

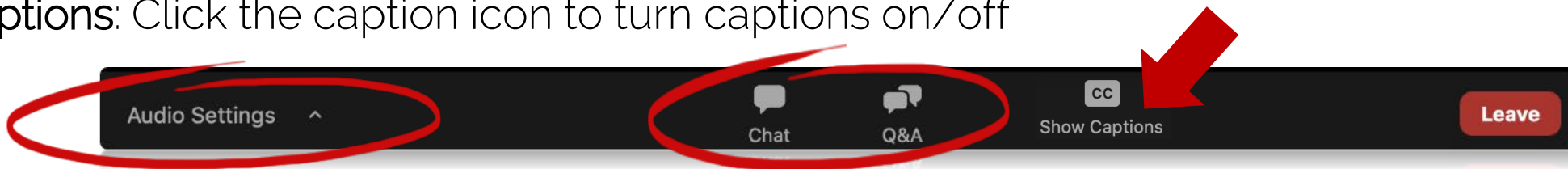
# New Ways to Care

September 17, 2024



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- **Audio Settings:** ability to select your speakers and adjust your volume.
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- **Q&A:** for submitting questions to review at the end of the webinar
- **Captions:** Click the caption icon to turn captions on/off



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# Our Speaker

## **Maureen Bisognano**

President Emerita and Senior Fellow  
Institute for Healthcare Improvement



# New Ways to Care

Maureen Bisognano



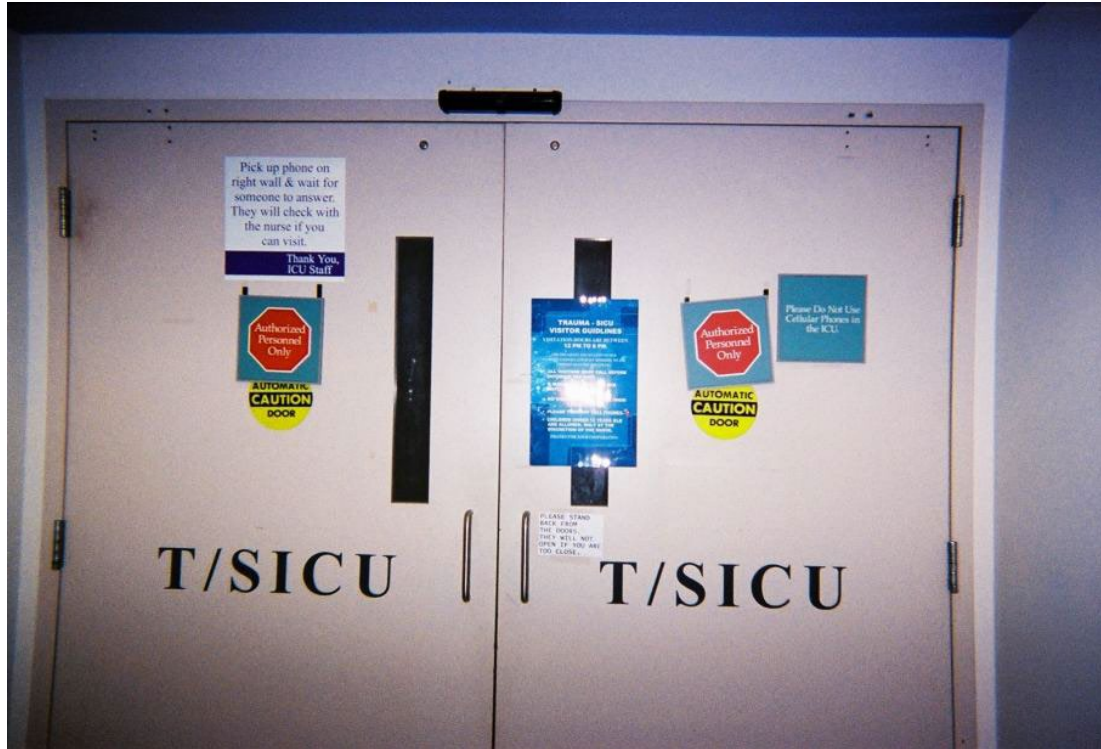
# Lessons From My Mother

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# Maureen's Mom's Door

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# And the New Door

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# Caring at End of Life

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“What’s a good day for you?”



