



Always Events®:
Creating an Optimal Patient Experience

October 2011

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Understanding and respecting patients' values, preferences and expressed needs is the foundation of patient-centered care.

–Harvey Picker

Introduction

Over the last decade, increasing attention has been focused on the importance of measuring and improving the healthcare experience of patients and families. Spurred by the Institute of Medicine's 2001 report on *Crossing the Quality Chasm*, and motivated further by the public reporting of HCAHPS and the evolving use of patient experience measures in accreditation and pay-for-performance programs, hospitals and healthcare systems are striving to become more patient- and family-centered. Yet despite growing levels of activity, the nation's healthcare system still falls short of providing an optimal experience for patients and families. Data from national and international studies indicate that patients often rate hospitals and medical care providers highly, but report significant problems in gaining access to critical information, understanding their treatment options, getting clear explanations regarding medications, and receiving responsive, compassionate service from their care providers.

The traditional approaches to improvement simply are not producing a patient-centered healthcare system. Although there is more dialogue than ever among providers about the importance of being patient-centered, patients and families themselves are often not even invited to participate in these discussions. Public reporting and the imminent implementation of value-based purchasing have increased attention to patient satisfaction results, but quality improvement efforts are typically narrowly focused on improving scores, rather than fundamentally changing the patient experience. The traditional approaches to making healthcare patient- and family-centered simply have not done the job. Albert Einstein once defined insanity as "doing the same thing over and over again and expecting different results." It is clear that a different approach is necessary to make the leap from our current environment to a healthcare system that truly sees "through the patient's eyes."

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 should happen for all

patients all of the time. The term “*always events*” plays opposite to the well-known patient safety “never events” developed by the National Quality Forum (NQF) and adopted by the Centers for Medicare and Medicaid Services (CMS) to indicate occurrences that should never happen in the delivery of healthcare services. Always Events refer to aspects of the patient experience that are so important to patients and families that healthcare providers should *always* get them right. This refreshing focus on the positive is one of the program’s greatest strengths.

The correlation with never events is not simply a semantic one; recent research is building a compelling case for the relationship between patient experience, quality and patient safety. Performance on patient surveys has been correlated with organizational patient safety culture, readmission rates, and mortality. Even in the absence of these relationships, however, the Picker Institute believes patient-centered care is vitally important in its own right. Without effective partnerships with patients and families, characterized by mutual respect and inclusion in the care process, true healing cannot occur. Through the Always Events Initiative, the Picker Institute is calling the healthcare system to a higher standard and committing to providing the tools and resources that organizations need to sustain a new level of performance.

This paper describes the rapid evolution of the Always Events initiative, highlights the unique features that distinguish this program, and provides guidance on how organizations can begin using Always Events today to improve the patient experience and to support a culture that continuously views care through the patient’s eyes. A companion paper describes in more detail the many Always Events currently being implemented in forty grantee organizations across the country.

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

Background

The Always Events initiative builds upon the Picker Institute's twenty-five years of leadership in advancing patient-centered care. Its founder, Harvey Picker, and his wife Jean, believed that the healthcare system was technologically and scientifically outstanding, but that it was not adequately sensitive to the concerns and comfort of patients. As a result, they founded the Picker Institute, a nonprofit organization dedicated to developing and promoting a patient-centered approach to healthcare, in 1986.

Building on its collaboration with Harvard Medical School researchers, the Picker Institute pioneered the use of carefully designed survey instruments to obtain detailed reports of patients' experiences beginning in 1987. Instead of asking patients to provide simple satisfaction ratings, as had been standard practice for measuring care, the Picker surveys asked patients whether or not certain processes and events occurred during the course of a specific care episode. These surveys became the founding model for measurement of the patient experience as conducted broadly today through the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) family of surveys.

The Picker Institute also has been an international leader in conducting and synthesizing research to identify enduring principles of patient-centered care. The Picker Principles of Patient-Centered Care reflected in the 1993 groundbreaking book *Through the Patient's Eyes* embody the Picker Institute's conviction that all patients deserve high-quality healthcare, and that patients' views and experiences are integral to any improvement efforts. Although the healthcare environment constantly changes, these eight principles have stood the test of time and reflect consistent priorities in the eyes of patients.

