Institute for Healthcare Improvement

Patient Experience, Patient Safety, and Provider Wellbeing: On Building a Culture of Collaboration and Learning

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Advancing Quality and Safety Together: A Celebration of Learning
National Quality Improvement Conference: December 1, 2023

Disclosures

I have no conflicts of interest, financial interest, or sponsorships relevant to this activity to disclose.

Success Factors for Ann’s Heart Surgery

- Common Systems
- Common Knowledge
- Unconditional Teamwork
- Transparency and Communication
- A Focus on “What Matters” to Ann
- Technical Skills in All… Deference to Expertise
- Roadmaps… All the Time

Question #1:

When it comes to your health and health care, what do you want?

Question #2:

When it comes to your health and health care,

what do you *really* want?

Question #3:

When it comes to your health and health care,

what do you *really, really* want?

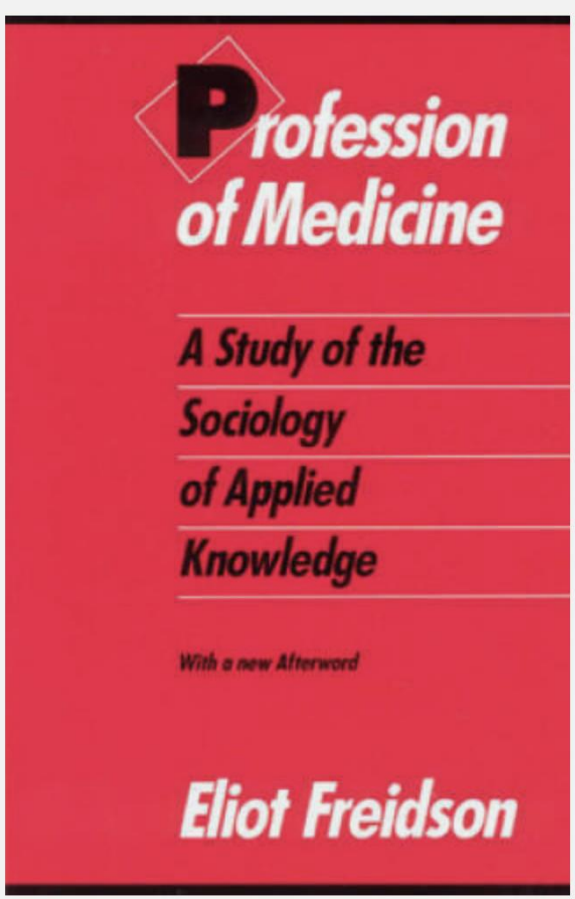
Institute of Medicine Roundtable on Quality of Care

