

A Microsystem Approach to Improve Primary Care: Competencies to Facilitate Co-Production

Improving the
patient experience



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Microsystem Festival 2020

Liberating Structures

(www.liberatingstructures.com)

Learning through Complexity Science

TRIZ: Turn the
world upside down

Create change by first
identifying opposites

Paradoxical Problem:

Primary Care Clinics are charged with
operating with efficiency and
effectiveness, but for whose benefit?

The system or the users?

What is the worst primary care
experience you can imagine
from the patient perspective?

Make a list of all you can do to make sure that you achieve
the worst result imaginable for the patient.

Check the list:

Is there anything that we are currently doing that in any way resembles these practices?

Be brutally honest to make a second list of all your counterproductive activities, programs, or procedures.

What will help you stop the things that create undesirable results?

What activities or procedures will replace these habits?
Who will design and decide?

Engaging patients in redesigning the system: A step towards Co-Creation
If you get patients involved in QI, it is hard not to fix things. (www.AHRQ.gov)



“One thing that sustains practice change is meaningful patient engagement in QI activities. Patients often have a very different perspective on the strengths and weaknesses of a practice than do physicians. Providers want to improve things when they hear directly from patients how the system is not meeting their needs.”

Jonathan Sugarman, M.D.,
M.P.H. President and CEO, Qualis Health

Develop other Sticky Questions for situational awareness

To reduce harm: “How can we make sure we always order the incorrect procedure for Esther?” (or patient falls, medication errors)

“How do we provide medication orders for Esther that she cannot take correctly?”

“How can we create a confusing intake system so Esther will not be able to get an appointment when needed?”

“How do we make sure we provide information to patients that they will never understand or follow?”

Agency for Healthcare Research and Quality (AHRQ): Evidence based approaches for patient engagement in primary care

Shared Decision making

Patient and Family Advisory Councils (PFAC)

