



Virginia Mason™

Reveal the Skeletons in Your Closet
Invite Customers to the Workshop Table as Equals
Amy Tufano and Amy London

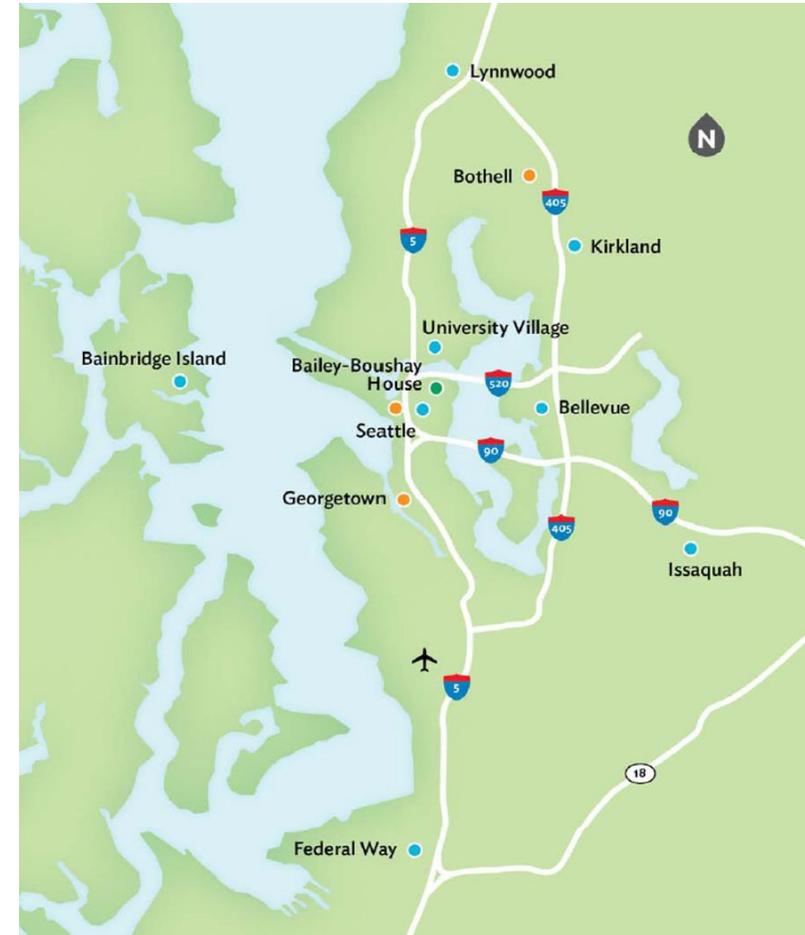
Results Washington October 2019
Lean Transformation Conference

Today's Objectives

1. Describe how Virginia Mason adapted and applied experience-based design to their lean culture
2. Share our evolution of co-design
3. Identify methods that help shift from “designing for” to “designing with” patients and families
4. Share challenges and successes, tips and lessons
5. Build a plan for getting started at your organization

Virginia Mason

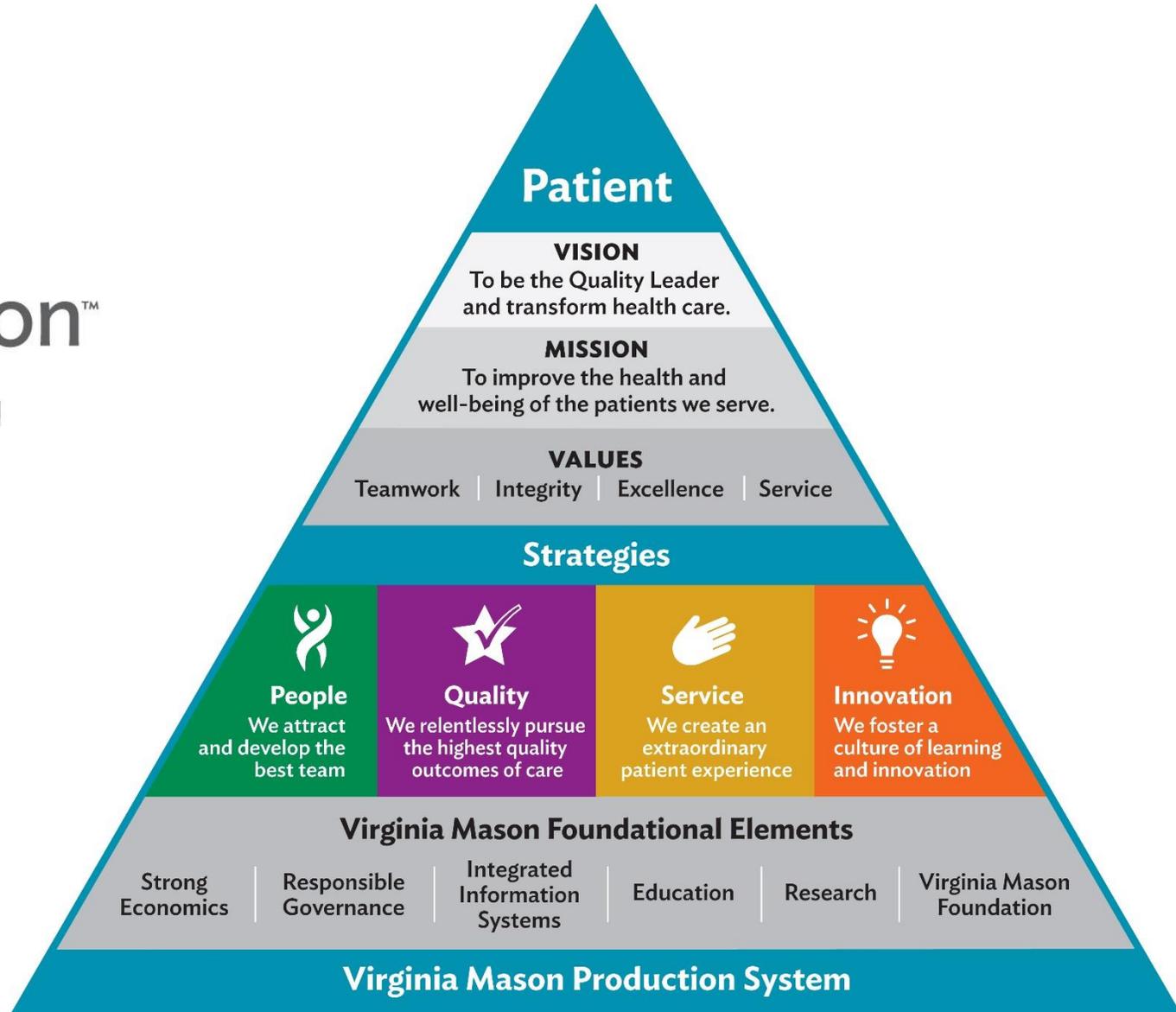
- Integrated health care system
- 501(c)3 not-for-profit
- 336-bed hospital
- Nine locations
- Graduate Medical Education
- Research Institute
- Foundation
- Virginia Mason Institute





