



PRACTICALLY Speaking

The Donaghue Foundation Newsletter: Focused on research and knowledge uptake initiatives.

Design Thinking — Donaghue's 6th Annual Beyond Eureka! Conference

Design thinking — what is it? That's what nearly 350 people came to Donaghue's sixth Beyond Eureka! Conference on May 6 at the Hartford Marriott Farmington to learn. Three experts in using design to improve how we structure health care were the keynote speakers at the conference, and they explored how design thinking is used to reduce fragmentation in today's health care system and to recast the confusing barrage of health information by making it more understandable, compelling and persuasive.



350 people attended the conference.

Jeneanne Rae, co-founder of Peer Insight and more recently founder and president of Motiv, started out the day by outlining design thinking and defining how it works. A problem-solving methodology, design thinking is a way to create new value by identifying the "sweet spot" among what is viable from a business perspective, what is feasible with existing technology,

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Conference speaker Camille Kubie

Program for Research Leadership Awarded for "Hospitalomics"

The 2010 Program for Research Leadership was awarded last December to Harlan Krumholz, MD, and since then he and his team of researchers from Yale University Schools of Medicine and Public Health, Tufts University and Harvard University Schools of Medicine, and Premier, Inc. have been forging new ground in characterizing patterns of hospital care.

The team, which includes clinicians, outcomes researchers, statisticians, basic scientists, quality of care and management experts and an organizational psychologist, recently conducted their second retreat to review progress and plan for the next steps. What is clear in their work so far is that the variations in practice that are being revealed by this research go far beyond what anyone has described previously. For example, for particular drug treatments there is little consistency by drug preparation within a class, dose, mode of administration, timing, and monitoring. The project is seeking to employ strategies, including visualization software, to transform these disparate approaches to care into meaningful and distinctive

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patterns, uncovering clusters of hospitals with generally similar patterns. The team is also focused on cost and resource utilization, developing the approach to compare the effect of the various patterns on the cost of care — and eventually on the outcomes of care.

The overall goal of this four-year, \$880,000 grant is to develop and refine a scientific approach that will be able to describe the complex and detailed patterns of hospital care and to determine the relationship between these patterns and hospital performance. Hospitals exert strong influence on patient outcomes. However, it has been known for some time that performance is quite variable and some institutions have markedly better outcomes and lower costs than others,

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Letter from the Trustees

It's difficult to believe that it has already been five years since the Foundation's previous trustees, Ray Andrews and Sheilah Rostow (representing Bank of America), revised the Foundation's mission, vision and values statements and outlined its five-year goals. During these past five years, there have been some significant changes to Donaghue: both trustees retired (which is why we are writing you this letter), three grant programs have been closed — one planned and two precipitated by the economic upheaval in late 2008 and early 2009 — and we've opened one new grant program.

So it's time to review the work of the Foundation and what we've accomplished during the past five years, take a close look at our current goals, and make whatever changes we feel are needed for the work of the Foundation going forward. We are undertaking this assessment in partnership with the Foundation staff, and it is a significant part of our work over the summer.

We've already had one session devoted to this activity, and the consensus is that, in general, the mission and goals established five years ago are still relevant for the Foundation. We will meet a couple more times during the summer to make the few changes that we think are appropriate and to outline what we hope to accomplish during the next couple of years. When this work is finished, we will report back to you about the amended goals.



Lynne Garner, PhD, Trustee and President
and Amy R. Lynch, JD, Bank of America, Trustee

Amy R. Lynch, JD
Bank of America, Trustee

Lynne Garner, PhD
Trustee and President

Donaghue's current mission statement and goals

Mission Statement:

We will give the vision of Ethel Donaghue its best expression and thereby honor her and her family as an engaged, imaginative and collaborative participant in the process that begins with rigorous health research and ends in realized health benefits.

Goals:

Promote knowledge uptake of health research into the realms of health care delivery, practice and policy.

Strengthen and widen understanding of the Foundation's mission by other people and organizations who have the potential to improve health.

Ensure that our grantmaking programs are structured to support rigorous research that more directly leads to a positive impact on health.

Support promising researchers whose work specifically encompasses the principles of knowledge uptake.

Create networks and collaborations to test innovative ideas related to health research and health outcomes.

Sign up for emailed Donaghue news.

Don't miss out on emailed news from the Donaghue Foundation. You can now receive electronic updates, including video highlights of Donaghue events, by visiting www.donaghue.org and signing up. Look for the link at the bottom of our home page.

