



Change Ambassador Network Meeting

May 9, 2017



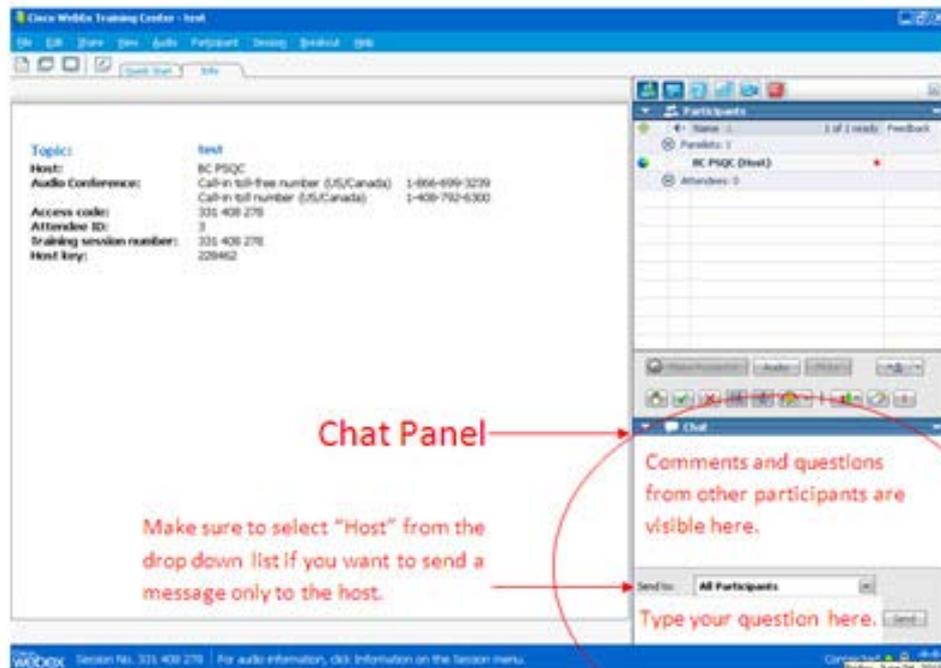
WELCOME!



#CANBC

Webex: Chat Introductions

- We invite you to introduce yourself in the chat panel.
- Let us know your name and where you are from!





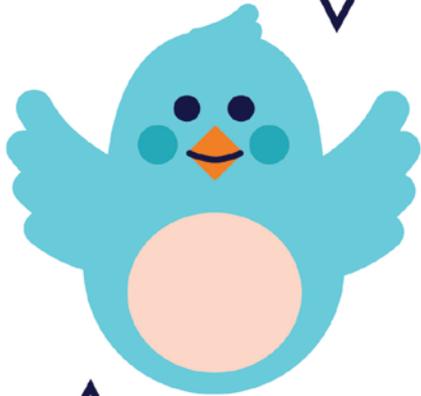
“WHAT MATTERS TO YOU” Day?

June 6, 2017

Ask What Matters.
Listen to What Matters.
Do What Matters.



#WMTY17



477,865
impressions

239
mentions

89
tweets

facebook

5454
people reached

126
reactions, comments
and shares

53



organizations

64



participants

8801
video views



42,589
total items ordered

#WMTY17

facebook
5454
people reached

53

organizations

**Deadline to order resources is
May 26th.
Get your orders in !!!**

239
mentions
.....
89
tweets

8801
video views

42,589
total items ordered

New WMTY Day Resources



Header and footer images available for download for your email signatures

- WMTY Ideas list to be posted on the website soon!

WHERE IN THE WORLD DID THIS IDEA COME FROM?



Shaun @S4Maher · Apr 27

Spotted in London last night wearing @BCPSQC #wmtty17 tshirt!

@space4quality @dani4quality @ck4q #quality2017



← 1

↻ 7

♥ 19

Shaun Maher

Strategic Advisor for
Person Centred Care
and Improvement,

NHS Scotland



#wmtty17





The Healthcare Quality Strategy for NHSScotland

The Scottish Government, May 2010



“...By focussing on *what matters to people* we will raise the quality of healthcare from the current high standard to world-leading...”

REALISING REALISTIC MEDICINE

“You should expect the doctor (or other health professional) to explore & understand *what matters to you* personally & what your goals are...”



Dr Catherine Calderwood, Chief Medical Officer for Scotland



“We need to listen, really listen; not just hear what suits us.... When we *focus on what truly matters to the person* and have that ‘what matters to you?’ conversation, that is what will make all the difference”



Professor Fiona McQueen, Chief Nursing Officer for Scotland

What's holding us back?





