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Always Events® for Communication and Care Transitions:  
An Idea Guide

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*October 2011*

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## Introduction

The healthcare system is beginning to return to its roots in patient- and family-centered care. The vast majority of today's healthcare leaders recognize patient-centered care as a priority, but a sincere desire to improve is often thwarted by seemingly insurmountable barriers, not the least of which is deciding where to start. Innovations occur every day, but dissemination of these practices is limited. Patient-centered care is undoubtedly improving, but far too slowly. A new approach is necessary to galvanize rapid widespread improvement.

In response to this challenge, the Picker Institute has embarked on a new initiative aimed at significantly elevating the standard for the optimal patient experience in healthcare organizations throughout the United States. The new standard establishes an expectation that certain elements of the patient experience, Always Events®, are so important to patients and families that healthcare providers should *always* get them right. Through the Always Events initiative, the Picker Institute is calling the healthcare system to a higher standard and is accompanying that call to action with a commitment to providing the tools and resources that organizations need to sustain this new level of performance.

This idea guide is one of those resources. It highlights some of the tools developed and preliminary lessons learned by the organizations that have received grants to implement one or more Always Events. It also describes ways that any organization with an interest in improving the patient experience can get involved. A companion paper "*Always Events®: Creating an Optimal Patient Experience*" describes the evolution of the program.

The goals of the Always Events program are ambitious, but working together, these goals can be achieved. The Picker Institute invites you to join the growing community of organizations using Always Events® to build the kind of healthcare system that not only every patient deserves, but that every provider feels privileged to work within.

### Goals of the Always Events Initiative:

- Raising the bar on both provider and patient expectations
- Introducing a new organizing principle to help galvanize action and accountability
- Demonstrating how the concept can be implemented in practice
- Widely disseminating Always Events strategies for national replication
- Energizing and expanding the movement toward a more patient- and family-centered healthcare system

## A Brief History

The Always Events initiative builds upon the Picker Institute's twenty-five years of leadership in advancing patient- and family-centered care. Its founder, Harvey Picker, and his wife Jean, believed that the healthcare system was technologically and scientifically outstanding, but wasn't sufficiently attentive to the needs of patients and families, and founded the Picker Institute in 1986. Throughout its history, the Picker Institute has supported the advancement of the patient- and family-centered approach through education programs, awards, research, and dissemination of evidence-based knowledge focused entirely on fostering continued improvement in healthcare from the patient's perspective. Early accomplishments included the development of patient experience surveys that became a model for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys widely in use today; the publication of the groundbreaking book *Through the Patients' Eyes*; and the distillation of enduring principles of patient-centered care reflecting consistent priorities of patients and families.

In 2009, the Picker Institute recognized that a new approach was necessary to overcome the perceived barriers and to significantly elevate the standard for the optimal patient experience across the continuum of care. This new approach, the Always Events initiative, aimed to move providers from discussion to action by creating a shared expectation that certain aspects of the patient and family experience, referred to as Always Events, are so important that they should *always* occur in every healthcare interaction.

Consistent with its history of thoughtful research, the Picker Institute conferred with more than 150 individuals, including patients, families, frontline providers, measurement experts, thought leaders, and key stakeholder representatives to define the concept and assess its possibilities. These conversations took place in individual interviews, in focus groups, and at an Always Events leadership summit held in April 2010. Following the summit, the Picker Institute engaged a distinguished group of individuals representing patients and families, healthcare organizations, national quality groups, and researchers, to serve on a National Steering Committee (NSC). The

### Picker Institute Principles of Patient-Centered Care

- Respect for patients' values, preferences and expressed needs
- Coordination and integration of care
- Information, communication and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Continuity and transition
- Access to care

guidance of these passionate leaders who share a commitment to dramatically transforming healthcare has been critically important in the evolution of the Always Events program. The list of NSC members is included in Appendix A.