The Starting Point for Always Events



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

The Process of Building the Always Events Initiative

Learning from Leaders: Patients, Families, Providers and Experts

When the Picker Institute Board began discussing “always events” in April 2009, it immediately recognized the need to seek the guidance of others who would be essential in helping to evaluate and refine the concept. The Picker Institute reached out to more than 150 individuals, including patients, families, frontline providers, measurement experts, thought leaders, and key stakeholder representatives. In addition, the Picker Institute reviewed both published research and unpublished research graciously shared by individuals and organizations contacted to explore the Always Events idea.

In April 2010, the Picker Institute hosted a one-day summit on “Always Events® as a Proposed Strategy for Advancing Patient-Centered Care.” The summit provided an opportunity to further explore the potential of Always Events and the many directions this initiative could go, to begin to make some key decisions, and to identify partners. Notably, every participant enthusiastically supported moving forward with the Always Events program and expressed interest in collaborating with the Picker Institute to support its development. Following the Summit, a National Steering Committee (NSC) was created to guide the program. The commitment, expertise, and passion of the NSC members for improving the healthcare experience has been instrumental in stewarding the Always Events initiative from a seed of an idea into a powerful program effecting change in healthcare. The members of the steering committee represent patients and families, healthcare organizations, national quality groups, researchers, and Picker Institute partners. The list of NSC members is included in Appendix A.

Identification of Major Themes: Communication and Care Transitions

Two overarching topics emerged as dominant themes throughout all of 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 NSC and the Picker Institute decided to initially focus the Always Events program in these two categories.

Theme 1: Communication

Communication encompasses the exchange and sharing of information among several key players of the healthcare team, including communications between patients/families and providers, as well as among providers collectively responsible for a patient's care. Communication is a foundation of effective patient-provider partnerships. It is a theme constant in any interaction a patient may have with the healthcare system.

Theme 2: Care Transitions

Care transitions refer to the experiences of patients and their family members as they move from one provider or healthcare setting to another (e.g., from primary care doctor to specialist, from hospital to home, long-term care or rehabilitation facility, and from emergency department to inpatient unit). Transitional experiences are critical since they are often poorly handled and there is strong evidence they can be improved. This theme is applicable across care settings, and is an important element of coordination between the settings.

Putting the Concept into Practice: Innovation and Implementation

The series of exploratory interviews with thought leaders, focus groups with patients and frontline providers, the national leadership summit, and the creation of the NSC provided a solid foundation for the development and implementation of the Always Events concept. It was clear to all participants that the Always Events program was an innovative strategy with significant potential for galvanizing action to advance patient-centered care in the United States healthcare system and that the next step would be to determine how the concept could be successfully implemented in practice. In 2010, the Picker Institute began to invite healthcare organizations to define and implement Always Events through two grant programs. The forty grantee organizations that received resources through these programs to implement one or more Always Events are identified in Appendix B.

Focus Group Participant Views:

Communication

"If you have communication . . . everything else will fall into place, because that's the first starting point."

Care Transitions

"It's one of the toughest things to achieve, it currently shows some of the poorest performance, and it has a tremendous impact on care."

Always Events Challenge Grant Program

The Always Events Challenge Grant program invited organizations to demonstrate how Always Events could be implemented in practice. The Always Events Challenge Grant Request for Proposals was issued in October 2010 and drew an enthusiastic response from more than 80 organizations proposing a wide range of 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 Board awarded twenty-one 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. Details about the grantees' Always Events are provided in the companion paper, *"Always Events® for Communication and Care Transitions: An Idea Guide."*

Graduate Medical Education Challenge Grant Program

In 2005, prior to the development of the Always Events initiative, the Picker Institute partnered with the Arnold P. Gold Foundation to sponsor a Graduate Medical Education Challenge Grant Program supporting the research and development of successful patient-centered care initiatives and best practices in the education of future practicing physicians. Beginning with the 2010-2011 grant cycle, all Graduate Medical Education grants also have included an Always Events component. To date, nineteen exceptional GME grantees (ten in the 2010-2011 cycle and 9 in the 2011-2012 cycle) have been involved in demonstrating the power of Always Events in practice.

An Enduring Legacy: Always Events®

An Enduring Legacy: Picker Board approves the new organization wide strategic operating principle, "Always Events", defined as aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the healthcare delivery system.

