



LA Net’s partnered visioning exercise: Mapping the Real and the Ideal Patient Visit

Time: 1 hour

Facilitators:

QCS trainers + Vet Coaches

Participants:

QCS leadership group

QCS PACT role champion group

ICs and Veteran Coaches

True patient centered care engages the patient in every step of care from design to delivery. In this exercise we will use the Veteran patient lens to assess a patient visit from the perspective of the Veteran and the teamlet members (a patient visit that is an experience of the Veteran involved in this exercise). We will engage Veteran members as partners, co-creators and advisors in this process.

The purpose of the exercise is to:

1. Engage Veterans as partners in designing and improving the patient experience
2. Provide clinicians and site leadership with insight into the vet's lived experience receiving care through the VA
3. Create a vision for the 'ideal' care experience for the patient
4. Assist site leadership charged with transforming care at their sites, and PACT role champions charged with supporting spread of good ideas among their colleagues to reflect on how their sites and colleagues might incorporate aspects of the "ideal" visit into their workflow/processes of care
5. Reconnect metrics with their goal and purpose – improved care and patient experience – by mapping where they intersect with the patient visit and identifying opportunities to further impact them

Process:

1) Facilitator introduces the exercise to his/her group (5 min)

SAY. This is a mapping and visioning exercise. When doing quality work it is important to have a vision of the “ideal”- to know what the ultimate aim is. “Ideal” by definition means it may not be completely attainable, but we know it is absolutely not attainable if we haven’t



identified it.

Today we will have about an hour to work on this. We will start with (Vet QI partner) sharing a recent experience with care at the VA. Vet QI partner will share his/her experience and as he/she does, I will map the (Vet QI partner's) recent care event with the VA. This will include the need for the visit, scheduling, the visit itself, and then any post-visit follow-up and eventual conclusion. The vet's experience includes all these things. Not just the actual clinical encounter.

Next, we will work together collaboratively –leadership, PACT role champions, and Vets to map what would have been the “ideal” encounter for the Vet QI Partner. This will mean keeping or optimizing the things that contributed to a positive patient experience, and redesigning/modifying the parts that did not.

The group will reflect on thoughts, ideas generated by these two mapping exercises and how they might use them back at their sites.

Finally, we will map Compass measures to this visit. The purpose of this is two fold –to identify opportunities for improving performance on the metrics, but more importantly, to reconnect the metrics with their primary purpose – improving outcomes, and experience.

2) Facilitator invites Veteran QI Partner to share a recent health care experience with the VA that includes primary care. (Vet QI Partner should be briefed before session and have a recent visit in mind) (15 min)

OVERVIEW. Facilitator guides Vet QI Partner in the story telling process using closed and open-ended questions:

SAY. “John”, would you please share with the group your recent health care encounter.

NOTE. Below are possible categories – but allow these to be generated organically during Vet's description

Need. *First, what created the need for you to visit the VA for care? What did you do then?*

Scheduling. *How did you set-up the appointment? What was that like? (get details)*



What happened next? And next?

Transport and entry to facility. *How did you get to the facility?
What happened then?*

Movement in building. *How did you get to the clinic?
What happened then?*

Check-in. *Did you talk to the receptionist?
What did he/she SAY?
What was that like for you?*

Waiting room. *How long did you wait?
How was that experience for you?*

Pre-visit. *What happens next? Did you see an MA or Nurse? Where?
What happened with them? What did you discuss/do? How was that
experience for you? What parts of it were positive? Negative? Neutral?*

Visit. *Then what happened? Did you see the (MD? NP? PA? MSW?
Other?) What happened during that encounter? What did you SAY?
What did they SAY? How long did it last? How was that experience for
you? What parts of it were positive? Negative? Neutral?*

Check-out and follow-up. *What happened next? Did you (check out,
go to pharmacy, go to another spot, have follow-up things you needed
to do and what where they?) What happened in this part of your
encounter? What did you do/SAY? What did the VA do/SAY? How
was this experience for you? What was positive? What was negative?*

Thank you (Vet QI Partner).

