



Walk This Way

Key Steps to an Effective
Patient Safety Culture

crico

What's Your Goal? Envisioning Your Future Work Environment

*Asaf Bitton, MD, MPH
Brigham and Women's Hospital
Harvard Medical School*



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Building Culture From The Ground Up: Brigham and Women's South Huntington Clinic



Disclosures

- The practice opened August 1, 2011
- Stuart Pollack MD (Medical Director) and Linda Jo Stern MPH (Practice Manager) helped create presentation

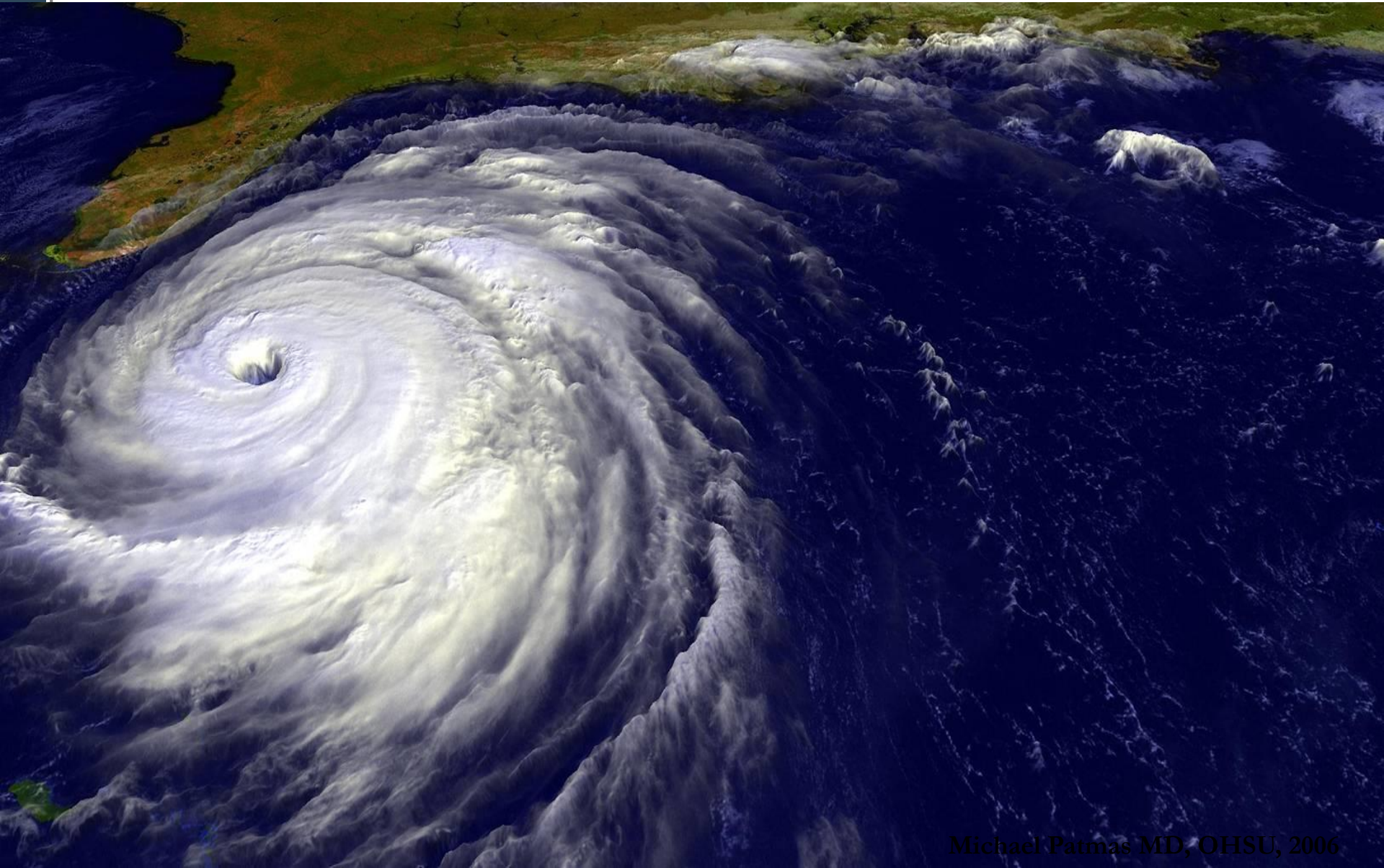


Outline

- Understand what a Patient Centered Medical Home is, and how it fits into current health care delivery reform
- Discuss lessons learned from starting a new practice
- Describing the importance of creating a “Goal Culture”
- 7 “habits” that have been key to achieving that culture



Our Health Care System: A “Perfect Storm”



Changing Direction

“If you don’t change direction, you may end up where you are heading.”

-Lao Tzu

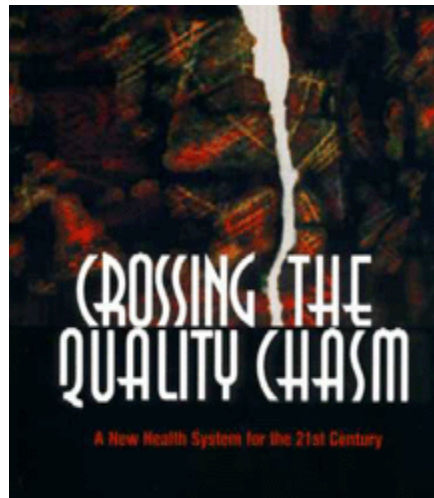


Reinventing the Way We Do Things

“Current care systems cannot do the job.

Trying harder will not work.

Changing systems of care will.”



