

Patients' Candid Thoughts Are Worth More than Pennies

Benefits and Insights of the Think-Aloud
Method to Develop Patient Resources

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THINK ALOUD METHOD



Readable

Comprehensible
(Usable)

Likable

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Engage your mind's dialog as you think about how to find something you rarely use like postage stamps, a library card, or a paperclip. Silently tell yourself why you choose each step it would take to find it.

Ex: "OK, I need a thumbtack. I'm checking the desk because there's always a few things around the bottom of the drawer. Nope, not there, damn. I could ask a neighbor, but I'm going to go to the store because I need some anyway to hang photos."

Notice you focus on what I do and why you made those decisions.

THINK ALOUD METHOD

Participant

Says what they think as they read aloud or do tasks

Observer

Watch expressions & behavior
Ask neutral questions
May give tasks

One of the most effective ways to
assess higher-level thinking processes.
(Olson et al., 1984)

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AHRQ Safety Program for Improving Surgical Care and Recovery

JOHNS HOPKINS
ARMSTRONG INSTITUTE
FOR PATIENT SAFETY AND QUALITY



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality: Highest Standards, Better Outcomes



AHRQ
Agency for Healthcare
Research and Quality

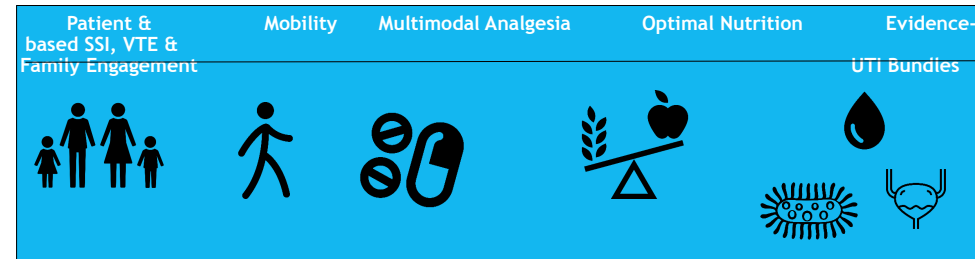


Project goals

To measurably **improve patient outcomes** in five surgical areas by increasing the implementation of enhanced recovery practices in hospitals, through the use of an adaptation of the comprehensive unit based safety program. In addition, it is anticipated to **reduce healthcare utilization**, and **improve the patient experience**.

How are we going to get there?

Standardization
Reduction in variation



Learning from those who have gone before...

AHRQ Safety Program for CLABSI | AHRQ Safety Program for Surgery (SUSP) | ACS NSQIP



Build a
Community



Declare clear
goals



Leadership

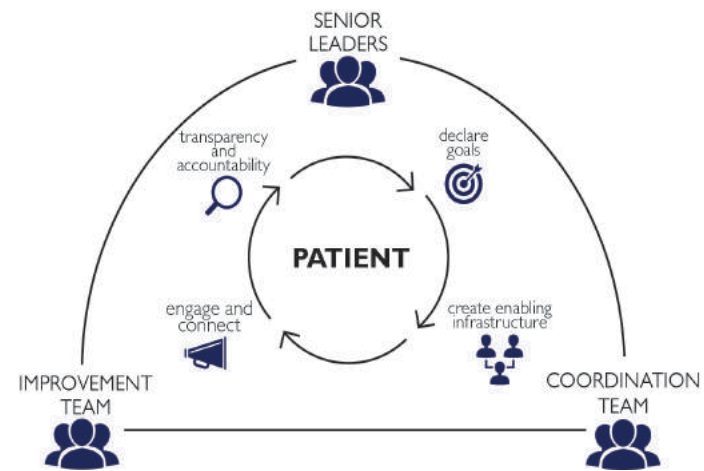


Surgeons
Engagement




Quality Data

Implementation Model



Participation overview

- Participation is open to all hospitals in the United States, Puerto Rico and the District of Columbia
 - Five cohorts
 - Colorectal, orthopedics (joint replacement and hip fracture), gynecology and emergency surgery
 - Each cohort will last 12 months
 - No fee to participate
- 

