

Expanding our person-centered approach incorporating trauma informed and culturally sensitive care

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SHAELYNN GARNER

Hello, everybody. Welcome to "expanding our person centered approaches." So this is a, a learning lab about incorporating trauma informed and culturally sensitive care. And we're going to introduce a kind of new expanded model to person-centered care that health Innovation Group has kind of put together. And then you'll get to do some exercises with that and learn the skills as a practice facilitator to support practices with this very important piece for. My name is Shaelynn Garner. I am a QI Innovation consultant with Health Innovation Group. And you just heard from Arvelle and Mark is there in the back. So focused very much so on health system optimization, quality improvement in the primary care system and person centered care is a very important piece of that work. I also want to note before we move on, Doctor Esther Tailfeathers is an Indigenous wellness family physician from Southern Alberta, in Canada. And she has been a very large component of putting this work together. She actually just won a very distinguished award in Canada from the College of Family Physicians, for person centered care, specifically Indigenous health. So we were so grateful to have her guidance and insight in developing this. OK. So what does today look like? We have an introduction to expanded person centered care. This a brief one. Then we're going to get into our case studies that I we've distributed to both of you. We'll have a bit of a debrief and then some of the good strategies and tools come at the end. So I'm going to have to pay very close attention here to the clock to make sure we get to this piece. And relevance to you, so obviously, there's this ever-increasing demand in primary care, but also with the focus on person centered care, more complexities than ever. And patients wanting to be a partnership in that care and PFs are tasked with supporting changes in practice which can and should include a patient and family centered lens, so we're gonna talk about that. We also have the opportunity to test this model in the Canadian Federal Prison System where we learned so much about how to integrate these concepts together specifically with a very complex population with a lot of mental health needs. So the learning point here is that if we found a way to do it in this federal system, this prison system, that there's so many different strategies that can be applied to, to your context, to make it work with whatever practice you're supporting. OK. So what is expanded person centered care? So we'll just talk about a little bit of this iceberg on the left. So on the top, we see the person and we see preferences. Sometimes, sometimes those are explained to providers in their team. Sometimes they have to be elicited. But what we might not see is all of those different things that come underneath it. So that's trauma, cultural, social, historical context. And we've also added how family and caregiver lens should be part of that. So yes, please feel free to take a picture. So what we put together is when we're

looking at the literature, there's all these different things of trauma informed care and, and cultural sensitive care and gender inclusive care. And we saw all these different models and we thought, you know, the main component of all of these is that they really want the same thing is this holistic person centered care approach. So we put them together and kind of found the similarities to develop what we kind of put together in the triangle here on the side. So we call this the expanded person centered care approach, which includes all of these things with the person to provide that truly patient centered care with the partnership with the doctor where they're included. It's important to understand not just the preferences that they might explain, but the trauma that they've experienced in the past or presently. The cultural social historical aspects which largely came into our work with many of the Indigenous persons that were in the federal penitentiary system. And with our work Professor Tailfeathers. So lots of different layers to this and thinking about how everybody's world view comes into play with how they receive care and how they want care delivered to them. I also want to draw attention to how this fits into IHI's (Institute of Health Improvements) Call to Action for Health Equity with decreasing institutional racism within organizations and specifically talk about unconscious bias. Now Dr. Tailfeathers really put unconscious bias in a really great lens in terms of we all have it. It's, it's taboo to think about, think about having unconscious or also known as implicit bias. But it's something that, that everyone holds. Often it can have a little bit of a negative tone. It's completely, you know, you're not consciously aware of it, but the point of acknowledging it is actually how to move forward. So if we can recognize we have these unconscious biases, there's actually a really great online, it's called the Harvard Implicit Bias Test. If you want to take a look at that just to gauge where you're at to encourage it amongst, amongst colleagues. But it's a starting point to acknowledge it because then you can actually get down to those proper communication things, those self reflective pieces and group collaboration to move forward from it. Ok. So benefits of an expanded person centered approach. Practices, physicians, teams providers might want to be knowing these benefits when you're supporting them with these changes. So increase in trust and respect, increase of inclusivity, quality of life and care, improved management of health conditions, increased uptake of preventative care measures, reduces health care disparities and reduces missed appointments. So we've really got a trifecta of ways that person centered care is impactful when it comes to care delivery. OK. We're going to get into our case study. And then following that, we are going to look at some of the tools that we use to that we found really helpful. So the back group has, I think case study one and the front group has case study two, confirming. OK. What you're going to do is in groups of two or three, those around you. If it's four, that's just fine too. Just make sure that they have the, the same case study. You're going to take a look at that scenario and then you're going to put on your person centered lens hats when you're thinking about trauma, culture preferences, communication techniques and try to kind of come up with or identify those ways that maybe those case scenarios didn't perhaps meet or follow that person centered approach. And then you are going to yes, answer those subsequent questions and be prepared to talk about what recommendations you might make to a practice if say that were to occur and someone came to you for some assistance with that. All right, go, we'll give you about five minutes, six minutes, if there's any questions please let me know I can, I can circulate around.