Person-centred care is dependant upon a person-centred organisational culture



**A great place to
work!**

**Human
Needs**

Camaraderie

Control

Purpose

Swensen, Kabaceneil, Shanafelt. *J Healthcare Management*.61:2;105-127 2016
Maslach, Leiter. *World Psychiatry*. 2016;15(2):103-111. (Vigor, Dedication + Absorption)

Attentiveness

directs

enables

Kindness

Attunement

promotes

builds

Kinship

Trust

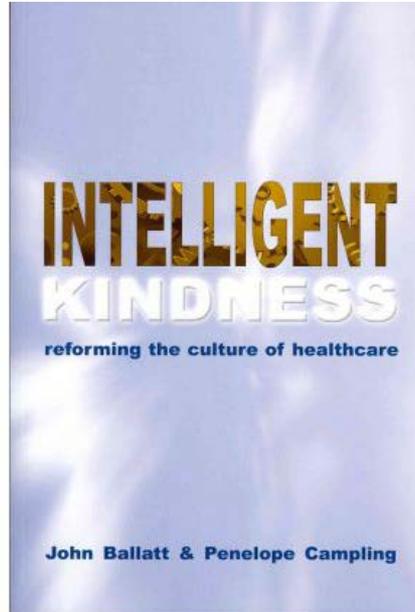
Whole process
reinforces
conditions for
kinship/kindness

generates

Better outcomes

Therapeutic alliance

produces



Intelligent Kindness: reforming the culture of healthcare (Ballat and Campling 2011)

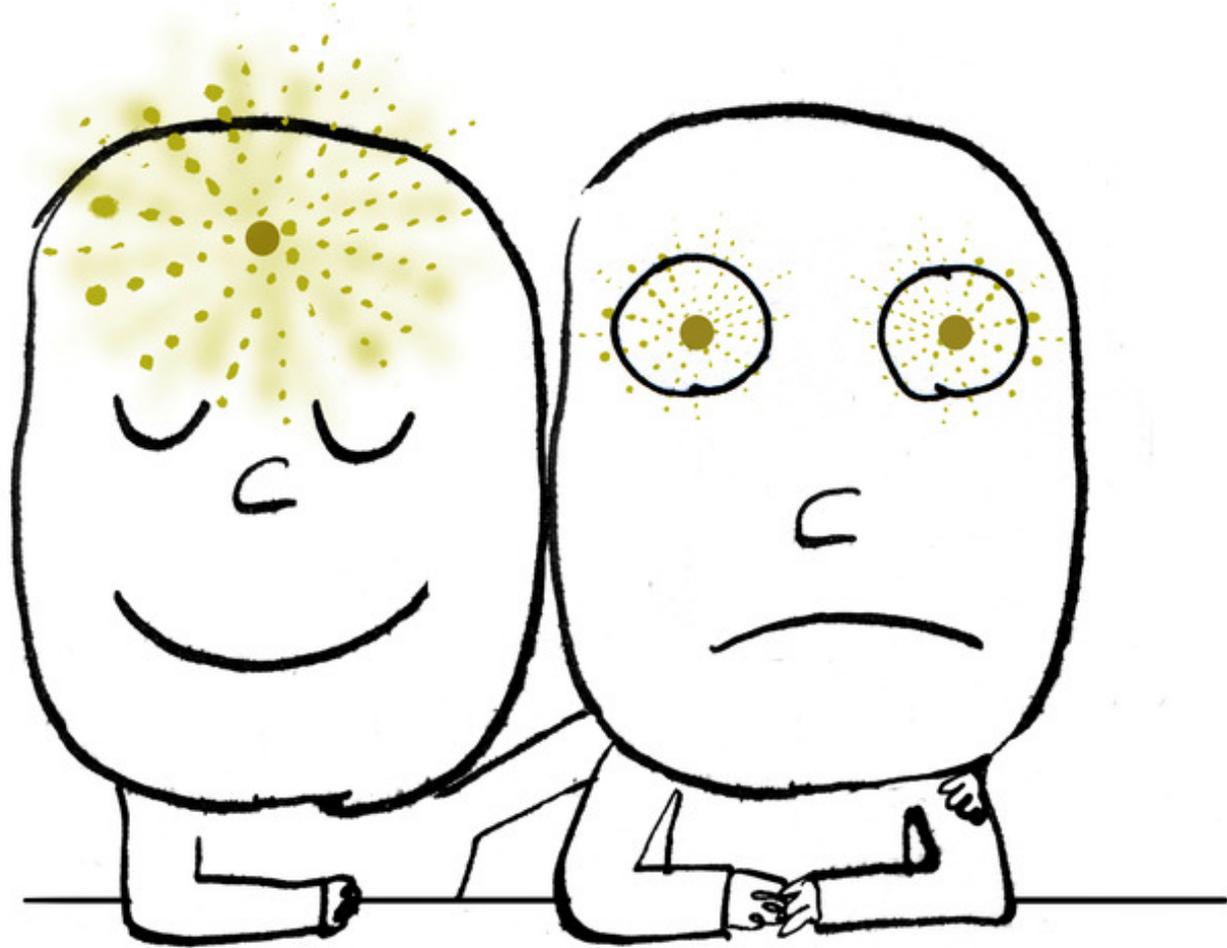


Newcastle University. *Anthrozoos*, Berg
Publishing. November 27, 2008

The importance of relationships and kindness

The milk of human kindness....