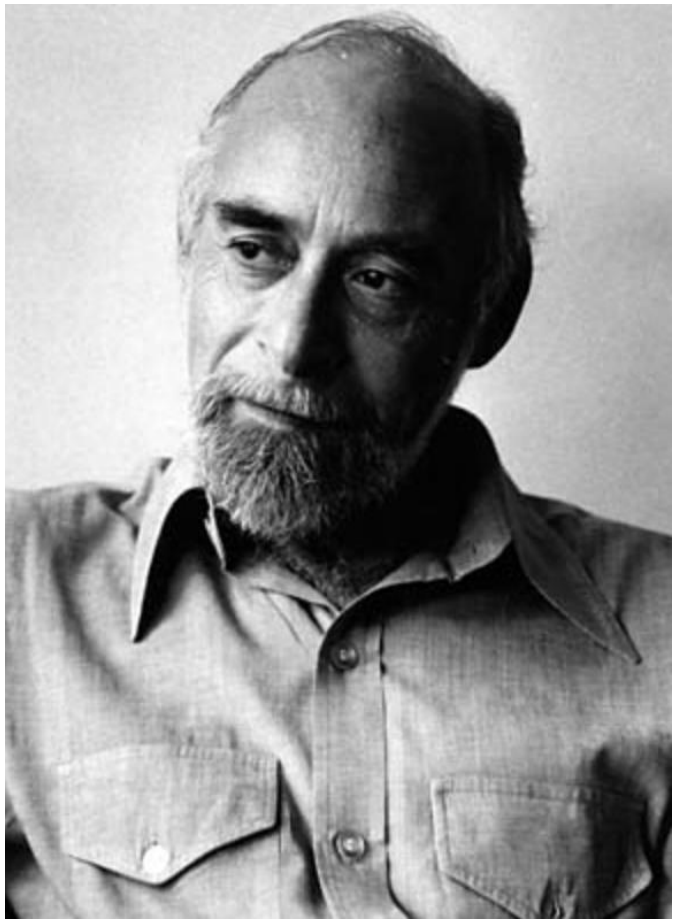
- Overuse
- Underuse
- Misuse

The Legacy National Academy of Medicine (US) Definition of Health Care Quality

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Eliot Freidson: 1970



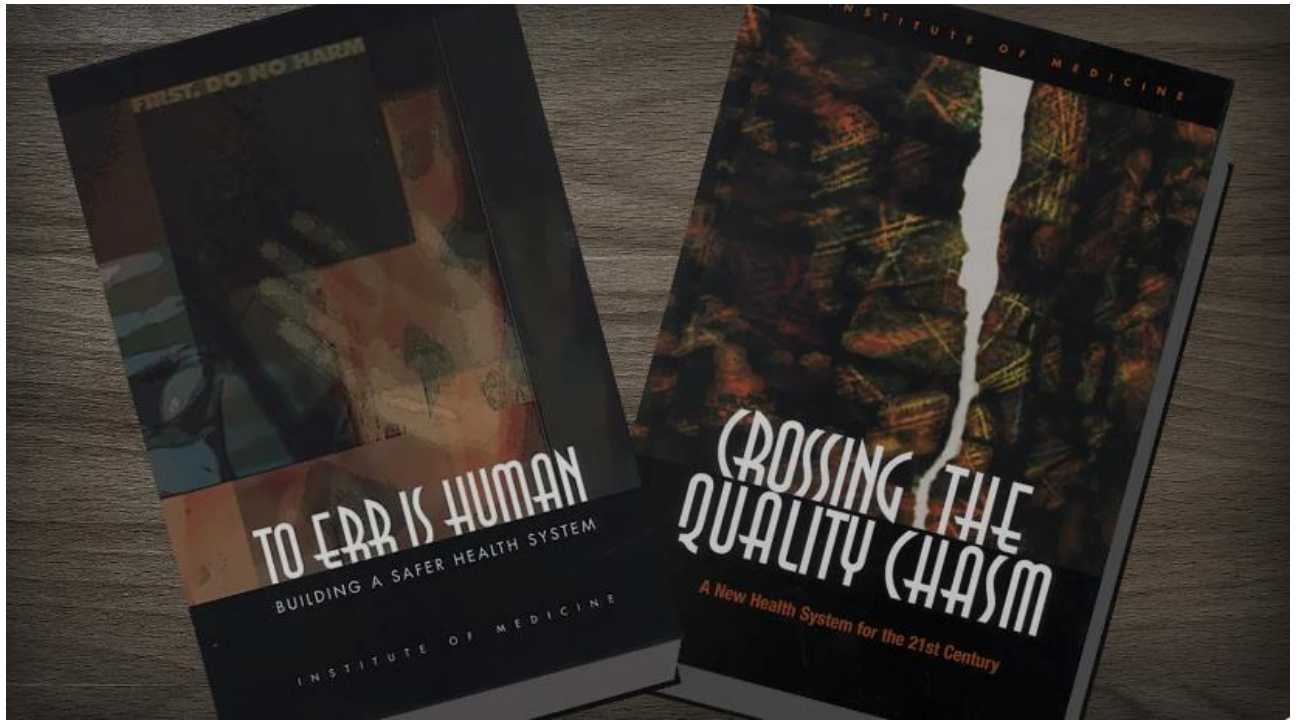


"A profession is a work group that reserves to itself the right to judge the quality of its own work."

