MEASURING PATIENT-CENTRED CARE -- AND LIBERATING FRONT-LINE SERVICE PROVIDERS TO MAKE IT HAPPEN

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Healthcare service provider Boards, managers, funders (LHIN's) and regulators (MOHLTC) need to be able to translate their emerging vision for "patient-centred care", into real, bottomline, concrete outcome measurements. Since the early 1990's, we have understood that the very best way to accomplish such fundamental shifts is a systems thinking skill set for *organizational* and *whole system design*.

In the early 90's, I learned about designing "*Complex Adaptive Human Systems*" from my mentors, Herbert Wong and Ken Moore at Quantum Solutions of Austin Texas -- as they were developing their innovative breakthrough best practice systems thinking tools for discovering the key leverage points in hospitals and in integrated delivery systems, and to uncover the art and science of best practice organizational alignment.

One of the first things that arises in these sorts of high-level conceptual discussions is: how will we know when we have achieved our "patient-centred" vision? That's measurement! In my experience, the organizations that make the best improvements in their performance, don't just "adopt a measure" that they took "off-the-shelf"; they think it through. They often adapt best practice indicators and targets to their unique circumstances. But it needs to be a "discovery process" for everyone involved.

Kevin Leonard of ***Patient Destiny***, and an expert in outcomes measurement, says that "despite its complexity, patient-centred care can be measured, and policy-makers can monitor their progress toward creating a more patient-centred health system." In the *Post-Drummond* world of healthcare, one of the key strategic directions for the future will be measurement.

So what should healthcare organizations be measuring? The *National Cancer Institute* in the U.S. suggested that healthcare providers should consider five measurable components of "patient-centred care". These included:

- Fostering healing relationships;
- Exchanging information;

- Responding to emotions;
- Managing uncertainty, making decisions; and,
- Enabling self-management.

Boards, senior managers and front-line care providers should be exploring the potential measures for each of these suggested components of "patient-centredness". In addition, Health Minister Matthews has asked the *Health Quality Council* to accelerate its assigned mandate to determine pay rates for quality patient-care practices backed by evidence – not necessarily an easy job.

Kevin Leonard says that "just as there is no single measure that can tell you the performance of the economy, or a hockey team, there are no single measures for being patient-centred". Despite the fact that I'm not much of a 'numbers guy', I really get what Kevin is telling us about the power of measurement.

The *science* here is actually very simple. It's the *art* that is complex -- because it lies within the understanding of what people think and feel about when they talk about these measures. "Multiple measures need to be used in combination", says Professor Leonard.

Usually we just accept the health sector's common practice for these measures -- and we go measure it. But true patient/ client-centredness requires that we start by understanding the suggested measurement. Leonard says that there are four key criteria for patients to be partners: **engaged, enabled, equipped, and empowered**.

Several LHINs have been asking patients: "how can the healthcare system help you manage your healthcare?" Being able to access their own health information is viewed as an important first step. It must be noted that information is key to patient engagement, and levels the playing field. However, as Professor Leonard points out, "there is still reticence on the part of physicians to allow patient access to their own health information."

In addition to engaged patients, we need to enable patients with information.

Once a patient is able to access their own health information, we need to measure whether their health outcomes improve. As a result, patients need to work with the system to understand their health data -- and how to make it more meaningful. Professor Leonard says that, "overtime, conversations between patient and providers will become more productive, and offer better decision support to care-related issues".

In the truly equipped patient mode for which Kevin Leonard advocates, patients would be provided with immediate and timely e-access to all of their healthcare information and personal clinical indicators. "In consultation and collaboration with their healthcare providers, they will learn how to better manage their healthcare," says Leonard.

The fourth criteria that he lists is the "*Empowered Patient*". Patients are engaged when they seek to access their own information enabled by the provider. In consultation and collaboration with their provider they need to be equipped to understand their own health indicators and as a result, they become empowered to manage their care.

Patient empowerment is the approach that has been adopted at *West Park Healthcare Centre* -- a leading-edge specialty rehabilitation and complex continuing care hospital. West Park has tested an approach developed in the UK known as *Practice Development* where the aim is to promote person-centred, evidence-informed practice.

West Park CEO Anne-Marie Malek says, "we engaged patients in identifying a vision for their care environment as well as conducted focus groups using a Practice Development tool called the Claims Concerns and Issues Process. This has resulted in two patient-led improvement projects: improving room lighting, and improving the dining experience.

"We have begun to see the impact of our efforts," says Malek, "our complex continuing care patient satisfaction with staff relationships has improved 10% in less than two years. We have also seen a significant improvement in our clinical indicators including pressure ulcer and pain rates. By improving the patient experience and sustaining evidence informed practices we are also reducing costs."

