

Plan

Mary Bridge Children's Hospital and Health Network's No. 1 strategic priority is an energized culture. In 2017, staff launched Care Promises through the first ever pediatric-centered onboarding process. Care Promises is the heart of service and framework in interactions with children and families. The training provided 1,500-plus staff and providers with the understanding of what it means to be a team member with a focus on patient safety and experience. In addition to Care Promises, employees learned about the journey to becoming a high reliability organization and the importance of creatively reinforcing principles into daily work.

- Needs assessment survey was launched to employees and family advisory council
- Interdisciplinary team reviewed best practices, conducted staff observations, and identified key themes with family survey comments
- Family advisory council partners identified priority behaviors
- Care Promises were drafted, finalized, and approved by Executives
- Created videos for each Care Promise with kids teaching staff how they want to be treated
- A variety of lean process improvement methods were utilized

Q1 What do you say or do to create a positive experience for our pediatric patients and families?

Q2 What 1-2 additional behaviors (or actions) would you suggest we include in MB Service Behaviors?

Q3 What should we title these MB Behaviors?

MB Staff Observations*

*A total of 58 observations of staff were made between Dec. 3 - 6, 2015. Locations include MB cafeteria, TG/MB lounge, hallway, cafeteria area and kitchen.

**Paternal Perception
Staff Observations: Sailing**
(Jan. 3 - 6, 2016; n = 10)

Location	Percentage
MB Cafeteria	40%
MB Kitchen, hallway, cafeteria area	20%
MB Lounge	20%
TG Cafeteria	20%

**Paternal Perception
Staff Observations: Sail Sailing**
(Jan. 3 - 6, 2016; n = 12)

Location	Percentage
MB Cafeteria	42%
MB Kitchen, hallway, cafeteria area	17%
MB Lounge	33%
TG Cafeteria	8%

**Paternal Perception
Staff Observations: Cat Phone Use**
(Jan. 3 - 6, 2016; n = 10)

Location	Percentage
MB Cafeteria	50%
MB Kitchen, hallway, cafeteria area	30%
MB Lounge	10%
TG Cafeteria	10%

**Paternal Perception
Staff Observations: All**
(Jan. 3 - 6, 2016; n = 40)

Location	Percentage
MB Cafeteria	45%
MB Kitchen, hallway, cafeteria area	35%
MB Lounge	10%
TG Cafeteria	10%

Survey Section	Rating	Comment
Family and Visitors	Negative	Had to find some places on our own
Arrival	Negative	When we checked in the nurse said we had to wait. I asked what rule and policy they had and she said the office closed 15 min in so the nurse told us to take my 9 mos. old son there cause of his fever for 4 days
Arrival	Positive	Wonderful
Arrival	Positive	Very nice
Doctors	Positive	Absolutely loved her Great experience! Very friendly
Doctors	Positive	Approved the attending physician's treatment. Very efficient
Nurses	Negative	All Well. We don't know what this 4th wave has to do. Better communication would have been better in this instance
Overall Assessment	Negative	Very impressed with this facility and its efficiency.
Personal/Distance	Negative	Wasn't a great work experience
Admission	Negative	Very nice
Family and Visitors	Positive	Very nice

Legend:

- Positive
- Negative
- Mixed/Indeterminate
- Overseen Care
- GRII-Report Services Comment
- Negative Comment
- Comment not Feasible

Do

- Launched Onboarding with leadership team at Cheney Stadium, Tacoma Rainiers baseball stadium
- Onboarded 1,500+ plus current employees and clinicians
- Clinicians were offered condensed sessions
- Foundation generously provided funding for supplies and staff time

- Understand expectations and what it means to be a Mary Bridge team member.
- Learn rich history of Mary Bridge Children's.
- Learn and practice MB service standards: Care Promises.
- Learn the Mary Bridge journey to becoming a High Reliability Organization (HRO).
- Realize the power of possibilities and of staff to identify their role in shaping the future of Mary Bridge.



Care Promises were presented by frontline leaders and staff, videos, and through role plays

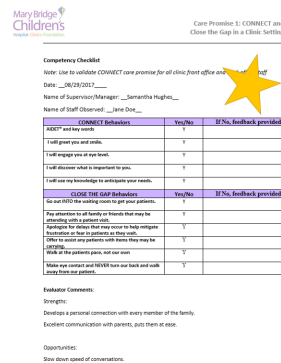
Mary Bridge Care Promises

[illegible]

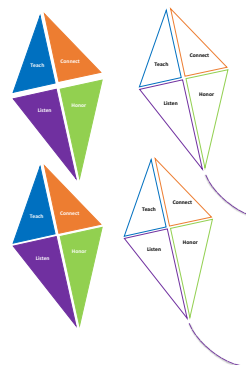
Emergency
Department
developed
a required
Onboarding
for medical
residents and
customized *Care
Promises* for the
physician role!

Check and Adjust

Onboarding content was adjusted, due to feedback from participants. Current staff attended a three-hour session, while new employees now attend a two-hour session. Self-reflection and validation tools were developed for leaders to utilize with staff to hardwire the behaviors.

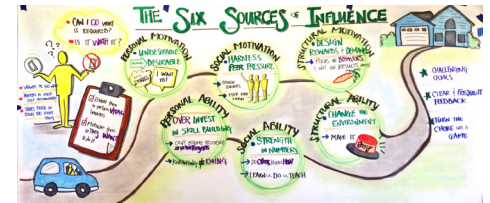


After staff are validated on each *Care Promise*, they earn special recognition!



