

A New Time for Health and Care

HFMA



Why I Care



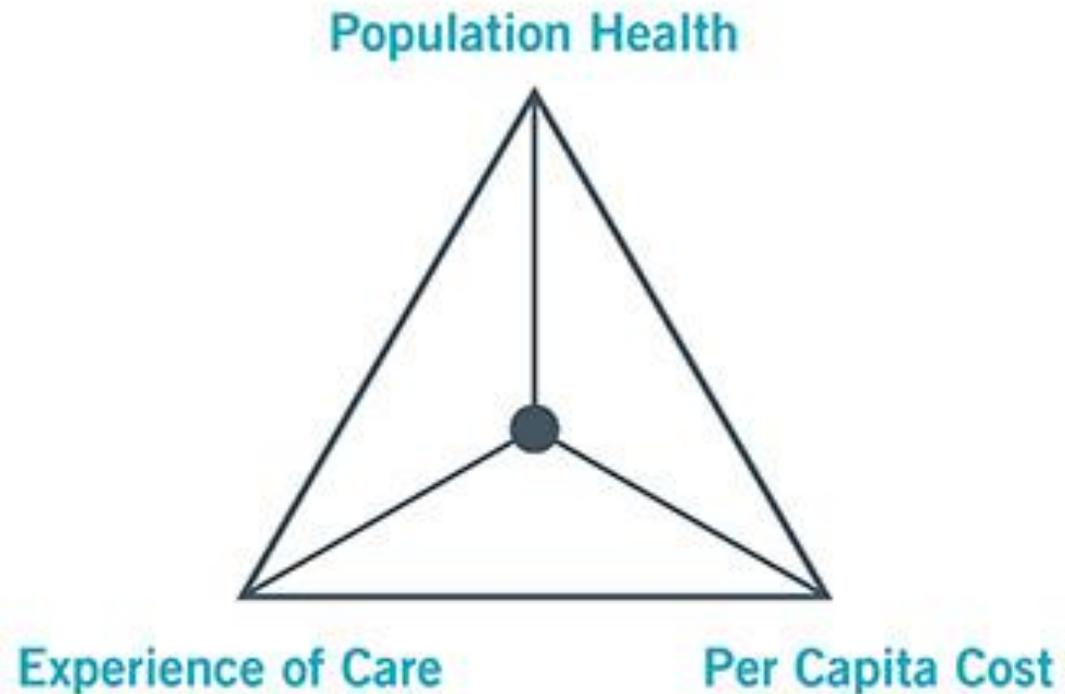
What's Changed Since Robbie Died

- We define harm in new ways
- We can measure safety
- We can predict problems and prevent them
- Transparency is driving improvement
- Teamwork is producing better, safer care
- We now have the safety “change packages” (the what) and the improvement tools (the how)
- Patient and families are becoming more engaged in their care
- COVID gives us new challenges and new ways to see



Still Lots to Improve

The IHI Triple Aim



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Six Aims

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

Engaging all to improve health and care



COVID Changes All

- Innovate
- Spread
- Exnovate
- *Compassion*



The Importance of Curiosity

- IQ – Intelligence Quotient

processing complex data sets and having the mental capacity to problem solve at speed