Ask the Trustees

Q: It seems that Donaghue is doing more co-funding with other organizations. How does this work? Does Donaghue give its share of the funding to the other funder or does each organization send its funding separately to the grantee?

A: You're right! We are doing more collaborative funding. We're excited about this trend because it helps us use our Donaghue dollars more efficiently, and we get new ideas and learn about new funding practices from our partners. Here's a list of our current funding partnerships and how each is structured:

- **Hartford Foundation for Public Giving.** As has been reported by both organizations, each year the Hartford Foundation for Public Giving reviews Donaghue grants that fit the topic and geographic requirements for their donor advised funds that target medical research, and then Hartford Foundation decides which, if any, to support and at what amount. The balance is funded by Donaghue. Each foundation writes its own check to the recipient institution, which are then sent together with Donaghue's funding agreement.
- **Connecticut Health Foundation and the Universal Healthcare Foundation.** Each of the funders developed their own funding agreement with the Community Health Center Association of Connecticut for this one-time planning grant, although the grant purpose, deliverables, and timeframes were coordination among the funders.
- **Mayday Fund.** In 2009, Mayday and Donaghue worked together to develop an identical funding agreement for the shared, four-year project; thus, although the recipient institution technically has two grants supporting this one project, the requirements and timeframes are the same. The funding is also sent separately by each funder.
- **Robert Wood Johnson Foundation "Applying Behavioral Economics to Perplexing Problems in Health and Health Care."** Donaghue will support one-quarter of the grants in the first year of this program and will use its own funding agreement with the

recipient institution, and funding will also be sent there. (For more information about this opportunity, see the article on page 4.)

- **The Future of Nursing Campaign for Action Research Agenda.** This program uses an online portal for a community of funders (of which Donaghue is a member) to review research proposals that meet established criteria. Funders then use their own processes to review, decide, and administer the grant. (For more information about this opportunity, see the article on page 4.)
- **The Ethel F Donaghue Trust.** As if giving \$53 million to start a medical research foundation wasn't enough, Ethel Donaghue created a second trust for "the causes and cures of cancer." Because it is a small trust, it generates a modest amount of funds for research each year (last year the Trust had \$57,800 to distribute). Bank of America, the trustee, has traditionally looked to Donaghue for suggestions on how to disperse these funds. If the suggestion is accepted, the Trust transfers the income to Donaghue to administer on its behalf.
- **In our most recent and still forming collaboration,** Donaghue is joining with the Aetna Foundation, the Connecticut Health Foundation, the Universal Health Care Foundation of Connecticut and the Foundation for Community Health to develop a survey of patient's perspectives of their health and health care. When completed, survey summaries and data will be available for others to use to promote improvements in the state.

We're fortunate that Donaghue is able to take advantage of these opportunities as they come along. It takes a bit more work to develop these partnerships and to make it as seamless as possible for the grantee. We hope any inconvenience that the grantee experiences in this multi-funder approach is offset by the advantage of having more than one funder supporting their work.

David Knecht – Donaghue PAC member

Few people have the history with Donaghue that David Knecht has. In 1992, which was Donaghue's inaugural year, and as Assistant Professor in the Department of Molecular and Cell Biology at University of Connecticut, Knecht was awarded a "Research Grant-in-Aid" from the Foundation. Twenty years later, now as Full Professor, he is retiring from the Foundation's Policy Advisory Committee, a role he took on in 1999. Knecht has also served on the Foundation's Biomedical Research Review Committee (1996 and 1997) and on the Donaghue Investigator Scientific Review Committee (1998 to 2005).

Our many thanks to Dave for his steadfast support of the Donaghue Foundation!



One of Dr. Knecht's policy interests was the proportion of grant dollars that were allocated to the Foundation's different programs. As part of saying goodbye, Donaghue staff gave him a cake that had a pie chart (a "cake chart"?) in frosting of the proportion of grant dollars by program over the past 20 years.

Donaghue Partners with National Funders in New Grant Programs

Applying Behavioral Economics to Perplexing Problems in Health and Health Care will fund rapid-cycle research that uses the behavioral economics to help resolve perplexing health problems. This program was initiated and is largely funded by the Robert Wood Johnson Foundation. In addition to collaborating in the design of the initiative, Donaghue will support two teams of researchers in the first of two rounds of funding.

The goal for this grant program is to generate and test pioneering ideas that may lead to breakthrough solutions in health. The program also aims to increase the number of behavioral economists addressing health and health care issues. Grants of up to \$100,000 will be made for these projects. Two rounds of grants will be funded and two symposia will be held to convene the funded researchers at an early stage of their work to enhance learning and identify remaining gaps in what we know about how behavior economics applies to health.