Tools

Clinical

- Implementation Guide
- Pathway
- Evidence reviews
- eLearning modules (to assist with local adaptation)
- Patient Education Materials
- Intervention checklist
- Example order sets
- Pocket guide
- Posters

Adaptive

- Baseline Data and Goal Setting
- Patient and Family Engagement Strategies
- Return on Investment Calculator
- Stakeholder Analysis
- Case Studies in Sustaining Enhanced Recovery
- Sharing Progress with Senior Executive Partners

Available Assistance (One on One)

**Implementation
Support**



ACS Clinical Support



National Project Team

Via email or telephone

Peer and Expert Learning(Group)

Coaching Calls



National Leader Calls



Ask ISCR Calls



*6 calls

Recognition

Bulletin

OF THE AMERICAN COLLEGE OF SURGEONS

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Related Articles

- ACS Data Review on Enhanced and AHRQ Safety Program for ERAS: New ACS programs enhance safety
- ACS Data Review on ACS NSQIP for quality improvement efforts
- New York State awards benefits of CME-based education project
- NSQIP addresses SGLA Patient Focused Care Survey

ACS launches AHRQ Safety Program for ERAS

By ACS
PUBLISHED MARCH 1, 2017 | 11:00 AM EST

The American College of Surgeons (ACS), in collaboration with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, Baltimore, MD, has launched the AHRQ Agency for Healthcare Research and Quality (AHRQ) Safety Program for Enhanced Recovery After Surgery (ERAS). This new surgical quality improvement program is funded and guided by AHRQ.

The AHRQ Safety Program for ERAS will support hospitals in implementing evidence-based protocols to thoroughly prepare clinical outcomes, reduce health care utilization, and improve the patient experience. The program aims to enroll at least 750 hospitals throughout the country within the next 12 months. Hospitals with the U.S., Puerto Rico, and the District of Columbia are eligible to participate across five surgical areas: colorectal, orthopedic, bariatric, gynecologic, and emergency general surgery.

Participating hospitals will have access to the international leaders in ERAS, including representatives of

Improving Surgical Care and Recovery Through Multidisciplinary Work

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The American College of Surgeons (ACS), in collaboration with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality, Baltimore, MD, has launched the Agency for Healthcare Research and Quality (AHRQ) Safety Program for Improving Surgical Care and Recovery, a new surgical quality improvement program funded and guided by AHRQ.

When introduced, enhanced recovery after surgery (ERAS) protocols were used specifically for patients undergoing colorectal surgery, but subsequently these protocols have been applied to other surgical lines.¹⁻³ Today, ERAS protocols have been adopted in several institutions globally and have been to systems such as the When applied, ERAS the incidence of 1 length of stay in expensive equipment

Participating hospitals will have access to the international leaders in ERAS, including representatives of surgery, anesthesiology and nursing, prototype protocols developed for five procedures based on up-to-date evidence review; literature to support protocols; tools and educational materials to facilitate implementation; quality improvement specialist support; and coaching calls to support hospital work. The program will integrate evidence-based processes central to enhanced recovery as well as surgical site infection (SSI), venous thromboembolic events (VTE) and catheter-associated urinary tract infections (CAUTI) with socio-adaptive interventions to meaningfully improve surgical

AHRQ Views

Blog posts from AHRQ leaders

Helping Hospitals Improve the Safety of Patients Undergoing Surgery
By James J. Cleeman, M.D.

MILLIONS of surgeries are performed every year in U.S. hospitals. Patients generally assume that their surgeries will go as planned, and they usually do. But good outcomes aren't guaranteed, even for routine procedures. Infections, reactions to pain medication, or other complications can occur—and when they do, a cascade of negative consequences can result.

AHRQ—with a long history of funding patient safety research and developing tools to keep patients safe—is committed to helping clinicians prevent these persistent problems. That's why we've launched a new multi-year project, called Enhanced Recovery After Surgery, or ERAS, which will give hospitals and their medical teams the tools they need to minimize these dangerous and costly complications.