- ↓ Pain
- ↓ Anxiety
- ↓ BP
- ↓ LOS
- ↓ Readmissions
- ↑ Wound healing



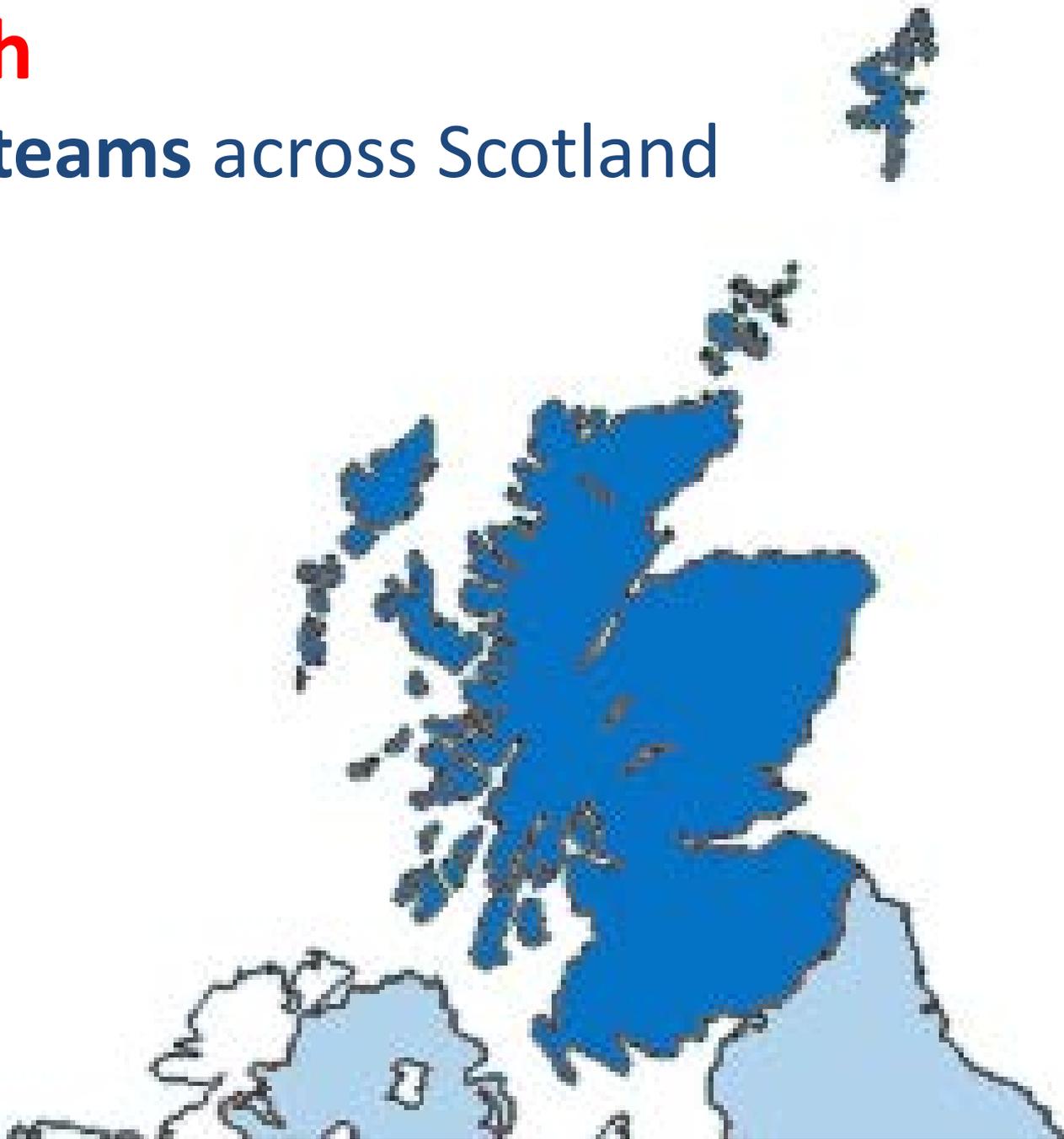
Doyle, (2013). *British Medical Journal*, 3(1). Hsu, I, et al. (2012) *Patient Education Counseling*. 88(3). Cosley, *Journal Experimental Social Psychology* 46.5 (2010) 816-823

5 things to do *with* every person every time

1. **What matters to you?**
2. **Who matters to you?**
3. **What information do you need?**
4. **Nothing about me without me!**
5. **Service flexibility**

