Improving Healthcare Through Our Patients’ Eyes

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Kaiser Permanente –
Who We Are & What We Stand For
Our Scope

- 8 regions serving 9 states and the District of Columbia
- 8.9 million members
- 15,000 physicians
- 164,000 employees, includes 45,000 nurses
- 35 medical centers with hospitals
- 454 medical offices
- $44 billion operating revenue
Every patient has a story

“I don’t even know what preop is or what they need two hours for.”

“I’m a little scared!”

“I’m more concerned for my family, than for myself.”
Many Ways of Bringing Patients Into Improvement

- Surveys
- Focus groups
  - Video ethnography
- Patient councils
- Patients on the team

More people

More participatory
Ethnography, also referred to as “field work”, is a qualitative method that involves interviews and observation to understand, interpret, and describe experience, systems, organizations and cultures.

We define Video Ethnography as the rapid, applied use of ethnographic methods using video to capture observation and interviews in order to analyze and then share key findings to quality improvement teams, leaders, and others across an organization or institution.
Projects Where We Have Used Video Ethnography

(partial list)

- Transitions
- Medication Management
- Nursing Hospital Shift Change
- Surgical Pre-op
- Cancer Care
- Readmissions
- Treatment decision-making
- Depression Care
- Exercise as a vital sign
- Disparities
- Care for transplant patients
The Ethnographic Mindset

Vuja de – Seeing the familiar in unfamiliar ways

- Openness and curiosity
- Deep listening
- Positioning the patient as the expert
- Asking Why? How?
- Noting inconsistencies

- Picking up on the patients use of language, e.g. “one foot out the door”
Asking why

Open ended questions – go deeper

Some patients did not know how to reach their doctors
“I don’t even know who to call about his pain.”

Patients reported that the call center could not always give authoritative advice
“The advice nurse will just send you to the Emergency Department and that serves no purpose. It would be good to be able to just talk to the doctor.”

Self-care instructions were not always specific to patients’ needs
“The going home directions were pretty generic. They could have been more specific, especially about diet.”
With Video Ethnography, The Whole Team Sees

Many patients

Traditional ethnography

Observation, shadowing

One patient

Anecdote

Someone else sees, then summarizes

I see the care myself

Video storytelling

The whole team sees together

Video ethnography
All Video Not Created Equal

Training or marketing video

Messages
Script
Filming

Video Ethnography

Study design
Data collection (interviews, observation)
Coding and Analysis
Identification of most actionable opportunities
Re-Analysis
Actionable messages
Video

Learning
QI strategy

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Video Ethnography Aligns With Our Approach to Improvement

What are we trying to accomplish?
How will we know that change is an improvement?
What change can we make that will result in improvement?
1. Plan

What do you want to improve? Clarify Your improvement aim.

What might you need to reach the aim?

Will the voice of the patient and/or staff help you get there?
Interviews: tips and strategies

- Mix up open and close ended questions.
- Start with easier questions.
- Use common, easy to understand language.
- Don’t be afraid to ask – just be sensitive.
- Follow their lead. don’t just follow your ‘script’.
- Make it conversational, but stay focused and professional.
Interviewing prompts

• “Show me”… tools, workspace, paperwork, etc.

• “Walk me through”… process, journey, etc.

• “Tell me a story about” …a recent event where the process broke down, or a recent event where you thought things went well.

• “Draw me”… your support network, what a typical day feels like, etc.

• 5 Why’s – Keep asking why in order to dig deeper towards the root of an issue.
2. Collect

Data Capture

- Pen and paper
- Video
- Audio
- Photos
- Observe - take notes afterwards
- Mixed media
2. Collect

Sampling
- Who, what, where might you learn from?
- Think small, think simple

Recruiting
- How will you recruit people?
- Planned and/or opportunistic encounters

Note: People want to help, getting people to interview and observe may be easier than you think 😊
3. Analyze

- Daily debrief after field work
- Data dump
- Identify key themes / codes
- “Code” the data
- Pattern recognition: cluster and sort themes
- Assess strength of patterns / themes
- Share initial results with team and iterate
- Synthesize for action
3. Analyze

Start with hunches, then build on them.