The advice of the NSC was instrumental in the development of an Always Events Challenge Grant program designed to demonstrate how the Always Events concept could be implemented in practice. A Request for Proposals issued in October 2010 drew an enthusiastic response from more than 80 organizations proposing a wide range of Always Events projects in the two focus areas of communication and care transitions. After a rigorous evaluation process involving a distinguished group of external reviewers, including many NSC members, the Picker Institute awarded 21 matching grants totaling more than \$900,000 to an outstanding group of organizations that are demonstrating a set of powerful, highly motivating, sustainable, and replicable examples of how the Always Events concept can be implemented in practice.

In addition to launching a challenge grant program specifically focused on Always Events, the Picker Institute also incorporated the Always Events concept into its ongoing Graduate Medical Education Challenge Grant program, which is designed to support the research and development of best practices in the education of future practicing physicians. Since 2010, all 19 GME grantees have incorporated one or more Always Events into the programs. A list identifying the forty grantees implementing Always Events and their project titles is included in Appendix B.

In late 2012, following the conclusion of the forty funded Always Events projects, the Picker Institute will be publishing an Always Events Compendium, which will synthesize the experiences of the grantees and provide implementation tools and guidance for organizations interested in using Always Events. Rather than waiting until the publication of the Compendium to share the work of the grantees, however, the Picker Institute has decided to promote innovation and collaboration by convening the grantees in an Always Events Learning Network and sharing their work in progress through this Idea Guide, an online Always Events toolbox, and other publications.

All organizations with an interest in improving patient- and family-centered care are invited to join this rapidly innovating community. We hope this Idea Guide will perk your interest in defining, refining, and implementing your own Always Events. Working together, we can transform healthcare.

## Anatomy of an Always Event

One of the critically important decisions made during the evolution of the Always Events program was the decision to create an open architecture that allows organizations to specify their own Always Events, rather than creating a limited list of Always Events. This flexibility is balanced by specifications that provide the bones of the program. An Always Event can't flourish in an organization without an always culture and always leadership, the muscles and brains of the program. Finally, and most importantly, the heart of an Always Event is a strong partnership between patients and providers based on mutual respect and shared passion for improving care.

### *Specifications: The Bones of the Event*

Although each organization is free to identify and implement its own Always Events, each Always Event must meet the following four criteria:

<b>Significant</b>	Patients and families have identified the experience as fundamental to their care. This specification is designed to ensure that any event that is selected and successfully implemented will have a meaningful impact on improving the patient experience.
<b>Evidence-based</b>	The experience is known to be related to the optimal care of and respect for the patient.
<b>Measurable</b>	The experience is specific enough that it is possible to accurately and reliably determine whether or not it occurred. This specification is necessary to ensure that Always Events® are not merely general aspirations, but are translated effectively into operations.
<b>Affordable</b>	The experience can be achieved by any organization without substantial renovations, capital expenditures or the purchase of new equipment or technology. This specification acknowledges the financial challenges of many organizations and encourages organizations to focus on capitalizing upon the many opportunities to improve care that are based on changes in practice, not infusions of capital.

### *An Always Culture: The Muscles of the Event*

For an organization to successfully implement and sustain consistent performance of an Always Event, the event must be rooted in an always culture. In the focus groups conducted during the exploratory phase of the Always Events initiative, staff members

emphasized that they will not be able to consistently deliver on the Always Events unless certain things are in place to support their efforts. An always culture:

- Consistently recognizes and rewards excellence in patient-centered care
- Seeks a detailed understanding of the current process from all perspectives
- Builds a team of patients, families and providers to partner on the identification, implementation, and evaluation of Always Events
- Asks staff members what they need in order to consistently deliver on the Always Events

### *Always Leadership: The Brains of the Event*

As in any initiative, leadership is a critical key to success in Always Events. Always aspirations will not become reality if they are not supported by leaders with vision and passion, who are able to develop a concrete strategy, align it with and embed it within other organizational priorities, engage teams and execute on this vision. It is important to recognize, however, that leadership comes from many sources, not just from senior executives. Patients and families have leadership roles in many of the Always Events and frontline staff members are key leaders in identifying how to most effectively put these events into practice. No one person has the best answer; it is the team working together that is central to the success of an Always Event.