Depth

500+ teams across Scotland



Depth

500+ te

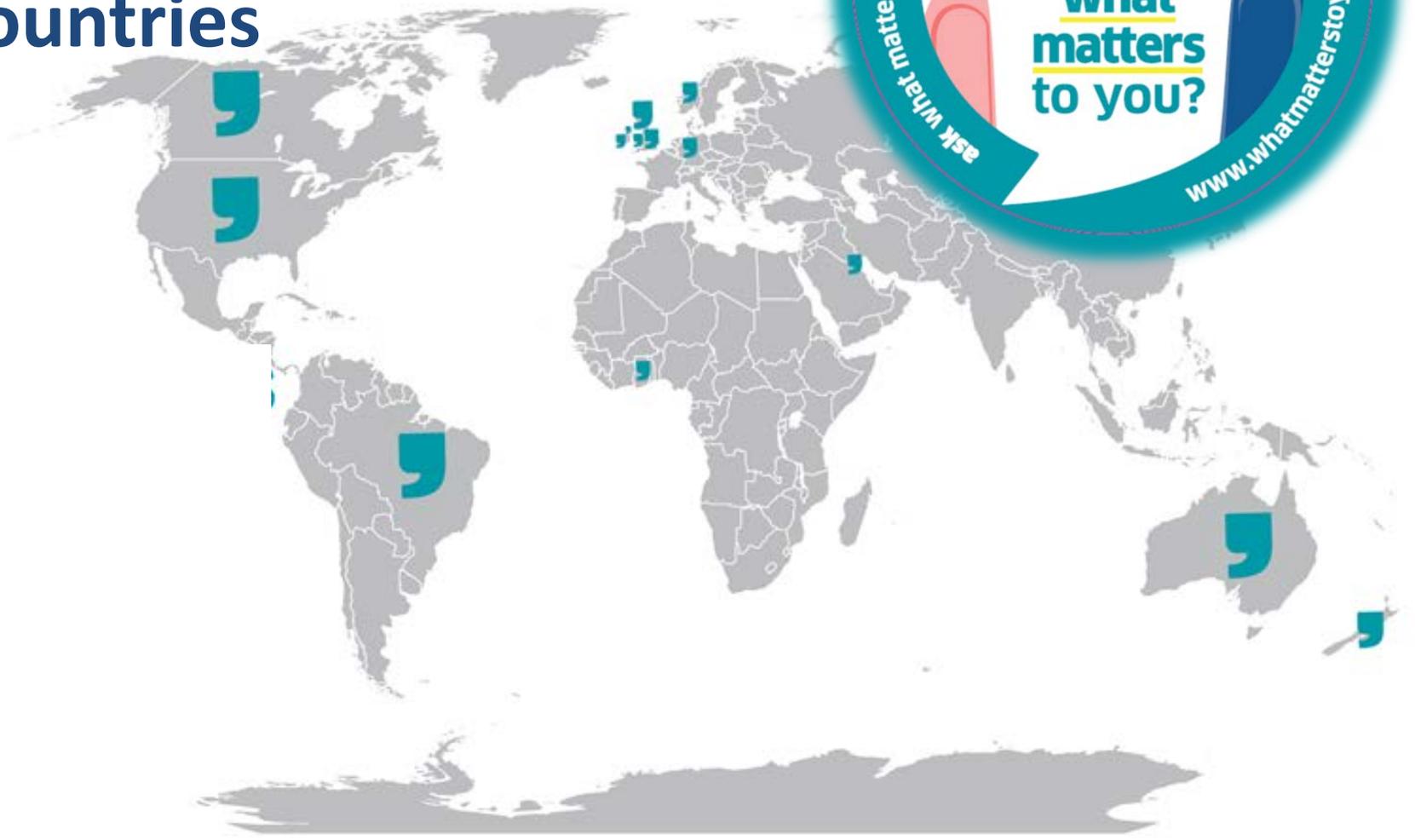


Breadth

21 million Twitter accounts

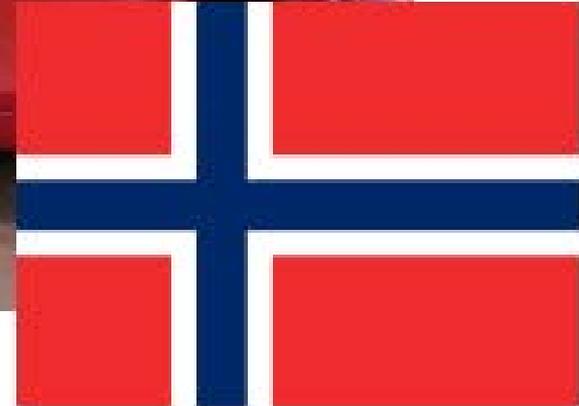
1000 teams

15 Countries









O QUE
Importa
PARA VOCÊ?
POR UM CUIDADO
CENTRADO NA PESSOA

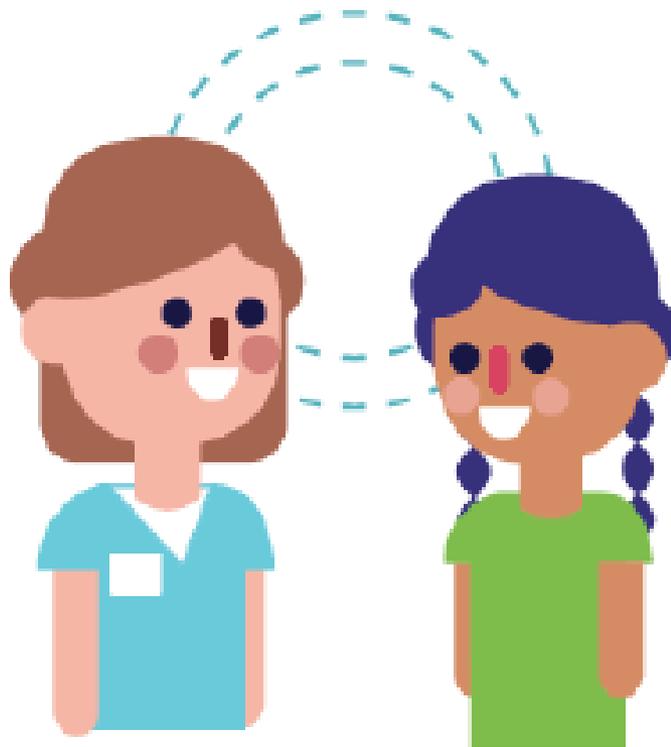
6/6
DIA O QUE IMPORTA
PARA VOCÊ?