Virginia Mason™

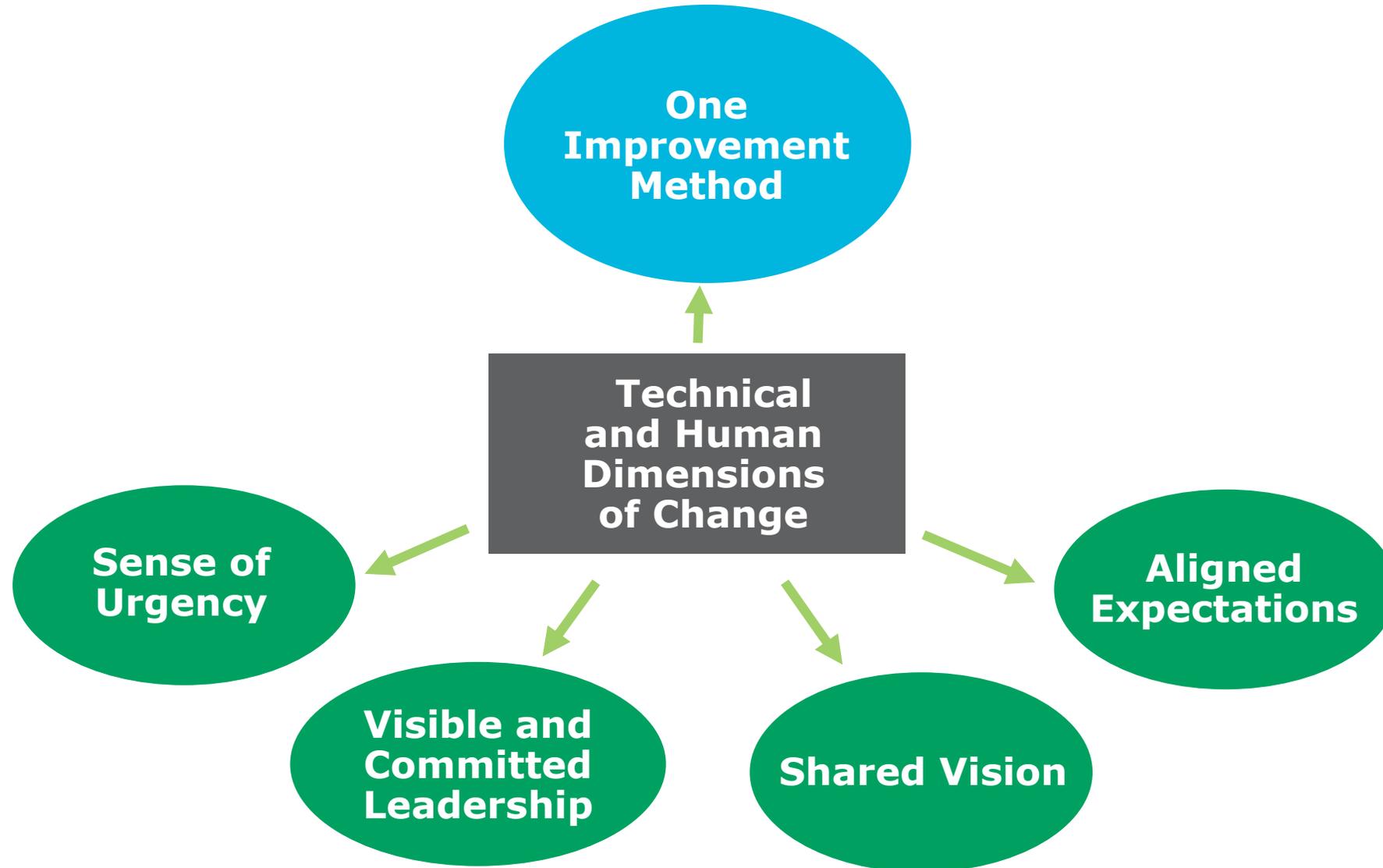
OUR STRATEGIC PLAN



The Challenge of Health Care

- Poor Quality.....3% defect rate
- Impact on individuals.....100% defect
- Cost of poor quality.....Billions of dollars
- Cost of health careUnaffordable
- Access.....Millions
- Morale of workers.....Unreliable systems

