Thrivecast Episode 35: What it Means to be Patient and Family Centered

Trish Kritek: [00:00:00] Welcome to another episode of the University of Washington's Thrivecast, the podcast designed to help School of Medicine faculty thrive. I'm Trish Kritek, and today we're joined by Dr. Anneliese Schleyer. Dr. Schleyer is a professor in the Department of Medicine and the interim Chief Medical Officer for UW Medicine.

I've had the pleasure of collaborating with Anneliese on a variety of projects over many years, and one of the things that she always brings to these efforts is centering our patients. I'm always inspired by that, and I really appreciate that lens, and I thought it would be a really great opportunity to sit down and talk more about what it means to be patient and family centered. So Anneliese, thank you so much for joining us today.

Anneliese Schleyer: Trish, thank you. I am really just so excited to join your Thrivecast and to talk about this topic.

Trish Kritek: Yeah, I think it's a really great topic and I think maybe I'm going to start off by just [00:01:00] asking you, what does it mean to you to be patient centered or patient and family centered?

I always say patient and family centered, because in the ICU it's so much about families, but patient-centered. What does that mean to you?

Anneliese Schleyer: Trish, thank you. I really think that patient, and I would say patient and family-centered care is really one of the most wonderful parts of healthcare. We are so privileged to really share a patient's healthcare journey in a way that is centered on the patient and their goals.

So in my mind, how do we really truly provide patient-centered care is in a lot of ways, like building any strong and positive human connection.

Trish Kritek: I appreciate that and I guess I think of patient and family-centered care as like, on the microcosm of like at the bedside or in the clinic with an individual patient or, you know, in the ICU with a family.

And I also think of it on the kind of systems level. So maybe we can talk about both of those. I'm going to start by talking about like, what do, how do you do patient-centered care when you're individually taking care of [00:02:00] patients? What's your approach to that?

Anneliese Schleyer: So I think it's a great question and I love thinking about this.

I would say that at the center of that is keeping in mind that a patient is a person who happens to be on a healthcare journey, but really that patient is a person first. So as I think

about what patient, family, family-centered care means, what is important to the patient, what are their goals, what's their goal for their health?

Maybe for a specific diagnosis or management of a specific condition. I'm a hospitalist, so what is the goal of the patient or the family for a hospitalization? What matters to them? How does health fit into their lives? How do they want to be addressed? How do they like to hear in information? What is their understanding of a current situation?

What questions do they have?

Trish Kritek: So many great questions to think through. So I'm going to pull out a few of those things. The first thing that you said was a [00:03:00] patient is a person. And one of the things we do in the ICU is we make these posters, that are called “Get to Know Me”, where we actually have pictures of the patient when they're not a patient, when they're in life.

And one of the things I love about that is, it helps us break that image of the person who's sick in bed in a hospital gown, and we see them at their daughter's wedding or skiing or whatever it is they do. And, I really appreciate that this is a person. Are there other ways that you get to know the patient as a person, specifically when you're taking care of folks?

Anneliese Schleyer: Absolutely. I mean, I think it's similar in some ways to how we make human connections in general, but I, I've always been inspired by what you do in the ICU. I work on acute care mostly, and I always take the time to learn something about the patient as a person. Sometimes just one thing makes a really big difference.

You might go in to see a patient and you notice your patient is watching a football game. [00:04:00] Do you like the Seahawks? Who's your favorite player? Anyone who knows me knows that I know next to nothing about football. But that doesn't mean that the next time that I see the patient, perhaps later that day or the next day, that I can't ask, how was the game yesterday?

What was the best part of the game? What was most exciting? Those moments of remembering even one thing about the patient as a person can be small, but it can be incredibly meaningful.

Trish Kritek: Yeah, I totally agree. Just on rounds this week one of the nurse practitioners on our service told me the patient was an outstanding accordion player.