### *Patients and Families: The Heart of the Event*

At its core, an Always Event is based on a sensitive understanding of the patient and family experience of care. It is not enough to focus on patients and to do the things we think they need; to be truly patient-centered, healthcare providers must partner with patients and families to see what the experience is like through their eyes and work together to improve it. Patients and families aren't merely healthcare "consumers," they are architects and designers of an effective healthcare system. Organizations often seek patient perspectives and guidance on a formal basis through use of patient and family advisors, councils, focus groups, and review of survey data. Patients and family members are constantly interacting with healthcare providers, however, and careful listening to these relatively informal exchanges can result in tremendous innovation as demonstrated by the University of Pittsburgh Medical Center's development of guardian angels as an Always Event.

#### **A Patient and Family Compliment Becomes an Innovative Always Event**

One of the key techniques in the University of Pittsburgh Medical Center's patient- and family-centered care methodology is shadowing patients and families to learn more about their experience. When an intern was shadowing in the transplant area, a compliment that she was a "guardian angel" through the process became the basis for UPMC's Transplant Guardian Angels program.

## Using Always Events to Improve Communication and Care Transitions

Two overarching topics emerged as dominant themes throughout the organizational phases of the Always Events initiative: 1) *communication* and 2) *care transitions*. Patients, families, providers, and experts alike agreed that success in these two areas was at the heart of patient-centered care. This qualitative feedback was supported by the data, which demonstrated both the importance of effective communication and care transitions to patients and highlighted the significant opportunities for improvement. Based on the strength of the qualitative and quantitative evidence, the National Steering Committee and the Picker Institute decided to focus the Always Events Challenge Grants in these two categories.

### *Importance of Communication as a Focus Area*

The participants in the focus groups and interviews conducted during the development of the Always Events initiative consistently emphasized the primary importance of communication to patient- and family-centered care and an analysis of available data supports the need to make improving communication a priority in the Always Events program. As one participant noted, “If you have communication . . . everything else will fall into place, because that’s the first starting point.” This sentiment was reflected in the focus groups convened by CMS and AHRQ during development of the HCAHPS survey, in which participants identified “communication with physicians, nurses, and all hospital staff,” as a key characteristic of hospital quality, “with many indicating this was the most important characteristic for them.” *Soafer, S. et al., “What Do Consumers Want to Know about the Quality of Care in Hospitals?” Health Services Research 40(6) Part II: December 2005.*

Healthcare providers typically aren’t good judges of what their patients understand and often believe they have communicated effectively when they have not. In one research study for example, fewer than 1 in 5 hospitalized patients were able to correctly identify

## Program Focus Areas

### **Communication:**

Interactions and information exchange between patients, families, and providers, as well as between members of the care delivery team (includes effective listening and communicating, shared decision-making, and responsiveness to patient needs and preferences)

### **Care Transitions:**

Patient and family experiences in moving from one provider or healthcare setting to another (including transitions from primary care doctor to specialist, hospital to home or other care setting, and transfers within organizations)

the name of their physician and only slightly more than half of the patients were able to correctly name their diagnosis, even though the patients in the study had an average length of stay of more than five days. Notably, their physicians indicated they believed that their patients knew this information 67% and 77% of the time respectively. (*Olson DP and Windish DM, "Communication Discrepancies Between Physicians and Hospitalized Patients" Arch Intern Med 2010; 170 (15): 1302-1307.*)

Communication is not only a key to effective patient-provider partnerships, it is fundamental to patient safety. When hospital patients were surveyed about their own roles in patient safety, the most common response was that they believed their role was to follow their healthcare providers' instructions. (*Rathert C, Huddleston N, Pak Y "Acute Care Patients Discuss the Patient Role in Patient Safety" Health Care Manage Rev, 2011, 36(2), 134-144.*) Yet in many cases, even basic instructions are not being provided to patients, as evidenced by the national HCAHPS performance scores on medication communication (nearly 40% of patients say they did not always receive information about what their new medicine was for and what the possible side effects could be) and discharge information (nearly 20% percent of patients say they were not asked whether they would have the help they needed when they left the hospital and did not receive written information about the symptoms or health problems to look out for). (*CMS Summary of HCAHPS Survey Results. HCAHPSonline.org/HCAHPS\_Executive\_Insight. [October 2009 – September 2010]*) The Joint Commission on Accreditation of Healthcare Organizations has determined that "[i]nadequate communication between care providers or between care providers and patients/families is consistently the main root cause of sentinel events." (*Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety 2007*)

Promoting effective communication not only involves consideration of the interactions between patients, families and providers, but also an understanding of the factors that impair communication among providers themselves. Patients note that inaccurate, incomplete, or conflicting information from multiple providers is a common and frustrating occurrence.

