



First International

PATIENT & EMPLOYEE CENTERED CARE CONFERENCE

JUNE 8-10, 2009

MÖVENPICK HOTEL, AMSTERDAM



SPONSORED
BY PLANETREE

MONDAY
JUNE 8, 2009

07.45 - 08.30hrs

Registration and Welcome
FOYER 1ST FLOOR

8.30 - 8.50hrs

Welcome to Amsterdam by Mr. Pieter Vos, Secretary General,
Government Council for Health and Care
ZURICH 1

8.50 - 09.30hrs

Susan B. Frampton, Ph.D., President, Planetree
Opening Session: "Perspectives on Patient-Centered Care:
Better Care, Healing Environments, Healthy Organizations"
ZURICH 1

The Institute of Medicine's inclusion of 'patient-centeredness' as one of the six defining characteristics of quality patient care has brought unprecedented attention to this concept around the world. Growing international interest in patient and employee-centered approaches to care is also reflected in the heightened attention this area is receiving at educational forums and in practice. In addition to North American hospitals and medical centers, health care organizations in Europe, South America and Asia have begun to adopt best practices that embrace the patient perspective and improve satisfaction measures and quality outcomes.

Over the years, Planetree's highly adaptable model for implementing patient-centered approaches to care has effectively transformed organizational cultures within a number of diverse health care settings. Recently, cultural adaptations to the model have been introduced to meet the needs of patients, families and staff in many corners of the globe.

This presentation will elaborate on the definition of patient-centered care, describe the practices in international clinical settings that have successfully operationalized a patient-centered culture, and briefly describe outcome measures supporting the efficacy of this approach to health care.

09.30 - 10.30hrs

Dr. Gro Brundtland, former Director-General, WHO
Keynote: "Healthy Organizations: What It Takes to Lead
in Today's Global Health Care Environment"

ZURICH 1

As an international leader in sustainable development and public health, Dr. Brundtland will provide acute insight on global perspectives on health. Join Dr. Brundtland as she addresses key issues such as infectious diseases and the great disparities in this world. She will discuss the role that health care leaders and others play in investing much more in health, not only to live better lives, but to promote human rights, prosperity and economic growth. She will share how important cooperation across all borders and effective surveillance is to reduce the risks and the spread of pandemics, such as the new and present Influenza H1N1, swine flu. "Health is precious for all of us, for every child, for every man and woman, for every society. Investing in health is an obvious choice. Health is truly a bridge to peace, an antidote to intolerance, a source of shared security."

11.00 - 11.20hrs

Break
FOYER

11.20 - 12.30hrs


Sir Donald Irvine, M.D., Chairman, Picker Institute Europe,
Ex-President of the General Medical Council, UK

Keynote: "Better Care: The Physician's Role in Creating
and Sustaining Patient-Centered Care"

ZURICH 1

When people think they are ill they turn to physicians to find out what is wrong with them and what can be done to make them better. They expect to see a 'good' physician, someone they can trust without even having to think about it.

Recent research has shed more light on what 'goodness' and trustworthiness in a physician means to the public and to patients and their relatives. Broadly speaking, patients think of 'goodness' in terms of up-to-date medical knowledge, excellent diagnostic skill, experience underpinning sound clinical judgment, wisdom, relia-



bility, thoroughness, clinical honesty, and general integrity. Good physicians respect their patients' autonomy, are able and willing to form a satisfactory relationship with them, and will always put their patients' interests first. They are interested in their patients, listen to them, and know how to communicate with them effectively. They are kind, courteous, considerate, empathetic, and caring. They go out of their way to find out what makes their patients tick, and what their feelings, fears and preferences are. They will always try to protect their patients from harm. When clinical teamwork is appropriate for the patient they become effective team players.

Sounds saintly? Perhaps, but all these attributes matter to patients because they sense instinctively that a good physician can make the difference between life and death, or between enjoying a full recovery or suffering serious disability, or less dramatically between a good and an indifferent or even poor experience of care. They are the very essence of patient-centered care.

Many patients today do say that they experience such care which is why so many surveys show that physicians, in general, are held in high standing with the public. However, irrespective of country, when one probes more deeply, across all the dimensions of patient care, there are significant gaps between optimal care and actual performance, and therefore scope for improvement.