For more information about this opportunity call the Foundation office (860-521-9011).

Future of Nursing Campaign for Action Research Agenda is a unique, multi-funder initiative that Donaghue is participating in to identify, generate, synthesize and disseminate evidence essential to informing the efforts to implement recommendations outlined in the Institute of Medicine report, "The Future of Nursing: Leading Change, Advancing Health." The Robert Wood Johnson Foundation developed and is coordinating this initiative.

The purpose of this activity is to increase and focus national attention on a common research agenda related to the IOM recommendations and to facilitate and coordinate funding activity across a range of funders of nursing research. In addition to Donaghue, the funder's community currently includes The Robert Wood Johnson Foundation, The Gordon and Betty Moore Foundation, The John A. Hartford Foundation, The Blue Cross and Blue Shield of Florida Foundation, and The Rita and Alex Hillman Foundation.

From June 10, 2011 through January 3, 2012, RWJF will accept brief proposals that address the stated research priorities. Proposals will be reviewed and scored by at least one nursing scholar and one scholar from another discipline. Those that receive an above-the-threshold score in each of the dimensions of relevance to the funding aims, potential impact, and methodological rigor will be considered for funding by the funder's community.

Using this coordinated approach, applicants will have access to a broader range of potential funders than they would have in a typical application process. Individual funders or combinations of co-funders who are interested in pursuing a funding relationship with an applicant will follow up directly with the applicant to request additional information, including more detailed proposals and budgets. Funders will use their own processes to review, decide, and if funded, administer and monitor their grant award.

Information about this opportunity may be found at www.thefutureofnursing.org/research or by calling (215) 573-2981 or the Donaghue office (860-521-9011).

What's an "Unconference"?

That's what Donaghue wanted to know. So, always looking for new ideas, we signed up to attend.

HealthCampCT, structured as an "unconference," was held at Yale University School of Nursing on April 2. The purpose of the HealthCamp was to bring together individuals to share their viewpoints and ideas on improving healthcare — with a heavy orientation toward social media and information technology. It was a participant-driven meeting with the agenda set by those in attendance on the day of the event — hence the "unconference" format.

At the start of the day, participants wrote on index cards an idea they were passionate about and wanted to discuss with others. Each person pinned their card on a grid that showed the structure for the day's activities: two sessions before lunch and two sessions after lunch, with four rooms available for each timeslot. Several session ideas overlapped and were therefore combined, but, in the end, the approximately 40 participants did indeed set the agenda for the day. Topics included the future of nursing, patient decision aids, how patients are using social media such as LinkedIn and Facebook



Health Camp participants determined the "unconference" agenda during the day it was held.

to form groups and patient profiles, and whether we are spending too much money on research.

HealthCamps have been held in many other U.S. cities, such as Boston, San Diego, Philadelphia and Minneapolis, and in the U.K. and Canada.

Safety Leadership Training for Hospital Managers

Over the past decade, spurred by concerns about medical errors, hospitals nationwide have dedicated significant resources to developing innovative ways to improve the safety of patients in their care. Hospitals are inherently high-risk, high-cost environments where even modest improvements in safety can translate into immediate and dramatic gains for both patients and caregivers.