<https://www.youtube.com/watch?v=Dnnu43Zt-oA>





### Shared Decision Making — The Pinnacle of Patient-Centered Care

Michael J. Barry, M.D., and Susan Edgman-Levitan, P.A.

Nothing about me without me.

— Valerie Billingham, *Through the Patient's Eye*, Salzburg Seminar Session 356, 1998

Caring and compassion were once often the only "treatment" available to clinicians. Over time, advances in medical science have provided new options that, although often improving outcomes, have inadvertently distanced physicians from their patients. The result is a health care environment in which patients and their families are often excluded from important discussions and left feeling in the dark about how their problems are being managed and how to navigate the overwhelming array of diagnostic and treatment options available to them.

An audio interview with Dr. Barry is available at [NEJM.org](http://NEJM.org)

of patients: respect for the patient's values, preferences, and expressed needs; coordinated and integrated care; clear, high-quality information and education for the patient and family; physical comfort, including pain management, emotional support and alleviation of fear and anxiety; involvement of family members and friends, as appropriate; continuity, including through care-site transitions; and access to care.<sup>1</sup> Successfully addressing these dimensions requires enlisting patients and families as allies in designing, implementing, and evaluating care systems.

This concept was introduced in the landmark Institute of Medicine (IOM) report *Crossing the Quality Chasm*<sup>2</sup> as one of the fundamental approaches to improving the quality of U.S. health care. The IOM defined patient-centered care as "care that is respectful of and responsive to individual patient preferences, needs, and values" and that ensures "that patient values guide all clinical decisions." This definition highlights the importance of clinicians and patients working together to produce the best outcomes possible.

As the definition implies, the most important attribute of patient-centered care is the active engagement of patients when fateful health care decisions must be made — when an individual patient arrives at a crossroads of medical options, where the diverging paths have different and important consequences with lasting implications. Examples include decisions about major surgery, medications that must be taken

for the rest of one's life, and screening and diagnostic tests that can trigger cascades of serious and stressful interventions.

For some decisions, there is one clearly superior path, and patient preferences play little or no role — a fractured hip needs repair, acute appendicitis necessitates surgery, and bacterial meningitis requires antibiotics. For most medical decisions, however, more than one reasonable path forward exists (including the option of doing nothing, when appropriate), and different paths entail different combinations of possible therapeutic effects and side effects. Decisions about therapy for early-stage breast cancer or prostate cancer, lipid-lowering medication for the primary prevention of coronary heart disease, and genetic and cancer screening tests are good examples. In such cases, patient involvement in decision making adds substantial value.

In an influential article on clinical practice guidelines, David Eddy argued that an intervention should be considered a "standard" only if there is "virtual unanimity among patients about the overall desirability. . . of the outcomes."<sup>3</sup> For the vast majority of decisions in which there is no intervention that meets this high bar, patients need to be involved in determining the management strategy most consistent with their preferences and values.

The process by which the optimal decision may be reached for a patient at a fateful health crossroads is called shared decision making and involves, at minimum, a clinician and the patient, although other members of the

In 1988, the Picker/Commonwealth Program for Patient-Centered Care (now the Picker Institute) coined the term "patient-centered care" to call attention to the need for clinicians, staff, and health care systems to shift their focus away from diseases and back to the patient and family.<sup>1</sup> The term was meant to stress the importance of better understanding the experience of illness and of addressing patients' needs within an increasingly complex and fragmented health care delivery system.

The Picker Institute, in partnership with patients and families, conducted a multiyear research project and ultimately identified eight characteristics of care as the most important indicators of quality and safety, from the perspec-

Clinicians, in turn, need to relinquish their role as the single, paternalistic authority and train to become more effective coaches or partners — learning, in other words, how to ask, "What matters to you?" as well as "What is the matter?"