Team-based Care

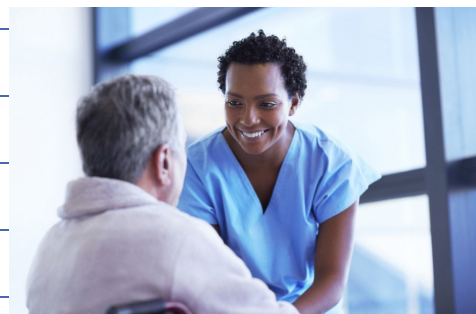
Medication Management

Family engagement in care

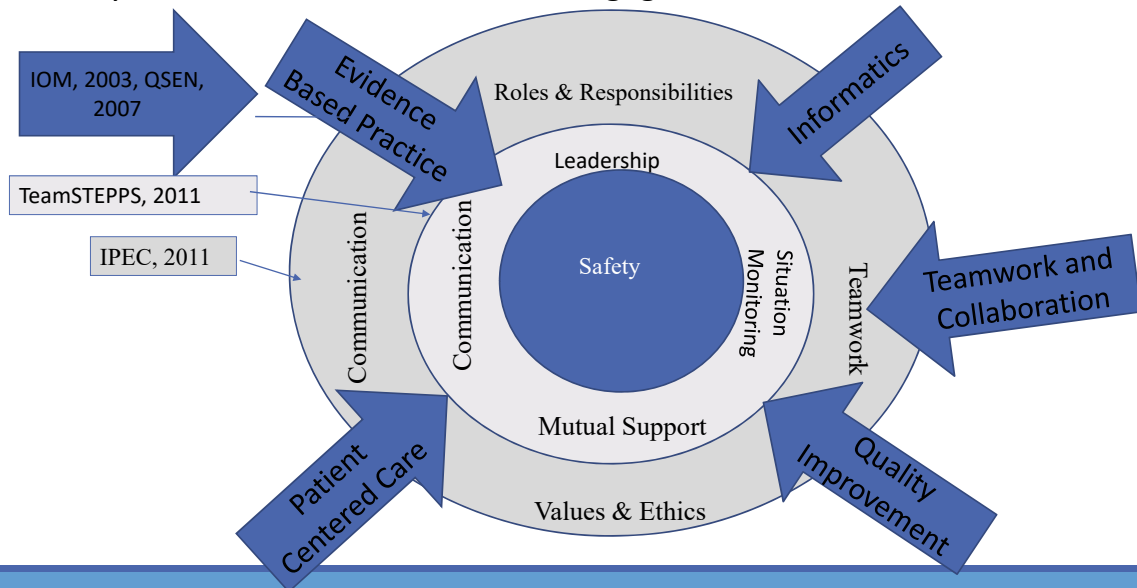
Structured communication tools

Project RED: Re-engineered Discharge

But How?



A Competency Model to Improve Outcomes: How to apply in Primary Care with the aim of Patient Engagement?

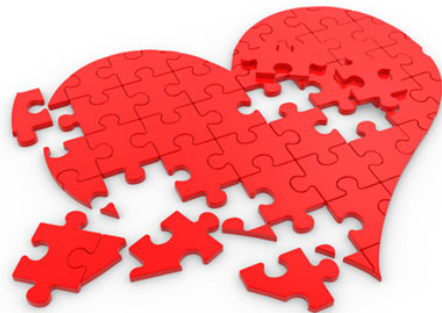


Objectives

Apply evidence based quality and safety competencies to mitigate preventable harm in primary care

Examine microsystems in primary care to provide effective and efficient care coordination across time and transitions

Develop systems of care that engage patients in co-production and co-creation for patient engagement to share decision making



Systems often operate for their own benefit without regard for the people seeking services or the multidisciplinary microsystems which operate in silos, thus contribute to breakdowns in communication, processes, and coordination.

Appreciate each microsystem for its contribution to the system:

Systems thinking to improve primary care: the five P's	Purpose,
	Patients,
	People,
	Processes,
	Patterns

High percentage of preventable harm due to inadequate relationship and communication across microsystems that make up primary care

IT: Integrating 6 Quality and Safety Education for Nurses (QSEN) competencies:

Patient Centered Care, Teamwork And Collaboration, Evidence Base Practice, Quality Improvement, Safety, Informatics)

4 IPEC (Interprofessional Education Competencies): **Roles and Responsibilities, Values and Ethics, Communication, Teamwork)**

Gitell's Relational Coordination: theoretical base to embrace ComePassionIT by developing ways to work together across primary care microsystems.

Relational Coordination

Jody Gitell

high performance is fundamentally relational
—rooted in both human and social capital.

a mutually reinforcing process of communicating and relating for task integration....

...drives performance when work is interdependent, uncertain and time bound

Conversation of
interdependence

Relationship
coproduction

Shared
knowledge/timely
communication

Changing structure is
not enough:

Explore context:

Reflection: look in the
mirror:

Design
interventions:

Engage key stakeholders

Relational mapping to
visualize work

Start new conversations

Create safe space

AHRQ: Patient Engagement in Primary Care

Errors in primary care: breakdowns in diagnosis, delays in testing, treatment and follow-up, breakdowns in communication between patients and clinicians and medication errors

Kelly M. Smith, Ph.D. and Martie Engels, PI
MedStar Institute for Quality and Safety, Columbia, MD

Technical
Expert panel
of providers,
consumers,
patient
advocates:

Literature scan

Discuss and discern

Design and decide

Implement and test



<https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/strategies.html>

Engaging patients and families in shared decision making

Co-Production

AHRQ Guide :

Co-Creation

Improving Patient Safety in Primary Care by Engaging Patients and Families.