In my presentation I will talk about what the underlying causes of persistent under-achievement may be, and what physicians can do to help bring about optimal patient-centered care –goodness for all. I will focus on what physicians, individually and collectively, can do to enhance their professionalism through changes in medical practice, their relationship with their patients, better medical regulation, more patient-centered medical education, and through the interface with other health professionals and employers at the physician's place of work.

12.30 - 13.30hrs

Lunch
RESTAURANT

13.30 - 14.30hrs

BREAKOUT SESSIONS (3 options)

BREAKOUT SESSION 1:

Hanne Tonnesen, CEO, WHO Collaborating Centre, Secretariat for Health Promoting Hospitals "Healing Environment: Successful Hospital-based Employee Health Promotion Efforts: Reducing Cost by Improving Health"

ZURICH 1

The Health Promoting Hospitals (HPH) project and network facilitates change to promote total quality management of the hospital. It produces evidence to help hospitals achieve their health mission and to support co-operation and exchanges of experience between participating hospitals. Health promotion is considered a core quality dimension of hospital services as well as patient safety and clinical effectiveness. Against the

rising incidence of chronic diseases, the provision of health promotion services is an important factor for sustained health, quality of life and efficiency.

The project also addresses the health of staff and the link of the hospital to its community. It has the following objectives:

- To change the culture of hospital care towards interdisciplinary working, transparent decision-making and with active involvement of patients and partners.
- To evaluate health promotion activities in the health care setting and build an evidence-base in this area.
- To incorporate standards and indicators for health promotion in existing quality management systems at hospital and at national levels.
- Various international task forces are also working towards achieving these objectives.

BREAKOUT SESSION 2:

Theo Winder, Director of Magnushof and Alex van der Tuuk, Director of Medic and Paramedic Care, Woonzorggroep Samen "Better Care: Implementing Culture Change and Seeing Results in Resident Focused Care"

WINTERTHUR

The organization was the first Planetree affiliate in 2006 in the Netherlands and is planning to be audited for the first certification later in 2009. This presentation will focus on the implementation of Planetree and our many achievements. In the Dutch Planetree guidelines, results are explicit, and these results will be presented. The work of one of the component teams will be followed to showcase resident involvement which has led to remarkable improvements. Planetree also proves to be a tool in merging organizations.

BREAKOUT SESSION 3:

Kimberly Nelson Montague, AIA, Planetree Director of Design Consultation and W. Clift Montague, AIA, LEED AP, Chief Strategic Officer, Albert Kahn Family of Companies "Supporting the Environment: A Sustainable Vision for Patient-Centered Care"

ST. GALLEN

With environmental sustainability moving to the forefront of today's corporate strategy, a key issue has emerged; how do companies invest in sustainability initiatives and get the best return on investment for the corporation? In this presentation Mr. Montague will discuss building a corporate sustainability plan and its importance for alignment with a company's strategic objectives in order to provide the greatest return on capital investments. Ms. Nelson Montague will then discuss the intersection of environmental improvement strategies within the patient-focused model of care. Understanding the patient-focused criteria and the potential to integrate ongoing environmental quality improvement initiatives into the healing design team activities will be demonstrated through the presentation of case studies from Planetree's affiliates.



14.30 - 15.30hrs

BREAKOUT SESSIONS (3 Options)

BREAKOUT SESSION 4:

Barbara Holzer, Ph.D., MPH, Managing Director, Picker Institute Switzerland, “Can Surveys of Patients’ Experience Serve as a Strategic Instrument for a Health Care System?”

ZURICH 1

How can surveys of patient experience contribute to the improvement of health care, moving from a provider-oriented towards a patient-oriented health care system? This discussion will include practical examples of Picker surveys and also explores the connections between health literacy, patient-centered care and patient experience. Why do we need patient experience surveys? What can be done with the results on the level of an individual hospital (internal quality improvement) up to a national monitoring system?

BREAKOUT SESSION 5:

Tim Kelsey, Chair of Dr Foster Intelligence and Launch Director of NHS Choices “Informed Patients – Lessons from the UK Experience in Reporting of Clinical Outcomes”

WINTERTHUR

England has led the way in public reporting of quality metrics from mortality to patient experience. In this talk, Tim Kelsey will discuss lessons learned from the experiences of Dr Foster, an organisation set up to analyse performance, and the launch of an online national information service.