The social contract:

- **Beneficence**
- **Technical Mastery**
- **Self-Regulation**

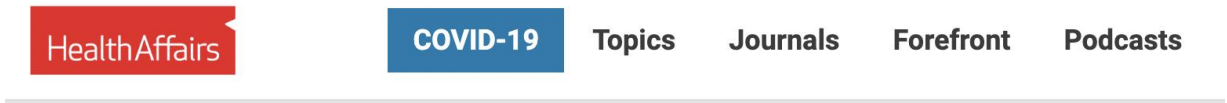
The Dimensions of “Quality” - 2001



- Safety
- Effectiveness
- Patient-Centeredness
- Timeliness
- Efficiency
- Equity

“In its current form, habits, and environment, the US health care system is incapable of meeting the needs of those it serves.”

My Opinion in 2009: The True Nature of Patient-Centered Care



WEB EXCLUSIVES

HEALTH AFFAIRS > VOL. 28, NO. SUPPLEMENT 1: WEB EXCLUSIVES

What 'Patient-Centered' Should Mean: Confessions Of An Extremist

ABSTRACT:

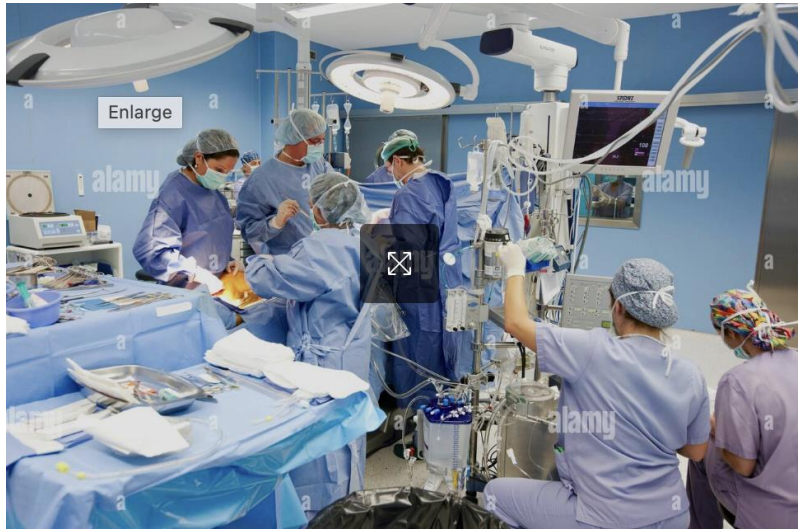
"Patient-centeredness" is a dimension of health care quality in its own right, not just because of its connection with other desired aims, like safety and effectiveness. Its proper incorporation into new health care designs will involve some radical, unfamiliar, and disruptive shifts in control and power, out of the hands of those who give care and into the hands of those who receive it. Such a consumerist view of the quality of care, itself, has important differences from the more classical, professionally dominated definitions of "quality." New designs, like the so-called medical home, should incorporate that change.

Ten Simple Rules for Redesign of Health Care

1. Care is based on continuous healing relationships.
2. Care is customized according to patients' needs and values.
3. Patient is the source of control.
4. Knowledge is shared and flows freely.
5. Decision-making is evidence based.
6. Safety is a system priority.
7. Transparency is necessary.
8. Needs are anticipated.
9. Waste is continually decreased.
10. Cooperation among clinicians is a priority.

The Most Important “Simple Rule”

Cooperation is the highest priority for all participants in the system.



Some Existing Aspirations: Maxims to Guide Us

- “The needs of the patient come first.” (Mayo Clinic)
- “Nothing about me without me.” (Diane Plamping)
- ”Every patient is the only patient.” (Arthur Berarducci)
- “What matters to you?” (Susan Edgeman-Levitan, Michael Barry, Maureen Bisognano)

A New Proposed Definition of Patient Centeredness

The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care.

“What chills my bones…

….is indignity. It is the loss of influence on what happens to me. It is the image of myself in a hospital gown, homogenized, anonymous, powerless, no longer myself. It is the sound of a young nurse calling me, “Donald,” which is a name I never use—it's “Don,” or, for him or her, “Dr. Berwick.” It is the voice of the doctor saying, “We think…,” instead of, “I think…,” and thereby placing that small verbal wedge between himself as a person and myself as a person. It is the clerk who tells my wife to leave my room, or me to leave hers, without asking if we want to be apart. A close friend called a clinic for her mammogram report and was told, “You have to come here; we don't give that information out on the telephone.” She said, “It's OK, you can tell me.” They said, “No, we can't do that.” Of course, they “can” do that. They choose not to, and their choice trumps hers: period. That's what scares me: to be made helpless before my time, to be made ignorant when I want to know, to be made to sit when I wish to stand, to be alone when I need to hold my wife's hand, to eat what I do not wish to eat, to be named what I do not wish to be named, to be told when I wish to be asked, to be awoken when I wish to sleep.”