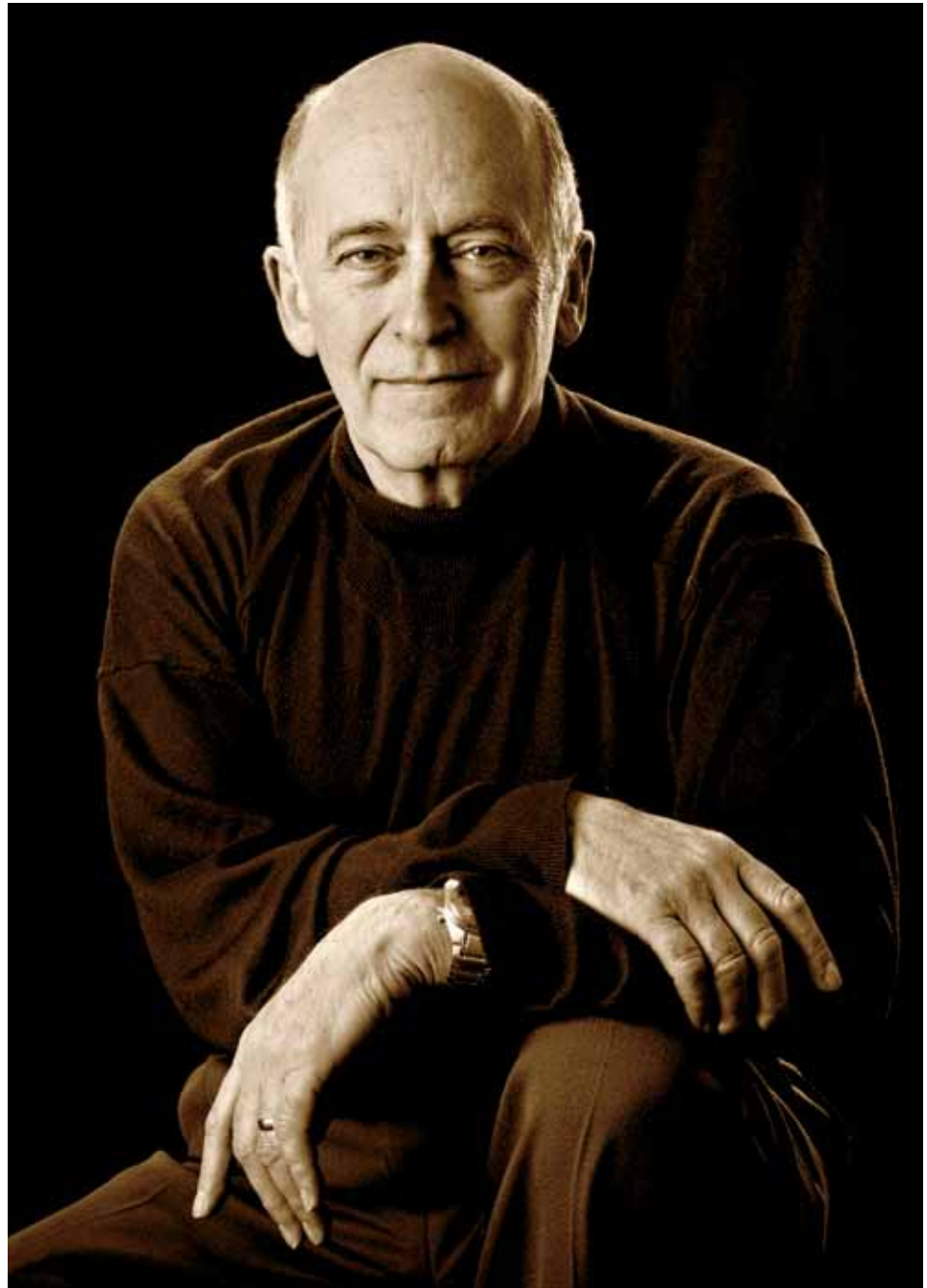
In 2007 as part of its Patient Safety Research program, the Donaghue Foundation made a grant to Massachusetts General Hospital to explore the role of simulation in patient safety leadership. With an initial \$325,000 in funding from Donaghue, the “Engaging Leaders in Patient Safety through Simulation” initiative brought together as collaborating investigators Gregg Meyer, MD, Senior Vice President, Quality and Safety at Massachusetts General Hospital; Harvard Medical School Professor of Anaesthesia Jeffrey Cooper, PhD; and Sara Singer, PhD, of the Harvard School of Public Health.

“Resolving problems in complex organizations like hospitals requires managers to work together,” says Cooper, who also serves as Executive Director of the non-profit Center for Medical Simulation (CMS) in Cambridge, MA. “We developed a training program to introduce managers and informal leaders of healthcare organizations to key concepts of teamwork, safety leadership, and simulation to motivate them to act as leaders to improve safety within their sphere of influence.”

The “Healthcare Adventures” sessions were conducted at the CMS facility, where lifelike, computer-controlled patient simulators are used to teach multidisciplinary teams how to handle life-and-death situations. “Simulation is about practicing without putting patients at risk,” says Cooper. “We work to get people to be more self-reflective, to think more deeply about how they make mistakes, how accidents happen, and how they can prevent them.”

Simulation not only provides an opportunity for hands-on clinical training, but realistic patient-care scenarios also give managers and other stakeholders an understanding of their role as safety leaders. “Hospital managers often blame one individual — rather than the system — for medical errors,” says Cooper, an expert in critical incidents and human error in anesthesia. “It’s generally not one person, but rather failures in the system that are the larger root causes when patients are injured from an healthcare accident.”