SPEAKER

AUDIENCE MEMBER

SPEAKER

SHAELYNN GARNER

Ok, I'll bring you back up fresh. Thanks so much. Hopefully you got to have some good conversations.

SPEAKER 0

Maybe not through, through all of it because they're, they're

KATHY CEBUHAR

quite layered.

SHAELYNN GARNER

But I'd love to hear in your insights. So let's start with start with case study one about Josh and Mia. So I think that's the back group and I'd love to just go around to the different groups. and hear some of your ideas about what you noticed could be improved between the interactions between Josh and Mia and the provider for those up front. Josh is a father who took Mia in to get assessed for for fever. So, so we'll hear from the back, what are some of those interactions that, that you think could be improved? We'll just start with identifying them.

AUDIENCE MEMBER

Sure. I think that's a more open ended question. So at first when he calls the office, I'm asking if he had a thermometer at home to assess the fever and maybe just a little more guidance if he was concerned about. should he go to the, ER or go to the physician's office just knowing that, just asking a little more open ended questions to start with.

SHAELYNN GARNER

Yeah, thanks. Open ended questions, some guidance for, for Josh, whose, whose wife in this instance was out of town didn't have a thermometer was kind of left wondering how panicked he should be. Any other suggestions from that case scenario?

AUDIENCE MEMBER

Yeah, kind of related to that. It's just more support in him. So I'm assuming maybe he's a first time father, I didn't hear anything about other children, so more support in that. It seems like there's a lot of expectations that he should know what to do in a way of like a

chicken noodle soup, like acetaminophen for a 19 month old, like it felt like they were really thinking this is basic stuff. And it's like kind of a good opportunity to really support him in fatherhood and teach him how to be a supportive father.

SHAELYNN GARNER

Yeah, that's a great suggestion. Some of that upfront education to support the, hey, let's go over this and make you feel comfortable if the situation arises again, possibly in the future. You know, the things to look for, you know, some of the steps for sure. Anything else?

AUDIENCE MEMBER

Yeah. Kind of twice in the first couple of interactions, I could see how this, how Josh could have felt like he failed in two ways already. It didn't take her, you know, didn't take her temperature, maybe for a really good reason. Didn't have a thermometer and I didn't give her acetaminophen and I should have been. "Oh, now, you know, what else did I not do right?" And so already starts off in a state. He's probably already stressed out and it gets even worse [inaudible] He's failed in multiple ways already. So, you brought her to the clinic and that could be affirmed.

SHAELYNN GARNER

Right. Exactly. Some reassurance that Josh, for sure, that Josh took the right steps. Exactly. So, thank you. I think there's quite a few layers in there. But just seeing along the way those steps that would have made Josh's experience and then filtered down to Mia his daughter who has, who has the fever. Yeah, more, more comfortable and then, and then more trust and better outcomes at the end as we can see in the case study. Ok, let's move on to Cheryl's shoulder. What did we see? Right. What interactions did we find could be enhanced in terms of care with Cheryl's shoulder case study? Start with, I start over here?

AUDIENCE MEMBER

We we just saw there was a lot of areas for improvement in communication and the approach of that communication and calling on specifically at the start of the appointment, she injured her shoulder. The first available appointment was 10 days. Like what could somebody do to kind of help bridge, direct them differently to better access or have them speak to a nurse? But to bridge that time period, and then the other was a lot of communication with the, the clinical staff and the physician. People weren't aware of her history. And so took blood pressures on wrong arms and weren't aware of the domestic abuse situation and that all could have been improved if they had taken the time to actually look at the patient's chart ahead of time and be more aware about the trauma that she was bringing into that appointment. So sure.

SHAELYNN GARNER

Yeah, thanks for sharing that. So in in the case of this all played out on the day, but access comes into play, continuity comes to into play. These bigger key drivers of patients, medical home comes into place. So beyond just the communication and interaction which had

areas for improvement, it was those those larger other changes that needed improvement to to make that experience better. Over here, any other suggestions?

AUDIENCE MEMBER

We talked a little bit about like overall workflow and transparency improvements, like because if they're having this much difficulty when it comes to timing or scheduling, like there's something else going on with the way the clinic flow is going that it's, you know, there's work that needs to be done there.