### *Select Always Events Related to Communication*

A few of the many Always Events approaches to improving communication are highlighted below. More information about each of the grantees' projects is available on the Picker Institute website.

- *Evaluating Understanding through Teach-Back*  
Effective communication requires much more than providing information, it requires establishing a shared understanding. Using a teach-back method is one way that providers can promote dialogue and verify that the information has been understood. The Iowa Health System has created the Always Use Teach-

Back! program to ensure that this technique is used during handoffs at hospital discharge, during primary care follow-up and during home health care.

- *Communicating Effectively about Pain Management*

Pain affects many patients but effective communication about pain management options can be challenging. Exemplar Saint Joseph Hospital has developed a comprehensive “Menu of Pain Control and Comfort Options” that includes information not only about medication, but about other options for relaxation and comfort that may help to minimize pain. The document is a ready reference for patients and also serves as a resource for staff to use in structuring conversations with patients about pain relief options.

- *Creating Always Expectations*

In the focus groups during the exploratory phase of the Always Events initiative, patients and families indicated that the Always Events would help make them more confident partners because they would know what to expect in healthcare. In addition to implementing an Always Event to prevent falls, Vanderbilt University Medical Center is taking the shared expectation concept to a new level by creating an organization-wide “Always Promise,” a document that will tell every patient what they can always expect from Vanderbilt.

- *Having Patients Set the Agenda for the Office Visit*

It is a common and frustrating experience – you wait to ask a question and then forget when the opportunity arises. When this occurs in a healthcare context, the questions you forget to ask may significantly affect your health. Northeast Valley Health Corporation has created an innovative strategy for promoting provider-patient partnerships by ensuring that patients set the agenda for the visit. When patients arrive, they are given a simple “Making the Most of Your Visit” form asking them: (1) to finish the sentence “I am managing my health \_\_\_\_\_” (excellent, good, not good, or not sure) and (2) to answer the question “What do I want to **ASK** my provider today?” When the patient sees the healthcare provider, they review the form together and work as a team to improve the patient’s health.

### *Importance of Care Transitions as a Focus Area*

In the United States healthcare system, patients experience many transitions of care both within and between healthcare settings. These transitions are often handled poorly. Insufficient information is provided and/or critical information is lost along the way. Healthcare can easily become like the children’s game “telephone” where a message is continually modified and adapted as it is passed from one child to another until, at the end, the message is no longer close to the intended meaning. Healthcare

isn't a game and this process has frustrating, expensive, and even life-threatening consequences for patients and families.

Healthcare providers recognize the need to improve transitions, even when they occur within the same institution. In the Agency for Healthcare Research and Quality's patient safety culture survey, which is used to assess staff perceptions of patient safety in more than 1,000 hospitals nationwide, handoffs and transitions was the second lowest scoring area (nonpunitive response to error was one percent lower). More than 40% of the hospital staff members responding to the survey agreed with the following statements:

- "Things 'fall between the cracks' when transferring patients from one unit to another."
- "Important patient care information is often lost during shift changes."
- "Problems often occur in the exchange of information across hospital units."
- "Shift changes are problematic for patients in this hospital."

*(AHRQ, Hospital Survey on Patient Safety Culture: 2011 User Comparative Database Report.)*

Opportunities to improve transitions are not limited to the hospital setting. Many national initiatives, including the National Transitions of Care Coalition, are designed to address this urgent need for improved coordination and integration of care from the patient perspective, regardless of the setting in which the patient is being treated. The Always Events program complements this ongoing work.