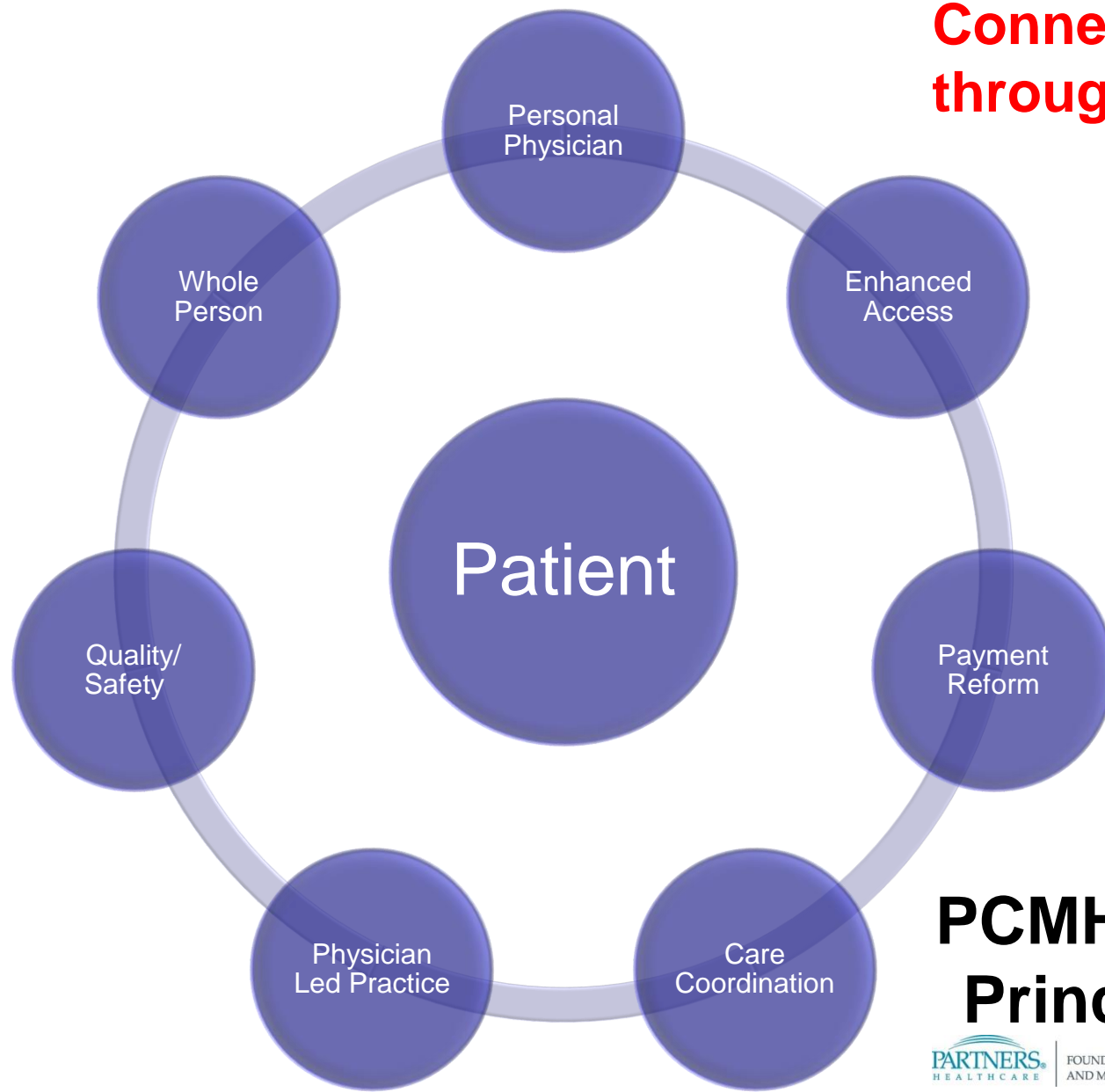
Institute of Medicine. Crossing the Quality Chasm. 2001

“Sounds like a Nursing Home...”

- Patient Centered Medical Home
- Not a great name...
- Patients and many providers not aware



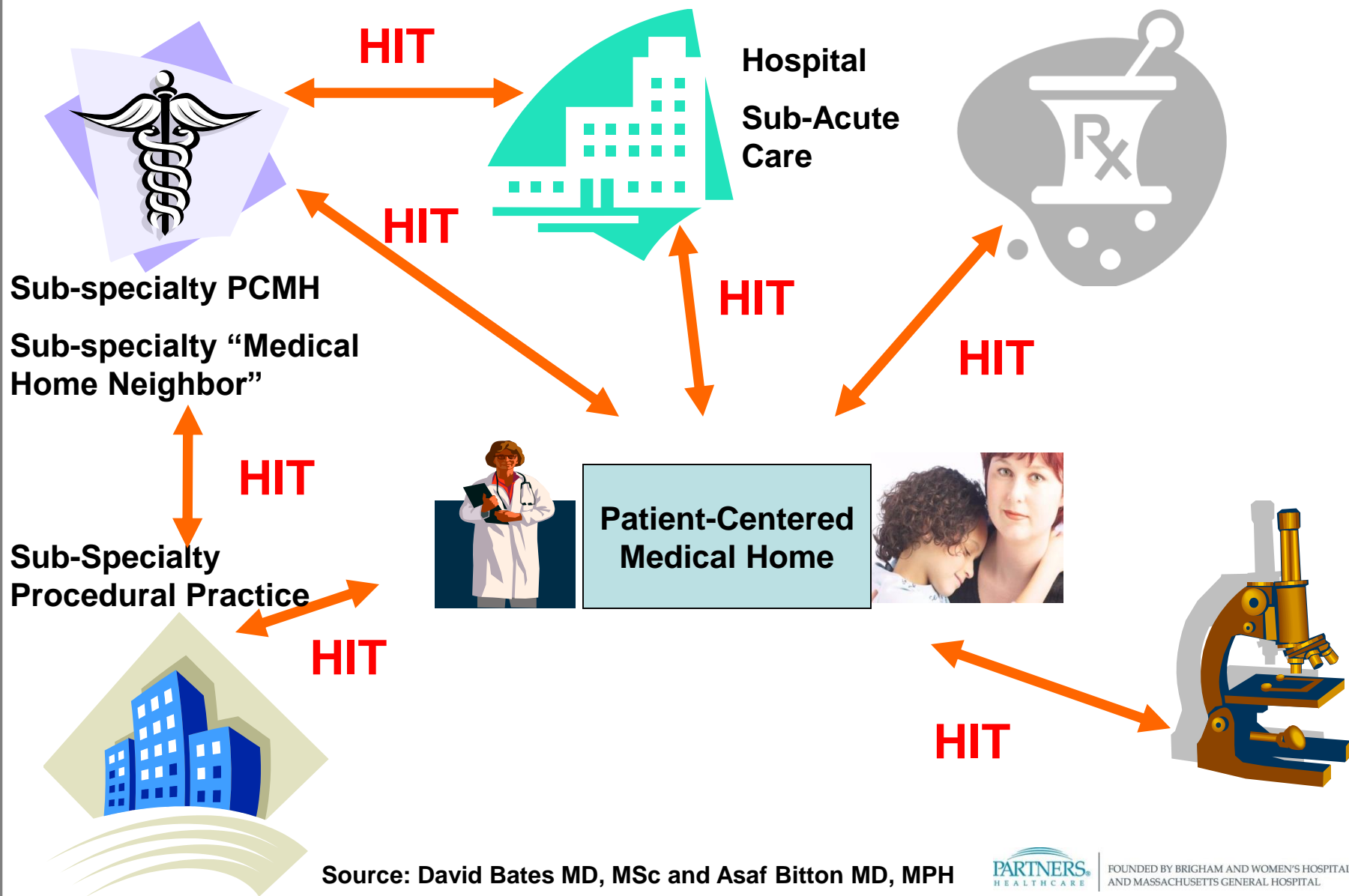
“Great Primary Care, Delivered by A Team”



