

Unleashing the Culture: Reaching Hearts and Minds through Partnerships with Patients and Families

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America's Essential Hospitals
HCAHPS Webinar
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Introduction and Agenda

- Introduction
- The Past: Imperative for Culture Change
- The Present: Using Patients to get to “Why”
- The Future: Sharing Decision-Making





HCMC: A History of Caring



Hennepin County **Medical Center**

Hennepin County Medical Center

- Minnesota's **premier Level 1 Adult Trauma Center and Level 1 Pediatric Trauma Center**
- An essential **teaching hospital** for doctors and other healthcare professionals (1,000/year) who go on to practice throughout the state
- Recognized for innovative approach to engage and empower patients with co-morbidities and history of complex and costly healthcare needs.
- 3rd largest employer in downtown Minneapolis.

- 462 Staffed beds
- 2,373 Births
- 3,269 Hyperbaric Medicine treatments
- 15,586 Surgeries
- 21,748 Discharges
- 63,596 Ambulance runs
- 74,490 Poison Center calls
- 100,066 Emergency Services visits
- 496,416 Clinic visits

Hennepin County Medical Center: Classic Public Hospital Challenges

- Hugely diverse patient population
- 72 languages
- Broad scope of services
- Integrated physician group
- Diverse employees
- County legacy and brand identity
- Good but not great patient satisfaction



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Improving the Patient Experience: It's a work in progress

- ◉ 2008-09: Initiated formal approach to patient experience. Tried and failed to deploy best practices. **No buy-in.**
- ◉ 2010: Embraced the power of Patient- and Family-Centered Care. **Launched Rallies. Created the "why"** by listening to patient/family stories
- ◉ 2011: Patient Experience became #1 Focus area on HCMC Annual Plan. **Executive Sponsor identified.** Physician engagement accelerated.
- ◉ 2012: Expanded use of patient/family advisors. **Continued Rallies. Launched Communication tools for bedside care.**



What is PFCC?

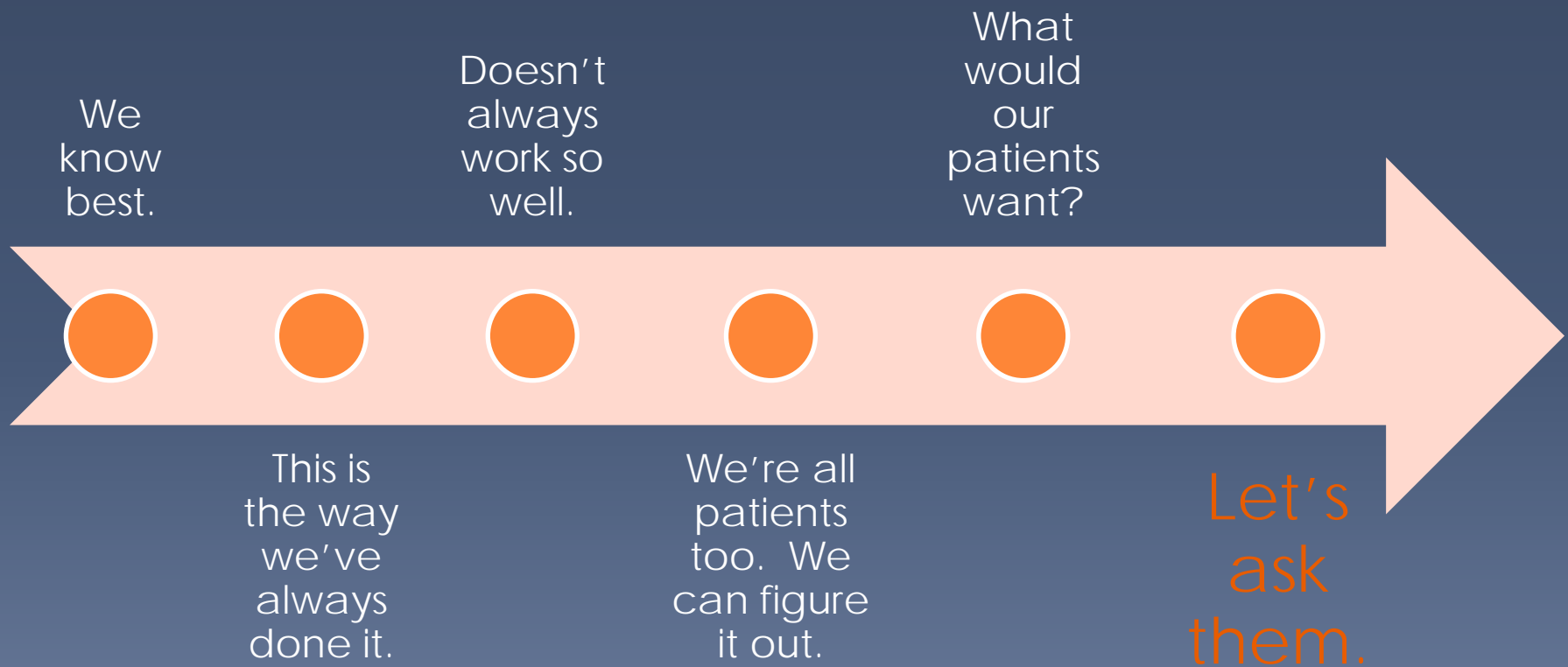
Patient- and family-centered care is working with patients and families rather than doing to or for them.