- EQ – Emotional Quotient

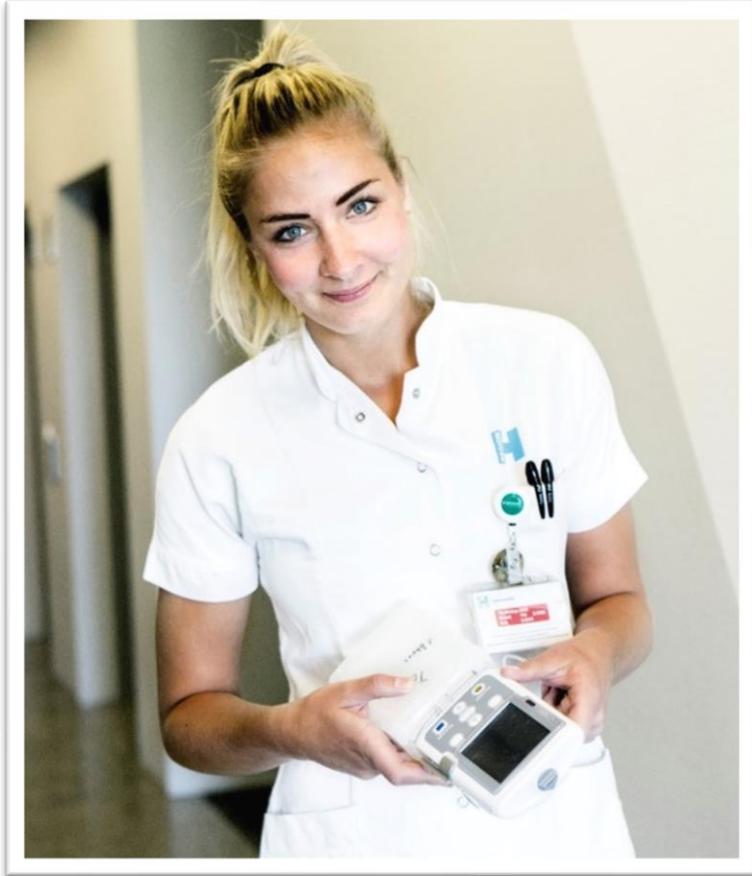
the ability to perceive, control and explain emotions; risk-taking, creating resilience and empathy

- CQ – Curiosity Quotient

inquisitive, open to new experiences, finding novelty exciting



The Backpack Nurse



Katrine Seier Fridthjof, RN
Region H, Rigshospitalet, Denmark



Chemotherapy at Home

- A new service allows patients to have high intensive chemotherapy treatment at home without any staff being physically present
- Possible due to a portable digital pump carried in a sleek backpack codesigned by patients, clinicians, and the Copenhagen Design School



Benefits to Home Chemotherapy

- Patients can:

- Spend more time with their families
- Enjoy their own home meals
- Keep up with physical training
- Enjoy usual pastime routines
- **Avoid risks of acquiring hospital acquired infections (HAIs)**



Rigshospitalet Making the Case	Denmark Ability to Grow	International Ability to Scale
<p>The Concept:</p> <ul style="list-style-type: none"> • Chemo high intensive chemotherapy treatment at home. • Prophylactic antibiotics treatment at home. • Complete redesign of work flow. 	<p>Pull effect from other DK Clinics:</p> <ul style="list-style-type: none"> • The five other DK Haematology Clinics at Herlev, Odense, Roskilde, Aalborg and Aarhus are implementing the concept during 2016. 	
<p>Design Principles:</p> <ul style="list-style-type: none"> • Designed and tested with patients. • Identifying key touch points in the process from a patient's perspective. • Feedback from patients and staff ensures that the concept is safe to use. • Trained staff available by phone 24/7. 	<p>Adapting the concept:</p> <ul style="list-style-type: none"> • Program management by Rigshospitalet and local project management – both with in depth knowledge of all relevant clinical issues. • Rigshospitalet provides the framework + textbooks and then invite clinics to finalise details relevant to local requirements. 	<p>Moving onwards:</p> <ul style="list-style-type: none"> • Working with Copenhagen Healthtech Cluster (Greater Copenhagen) to make the concept available internationally. • First foreign leads are in the book. • The concept was awarded a European Public Sector Best Practitioner Award 2015 by The European Institute of Public Administration (European Union).
<p>Impact:</p> <ul style="list-style-type: none"> • Shortening stays in bed wards from 30 to 10 days. • During first year implementation a net saving of 550 bed days. 	<p>Implementing:</p> <ul style="list-style-type: none"> • A minimalistic and disciplined approach to drive the new concept towards shared patient/clinic value. • Create impact to patient quality and costs a lot faster than before. 	



CAPABLE

- “Community Aging in Place, Advancing Better Living for Elders”
 - Emphasizes helping older adults maintain independence through environmental adaptations and interventions
 - Team of nurse, occupational therapist, and handyman
- Common fixes:
 - Installing or fixing railings or grab bars
 - Improving lighting
 - Installing non-skid treads in tubs and showers
 - Repairing trip hazards, like holes or tears in carpet, or broken tines
- 79% of initial participants reported fewer activity of daily living limitations

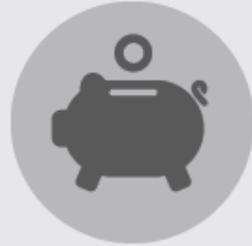


CAPABLE

- Roughly \$3,000 in program costs yields approximately \$10,000 in savings in medical costs.
- Participants showed reduced symptoms of depression, fewer difficulties with Activities of Daily Living, and improved motivation.



