DARTMOUTH-HITCHCOCK TEAM

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Dartmouth-Hitchcock

Dartmouth - Hitchcock

- D-H Clinic, Mary Hitchcock Hospital, Dartmouth Medical School
- Level 1 Trauma Center
- 389 licensed beds
- Main campus and satellite sites
- 900+ Physicians located throughout Vermont and New Hampshire
- Providing primary and specialty care
- 10,000 employees

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We believed:

- PFCC practices reduce problems that create unnecessary costs.
- Patient Partners could inform our system, help to highlight areas for improvement and improve quality and safety.

Mission:

“Develop a culture where patients and their families collaborate as partners at all levels of the organization.”
Vision:

“Patients and their families serve as partners in the planning, delivery and evaluation of health care.”

Goals:

- Incorporate the patient voice in decision making at D-H
- Provide education to staff and providers on concepts and strategies of Patient and Family-Centered Care (PFCC)
- Create Behavioral Expectations for PFCC
- Develop Internal and External Relations to collaborate and promote PFCC at D-H
- Measure PFCC Effectiveness
Patient & Family-Centered Care

Core Concepts
Dignity and Respect
Information Sharing
Participation
Collaboration

Donor Day 1930s
PARTNERSHIP GROWS INTO PFCC

Collaborated with PFCC work in Pediatrics
PFCC Steering Committee formed (2006)
Developed Patient/Family Advisor role (2007)
Leadership Retreat
Connected to Quality and Safety (2008)

Patient Family Centered Care:
Partnership defined at D-H

- Collaborated with PFCC work in Pediatrics
- PFCC Steering Committee formed (2006)
- Developed Patient/Family Advisor role (2007)
- Leadership Retreat
- Connected to Quality and Safety (2008)
Priorities Defined:

- Educate staff on the value of listening to those stories, learning from them and integrating the concepts into daily practice.
  - E-learning
  - RN orientation
  - Behavioral Expectations
- Practice Dignity and Respect, Information Sharing, Participation and Collaboration in every encounter

Operating Principles:

- The strengths patients and families can bring to the healing process are recognized
- Collaboration is its foundation
- Mutual respect for skills and knowledge of all parties is established
- Communication is honest and clear
- Planning and decision making are shared
- Collaboration and Partnership within the institution help to actualize core concepts
D-H affirms Principles

D-H Strategic Goal:
Provide Patient & Family Centered Care
- Unwavering commitment to provide care that is coordinated, effective, efficient, compassionate and safe

After D-H approval...

- Educate staff and Community
  - Principles of PFCC
  - Cultural change
  - PFA value
- Define Partnership for D-H
  - Integrate and Embed PFA's
  - Develop an Advisory Council
- Change the culture
  - Leadership embraces PFCC values and makes it part of our daily work
- Study the effects
  - Does it make a difference
Quality and Safety Drivers:

- Rising minimum Safety Standards for the FY08 Joint Commission Survey
- Standards for FY09 were tighter
- JACHO set new 2010 requirements for documenting and measuring patient education, transparency and communication

Q and S continued:

- PFCC Practices: A NATURAL VEHICLE for reinforcing quality and safety
- PFA’s: An essential resource to ensure that we test our assumptions
- Structure: The establishment of the Office of Patient and Family Centered Care
  - Quality and Safety Sub Committee
Director of Patient Safety:

“Nothing about us without us.”

The Office of PFCC at D-H

- Funded in 2009
  - VP
  - MD Director
  - Manager
  - Coordinator
Support allowed us to:

- Provide ongoing training to D-H in concepts of PFCC and initiate new active settings
- Design and implement a system of measurement and reporting
- Promulgate uniform PFCC standards throughout D-H
- Develop a curriculum of Patient and Family Centered Care for our Physicians and Residents

Next steps:

- Develop Experts
  - Executive Committee
  - Advisory Council
  - CHAD FAB
- Design and implement measurement and evaluation strategy
  - PFA Subcommittee to AC
A Journey to a new reality

- An organization’s culture takes years to change, we are on the journey....
Chief Quality and Compliance Officer

“An organization that hires good people who care about their work can get it right 60-70% of the time. If you want 95% you need an organized facilitated approach, with project support, a facilitator and committee. If you want above 95% you really need to listen to patients...

