

IMPLEMENTING A PATIENT-CENTRED CARE STRATEGY

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While the gritty details of the *Drummond Report* will not be made public until next week, the basic gist of his report has been telegraphed to the healthcare system for the past six months.

However, most people have still not actually internalized any of these “doom & gloom” reports in the media. We keep hearing about the various “expert” conjectures about the “future of our healthcare system”. But, not many of us actually believe that these things have anything to do with us, personally. It is just an on-going, never-ending political debate, isn't it?

Normally, for most humans, “change” is about what those other fellows have to do. It is not about us, personally. Indeed, nine of ten people would rather die, than actually change; according to the research literature. Health Minister Matthews warns “If we don't change, we simply won't be able to guarantee a sustainable universal public health care for ourselves, our children and our grandchildren.” So, the stakes are very high.

Many of our healthcare organizations have already begun the transformation journey that will change healthcare for the better over the next five years.

The “early adopters” of *patient-centred care* – perhaps 10% to 15% of healthcare organizations (e.g. organizations like Kingston General Hospital, the Hospital for SickKids, Saint Elizabeth Healthcare, Rouge Valley Health System, Toronto CCAC, West Park Hospital, etc) — have already leapt into new paradigms for patient relationships, and are just now beginning to experience the results of their emerging innovations. We can learn lots from the “early adopters” of patient-centred care. We can learn about what worked, and what didn't work so well.

One of the early pioneers in patient-centred care is *Kingston General Hospital* – which imploded financially three years ago, and has been restored to organizational health as a consequence of CEO Leslee Thompson's deep commitment to patient-centred care, quality and safety.

KGH created a *Patient and Family Advisory Council* which adopted the patient-centred care strategy: “Nothing about me, without me”. Their strategy requires them to maintain

their focus on partnering with patients and provide the mandate to ensure that the patient's voice is included in meaningful ways at every level of the organization.

With almost thirty patient advisors now serving on nineteen standing committees of the Board, the patient perspective is infused into the operations of the hospital – including hiring committees.

Indeed, at KGH the first person to speak on a selection committee for hiring is the patient advisor. “We intend to convey upfront to a prospective employee who they will be working for if they get the job: the patients”, says Leslee Thompson.

Toronto CCAC is another early adopter of client-centred strategies after CEO Stacey Daub's tour of the UK's King's Fund five years ago. She went to investigate what they were doing in response to their ground breaking report *Through Their Eyes*.

When she returned from her learning journey in England, Stacey launched a series of activities to improve the client experience based on the feedback they received from both patients and caregivers. The CCAC decided to create opportunities for front-line workers to deliver a more flexible and customized care experience in their home. Today at Toronto CCAC, they are “changing the conversations” they have with clients to understand what's most important each time they talk to them – and not simply delivering service according to a plan that was developed when the client was first admitted to the program.

Based on the *King's Fund Model*; from the lessons learned from the *Sherbrooke CLSC* in Quebec; and, from the *Baptist Leadership Group* in the US, the Toronto CCAC piloted their ‘changing the conversation’ project with two of their provider partners, **VHA Home Healthcare** and **CBI**. Personal Support Workers were asked to create a more personal and emotional connection by focusing on clients' immediate needs or concerns — such as making a cup of tea, or letting the dog out one last time. Three questions were developed for Personal Support Workers to ask their clients during their scheduled visits:

- 1) *What's the most important thing I can help you with today?*
- 2) *I will be leaving in a few minutes. Is there anything else I can help you with before I go?*
- 3) *Is there anything you would like me to tell the office, the supervisor or the CCAC?*

“Choice is one of the most important things we can offer our clients, and the support they want, not just what we think they want” says Daub.

When *SickKids Hospital* decided to become a world leader in “patient-centred care”, one of the first things they did was organize patient/ customers forums for feedback. The focus groups decided that “patients should be able to eat what they want, when they want it.”