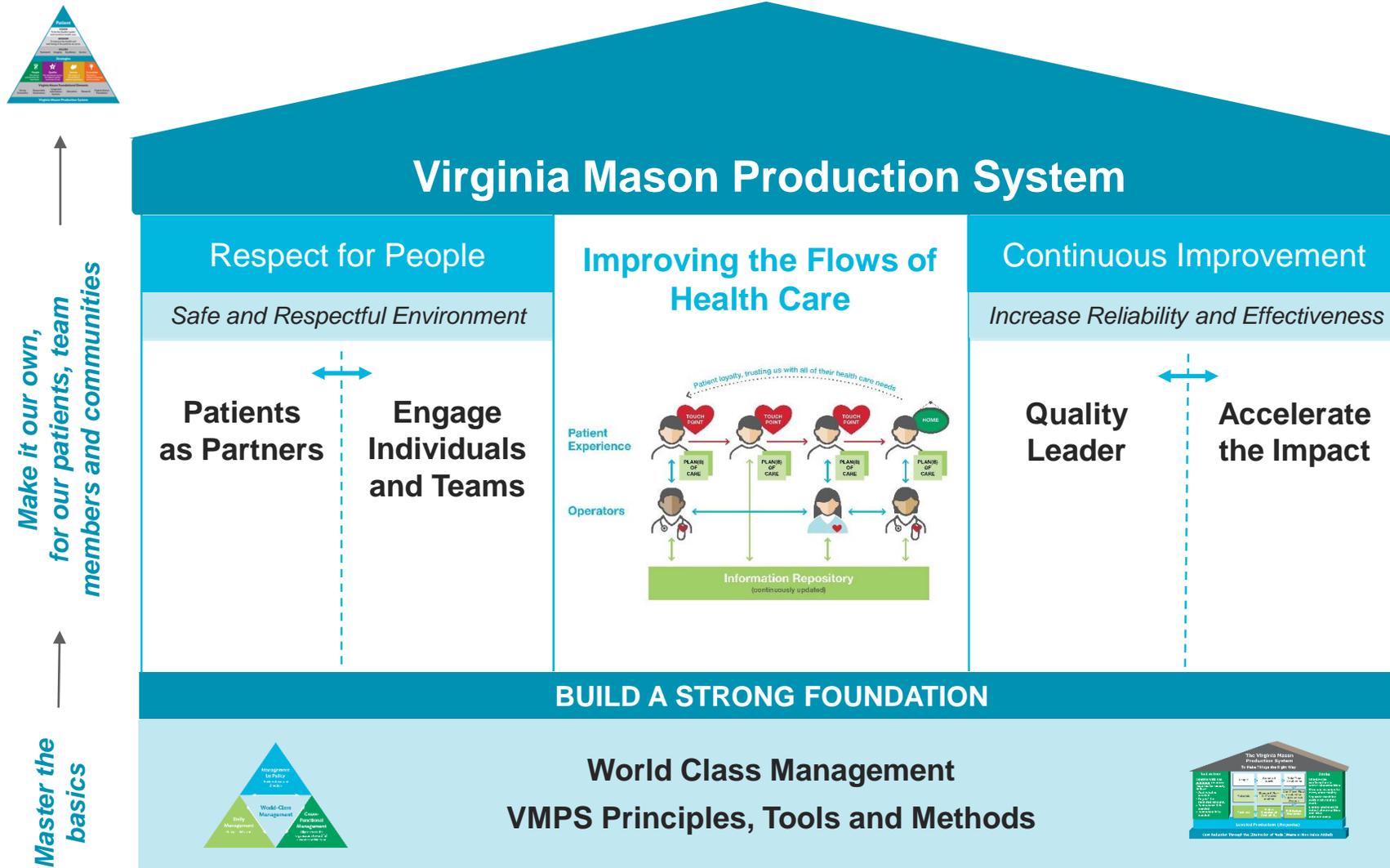
Requirements for Transformation



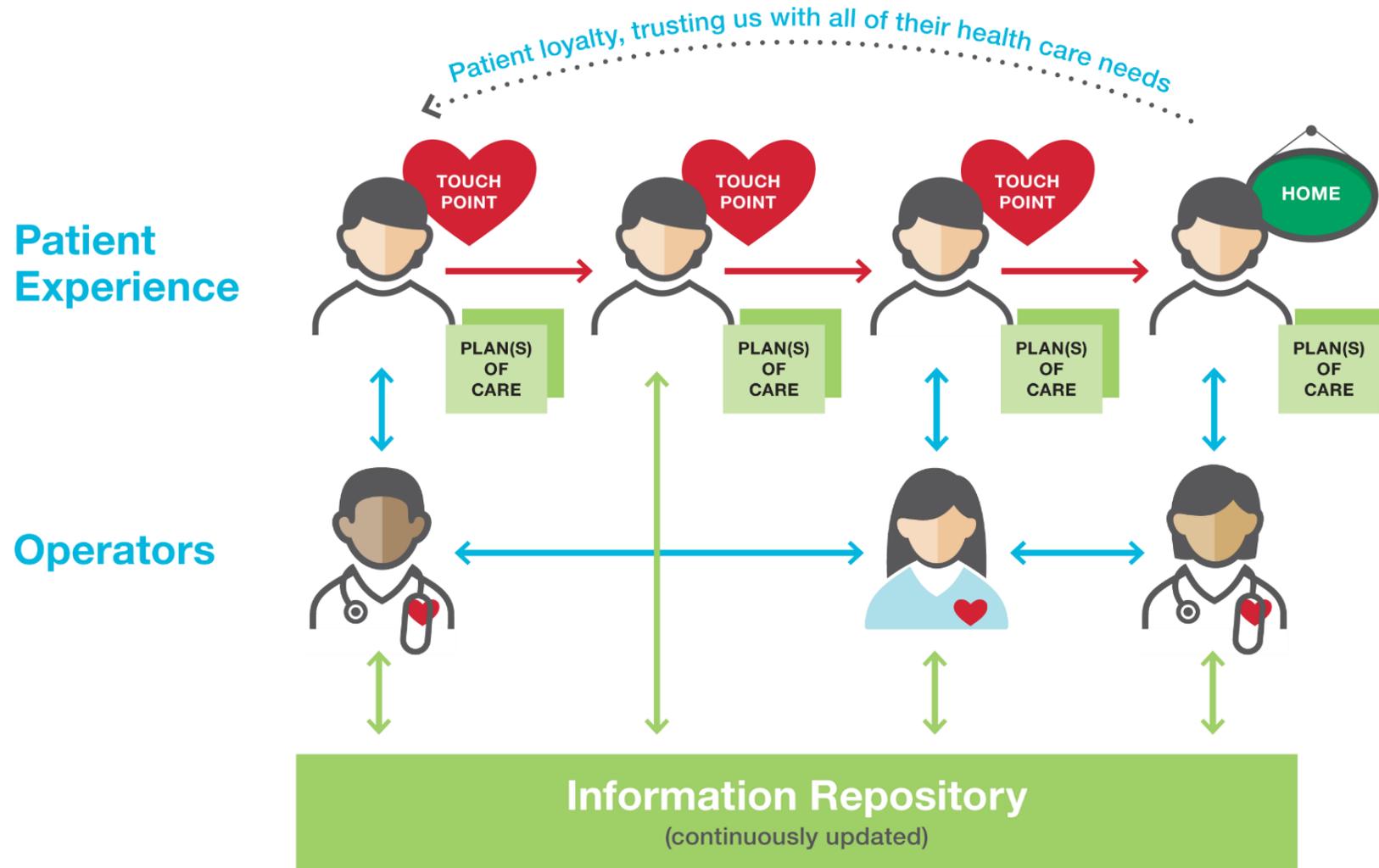
The Beryl Institute's Definition

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

Virginia Mason Production System



Flows of Health Care



Culture of Respect



Respect for People

THE VIRGINIA MASON EXPERIENCE: PATIENTS & FAMILIES, TEAM MEMBERS, COMMUNITY

Our Foundational Behaviors



1 | Be a team player



6 | Connect with others



2 | Listen to understand



7 | Walk in their shoes