### *Select Always Events Related to Care Transitions*

A few of the many Always Events related to improving care transitions are highlighted below. More information about each of the grantees' projects is available on the Picker Institute website.

#### ■ [Using Always Events to Reduce Readmissions](#)

The Lahey Clinic has developed a Transitions of Care Partnership Project that is demonstrating the potential to reduce readmissions with Always Events. The project involves dedicated transition liaisons working with patients and families and providing educational tools, including a personalized Patient Medical Journal binder. The journal contains information about the patient's disease, discharge orders, medications, care history, and contact information for the transition liaisons. In addition, Lahey has expanded its Case Management admissions assessment to include questions about the patient and family members' perception of the reason for admission and perceptions of failures (if any) of an existing care plan.

- **Creating a SMART discharge process**

Anne Arundel Medical Center is developing a SMART Discharge Protocol™ to standardize the discharge process. SMART refers to key aspects of the discharge process that should always be discussed with patients and families, specifically:

- **S**igns I should look for and who I should call
- **M**edications I am taking
- **A**ppointments I will go to
- **R**esults that are important to discuss with my doctor
- **T**alk with me more about at least three things

Patients and families are actively involved in designing this discharge tool.

- **Redesigning Handoffs**

Inova Health System is developing a standardized patient-centered approach to the shift-to-shift handoff process using its ISHAPED tool, which refers to:

- **I**ntroduce
- **S**tory
- **H**istory
- **A**ssessment
- **P**lan
- **E**rror Prevention
- **D**ialogue

The process will occur at the bedside and include patients and family members.

## **Always Events for Special Populations and Situations**

Although the Challenge Grant RFPs did not identify any focus areas beyond the broad topics of communication and care transitions, many of the applications naturally fell into subcategories representing key challenges in communication and care transitions, including improving care for pediatric patients, improving transitions for elderly patients, and communication during critical life events. A few Always Events in each of these subcategories are highlighted below.

### *Always Events for Pediatric Patients and Families*

Several grantees have focused their efforts on addressing the unique needs of families and pediatric patients throughout the course of their development. Examples include:

- **Recognizing the Unique Child in Each Patient**

University of Minnesota Amplatz Children’s Hospital is implementing MyStory, a program in which important information about each pediatric patient that is

not typically captured in the medical record is available to every caregiver. Upon admission, the University of Minnesota interviews each patient and family about the child's personality and interests, such as hobbies, nicknames, pets and passions. This information is captured in the electronic medical record and is readily available to all caregivers, which helps them develop more effective relationships with the children in their care. Providers can acknowledge and connect with each child as a person, not just as a patient.

- [Promoting Communication between Parent, Infant, and NICU providers](#)  
The March of Dimes' Always Event begins at birth. Research has established that kangaroo care, which involves skin to skin contact between a premature infant and parent, has many benefits, but this type of connection between parent and child is often not offered or encouraged. Always offering kangaroo care ensures that parents and babies will have the opportunity to communicate in this direct way and enhances the partnership between parents and NICU providers.
- [Understanding the Parent Perspective: Parents as Teachers](#)  
To help residents understand what it is like to be a parent with a hospitalized child, the Mount Sinai School of Medicine has created the program Project PARIS: Parents and Residents in Session. Rather than engaging in static lectures or providing written materials, Project PARIS involves individual meetings between a pediatric resident and a parent of a previously hospitalized child. Discussion with a faculty member following the session is designed to help the resident translate the encounter into a deeper understanding of the core components of patient- and family-centered care.

### *Always Events to Enhance Care for Elders*

Just as pediatric patients and their families have unique needs, patients at the other end of the life span also present unique challenges. Several grantees' initiatives are designed to improve the experience for elderly patients and families. Examples include:

- [Getting Patients and Providers on the Same Page in Transitions from Hospitals to Nursing Homes](#)  
Planetree is implementing Same Page Transitional Care, creating a template for optimal transitions between hospitals and nursing homes. The initiative involves using a validated web-based self-assessment tool (How's Your Health) combined with actively engaging patients' chosen care partners in healthcare processes.
- [Enhancing Medication Safety in Transitions from Hospitals to Nursing Homes](#)  
Quality Partners of Rhode Island is working to enhance medication safety during transitions between hospitals and nursing homes using a tool called PictureRx.