SHAELYNN GARNER

Yeah, exactly. So the larger pictures of clinic flow. What is going on with, yeah, with the access, what do they need to do other, other work in those areas that maybe they don't realize? All filters down into patient centered care. And I, because I think that's a key point about patient centered care is it, it fits within all of these different high impact changes: access, continuity, management, coordinated care, all of these different spaces. Teams and teamwork is...it's not just its own little island, it's that it should, should be infused to each of them. So, yeah, that's a great point. Anything else?

AUDIENCE MEMBER

Also talked about that there's a missed opportunity to ask about her goals for her recovery with her shoulder and like what she wants to get back to doing and maybe shaping the care plan around that trajectory.

SHAELYNN GARNER

Yeah, that communication piece with what she, what she's hoping to get and, and what the course of fact is gonna be for sure.

AUDIENCE MEMBER

And just that, well, she also didn't even leave with like a real solution. She wasn't sure what to do and she didn't even know. Yeah, and she's nervous to ask. So that was like a big, a big fail too. Yeah.

SHAELYNN GARNER

Thank you. OK. And we're gonna touch on some of these pieces in the, in the tools. 10 minutes! OK. We're gonna get there. Is there any recommendations I should say? Actually, you know what I think this question we're gonna jump to is better. What are some ways just off the top of our minds, because we're gonna get into some tools and strategies, do we think we could approach having the discussion around person centered care with the practice team? So maybe the focus isn't directly on person centered care or it is. But how do we, or how do you want to introduce this focus area? How do we think we could bring this to providers, to their teams, and not come across tone deaf? And I'll talk about those learnings that we had in the federal system too. So just some brainstorming there, I'll let you have a second to think about that. If there's any good lead ins or starting points to enhance the person center lens.

AUDIENCE MEMBER

Yeah, I was just going to..,it might be an idea to have scenario scripts. So in the, in the case of with this, with Cheryl with her shoulder, she, it, it says she called the office for an appointment. So maybe whoever is answering the appointment line has a script is to get more information from the patient to then better, you know, does it need to be triaged by, by a nurse or, you know, a physician extender or whichever? So maybe using some scripts for scenarios, and then empowering that person who's answering the phone to use her critical thinking or his critical thinking and then, you know, take it from there. That probably will help with patient satisfaction as well as giving better quality of care and timely care.

SHAELYNN GARNER

Mhm Thank you. Definitely. So building in some of that, those frameworks and scripting upfront with the first interaction the patient's going to have with the clinic. Ok. Anything else? Thanks for that.

AUDIENCE MEMBER

I think once you enter the clinic, there should be certain protocols like if I had some kind of some kind of injury, there needs to be an x-ray just so you can see what's going on. Like she lived without like I said, not, not having any knowledge about what she needs to do next. Never had an x-ray like with Clinton and Winton [a person from the case study scenario] with what he's moving her arms. So it needs to be a part of how like if you get hurt, you could do this, this and this and then go off right from there, right?

SHAELYNN GARNER

Some clarity and transparency about what that process might entail and, and all the components within it. For sure. Thanks. Anything else on this side?

AUDIENCE MEMBER

I was just thinking most offices have staff meetings and that might be a good place to bring in an expert on cultural sensitivity or motivational interviewing, health equity, something like that just to give a lecture or not a lecture, but they have a workshop with the staff.

SHAELYNN GARNER

That's a great idea, bringing in those subject matter experts in those various areas to enhance.

LAUREN QUINTANA

For sure.

SHAELYNN GARNER

Thanks. Yes.

AUDIENCE MEMBER

Can I just add the fact that in the patient medical home, there's a whole issue around health literacy for the people and the people themselves, if they understand patient centered approaches to health care, actually come better prepared to actually engage in that interview. And that would have actually cut our scenario in half because that particular patient then or patient's partner or family member would have actually been able to say that these are the things that I did because of this and the whatever versus being blamed for not actually having done the work.

SHAELYNN GARNER

Thank you for that. Mark and I were actually just talking about how about patient literacy and maybe a course in high school or something, How important it would be during the pan or throughout the pandemic when virtual care became more prominent, there was these, you know, patient how to prepare the patient for virtual care. And I'm thinking, how amazing would it be to have patient education, like you're suggesting on, on those questions that they can use to advocate for themselves and actually have that framework for sure. And your hand's up.

AUDIENCE MEMBER

Well, I was just thinking of something that we started doing with our department is we, we do DEIA trainings but then we also do like a data walk. So we actually pull EHR data for the clinic team to look at so we can orient the discussion toward like what are the patients actually experiencing so we can have that training, but also show like these are where we're still seeing disparities because I think that that draws the conversation back to the patient.