Michael J. Barry, M.D., and Susan Edgman-Levitan, P.A.





International Forum on  
**QUALITY & SAFETY**  
in HEALTHCARE  
Paris 2014



Ask, **“What matters to you?”**, not just  
**“What’s the matter?”**



**Anders Vege**

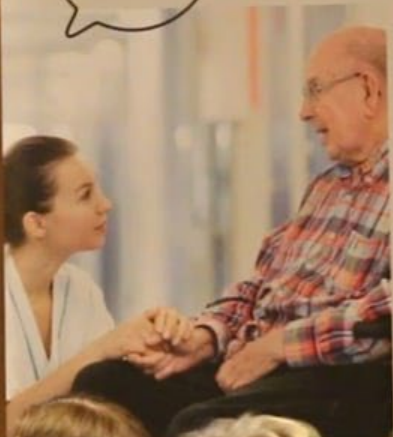
Head of Unit for Quality Improvement,  
Norwegian Institute of Public Health,  
Oslo



**Maureen Bisognano**  
President Emerita and Senior Fellow  
Institute for Healthcare Improvement

## Gode pasientforløp

Hva er viktig for **deg**?

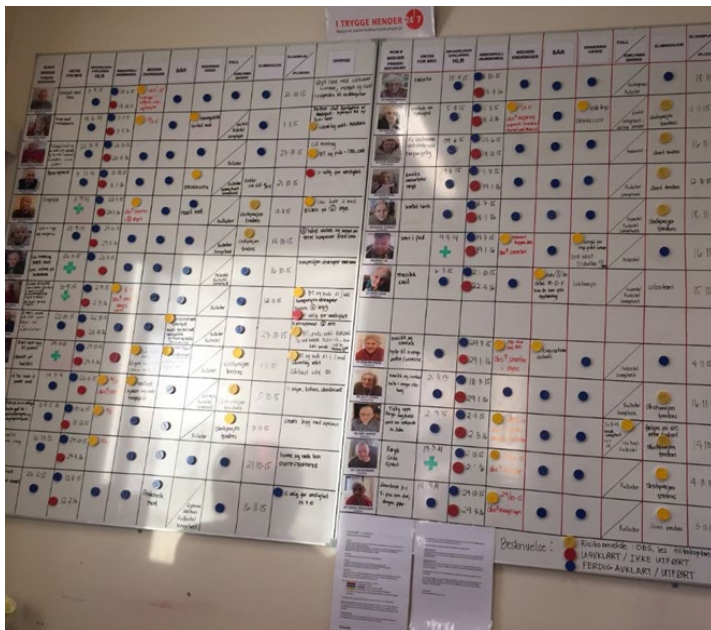


## Modell for Kvalitetsforbedring





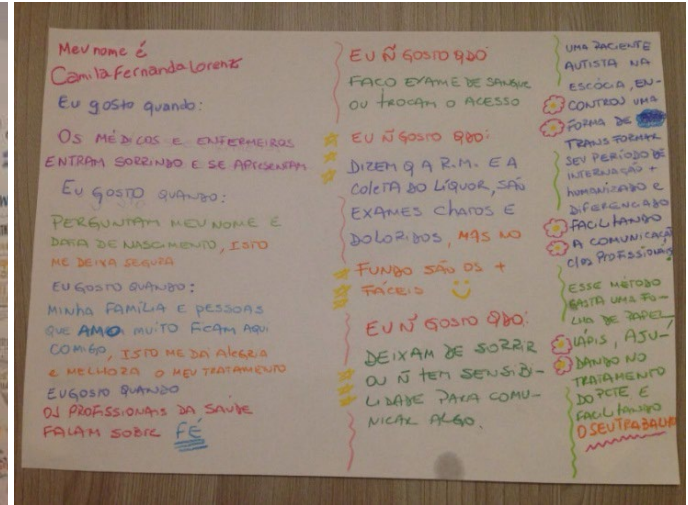
# What Matters To You? Norway



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



# Understanding What Matters



# What Matters To You - Benefits

## Patient Experience

Improved  
Quality of  
Care

Improved  
Patient  
Outcomes

Improved  
Patient  
Engagement in  
Care Planning

Enhanced  
Patient-  
Centered  
Culture

Increased Provider Joy in Work

## Staff Engagement

Improved  
Joy in Work

Increased  
Retention

Increased  
Organizational  
Partnership





Flipped Discharge

Equipment  
Homecare  
Rehabilitation Needs



Buurtzorg



Backpack Nurse



CAPABLE



Hospital at Home





# HAVE YOU GOT 40 SECONDS FOR COMPASSION?

**56% OF DOCTORS BELIEVE THEY DON'T HAVE TIME  
TO TREAT PATIENTS WITH COMPASSION**

## WHY IS COMPASSION IMPORTANT?



**64%** of people have experienced unkindness in healthcare



**75%** of people experience a feel-good sensation helping others



Compassion brings personal, organisational and patient benefits



Compassion can improve quality, safety and reduce costs





**Meaningful relationships** are associated with **50%** higher odds of survival, with patient reported outcomes **4 times higher** when the doctor is rated as having **high compassion**



Extra compassion reduced subsequent ED visits by homeless patients by **33%**



Compassion can trigger positive emotions and build resilience - **helping reduce burnout**



## COMPASSION BENEFITS - GIVER AND RECEIVER



When patients experience compassion they adhere better to treatment regimes



Compassionate connection can reduce pain relief by **50%**



Cancer screening adherence in those who experience compassion is **30%** higher



Doctor compassion is associated with lower odds of committing a medical error



Compassion is not a luxury; **it is a necessity** for our wellbeing, resilience and survival