While clinicians generally focus their attention on direct care, managers and administrators often lack patient care experience and instead worry about regulations, budgetary



Jeffrey Cooper, PhD

pressures, malpractice, or media attention. “Studies suggest that we haven’t made much progress in preventing accidents and adverse events over the past 10 years,” says Cooper. “The program we tested with Donaghue funding is designed to galvanize middle and upper management to make changes to enhance patient safety.”

Each team participated in one daylong program during which they experienced one of two different training scenarios, followed immediately by a “debriefing” session. In the scenario for groups of primarily non-clinician managers, participants conducted an anesthetic induction and then managed an ethical situation. The scenario for teams with several or more clinician-managers began with a simulated consulting visit to an emergency room that evolved into a problem-solving challenge.

“Teamwork is an incredibly challenging and difficult concept to implement,” says Cooper, the recipient of several prestigious lifetime patient safety achievement awards. “Our goal

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Science conference for consumers, families

There are many science conferences about medical research, but not many are intended for health consumers and their families. Neuroscience 2011: Promoting Recovery with New Treatments was held on April 9 at Yale University School of Medicine and was supported by Donaghue, Yale University Department of Psychiatry, the State of Connecticut Department of Mental Health and Addiction Services, and the Connecticut National Alliance on Mental Illness. The purpose of the conference is to promote advocacy, research, and clinical care to improve the lives of those afflicted with brain disorders. Recent advances in basic and clinical neuroscience were presented, and their potential to improve diagnosis, treatment, and prevention of mental illness was explained.

For the past 20 year, the Department of Psychiatry, DMAHS and CT-NAMI have worked together on these conferences. Each year, about 250 individuals attend — mostly mental health services consumers, their family members, and community mental health providers. A favorite part of the conference is “Ask the Experts” — a break-out session that allows participants to speak directly with researchers and clinicians about the presentations made earlier in the day. Representative Patrick Kennedy was honored at the Neuroscience Conference this year for his advocacy efforts to promote parity for mental illness and eliminate stigma and discrimination associated with brain disorders.

Design Thinking *—continued from page 1*

and what is desired from the user. Understanding the user's experience is key to design thinking, and by using the ethnographers' tools of observation the context of the user's experience is revealed to enable a design with a better fit. Rae identified the three stages of design thinking — inspiration, ideation, and implementation — and provided examples from health care and other industries on how these three stages are used.

The next speakers, Camille Kubie and Ben Fry, turned the focus to designing in the world of data. Kubie, Brand Manager at GE, and Fry, founder of Fathom, have created the Healthmagination data visualizations from GE. Data visualizations use graphical means of communicating complex data bases in a way that is easily understood and intuitive. With these visualizations, which are often interactive, users can often both define the question and obtain the easily understood answer.

Following the speakers, Todd Staub, MD, Board President of ProHealth Physicians, led the speakers in a discussion of how their ideas are put into action. Using questions from the audience, the three speakers discussed such things as how can prototyping, an important concept in design thinking, can be used in health care, and how using data visualization how might influence the way we design data systems.

The conference's Data Viz Café, which was open before and after the conference and during the breaks, provided opportunities for conference attendees to check out data visualizations that were set up on six laptops. To see some of the visualizations that were available at the Café, go to <http://visualization.geblogs.com/healthmagination>.

Photographs of the conference are available at www.donaghue.org.

Our conference panel moderator, Todd Staub, MD, focused on the potential of design thinking to create better health care environments for both physicians and patients in the June ProHealth newsletter.



Ben Fry



Jeneanne Rae



Foundation Trustees Amy Lynch and Lynne Garner speak with conference guest.



Donaghue Vice President Nancy Yedlin confers with Todd Staub, MD before panel discussion.



Panel discussion followed the three keynote speakers



Fourth Annual Andrews Lecture

Mark your calendar for Lee Woodruff, *In an Instant* author

Lee Woodruff, author of *In an Instant: A Family's Journey of Love and Healing*, will be this year's 2011 Andrews Lecture speaker. The lecture will be held on Monday, December 5 at 5:00 PM at Yale University School of Medicine. A reception and book signing will follow the lecture.

Woodruff will focus on the voice of the family by exploring the impact that a patient's serious illness has on his or her family and the family's challenging role as caregiver. *In an Instant* is both Lee and Bob Woodruff's account of the traumatic brain injury he suffered while embedded with a marine unit in Iraq and the long road to his recovery. They each tell their own perspective of the hospitals, surgeries, rehabilitation, medical personnel, and the impact all this had on their four children and their marriage. Woodruff will also describe the work they are doing to educate the public about all injured service members, with a special emphasis on the hidden injuries of war — traumatic brain injury and combat stress. Since publishing *In an Instant*, Woodruff has been a frequent keynote speaker for a variety of audiences, including hospital associations and women's leadership and patient advocacy groups.