Patients and families are partners in care.



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The evolution of organizational shared decision-making



PFCC: Pushback from staff

- “Already doing it, and I’m good at it too.”
- Patients are source of control = Chaos
- We are the experts
- Blame PFCC for problems
- Learning to adapt patient/family input into “our” work
- Learning to accommodate hugely diverse patients into structure.
- “You don’t understand how hard this is.”

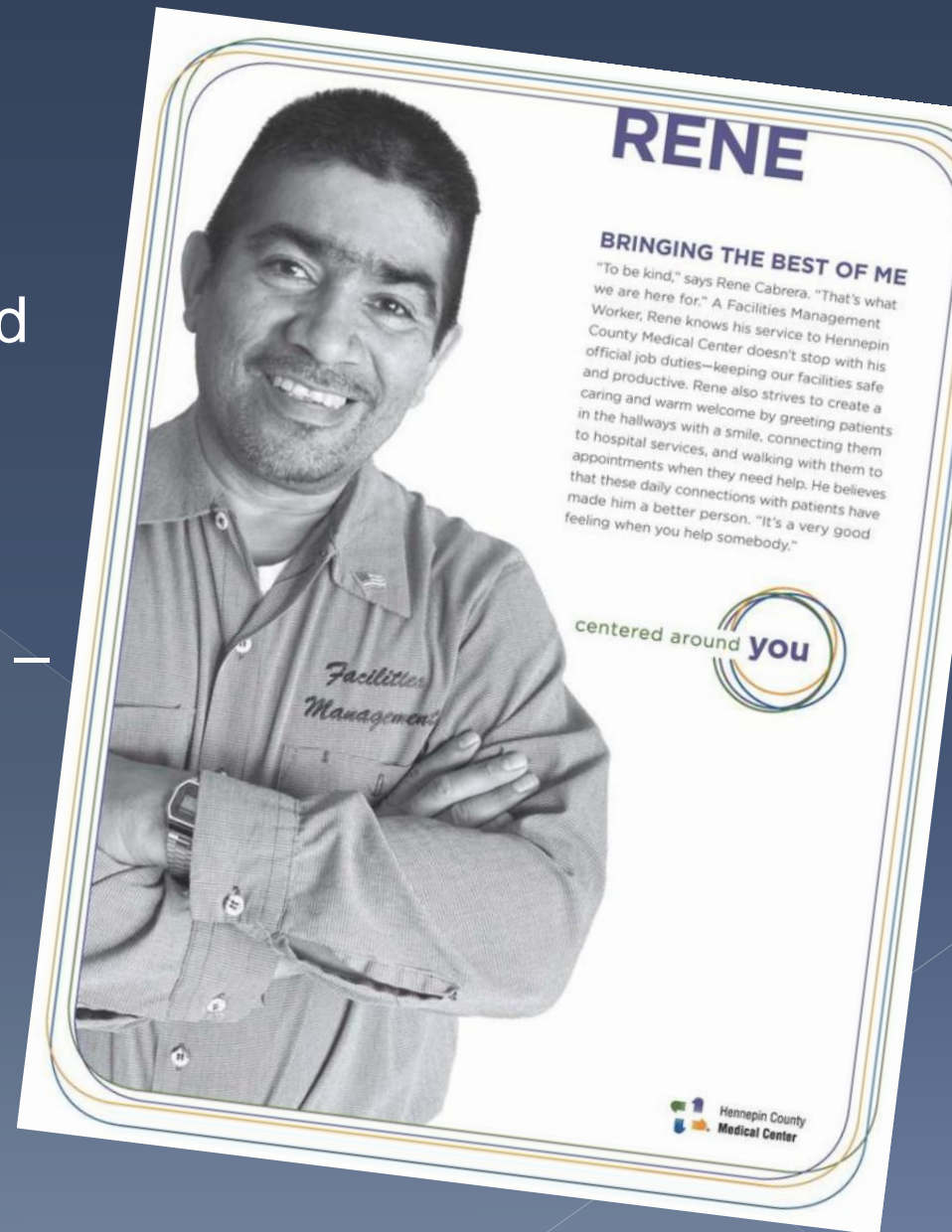


How are we asking and partnering?

- Faces of Inspiration
- Patient advisory councils and focus groups
- Patients on organizational committees
- Patients on interview panels – CEO, Chiefs, HR VP
- Lean events
- Q study
- Brave staff
- Patient Experience Rallies



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The Rally Day: Structure

- › 8 hours
- › 500 staff and physicians
- › 50-60 patients at each event—at every table, trained to tell their story
- › Multi-media
- › Patient/Family panels
- › “Patients as artists”
- › Employees-as-patients panels
- › Keynote speakers bring credibility
- › Workgroups assigned to tables
- › 4 times/year