PictureRx creates a visual medication schedule that helps patients and their caregivers to understand their medications. In addition to providing a visual medication schedule, participating facilities will be using a teach-back process in their medication education sessions with patients and families to promote shared understanding.

### *Always Events to Improve Communication during Critical Life Events*

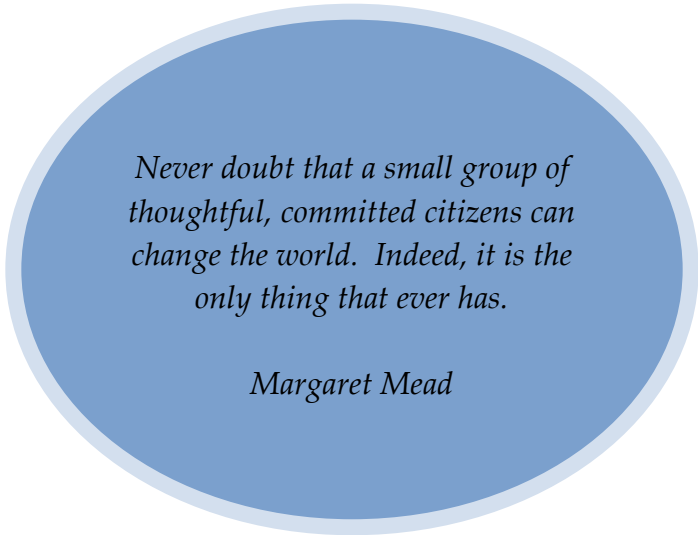
Effective communication can be challenging in any healthcare situation, but is it even more difficult during critical events, such as preparing for the death of a neonate, discussing prognosis during an ICU stay, and disclosing a medical error. Some of the Always Events grants explore ways to improve communication in these highly charged situations. Examples include:

- [Implementing an End-of-Life Care Program for Neonates](#)  
Yale-New Haven Children's Hospital has developed a Premature Life Transitions program to foster communication with parents of infants in the newborn special care unit who are not expected to survive. The four Always Events that have been identified are: clear, consistent, compassionate communication; collaborative clinician-parental decision making; physical and emotional support at the time of death; and bereavement care for families.
- [Communicating Expectations Regarding ICU Patient Outcomes](#)  
Similarly, the Cleveland Clinic is developing a program to foster communication with families of patients in the medical intensive care unit who are not expected to survive. Family conferences, communication training, shared decision making and development of screening tools and other written materials are components of the project.
- [Communicating After an Adverse Event](#)  
Riverside Methodist Hospital/OhioHealth is teaching residents how to successfully disclose a medical error to the affected patient's family member. The program uses a combination of simulated encounters, online teaching, self-assessments and observer assessments to help physicians gain confidence in communicating effectively in this challenging situation.
- [Helping Families Think Ahead about Decisions for Advanced Dementia Patients](#)  
Beth Israel Deaconess Medical Center/Hebrew Senior Life is teaching physicians how to discuss with family members the goals of care for patients with advanced dementia who are unable to make their own decisions. The program is designed to ensure that physicians always initiate a discussion of palliative care preferences before a crisis occurs.

## Get Involved

The interest in using Always Events to dramatically enhance the patient and family experience continues to grow. The forty organizations that have received grants to implement one or more Always Events are already finding innovative ways to use the concept far beyond the scope of their specific projects, such as by collaborating with information technology professionals to embed Always Events into electronic medical records. Equally exciting is the way other organizations that have learned about the concept are beginning to use it to re-inspire their teams, identify priorities, and develop shared commitments with patients and families. This natural evolution of the Always Events program is rooted in the Picker Institute's deliberate decisions to create a flexible framework that can be adapted to meet the needs of any organization and to foster an open community of organizations interested in raising the bar for patient- and family-centered care.