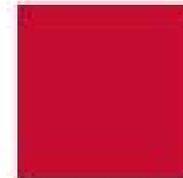
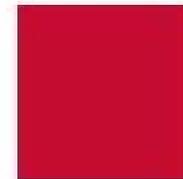
June 6, 2017

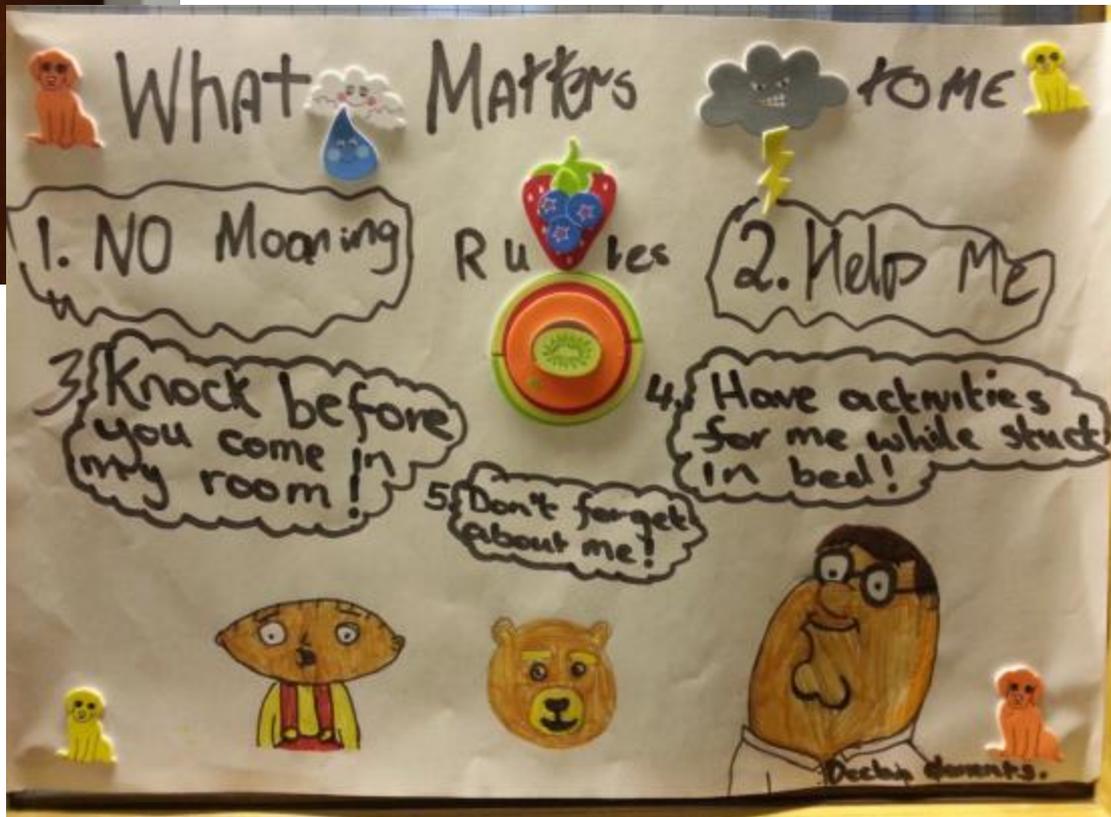
WHAT MATTERS TO YOU?

Ask What Matters. Listen to What Matters. Do What Matters.



Hvad er
vigtigt
for dig?





**Daily Information for Families
Intensive Care Unit**



Date: 30/6/10

Pts Name: BRIAN EVANS

DOB: 29/04/1946

Today's Plan:

- New drip in neck for drugs.
- Go to CT scanner at 4pm.
- Siiu has high temp - bloods to labs ?? infection.
- Start new 'feed' through drip in neck as not absorbing feed through tube in nose.
- Still in contact with Edinburgh re advice etc.

What would you like to happen for your family member today?

Jost to keep dad's eyes nice, I know that they look different ~~with~~ when fluids being pushed into him. Mum gets upset when she sees his eyes looking red.



likes diet Irn bru
for Scotland

funny line :: Cricky jings!

takes the
Willie
katie sausages

NOT CAPABLE
of doing a
lumberjack

lumber
takes the
* french toast
takes a good

♥ Has a gift for
rocking babies
to sleep

♥ Garden
NHS

Greater Glasgow
and Clyde

still wanting
his Ears
pierced! lol

Creavens + help
ma boob
Son
David

Wife
Betty
(Betsy)

Daughter
Lynsey

Grand
daughter
Jennifer
16 Year old

Best
Grampa

David
(Darey)

♥ Best
Dad

Grandson
Daniel
9 years old

Grand
daughter
Eir
11 year old

Party tricks
£10 polo mints
* Loves skip
hats.

Fav. only
Holi day
black pool

likes
Frank Sinatra,
Bowling

great at
Jennifer's
tie shoe la





Robert Murphy

"The Big Yin"

1964 - 2013



“Robert, what are the things that are really important to you?”

A woman with short dark hair and glasses is smiling broadly. She is wearing a dark blue Celtic Football Club scarf with the club's crest, which features a white saltire on a green background. The background shows a bedroom with a bed, a nightstand, and a small table with a cup and saucer.

“The wee yin” (Donna)

“People being positive around me”

“Sleeping in my own bed - not stuck in hospital!”