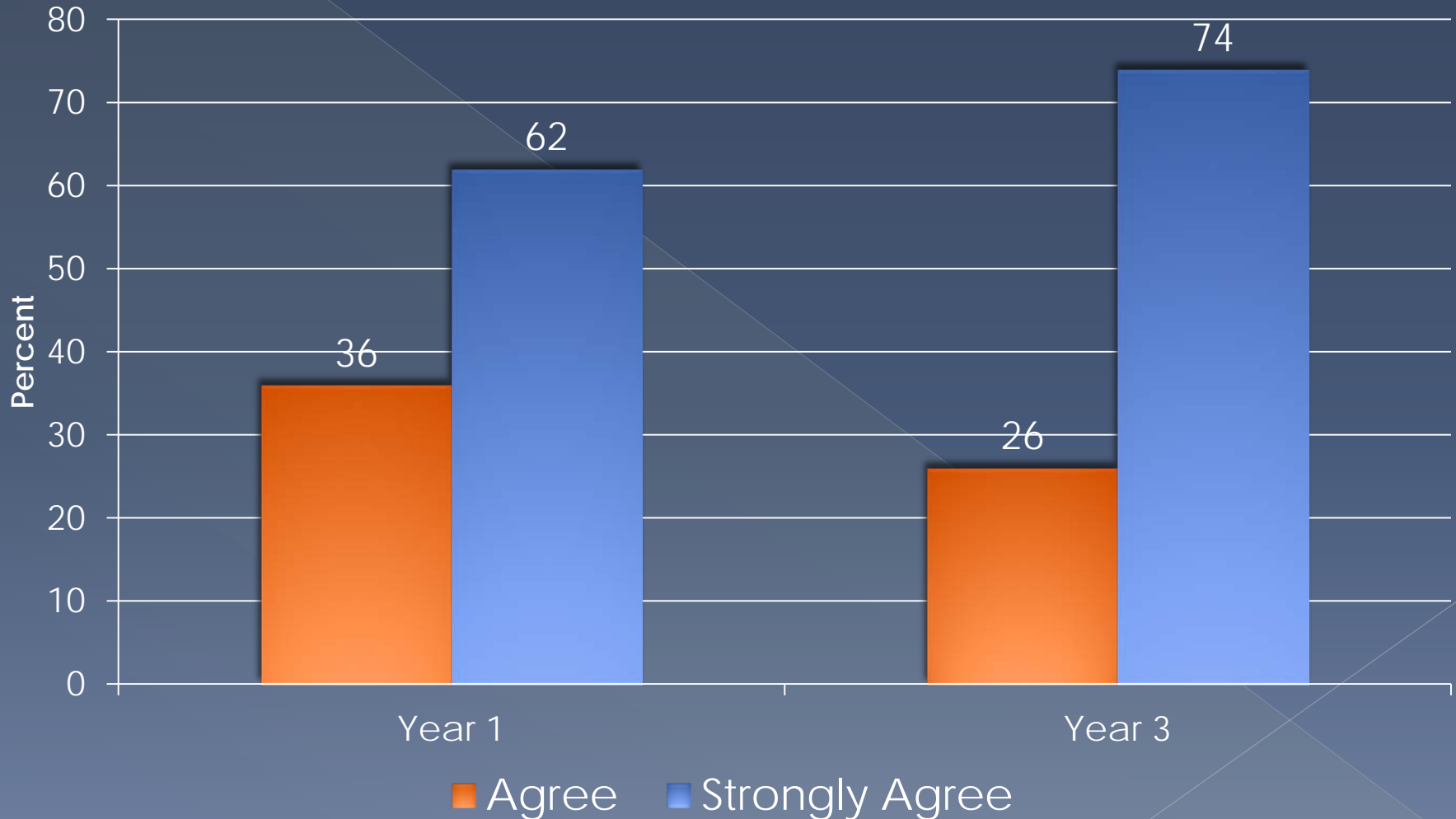


What did the staff say?

- *" Rally was good reminder to be careful with words"*
- *" Ponder before I talk"*
- *" Be more aware of my approach with patients"*
- *" Be mindful of what words to say"*
- *" Be mindful of 9 behaviors—they will make my job easier and my patients more satisfied."*
- *" I hope I have gained a much better perspective of how my daily actions are received, regardless of the intention."*



Response from Rally Attendees:
*I understand what my role and responsibility is in
transforming HCMC into a
patient- and family-centered organization.*