3 | Share information



8 | Be encouraging



4 | Keep your promises



9 | Express gratitude



5 | Speak up



10 | Grow and develop

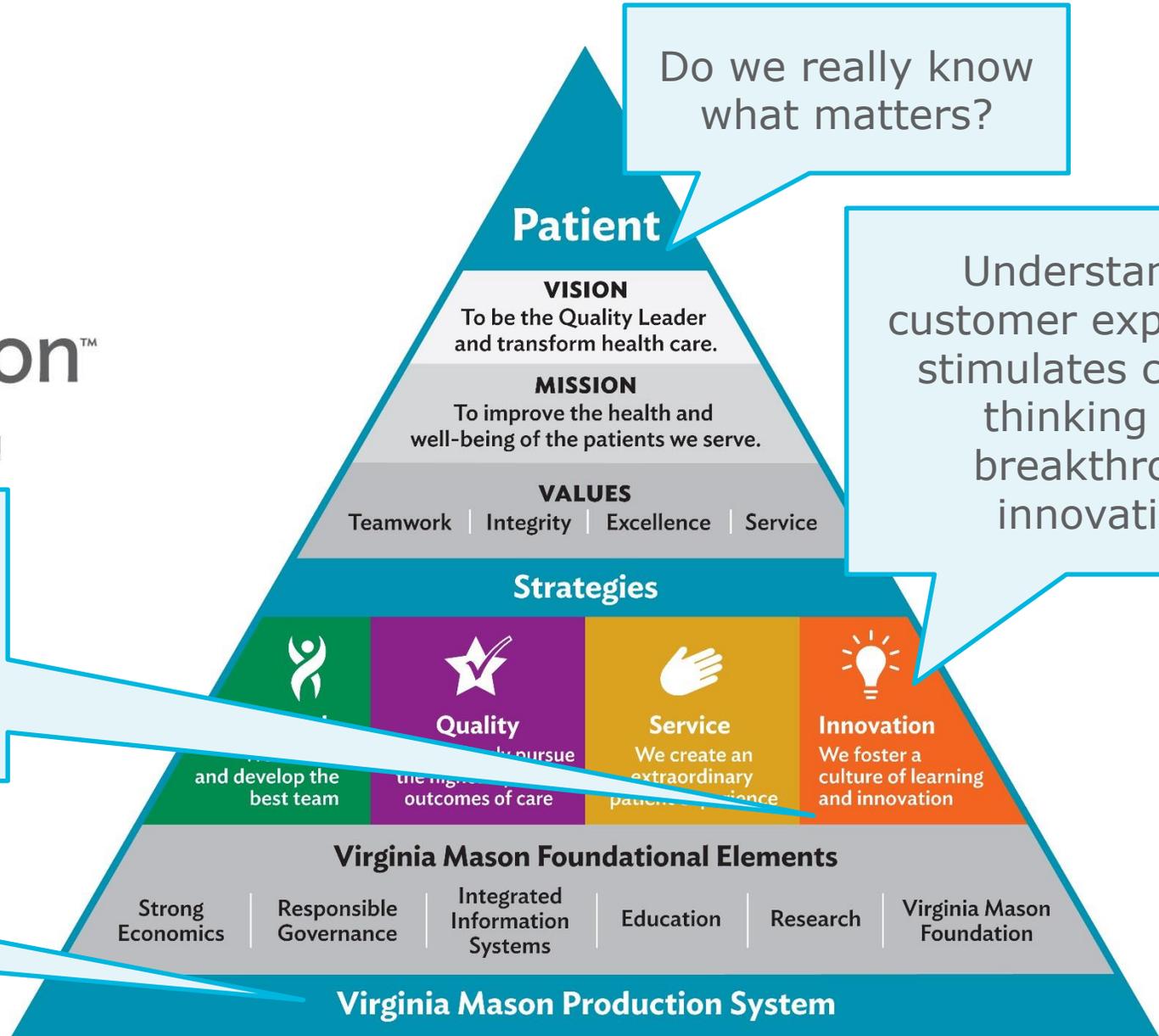


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OUR STRATEGIC PLAN

Create full partnership with patients and families to improve and transform our delivery of care.

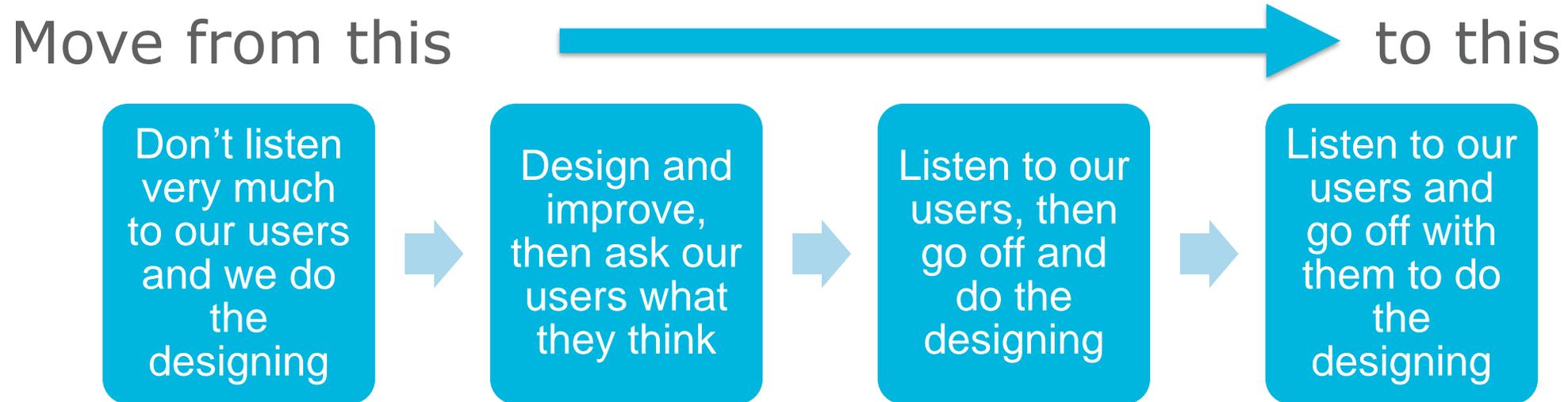
Customers define value



Do we really know what matters?

Understanding customer experiences stimulates creative thinking and breakthrough innovation.