Phase One, National Steering Committee:
Picker Convened a National Steering Committee (NSC) to guide a strategy to move this organizing principle into the mainstream of healthcare delivery, through the implementation of specific initiatives and demonstration projects using Always Events at the national, community, and organizational level. Please see page 16 for a list of NSC members.

NSC Mission: To oversee the continued development and national implementation of the Always Events Initiative

Phase Two, Demonstration Projects:

Picker and the NSC focused on the design and implementation of an Always Events research agenda.

- The AE Challenge Grant Program was established to provide matching grants to support the development and implementation of innovative projects designed to demonstrate how the Always Events concept can be implemented in practice.

- 21 healthcare organizations selected for AE Challenge Grants and 19 additional organizations incorporate AEs into their Graduate Medical Education grants.

- The NSC continues to provide strategic oversight and implementation guidance for the AE initiative.



Unique Features of the Always Events Initiative

By design, the Always Events program is different. It emphasizes the positive, has a flexible open architecture, balances flexibility with specificity, and supports providers in moving from generalized aspirations into concrete operations through the provision of practical resources and tools. Each of these key features is an essential part of the Always Events initiative.

Key Feature: Positive Focus on Creating Shared Expectations

One of the aspects of the Always Events program that immediately resonated with patients, families, and providers was its positive focus. Many quality improvement efforts focus on fixing what is wrong. Such efforts are important, but they can demoralize staff who feel that they already are working very hard and yet still aren't able to meet their patients' needs. The positive focus of the Always Events initiative gives providers the opportunity to highlight and reinforce what they are doing right and make that happen every time. The approach is similar to an "appreciative inquiry" process that highlights what is working well and determines how to learn from and expand upon that success. Patients expressed particular enthusiasm for an initiative that helped them understand what they should expect from the healthcare system and to form stronger, more effective partnerships with their healthcare providers.

Key Feature: Open Architecture

One of the many important decisions made during the development of the Always Events initiative was the decision to maintain an open architecture for the program, rather than creating a discrete list of Always Events. There were many factors supporting this decision. Although a short list of clearly defined Always Events could, in theory, improve care, it would be impossible to establish one prioritized list that would be relevant to all settings and all patients. Patients, families, providers, and experts alike emphasized that choice was the ultimate Always Event and that allowing organizations to identify their own events would promote widespread engagement of patients, families, and staff in setting their own priorities. The open architecture allows organizations to identify the Always Events that are most relevant to them, facilitates innovation and implementation in a variety of settings, and ensures that the Always Events will remain relevant through the rapid changes in healthcare.

Key Feature: Balancing Flexibility with Specificity

Although the open architecture provides many advantages, the Picker Institute and the NSC recognized the danger that the program could lose meaning if there were no parameters to guide organizations in their selection of Always Events. As a result, the Picker Institute and the NSC established four criteria for the selection of an Always Event.

The first two criteria, significant and evidence-based, help to ensure that no matter what unique Always Events are identified by an organization, those events will be meaningful to patients and families and have an impact on improving care. The third requirement, measurability, is essential for monitoring and evaluation of an Always Events program. If the experience an organization selects is not measurable, the program will not be able to make the important transition from aspiration (e.g., we will be polite and respectful to patients) to operations (e.g., all providers will introduce themselves to the patient and family, every time). The final requirement, affordability, is designed to focus providers on the many no-cost or low-cost aspects of care that are important to patients. Too often, providers perceive a lack of financial resources as an absolute barrier to improving the patient experience and miss the many opportunities that are achievable. The affordability requirement also is designed to promote selection of Always Events that are replicable in a wide variety of institutions, irrespective of their financial challenges.

Key Feature: Practical Resources and Tools

The community of organizations interested in Always Events is much larger than the forty grantees, as evidenced by a recent teleconference on Always Events hosted by the Institute for Healthcare Improvement that drew more than 1,200 live participants. The Picker Institute is committed to creating and providing tools and resources to support organizations in implementing and maintaining a higher standard of care using Always

Criteria for Selection of Always Events

1. **Significant:** Patients have identified the experience as fundamental to their care
2. **Evidence-based:** The experience is known to be related to the optimal care of and respect for the patient
3. **Measurable:** The experience is specific enough that it is possible to accurately and reliably determine whether or not it occurred
4. **Affordable:** The experience can be achieved by any organization without substantial renovations, capital expenditures or the purchase of new equipment or technology

Events. In addition to supporting the individual grantees' efforts, the Picker Institute is building a collaborative network to enable organizations implementing Always Events to learn from and support each other and also will be publishing an Always Events Compendium in late 2012.