Given their deep commitment to their strategic direction to become “patient-centred”, the hospital simply implemented their new “customer-focused way of doing things” – and discovered afterward that they had indeed saved hundreds of thousands of dollars in waste annually — by ending the process of bringing three regular meals at times when the some of kids were too sick to eat. As consistently demonstrated in the literature, and in my experiences with the organizations I work with, *patient-centred designs*, always saves money – often by 30%.

Looking at the literature, or examining what a number of leading-edge organizations are doing, several patterns begin to emerge that seem to be the “root causes” that enabled these leading-edge organizations to succeed. While the absolute key focal point for success is *leadership*, beyond leadership — or supporting leadership — are the practical methodologies and the nuts and bolts processes, for actually implementing change.

Think about it. Healthcare organizations are really pretty good at creating exciting “visions” and developing energizing “strategies”. Where they mostly fall short is on the business of “*strategy execution*” – the activities required for actually making change happen. If we want an improved healthcare system in the *Post-Drummond* era, we need to learn how to implement sustainable changes that will enable us to produce very different results. So *strategy implementation/ execution* are key.

Bossidy and Charan in their book, ***Execution: The Discipline of Getting Things Done*** describes *execution* as “a systemic process of rigorously discussing hows and whats, questioning, tenaciously following through, and ensuring accountability.” They say that the *skill of strategy execution* includes “making assumptions about the external environment, assessing the organization’s capabilities, linking strategy to operations and the people who are going to implement the strategy, synchronizing those people with their various disciplines and linking rewards to outcomes.”

While there are many very talented and capable healthcare executives across the healthcare system, a number of us estimate that perhaps as many as 50% to 60% of our healthcare organizations are “stuck” right now. They are in a chaotic environment that is filled with mixed signals and ambiguity.

Over the past decade, many of our health system managers gained valuable experience in the pragmatic real-world of *change management* – given all the restructuring that has taken place in the hospital and CCAC sectors. However, not too many of our healthcare leaders have experience at leading and managing deep, fundamental, paradigm-shifting change within their organizations — or across the network of organizations, within each community.

Having invested the last twenty years as a practitioner of *applied change management* research, and from engaging with some leading innovators in the healthcare field who achieved remarkable results, I find that there is a significant difference between an organization that simply “adjusts” to the changes required by the external environment,

and organizations that have developed their internal capacity to re-design themselves — in ways that are transformative.

While some of us may lean more toward the “innovative side” of system redesign, for any of this stuff to actually work, we absolutely need discipline and rigor. What people engaged in leading and managing a complex transformation need are tools, or frameworks, that enable them to organize, align and synergize all of these complex processes together.

The *Master Process* framework from *Experience Design Methodology* is just such a tool for adapting and improving efficiency and effectiveness in every dimension of the “patient experience”. Organizations that are managing deep, complex fundamental change need a way to ensure that “it all fits together”.

From my perspective — as a strategy development coach, and as a collective intelligence facilitator — the “*Master Process*” is to the patient experience, what the “*Balanced Scorecard*” is to the strategy development process. As a systems thinking tool, the *Master Process* identifies all of the elements that contribute to an organization’s success – the business processes, internal support activities, roles, external relationships, “moments of truth”, measures, and the areas for innovation and improvement.

These systems thinking-based tools and processes enable teams to grapple with their re-design issues in a holistic and integrated way. While this certainly implies a “different way of thinking”, it also implies a different way of behaving — within organizational silos, and across the silos in the system.

Organizations that will successfully transform themselves in the *Post-Drummond* era, will be those who can both **inspire and innovate** — as well as **design and execute** their patient/ client/ resident-centred healthcare strategies. The Bottomline: good intentions about “being patient-centred” are meaningless without rigorous processes for implementing strategic change, measuring the results of the actions you took, and learning from the experience.

Next week my blog will be entitled, “*Patient Anxiety/ Emotional Intelligence: Unleashing the Power to Care within A Culture of Empathy.*”