**Connected
through HIT**

**PCMH Joint
Principles**

Accountable Care Organizations



Source: David Bates MD, MSc and Asaf Bitton MD, MPH

Genesis

The Opportunity

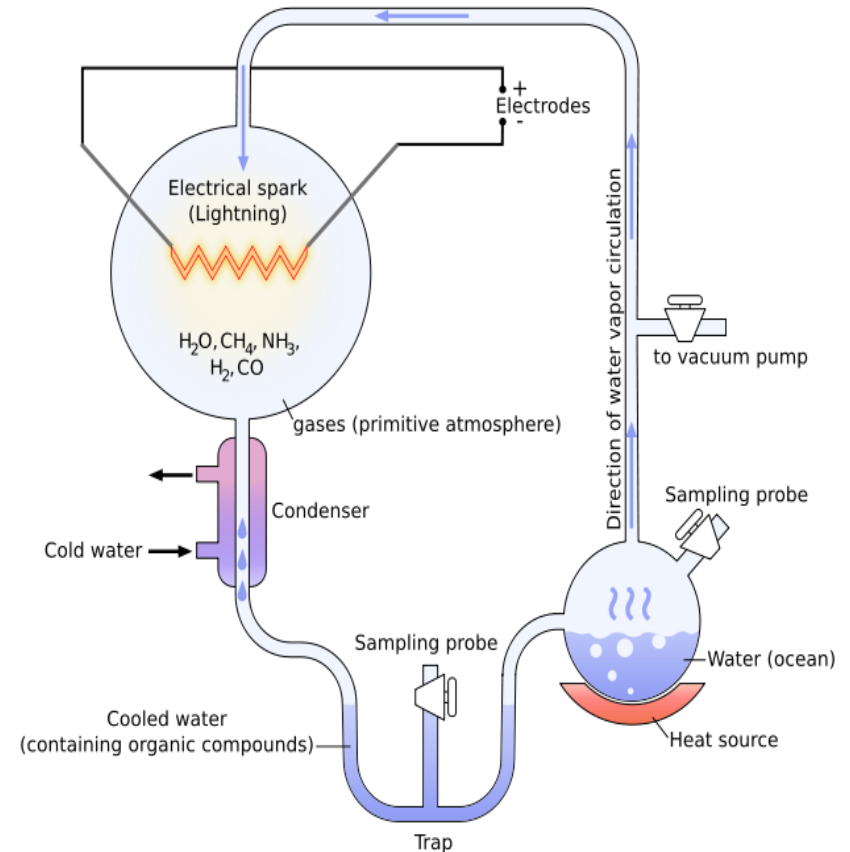
- BWH and Partners signing ACO contracts
- Need expanded base of primary care
- Need new models for building team-based care in an academic medical center

The Proposed Solution

- 2 year planning process
- Multiple stakeholders
- “Innovation lab” for primary care delivery
- Building a new practice using a team-based model of care
 - Provide comprehensive proactive care
 - Increase access
 - Decrease fragmentation
 - Focus on prevention, chronic disease mgmt, and transitions of care

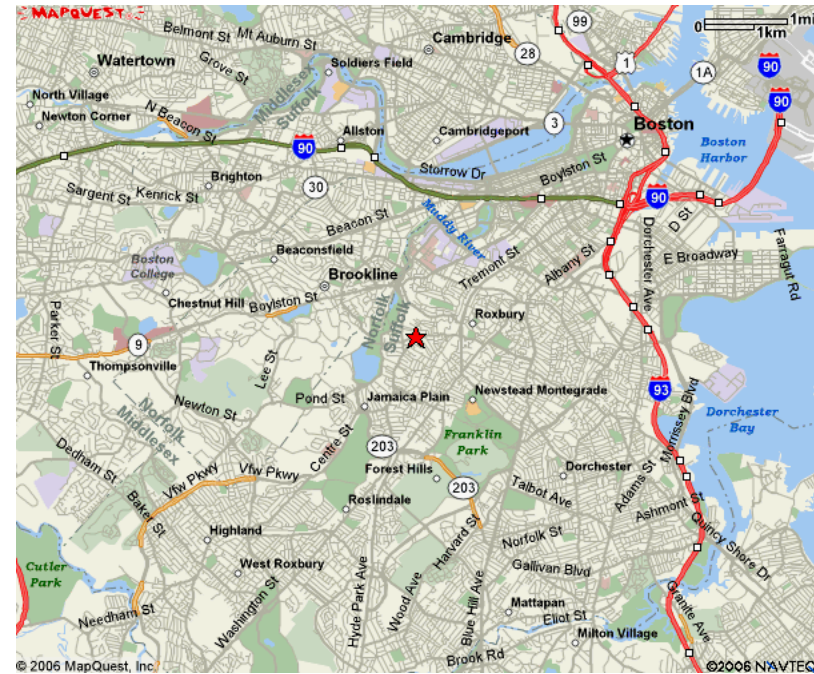
Goals

- Goal is not to open the world's best primary care practice
 - Since we really don't know what that is
- Goal is to set the **initial conditions** of the practice such that it will naturally evolve into the world's best primary care practice



Who we are...

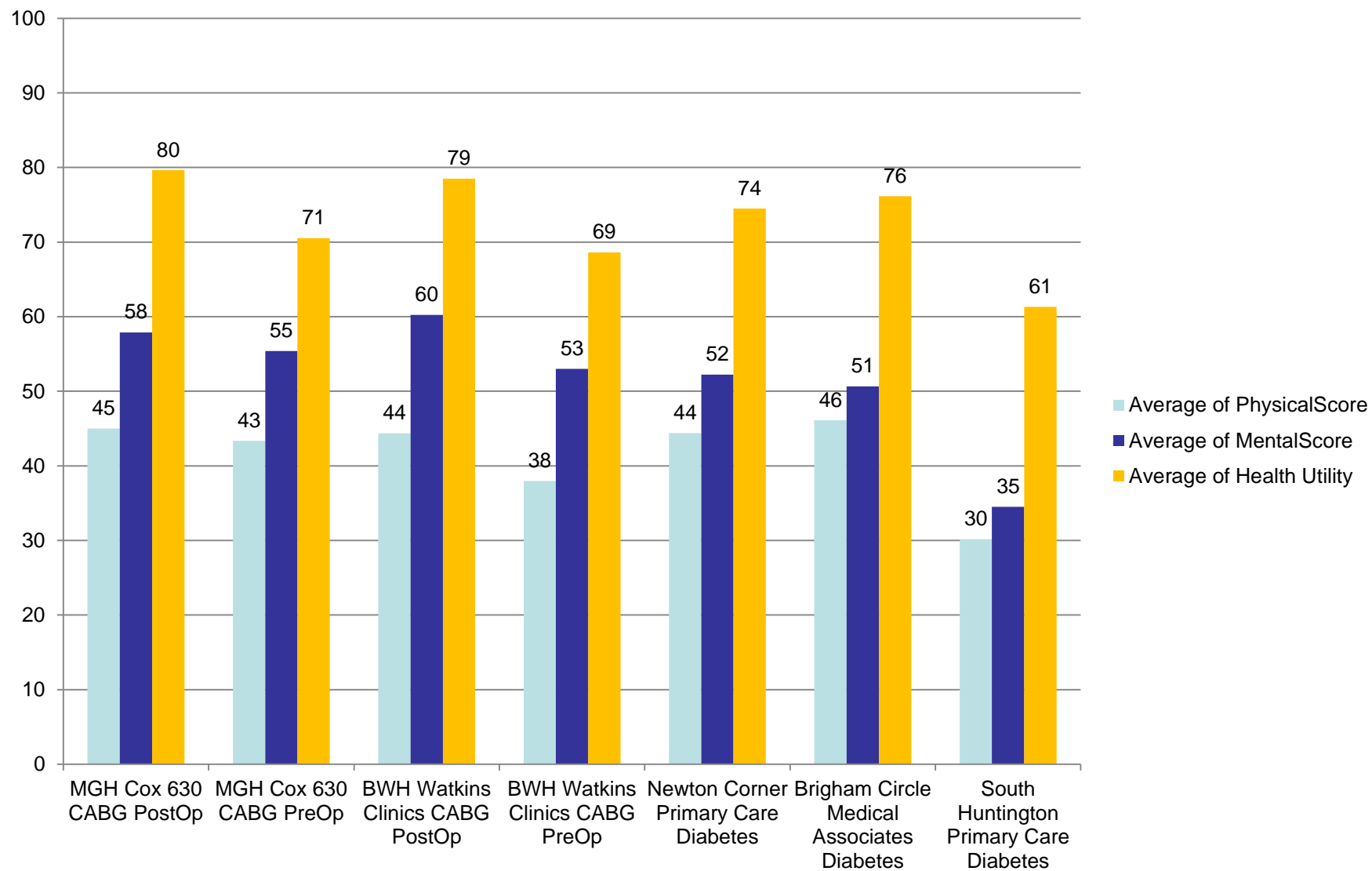
- Located in Jamaica Plain, MA
- Open 8-7 Mon-Thurs,
8-5 Friday, 9-1 on Saturday
- Approximately 7000 patients
 - Growing to >10,000
- Not a community health center
 - Primary care community practice
 - Owned by an academic medical center
 - Secondary goals around teaching, research, and becoming a node of PCMH practice-based innovation