And I was like, I didn't know that, but that will always be in my head now about, about this patient. So I really liked that. Two other things I wanted to follow up on. One small and one big, one of the things you said was, you know, how do they want to be addressed? What do they want to be called? And I feel like we kind of default into spaces and I'm not sure that that's the right way.

So how do you, and this sounds simple, but how do you find out? [00:05:00] How do you ask that question of the patients that you're caring for?

Anneliese Schleyer: This is actually what I start with in every patient interaction. So I may or may not be the person who admitted somebody to the hospital, but when I'm meeting them the first time, I think about the importance of somebody's name, of somebody's vision of themselves as a person.

What matters to them? Are they really formal? Would they like to be addressed as Mr. or Mrs. So-and-so, if that is appropriate within their culture? Do they prefer the first name? I also really take that opportunity to ask how they pronounce the name, because as somebody who has a name that may not always be, that may be pronounced in many different ways, sometimes it's a great conversation starter, right at the start because often people will tell you a little bit about themselves.

Where did they get the name? What does it mean to them? What culture does it represent? If they were named after their grandmother, right? So in [00:06:00] certain situations that opportunity to take a moment to ask their name, ask how they like to be addressed and use that in the conversation to me, is actually at the center of a lot of patient-centered care, and it's a great place to start.

Trish Kritek: I love that and I love both the respecting who they are and how they want to be addressed, but also using it to learn something about people and making that another part of the entree into getting to know them as a person. I really appreciate that. One more question on the kind of specific one-on-one or one-on-family conversations.

One of the big things you said is what are their goals? What are their goals on this admission or in their health or, and do you have strategies on how to bring that forward as you're caring for someone and, and partnering with patients and families?

Anneliese Schleyer: Yeah, as someone who practices only in the hospital in acute care, a patient's goals for their overall healthcare journey, but also their goals for a hospitalization. And their [00:07:00] goals for where they're going to for this chapter in their lives. Where that chapter starts and where it ends. Do they go home? Is that their goal? Is their goal to go to a skilled nursing facility?

Do they feel like they need more help? Really taking the time to ask a patient - that is incredibly important. Healthcare and healthcare systems, especially now, are incredibly complex. Across UW and UW Medicine, we're really fortunate to practice in these amazing multidisciplinary teams with colleagues from different departments, different disciplines, but at the center of all of those teams, right, is the patient and whatever we do to really understand the goals of the patient in that context.

Again, their goals for a specific chapter in their lives, their goal for that hospitalization really can help to inform how we as a team work together to actually approach our diagnostic, our

management, our planning [00:08:00] approaches in a way that meets the needs of the patient. So the sooner you have an opportunity to engage a patient and ask patient if possible, or sort of get, if patient can't personally communicate, this information, I think we do a much more patient-centered approach to our care, which is really more impactful for them.

Trish Kritek: Yeah, and it feels better when you do it because you know you're actually achieving the goal or you're moving in the direction that the patient is hoping for. And we can't always deliver on all of those hopes. That's a reality in my world for sure. But, it's certainly a lot easier to partner and work together with the patient and with your team if you all have a shared vision of kind of where this person would like to be going.

And I really like that chapter because for me, often it is a, a distinct chapter of their life as well. I could keep talking forever about individual patient centered care because [00:09:00] it's actually a passion of mine too, which is why it resonates so much. But one of the things I think is really interesting in my work with you is, I've also seen you many times bring this patient-centered, patient family-centered lens to systems work.

And that, you know, you're in a leadership role for the system as a chief medical officer. And I'm curious if you could reflect a little bit on how do you bring that lens to bigger projects, bigger initiatives - what's important in those spaces?

Anneliese Schleyer: I love that question, Trish, because I think it's a real opportunity for all of us as we work together.

This is why we're here. We're here to take care of patients, and we're so lucky to do it as a team. So I think my approach in systems improvement, I've done a lot of work in quality and safety, is really the patient or populations of patients. Are my [00:10:00] north star, my real guiding light in this, it's the patient, the populations of patients whom we serve at the center of that work.