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...They are the final driver of healthcare cultural change. They call us to excellence. Why? Every patient wants us to do the right thing, in the right place, every time. They expect 100%. They challenge us not to expect less than that.

We need that voice or we can’t be excellent.”

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Patient Representative Volunteer/Voices:

- PFA volunteers
  - Direct interviews with patients/families
  - Trained to elicit views about experience of care
- Cultivating an environment in which patients and their families can effectively advocate for their health and safety

EDUCATIONAL PARTNERSHIPS AT D-H

- Inserting PFCC elements into Microsystem planning
- Providing a working laboratory for learners, Master’s in Public Health
- Helping to form curriculum for The Microsystems Academy of The Dartmouth Institute
REVISITING PFAs

- Expression of our PFCC Philosophy
- Not whole story......
- “Success” can be dangerous!

PFA INITIATIVE: Tactical Choice

- Contains all elements of PFCC
- Visible
- Replicable in a variety of settings
MATURING THE ROLE OF PFAS

- Recruitment
- Training
- Placement
- Evaluation
- Rapid growth
- PFA Process Improvement now led by PFAs themselves

MEDICAL HOME and PFCC

- What is a Medical Home?
- What should ours look like? To Clinicians, Administrators, Patients and Families?
- Who makes it “sound”?
PRACTICE TRANSFORMATION: MEDICAL HOME

- Primary Care practices are complicated and complex
- Change requires a healthy relationship system
- Facilitators necessary
- Practice improvement neutral to specific tools
- Organization characteristics: theoretical framework based on complexity science to establish how and when to implement
- Frequent reassessment and refinement
- Base on “resilient relationship system among agents”

15 yr. NIH Funded Study, Crabtree et al, “Medical Care”, Lippincott, Williams and Wilkins

USEFUL CONCLUSIONS

- Successful process change rests on “quality of interactions of staff more than quality of staff”
- Arranging time for reflection on what they do and how they work together are important components of change management strategy
- Engineering step by step sequential change alone is less effective
REGIONAL PRIMARY CARE CENTER (RPCC) AT D-H

- The “home of Medical Home”
- Primary Care Administration
- 5 Divisions, 23 practices, 55 primary care teams
- 2008-2009 leadership begins move to align practices with NCQA and Medical Home Index MH criteria
- Mission, Vision, Goals

FY 2010-11 ANNUAL REPORT
REGIONAL PRIMARY CARE CENTER
“IMPLEMENTATION OF THE MEDICAL HOME”

Pre-Vist

Visit

Integrating and Continuum Whole Person Care

Visit

Pre-Vist

Continuing Care

Draft (10-25-10)

Prepared by:
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D-H RPCC STRATEGY

- Chronic disease management
- Practice improvement:
  - Measurement
  - Targets
  - QIPS
  - Practice Improvement Coaches
  - LSC Meetings: transfer of information
  - Balance peer pressure with esprit de corps
  - Service, Quality, Finance
  - Fulfill Value Equation

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SOME CHALLENGES

- Cautionary note from Beverley Johnson, CEO, Institute of Patient and Family Centered Care
- Habits and Hierarchy
- Same words, different images
- Concerns: losing control, lacking rewards, investing time, doubting outcomes
- Satisfaction criteria
FORWARD MOTION

- Top Leadership Support, Shared Leadership within teams
- Measurement and Anecdotal Evidence
- Experiences:
  - Sanders Burstein M.D., Blair Brooks, M.D.
  - Wayfinding
  - GIM Communications
  - Nursing Governance Council
- Communication: internal and external
- Patients and Families

Critical Mass and Climate Change: Theory hits the Parking Lot

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Partnering with PFAs in Simulated Learning Experiences