CAPABLE IMPROVES HEALTH OUTCOMES AT LOWER COSTS:¹



3x RETURN ON INVESTMENT

Roughly \$3,000 in program costs yielded approximately \$10,000 in savings in medical costs.



HALVED DIFFICULTIES IN FUNCTION

Participants had difficulty with an average of 3.9 out of 8.0 Activities of Daily Living (ADLs) at baseline, compared to 2.0 after five months.



REDUCED SYMPTOMS OF DEPRESSION

Symptoms of depression, as well as the ability to grocery shop and manage medications also improved.



IMPROVED MOTIVATION

The change in physical environment further motivates the participant. Addressing both the people and the environment in which they live allows the person to thrive.

¹ In the period 2012–15, a demonstration project enrolled 281 adults ages sixty-five and older who were dually eligible for Medicare and Medicaid and who had difficulty performing ADLs. ADLs include eating, bathing, dressing, moving around, transferring and toileting.



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Innovation-Spread-Exnovation

Innovation

- Where are care models and processes broken?
- Where do we need new thinking?
 - Innovation labs, design processes
 - Harvesting

Spread

- Where do we see variation in performance?
- How can we reliably spread to ensure that we can provide the best care to every patient, where they are?
 - Transparent data
 - Curiosity
 - Spread Model

Exnovation

- How do we stop what doesn't work anymore?
- How will we eliminate wasteful practices and processes?
- It takes courage!



Costs of Care

- Sources, curates, and disseminates knowledge from patients and frontline clinicians to help health systems deliver better care at lower cost
- Provides four free 15-minute modules to clinicians:
 - First, Do No (Financial) Harm: Having Value Conversations with Patients
 - GOTMeDS: Having Value Conversations with Patients about Medication Costs
 - Teamwork Time: Having Value Conversations with Inter-professional Team Members
 - Costly Conversations: Having Value Conversations with Supervisors and Consultants



De-prescribing

- The process of taking patients off drugs
- Cruel paradox: a large population on the severe end of the spectrum and a large population of others who are overprescribed and stay on the medication for years
- Roughly one in eight adults and adolescents in the US take antidepressants and a quarter of them have been taking them for over ten years
- Today, antidepressants are taken by one in five white American women





Perspective

NOVEMBER 8, 2018

Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

Many health care organizations are searching for ways to engage employees and protect against burnout, and involvement in meaningful work has been reported to serve both func-

tions. According to Bailey and Madden, it is easy to damage employees' sense of meaningfulness my colleagues and I had reason to believe that there might be some documentation tasks that

of the beholder. Everything that we might now call stupid was thought to be a good idea at some point."

We thought we would probably receive nominations in three categories: documentation that was never meant to occur and would require little consideration to elim-

Status of "Getting Rid of Stupid Stuff" Requests from Nurses and Physicians.*

Status	Nurses	Physicians
	<i>no. of requests (%)</i>	
Completed	68 (46.6)	19 (45.2)
Not possible	18 (12.3)	8 (19.0)
In progress	27 (18.5)	2 (4.8)
Assigned to work groups or not yet started	33 (22.6)	13 (31.0)

* Does not include 31 suggestions from other disciplines or related to issues other than improvements to electronic health records.



Exnovation and Undiffusion

- Established procedures can be hard to abandon, even when evidence for change is strong
 - Preference for what is familiar
 - Cost of training and new equipment can be a barrier
- Speed and shape of undiffusion
 - Not a perfect reverse S curve
 - Conflicting data can affect rate of undiffusion
 - Late adopters of old standard are often the first to Exnovate



EXNOVATE TO INNOVATE



VIRTUAL WORKING FREES UP.....