Always Events Learning Network

The Picker Institute and the Gold Foundation have created the Always Events Learning Network to provide an opportunity for organizations interested in Always Events to learn from each other and innovate together. The Always Events Learning Network will be convened for monthly webinars, during which a panel of Always Events grantees will discuss a particular challenge in patient-centered care and how Always Events have helped to address that challenge. Information about each presenter's project will be provided to participants in advance so the time on the call can be spent on engaging and actionable dialogue about insights gained from the projects, rather than basic project descriptions.

Always Events Toolbox and Compendium

At the conclusion of the grant cycle in late 2012, the Picker Institute will compile an Always Events Compendium - a practical reference guide for organizations interested in adopting Always Events in their institutions.

The Always Events Compendium will synthesize the tools and resources that grantees used to achieve their Always Events by area of focus (e.g., hospital discharge, hand-offs, end-of-life communication, etc.). The Compendium also will include strategies and lessons learned for: selecting Always Events, developing an Always Events project, implementing Always Events, maintaining momentum, and measuring progress. Patient and family member experiences and perspectives will be an essential aspect of the Compendium. The Compendium will be available online in the Always Events section of the Picker Institute website (<http://alwaysevents.pickerinstitute.org/>). The Always Events toolbox section of the website also will be populated with resources throughout the grant period.

Always Events Learning Network Topics

- Crucial Conversations During Critical Life Events
- Redesigning Discharge
- Amplifying Patient and Family Voices: From Listening to Partnering
- Patient Safety: Tools and Strategies to Enhance Outcomes
- Critical Elements of Communication
- Effective Strategies for Educating Both Providers and Patients
- When the Patients are Children: Pediatric Always Events
- Enhancing Care for Elders
- Innovative Always Events in Specific Care Settings

Ten Things Healthcare Providers Can Do Today Using Always Events

The Always Events initiative involves much more than identifying and successfully implementing discrete events. It is an organizing principle that can be used to transform the way organizations think about and act on patient-centered care. In addition to the grantees, many other organizations are using Always Events to engage their staff and physicians, to align priorities, and to partner more effectively with patients and families. A few of the many ways in which organizations can use Always Events are described below, but the possibilities are endless.

- 1. Routinely Ask Patients and Families to Identify Their Always Events:** Patients and families interact with healthcare providers on a continuous basis, but often their input on improving care is limited to filing a complaint or commenting on a patient satisfaction survey if they receive one. In most healthcare settings, there is some time when the patient is waiting to be seen by a clinician. During this time, patients and families could be invited to suggest Always Events. The question can be phrased simply and made available on a comment card in waiting rooms, or other places frequented by patients and families. You may be surprised by the information you receive. As many participants in the Always Events focus groups noted, improving the patient and family experience “comes down to intrinsically simple things,” “[t]hey’re probably not big ‘wows,’ but they mean a lot.”

In your opinion, what are the most important things that should always happen for every patient (or family member) using our services?

- 2. Ask Staff Members What Should Always Occur for Patients and Families (and Then Ask What Should Always Occur for Staff):** One of the interesting findings of the focus groups and interviews conducted as part of the exploratory phase of the Always Events initiative was that patients, family, and staff often have remarkably similar responses when asked what should always happen for patients and families. Asking staff members what they think the Always Events should be engages them in setting priorities in a constructive way. Whenever an organization chooses to implement an Always Event for patients and families, the organization also should ask staff what they need to have in place to enable them to deliver on the Always Event. Recognizing and eliminating the barriers that prevent staff from achieving an Always Event is one of the keys to creating a positive work environment that reinforces and rewards patient-centered behavior. Asking about staff Always Events is a powerful acknowledgment of the relationship between the staff and patient experience and can have a dramatic effect on staff attitudes. For more

information about the characteristics of high-performing patient-centered organizations (specifically academic medical centers), please see the profiles on the Picker Institute website at <http://pickerinstitute.org/profiles-of-medical-centers/>.