SHAELYNN GARNER

Yeah, that's great. Thanks. Ok. So what worked from our perspective, some of our learning? So perfection is not the expectation. It is a complex issue and one that takes the right lens to get buy in from providers and teams who have training in these areas already. But knowing that the goal is to enhance. Reframing the issue. So focus on scripting has been suggested, tweaking how we're looking at it as a partnership, how this is going to not only enhance patient outcomes and experience, but it's also going to enhance team and provider experience because the benefits of this trickles into so many other things. And the upfront work matters. So the time upfront, spending that extra time up front... One of the lead psychiatrists, Doctor Cameron actually talked about how that is the most important piece to get to know those other things that come and build that trust and then you can kind of mold and mold and tailor things as you go. So we'll look at some of those things. So some quick considerations or responses you might have if you're faced with any sort of, of challenges or objections to this. So there isn't enough time to listen to each patient's story. Well, actually, there's been quite a bit of research and studies show that it takes on average only 2 to 3 minutes for patients to share that story upfront. So that time, very valuable to hear that two in three minutes and the more you get to know patients, the the less you need to spend each of those, you know, hearing that story at every interaction. Not that that opportunity still shouldn't be there, should it need to be making a decision together is time consuming. That only actually takes about 10% of the appointment time. The treatment

plan is evidence based but patients aren't always on board. So consider sharing evidence that relates to what matters most to them: so their symptoms, their daily functioning, and their quality of life. Finding how that treatment plan fits into what the patient is hoping to get out of that interaction for their care. This is my area of expertise yet, it doesn't feel like my knowledge is being valued by the patient. So your knowledge is absolutely valuable, but the patient experience needs to be valued and heard too. So finding a balance and even from personal experience, but I think from what all of us can agree is that when you have that trust built up front, you feel like it's a partnership and that it's a dyad sort of situation. You have that trust in your provider or the team's knowledge even more throughout your interaction with them and continuity as you see them over time. So I think setting that that stage that both people in the partnership matter, only makes your trust in the knowledge and expertise of that provider stronger. Ok. Discrepancies exist. I got three minutes. Thank you for that. Ok, so they patients and providers actually agree in this long literature review that there is integrated care decision making. Providers and teams do try to create that openness and, and trust and there is a respect for it, but there's some underlying societal factors that maybe don't actually let all of this stuff come to light as much as it should. So societal power and balances, we think of kind of the natural social hierarchy of how of how someone's an authoritative figure. So if we have that understanding on that side, trying to break down those power and balances, then these things should be able to come out more. OK, I'm just gonna show some of these. So instead of this, what might you say? "So why are you getting so frustrated?" [to] "I can hear you're upset, what's making you feel that way?" So some of the language and communication is very important. I encourage you to take a picture of this slide because I won't have time to go through all of them. "That's too many problems to deal with at once." [to] "You've got a lot going on. That must be difficult." I'd like to suggest we focus on this: So affirming, confirming what they're, what they're saying, really using active listening. And this slide too. So I think this will be the last one that we get to, to finish with, but: upon the encounter, demonstrate interest, practice active listening, spend the time up front during the assessment, open-ended questions, using the context, process-oriented questions was recommended by Doctor Cameron, using that context to understand how that situation is going to unfold, you share decision making, and then this last part which comes into our our case studies is using plain language to review the plan and follow up care and do a teach back. Make sure the preferences the patient is on board with what that plan is and that the level of understanding is there. So this is almost like that quick guide to patient centered communication for tips that might be, you know, easy to integrate. And continuity with person centered care obviously is very important. It prevents having to...having the same provider, prevents all of these things, feeling of frustration, reliving trauma, the feeling of lack of trust or unfamiliarity. So tying back to all those other components of patients' medical home, of housing that same building that relationship, seeing that same provider and their team really supports person centered care. And tools you can use to get some of this information started is a person centered walk through. It really is how it sounds: someone from the team or even better yet a patient, you call on patient for some of their insights, walks through and sees how the space feels from a environmental perspective, from a social interaction perspective from different team members. All of those different components can be built into a person centered

walkthrough. So I highly encourage looking into what that might look like online. And I think we have some resources at our booth that we can direct you to and then as well a patient interview. So ask the patient, it's person centered care. They have to be involved in what that looks like and it can be built into appointments or it can be actually set aside as a more, more formal survey. OK. Closing. This is the piece: person's on the surface. There's so much more to that. And we really need to use this, this expanded approach with trauma with culture, historical context, preferences. And by using some of those communication techniques.... communication techniques, understanding your own implicit biases, and working together and making this an actual point in how care is delivered, this expanded model will be achieved. And there's going to be benefits for, for teams, for providers, and of course, for patients, that's the ultimate goal. So thank you so much.