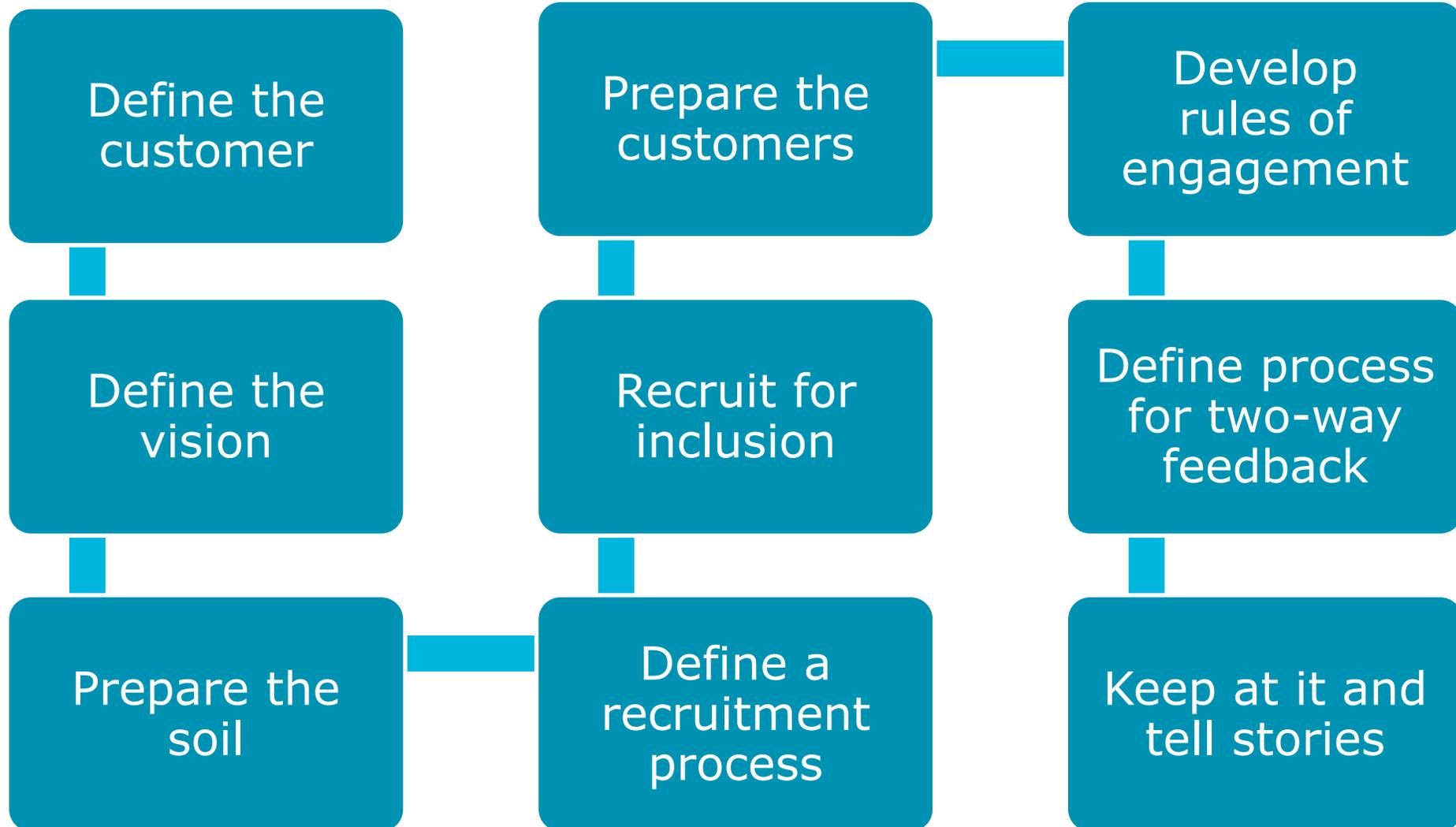
Define the Vision



- Become an organization that **routinely listens** to and deeply understands customers' experiences
- Co-design better services through an **active partnership** with patients, family and staff

-Professor Paul Bate, UCL 2007

Implementing Co-design



Where It Began

- Emerged from U.K. National Health Service's Institute for Innovation and Improvement
- Imported to VM by our Innovation Chair, Paul Plsek
- Began learning and developing VM capabilities in 2009
- Integrating into VMPS to deepen focus on customer
- Several innovation events spawned the Patient-Family Partner Program in 2012

Defining Experience-Based Design

What **really** matters to our customers?

And how do you know?

The Value of Emotion Words

Emotion Word List

Afraid	Enthusiastic	Ignored	Resentful
Angry	Frustrated	Insecure	Sad
Compassion	Grateful	Jealous	Safe
Confident	Great	Joyful	Satisfied
Depressed	Guilty	Loyal	Secure
Disgusted	Happy	Okay	Sense of Accomplishment
Disrespected	Hatred	Optimistic	Successful
Empowered	Hopeful	Peaceful	Valued
Enjoyment	Hopeless	Pleased	

Principles of Good Design



Experience
Aesthetics
(Usability/Comfort)



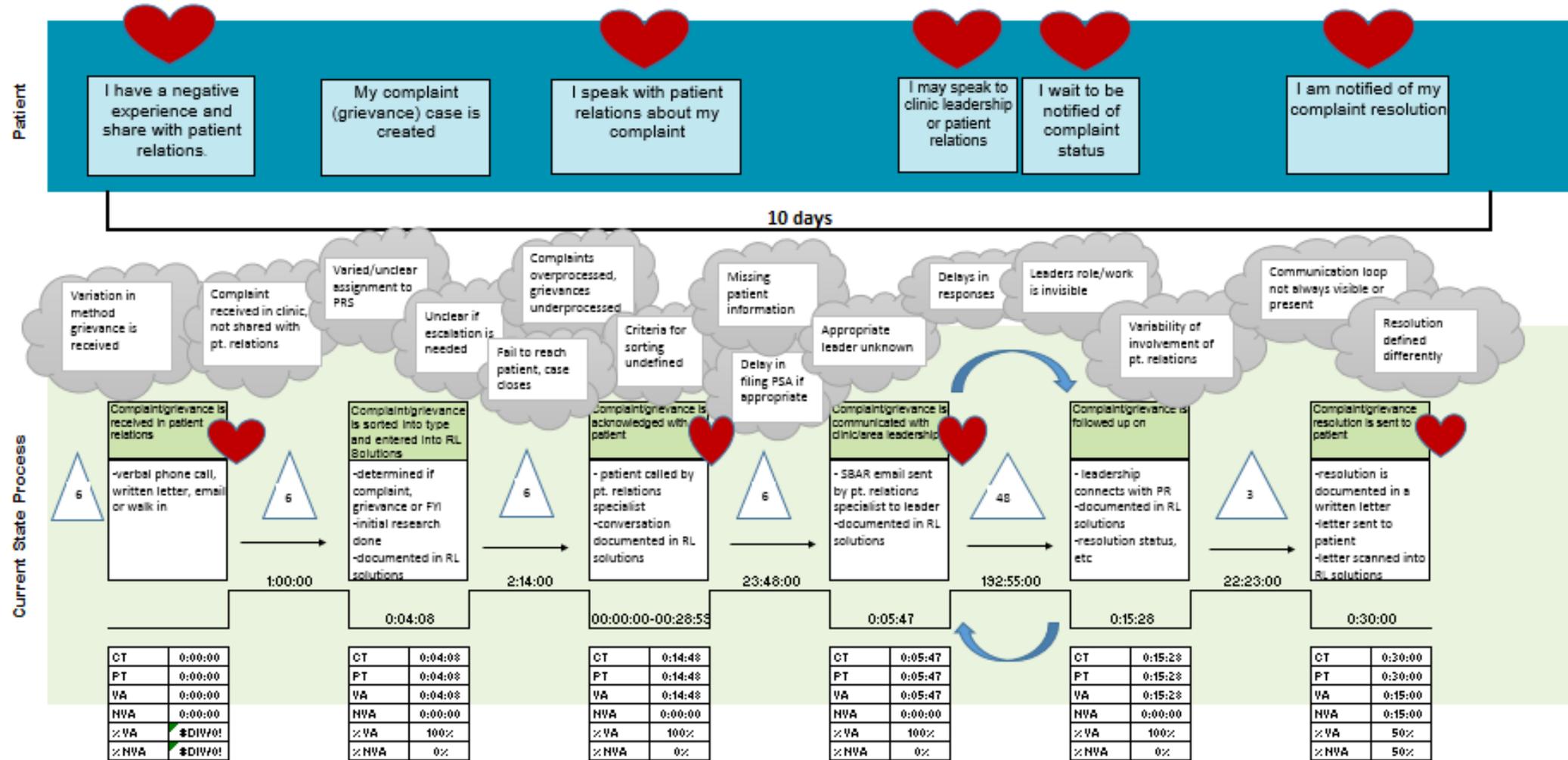
Performance
(Functionality)