3. Invite a Specific Unit or Team to Identify an Always Event to Implement

Tomorrow: Forty organizations have received formal grants to support implementation and evaluation of Always Events, but many other organizations have used this concept to inspire teams or units to identify patient-centered priorities and act upon them immediately. Giving teams the opportunity to think positively and creatively about what they could do tomorrow without an extended series of meetings or layers of approval and within existing financial resources can produce intriguing and exciting results.

4. Use the Always Events Concept in Organizational Strategic Planning: A recent poll of hospital leaders conducted by HealthLeaders found that although 93% agreed that the patient experience was among their top five priorities and 72% indicated that patient experience had become more of a priority in the past year, an abundance of other priorities was the most commonly cited barrier to adopting a patient experience strategy. Improving patient-centered care shouldn't be considered a separate goal, independent of or conflicting with other operational objectives. Instead, patient-centered care should be integrated and aligned with other priorities. Including Always Events in strategic planning discussions allows organizations to establish and communicate throughout the organization concrete patient-centered goals that are consistent with other initiatives.

5. Align Efforts by Including Identification of Always Events in Other Organizational Initiatives: Healthcare organizations are complex. At any given time, there are numerous initiatives underway and multiple goals being pursued. In some organizations, patients and families are routinely involved in the development of all initiatives, but in many other organizations that does not occur. By partnering with patients and considering Always Events in every initiative, whether or not it is considered to be a patient-centered care initiative, organizations reinforce a patient-centered culture. Focusing on what the organization is trying to achieve through the patient's eyes and what staff members need to provide optimal care

Example: Use of Always Events Process in Implementation of New Electronic Medical Record (EMR)

How can the new EMR be used to enhance the patient/provider relationship? What information should always be captured?

What are the Always Events for staff that will enable them to use the new EMR to enhance patient-centered care (e.g., training in using computers at the bedside in a way that facilitates communication with patients)?

will help to ensure that organizational resources are used wisely in every project.

6. **Incorporate Always Events into Development of a Patient and Family Advisory Council Workplan:** Many healthcare organizations seek the guidance of patient and family advisors through councils or other operational structures. Asking council members to identify their individual Always Events and then selecting priorities as a group can be an effective way for a council to engage all members in sharing and compiling their ideas and then focusing efforts on a particular goal.
7. **Visit the Picker Institute Always Events Website :** A wide variety of resources are available on the Picker Institute website (<http://alwaysevents.pickerinstitute.org/>) to help you use Always Events to transform the patient, family and staff experience, including videos introducing the grantees, interviews with thought leaders, and a companion paper “*Always Events® for Communication and Care Transitions: An Idea Guide.*” Practical tools and resources developed by the grantees will be added on an ongoing basis to the “Always Events Toolbox.” In late 2012, a full Compendium of tools and resources will be made available on the website.
8. **Join the Always Events Conversation on Facebook and LinkedIn:** The Picker Institute is using its Facebook page and LinkedIn groups to disseminate updated information about Always Events, as well as to invite dialogue on patient-centered care. “Like” the Picker Institute on facebook and join the Picker Institute group on LinkedIn to receive all of the latest information and to engage in provocative discussions about patient-centered care.
9. **Take Advantage of the Always Events Learning Network:** The Picker Institute and the Gold Foundation are convening the Always Events Learning Network for topic-specific education and innovation forums. Information about the sessions will be available on the Picker Institute website.
10. **Share Your Ideas about Always Events:** The Picker Institute is interested in continuing to gather feedback and ideas for the Always Events initiative. If you are using Always Events in your organization, would like to suggest Always Events or share your innovative practices for improving patient-centered care, or have any other comments, please contact the Picker Institute at 1-888-680-7500. Or, if you don’t have any feedback to share at this time, but want to be kept informed of new developments by email, please join the mailing list on the Picker Institute website or send your name and contact information to info@pickerinstitute.org and indicate that you would like to join the Always Events community.

Conclusion

The Always Events program is already making a difference in healthcare. It is a testament to the power of the positive; not just positive thinking, but positive meaningful action. Most importantly, it is a reflection of the power of partnership – of patients, families, and providers working together to redesign the healthcare system through the patient’s eyes. We invite you to join us on this path. There is much to learn and each one of us has something to teach.

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
- Lucile O. Hanscom, Executive Director
- 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: Grantee Organizations Implementing Always Events



Picker Institute Board of Directors

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Stephen C. Schoenbaum, M.D., Vice Chairman
Samuel Fleming, Treasurer and Secretary
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