The Picker Institute invites you to join this rapidly growing community of innovators in patient-centered care. If you are interested in the concept of Always Events®, or are already using it in some way, please visit the Picker Institute website to obtain more information and to sign up for the mailing list or email your name and contact information to [info@pickerinstitute.org](mailto:info@pickerinstitute.org) and tell us you would like to join the Always Events community. As resources are added to the Always Events toolbox, webinars with the grantees are offered, and other exciting updates are available, we will notify you. The Picker Institute's facebook page and LinkedIn group are also forums for interactive discussion with organizations using the Always Events idea. If you are not already using Always Events, there are many ways you can begin today, ten of which are described in the companion paper "*Always Events®: Creating an Optimal Patient Experience.*" Together, we can keep innovating, inspiring one another, and transforming healthcare.



*Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.*

*Margaret Mead*

## Appendix A: National Steering Committee Members

### Co-chairs

- J. Mark Waxman, Esq., Chairman, Picker Institute Board of Directors
- Gail L. Warden, MHA, President Emeritus, Henry Ford Health System

### Patients and Families

- Beverley H. Johnson, President/CEO, Institute for Patient- and Family-Centered Care
- Debra Ness, President, National Partnership for Women & Families
- John Santa, MD, Director, Consumer Reports Health Ratings Center, Consumers Union
- Gerald M. Shea, Assistant to the President for Internal Affairs, AFL-CIO

### Healthcare Organizations

- Joyce C. Clifford, PhD, RN, FAAN, President and CEO, The Institute for Nursing Healthcare Leadership
- Chris Condeelis, Senior Director of Quality and Professional Development, American Health Care Association
- Nancy Foster, PhD, Vice President, Quality and Patient Safety, American Hospital Association
- Thomas James III, MD, Corporate Medical Director, Humana Inc.
- Gregg S. Meyer, MD, Senior Vice President for Quality and Safety, Massachusetts General Hospital
- Ken Mizrach, Director, VA Medical Center, East Orange, New Jersey

### National Quality Groups

- Karen Adams, PhD., Vice President, National Priorities, National Quality Forum
- Barbara Balik, RN, EdD, Senior Faculty, Institute for Healthcare Improvement
- Katherine Browne, MBA, MHA, Deputy Director/COO, Aligning Forces for Quality, Center for Healthcare Quality, George Washington University Medical Center
- Peggy O'Kane, President, National Committee for Quality Assurance
- Jeff Selberg, MHA, Executive Vice President/COO, Institute for Healthcare Improvement

### Researchers

- Paul D. Cleary, PhD, Dean, Yale School of Public Health
- Eric A. Coleman, MD, MPH, Professor of Medicine/Director, Care Transitions Program, University of Colorado
- Jim Conway, IHI Senior Fellow, Harvard School of Public Health

### Picker Institute Board

- Sam Fleming, Treasurer and Secretary
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- Sir Donald Irvine, MD, FRCGP, FRCP, FMedSci, Former President, UK General Medical Council
- David C. Leach, MD, Former Executive Director, ACGME
- Stephen C. Schoenbaum, MD, Vice Chairman

### Picker Institute Partners

- Barbara Packer, Managing Director/COO, The Arnold P. Gold Foundation
- Dale Shaller, MPA, Principal, Shaller Consulting Group
- Carrie Brady, JD, MA, Independent Consultant