And to be honest with you, a lot of the initiatives that I've led or been involved in actually were created out of what I learned or what my colleagues have learned from patients. So what does this look like practically? I think it depends. Sometimes I literally start at the bedside. For example, I've worked together with this amazing group of people at Harborview and prevention of venous thromboembolism in patients who are hospitalized.

You know, we've built guidelines, we've looked at evidence, we've built systems to try and improve our order sets. But sometimes I really just go to the bedside when I'm on service and I ask a patient, what's meaningful to you? When we talk to you about preventing blood clots, what resonates? Are there different ways that we could talk to you about it?

It's really that [00:11:00] information that helps inform how we make improvements. I think also when we put together multidisciplinary teams to build an initiative, really centering the

work around patients and families from the beginning helps us to create a mental model. It's grounding, it engages us.

We might come to the table with really different viewpoints, but this is why we're here, right? So if we can really start with that framework, we are doing this work together to ensure that our patients have a safe and effective and hopefully good experience. I think it really is helpful sometimes. It's not always practical to engage patients in this formally.

Many of the committees that I work on actually have patient representatives.

Trish Kritek: Yeah. I really like that part when we actually have patient and families members as part of a committee or a work group or an initiative, so that [00:12:00] that voice that you're getting from the bedside is actually at the table as we work on initiatives.

I think one of the best examples I have of that is when we designed the new ICUs at UWMC Montlake, many years ago, we had family members on the design team and we ended up with USB Chargers in all of our lockers because they're like, there's no place to charge my cell phone in your ICU and if we hadn't had them there to tell us that we'd never have designed it that way. It's a small example, but I think it speaks to where the actual voice of a patient or family member is super valuable as we design. That's designing a space, but even design initiatives or produce new documents or find new processes, it's really important to have their voice throughout and I think having it in a direct way is, is really helpful.

Have you found that helpful as well?

Anneliese Schleyer: Absolutely. I have had patients, we've had patients on many of our quality safety committees, for [00:13:00] example. Undoubtedly, every time we hear from a patient or family representative, it provides a different perspective that absolutely makes the work that we do more impactful.

I do recognize, and I love your example of a building design, but it's true, every policy, every procedure, that patient voice is so important, and if we don't have the direct patient voice at the table, we also have an opportunity to acknowledge that many of us, or many of our friends and families have been people who are patients.

So just having the voice at the table, however that's represented is incredibly important. But if it's somebody who's actually a patient within our system at the time, invaluable.

Trish Kritek: I appreciate that. I've never actually been in a setting where we say like, put yourself in the shoes of when you were a patient.

Not like, pretend like you're a patient, but when you would live this experience. I'm a patient at UW Medicine. I have some experiences that I could share. I don't know that I wear that [00:14:00] hat as I sit at the table, but I could, and maybe it's worth reminding ourselves of that occasionally. I really like that.

I think the other thing you said is, starting the process by centering the patient in the work you do. So if you're kicking off an initiative or you're starting an effort, some kind of change management, because you do a lot of change management. How do you do that? How do you say like, let's start with the patient?

I mean, maybe that's just what you say, but is there an approach to that as you're, you know, bringing together a committee or a work group or a task force or something like that?

Anneliese Schleyer: Absolutely. If I have a patient's story, I will start with a patient's story. Sometimes it's a quotation, so the actual words of a patient, sometimes it is a story that represents a certain clinical scenario, and then I take the time to say, really as a team, as we are building this team, let's remember that really our patient.

An individual, patient or group of patients, they're [00:15:00] really at the center of our team. So let's keep this in mind as we move forward to this. Sometimes I'll ask for reflection. What does it feel like when you're participating in a committee? Right? You might come to the table frustrated about a process, but undoubtedly you can turn some of that frustration to motivation, if you remember why we're doing this.