ERAS, originally developed in Europe in the 1980s, has attracted interest in the United States based on studies and meta-analyses demonstrating successful results. It emphasizes a collaborative care approach, involving close teamwork among surgeons, anesthesia providers, and nurses. As described in the project, ERAS is based on a multi-pronged approach to supporting patients who undergo



Hopkins to share surgical care methods with 750 other hospitals

By Maxine Bell-Carter, President Emerita
The American College of Surgeons

PHOTOGRAPH BY JEFFREY M. HARRIS FOR THE BALTIMORE SUN

The Johns Hopkins Armstrong Institute for Patient Safety and Quality will work with 750 U.S. hospitals to improve surgical care for patients under a federal contract that could be worth up to \$40 million.

Doctors at Johns Hopkins Medicine will share with other hospitals how they provide care to surgical patients in the effort designed to improve outcomes and reduce risks to

PATIENT QUOTES

"It was a wonderful experience, they made my pain and stress go in a better way during my stay."

"I was amazed that I didn't experience any pains or discomfort when I woke up from the operation or even weeks later. I would like to thank all of you who participated in it."

"Every phase of my care was well-coordinated, contributing to a very pleasant hospital experience."

"Excellent communication."

"Nurses very attentive especially my pain management."

Where can we go together?

Improve collaborative relationship between hospital leadership and clinical teams?

Consistent and clear bowel prep recommendations for colorectal surgery?

SSI rate of 5% or less?

Consistent prescribing of non-narcotic analgesic agents post surgery?

Consistent administration of VTE prophylaxis – no missed because of either confusion or patient refusal?

Opioid free analgesia in the operating room?

Promote transdisciplinary collaboration amongst perioperative providers?

Get patients back to work and family activities more quickly?

Consistent feedback of performance data to all disciplines?

Family members partnering with care team to help with post-operative mobility of their loved ones?



Join us!

Colorectal surgery: Now
Orthopedics: Fall 2017

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INSIGHTS



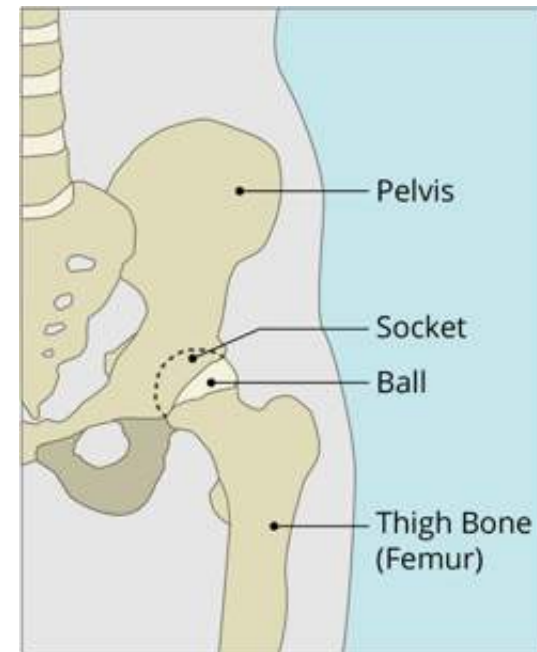
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IT'S NOT HIP TO HAVE A HIP FRACTURE

Causality logic

Marker of frailty

Emotional resistance



SENSEMAKING & EXTENDED LOGIC



Smoking & healing



Dental work



Shaving

EXPERIENCE & RESISTANCE



Juice or Sport Drink 2 Hours Before Surgery

Find out if your surgeon wants you to drink something sweet like apple juice or a sport drink **2 to 4 hours before surgery.**

If you had surgery before, this may surprise you. But research shows this is safe and gives your body extra energy to get through surgery.

- Improvements in protocols and instructions can be especially confusing for people who have previously had surgery or cared for someone going through surgery.
- Experienced and vigilant family caregivers can experience profound anxiety when the rules essentially change on them. They don't feel safe.
- For example, years of warning people not to eat or drink for many hours before or after surgery can confound and even cause resistance to newer instructions about shorter intervals and instructions to drink juice or a sports drink carb load the morning of surgery. Patients and family caregivers who are looking out for their loved one's safety experience anxiety. With one family caregiver even telling the investigator "I think they better change it back to how it was before. That's not safe!"