Lee Woodruff, co-author with Bob Woodruff, of their memoir *In An Instant* is this year's Andrew's Lecture speaker

The Andrews Lecture series was inaugurated in 2008 to honor Ray Andrews' stewardship of the Donaghue Foundation as its individual trustee from 1993 through 2007. Because of Ray's abiding interest in making sure that the voice of the patient is heard by those in clinical research and practice and by health systems leaders, the lecture series has sought to inform and educate a medical audience by addressing the patient's experience from a variety of perspectives. This will be the fourth of five Andrews Lectures, and it is open to the public.

To plan this year's lecture, Donaghue convened a group including Ray Andrews and several other colleagues and advisers to Donaghue to make topic and speaker recommendations. The group, was chaired by Judy Kunisch, Lecturer at Yale School of Nursing and included, along with Ray, Nancy Angoff, Associate Dean, Yale School of Medicine; David Smith, Senior Lecturer in Bioethics at Yale University; Linda Pellico, PhD, Assistant Professor, Yale School of Nursing; and Sheilah Rostow, former Bank of America Trustee for Donaghue.

More information will be sent in the fall. To join the Donaghue mailing list, go to Donaghue.org and click on "Sign up for more Donaghue information" at the bottom of the screen.

"Hospitalomics" —continued from page 1

even after controlling for differences in the types of patients they treat. This project will create the tools to characterize detailed patterns of hospital care for specific patient groups, to help us invest our hospital resources where there is a greater return for our patients.

In partnership with Premier, Inc., a consortium of more than 1,000 hospitals, the project is using a scientific, data-driven approach to investigating hospital care. Premier, Inc. has created one of the nation's most comprehensive data warehouses of hospital processes, to which more than 400 hospitals contribute patient-level data. The data will be analyzed and organized to create hospital-specific profiles or "signatures." The team coined the word "hospitalomics" as the approach borrows from efforts in systems biology and bioinformatics to take large amounts of multidimensional data and produce useful knowledge in a given domain, and in this case the focus is on the hospital processes.

After characterizing hospital performance by measuring clinical outcomes and healthcare costs, the team will identify the hospital profiles that are most strongly associated with the best clinical outcomes and the lowest cost, laying the groundwork for possible interventions to improve performance. They will work with the hospitals that generated the



The Hospitalomics team meets regularly to discuss and resolve the many challenges of their work on the project.

data to facilitate knowledge uptake to improve effectiveness and efficiency. It is hoped that the infrastructure created by this effort will provide the capacity for ongoing research into comparative effectiveness of organizational strategies to deliver care more safely, effectively, equitably, and efficiently.

Safety Leadership Training *—continued from page 5*



Jeffrey Cooper, PhD

was to help these management teams create a better climate of trust so that all members of the hospital's staff will feel free to speak up about potential problems. We created a program to teach safety leadership and teamwork skills that we believe could be implemented by other hospitals. Despite the need for safety leadership team training for health care management groups, to our

knowledge, few such specialized programs exist."

At the conclusion of the research project, Donaghue provided a supplemental grant of \$15,000 to help CMS investigate the prospects for disseminating the safety leadership program. "As a foundation, we think very concretely about the limits of funding innovation through research grants," says Donaghue President and Trustee Lynne Garner. "What happens at the conclusion of a project? How can the research gain traction to be used in everyday practice? People in academic settings often underestimate the resources necessary to create a product that will be

"Despite the need for safety leadership team training for health care management groups, to our knowledge, few such specialized programs exist."

– Jeffrey Cooper, PhD

useful outside of a research environment. The supplemental grant provided seed money to explore more effective dissemination strategies to share the results of the research."

The grant allowed Cooper and his collaborators to work with a consulting firm, New Enterprise Factory, to produce a feasibility study for marketing the Healthcare Adventures program in patient safety leadership to additional teams. Today, Cooper's team is engaged in strategic planning to identify ways the Donaghue research project can serve as model for expanding patient safety leadership to a wider audience. Anyone interested in more information about the Center for Medical Simulation or the Healthcare Adventures program can email Jeff Cooper or Gary Rossi (jcooper@partners.org or grossi1@partners.org).

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