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Partnerships at the Systems Level to Anchor Health Care in Patient and Family Preferences

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Partnership

Strategy: Leverage partnerships, networks, and relationships, to spread patient-preferred practices

BIDMC's Partnerships:

- Conversation Ready
- Libretto Consortium of the Gordon and Betty Moore Foundation



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Initiatives

Overview »

Organizations
Become
"Conversation
Ready"

conversation ready



Pioneering Health Care Organizations Pledge to Become "Conversation Ready"

Too many Americans spend the last days of their lives in a way they would never choose. Silence on end-of-life preferences is a contributing factor. For example, in a survey conducted by the California Health foundation, 60 percent of people in that state said that making sure their family is not burdened by tough end-of-life decisions is "extremely important." Yet, more than half of those surveyed had not communicated their wishes to anyone.

The [Conversation Project](#) was formed to ensure that everyone's end-of-life wishes are expressed and respected. The Conversation Project will drive the social movement and provide tools and resources to encourage people to express their wishes, but it **will be up to health care organizations to be ready** to receive and respect those preferences — they need the people and processes to hear and respect what's being said.

At the very basic level, many health care organizations have nothing in place to prompt

CONVERSATION READY HEALTH CARE COMMUNITY

Begins February 13, 2014

This nine-month initiative will bring together pioneering organizations and expert faculty to move towards becoming Conversation Ready.

[Learn More >>](#)

REGISTER YOUR INTEREST

As the pioneer organizations work with IHI to develop the "Conversation Ready" change package, we'll keep you updated on our progress.

To register your interest, please send an email to ConversationReady@IHI.org.



Getting Conversation Ready

- **The Conversation Project:** National effort to help people talk about wishes and preferences around end-of-life care
- **Conversation Ready:** How health care institutions can address some of the gaps between what people say they want in terms of end-of-life care and what actually happens



BIDMC and Conversation Ready

- 1 of 10 pioneer health care organizations participating in Conversation Ready
 - developing and piloting processes to create new systems within health care
 - reframe patient-provider relationships around the question “What matters most to you?”
 - to break the silence between patient and provider



Key Elements

- From the top down and from the bottom up
- 4 R's
 - **Reaching out:** Patients know that we want them to articulate their wishes and preferences
 - **Recording:** Systems to record wishes and preferences
 - **Retrieving:** Ability to get information about wishes and preferences
 - **Respecting:** Support a culture that respects wishes and preferences



Libretto Consortium

We envision a health care environment free from medical harms and interactions that harm patients and their families.



Preventable Medical Harms

- Infections
- Acquired physical impairment
- Delirium



Loss of Dignity and Respect

- Experienced by patients and their families and a failure to provide care consistent with their wishes and values
- As real and as preventable as medical harms



Libretto Consortium Grantees Are...

- Re-imagining and re-designing the ICU to eliminate these harms
- Creating technologies to help health care professionals, patients and their families have a better dialogue and partnership by giving shared access to tools that show vital health information and allow input into care preferences



Shaping the myICU Tool with Patients and Families

- Human contact first – technology comes way behind
- Shared desire by patients and family members to access “more information” to reduce anxiety before talking with care providers
 - Interactive content (3D visit of hospital to get familiar with the venues)
 - Videos of “how stuff works”
 - Photos of the care team involved



- Desire by family members to interact with staff when not visiting their loved one
 - Short / simple / common questions (sleep, eating, good time to come...)
- Desire by family members to know what is happening today
 - Daily tracker of activity
 - Would help family members to plan:
 - not come at the wrong time
 - take care of themselves
 - be present when it matters most (i.e., during rounds)



What We Can Offer

- Models for involving patients and families in the design of systems that improve partnership
- Connections to other institutions making systems changes with patient and family preferences at the center



How Can You Be a Part of Maximizing These Efforts?

- Spread Conversation Ready practices to your health care organizations
- Facilitate access to patients and family members for the research component of the myICU project