Office space, travel, staff time, reduces Co2 omissions, reduces DNA's, save patients time, reduces issues of childcare/time out of work



COMMUNICATIONS & TECHNOLOGY HELP US TO.....

Improve contact with families, reduce interruptions on ward, reduce paper (NIECR), promote self-care (InHealth), empower parents, access info (QR codes), access training, remote triage (dermatology), support tissue viability team



PREDICTIVE DATA LETS US.....

Model medicines for critical care, palliative care & respiratory, O2 usage, fluids, identify the appropriate form of respiratory support (Airvo, CPAP), PPE usage



NEW MODELS OF SERVICES WHICH ARE WORKING WELL.....

Hospital at Day, EMSU (inc. direct access for GPs), Gynae assessment unit, Radiology hot reporting, reduction in duplication of tests, improved triage (supporting discharge from waiting list), EQiP, on-line rehab (cardiac), insulin shots in pregnancy, digital corporate welcome, removal of cash counting

*"There is no power for change greater than a community discovering what it cares about"
(Meg Wheatley, Leadership & the New Science)*



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Today's Care



Digital Care



Kendra

From “*What’s the matter?*” to
“*What matters to you?*”



I AM VERY FAST AND WILL
PUT THINGS IN MY MOUTH
AND CAN MAKE A RUN FOR IT
HA HA HA!

I AM 7
I DON'T LIKE
MEDICINE BY MY
MOUTH "SO WATCH OUT
I WILL STRUGGLE" AS PER
TO FEEL PEOPLES JOB

MUMS NAME IS EDEBORADIAS
DAD'S NAME IS MARTIN
What Matters To Me
My NAME IS KENDRA I AM 7
I HAVE Autism
I CAN'T SPEAK
SO I WON'T BE ABLE
TO IF IT HURTS
I CAN MAKE NOISES
I CAN'T HAVE GRAPES
AS IT MAKES ME BLOOEY
I WILL BANG MY HEAD
AND BITE MY HAND WHEN I AM
FRUSTATED
I AM VERY FAST AND WILL
PUT THINGS IN MY MOUTH
AND CAN MAKE A RUN FOR IT
HA HA HA!
I CAN DRESS MYSELF
WITH SOME HELP
I CAN DO HIS
I LOVE NOISE
TOYS
I DON'T LIKE
MEDICINE BY MY
MOUTH "SO WATCH OUT
I WILL STRUGGLE" AS PER
TO FEEL PEOPLES JOB
I LOVE TO FEEL PEOPLES
JOB
HAIR IS MY WAY OF SAYING
HELLO
SOME TIME MY HAIR
GETS TANGLED & MY DAD
IS RUBBISH AT DOING MY
HAIR "NEEDS ALOT OF HELP"
I LOVE CUDDLES
TO REASURE ME
24.10.2013

I CAN DRESS MYSELF
WITH SOME HELP
I CAN DO HIS
I LOVE NOISE
TOYS

I LOVE CUDDLES
TO REASURE ME
24.10.2013



Understanding What Matters



Meu nome é
Camila Fernanda Lorenz

Eu gosto quando:
OS MÉDICOS E ENFERMEIROS
ENTRAM SORRINDO E SE APRESENTAM

Eu gosto quando:
PERGUNTAM MEU NOME E
DATA DE NASCIMENTO, ISTO
ME DEIXA SEGURA

Eu gosto quando:
MINHA FAMÍLIA E PESSOAS
QUE AMO MUITO FICAM AQUI
COMIGO, ISTO ME DÁ ALEGRIA
E MELHORA O MEU TRATAMENTO

Eu gosto quando
OS PROFISSIONAIS DA SAÚDE
FALAM SOBRE FE

EU N' GOSTO QDO:
FAÇO EXAME DE SANGUE
OU TROCAM O ACESSO

EU N' GOSTO QDO:
DIZEM Q A R.M. É A
COLETA DO LÍQUOR, SÃO
EXAMES CHABOS E
DOLORIDOS, MAS NO
FUNDO SÃO OS +
FÁCEIS 😊

EU N' GOSTO QDO:
DEIXAM DE SORRIR
OU N' TEM SENSIBI-
LIDADE PARA COMU-
NICAR ALGO

UMA PACIENTE
AUTISTA NA
ESCÓCIA, EU-
CONTROU UMA
FORMA DE
TRANSFORMAR
SEU PERÍODO DE
INTERAÇÃO +
HUMANIZAÇÃO E
DIFERENCIAR O
FACILITANDO
A COMUNICAÇÃO
COM OS PROFISSIONAIS