What chills my bones…

“Call it patient-centeredness, but, I suggest, this is the core: it is that property of care that welcomes me to assert my humanity and my individuality. If we be healers, then I suggest that that is not a route to the point; it is the point.”

What Would It Be Like?... for Example

(1) Hospitals would have no restrictions on visiting—no restrictions of place or time or person, except restrictions chosen by and under the control of each individual patient.

(2) Patients would determine what food they eat and what clothes they wear in hospitals (to the extent that health status allows).

(3) Patients and family members would participate in rounds.

(4) Patients and families would participate in the design of health care processes and services.

What Would It Be Like?... For Example

(5) Medical records would belong to patients. Clinicians, rather than patients, would need to have permission to gain access to them.

(6) Shared decision-making technologies would be used universally.

(7) Operating room schedules would conform to ideal queuing theory designs aimed at minimizing waiting time, rather than to the convenience of clinicians.

(8) Patients physically capable of self-care would, in all situations, have the option to do it.

(9) All institutional boards would have a majority of patients and clinicians.

Steps toward Patient-Centered Care

1. Affirm patient- and family-centered care as a dimension of quality in its own right, and not just through its effect on health status and outcomes, technically defined.

   "They gave me all the care I needed and wanted exactly when and how I needed and wanted it." – Scale of Agreement: 1-5" (Dr. John Wasson, Dartmouth)

2. Firmly vest in patients and families control over decisions about care in all its aspects. Take over control only rarely and with permission freely granted.

3. Extend transparency to all aspects of care, including science, costs, outcomes, processes, and errors. Apologize when things go wrong.

4. Learn and use individualization and customization as design targets.

5. Train all young professionals in these as norms of professionalism.

6. Prediction: Clinicians will experience patient-centered designs not as burdens, but as relief.

A Person-Centered Metric of Quality

"They gave me all the care I needed and wanted exactly when and how I needed and wanted it."

(Scale of Agreement: 1 to 5 (Dr. John Wasson, Dartmouth))