- Be Prepared to be Engaged
- Teach Back
- Medication Reconciliation
- Warm Handoff

Materials developed for training and change

Patient prep card

Patient note sheet

Be Prepared patient information (poster and handout)

Be Staff Information (poster and handout)

Be Prepared Clinician Information (poster and handout)

Be Prepared Implementation Quick Start Guide

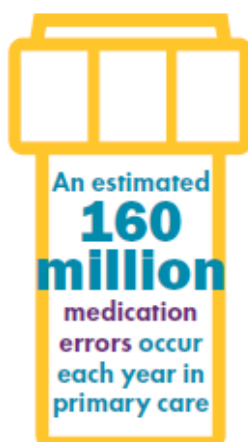
Annually,

1 in 20 outpatients experiences a **diagnostic error**



55%
of patients said
diagnostic errors
were a chief concern
in outpatient visits

1 in 9
ED admissions
are related to an
adverse drug event



up to
80%
of information shared
in a primary care visit is
immediately forgotten
by patients

50% or
information
remembered is
incorrect and
90% and 98%
of information
retained is
incorrect.

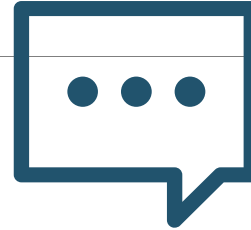
Be Prepared to be Engaged: Strategies to encourage and reinforce patient preparation and engagement in their healthcare team



Be ready



Ask questions



Speak up

What they want to talk about

Their questions

Their health goals

Be
Prepared
Note
Sheet

Be Prepared. Be Engaged.

Today I want to talk about...

Today I want to talk about...

1. _____
2. _____
3. _____

I have questions or concerns about...

☐ My medicines ☐ My medical tests ☐ My treatments

I have questions or concerns about...

☐ My medicines ☐ My medical tests ☐ My treatments

My health goals are...

My health goals are...



Be Prepared. Be Engaged.

Today I want to talk about...

1. _____
2. _____
3. _____

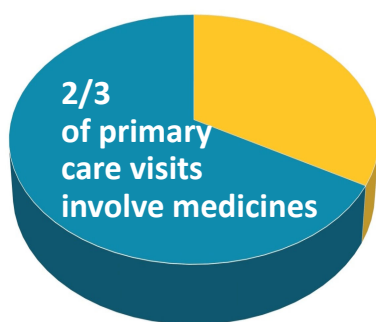
I have questions or concerns about...

☐ My medicines
 ☐ My medical tests
 ☐ My treatments

Mis metas de salud son...

STAY Physically ACTIVE NOT TO WORRY ABOUT THE FUTURE
EAT MORE VEGETABLES FRUITS AND LESS ALCOHOL
KEEP RIDING my BIKE when ever I CAN

Create a Safe Medicine List Together: Applies the brown-bag approach for medication reconciliation, an accurate medication list is created.



3.2 billion
ordered or prescribed

160 million
of those result in error

For patients on 5+ medicines,
57% are not needed, are contraindicated, or are not taken as prescribed

In the primary care setting, medication safety issues include prescribing errors, contraindications, overprescribing, underprescribing, and patient adherence.

The Medication Management Strategy

Develop a complete & accurate medication list

- Patients and family members bring all their medications – OTC and prescriptions

Complete medication reconciliation using the accurate medication list

- Identify & correct safety issues



The Teach-Back Strategy

Evidence-based Health Literacy Intervention

Communication approach for shared decision-making

Ask your patients to “*Teach it Back*”



What is teach-back?

Teach-back IS a way for you to make sure your patients understand what you tell them.

Teach-back IS NOT a test or a quiz for patients.

How do I use teach-back?

Just ask patients to explain what you have told them using their own words. For example, if you explain what they need to do to prepare for a procedure, ask them if they can *teach back* to you how they are going to prepare.

Why should I use teach-back?

As part of the care team, you have an important safety role in making sure your patients understand all the information they are given during their visit.

Did you know that patients forget up to 80% of what you tell them after a visit? If they do remember, only half of what they remember is correct.¹



When should I use teach-back?

Use teach-back whenever explaining important concepts to patients regarding their health care, including:

- Medicines.
- Home care instructions.
- Use of a new device.
- Next steps in their care.
- Anything else that is important for them to understand.