BREAKOUT SESSION 6:

Pia Velema, Planetree Coordinator and Dr. Vera Kampschoer, Program Manager of Chronic Care Model, Zorggroep Almere “Breaking New Grounds: The Chronic Care Model - The Patient as Partner”

ST. GALLEN

Zorggroep Almere is the first health care organization in the Netherlands to introduce Planetree in primary health care service. This workshop will focus on the empowerment of patients and we will explain more about the chronic care model and in which ways patients participate in the treatment of their illnesses. Patients do have an important, active role in our vision of chronic care. Patients are involved in the development of the model, but also in the implementation of a new way of working for professionals, in treatment and self-management and in the evaluation of the whole process.

We will also discuss the transformation of our health care organization and how to achieve collaborative care with changing roles of professionals and patients.

15.30 - 15.50hrs

**Break
FOYER**

15.50 - 17.30hrs

BREAKOUT SESSIONS (3 Options)

BREAKOUT SESSION 7:

Kimberly Nelson Montague, AIA, Planetree Director of Design Consultation “Healing Environments: Evidence-based Design of Hospitals”

ZURICH 1

Hospital design over the years has evolved from an era of focus on the efficiency of the facility, to one that incorporates a high-quality and safe environment that is not only patient-centered, but staff-focused and family-supportive. The evolution of evidence-based design has allowed the integration of key aspects of the healing environment, such as privacy, noise control and therapeutic distractions, to become part of the lexicon of architects and hospital administrators alike. With the available evidence, many hospitals are now choosing to incorporate into their built environment what was once thought of as “nice to have, but not necessary.” Planetree affiliates throughout the United States have begun their journey to enhance their healing environments with sound design practices, supported by this evidence.

In this session you will learn:


- A brief history of the evolution of evidence-based design in the United States
- The effects and role of evidence-based design in the design of health care facilities
- How this may be applied in real-life examples.

BREAKOUT SESSION 8:

Heidi Ruis, Rivas Zorggroep and Barend Voskuilen, Pantein “Better Care; Building and Improving Home-like Integrated Health Care systems”

WINTERTHUR

The Judith Leysterhof in Hardinxveld-Giessendam in The Netherlands was established with the vision that it must feel like home for its psychogeriatric residents. It is designed to offer a warm, safe and familiar environment in which the employees, residents and their loved ones form a household. By running this household together, everyone makes a meaningful contribution to daily activities that help to enhance residents’ feelings of self-worth, dignity and respect. Staff receives special training to work in this small-scale residential facility, so that they can function confidently in a broad range of situations. Staff looks after residents, prepare meals, do the shopping, dress wounds and maintain contact with loved ones. Nursing tasks are sometimes necessary and are carried out by



trained clinical staff. Staff at the Judith Leysterhof report high job satisfaction, solidarity and loyalty, and this is reflected in minimal staff turnover. Only one year after opening, the Judith Leysterhof has earned a reputation as a facility where the experience of the resident and his or her relatives are prioritized. This is evidenced by the growing waiting list of psychogeriatric individuals and their loved ones who have selected the Judith Leysterhof as they place they would like to live. The 10 components of the organization will be discussed in detail.

BREAKOUT SESSION 9:

**Cor Calis, Director of Patient Care and
Bianca Hoorn, Head of Oncology, Flevoziekenhuis**

Part I The Pragmatic View on Planetree -

Tips, Tricks and Pitfalls

Part II How Planetree Leads to Paradigm Shift in
Oncology Care

ST. GALLEN

The Flevoziekenhuis is a hospital situated in a growing city built on land that was reclaimed from the sea approximately 40 years ago. Almere started as an urban expansion to relieve the pressure of the overpopulated capital city of Amsterdam and it has expanded rapidly to become a city which currently has 180,000 inhabitants with an expected growth to 360,000 by 2030. The initially small hospital built in 1990 recently expanded to twice its size within two years. Meanwhile there was a growing demand for hospital care as well as innovation in medical technology in order to meet the high standard of quality care. The exciting challenge in this dynamically developing environment is to keep the hospital care personal and the needs of the patients the center of attention. The Planetree way of thinking provided the Flevoziekenhuis with the tools to also focus on the quality standards from the patient's point of view and not to lose itself in innovation of technology and production growth. While several decision makers incorporated the patient-centered thinking in organizing the expansion of the hospital, the oncology department became the pilot in the Planetree implementation process. Cor Calis, director of patient care and Bianca Hoorn, head of the Oncology department, will share their experiences with you on this pragmatic method to realize patient and employee-centered care.

