for improvement in the clinical microsystem
Patient activation and engagement
We can handle everything except naming your baby.

M HEALTH THE BIRTHPLACE

University of Minnesota Masonic Children’s Hospital
Goods
- cars
- furniture
- books
- clothing
- candy

Services
- teacher
- Doctors/Nurses

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Value made by health professionals and given/pushed to patients

Value made by patients with assistance pulled from health professionals

How value is co-created during and healthcare service interaction
Coproduction inherent to any service

Intentional efforts to improve the quality of the coproducive partnership

Individual clinical encounter

System design and performance
In your experience – as a patient or family member, as a clinician, as a healthcare system change agent – what factors strengthen these coproductive partnerships? What makes them difficult?
The Dartmouth Microsystem Improvement Ramp

- Value compass
  - Measures that matter

- Coproduction change concepts

- Interviews
  - Observation
  - Patient journey mapping

- Shared goals
  - Patient and family aim

- Patients and families on teams
Design Thinking

Learning about the audience for whom you are designing

EMPATHY

Redefining and focusing your question based on your insights from the empathy stage.

DEFINE

brainstorming and coming up with creative solutions.

IDEATE

Building a representation of one or more of your ideas to show to others.

PROTOTYPE

Returning to your original user group and testing your ideas for feedback.

TEST
Coproducing improvement in Chronic Obstructive Pulmonary Disease

1. Screening and staging
2. Smoking cessation
3. Regular pulmonary function tests
4. Appropriate prescription medication
5. Referral to pulmonary rehab
6. Decrease use of ED and hospital
Mrs. C was diagnosed with COPD last year and said it was very scary. “I couldn’t breathe!” She felt she had “done it to herself” since she has smoked since she was 15 and she is now 61.

When she has a flare-up, she tries to take deep breaths and then uses her inhaler. When it gets really bad and “she can’t deal with it anymore,” she calls her boyfriend or her daughters who call 911.

She likes the idea of getting more education about her health, but doesn’t think she would do well in group classes. Videos might be confusing, she thinks. One on one education would be best so she could “ask questions if she needed to.” Ideally someone would come to her home because she doesn’t have a car “and not a lot of money either” and it is hard to go places.

She is not comfortable with the idea of having prednisone and antibiotics at home to take in the setting of a flare and thinks it might be dangerous. “I’m not a doctor. How would I know when to take it?”
I don’t think I would want go to an exercise program... I’m 84!

I don’t like to call 911, though, because I know I will end up in the hospital and I have a cat to take care of. I would definitely be interested in having prednisone and antibiotics at home. Anything that helps would be good!

I’m sorry I don’t know more about my medicines, but I have a bad case of Alzheimer’s.

It would be good if my VNA knew I had COPD and knew a little bit more about it.

With the COPD, I’m really slowing down. Showering is especially hard because I get short of breath. I don’t want to ask anyone for help, though. This group home is for “high-functioning” residents and I’m afraid that if I need more...
Obtaining palliative care/ hospice consultation in the hospital:
A collaboration between clinicians and case managers/social workers

Are there different companies that provide this service? Is one better than another? What do you recommend? I like Veronica, the woman who has been coming to see me from the VNA. Can she keep coming to see me?

Referral at the time of discharge only to CD, VNA services, other hospice program

Clinical decision that patient is clinically appropriate for palliative care/hospice referral

Discussion with patient and/or family re: palliative care/hospice referral and inpatient vs. outpatient referral

MDR decision: inpt or outpt referral, hospice or palliative care

Inpatient consultation from CD

Inpt palliative care or hospice consult order placed by CM/SW or MD (in consultation with one another)

Order prints at unit secretary desk

Paper order and patient demographics on face sheet faxed by CM/SW to CD

CD consultation complete and documented within 24 hours (M-F) if consult placed prior to noon

Conversation between CD consultant and CHA clinical team

Discharge and readmit under GIP

Who are you again? Didn’t we talk about this yesterday? Did you talk to my oncologist about this? I don’t even know you. Are you my nurse? Can you get me something for my headache? Please talk to my daughter. You are the only person who seems to have time to really listen to me and my family.