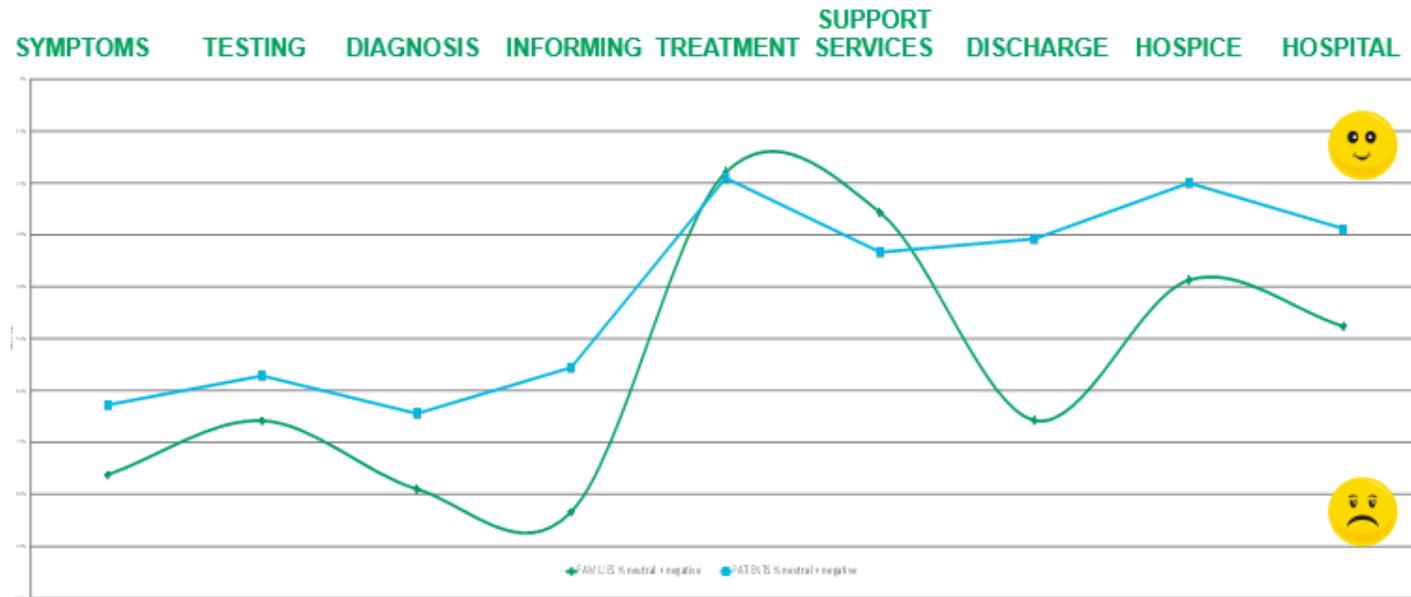
Engineering
(Reliability/Safety)



Compliments Technical Lean Tools



Methods



What Gets Measured Gets Improved

Percent negative and neutral responses

- “How did you feel during your first week of seeing patients?”

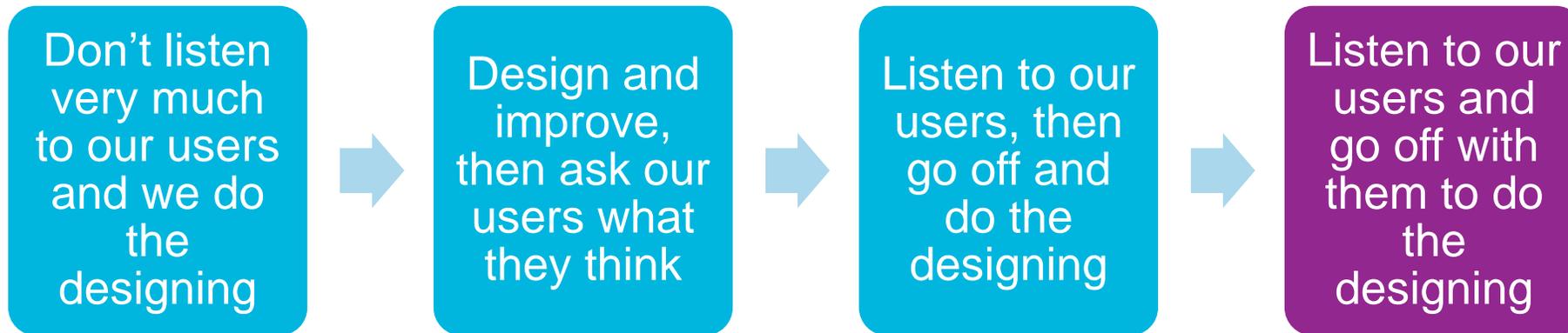
Baseline	Target
82%	0%

With Them

Move from this



to this



-Professor Paul Bate, UCL 2007

Develop of Program



Side by Side

Group Discussion



Idea Generation



Negotiating Priorities

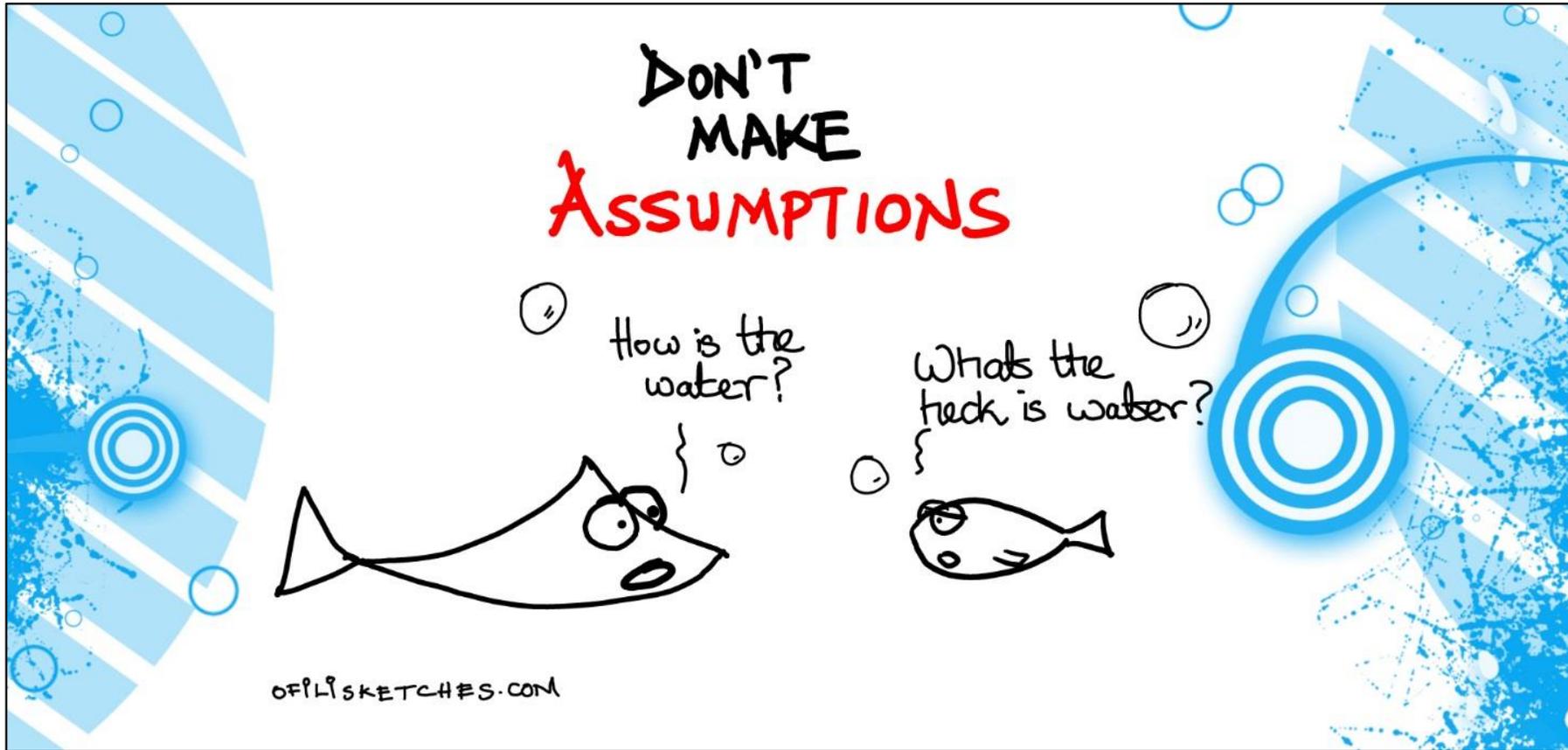


Diversity of Opportunities

Involvement Opportunities



Unanticipated Benefits



Stop Over-processing

Coordinating Your Care While You Are in the Hospital

VIRGINIA MASON HOSPITALIST TEAM

Welcome to Virginia Mason

What is a hospitalist?
A hospitalist is a doctor who will be your primary doctor while you work with you to

What does a hospitalist do?
• **Coordination.** You meet while you are ordering your medications. Our goal is to run smoothly.

