The Washington Patient Safety Coalition

A Special Webinar
May 29 12:00 to 1:00 pm

"Conference Room to the Bedside"

how senior leadership can advance your conference inspired priorities

THE **ORCA** INSTITUTE

Partners in Transforming the Patient Experience

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Our challenge - 200,000 preventable lives lost
Imagine the outcry in any other industry

Our opportunity – improved patient experiences
One focus, vs multiple initiatives, all stakeholders benefit

Introduction

- Congratulations to all on a great WPSC conference

- Discussions were inspirational

- Numerous opportunities were identified

- Focus on patient and family the common theme

- Now you are back to the 24/7

- How can senior leadership help advance your conference inspired priorities to the bedside

Webinar Objective; learn how the board and senior leadership can facilitate and advance patient safety priorities identified at the conference

The Pathway;

- Focusing upon your underlying safety DNA
- Advancing a patient and family first culture
- Supporting 'speaking up' as major safety driver
- Resourcing individual initiatives; falls, communication, etc.
- Q & A on advancing your other specific priorities

The Patient-Centric, Safety-Focused DNA 'Snapshot'

▶ The 'Snapshot' Diagnostic compares your leadership practices for patient-centric, safety-focused care to what many have found to be the highest-impact best practices

▶ The most effective Diagnostic is conducted by an interdisciplinary "board to bedside" team; for webinar discussion purposes consider your groups best judgment

▶ Diagnostic indicators   Score

   Green; already in place, adding value as intended   #___?
   Yellow; value-added impact of 4-7 on 1-10 scale   #___?
   Red; value-added impact of 8-10, urgent priority   #___?

                                                    Total indicators   22

The Patient-Centric, Safety-Focused DNA 'Snapshot'

	Green	Yellow	Red
1. Policies and procedures ensure that patients and their families are engaged personalized partners in care planning, delivery, transition, evaluation and improvement			
2. Policies and procedures ensure the organization delivers integrated, coordinated, teamwork based care, utilizing patient and team communication best practices			
3. Each board and significant senior leadership meeting begins with a current outcome or experiences story; the "good, bad and the ugly", shared by the patient and caregiver			
4. Trustees and senior leaders regularly round to the patient bedside and caregiver work areas to learn, teach and inspire, sharing their lessons learned with colleagues			
5. The board and senior leadership ensure all key stakeholder voices are heard in patient and caregiver safety, quality and experience deliberations			
6. The board and senior leadership routinely "see and are seen" by the medical staff through scheduled participation in various venues			
7. The physician credentialing process considers input from 360 evaluations and patient survey data in addition to claims, and final approval is a board responsibility			
8. Vision, mission and key strategies provide the direction to patient-centric, safety-focused care, and survey data validates message understanding			
9. The board, CEO and leadership team are routinely seen standing together providing the commitment to safety, quality and experience improvement			
10. The agenda for every meeting is focused with a brief review of the strategic plan, cultural values and the safety and quality, experience and staff satisfaction dashboard			
11. A best practices patient-centric plan is in place, overseen by a board and senior leadership committee and reviewed and approved annually by the board			

The Patient-Centric, Safety-Focused DNA 'Snapshot'

12. The safety and quality plan is continually optimized with best practices, overseen by a board and senior leadership committee and approved annually by the board			
13. Safety and quality, experience and staff satisfaction targets are established by the board, goals are developed by senior leadership and returned to the board for approval			
14. The board and senior leadership conduct their work in accordance with the organizations cultural values, and each member serves as a model organization-wide			
15. All dashboard content includes best performances, the status of Improvement work underway and identifies a single lead for each goal			
16. Dashboard discussion guidelines ensure a focus on patients and caregivers versus data, a probe for why not the best, and ask what to do to speed improvement			
17. Open Disclosure and Just Culture plans, procedures and survey feedback are routinely reviewed and discussed with the board and senior leadership			
18. Board members and senior leadership routinely participate as contributory members on patient experience process improvement teams			
19. Lessons learned from high-reliability and customer centric industries is gained through leadership competencies or use of subject matter experts			
20. Budget and capital planning procedures prioritize funding for patient experience, safety and quality, and staff satisfaction improvement			
21. Leadership and caregiver performance evaluations include 360 input from team members, safety and quality goal achievement, and patient and satisfaction survey data			
22. Greater than 25% of senior leadership cash compensation is tied to pay for performance on meeting quality, service and staff satisfaction goals			