ESSE MÉTODO
BASTA UMA FO-
LHA DE PAPEL
E LÁPIS, AJU-
DANDO NO
TRATAMENTO
DO PETE E
FACILITANDO
O SEU TRABALHO



Norway

HVA ER VIKTIG FOR DEG DAGEN

SPIRA KULTURHUS - TIRSDAG 6. JUNI



PROGRAM

- 11:45 VELKOMMEN
- 12:00 Brukererfaringer – Hva er viktig for meg
- 12:15 Om ny forskrift om ledelse og kvalitetsforbedring v/ Anne Grethe Skjellanger, Helsedirektoratet
- 13:15 Pause
- 13:30 Hva er viktig for deg? Gode pasientforløp v/ Anders Vege, Folkehelseinstituttet
- 14:30 Erfaringsutveksling og vel hjem
- 14:45 Åpent hus: Markering av "Hva er viktig for deg" dagen



6. JUNI - SPIRA

Foredragsholdere fra
Helsedirektoratet &
Folkehelseinstituttet

HVA ER VIKTIG FOR DEG DAGEN - VELKOMMEN!



Flekkefjord kommune
Vår tilvokst

NORDLANDSSYKEHUSET
NORLANDA SKIPPJVIESSO



Hva kan vi gjøre for deg som pasient i dag?

Vi i Nordlandssykehuset ønsker å vite hva som er det aller viktigste for deg og dine pårørende i møte med oss.

Vi er takknemlig hvis du kan ta et hjerte og skrive noen ord til oss om hva som betyr mest for at du skal ha en god opplevelse i Nordlandssykehuset i dag.



Ta et hjerte i boksen og skriv ned hva som er viktig for deg. Heng hjertet på juletreet.
Kampanjen avsluttes over nyttår



Brazil

Scotland

O cuidado responsável
começa com uma pergunta



O QUE
Importa
PARA VOCÊ?
2017

POR UM CUIDADO
CENTRADO NA PESSOA



No dia 06/06:
♡ PERGUNTE
O QUE IMPORTA
♡ OUÇA
O QUE IMPORTA
♡ FAÇA
O QUE IMPORTA



ask what matters • listen to what matters • do what matters



**what
matters
to you?**

www.whatmatterstoyou.scot

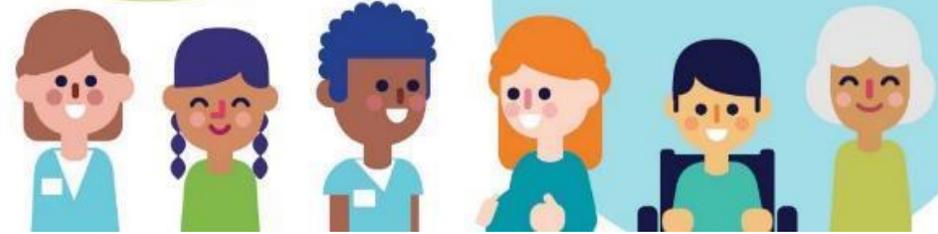


Italy

BC Canada



**WHAT
MATTERS
TO YOU?**



Denmark

Hvad er vigtigt for dig?

Hvad er vigtigt for dig? I er vigtigt for dig? Hvad er vigtigt for dig? Hvad er vigtigt for dig?

“ For mig er det vigtigt, at jeg kan fortsætte med at tage ud i vores helseforløb. Det er livskvalitet. ”

“ Jeg vil ønske gerne have, at min døtner er med, når jeg skal tale med lægen. ”

“ Jeg kan bruge for at vide, hvad der er vigtigt for mig. Det hjælper på den måde, det kan være til. ”

Den 6. juni er det Hvad er vigtigt for dig?-dag.