POST-OP DEPRESSION

- Surprising
- Surgery as trauma
- Cultural understandings of “depression”



- Across all procedures, many were surprised by depression. People knew recovery would be physically challenging. Many were looking forward to a new hip or knee joint, or to having issues like serious uterine bleeding addressed. So they were taken aback when the event they were anticipating alleviating their issues caused them to be sad, isolated and depressed — even suicidal.
- Must be proactively normalized. People need to know their body is going through a major event/trauma.
- Was told **depression** meant that someone “was crazy or suicidal.” Even though it’s often become easier to access mental health services in certain primary care settings, it has often remained something people covertly get treated and don’t discuss. When this happens, people in those communities may only hear about depression when someone has a serious breakdown or attempts or commits suicide. We had to test many iterations of language to convey the seriousness and to normalize it as a common part of the recovery process so that people would feel comfortable calling.

OPIOIDS

Worried won't
get enough

Still have pain

Can't sleep



Worried they'll
get **any**

Constipation

Addiction

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CANDOR



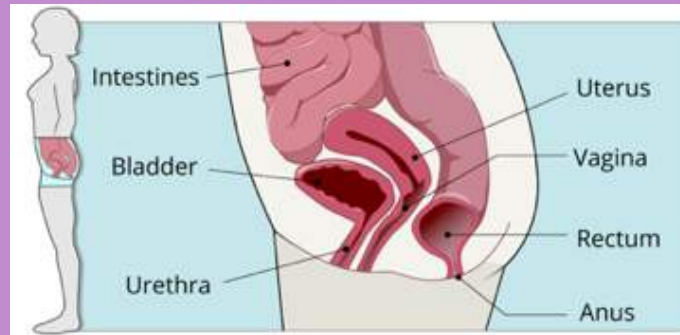
When is it OK to have sex? Will it be different?

Who speaks for you if you cannot speak for yourself?

If you still have problems with diarrhea or constipation after 6 months, talk with your doctors. Don't suffer in silence!

- Gas, bowel issues may never return to normal
- People not thrown by ACP discussion.

THEIR Questions (Sensemaking)



What happens to the space where the uterus was?

The intestines and other organs move to fill in that space. It may sound strange, but think of a bowl of spaghetti noodles with a meatball in the bottom of the bowl. If you take out the meatball, the noodles shift to fill in that space.

- Space where uterus was
- Numbness by scars really scared a couple of people

HOW TO DO IT



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PLANNING

Recruiting

- How many people per phase?
- Experience with topic
- Literacy / Education level
- Diversity
- Patients and family caregivers

Edits and Iterations

Payment



15-20 participants

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Nielsen, Jakob. Estimating the number of subjects needed for a thinking aloud test. *International Journal of Human-Computer Studies*. (1994). 41, 385-297.

We recruited 15 participants across 2 phases - with one major edit phase in-between to confer with clinicians regarding questions. (See Nielsen, 1994)
<https://kopernio.com/viewer?doi=10.1006/ijhc.1994.1065&route=1>

THE SET UP

Your phone is off — ideally theirs, too

Write in a notebook, avoid computers/tablets

Audio or video record?

- Can make people nervous
- Describe how it will be used
- Must have consent form



**Sit orthogonal or next to them.
Avoid sitting across from them.**



GETTING STARTED

Explain project and THEIR value

- “We’re still working on this.”
- “Most important part of process”
- Made changes based on others notes
- Can they put this on their resume?