• **Collaboration.** You meet with the other specialists (nurses, etc.) to offer your team.

• **Communication.** We answer questions, outline your plan of your questions and going on.

Because of the rotation, you may be taken care of by another doctor.

Will I see any physicians?
Virginia Mason's tradition of physicians dates back to 1891. We include doctors in transition of your hospital stay.

Virginia Mason Hospitalist Team

Barry Aaronson, MD, FACP, SFHM

MEDICAL SCHOOL: George Washington University, 1991
RESIDENCY: Walter Reed Army Medical Center, 1994
BOARD CERTIFICATION: Internal Medicine and Clinical Informatics

Thérèse Franco, MD

MEDICAL SCHOOL: Wayne State University, Detroit, MI, 2005
RESIDENCY: University of Connecticut, 2008
BOARD CERTIFICATION: Internal Medicine

Myungja (Mia) Lee, MD

MEDICAL SCHOOL: Oregon Health Science University, 1989
RESIDENCY: Providence Medical Center, Portland, 1992
BOARD CERTIFICATION: Internal Medicine

Katherine Adler, MD

MEDICAL SCHOOL: Medical College of Ohio, 2003
RESIDENCY: Riverside Hospital, Columbus, Ohio, 2007
BOARD CERTIFICATION: Internal Medicine

Brandee Grooms, MD

MEDICAL SCHOOL: Loma Linda University, 2003
RESIDENCY: St. Mary Medical Center, Long Beach, CA, 2006
BOARD CERTIFICATION: Internal Medicine

Mark Beiter, DO, FACP

MEDICAL SCHOOL: Midwestern University, College of Osteopathic Medicine, 2005
RESIDENCY: Virginia Mason, 2008
BOARD CERTIFICATION: Internal Medicine, Hospice & Palliative Medicine

Thomas Gunby, MD, FACP

MEDICAL SCHOOL: University of Washington, 1980
RESIDENCY: University of Rochester, 1983
BOARD CERTIFICATION: Internal Medicine

Alvin Calderon, MD, PhD, FACP

MEDICAL SCHOOL: University of Illinois, 2000
RESIDENCY: Virginia Mason, 2003
BOARD CERTIFICATION: Internal Medicine

Daniel Hanson, MD, FHM

MEDICAL SCHOOL: University of South Dakota, 1991
RESIDENCY: Virginia Mason, 1994
BOARD CERTIFICATION: Internal Medicine

Tina Chang, MD

MEDICAL SCHOOL: University of Michigan, 1996
RESIDENCY: University of Washington, 1999
BOARD CERTIFICATION: Internal Medicine

Tonya Henninger, MD

MEDICAL SCHOOL: University of Minnesota, 2003
RESIDENCY: University of Washington, 2006
BOARD CERTIFICATION: Internal Medicine

Evan Coates, MD

MEDICAL SCHOOL: University of Chicago, 2003
RESIDENCY: University of Washington, 2006
BOARD CERTIFICATION: Internal Medicine

Michael Ingraham, MD

MEDICAL SCHOOL: Medical College of Wisconsin, 1995
RESIDENCY: Virginia Mason, 1998
BOARD CERTIFICATION: Internal Medicine

Richard Davis, MD, FHM

MEDICAL SCHOOL: University of Washington, 1997
RESIDENCY: Virginia Mason, 2000
BOARD CERTIFICATION: Internal Medicine

Kathryn Kovacs, MD

MEDICAL SCHOOL: University of Vermont, 2000
RESIDENCY: University of Washington, 2003
BOARD CERTIFICATION: Internal Medicine

Geetha Easwaran, MD

MEDICAL SCHOOL: Thanjavur Medical College, 1998
RESIDENCY: Internal Medicine, Spokane, 2009
BOARD CERTIFICATION: Internal Medicine

Kartik Krishnan, MD

MEDICAL SCHOOL: Duke University, 2009
RESIDENCY: University of Washington, 2012
BOARD CERTIFICATION: Internal Medicine

Jennifer Thompson, MD

MEDICAL SCHOOL: UCLA, 2004
RESIDENCY: University of Washington, 2007
BOARD CERTIFICATION: Internal Medicine



"We believe you became a doctor because you care about people. As patients, we are grateful for your skills, persistence, knowledge and compassion. Thank you!"

Barbara

How Bad News is Delivered Does Make a Difference

10 tips for making the best of the situation from a patient's perspective



Each Person. Every Moment. Better Never Stops.

Know me...

(Feel free to use other side of form for additional writing space)



- The best way to reach me is:** Email: _____ Home Phone: _____ Cell Phone: _____ Other: _____ MyVM
- Who matters most to me:** _____
- My circle of support includes:** _____
- My goals of care are:** _____
- My greatest hope is:** _____
- My greatest fear is:** _____
- Information I will need includes:** More details about my disease Other: _____

Additional information I would like to include: _____

Information I would like Virginia Mason to include: _____

How much detail do you want? Detailed information General descriptions

How well do you understand your diagnosis? Completely Very Well Not Sure A Little Not at All

How well do you understand your treatment plan? Completely Very Well Not Sure A Little Not at All

Do you have someone to help you make decisions? Yes No

Do you have someone to help you make decisions if you are not able to? Yes No

Do you want your care conferences and provide me with a CD/digital format recording? Yes No

Do you have any special needs or preferences for your care? _____

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Shifts in Organizational Mindset

FROM		TO
One patient on the team		Half patients, half staff
Designing for patients		Designing with patients
Voice of one		Voice of many
Convenient sampling		Broader sampling
Conventional surveys		More qualitative data
Collecting data for events only		Creating a habit of listening