Our Patient Population

- Clinic in socioeconomically diverse neighborhood
- 55% White, 18% Black, 17% Hispanic, 7% Asian
- 64% commercial, 11% Medicare, 17% safety net
- We are seeing complex, high-acuity patients
 - Referred from ER, hospital and specialists
 - Many recently discharged from hospital with multiple chronic conditions
 - No primary care in a long time, or unhappy with current care
- Mental health and chronic disease together
 - 27% of our patients have been seen by social work

Patient-Reported Health Status



Staffing at South Huntington

3 Clinical Teams

- MD
 - 1.25 FTE made up of 2-3 MDs
 - 1-2 Residents
 - 1-2 Medical Students
- PA
- LPN
- 2 MAs
- Clinical Social Worker

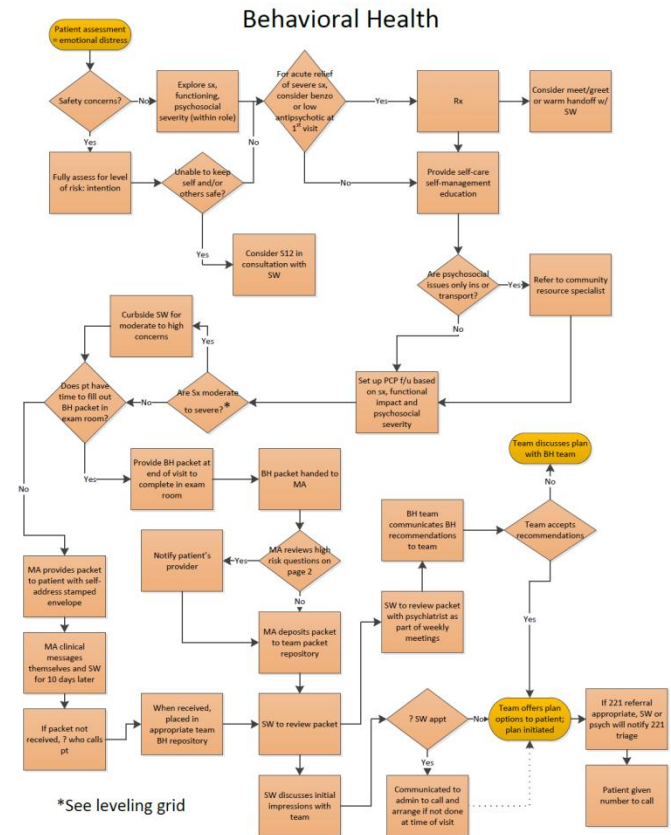
Shared Resources

- Practice Assistants
- Medical Director
- Practice Manager

- RN Care Manager
- Pharmacist
- Nutritionist
- Population Manager
- Community Resource Specialist

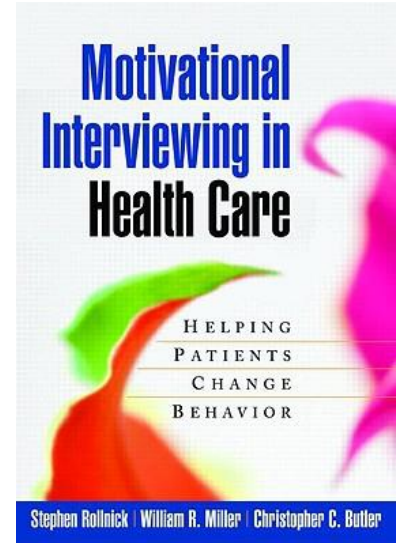
South Huntington “Medical Neighbors”

- General Psychiatrist
- Substance Abuse Psychiatrist
- Geriatrician
- Home Care
- Collaborative Care Agreement:
 - Pain management



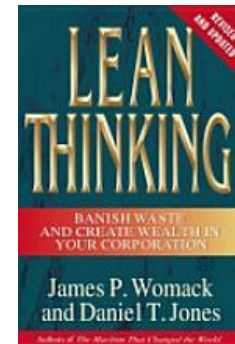
Spirit of Motivational Interviewing (MI)

- Spirit of MI
 - Collaboration between team and patient
 - Ideas are the patient's, not ours
 - Autonomy of the patient
 - And hence responsibility
- We are not all MI experts
 - But everyone is getting trained



Spirit of Lean

- “As Porsche employees participated in one improvement activity after another, many began to see that there is a higher form of craft, which is to **proactively** anticipate problems in a **team** context and to prevent them while **constantly rethinking** the organization of work”
 - Lean Thinking, Womack and Jones, 1996
- Getting your employees **to trust you enough** to tell you how to do the work, and how to get better

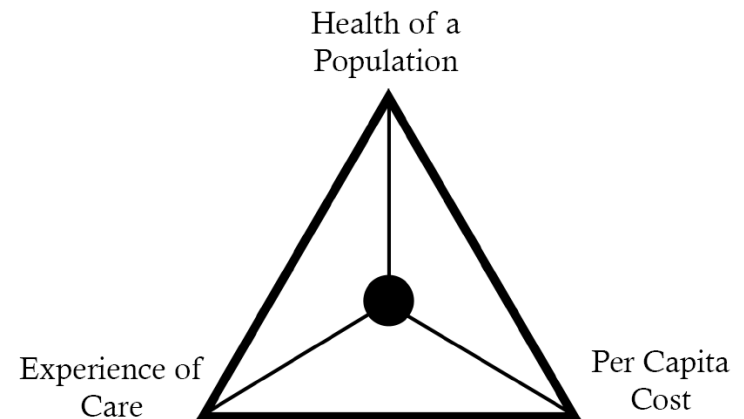


Evolution of Goal Culture

Round 1	Round 2	Round 3	Round 4
Patient-centered	Patient-centered, but also patient activating		“Spirit of Motivational Interviewing”
Team		Integrated Team	“Spirit of LEAN”
PDSA cycle	Learning Organization: Continuous Improvement		
	Learning Organization: Staff Development		
	Learning Organization: Resident and Student Education		
Prepared and Proactive			

Saying something sort of obvious

- Medical Home is not the goal, it is the **strategy** to achieve the goal
- The goal is to do something “**quadruple aimish**”
 - Great patient experience
 - Improved Health
 - Bend the cost curve
 - **Great staff experience**



The *Triple Aim*

The 7 Habits

- Co-location
- Huddles
- Warm Handoffs
- Dedicated Meeting Time
- Hiring
- Work Force Development
- Leadership

Habit I: Co-location (“Form Follows Function”)



Habit II: Huddles



Habit III: Warm Handoffs



Habit IV: Weekly Meeting



Habit V: Hiring

- Translated culture into a universal job description
- Then into “behavioral” competencies
- Then into behavioral interviewing questions
 - Force actual experience, not theoretical answer
 - On top of usual interview questions
- Team participates in interviews