Sustainability

Significant cultural behavioral change requires more than training. The *Six Sources Influence* approach was utilized to incorporate *Care Promises* into the culture and daily work. Every quarter, the leadership team re-introduces a *Care Promise* through the network-wide newsletter. Leaders use a variety of creative techniques, such as recognition, employee rounding, and visual cues on huddle boards.



**Six Sources
of Influence:
Takes more
than training
to create
cultural
behavioral
change!**

Commitment to families are visible in the environment



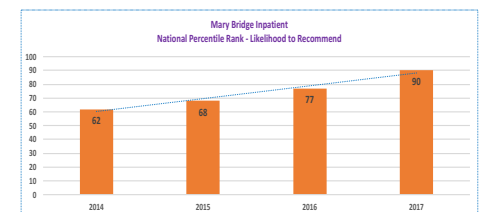
Recognition: Family survey comments are highlighted in hospital newsletters and town halls to reinforce *Care Promises*

"What appeared a very good detail to me is that Doctor Escobar called me, it is the first time that the doctor called to ask how my daughter was. Many thanks to all, they do their job very well!"

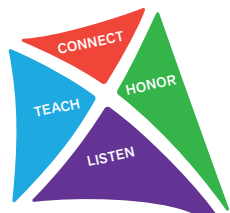


**Recognized all Partners
at Onboarding through
Party Deck Celebration at
Cheney Stadium!**

- Engagement amongst employed physicians move from the 38th percentile nationally in 2015 to the 87th percentile in 2017.
- On the family survey question of "likelihood to recommend this hospital to others," Mary Bridge Inpatient went from the 68th percentile nationally in 2015 to the 90th percentile in 2017.



Mary Bridge Care Promises



No.	Word	Promise	Action Steps
1.	Connect	I will acknowledge and be available to you. (AIDET)	
Notes:			1) I will greet you and smile. 2) I will engage you at eye level. 3) I will discover what is important to you. 4) I will use my knowledge to anticipate your needs.
2.	Honor	I will treat you with dignity and respect.	
Notes:			1) I will approach you with courtesy and kindness. 2) I will recognize the differences in people and their unique backgrounds. 3) I will acknowledge your perspectives and choices. 4) I will be your partner in care.
3.	Listen	I will listen to understand.	
Notes:			1) I will pause and focus my attention on you. 2) I will listen with my ears, eyes, and heart. 3) I will refrain from interrupting you. 4) I will confirm what I have heard.
4.	Teach	I will teach you and learn from you.	
Notes:			1) I will ask for information and respect your expertise. 2) I will share information in a variety of ways. 3) I will explain in words you can understand. 4) I will confirm what you have learned.



inspired by Possible.

Anna Ahrens, MA, CCLS
Director, Patient and Family Experience
anna.ahrens@multicare.org



Family Advisory Council Charter

Article 1. Purpose. The Family Advisory Council (FAC) has an active role in improving quality, patient safety, and patient and family experience by identifying opportunities, gathering and providing feedback and perspectives on plans, programs, and procedures which accelerate the MultiCare and Mary Bridge strategic objectives.

Article II. Vision. The Family Advisory Council is dedicated to assuring the delivery of the highest standard of comprehensive and compassionate healthcare by Mary Bridge Children's Hospitals and Clinics. We are committed to:

- Strengthen communication and partnership with patients, families, caregivers, and staff.
- Promote patient and family collaboration.
- Connect families with healthcare and community resources.

Article III. Family Advisory Council Functions. Council members work together in an advisory role to contribute to decision making, strategy, and program development through:

- Collaboration to improve the safety and quality of care
- Collaboration to improve patient and family experience
- Review of current and proposed services and programs.
- Review of policies and procedures

Article IV. Members

Section 1. Membership Eligibility. The Council consists of family members who have received care at Mary Bridge and staff from diverse areas of the hospital and clinics. Members are asked to commit to a two-year term limit and may reapply after.

Section 2. Council Makeup. The Council's membership is made up of a broad base of up to 17 family members (at least two-thirds family members) and up to 5 staff members with at a minimum representation from nursing, physician and/or APP, and support departments. The COO/CNO is the Executive sponsor.

Section 3. Participation. Members are expected to participate in every other monthly meeting consisting of 1 ½ hours and in various committees or projects that will require a varied number of hours.

Section 4. Recruitment. Council members and Mary Bridge leaders and staff are utilized to recruit and recommend future members.

Section 5. Orientation. Members complete council training and volunteer onboarding.

Article V. Meetings. Regular meetings of the Family Advisory Council are held on the second Thursday of each month from 6:00-7:30 PM unless otherwise ordered, in the MB Board Room.

Article VI. Leadership and Planning Committee. The Director, Transformation and Experience will be accountable leader.

Section 1. Facilitation. The Council will have 1-2 facilitators.

Section 2. Coordination. Child Life Assistant will coordinate meals, parking vouchers for families, and take meeting minutes.

Section 3. Planning Committee. Will consist of Director, Experience, Lead RN, and Child Life Assistant.

Section 4. Recruitment. All planning committee members will distribute and communicate recruitment to employees, clinicians, and families.

Section 5. Nomination Process. Nominees will complete an application form and hold an in person or phone interview prior to selection.

Section 6. Communications.

- a. **Pre-meetings:** Agendas and meeting invites will be distributed to meeting attendees.
- b. **Post-meetings:** Meeting minutes will be distributed.
- c. **Other:** Council will also engage in virtual work to include e-mail communication to integrate the voice of the patient and family regarding various Mary Bridge strategic and operational work streams.