MHA
100 YEARS OF HELPING HOSPITALS

Healing Happens Here:
A Patient's Perspective
CULTURE

Helping Hospitals **Manage Operations** | **Treat Patients** | **Serve Communities**

Welcome

MHA Statewide PFAC

- MHA hosts a statewide PFAC comprised of patients, family members, advocates and hospital staff in Missouri

- Provides leadership and support to advocate for the sustainable integration of patient and family engagement across the continuum of care in Missouri

- Council meets quarterly and ad hoc

- Offers programming, tools and initiatives as needed

- Compass Honor Recognition

- Healing Happens Here: A Patient's Perspective webinar series

Settings of Care Conference

- August 17-18
- Elms in Excelsior Springs, MO
- Agenda:
  - ➤ Patient and family engagement
  - ➤ Workforce resiliency and well-being
  - ➤ Workplace violence
  - ➤ Standards of care deviation
  - ➤ Supply chain strategies
  - ➤ Infection prevention
  - ➤ Infrastructure changes made during COVID-19

[Register]

Members

Amber Lashley	University of Missouri Health Care
Amy Camp	Patient and Family Advisor
Amy McLean	Mercy Hospital St. Louis
Amy Schuler	Alton Memorial Hospital
Ariel Flood	Boone Hospital Center
Celia McGraw	Mercy Health
DeeJo Miller	Children's Mercy Kansas City
Elizabeth (Liz) Kruvand	SSM Health Cardinal Glennon Hospital
Eran Dawson	Citizens Memorial Hospital
**Jen Carron	BJC Health System
Jolie Smith	Patient Advocate
Kaylyn Lambert	Patient Advocate
Lauren McGinnis	Missouri Baptist
**Laurie Hines	Patient and Family Advocate
Maureen McGuire	Patient Advocate
Myleah Shrimpton	Community Advocate
Patti Bradley	North Kansas City Hospital
Shaunda Hawkins	Liberty Hospital
Sheryl Chadwick	Children's Mercy Kansas City

Culture Team

MHA PFAC Members

• Jennifer Carron, Patient Experience Officer, BJC HealthCare

• Laurie Hines, Patient Advocate, Columbia, Missouri

• Liz Kruvand, SSM Health Cardinal Glennon Children's Hospital

• Patti Bradley, North Kansas City Hospital

Seeing, Hearing and Feeling Healthcare Differently - Laurie

Culture is not something in writing, but a palpable feeling when interacting with our organizations.

During an average 4.5 day stay an estimated 60 team members will interact with a patient. *All of us must live our values to create a strong culture.*

What is Organizational Culture?

- Every individual is unique

- There are things individuals have in common

- These shared features make up a culture

- Therefore, organizational culture is the shared values, beliefs, or perceptions held by employees within an organization or organizational unit.

- Usually driven by the mission and vision

- Often seen through marketing

Visible and Invisible Culture

- There are two types of culture we must pay attention to...

- If you didn't see a sign, how would you know where you are?
  - What would you see?

- If you couldn't see, what might you feel?

THE ICEBERG
that sinks organizational change

Patient and Family Centered Care (PFCC)

- Patient & Family Centered Care recognizes that the quality, safety and delivery of health care is improved when the expertise of health care providers is partnered with the experience of patients & families.

- From the bedside to the boardroom, patient & family centered care is about partnering to design policies, programs and individual care plans for the best possible outcomes for patients, their families and health care providers.

from PFCC Partners

PFCC See, Hear & Feel

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration/Partnership.** Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation, and evaluation; in facility design; in professional education; and in research; as well as in the delivery of care.

From IPFCC.org

PFCC See, Hear & Feel

- Empathy not Sympathy
  - ➢ Check out Brené Brown's video - https://www.youtube.com/watch?v=1Evwgu369Jw

- Empathy – drives connection
  - ➢ the ability to understand and share the feelings of another.

- Sympathy – drives disconnection
  - ➢ feelings of pity and sorrow for someone else's misfortune.

Creating a high reliability culture of accountability

- Senior Leader engagement
  - ➢ Chief Operating Officer leads GEMBA projects on nursing departments.
  - ➢ Sr. Leaders in Administration round on staff (including weekends) and round regularly on department leaders.
  - ➢ Sr. Leaders set the tone that quality and safety are the top priority for patient care; Culture of Safety survey annually.
  - ➢ Sr. Leaders have focused on initiatives to sustain staff through the past two years. (staff engagement activities, compensation practices, recruitment practices and mental health resources on site.)

Measure of Accountability

- Just Culture Framework
  - ➤ Fair and supportive treatment of
    Staff and patients

- Encourages reporting
  - ➤ Focus on process
    Improvement to reduce
    Risks to patients and staff

HUMAN ERROR	AT-RISK BEHAVIOR	RECKLESS BEHAVIOR
Inadvertent action: slip, lapse, mistake	*A choice: risk not recognized or believed justified*	*Conscious disregard of unreasonable risk*
Manage through changes in: · Processes · Procedures · Training · Design · Environment · Choices	Manage through: · Removing incentives for at-risk behaviors · Creating incentives for healthy behaviors · Increasing situational awareness	Manage through: · Punitive action
CONSOLE	COACH	RECKLESS BEHAVIOR

https://psnet.ahrq.gov/perspective/making-just-culture-reality-one-organizations-approach

Building a Culture Begins with a great First Impression

A	Acknowledge:	Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room.
I	Introduce:	Introduce yourself with your name, skill set, professional certification, and experience.
D	Duration:	Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.
E	Explanation:	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.
T	Thank You:	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.

- It's extremely important to the patient and family to identify yourself when you enter the patient room.

- Ask the patient what name do they prefer to be called.
  - ➢ Write their preferred name on the white board

- Narrating your care is a Studer Principle and is essential to building trust and reducing anxiety.