Habit VI: Work Force Development

- Workforce is being continually trained
 - Teamwork
 - Quality Improvement, and using data for improvement
 - Communication skills
 - Conflict resolution
 - Customer Service
- It is clear our mission is *inter-professional team* training
 - Not just med students and residents



Habit VI: Work Force Development - South Huntington Orientation

- 9 work days before opening
- Had 24 of 29 staff members there
 - 3 additional there part of the time
- Also needed to transition from construction site to practice ready to open
- Once-in-a-lifetime opportunity
 - 12 hour mini-orientation for new staff in March

Habit VI: Work Force Development – Staff Compact

I promise to:

- Approach upsetting situations involving co-workers with curiosity, not judgment
- Be present
- Listen actively
- Keep commitments to co-workers, and when I can't, to communicate that I can't in a timely fashion
- Be willing to step outside my usual role to do whatever needs to be done
- Ask for help when I need it
- To develop my skills and knowledge and help others do the same
- Identify and help solve problems, rather than just work around

Habit VI: Work Force Development – Patient-Staff Compact

We promise to:	We ask you to:
Be prepared for your visit.	Be ready with questions and concerns.
Be respectful and courteous.	Be respectful and courteous.
Work with you to develop your own self-care plan.	Do your best to follow the plan.
Do everything possible to run on time.	Arrive 15 minutes before your visit time.
Keep an accurate list of the medications you are taking and share it with you.	Bring all your medications to all visits.
Help facilitate and coordinate your care.	Notify us whenever you go to an emergency room or are admitted to the hospital.

Habit VII: Leadership

- Leadership matters
- Can be uncomfortable
 - Especially if trying to create more “horizontal” power dynamic
- Don’t have a magic answer...but:
 - “A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves”
-Lao Tzu

Habit VII: Leadership Flattening South Huntington

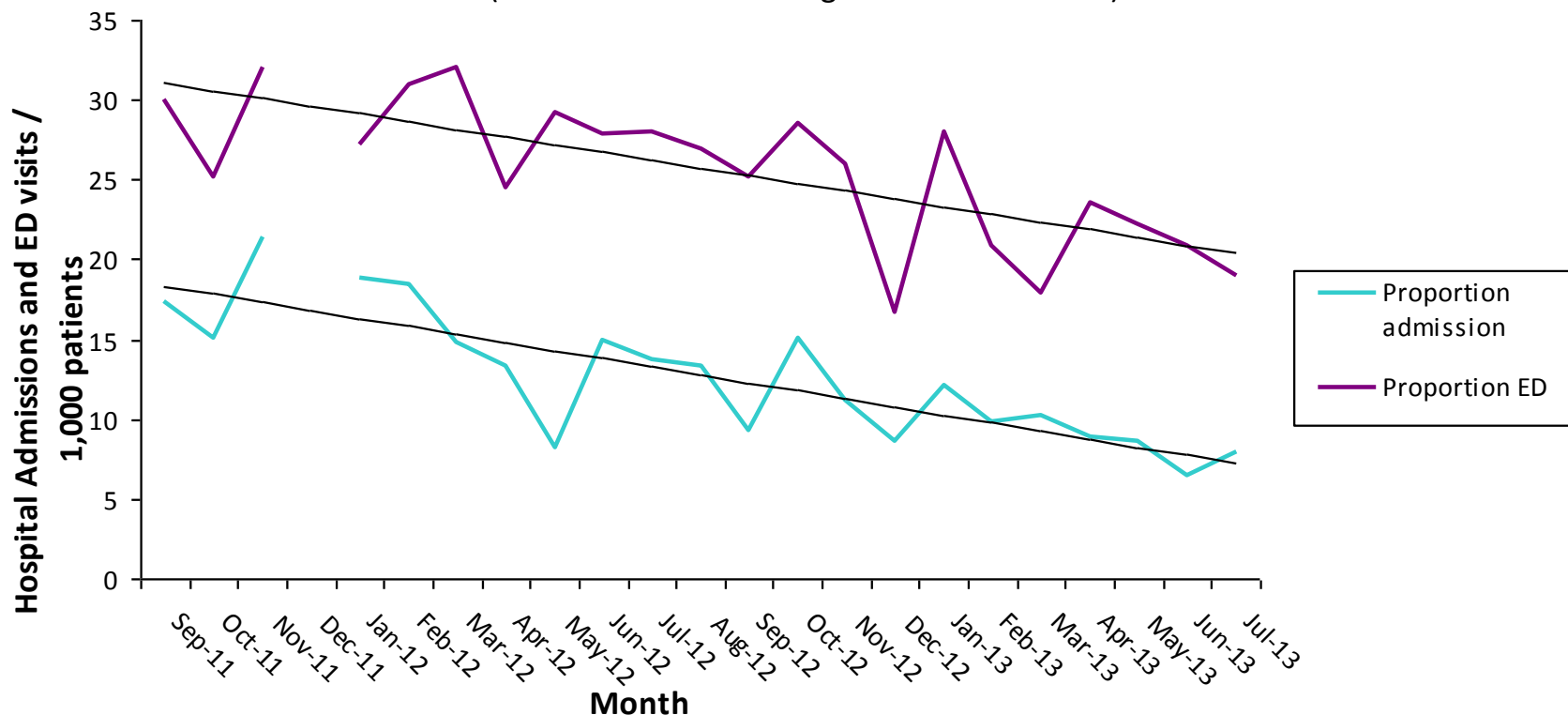
- Concerned about damage to team from status
 - Need MA's to tell MD's when they are wrong
- Only call each other by first names
 - Except in front of patients
- No "My MA/Nurse/etc."
- No leads, but everyone is a lead
 - Eliminated MD as lead of each team
- 360 evaluations twice a year

So, Does This Work?

- Depends on what you mean by “work”
- Need to **closely align** your results/measurement to your **institutional goals and priorities**
- Need a method for continuous measurement & improvement
- Results can be:
 - Creation of new culture
 - New workflows/curricula
 - Serving patients in a new or better way
 - Process/Outcome metrics
 - Cost/Utilization
 - Patient experience scores
 - Staff and trainee metrics
 - Stories/Case Studies

South Huntington Hospital Admissions and ED Visits

(data from South Huntington internal records)