*Ref Source: 'Compassionomics : The Revolutionary Scientific Evidence that Caring Makes a Difference, Trzeciak & Mazzealli, 2019*

*(c) Northern Health & Social Care Trust, 2019, All Rights Reserved*

**BE KIND WHENEVER POSSIBLE - IT IS ALWAYS POSSIBLE!  
IT ONLY TAKES 40 SECONDS TO DELIVER COMPASSION**



## Ask WMTY (What Matters To You?)

WMTY Responses can fall  
into 4 different categories  
based on the level of  
effort necessary to “do”  
*what matters.*

### Easy and Manageable

(Many replies are  
simple and have  
great impact)

Blue Shirt story, Warm Socks  
Celebrating an Anniversary

### Requires some organization at leadership level

(Complicated but  
Small Scale)

Free at the Free  
Arranging a Day Pass

### Needs Social Connections with Other Sectors or Organizations

(Collaboration Required But  
Doable)

Linkage to Food Pantry  
Project Wingman

### Big Changes that are not easily Doable

(Very Complex and Not  
Easy to Do)

Homelessness





Maureen Bisognano concept  
Karen Turner graphic draft 9-2021







O QUE  
**Importa**  
PARA VOCÊ?  
POR UM CUIDADO  
CENTRADO NA PESSOA

**50 Countries**  
**2000+ teams**



# Three Wishes

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Source: [Three Wishes](#)

<https://www.youtube.com/watch?v=ccsWGC35A60>



# Thank You

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mbisognano@ihi.org  
<https://wmtty.world>  
<https://kindnessinhealthcare.world>





# Questions?

Please submit your questions using the Q&A icon.

# PX Continuing Education Credits

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- After completing the webinar survey, you will be redirected to the Patient Experience Institute's PXE Portal to claim the credit.
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# Upcoming Events & Programs

## WEBINARS

September 24 | Applying Equity, Diversity, and Inclusion in Co-design with Patient Experience Partners

October 1 | Ownership at the Frontline: Innovating an Experience Champions Program

October 10 | Good to Great: A Team Approach to Excellence

## CONNECTION CALLS/CHATS

September 20 | PX Chat on PFA/PFACS: Sustaining/Growing

September 27 | PX Connect Live: Wayfinding

October 2 | Volunteer Professionals Community Connection Call: Coordinating, Engaging, and Retaining Episodic Volunteers

October 9 | Connection Call: Membership Benefits Overview



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Thank You