Another new person? Am I dying? I don’t want to think about this. I’m not ready for this. I don’t really understand what you are saying. Are my doctors giving up on me? Who is in charge of my care now? Are you my new doctor? Will you be talking to my primary care doctor? My daughter really needs to be here for this conversation.
Person Centered Process mapping – PCP
http://www.macherie-edwards.com/portfolio/design-institute-for-health
Patient Journey Template
Kim Goodwin, VP of user experience at PatientsLikeMe

<table>
<thead>
<tr>
<th>Needs and wants</th>
<th>Having symptoms</th>
<th>Seeking a diagnosis</th>
<th>Getting a diagnosis (that you believe)</th>
<th>Making sense of it</th>
<th>Finding a plan</th>
<th>Optimizing and adjusting</th>
<th>Living with it (or resolving yourself to dying)</th>
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<td>Actions/behaviors</td>
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<td>Feelings</td>
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Esther Vision

A durable and energetic network results so that Esther can feel confident and independent

Esther:
- Gets care in or close to her home
- See us as the same provider of care
- Has the same possibilities to get care all over the region
- Knows where and who to turn to

Höglandet’s care
- All personel are concerned and committed
- Support for each other to achieve the best of Esther
- Increase competence in the whole care chain
- Continuous improvement of quality
| Summary | 70 year old daughter who is the health care proxy of her 98 year old father with dementia. She has a very close relationship with her father. She works full-time as a grants writer and manager. She visits her father several times per week during her free time. She calls her father’s personal care attendents frequently during the day to see how her father is doing. | 50 year old woman who immigrated from Cape Verde and has been a personal care attendent for 22 years. She works for a PCA agency and has cared for 4 clients in her career, more than half of whom have paid privately for this care. She loves her work and feels she is making a difference in other people’s lives. |
| Core Qualities | Loving  
Loyal  
Responsible | Compassionate  
Empathic  
Patient |
| Goals | -Her father continues to engage in social activities.  
-Her father has moments of joy.  
-Her father does not suffer.  
-Her father avoids the hospital.  
-Her father dies comfortably at home. | -Develop knowledge of the personalities of her clients  
-“Make my client happy” by talking about subjects meaningful to the client & by engaging in activities that the client enjoys  
-Understand symptoms of dementia and use appropriate strategies to manage behaviors |
| Pain Points | -Sadness that her father’s personality is changing  
-Frustration that medicines are sometimes ineffective  
-Annoyance that some specialists are too aggressive | -Feels underappreciated when she is not viewed as part of the care team  
-Grief when clients die |
Consider a change project you are working on. How might you build a deeper understanding of the lived experience of the patients? What might you learn? How might it change your approach?
The Dartmouth Microsystem Improvement Ramp

- Interviews
- Observation
- Patient journey mapping
- Value compass
- Measures that matter
- Coproduction change concepts
- Shared goals
- Patient and family aim
- Patients and families on teams
Change Concepts

1. Modify Input
2. Combine Steps
3. Eliminate hand-off failures
4. Eliminate Step
5. Reorder sequence
6. Change process concept
7. Replace with better value step
8. Based on output, redesign production
9. Based on use of output, redesign
10. Based on need, redesign

Expectation
Functional
Biologic
Cost

Satisfaction
Functional
Biologic
Cost
Change concept #1

Change concept #2

Specific change idea #1

Specific change idea #2

Specific change idea #3

Specific change idea #4
Consider an improvement you are working on now. Choose a coproduction change concept from the list and brainstorm as many change ideas as you can.
Leading and Coaching Coproduction

Margie
Leader, Leading, Leadership

- Gain Knowledge
- Take Action
- Reflect
“We do not learn from experience ... we learn from reflecting on experience.”
- John Dewey
How Can Coaches Help?

Teams & Coaches

- Expectations
- 5Ps/performance
- PDSA
- Sustain

Leadership

- Regular meetings-
  Provide time & space
- Anticipate & assist with data
- Rapid Tests of change with measures
- Inspire, Know & Tell Stories
Team Coaching Model

**Pre-Phase**

*Getting Ready*

"Meeting them where they are"

- **Expectations**
  - Clarity of aim
  - Leadership & Team discussions about roles and logistics
- **Context**
  - Review of past improvement efforts and lessons learned-tools used
  - Preliminary system review-Micro/Meso/Macro
- **Site Visit**
- **Resources (data)**
- **Logistics (time)**

**Action Phase**

*Art & Science of Coaching*

- **Relationships**
  - Helping
  - Keep on track
- **Communication**
  - Virtual
  - Face-to-Face
  - Available & accessible
  - Timely
- **Encouragement**
- **Clarifying**
  - Improvement Knowledge
  - Expectations
- **Feedback**
- **Reframing**
  - Different perspectives
  - Possibility
  - Group dynamics-new skills
- **Improvement Technical Skills**
  - Teaching

**Transition Phase**

*Reflection, Celebration & Renew*

- Reflection on improvement journey
- What to keep doing or not do again
- Review measured results and gains
- Assess team capability and coaching needs & create coaching transition plan
- Celebration!
- Renew and re-energize for next improvement focus
- Evaluate coaching

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Godfrey, MM (2013)
Consider an improvement you are working on now.
What actions might you take as a Leader or Coach to support coproduction?
Summary and possible next steps
TRANSFORMING MICROSYSTEMS IN HEALTH CARE

WHAT IS A MICROSYSTEM?

www.clinicalmicrosystem.org