**3) Facilitator invites large group participants to reflect on the
“real-world patient experience” mapping exercise (5 -15 min)**

*SAY. Site leaders and Role champions – what were your thoughts as
you listened to Vet QI Partner describe his/her experience? What parts
of what (Vet) described surprised you? What parts were you expecting?*

*SAY. When you reflect on your own site and your own work, are there
any idea, insights or lessons learned you are taking from this?*

4) Facilitator introduces the “ideal” mapping exercise and lays



ground rules. (15 min+)

NOTE TO FACILITATOR ON PROCESS. Facilitator, use the “real life” experience as the departure point for this second mapping exercise to keep exercise focused. Encourage creative dialogue, thinking. Inhibit evaluative, “we can’t do that because”... statements at this stage.

If necessary, SAY:

“Let’s start with John’s real world map – if we were going to map the idea experience, what would change? Group what would the ideal experience be for this step? John what are your thoughts on that?”

“What would be the ideal for the next step of the map?”

NOTE TO FACILITATOR. Here are some guidelines for you to use during this brainstorming exercise.

Rules:

1. All ideas are good ideas
2. No criticism, evaluative statements, conversation stoppers about “we can’t do that” or “its impossible” – these stop the creative process. It’s safe to have outrageous ideas in this part of the exercise.

Facilitator role:

1. Be “traffic cop” – stop evaluative comments (“remember this is a brain storming exercise, hold evaluation for later”) – this is essential or process will bog down
2. Map the visit as the group co-constructs it. So everyone can see it
3. Facilitate the group moving through each step of the real world encounter and re-visioning it.
4. Stimulate discussion/dialogue across the group re: what is “ideal” for each step of the visit
5. Keep group focused on mapping the “ideal” of the Vet’s actual experience. Otherwise the discussion can move into scope creep.
6. Call on group members to make sure all roles, members have a chance to contribute. Manage folks who dominate: “Sally, these are interesting ideas. Let’s see what Tom has to add.”
7. Engage the Vets in offering ideas, and in reacting to ideas



offered by others. (“John, Dr. Smith just suggested an idea, what do you think that would have been like for you if it had happened?” “John what would the ideal experience have been like for you?”

DO. Introduce activity to group.

SAY. Now we are going to do a second mapping exercise – creating the ideal patient visit. This is a brainstorming activity. Which means there are no wrong ideas. Imagine you have a magic wand.

NOTE. Base the mapping exercise on the “real world” map the group just created with the Vet QI Partner. Follow the categories generated by the earlier mapping exercise. An example of categories is provided below. Modify these to fit what is provided by the Vet in “real world” map.

SAY:

Need. *We’ll come back to this aspect later. Let’s start with the actual encounter with the VA.*

Scheduling. *What would be the “ideal” here? What would make this an optimal experience for the patient? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

Transport and entry to facility. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

Movement in building. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

Check-in. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*



Waiting room. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

Pre-visit. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

Visit. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

Check-out and follow-up. *Any opportunities here to improve patient experience? What? Encourage ideas and also feedback on ideas from Vets in group. (What do you think about that? How would that affect your experience? Other vets?)*

5) Facilitator leads group in reflecting on “ideal” map (5 - 15 min)

DO. Lead group in discussion of thoughts stimulated when creating the “ideal” map.

*SAY. What ideas did this stimulate for you?
Are there things here that are a surprise? Expected? New? Old?
Are there areas where you could see incorporating some of these ideas at your site?
How would you approach that?*

6) Facilitator introduces final part of exercise (10 - 15 min)

SAY. In this last part of the exercise, let’s take a look at where the Compass measures sync up with this idea visit.

Here is a list of the ones from FY 14.

DO. Facilitator passes out list of Compass Measures for FY 14



SAY. Where do you see each intersecting with this visit? Does it have any implications for what we are calling ideal?

DO. Facilitate discussion.

ASK. *What ideas did this stimulate for you? How might these be used at your site?*

7) Wrap-up (1 min)

SAY. *Thank you for participating.*