**Look for:**
- Repetitions
- **metaphors** & analogies
- transitions
- similarities & differences
- connectors and relationships

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3. Analyze

Look across all your interview and observation data for patterns

- Needs
- Gaps
- Processes
- Emotions
- Relationships
- Roles
- Time frames
- Beliefs
3. Analyze

**Coding** is marking segments of data with descriptive words that represent potential opportunity areas for improved care and/or patient and staff needs.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definition / Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>Relationship is important</td>
</tr>
<tr>
<td>Communication</td>
<td>Access to KP Cares, 1 number to call</td>
</tr>
<tr>
<td>They spend time</td>
<td>Good relationship between member &amp; provider</td>
</tr>
<tr>
<td>Frail/elderly</td>
<td>Member cannot answer questions, other instances of physical or mental challenges</td>
</tr>
<tr>
<td>Caregiver is important</td>
<td>Family cg, non family paid cg, facility as caregiver</td>
</tr>
<tr>
<td>Medications</td>
<td>Anything related to medications</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Anything related to long term care pharmacy</td>
</tr>
<tr>
<td>Continuum of care</td>
<td>Complexity of post hospitalization settings what experiences and needs are</td>
</tr>
</tbody>
</table>

Additional points to consider:

- What's the need?
- What's the need not being met?

What helps?

- What doesn't work?

- What's working & not in coding use +/-
How We Leverage Video Ethnography For Change

**WILL**

- When we see our care through patients’ eyes, do we like what we see?
- Do the parts of our care combine to a better whole?

**IDEAS**

- What changes would most improve care?
- How can the members of our team work together to provide a great care experience?

**EXECUTION**

- Are we delivering what we intend? Reliably?
- Beneath our data, what does our execution look like?
Catalyzing Change

Results

Video Ethnography
+
Patients, staff, and leadership present at kick off meeting
+
other data

Change in how our patients go through the surgical experience

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Depth not breadth

- Sample sizes are intentionally small
- Be opportunistic and targeted in sampling strategy
- The more ‘data’ you collect, the longer it will take to analyze
- Use data to generate small tests of change and be sure to measure along the way

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Example: Study design and sample frame</strong></td>
<td></td>
</tr>
<tr>
<td># of Team members</td>
<td>4</td>
</tr>
<tr>
<td>collecting and analyzing data</td>
<td></td>
</tr>
<tr>
<td># of Days in the field</td>
<td>2</td>
</tr>
<tr>
<td># of Patients and family members interviewed</td>
<td>8</td>
</tr>
<tr>
<td># of Clinicians &amp; staff interviewed or observed</td>
<td>7</td>
</tr>
<tr>
<td># of Processes observed (i.e. inpatient assessment, outpatient clinic visits, home health, etc.)</td>
<td>6</td>
</tr>
</tbody>
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Risks and Mitigation

- Patient videos are Protected Health Information
  - Use consent and HIPPA authorization forms
- Beware chasing after anecdotes
  - Use qualitative learnings to develop hypotheses for further testing
  - Couple qualitative findings with quantitative data
- Our biggest challenge: Demand!
  - We are training video ethnography teams across our organization
  - We have a growing “Community of Interest” group inside KP to share knowledge and spread skills
Alternatives to Video Ethnography….

Used when time does not allow for the full video ethnography process

**Patient Shadowing**
- Shadowing produces a larger quantity of experiential data to use to develop improvement themes

**Video Storytelling**
- Allows people to view the patient/family voice directly without much editing, coding or theme development
What We Learned From Our Patients

• Confidentiality is very important
• Communication about patient status is valuable
• Our waiting rooms are very loud and crowded
• Family members would like to see their loved one as soon as possible after surgery, but don’t need to stay long
• Patients are often confused about when to show up, where to show up, or what to do prior to surgery
“Not everything that counts can be counted.”

Einstein

“... If you want to change an organization’s agenda, you need to change the data that routinely crosses people’s desk.”

Grenny, Maxfield, Shimber, 2008, MIT Sloan Management Review
What You Can Do

• Read our toolkit and share with others:

• Give it a try – start with “digital storytelling”
  – Go to the frontlines of care
  – Observe and interview 1 patient; focus on key touchpoints
  – Collect video
  – Use the video at your next meeting!
Thank you!