17.30hrs

Planetree Reception

RESTAURANT

19.00hrs

Dinner for all guests

RESTAURANT



**TUESDAY
JUNE 9**

07.45 – 08.30hrs

**Registration and Welcome
FOYER 1ST FLOOR**

8:30 - 09.45hrs

**Justin Holland, Vice President, Business Performance,
The Office of Patient Experience, The Cleveland Clinic**

Keynote: “Healing Environment: Elevating the Patient Experience- The Cleveland Clinic Experience”

ZURICH 1

The Cleveland Clinic, throughout its 90 year history, has utilized a patient-centric approach to deliver health care to a population of over 5 million people in Cleveland, Ohio and throughout the world. Through a physician-led, group practice organization, Cleveland Clinic physicians and its 40,000 employees have produced some of the best quality results in the United States. This model of health care delivery is centered around the patient and has earned the Clinic a world-class reputation, including a #1 ranking in cardiovascular disease and top rankings in each of its other sub-specialties.

The Cleveland Clinic understands that to be the most recommended hospital in the world, they must continue to deliver outstanding clinical results along with excellent service. Their belief is that empathy and clinical innovation go hand in hand. Toward that end, the Cleveland Clinic has made the patient experience the top strategic priority of the organization. They are the first health care system in the U.S. to create the executive position of Chief Experience Officer and an Office of Patient Experience. The Patients First strategy is aligned throughout the organization including a Patient Experience Committee of the Board of Trustees. Cleveland Clinic understands that addressing the clinical, emotional, physical environment and spiritual needs of patients and their families will set them apart from their competition.

Cleveland Clinic is reinventing state of the art for its patient-centered care. They are redesigning the patient and family experience by listening to the voice of their customer.

The Cleveland Clinic will discuss how they are:

- Pursuing the strategic goals and priorities of its Patients First Strategy
- Creating an environment of engaged and empowered employees
- Identifying and supporting leaders to execute on the strategy
- Creating a culture of compassion and caring
- Organizing for success
- Aligning teams and priorities
- Mapping gaps in patient and employee experience
- Developing a continuous improvement model for patient experience
- Humanizing the delivery of medical technology
- Measuring the impact
- Communicating success

Patient-centered care will secure Cleveland Clinic’s national reputation for excellence. It will differentiate them in the health care marketplace. They hope to partner with others to create new standards for patient-centered care to lead the transformation of health care.

09.45 – 10.15hrs

**Q & A
ZURICH 1**

10.15 – 10.30hrs

**Break
FOYER**

10.30 – 11.50hrs

Karen Timmons, President, Joint Commission International

Keynote: “Global Hospital Quality Standards and the Relationship to Patient-Centered Care”

ZURICH 1

Patient involvement in health care is imperative for ensuring that the care patients receive is safe, high-quality care. Studies have shown that when patients are treated as respected partners in their health care—feeling comfortable asking questions and feeling supported by the entire health care organization—they are more likely to comply with their treatment regimen and have better outcomes. This involvement is not possible, however, unless patients are at the center of their care. Joint Commission International’s accreditation standards and process support and encourage patient-centered care.

This presentation will provide an overview of Joint Commission International (JCI), highlighting its history and its mission. In addition, the presentation will address how JCI, through its accreditation standards and process and its work as the WHO Collaborating Centre for Patient Safety Solutions, supports patient-centered care.

The presentation will also do the following:

- Discuss the importance of patient engagement to ensure safe, high-quality care
- Highlight how JCI’s patient-focused standards encourage patient involvement in care
- Describe JCI’s International Patient Safety Goals and how the goals are used to improve the safety and quality of care
- Describe how the Patient Safety Solutions support and encourage patient involvement and ultimately improve the safety of the care patients receive.