“Celtic Football Club”

Spending precious time at home



Spending Precious Time at Home

Daycase Intravenous Diuretics in Chronic Heart Failure

Catherine Mondoia, Sinead McKee, Frances Kennedy, Laura Mackintosh, Sharon Oswald, Julie McDonald, Catherine Labinjoh
Department of Cardiology, Forth Valley Royal Hospital, Larbert, Scotland

What we did

Our aim was to deliver a safe and effective day case intravenous (IV) diuretic therapy service to meet the expressed needs of our patients with decompensated heart failure living in NHS Forth Valley.

Why we did it

Chronic heart failure patients often experience episodes of decompensation impacting on their quality of life. Further, as the action of oral diuretics is attenuated by reduced drug absorption secondary to oedema, decompensation traditionally necessitates hospital admission to facilitate the administration of IV therapy. Recent studies of administration of IV diuretics in patients own homes in Scotland have been disappointing.

When we asked our patients "what matters to you?" many replied that they would prefer, where possible to receive IV diuretics on a day case basis and maximise time spent in their own homes. This reflects the 2020 Vision of NHS Scotland which states that when hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.

How we did it

A positive collaboration with enthusiastic colleagues in the adjacent Chest Pain Assessment Unit (CPAU) secured a safe setting for the service. We started with small changes and modified our operating procedure iteratively. A guideline for identification and monitoring of patients was developed, outlining document dosing, safety thresholds and treatment outcomes. Suitable patients, meeting the proposed service entry requirements, were identified by the heart failure nurses. Patients were managed between CPAU nursing staff and the heart failure nurse team.



Our Team

What we learned

Administration of IV diuretics in CPAU is a safe and effective means by which to manage decompensated heart failure in selected patients. It is well received by patients and their relatives, enabling patients to spend more time in their own homes as well as relieving pressure on hospital beds.

Patient Feedback

"I really disliked being in hospital overnight. I am aware that my condition is life-threatening and I prefer to be at home at night with my wife.
I feel I have more control having my Furosemide in the CPAU. I can continue to be looked after by my heart failure nurse".
(This was reiterated by his wife).



Our inspiration
Mr Robert Murphy

"I do not want to be in hospital. My sleep is disturbed. The infusion pump bleeps a lot".
(This patient discharged himself against medical advice on all four previous admissions as he found the limitations of continuous IV infusions for many days on end unbearable).

"It is beneficial having treatment in CPAU. It can still be boring though".

"Having the IV helped get rid of the fluid sooner, allowing me to go on holiday a fortnight later".



The Chest Pain Assessment Unit
CPAU staff adapted to this new patient group with enthusiasm

Results

Patient	Number of Days	Weight loss (kg)
1	9	9.8
2	8 out of 14	15.8
3	4	5
4	3	3

Overall Service: April-December 2013

There were 12 patient episodes (duration 3-14 days, 6 patients) of assessment and treatment with IV diuretics. The day case administration of IV diuretics saved 67 bed days and nights.

- Flip your perspective and language
- Flip the way you design & deliver care
- Flip your measures
- A clear aim
- Listen carefully
- Challenge accepted norms
- Test, test, test!
- Measure what matters!

It really matters...

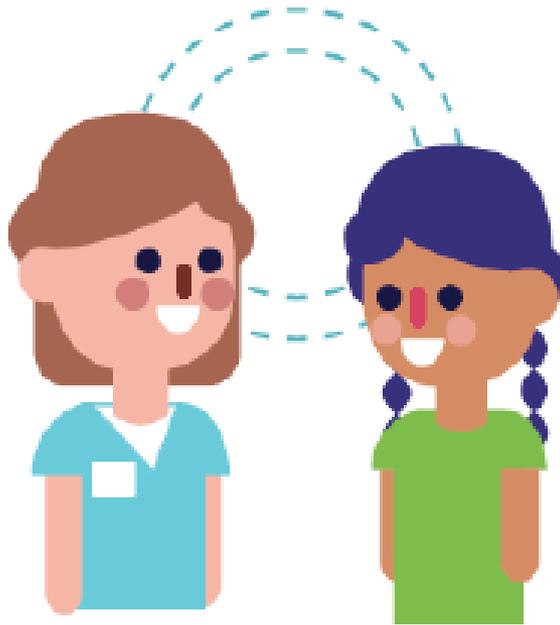


It really makes a difference

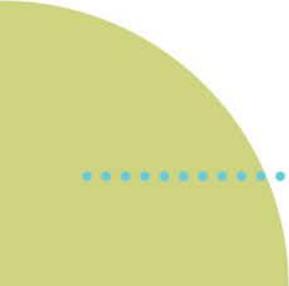
June 6, 2017

WHAT MATTERS TO YOU?

Ask What Matters. Listen to What Matters. Do What Matters.



Compassion *and* competence



SHERRY LYNCH SELF-MANAGEMENT BC

Self-Management BC supports *“What Matters to YOU?”*

#WMTY17
June 6, 2017

whatmatterstoyoubc.ca



University
of Victoria

Institute on Aging
& Lifelong Health

Self-Management
British Columbia

What Matters to YOU?