Trish Kritek: I completely agree, and I really like that and I strongly endorse the use of stories. I think stories are a great way to win hearts, but it also is a great way to put people in that place of remembering why we're here. As you've said so eloquently, you've already given a bunch of examples, but I'm wondering if you have other thoughts on, you know, specific ways for people to incorporate patient and family-centered care into the work that they do, whether that's the care they provide or the leadership or administrative work that they do or the teaching that they do? Any of those spaces, do you have like specific strategies or behaviors that [00:16:00] you'd say, hey, try these things out to be a bit more patient and family centered?

Anneliese Schleyer: Yeah, I love the question. I think patient and family centered care as part of the magic and the fun of healthcare and practicing medicine is also a real opportunity to learn.

So I would say there are approaches that you can start with to consider the patient or family at the center of your team, at the center of your own work, at the center of your committee work, but also see it as an opportunity for continuous, right? So different patients have different goals. They relate to you, to teams, to healthcare differently.

It's informed by who they are, who you are, their backgrounds, their prior experiences, how are they feeling? So with any good improvement opportunity, reflect. What went well in this interaction? I admitted a patient. I am discharging a patient. What is going well? Something always goes well, [00:17:00] and I think to me it's a great opportunity.

Ask the patient, oh, the patient's there, what was that like for you? How did that conversation go? Are there ways that I might have communicated that differently, that I

could have asked you that question differently. We are so lucky and if we have the opportunity to make patients part of our learning journey, what a great opportunity.

So I do, I ask patients that question and then I think about, okay, what did I learn? Right? Did I allow the patient to talk? Did I take time to understand? Should I have sat down when we had the conversation? There have been additional resources that might have helped me understand the patient better, a surrogate, a cultural mediator, a family member.

So what did I learn and what would I do differently next time? So to me, patient family-centered care is a great opportunity to learn and I [00:18:00] actually engage patients and families in that learning.

Trish Kritek: I love that. I've never asked a patient and family about that specific space of feedback I think so directly, but I really like that idea and I can definitely put that into action.

I really appreciate that. And I think, you know, we ask for feedback in lots of different spaces, but again, if you're centered on your patients and their families, then why not get that direct feedback? I appreciate that. And you know, we do things where we send out surveys to patients and families and things like that, but this is more of a direct conversation that you're advocating for.

Okay. You've, you've shared a ton. I always ask people, is there one more pearl that you want to share with folks around this topic? So do you have one more pearl that you'd like to share?

Anneliese Schleyer: I think the pearl is to approach patient and family-centered care with curiosity and openness and an opportunity to learn.

I think taking the time to reflect, so you develop and fine tune your [00:19:00] style, your communication and your approach is your communication and your approach, and it really needs to be authentic for you. So as you are either building your career and truly, this might be the beginning of your career, this might be 25 years into your career, there is always an opportunity to learn from your patients.

So go out there, learn, listen, iterate. You know, we're so lucky to be able to join people who are on their healthcare journey. So think about how you build that human connection, and enjoy. It's really, it's an incredibly rewarding experience to be involved in healthcare. Such a privilege. And really thinking about it through the lens of a patient or a person who is a patient or a family member is really invaluable just to continue to improve on that.

Trish Kritek: Thank you for those [00:20:00] thoughts. That reminder that sometimes we forget after doing this for a lot of years, like you and me, that it's truly a privilege to be a part of people's lives in the way that we get to be and that we get to partner with patients and families in these unique spaces.

So I really appreciate that. It's inspirational to me. I'm confident we'll be inspirational to lots of other folks who are listening. So Anneliese, I just want to say thank you for taking the time to share your thoughts, your wisdom on this really central topic to all that we do. Thank you so much.

Anneliese Schleyer: Thank you. And to all of you: go forth and thrive. Have fun, enjoy, and thanks, Trish, for the time.

Trish Kritek: I love that. And so I'll say thanks again, and say to everyone: if you want to listen to more episodes of Thrivecast, you can find them at Apple Podcasts, Spotify, or wherever you listen to your podcasts. You can also find them at The UW Medicine School - the UW School of Medicine, if I could talk - website at faculty.uwmedicine.org. Thanks for [00:21:00] listening and have a great day.