SNAPSHOT DIAGNOSTIC ™

Advancing patients, families first – Eric Coleman

▶ Put the patient in the room for all critical conversations

▶ Ensure trustees and senior leaders round to bedside

▶ Place HIPAA compliant patient pictures on dashboards

▶ Take the role of the patient in discussions

▶ Tie evaluations to patient experience performance

Supporting speaking up – Doug Bonacum

- Make a clear commitment and openly support Open Disclosure and Just Culture

- Don't assume what has been written is understood

- Culture trumps the best strategies, processes and procedures at all times

- The board and senior leadership commitment must be delivered "eye to eye'

Resourcing specific initiatives e.g. falls, transitions, communication

- ► Walk in the shoes of the patient and caregiver

- ► Share stories to connect the heart and mind
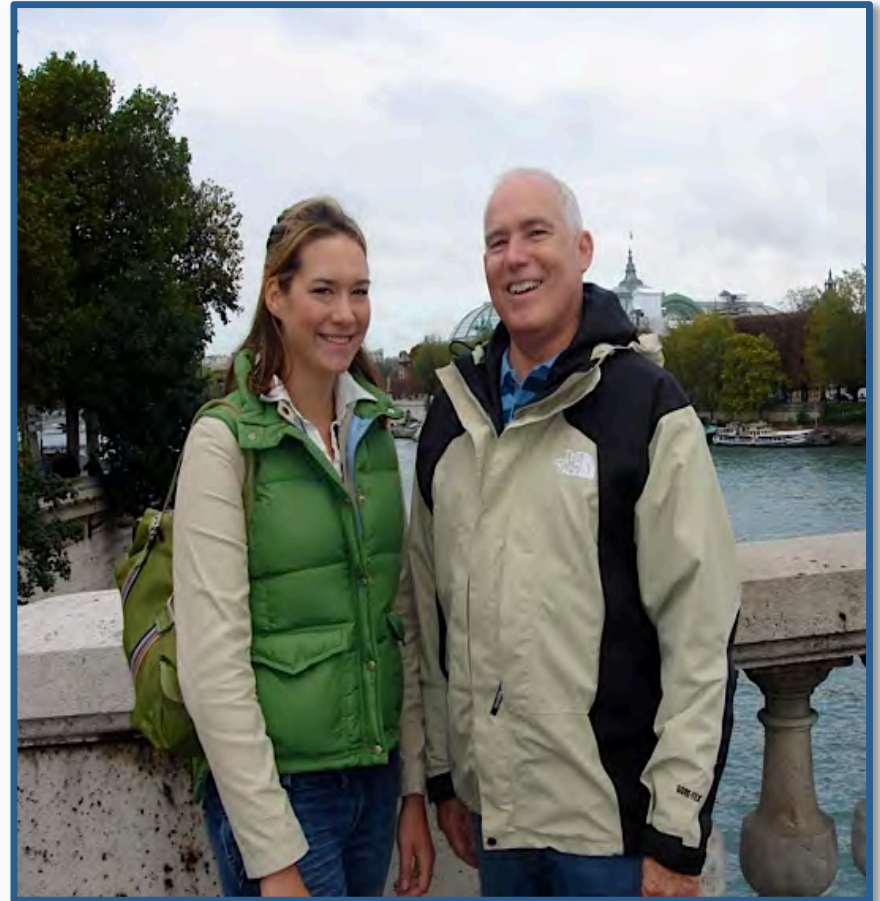
Q & A on advancing your specific priorities

Thank You!

"People make errors, which lead to accidents. Accidents lead to deaths. The standard solution is to blame the people involved. If we find out who made the errors and punish them, we solve the problem, right? Wrong. The problem is seldom the fault of an individual; it is the fault of the system. Change the people without changing the system and the problems will continue."

Don Norman
Author, the Design of Everyday Things