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Outline

- Rationale for including PFAs in simulated learning
  - PFCC specific learning objectives
  - Embedded in scenarios focused on other learning objectives
- PFA = Subject Matter Expert
  - Scenario and curriculum design
  - Direct participants
    - Observers/Debriefers
    - Actors

Conceptual Model of PFA Partnership in Simulation

- SPs
- PFA observers
  - PFCC Embedded
- PFA actors
  - PFCC Explicit
Picker Institute / Gold Foundation Challenge Grant

- Curriculum specifically includes:
  - informed patient choice
  - breaking bad news

- Simulated learning experiences will provide an experiential component which will include structured debriefing.

Rationale of approach

- An opportunity to reach a large community of learners through a Graduate Medical Education office sponsored effort to incorporate PFCC into the curriculum for all programs.
- Although PFCC is introduced to incoming residents and fellows during GME Orientation, it is not clear how these efforts are continued in our many training programs.
- Our current infrastructure provides ample opportunity to meaningfully include patients and families in the development and delivery of training.
Work plan

- Multidisciplinary design group
  - Assoc Dean for Graduate Medical Education
  - Assistant director for GME
  - Medical Director for PFCC
  - Evaluation and curriculum design specialist
  - Resident Physician, Hospitalist
  - 2 PFAs
  - Chaplaincy

- Curriculum design, scenario development, evaluation

Building Blocks of Family Centered Care*

Medical Model  Family Support  Family Centered  Self Determination

* Personal communication, K. Wayman, Lucile Packard Children's Hospital
Challenges

- Scenario development
  - Creating broad applicability across specialties
  - Minimizing medical decision making
- Evaluation
  - Individual vs. group
  - “High stakes” vs. formative
- Introducing PFAs as subject matter experts
  - Early introduction
  - Integration

Behavioral “Always Events”

- Introducing yourself and describing the reason you are there at each encounter.
- Addressing and referring to patients by the name that they choose; not by their disease.
- Displaying your name badge at all times.
- Treating those whom you serve with the same respect you would wish them to show you.
- Encouraging patients’ and families’ involvement in decision making.
- Welcoming and being respectful to those defined by the patient as “family”.
Experienced RN Orientation

- 7 day centralized nursing orientation program for clinical nurses with more than one year of experience (offered monthly).
- Provides a combination of classroom and simulated experiences.
- Subsequently, the nurse participates in a unit-specific orientation consisting of guided self-study and classroom instruction individualized to each nurse's learning needs.
- Newly hired nurses are also assigned a staff nurse preceptor who will assist them to develop the required practice competencies.

Work Plan

- PFAs will be actively involved in the planning and execution of the entire project.
- PFA Focus groups- describe the key behaviors that patients/families expect when they receive care at DHMC (operational definitions)
- Restructure the current simulation modules to build explicit opportunities for learning and evaluation
- Develop a formal SP curriculum:
  - PFCC concepts
  - Importance of the Always Event
  - How to evaluate and provide feedback to learners
### Domain | Tools | Target
---|---|---
Reaction | Satisfaction survey | RN Learners, SPs
Learning | Pre/post training assessment of PFCC knowledge and self efficacy of above behavioral expectations/ Always Events™ | RN Learners
 | Checklist of observed behavioral expectations/ Always Events™ during simulations | RN Learners
Behavior | RN Preceptor evaluation of Always Events™ performance on unit | RN Learners
 | Survey of patients/families regarding PFCC competency of staff conducted by PRVs | RN Learners
Outcomes | PFCC-specific Press Ganey survey questions | Entire Unit Staff

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**Evidence-based Quality Improvement**

- **Strategic planning**
- **Generalizable Scientific evidence**
- **Particular Context**
- **Measured Improvement**

- Best Practices
- Site visits
- Training
- DHMC revision of M/V/G
- New construction projects
- Partnership with TDI
- eDH
- Increased Partnership

Aligning with Q/S

Batalden, 2007