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Redesigning The Patient Experience Requires Empathy: As Well As The Science For Complex Adaptive System Design

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The **disruptive innovation** introduced by *Health Links* is the bottom-line focus that has been placed on the "patient/client experience" across the continuum-of-care. That is the focus of the health sector transformation strategy of the Wynne Government. These are the key outcomes they will measure.

In a ***Special Report On Health Sector Transformation*** that I wrote for **MANAGING CHANGE** in 2010, I said that "disruptive innovations in healthcare will aim to shape a new system that places patients and their families at the centre of the delivery system and provides healthcare consumers with a high-quality continuum of services that are delivered seamlessly."

The Tories' new *Health Care Policy Paper* also places a major emphasis on "patient-centred care" and "consumer choice" -- but their primary strategy is to create another new health system structure with the hospitals in charge. Nevertheless, it seems to me, that whether you are in a *Health Link* today or not, the healthcare system (no matter what party forms the next government) is going to be putting increasing "value" on the indicators measuring quality and customer service satisfaction.

That's certainly the focus for these first 19 *Health Links* that are being established.

So how will we know when *Health Links* have succeeded? According to the *Transformation Secretariat*, the goals to be obtained include:

- All complex patients will be attached to a primary care provider and have coordinated care plans developed;

- People will have same-day/next day access to their primary care provider;

- There will be a reduction in time from primary care referral to specialist appointment -- as well as reduced time from referral to home care visit;

- There will be primary care follow-up within 7 days of discharge from an acute care hospital;

- There will be a reduction in the ALC rate to 9% or less; and,

- An increase in self-reported satisfaction with healthcare services.

In addition, Health Minister **Deb Matthews** has been ask *Health Links* to focus on improving the patient experience – starting with the top 5% of health system users.

What our *Health Links* will soon discover is that improving the personal experience of patients and their families will require not simply redesigned patient/client service delivery processes – but a transformed healthcare *culture* as well.

"*Culture*" is about how people think and behave. However, in a command and control culture that starts with Queen's Park holding LHINs accountable for outcomes over which they have no control, and then LHINs holding Health Service Providers (HSP) accountable for outcomes over which they have no control, usually end up one-way or another creating a highly defensive posture in front-line caregivers who feel a need to avoid blame. CYA (**C**over **Y**our **A**ss) strategies tend to prevail in such environments.

While this may be "normal behavior" in bureaucratic environments, it makes most healthcare professionals a tad uncomfortable. You understand empathy, and its place in designing the patient experience. Best practice patient-centred care design engages patients and providers in the design process. So, for healthcare service providers, empathy is key.

Empathy is the ability to imagine yourself in someone else's position and to intuit what that person is feeling. It is the ability to stand in others' shoes, to see with their eyes, and to feel with their hearts. Empathy isn't sympathy – that is, feeling bad *for* someone else. It is feeling *with* someone else -- sensing what it would be like to be that person.

Since people's feelings are not always put into words, we must be able to read non-verbal cues, such as facial expressions. People with high levels of emotional intelligence can read "body language" – which is 70% of a person's "communications".

To be empathetic, it is necessary to be *self-aware*. When we are self-aware, we are in touch with our own emotions, and therefore are more able to read others' feelings.

In his book, ***A Whole New Mind: Why Right-Brainers Will Rule The Future***? Daniel Pink says "empathy is a stunning act of imaginative derring-do, the ultimate virtual reality: climbing into another's mind to experience the world from that person's perspective." Indeed, empathy is an essential part of *experience-based design* because system designers must put themselves in the very being of whoever is going to experience a care process or service.

People exploring the various options for measuring patient-centred care should also reflect upon measuring the ten suggested **Guiding Principles For Patient-Centred Care.**

These are:

1. **Care is based on continuous healing relationships.**

2. **Care is customized and reflects patient needs, values and choices.**

3. **Families and friends of the patient are considered an essential part of the care team.**

4. **Knowledge and information are freely shared between and among patients, care partners, physicians and other caregivers.**

5. **Patient safety is a visible priority.**

6. **The patient is the source of control for his or her care.**

7. **All team members are considered caregivers.**

8. **Care is provided in a healing environment of comfort, peace and support.**

9. **Transparency is the rule in the care of the patient.**

10. **All caregivers cooperate with one another through a common focus on the best interests and personal goals of the patient.**

So, while we are pretty good at generating these sorts of high-level principles, we can't seem to be able to create the reality? How can we change the "patient experience"?

Art Frohwerk, the "father" of *Patient Experience Design Methodologies* points to the fact that "there is no system". He says, "specialty advances and growth in healthcare have inadvertently contributed to the vulnerability of the overall system."

As a result, healthcare has three unmet deficiencies. These are:

- **Fragmentation** – treating parts, versus the system, thus sub-optimizing the whole.

- **Missed Connections** – learning gaps, creating risk and aggravation.

- **Being Reactive** – which always costs more than being proactive.

"These critical deficiencies are the foundation of today's serious cost and performance problems", says Frohwerk. "It is our focus on the patient experience that will help us see and correct the design of these system challenges."