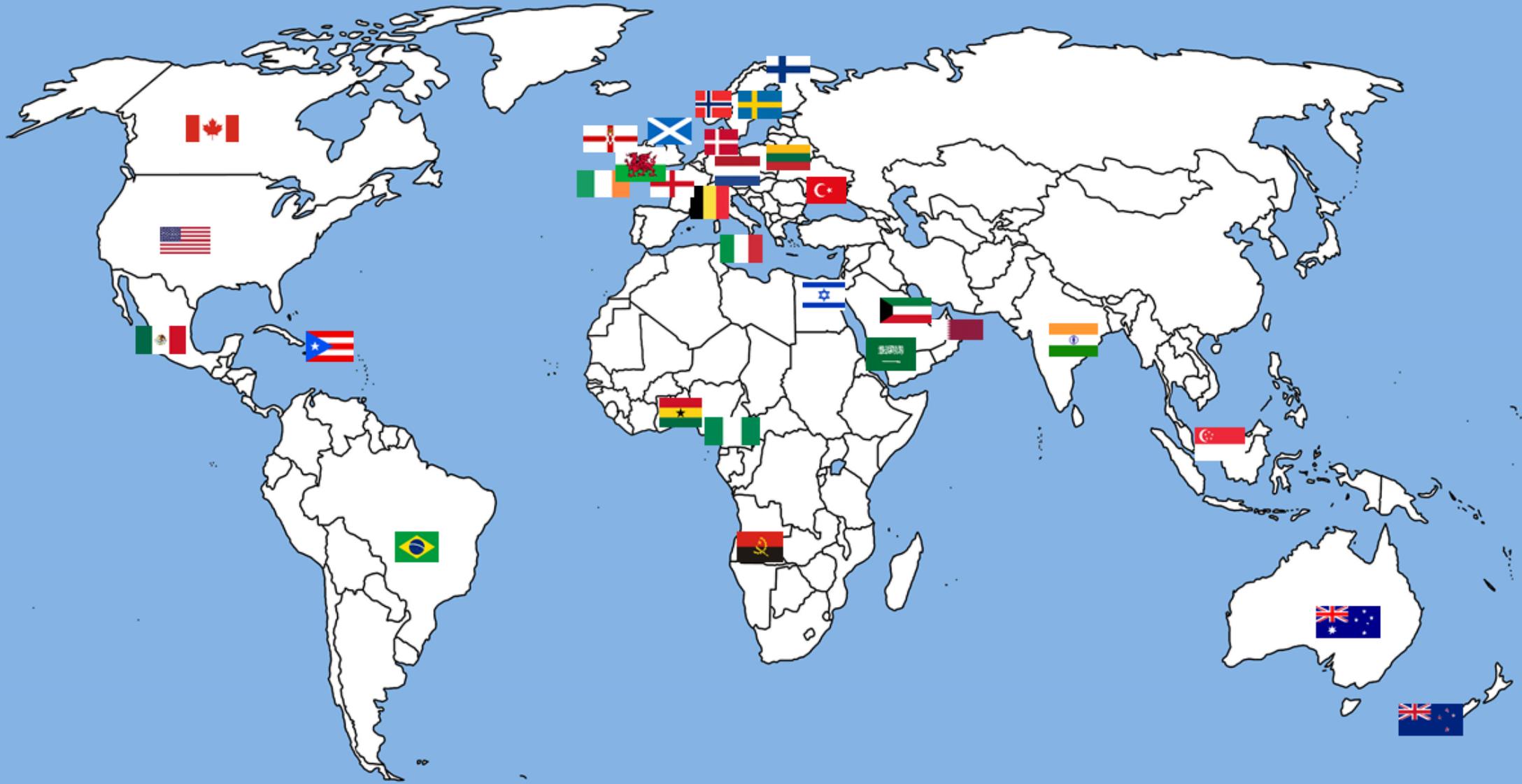
Over hele verden vil personalet spørge ind til borgernes behov, ønsker og håb.

Hvad vil DU svare?