1. Hessele RP. Patients' memory for medical information. J R Soc Med 2003;96(5):219-22. PMID: 12652622
2. Anderson JL, Dodman S, Kopelman M, et al. Patient information recall in a rheumatology clinic. Rheumatology 1978;18(1):18-22.



Teach-back: Ensures medical information explained clearly to patients and families for improved understanding and adherence

"I want to make sure we are on the same page. Can you tell me..."

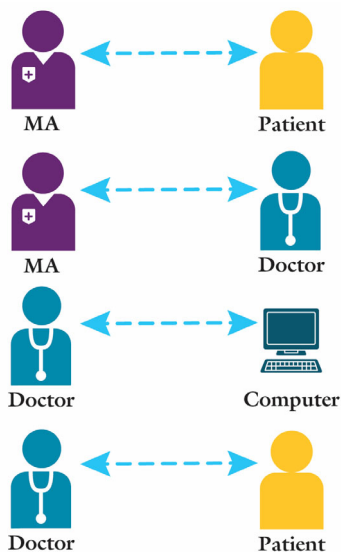
"Can you show me how you would use your inhaler at home?"

"I want to make sure I explained things clearly. Can you explain to me..."

Health Literacy
Health care language jargon
Pressure of hearing bad news
ESL

Warm Handoff Plus: Communication about care occurs in front of the patients and families.

Transactional Communications



Collaborative Communications



- Build trust and strengthen relationships
- Improve communication, patient outcomes and patient and clinician satisfaction.

AKA Bedside Rounds

The Warm Handoff Strategy: encourages communication among patients, family, and care team, puts conversation in front of the patient, and provides a safety check

Using the Warm Handoff Plus in Primary Care: a medical assistant brought the patient to the exam room and started taking the chief complaint and vitals. She went through his medicines one by one, asking him how he was taking each. The patient stated he was only taking one of them “about half the time.” After she finished the rooming process, she got the doctor and they came back into the room together for Warm Handoff Plus. She briefed the doctor in the room with the patient on all the information she had gathered. When she got to the medicine that the patient was only taking sometimes, the patient interrupted. “I take it every morning. I just forget to take it most nights, so I end up taking it about half the time.” The doctor immediately responded, “Then take both pills in the morning.”



The Warm Handoff Plus provided an opportunity for communication that might otherwise have been missed and had a positive impact on patient safety and outcomes.

Improving care

When patients wrote down an agenda before their primary care visit, **74% of clinicians** and **79% of patients** agreed that communication during the visit **improved**.

Over **80% of the clinicians** in the study *wanted patients to continue* to write down an agenda.

Reflective communication among providers and with patients

Transparent communication and Respectful interactions builds trust:

- What do you see that I do not see?
- How has my thinking altered because of input from others?



Improve the system for patient and providers (Quadruple Aim)

Engaged providers have the Passion (will) to do good work when they have Ideas and support to Execute in receptive systems leading to renewal that reinvigorates for compassion satisfaction, not burnout.

Interdependency, seeing the whole rather than parts, among microsystems allows balance of competing values among the polarities and paradoxes inherent in complex adaptive systems, replacing problems to solve with polarities to manage.

Help patients become a part of their care

Patient Fact Sheets, handouts, and posters

Intervention specific materials such as appointment reminders and note sheets

Visit the AHRQ Website

<http://bit.ly/PrimaryCareGuide>



Agency for Healthcare Research and Quality (www.ahrq.gov) AHRQ's Resources for Patient and Family Engagement

[Guide to Engaging Patients and Families in Hospital Quality and Safety](#)

[Health Literacy Universal Precautions Toolkit](#)

[AHRQ's Making Informed Consent an Informed Choice: Training Modules for Health Care Leaders and Professionals](#)

Questions are the Answer

- [Be More Involved in Your Health Care: Tips for Patients](#)
- [My Questions for This Visit](#)
- [Waiting Room Video](#)

<https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/index.html>