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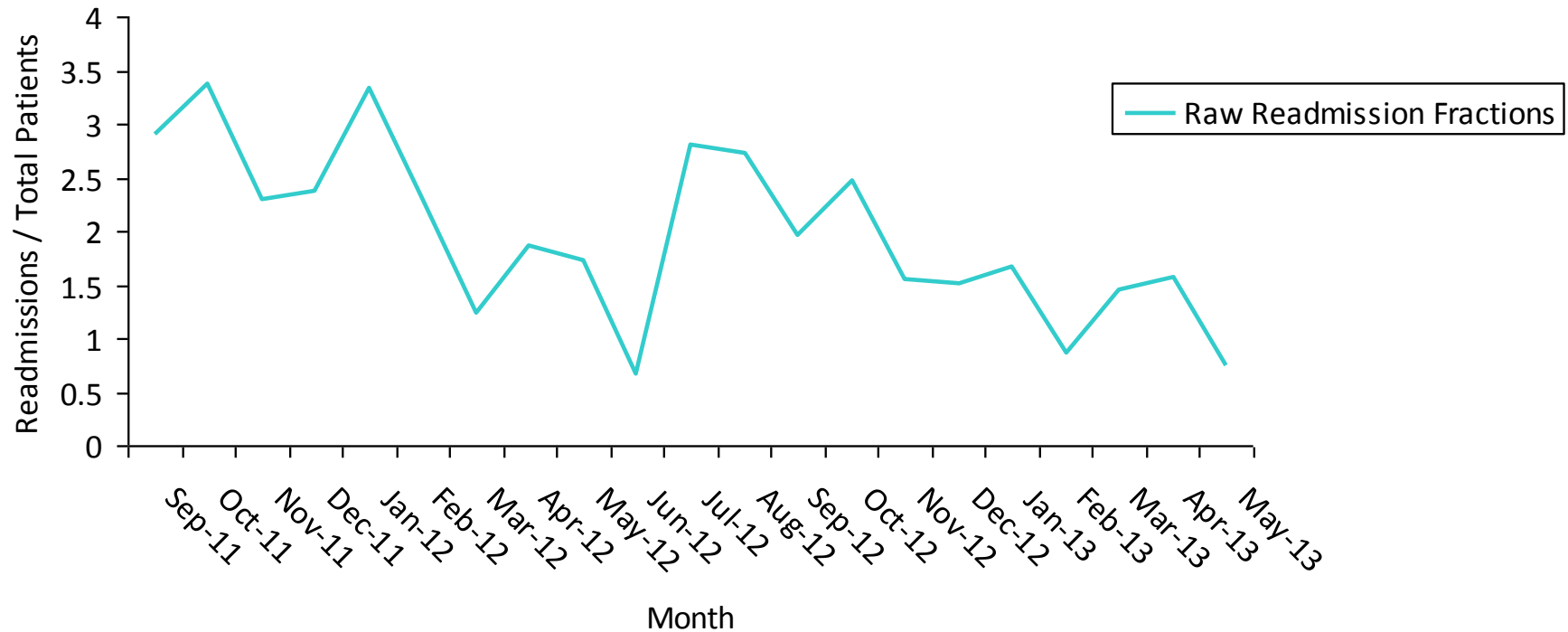
HARVARD
MEDICAL SCHOOL
TEACHING AFFILIATE



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Raw Readmission Fractions

(data from Balanced Scorecard)



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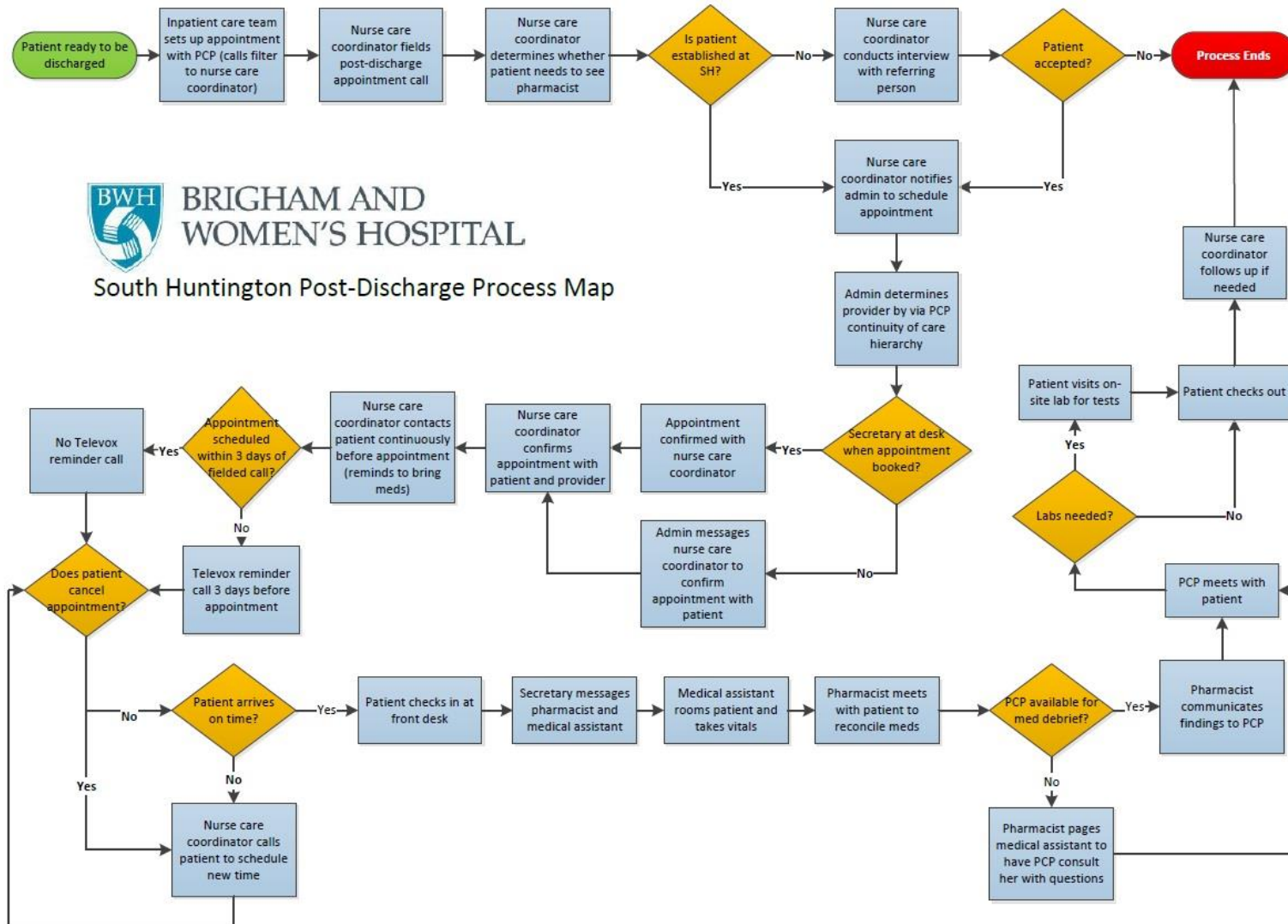


HARVARD
MEDICAL SCHOOL
TEACHING AFFILIATE



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Map post-discharge process



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South Hunting Post-Discharge Process Map

ID Underlying Causes of Persistent Readmission



Develop transitions checklist

SOUTH HUNTINGTON POST-DISCHARGE SAFETY CHECKLIST				
BEFORE SCHEDULED VISIT				
TASK	PERSON	COMPLETE	COMMENTS	
PRE-DISCHARGE				
Is the patient a rehab/SNF transfer?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Did the patient undergo a minor elective procedure?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the patient being followed by an oncologist?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the patient being followed by a BWH specialist?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient have a correct phone number listed?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the post-discharge appointment been scheduled?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
POST-DISCHARGE CONTACT				
Was the patient added to our discharge database?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a prior authorization issue?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient need to see a pharmacist?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the patient been reminded of appointment?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient was asked if medications are in their possession	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient was asked to explain issues, warning signs, or "red flags"	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient was advised on when to use the ER and when to use SH	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Activities of daily living were checked (e.g. trouble getting out of bed, bathing, eating)	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does patient have appropriate food and heat? (question asked during winter months)	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the patient been asked how s/he will get to the appointment (specifics)?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the patient been asked to arrive 15 minutes early and bring all meds/herbals/vitamins?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DURING SCHEDULED VISIT				
TASK	PERSON	COMPLETE	COMMENTS	
MEDICATION RECONCILIATION				
Were all medications reconciled?	PharmD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Did the patient have any problems with comprehension?	PharmD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked about how s/he would obtain/pay for medications?	PharmD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the pharmacist able to debrief the PCP?	PharmD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HEALTH STATUS ASSESSMENT				
Was the patient asked what his/her goals were for the visit?	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked what contributed to his/her admission?	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked to explain his/her diagnosis and whether they had questions about treatment?	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked how they were monitoring their symptoms (self-management)?	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Were outstanding results, tests, referrals, or follow-up appointments reviewed?	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient was asked to explain issues, warning signs, or "red flags"	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient was advised on when to use the ER and when to use SH	MD	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CARE COORDINATION FOLLOW-UP				
Was it determined whether the patient would benefit from any other PCMH resources?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Were activities of daily living assessed again?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked if they felt safe at home or had any recent falls?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked if they were alone during the day/night?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was the patient asked who else is helping him/her?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does patient need external services?	RN	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Checklist integration into EHR