11.50 - 12:15hrs

Q & A

ZURICH 1

12.15 – 13.15hrs

Lunch

RESTAURANT

13.15 - 14.45hrs

BREAKOUT SESSIONS (3 options)

BREAKOUT SESSION 10:

Tjitske Binkhorst and Haske Veenendaal of Institute for Healthcare Improvement CBO, The Netherlands

“Healthy Organisation: Faster, Better: Focus on the Patient Needs and Organizational Changes: Experiences and Results” Is it possible to be a patient-centered organization without involving patients themselves? But how to involve patients? These are the questions in this workshop.

WINTERTHUR

Experiences, learned lessons, results and examples of 24 Dutch hospitals (about 25 percent of the Dutch hospitals) will be used in the dialogue between the speakers and the audience. Those hospitals joined the National Quality Improvement Program called “Faster Better.” The goal was to improve patient safety, patient flow and patient-centeredness.

The Dutch Institute for Health Care Improvement CBO supported the participating hospitals in experimenting with different tools for patient involvement and getting feedback from patients. Before the start of the program the tools were collected by the CBO in a “toolbox for patient involvement” and described with practical information and examples. The experiences in the program were used for the continuous development of the toolbox and for the description of the successes and pitfalls during implementation.

This workshop also emphasizes the importance of culture and organizational structure in hospitals on the way to patient-centeredness. Only an integral and systematic approach makes significant and sustainable improvements possible. Participants in the workshop will be challenged to think about possibilities to make real changes. They’ll get an impression of the way the hospitals realized this in the program.

BREAKOUT SESSION 11:

Lucie Dumas, Director, Centre de Réadaptation Estrie


“Better Care: Implementing Patient-Centered Care in a Large, Integrated System to Improve Staff Satisfaction: The Québec Health Region Experience”

ZURICH 1

This presentation explores the Planetree experience in Québec. First, we will shed light on the particular characteristics of the Québec health and social services network. This contextual introduction will help participants understand the issues and challenges surrounding the implementation of the Planetree model in Québec.

We will then visit the Centre de réadaptation Estrie (CRE), the Planetree landing ground in Québec and Canada. What were the reasons that motivated the CRE to become a Planetree affiliate? How has the model evolved within the establishment? Integrating the Planetree components to the corporate philosophy and delving deeper into a dimension entirely dedicated to the management of human resources are two highly distinctive characteristics of the CRE experience. Moreover, the CRE approach is the subject of an action research promoting knowledge transfer in the establishment. These choices have generated very positive outcomes which will be illustrated by means of statistics throughout the presentation. We will also provide examples of the ways in which the model is applied to health care delivery.

Finally, we will broaden our perspective province-wide and introduce the Québec Planetree Network (QPN). The non-profit organization has evolved through various development stages. Its first steps were taken in the fall of 2007 to answer the needs of organizations who wanted to work with the CRE in order to develop a common project based on patient-centered care. In the fall of 2008, the group defined its vision as “becoming the standard bearer of the patient-centered care philosophy throughout Québec and the countries of the French-speaking world”. It became an official Planetree International member in February 2009. The Network was created to meet the specific challenges experienced in Québec and to develop a culture reflecting its own nature. The QPN enables its members to benefit from consultation services in various areas of organizational development and to reduce the costs associated with the application of the Planetree model. At this time, the QPN has 11 member organizations pursuing various missions in different regions of Québec. After outlining the beginnings of the Network, we will take a journey to meet its members. Our presentation will close with a look at the future of Planetree in Québec.



BREAKOUT SESSION 12:

Jim van den Beuken, Principal, Planetree Nederlands
“Planetree Leadership: Empowering People in an Enabling Organizational System”

ST. GALLEN

This workshop will explore the kind of leadership needed to deliver human-centered care. In a lively interactive session we will discover the similarities and differences in leading teams and organisations inspired by Planetree. We will use five key questions to develop and share insights about effective leadership and implementing culture change:

1. Is the collective focus of your organisation attractive and consistent for employees and clients?
2. Is leadership practicing their values and focus in daily operations?
3. How is your plan being executed?
4. Is progress being measured in transparent, understandable and motivating ways including meaningful dialogue with clients and employees?
5. Do you enable employees and clients to utilize available resources and practices in the sector?