TrykFonden

PSI



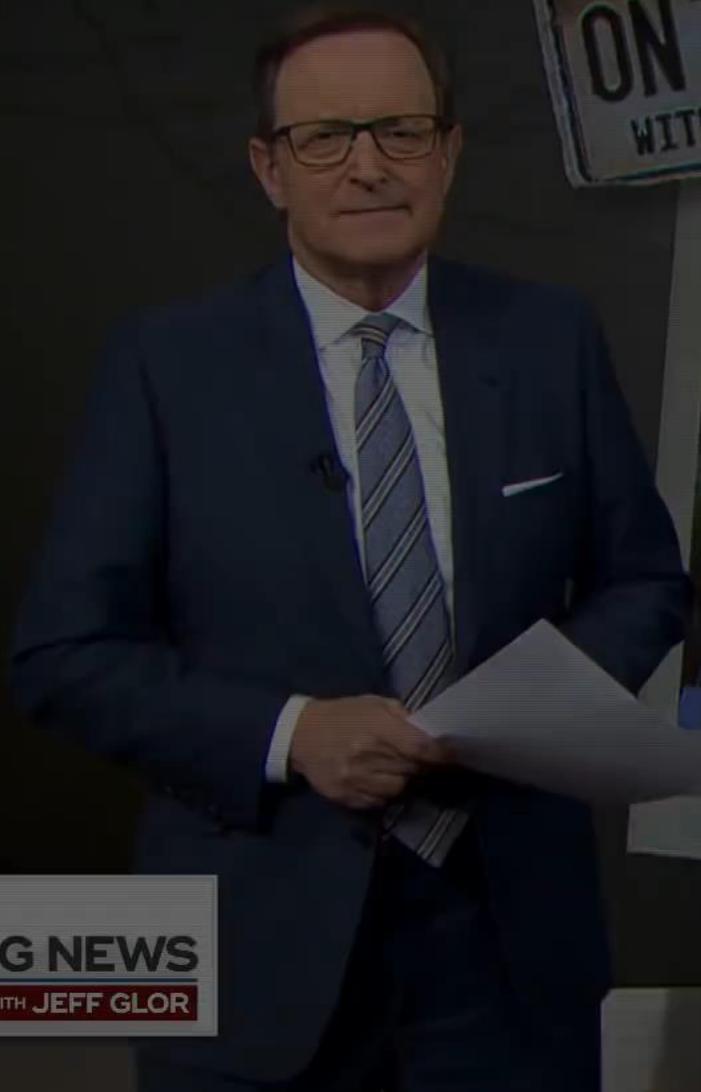


“Today, the world is interdependent as never before, which is why we need a keen sense of the oneness of all human beings. We have to take the whole of humanness into account. We have to understand what we have in common with everyone else.”

- Dalai Lama



ON THE ROAD
WITH STEVE HARTMAN





Source: <http://www.womenshealthmag.nl/Love-Life/nieuws-sophia-kinderziekenhuis-mini-auto-operatie-kamer>





Sources: Inside Edition and Shriners' Hospital for Children



Basic Acts of Kindness

- Deep listening
 - “What’s the matter?” → “What matters to you?”
- Empathy
 - Anticipatory kindness based on patient’s situation and stressors
- Generous acts
 - Can offer a renewing buffer to emotional fatigue and stress
- Timely care
 - Institutional commitment to being on time
- Gentle honesty
 - Guide patients to intrinsic hope
- Support for family caregivers
 - Prepare, empower, and assist a patient’s family



Basic acts of kindness can lead to

- Faster wound healing
- Reduced pain, anxiety and blood pressure
- Shorter hospital stays



Your Psychological PPE

to Promote Mental Health and Well-being



These recommendations are based on a review of published literature and the experience of health systems. For more information visit ihi.org/joy-in-work

Individual



Take a day off and create space between work and home life



Avoid unnecessary publicity and media coverage about COVID-19



Receive mental health support during and after the crisis



Facilitate opportunities to show gratitude



Reframe negative experiences as positive and reclaim agency

Team Leader



Limit staff time on site/shift



Design clear roles and leadership



Train managers to be aware of key risk factors and monitor for any signs of distress



Make peer support services available to staff



Pair workers together to serve as peer support in a “buddy system”

Ask ‘What Matters to You?’

- To your patients and their families
- To your team each day – *“Did anything make you smile?”*
- To your family over dinner tonight
- Ask yourself as you get ready for bed and prepare for the next day



Make the Chili



Thank you!

Maureen Bisognano

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