LMR OC18A2 NOTES - Windows Internet Explorer

http://lmrintra.partners.org/scripts/phsweb.mwl?PKG=0&ZXSOPT=PFWEB&SESS=u3279613611222791764907

File Edit View Favorites Tools Help

LMR OC18A2 NOTES

Test,Test
27477918 (BWH) 10/01/1979 (33 yrs.) F AB705 20/17 6/16
BWH SO HUNTINGTON PRIMARY CARE

Home Select Desktop Pt Chart: Notes Oncology Custom Reports Admin Sign Results ? Resource Popup

I 01/10/2013 Note Progress Note Subj: Post-Discharge Fol Header - Paragraphs -

Template Pt. Data QuickLook

- Post-discharge Contact
- Chief Complaint
- History of Present Illn
- Health Status Assessment
- Medication Reconciliat
- Medications
 - Hctz (HYDROCHLOROTHIA
 - Lisinopril
- Allergies
 - ACE Inhibitor
 - pencillin
 - Magnevist: MR
 - UNSPECIFIED Contr
- Problems
- Health Monitoring
- Social History
- Vital Signs
- Physical Exam
- General Appearance

Post-discharge Contact

Chief Complaint
Here for follow-up of recent hospitalization.

History of Present Illness

Health Status Assessment Forward: [current note]

Patient asked what his/her goals are for the visit ###

Patient asked what contributed to their admission? ###

Patient asked to explain his/her diagnosis and whether they had questions about treatment ###