- In healthcare, providers think of patients, not 'customers'
  - ➢ 'Thank you' is an essential component of cultural communication in healthcare.

https://www.studergroup.com/aidet

Lesson Learned in 2021 & 2022

- Staffing variability; tenured nurse turnover, greater use of agency nurses and challenges with hiring new RNs
  - ➢ Now more than ever, it's important to hire for fit versus fill, as we get back to 'normal.'

- For two years, we've been orienting nurses at the bedside with limited family present.
  - ➢ Nurses may need to have education and resources on the value of patient AND family centered care.

- Reset organization culture by redesigning PFCC education and have organization commitment to reeducate all employees to bring them in to the new era in healthcare.

Institute for Patient and Family Centered Care
www.ipfcc.org

Cultivating Growth Through Adversity

- Pause from judging people who are different than yourself.
  - ➢ Explore commonalities rather than differences
- Ask more questions, get to know more about what patients are going through from their perspective
- Build kindness into your routine.
  - ➢ Be a good listener to patients and coworkers
  - ➢ Build a better workplace for yourself and others
- Harness social media for good and encourage others.
- Kindness begins with you...grace & self-compassion

https://news.stanford.edu/2021/03/22/hitting-reset-button-building-better-normal-pandemic

Equitable and Inclusive Culture

Addressing Bias in our Culture

- Personal Bias - understanding bias as a human condition

- Structural, Policy and System Bias – we cannot change the past, but we can change the forward trajectory

- Patient and Community Bias – Connection and understanding the bias that comes with our patients

Clinical Effects of Loneliness

Findings	Research Institution
Social isolation is a major risk factor for dying from a wide variety of causes[1]	University of Michigan
Loneliness is associated with a 50% higher risk of decline in functional status and death[3]	National Institutes of Health
Being lonely is associated with a subsequent decline in cognitive function[4]	Harvard Medical School
Heart attack patients with a lack of emotional support had three times higher odds of death[5]	Yale
Loneliness causes similar response to the body as being under extreme stress all the time. Without meaningful human connection to balance one's stress loneliness predicts a rise in blood pressure over time and is associated with 29% higher risk of coronary artery disease and a 32% increase in the risk of stroke[6,7,8]	University of Chicago
Researchers could actually see the connection between the experience of loneliness and the affects on the subject's biology and physical health using an MRI[9]	Harvard Medical School

Research shows loneliness has a profound impact on team members' health, turnover and health outcomes. In the referenced case studies, the subject's decline and/or death didn't occur because they were alone, it was because they were lonely. <u>A compassionate, inclusive, and equitable culture is the antidote</u>.

What is our Baseline?

- People who identify as Black, Asian or Hispanic feel as though they are not heard, and they are not treated well by staff and doctors. [4]

- Nearly 50% of Americans believe that U.S health care system and providers are not compassionate. [1]

- Physicians/Providers and healthcare workers routinely miss opportunities to respond with compassion. [2]

- Providers interrupt patients within the first 11 seconds of stating their main concern. [3]

Human Connection Matters

Why does all this data on loneliness and the mind-body connection have to do with a culture of inclusion and belonging?

The answer is **Everything!**

Multiple studies show that a compassionate connection heals:

- Surgery patients were calmer in preop[5]

- Compassion calms physiological response to stress[6]

- Compassion promotes healing from trauma [7]

Creating a Culture of Inclusion and Belonging – A Call to Action

- Start with Executive Leaders
  - Make a public declaration
  - Include DEIB into Systems, structures and processes dedicated time and resources to create sustaining cultural change

Creating a Culture of Inclusion and Belonging for our Teams

- Strategy of inclusion for our employees:
  - Include bias training in orientation and training
  - Create a framework for Compassionate Communication - CONNECT Communication Model™
  - Apply the DEI lens throughout the organization and build partnerships
  - Create connection groups to build relationships and understand perspectives

Creating and Activating PFACs and PFCACs

- Diversifying the PFCAC to ensure they are representative of the communities we serve
  - Create a demographic profile and set recruiting targets based on demographic blind spots
  - Set annual goals that align with the strategy to include DEIB
- Bring your patient personas to live through advisor stories
- Include Advisor's voice in strategy, new build, processes, programs, PI, and boards through co-design principles

Culture's Role in Reducing Workplace Violence

- Healthcare is a high-emotion, high-cost, high-risk industry

- Lack of communication, understanding, and compassion create fear and anxiety in our patients and their advocates

- Fear and anxiety often manifest as anger

- Fear and anxiety has increased exponentially in the wake of COVID - most norms that have changed with COVID

- The antidote is a culture of empathy and compassion
  - I see you. I hear you. I understand you. AND you matter.

Questions?

Helpful Links

- Patient Family Advisory Council - MHA (mhanet.com)
- PFAC Toolkit
  - Includes templates
  - Sample operating guidelines and objectives
  - Completely customizable
- Patient and Family Engagement Roadmap - MHA (mhanet.com)
  - Three tracks divide the work into a manageable framework
  - Includes metrics to meet for each step

Join Us!

- If you are a patient/family, we'd love to have your application!
- If you are employed by a hospital and want to join to further the PFAC agenda in the state, we'd love to have your application!

Application to join the MHA Statewide PFAC

Resources

- Health Equity Dashboards - MHA (mhanet.com)

- Home - exploreMOhealth

- PFCCpartners - https://pfccpartners.com/

- Institute for Patient and Family Centered Care - https://ipfcc.org/

- Becoming a Culturally Competent Health Care Organization | AHA

- Cultural Competence Resources | Health Sciences Diversity, Equity, and Inclusion | University of Pittsburgh

- Think Cultural Health - The Office of Minority Health (hhs.gov)

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Thank you!

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