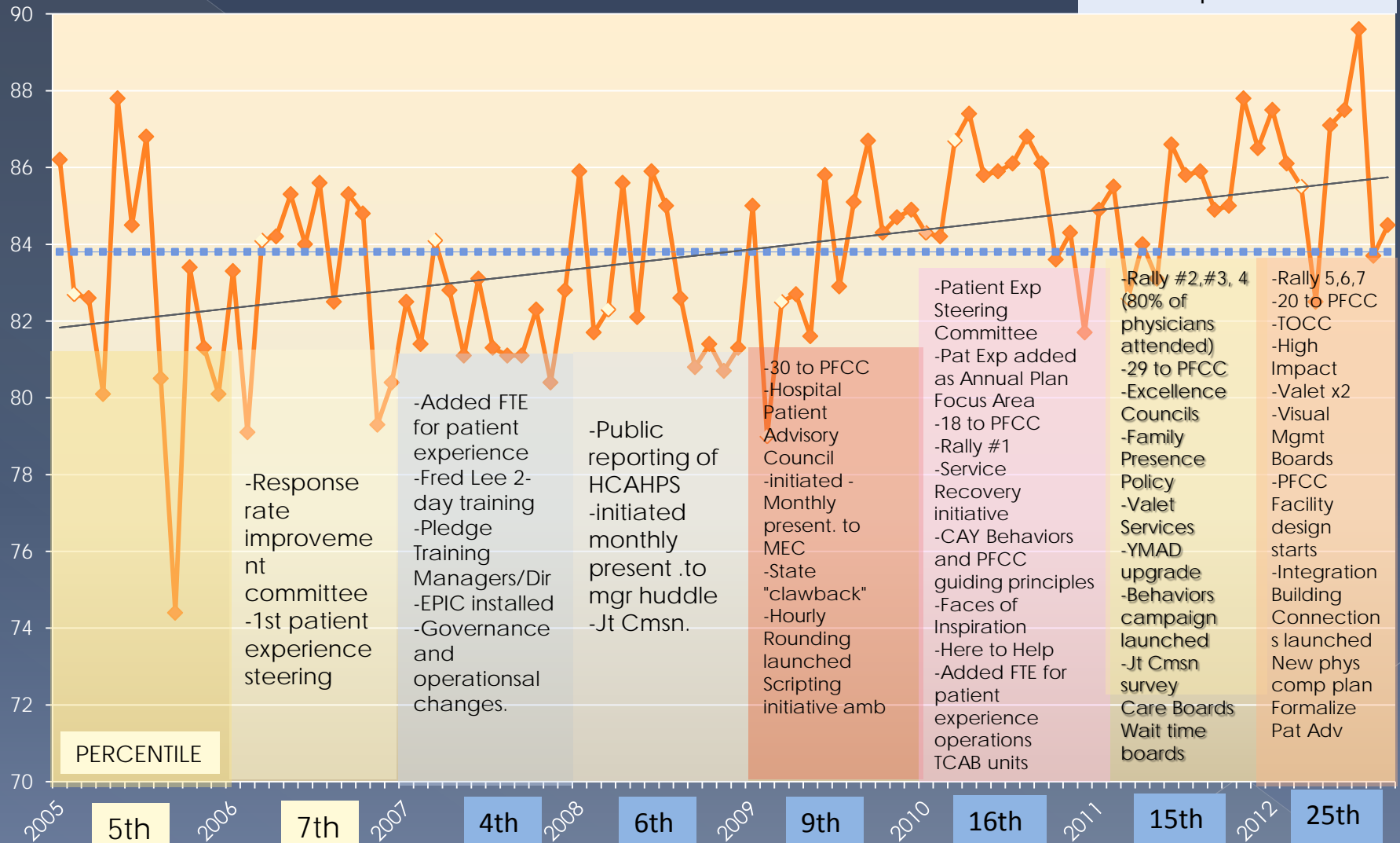
Measures of Success

- Values project
 - 6 of 8 groups (1500+ respondents) named *patient-centered* as the top choice from 150 words.
- Behaviors are changing
- Conversations are changing
- Processes are changing
- Workload is changing!



Inpatient Satisfaction Likelihood to Recommend Mean Score 2005-2012

All-time high point
July 2012 = 89.6
50th percentile



Where we're headed

- ◉ 2013 and beyond
 - > Teaching **The Why**: Continue with Patient Experience Rallies and continue to expand use of patient/family/community **partners**.
 - > **The How**: Communication skills training – *Building Connections*; Experience Discovery and Design. Patients on every strategic committee.
 - > **The What**: Launched specific bed-side/Exam-room strategies: Bedside Shift Report, Care Boards, Interdisciplinary Rounds, Leader Rounding on Patients
 - > **All in**: Organizational Annual Plan insists that EVERY department figure out a way to elicit and incorporate patient/family feedback into their work.

America's essential hospitals face unique challenges

- ◉ Diversity

- ◊ **Challenge** = how to get input from patients speaking so many languages
- ◊ **Opportunity** = hear so many interesting ways of looking at a problem/solution

- ◉ Non-traditional family structures

- ◊ **Challenge** = how to know what family-centered means to each individual patient
- ◊ **Opportunity** = learn to appreciate that family can be much more than parents and siblings.

Facing unique challenges

- ◉ Limited resources

- ◊ **Challenge** = fairly compensating patients/families for their time
- ◊ **Opportunity** = Partners want to know first and foremost that we are taking them seriously.

- ◉ Logistics

- ◊ **Challenge** = patients with complex lives can not always meet with us on our terms
- ◊ **Opportunities** = forced to face what being truly PFCC means

Why do we keep
doing this?



Questions

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