- Patient-level strategies
- Health care provider-level strategies
- System-level strategies

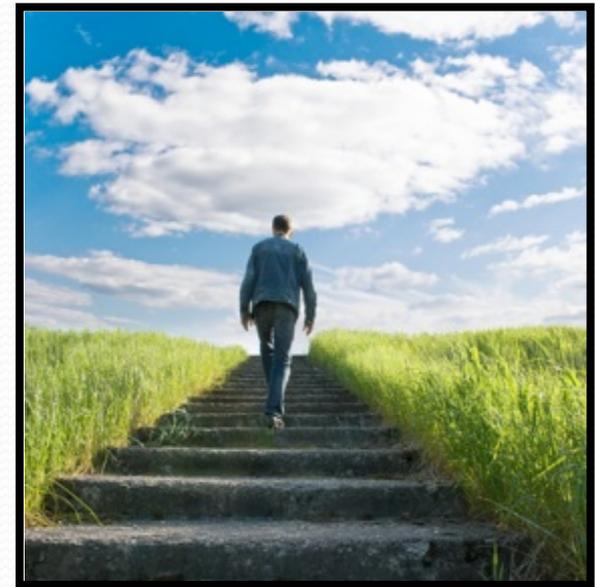
Distinction

Self-management refers to the behaviours that individuals engage in outside the health care context.

Self-management support refers to how individuals are supported in their self-management goals and activities by health care providers.

Common Problems for People with Chronic Conditions

- Problems with medications
- Not being able to do things
- Difficulty dealing with health care professionals
- Difficulty breathing
- Trouble sleeping
- Pain
- Fatigue
- Isolation
- Worry about work, finances
- Life seems unpredictable
- Depression, anger, frustration and fear



Premise of self-management

- Both patients and health care providers have a responsibility to focus on the patient's main concerns
- Patients can learn to communicate their main concerns to health care providers
- Health care providers can use their skills to encourage patients to share main concerns
- The health care system can support this interaction

Patient-Level: Self-Management Programs

- Chronic Conditions in **English, Chinese, Punjabi and Aboriginal**
- On-line Chronic Conditions
- Chronic Pain
- Diabetes in **English, Punjabi and Chinese**
- Cancer: Thriving and Surviving
- Health Coach Program



Self-management programs are based on needs expressed by patients.

Self-Management Programs in BC

April, 2000 to December, 2016

Leader Training workshops	614
Leaders Trained	5,663
Workshops Conducted	2,882
Total Program Participants	33,022

Patients Learn Essential Skills

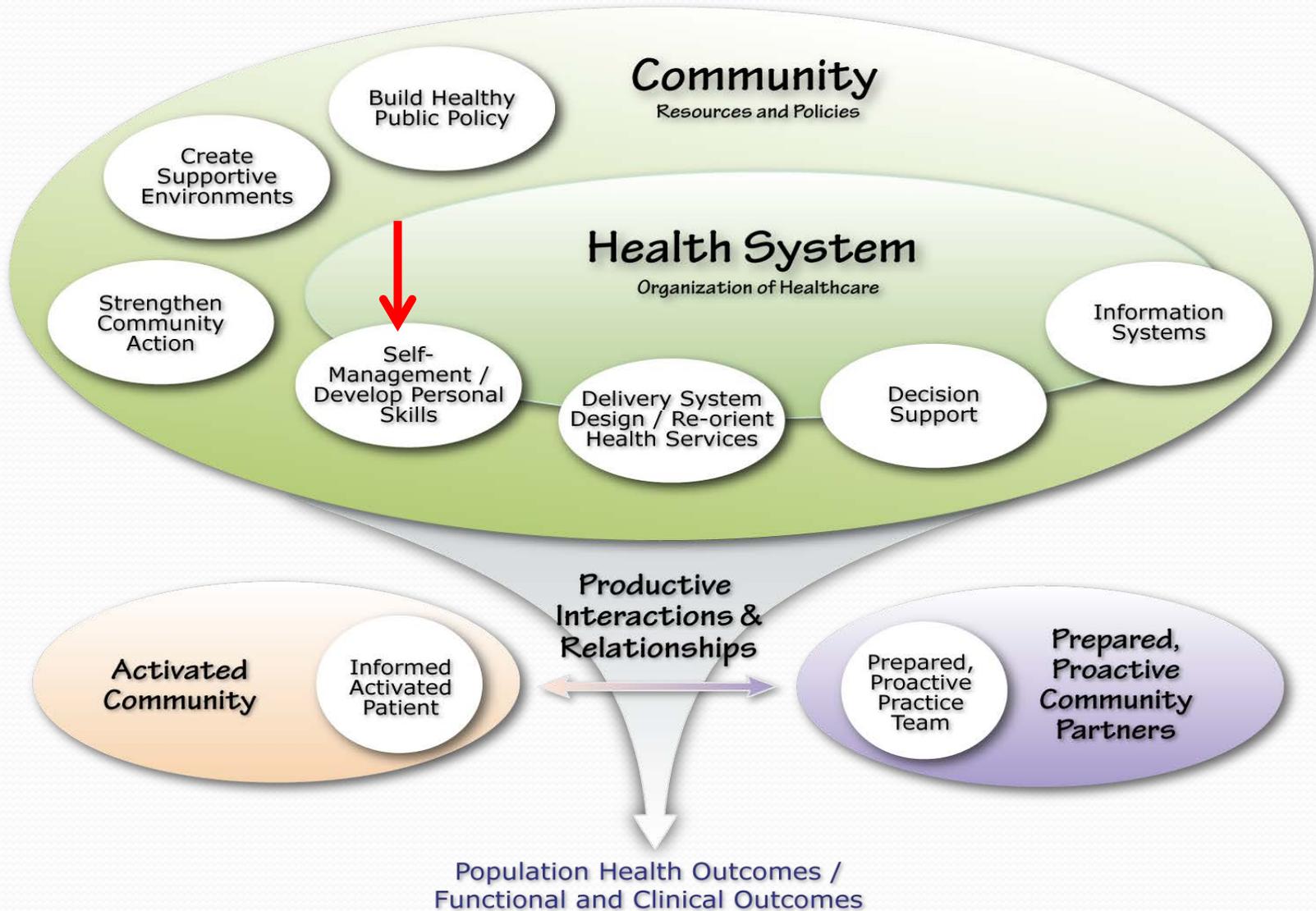
- Action planning
- Problem solving
- Making difficult decisions
- Working with health care providers and the health care system