Art believes that the goals set for *Health Links* are achievable. However, he says a "system approach" is required – a new paradigm, and a new set of lenses for seeing, as well as new habits of behavior. "They need to figure out the system – driven by the intended patient experience – then, orchestrate the mechanisms to pull it together", says Art.

Having devoted the past fifteen years of his life applying the same tools that he invented to create the "customer experience" at Disney Theme Parks around the world, Art says

"healthcare is an eco-system of people, places, science and tools." His experience design process fundamentally transforms the patient and provider experience.

Advice to *Health Links*: the partners need to understand the whole 'big picture' before diving in to "fix" a single part – because every part is, in some way, interdependent with another. Optimizing one area, will undoubtedly sub-optimize other areas.

Frohwerk says that the teams recruited to the *Health Links* project need to understand the science of a human experience by understanding four fundamentals:

- **How can we be relevant to the whole patient, the whole person** *…not just the physical, medical… not just the doctor or nurses needs… focus on the whole person…*

- **How do we engage with the patient/client?** *…not just when we need to…*

- **How do we adapt to the moment and adapt the system over time?** *…every other industry is working to master this…*

- **How do we create flow?** *...here is where we find enormous disconnects and fragmentation – they are egregious.*

About the discipline of experience design, Art says "we need to inventory, scene-by-scene, what we call the '*story of the customer*,' -- including the resident/client/patient/family/taxpayer and, the community.

It is more "people-centred", than "patient-centred", when you engage the teams of frontline care providers -- along with patients and families -- using a unique *Experience Design Storyboard* to collect insights from all influencers on the patient/client experience. This helps them see what's important in the moment, and to recognize positive cues and negative cues as a set of interdependent issues – from the perspective of the "whole person"..

Art says, "This will give us a record of 'what's important', and the patterns to draw from across the continuum-of-care. This enables us to better anticipate people's needs and to be able to see unique variations. And, it enables us to address negative cues, and design for positive cues."

The *Storyboard* structure and process for seeing and discovering the whole truth of the patient experience creates the conditions for what Margaret Wheatley calls a "self-organizing solution".

I have seen how the "*Storyboarding Methodology*" helps people visualize what an entire service experience will "look like", "feel like" and "be like" as Art Frohwerk unfolds the wrap-around-the-room set of panels depicting each chapter, scene and stage that the group created through their storytelling dialogues together in the patient experience design process.

While the initial stages of this redesign process enables people to "slow down", at some point, it is "time to speed up". In the top-down world of strategy execution, these are called "*leveraged actions*". In the bottom-up world of experience design, they are called "*catalytic triggers*": the proven key leverage points that accelerate change in complex adaptive human systems.

We need both *leveraged actions* and *catalytic triggers* to succeed. Otherwise, you are left with a set of good intentions, going nowhere.

Successful transformation depends on an organization's ability to identify the most *leveraged actions* that would create "maximum impact, for minimum effort", or, "biggest bang for the buck"; etc.

Systems thinking guru, **Peter Senge**, describes "*leveraged actions*" as small, well-focused actions that can produce significant enduring improvements if they are in the right place. For example, the "trim tab", or small "rudder on the rudder" of a ship would be a good metaphor for leverage. This tiny trim tab is what makes it easier to turn the rudder, which in turn makes it easier to turn the ship.

The most *leveraged actions* (i.e. "biggest bang for the buck" or, "maximum impact for least effort"), for creating a "patient-centred care revolution" in Ontario, would include:

- Governance Boards of *Health Links* partners that are prepared to re-invent and transform themselves to become focused on quality, safety and the patient experience as a partnership of health service providers. Such boards will model for staff that they can transform and connect across the continuum too;

- CEO's of *Health Link* partners who demonstrate commitment to becoming true *Learning Organizations* that engage the collective intelligence of their organizations to develop and execute the necessary strategic changes – while learning from the "best mistakes" in on-going improvement processes;

- Facilitative managers across the *Health Links* partners who are mandated to "drive out fear" in their organizations. They build trust and emphasize collaboration, learning, continuous improvement and personal growth;

- *Health Link* Partners that liberate their frontline care providers to utilize patient experience design using a *common language* and set of *frameworks* for talking about, planning for, and implementing complex change. However, creating individual and systemic clinical pathways for the top 5% of health system issues does not require much time by CEOs, VPs, LHIN staff, etc. It requires clinical co-ordination and judgment. It requires a supportive/innovative environment that unleashes the capacity of the system to transform itself.

- LHINs and public servants at Queen's Park who are wise enough to "keep out of the way" -- while providing whatever "supports" are required to ensure that the *Health Links,* and their managing partner, succeeds.

So, there you have it: *empathy* from front-line care providers working in partnership with patients/clients; some *experience design science*; and, some *leveraged actions* on the part of decision-makers can combine synergistically to truly transform the patient/client experience. That's the goal of the *Health Links,* and the vision of the 14 ***Integrated Health Service Plans*** across the province.

Next week's blog: *"**THE HUMBER PATIENT REVOLUTION**"*.

FORWARD THIS BLOG TO COLLEAGUES WHO YOU THINK MIGHT BE INTERESTED THE ART & SCIENCE OF PATIENT EXPERIENCE DESIGN.