Technology and e-health can also play a role in enhancing the experience and reducing costs. Professor Leonard points to Sunnybrook's **MyChart™** – a patient-centred tool which has been active since 2006, with over 15,000 users (patients/family/clinicians) accessing personal health records as a patient empowerment tool. It is directly connected to the Sunnybrook's clinical Hospital Information System (HIS) and it has a direct, real-time feed of clinical information that is shared with patients. It is accessible through the internet, and allows patients to control who can see their personal health record information – people such as family members, friends, caregivers, primary care physicians, hospital clinicians and pharmacists.

While being equipped with information is great for some patients, most patients just want the expert professionals to care for them -- by applying their best professional judgement. So how do you measure "care"? what do patients and their families value?

Some measures of "*Patient-Centred Care*" assess communication and relationships, others assess organizational culture, emotional intelligence, compassion and partnership. Governance and management need to have some robust conversations to "uncover the meaning" of what they are measuring.

This is a different way of thinking. Normally, within a culture of blame and blame-avoidance dynamics, everyone tries to "game the numbers" and "game the system". People engage in manipulating the numbers – without actually improving anything meaningful in terms of the "patient experience."

However, as increased economic incentives are provided for higher customer satisfaction scores, more and more "gaming" of the patient experience can be expected to take place. So how should an organization evaluate themselves on how well they deliver patient-centred care? The big debates that health administrators, board members and health policy experts should be having are about "what to measure".

Kevin Leonard and his team at **Patient Destiny** are testing and refining measures for "patient-centredness" with a variety of healthcare service providers who are working with Kevin to refine their patient-centred measurements. Does your organization have a definition for what you mean by, "patient/client-centred?

In ***Health Affairs*** (August, 2010), Epstein et al say that "ultimately, patient-centred care should be judged primarily by the quality of their relationships with clinicians." They point to the many limitations of the standardized patient satisfaction surveys. So how can healthcare organizations discover how to design better patient/ client experiences? That's been my primary focus for learning over the past three years.

Storytelling and *Storyboarding* are the two most effective tools that I have come across that can be used for uncovering the actual conditions for patients/ clients/ residents; and, for designing a significantly better patient/client/ resident experience – utilizing the collective intelligence of the multiple perspectives involved. While I had discovered the power of *story-telling* and *qualitative analysis* ten years ago, it was only recently that I was exposed to a remarkable systems thinking based tool for experience-based design called: "***The Storyboard***".

A number of leading-edge organizations are now embracing the discipline of *experience design*. Art Frohwerk, a systems engineer and human factors expert who once headed up the Show/ Ride Engineering at *Disney Imagineering*, has devoted the last 20 years of his life adapting *experience design methods* to the patient/ caregiver/ family experience in the American health system.

For years my Quantum colleagues in Austin Texas would tell me that "after lean thinking, the next step is 'experience design'." *Experience design*, as I have now finally discovered, incorporates many disciplines -- including the best of TQM/ CQI/ Lean Thinking/ Strategy Mapping/ Scorecarding/ Kaizen/ Emotional Intelligence and the collective intelligence of patients, nurses, doctors, families, staff and even Board members.

As a transformation coach working in the field of organizational transformation and healthcare innovation, I've had more than twenty years experience working with some highly innovative leaders -- as they led the transformation of their organizations. While we have seen many really helpful tools over the years -- like, for example, the *Balanced Scorecard* – I have seen how this *storyboarding* approach really enables organizations to "tap into their collective intelligence" to design a very different way of operating, where it counts: the client/ customer perspective.

In the post-Drummond world of healthcare, this is a "just-in-time" *disruptive innovation*.

The process of *Storyboarding* for design is much more than just brainstorming, telling stories, sending out surveys, or hosting focus groups to ask what an experience should be. This technique creates a setting to bring customers, leadership, and cross-sections of staff together in different forums to discover, invent and test the "story" of the *patient experience*. This is where "disruptive innovation" takes place.

A critical insight is that our patient/ family experiences are made up of a continuum of events – some positive, some negative. One of the first tasks in the *Storyboarding* process is to *find and eliminate the negative* cues -- those things that get in the way of the *positive experiences*. Frohwerk says that "it is a demanding, insightful, and comprehensive task to design a care system so that everything is focused on the systems of patient healing. It entails some key paradigm shifts, and it requires bold leadership from the top, and the institutional commitment to make the necessary shifts."

The ***Drummond Report*** has provided us with a clear and honest analysis for the need for fundamental transformation of the healthcare delivery system. Is your organization ready for the patient-centered/client-centred transformation?

Next week my blog will be entitled, "***Patient Anxiety Emotional Intelligence Unleashing The Power To Care Within A Culture Of Empathy***."