Health Care Provider-Level: Training for Clinicians

- Clinicians can incorporate self-management support strategies in addition to their clinical and medical expertise
- This interaction brings about improved clinical and functional outcomes

The Expanded Chronic Care Model



Clinician initiated interaction

Establish a visit agenda

Clinician: Hello Mary, we have fifteen minutes together today. I need to speak with you about your medication. What is it that you would like to speak to me about?

This enables both the patient and the clinician to express their priority concerns.

Clinician initiated interaction

Establish Rapport - Scenario One

Clinician: *Hello Mary, what brings you here today?*

Mary: *I have a terrible headache.*

Clinician: *Oh my goodness Mary.*

- *Where is the pain?*
- *How long has it been hurting?*
- *How severe is it on a scale of 0 to 10?*
- *What have you been doing for the pain?*

Clinician initiated interaction

Establish Rapport – Scenario Two

Clinician: *Hello Mary, What brings you in here today?*

Mary: *I have a terrible headache.*

Clinician: *What else?*

Mary: *I am having trouble sleeping at night.*

Clinician: *What else is happening in your life?*

Mary: *It's my son. I am worried. I think he is using drugs.*

This interaction enables Mary to express “what matters to her!”

System-level: Patient Centred Care

What is Patient-Centred Care?

It's relationship-based care that meets the individual patient and family needs, preferences and priorities.

Core Principles of Patient-Centred Care

Dignity and Respect - *active listening, honor choices and decisions, attention to family values, beliefs, and cultural norms*

Information Sharing - *communicating accurate and complete information, validating what patients have heard and understood*

Participation - *encouraged/supported in making decisions to their own comfort level*

Collaboration - *have meaningful opportunities to engage with care providers in QI, policy and program development, evaluation, system redesign, professional education, and delivery of care*

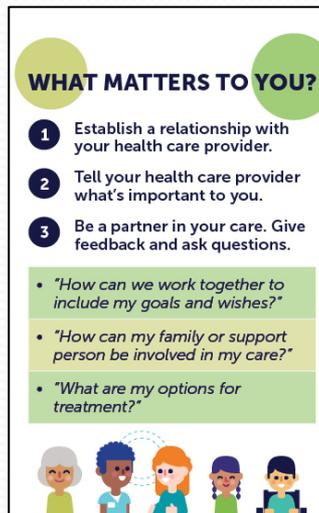
Nine tasks to ensure you get at what matters

1. patient expresses all his or her concerns during the encounter
2. clinician addresses patient's priority
3. clinician and patient share models of disease and symptoms
4. clinician and patient share goals for treatment
5. clinician and patient agree on treatment goals and set priorities
6. clinician and patient share models of treatment
7. clinician and patient identify anticipated barriers
8. clinician and patient plan how to overcome anticipated barriers
9. clinician provides written information

Source: Lawren H. Daltroy, 1993

How Self-Management BC is participating

Participants in community programs and the general public (health fairs) are being given the *What Matters to You?* pocket cards.



Social Media

In the Loop e-newsletter for public (n=4027)

The LINK e-newsletter for volunteers (n=1,300)

Facebook and Twitter

Self-ManagementBC website



**Thank you for the opportunity
to share today!**

Self-Management

British Columbia

Toll-Free Line: 1-866-902-3767

Lower Mainland: 604-940-1273

selfmgmt@uvic.ca

www.selfmanagementbc.ca



**University
of Victoria**

Institute on Aging
& Lifelong Health

#WMTY17

facebook

5454

people reached

53



organizations

**Deadline to order resources is
May 26th.**

Get your orders in !!!

239

mentions

89

tweets

8801

video views



42,589

total items ordered

Next webinar is May 31st at 12: 00 PST

CAN-BC Webinar: One Week to Go Until WMTY17!

WHEN?	May 31, 1200-1300 PST
WHERE?	WebEx
COST?	Free
JOIN	Click Here to Join This Event
PASSWORD	BCPSQC
ADD EVENT:	+ Add to my Calendar



“What Matters to You?” Day is happening in one week, on June 6th, and teams across BC are gearing up for action! In this webinar, you’ll hear how leaders within BC are using WMTY17 to start conversations about quality of care and spreading ideas for meaningful conversation.

This is the fifth webinar from the Change Ambassadors Network BC (CAN-BC). [Join CAN-BC](#) to drive change and improvement in health care!



QUESTIONS?



#CANBC

EVALUATION





CHANGE AMBASSADORS

Thank you!

Next Meeting

May 31th @ 12:00pm

Learn more about what matters!