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An e-patient, caregiver, nurse, informaticist, and leader living and working where health care and technology intersect

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Frustrated with the inability to realize your strategies to meet the Triple Aim in the timeframe you require? Success depends on engagement of and alignment with the people at the center of care. I am an

Action Catalyst
To Maximize the
Experience of People at the Center of Care
Patients, Caregivers, Clinicians, Direct Care and Support Staff

Problems

1. Clinicians complain about patient adherence to treatment plans.
2. Patients and caregivers feel unwelcome, disrespected and ignored.
3. C-Suite underwhelmed with managed care/ACO incentive and Meaningful Use/PQRS outcome results.
4. All people at the center spend unreasonable amount of time double entering, faxing, sending, carrying and calling data to coordinate care.
5. Patients score "communication about discharge instructions" low on satisfaction surveys.
6. Clinicians are uncomfortable discussing uncertainty (end-of-life, test results, evidence based practice).
7. People at the center have innovative solutions, but the culture can't take advantage.
8. Technology increases workload and burnout of clinicians rather than making their lives easier.
9. Clinicians, direct care and support staff don't trust management.
10. Driving to increase productivity, patient safety appears to suffer.
11. Survey scores are high, yet complaints persist.
12. Mistakes recur. Lessons aren't learned.
13. Cross-functional teams created to improve experience languish.
14. Patients and caregivers shopping for value. Can't tell them expected cost or outcome.
15. Appointment no-show rates high.

Solutions

A. Surge project management to bring languishing, strategy-critical projects to completion.
B. Align technology, work/life flow, and health literacy
   a. User research and participation in design
   b. Work/life flow analysis
C. Direct care leadership coaching
   a. To manage and participate in assigned projects.
   b. To hardwire listening to clinicians and direct care / support staff.
   c. To recognize and encourage direct and support staff innovative solutions.
D. Simulation for clinician, patient, and caregiver engagement
   a. Mutual goal setting, planning, and progress tracking.
   b. Difficult conversations.
   c. Managing anticipated risks at the next level of care (pain, side effects, sequela, fear).
   d. Variations in culture and health literacy.
   e. Inclusion of and communication with family caregivers.
E. Hardwire use of health coaches with lived experience (peer supports).
F. Simulation for clinician and patient safety partnership
G. Integrate survey, comment and complaint data to identify and correct causes of highest volume service recovery opportunities.
H. Develop infrastructure for person-centered, centralized scheduling

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Action Catalyst

Getting it done

1. Negotiate project charter
2. Identify infrastructure capabilities needed for success
   a. Leadership
   b. Governance
   c. Policies and procedures
   d. Data and reporting management
   e. Patient, caregiver, family, provider experience
   f. Stakeholder and team communication
   g. Action planning
3. Plan for filling infrastructure gaps
4. Recruit, facilitate, and coach teams
5. Collect and summarize end user knowledge and needs
6. Establish measures of success
7. Build project plan
8. Stimulate and track progress
9. Communicate challenges, barriers, risks, and outcomes
10. Uncover, solicit, and bring improvement efforts to completion

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A. Teaming with direct care management, clients and families, redesigned the client and family experience survey processes at a large community behavioral health agency. This resulted in shorter, more actionable surveys using 40% of the resources and reaching twice as many population groups. Analysis of results available within 30 days of survey completion and action taken within the quarter.

B. Built core infrastructure at a rapidly growing community agency with more than 100 sites of care. Transformed a fragmented, decentralized, expert Quality Assurance department into a service-oriented, agency-wide Quality Improvement department. In collaboration with Service Line management, initiated an outcomes management process with benchmarking and analytics capabilities; sustainable policy and procedure structure; and a cross-departmental QI Council.

C. Led interdisciplinary teams in managing, and evaluating patient/family experience with focus on infrastructure, process, communication, education and metrics at nationally-ranked Children's Hospital. Priorities included appointment scheduling (3rd available appointments up across departments, 30% fewer abandoned calls, 20% improvement in time to answer, wait time to international appointment spot down from initial call to scheduled appointment(s) down from 12 days to 2 days average), welcoming environment (major infrastructure enhancements, valet parking returns increased from 66% to 90% within 15 minutes), information access (kiosks, patient and provider portals, wayfinding app), and an experience dashboard.

D. Facilitator of Autism Friendly Hospital team assessing autism-related issues while driving collaboration and amelioration of the challenges including developing tools for the children and families to prepare for their admissions or visits.

E. Led an urban health system's medication reconciliation initiative and represented system on IHI's 100,000 Lives Campaign and the parent company's Patient Safety Collaborative Advisory Group. Improved medication reconciliation from 40% to 70% within 18 months.

F. Led the implementation and managed the maintenance of CMHC, a $0.5 million integrated software suite for clinical and financial management and billing for seven addiction treatment locations.

G. Led quality improvement initiative for a behavioral managed care product leading to attainment of 99th percentile in follow-up after inpatient discharge, increasing from 15% to over 70% three years later.

H. Established a Medication Safety Forum at an urban health system that led to an increase in Institute for Safe Medication Practices (ISMP) survey scores from 40% to a sustained 80% with system-wide outcomes of no medication events resulting in unplanned patient treatment sustained over 18 months with a co-occurring increase in events reported.

I. Led an interdisciplinary team enhancing the delivery of breast care to enhance access, improve consumer and provider experience, and reduce cycle time for diagnostics. Reached 75% mammogram screening rates; reduced time to final diagnosis and first surgery; exceeded national standards for diagnosis in early stages and conservation therapy. As a result, 99% of patients surveyed recommended the rural health system breast care services.

J. Assembled and led teams including members and providers that improved communication between behavioral health and primary care practitioners by 43% and ambulatory follow-up after hospitalization by 11% for a national behavioral health managed care company.