Patient asked how they were monitoring their symptoms ###

Outstanding results, tests, referrals, or follow-up appointments reviewed ###

Include in note: ☐ MRN ☐ Signature

Save As
Draft Prelim Final Cancel ReOrder Add Section

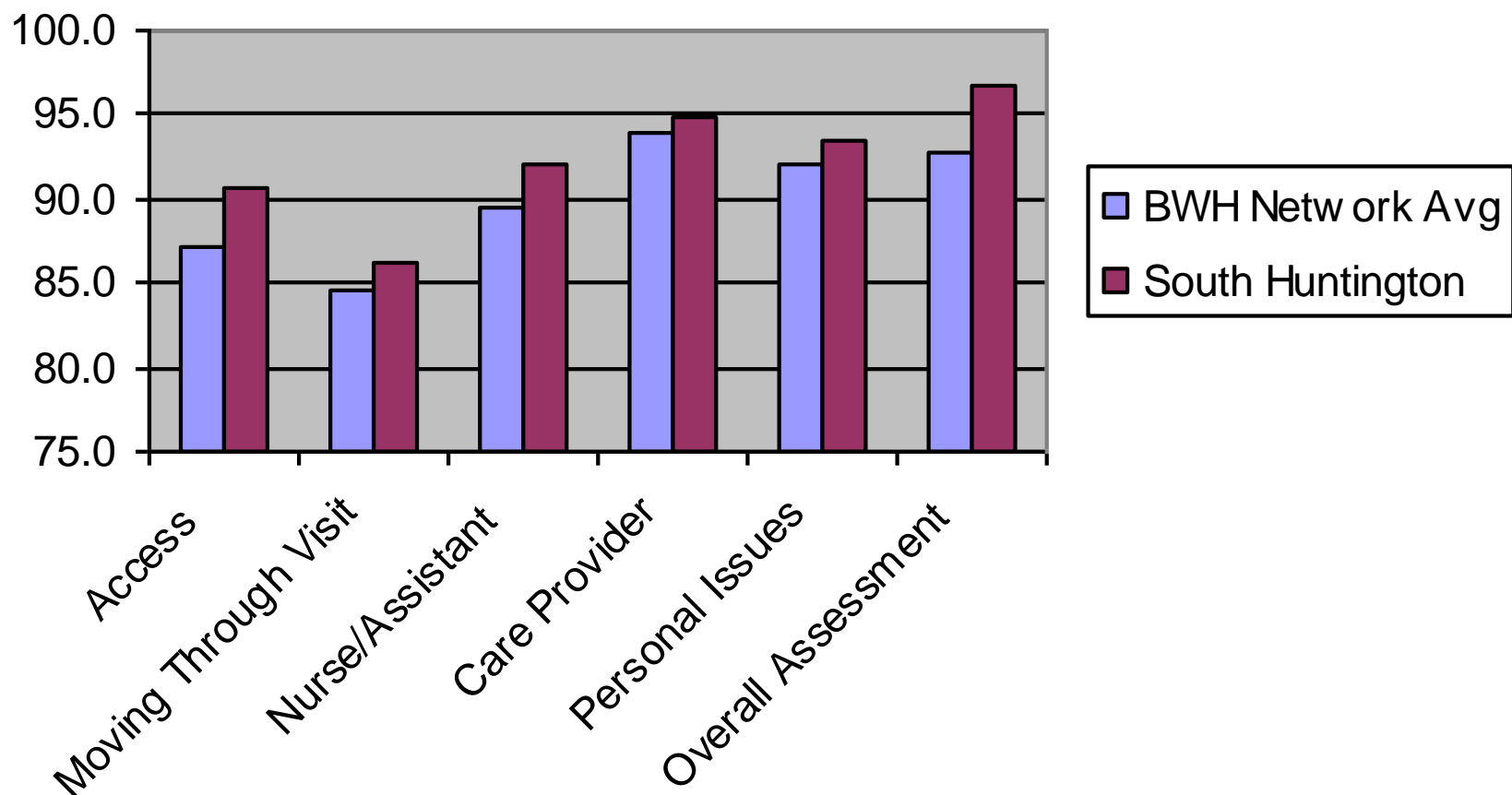
CC List

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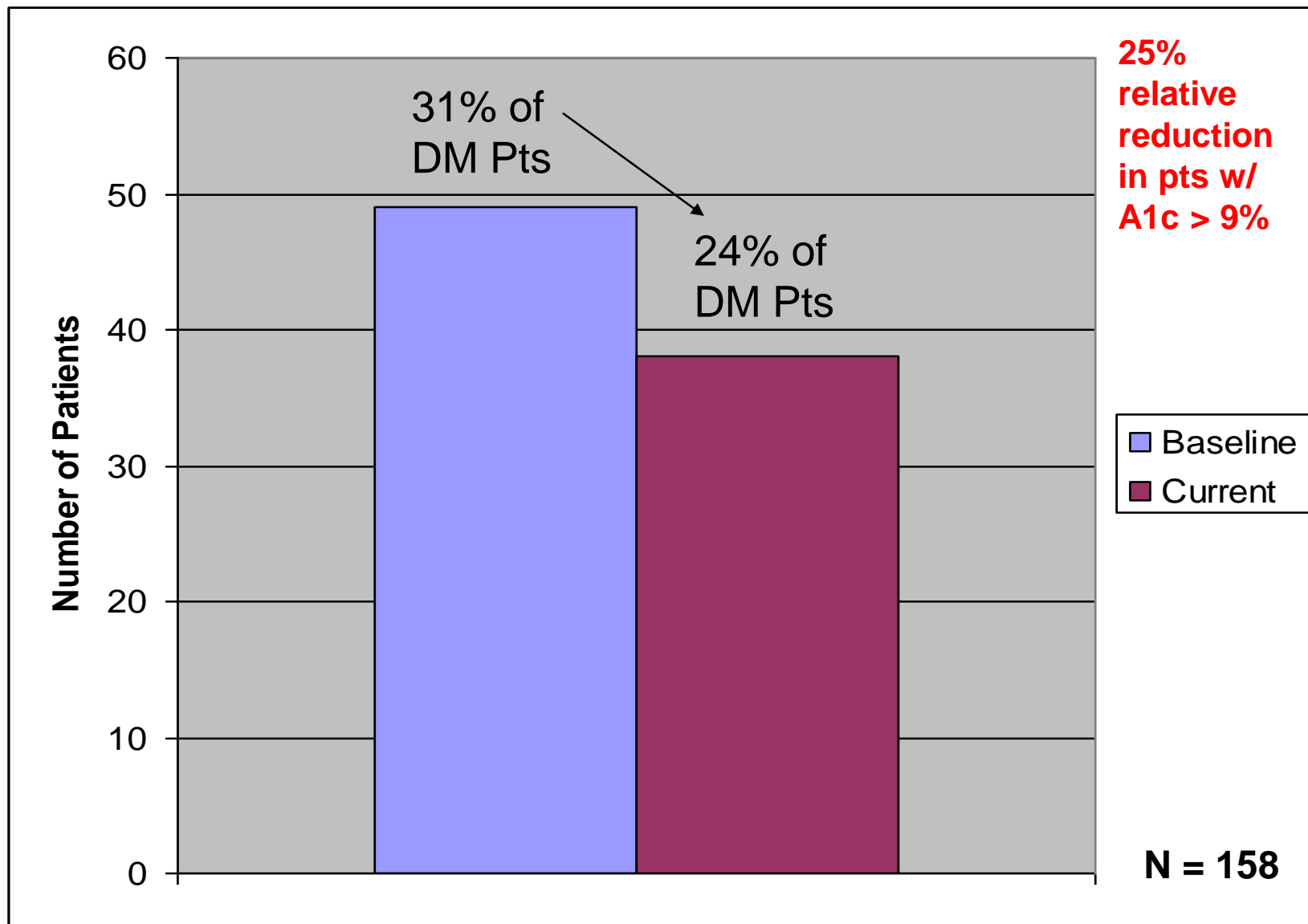
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Patient Experience

FY2012 April Patient Satisfaction Mean Scores

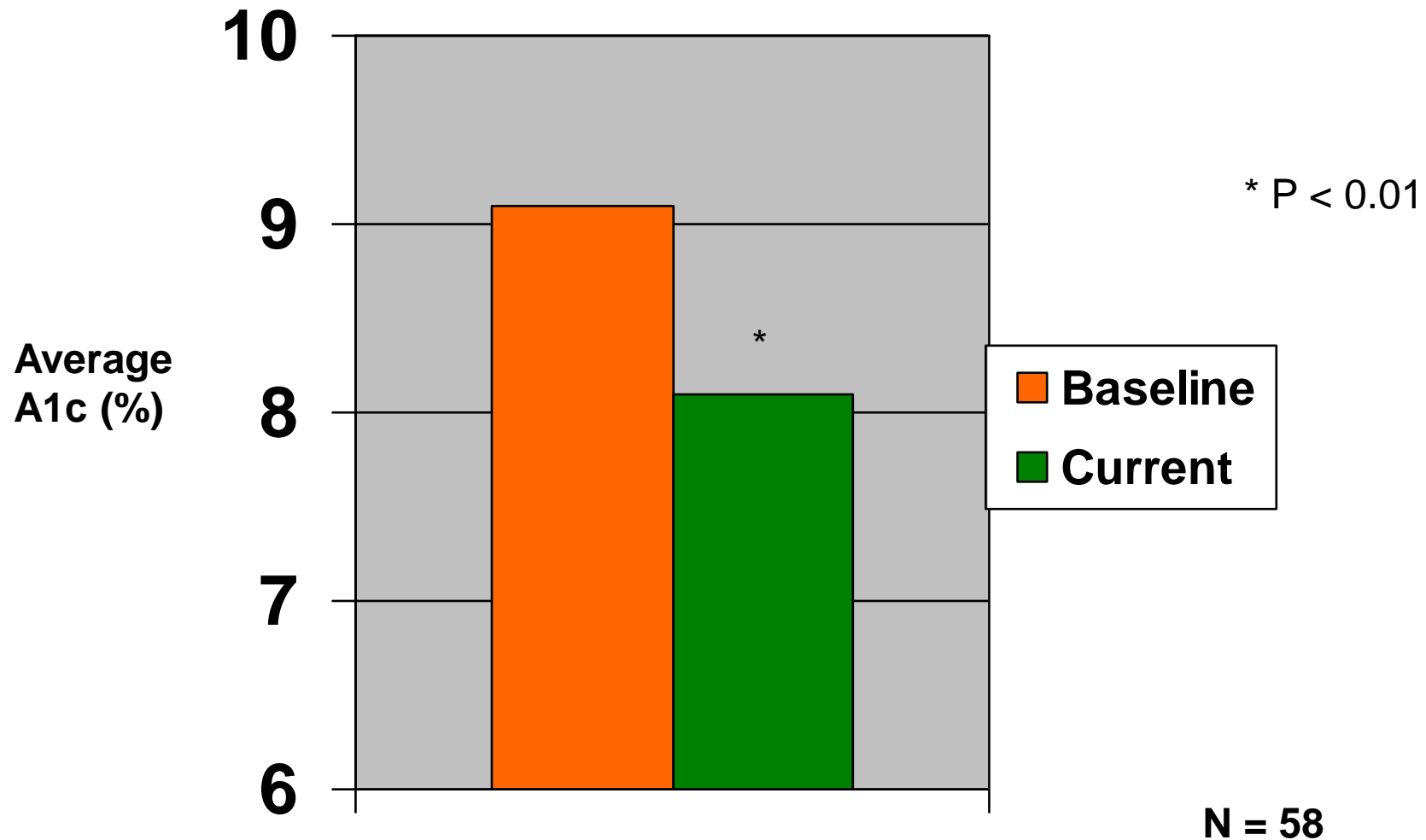


Percentage of DM patients with A1C > 9%



Diabetes Team Outcomes

DM Patients Seeing Pharmacy and/or Nutrition



Intentions, and the Power of Strategic Optimism

- What business are we in?
- Where do we want to go?
- How we will get this work done (not if)?
- How will the changes affect our patients, staff, & trainees?



QUESTIONS? COMMENTS?

Thank you!

abitton@partners.org