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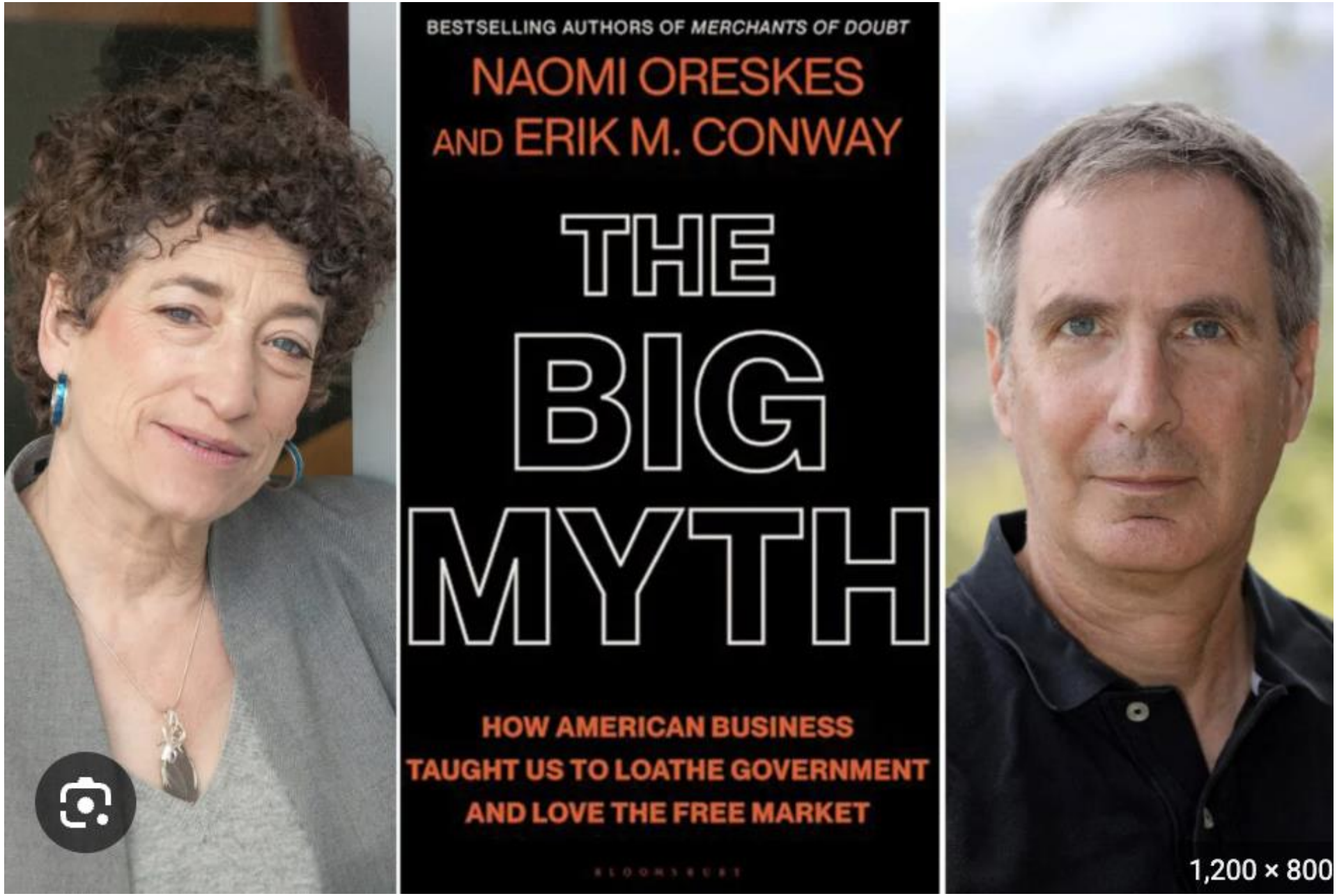
Questions and Concerns

- Will patient control lead to overuse?
- Will patient control overwhelm clinicians?
- Will patient control undercut evidence-based medicine?


BESTSELLING AUTHORS OF *MERCHANTS OF DOUBT*
NAOMI ORESKES
AND ERIK M. CONWAY
THE BIG MYTH
HOW AMERICAN BUSINESS TAUGHT US TO LOATHE GOVERNMENT AND LOVE THE FREE MARKET
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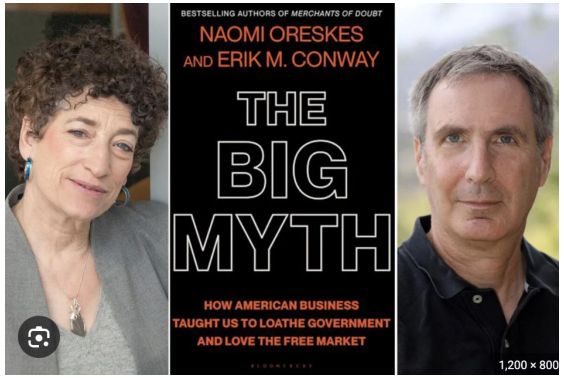
Does this apply to the pursuit of population health?



"The deification of markets and the demonization of government has deprived us of the tools and the insights we need to address the challenges before us…."

"It is time we rejected the myth of market fundamentalism and re-embraced the the proven tools we have at our disposal."

"It takes governance to address the problems that people, pursuing our self-interest, create."

Gathering of Kindness – Dr. Cath Crock

Bringing together people from inside and outside the healthcare sector - actors, healthcare workers of all kinds, artists, researchers musicians and innovators - we ask you to reimagine the healthcare experience by placing kindness, trust and respect as the fundamental guiding principles of the healthcare system.

The Myth….

The myth that excellence arrives when we struggle to defeat each other is, for most important societal needs, bankrupt.

Excellence in meeting our shared, common needs depends on shared efforts, learning together, in pursuit of our common vision.