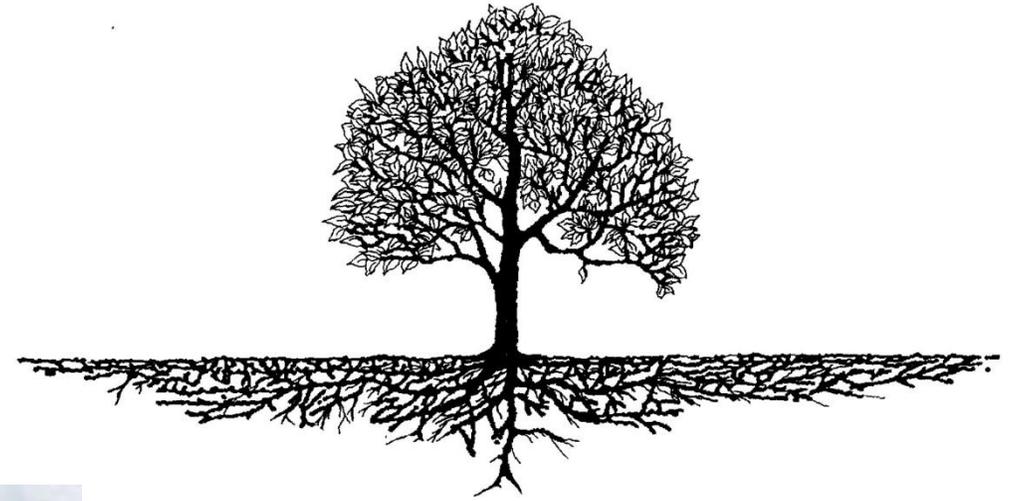
Mindset of Patient-Family Partners

FROM	TO
Deficit	Strength
Illusion of certainty	Discovering together
Disease focus	Quality of Life
Individual	Family / community
For / to me	With me
Spectator	Team Member
Isolation / closed	Inclusion / open
Hierarchy	Equal Partners

Mindset of Virginia Mason Leaders

FROM		TO
Anxious		Readiness
Knower		Learner
Fixer		Listener
Closed Minded		Open & Receptive
For / to them		With them
Fear		Humility
No way / it won't work		Let's try it
Vulnerable		Vulnerable

A Few Pointers



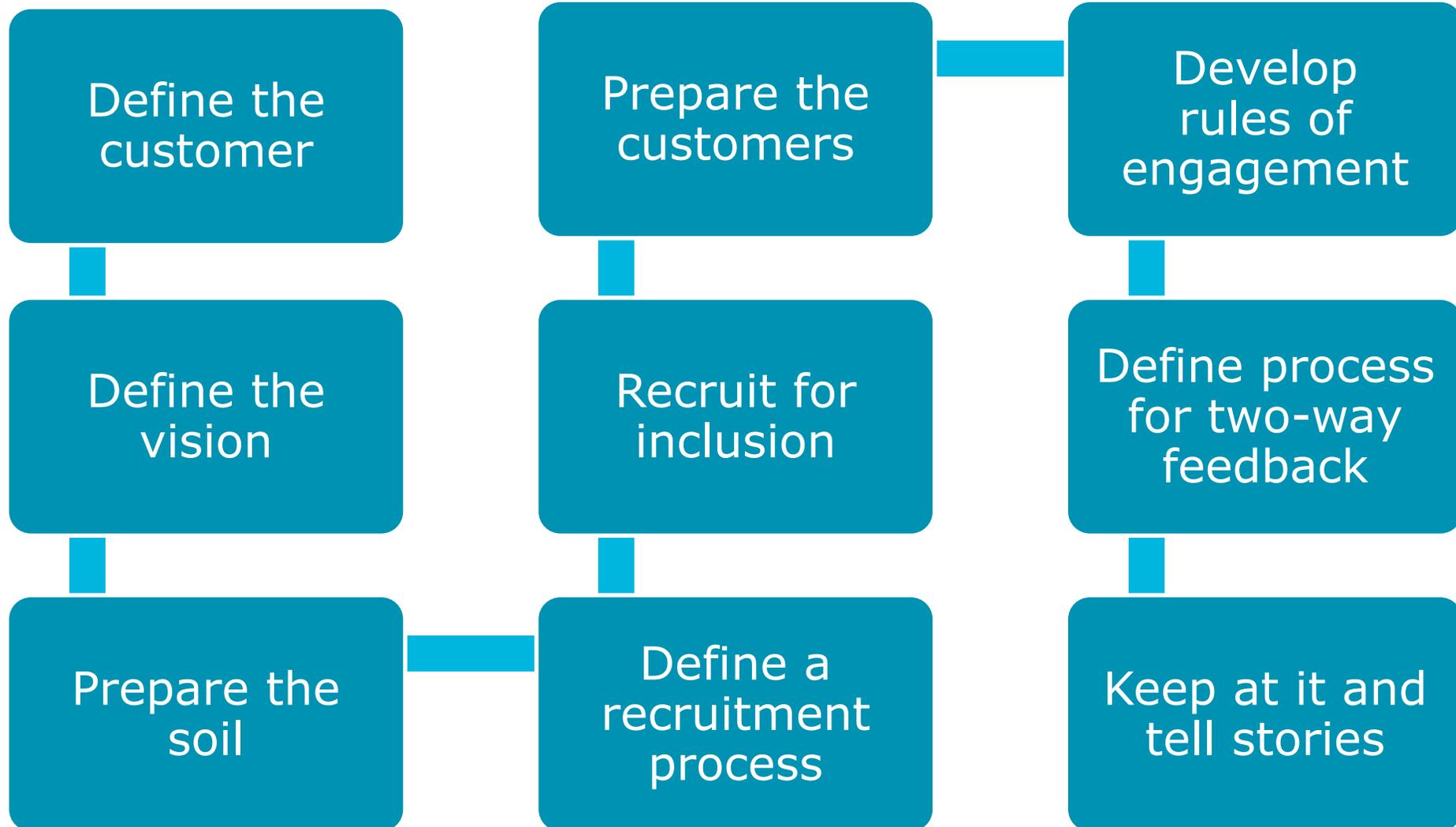
Lessons



Our Next Steps

- Diversify our patient-family partner panel
- Keep adding to ways for PFPs to get involved
- Get better at storytelling to influence our organization
- Building competence
 - Methods
 - People
- Reliability of the process for recruitment and feedback

Where Do You Want to Be in 1 Year?



Questions

Experience-Based Design for Integrating the Patient Care Experience Into Healthcare Improvement: Identifying a Set of Reliable Emotion Words

Russ LR, Phillips J, Brzozowicz K, et al. Experience-based design for integrating the patient care experience into healthcare improvement: Identifying a set of reliable emotion words. *Healthcare*. 2013; 1-9.

Using Experience-Based Design to Improve the Care Experience for Patients With Pancreatic Cancer

Hagensen A, London AE, Phillips JJ, Helton W, Picozzi V, Blackmore CC. Using experience-based design to improve the care experience for patients with pancreatic cancer. *Journal of Oncology* 2016. DOI: 10.1200/JOP.2016.011213

Using Experience-Based Design to Understand the Patient and Caregiver Experience with Delirium

Russ, Lauren; Phillips, Jennifer; Ferris, Val; London, Amy; Kendall, Logan; and Blackmore, Craig (2019) "Using experience-based design to understand the patient and caregiver experience with delirium," *Patient Experience Journal*: Vol. 6 : Iss. 1 , Article 7. Available at: <https://pxjournal.org/journal/vol6/iss1/7>



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Each Person.
Every Moment.
Better Never Stops.