We will share insights about each question and show an example dashboard to steer your organisation. Together we'll find a vision of new leadership in health care and you can identify what may make a meaningful difference and bring that back to your own organisation.

14.45 – 15.15hrs

Break

FOYER

15.15 – 16.45hrs

Keynote: Patrick Charmel, President and CEO, Griffin Hospital “Putting the Puzzle Together: Better Care, Healing Environment and Healthy Organisation Delivered”

ZURICH 1

Patient and family-centered care models are continually challenged to demonstrate efficacy and value. Hospitals and health care organizations often require documentation of the tangible benefits to be derived from adoption of such a model of care delivery in order to fully support it. Through an exploration of the Griffin Hospital experience, this presentation will present the evidence substantiating a fair return on the investment of time, energy and financial resources in terms of improvements in a number of clinical and operational outcomes. Named one of Fortune Magazine's 100 Best Companies to Work For in America for ten years running, Griffin Hospital has earned a reputation as an employer of choice. And with patient experience survey scores from the first round of public reporting in the top 5 percent of all participating hospitals, Griffin is also credited with delivering an exceptional patient experience.

16.45 – 17.00hrs

Susan Frampton and Jim van den Beuken
Closing Ceremony

ZURICH 1



**WEDNESDAY
JUNE 10**

SITE TOURS

Changing culture and showing results

The tours are hosted by health care organizations that are determined to deliver patient-centered care in healing environments. Attend presentations/workshops about implementing change during tours of long term care facilities and hospitals. Learnings and successes of the Dutch model and regional practice will be shared. We thank our hosts who will give us a great opportunity to feel, see and check for ourselves how patient and employee centered care is accelerated in practice. Inspiration and good ideas for your practice and organization guaranteed.

TOUR A

Schagen/Den Helder, Host: Alex van der Tuuk (Woonzorggroep Samen) and Frank Jan van der Ley (Gemini Hospital), Marcel Snijders (Planetree) and Susan Frampton (Planetree)

In the morning you will transfer to Den Helder where Gemini Hospital (www.gemini.nl) will surprise you with their latest and innovative employee quality initiative and show you challenges and successes in making a patient-driven hospital really happen. In the afternoon we will visit Woonzorggroep Samen (www.woonzorggroepsamen.nl) where a reputable senior living environment is integrated with a successful client/employee-centered culture change programme. They will show us their approach, insights and examples of results. You will have the opportunity to visit one of their facilities and learn more about the interaction of facility, hospitality, leadership and well-being of clients and employees.

The tour starts at 10.00 at Gemini Hospital and ends at approximately 15.30 at Verpleeghuis Magnushof Depart hotel at 08.00 hrs, return hotel approximately 16.30 hrs.

TOUR B

Almere, Host: Almere Zorggroep and Flevo Hospital (with Yvonne Tan, Pia Velema and Marij Naarding).

This tour will visit ground that didn't exist 30 years ago. Almere is a city developed and designed from scratch as land was gained from the sea. Starting with 100 inhabitants in 1976, Almere now has 185,000 residents. This newly built town was and still is a unique place for the local government to develop a health care system, that is quite different from other systems in The Netherlands. We will visit the fast growing Flevo Hospital in the morning with exciting examples of Planetree initiatives for patients and employees, such as the recently opened Planetree style oncology department. In the afternoon Zorggroep Almere will take us to Polderburen, a nursing home well-known for its special architecture and vision on care. In Polderburen the tour will visit a 'Planetree-market' with all kinds of projects, demonstrating ways that were found to put the client and their employees first. Also examples of pioneering efforts and results in integrating GP, health care centers (visit to Parkwijk or Filmwijk) and chronic care will be shared (Polderburen). The tour will conclude at a third location, Gezondheidscentrum de Notekraker.

The tour starts at 10.00 at Flevo Hospital Almere and ends approximately 16.00 at Gezondheidscentrum de Notekraker.

Depart hotel at 08.30 hrs, return hotel approximately 17.00 hrs.