### Liaison

- Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality

## Appendix B: Always Events® Grantees

- American Academy of Pediatrics – Family Feedback – Always!
- Anne Arundel Health System – The SMART Discharge Protocol
- Children’s National Medical Center – Caring for Children with Special Health Care Needs
- Cleveland Clinic – Unmet Expectations re: ICU Patient Outcomes: Identification and Management of At Risk Families
- Dana Farber Cancer Institute – Teaching Patient- and Family-Centered Care in the Setting of Life-Threatening Illness
- Dartmouth-Hitchcock Medical Center – Integrating Patient and Family-Centered Care Principles into a Simulation-based Institutional Curriculum
- Dartmouth-Hitchcock Medical Center – Implementation of a Set of Always Events that Will Increase Communication
- Exempla Saint Joseph Hospital – Comfort & Pain Relief Menu
- Geisinger Medical Center – Employing a Patient-Centered Approach to Develop a Medical Passport to Improve Transition and Educate Health Care Providers
- Health Care For All – Patients and Families Improving Hospital Discharge
- Hebrew SeniorLife/Beth Israel Deaconess Medical Center – “How Do You Have the Conversation?” A Curriculum for Residents
- Henry Ford Health System – Dementia Screening for Senior Patients
- Inova Health System – Developing a Patient-Centered Approach to Handoffs
- Iowa Health System – Always Use Teach Back!
- Jacobi Medical Center – Experiential Learning of Patient/Family-Centered Care
- Johns Hopkins University – Development and Implementation of a Patient-Centered Discharge Curriculum
- Lahey Clinic – Transitions of Care Partnership Project
- March of Dimes – Close to Me
- Massachusetts General Hospital – Always Know Your Caregiver/Always Responsive
- Mount Sinai School of Medicine – Project PARIS: Parents and Residents In Session – The Next Generation
- New York Presbyterian Hospital – The Patient’s Voice: Institution-wide Training for Housestaff in Patient-Centered Care
- Northeast Valley Health Corporation – Team Up for Health
- Planetree – Same Page Transitional Care: Creating a Template for Optimal Transitions
- Quality Partners of Rhode Island – Enhancing Medication Safety Through PictureRx
- Riverside Methodist Hospital/OhioHealth Foundation – Teaching Disclosure: A Patient-Centered Simulation Training for the Crucial Conversation
- St. Jude Children’s Research Hospital – Parent Mentor Program
- SUNY Upstate Medical University – Learning to Talk
- University Medical Center – The Native American Cultural Competency Curriculum
- University of California – Humanism in the Perioperative Environment
- University of California San Francisco – Improving Patient- and Family-Centered Care for Hospitalized Persons with Dementia
- University of California San Francisco/VA Medical Center San Francisco – Development of Interprofessional Team-based Observed Structured Clinical Examinations to Ensure Patient-Centeredness in Primary Care Teams
- University of Chicago - Engineering Patient Oriented Clinic Handoffs (EPOCH) Project
- University of Maryland School of Medicine – Empowering Patients to Optimize their Medication Regimens: A Multidisciplinary Approach
- University of Massachusetts Medical School – Home Medication Education and Support (HOMES): A Resident Module on Home Care in Children
- University of Minnesota Amplatz Children’s Hospital – MyStory
- University of Pittsburgh Medical Center – Care Team Twittering and Guardian Angels
- University of South Florida – Enhancing Medical Resident Cultural and Linguistic Competency
- Vanderbilt University Medical Center – Effective Communication and Collaboration with Patients and Families for Falls Prevention
- Wake Forest University Baptist Medical Center – Improving Transitions of Care for Older Adults through Interdisciplinary Education for Medical Residents
- Yale-New Haven Children’s Hospital – Premature Life Transitions: A Patient- and Family-Centered End-of-Life Care Program for Neonates

## Picker Institute Board of Directors

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**Lucile Hanscom**, Executive Director

11 Main Street, 4th Floor  
PO Box #777  
Camden, Maine 04843  
Tel 1.207.236.0157  
1.888.680.7500  
Fax 1.207.236.3570  
Email [lhanscom@pickerinstitute.org](mailto:lhanscom@pickerinstitute.org)  
Website <http://pickerinstitute.org>  
<http://alwaysevents.pickerinstitute.org>

### Always Events Consulting Team

**Dale Shaller, MPA**, Principal, Shaller Consulting Group  
**Carrie Brady, JD, MA**, Independent Consultant  
**Michelle Ferrari, MPH**, Independent Consultant

### Picker Institute Staff

<b>Hannah Honor</b> , Grants Coordinator	<a href="mailto:hhonor@pickerinstitute.org">hhonor@pickerinstitute.org</a>
<b>Kathy Cassidy</b> , Financial Director	<a href="mailto:kcassidy@pickerinstitute.org">kcassidy@pickerinstitute.org</a>
<b>Carolyn Marsh</b> , Communications Director	<a href="mailto:cmarsh@pickerinstitute.org">cmarsh@pickerinstitute.org</a>