Get info & get to know them

Explain think aloud process

- Demonstrate with text and art
- No such thing as wrong comments
- Can have them practice on a sample paragraph

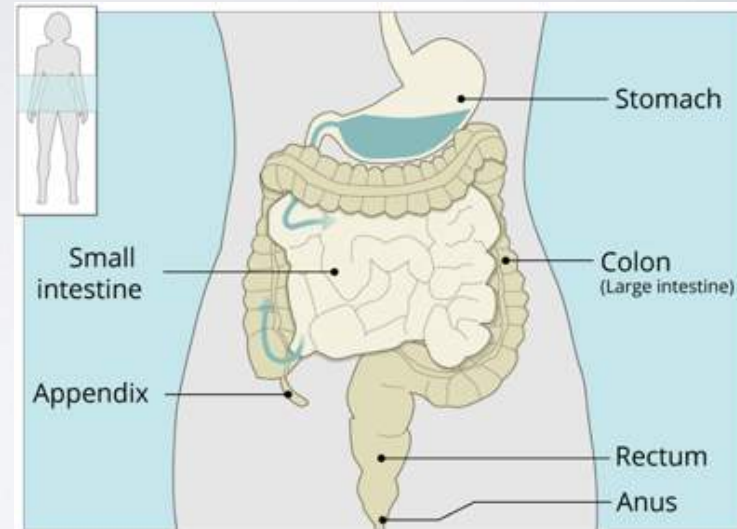
DURING THINK ALOUD

Ask neutral questions

- What do you think of the art?
- You re-read that a couple of times... tell me about that.
- What's missing? Does this answer your questions and concerns?
- Tell me more about that.. [Then wait!]

Observe and follow-up on expressions and body language

Give them a task



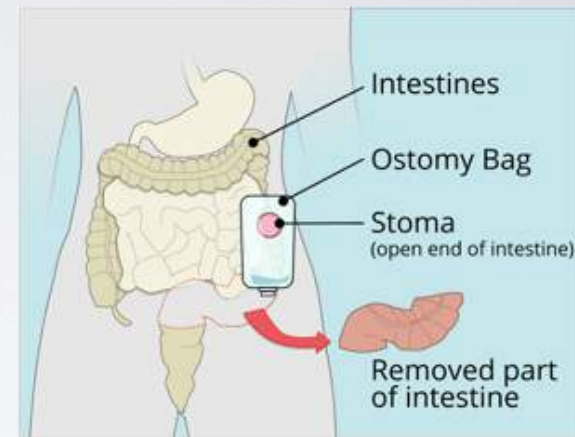
BENEFITS

- Can see and hear when something is problematic
- Gets at cognitive processing
- Get immediate impressions
- Fairly simple, no special equipment
- Unexpected insights
- Creates human-centered resource
- Lends accuracy to observations
- Takes edits/changes beyond “I think...”



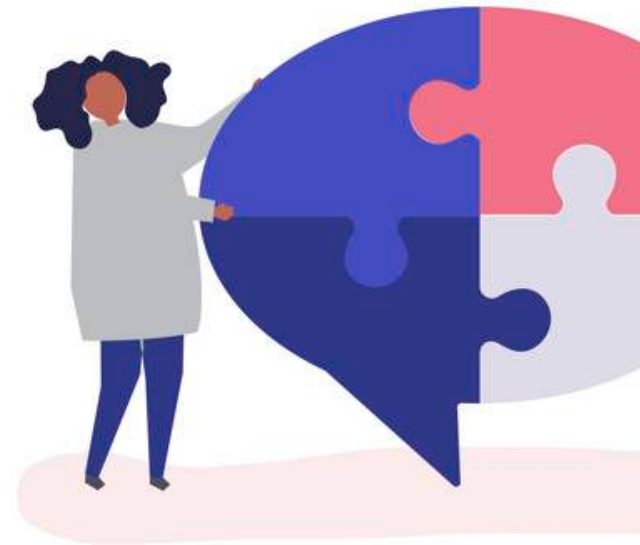
DRAWBACKS

- Need a safe setting
- Recruiting (trusted partners)
- Challenging for longer resources
- Rarely, person can't/won't comment



YOUR TURN!

- Pair up & take turns
- Start by standing as the person arrives
 - Introductions & seating
 - Explain project & their value
 - Get their info & get to know them
- Start think aloud
 - Ask neutral questions
 - Follow-up on expressions & body language
 - Give them a task



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THANK YOU!