

Partnering with Patients to Co-design Care at the McGill University Health Centre



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MUHC-ISAI Conference: Patient Engagement: What is it? Why does it matter? How is it done? October 3, 2014

Context: MUHC Redevelopment (2015)

The Glen Campus (RVH, MCI, MCH)



Mtl Neurological



Montreal General



Lachine

Our Blueprint for Change

- Transforming Care at the Bedside (IHI) & the NHS's "Releasing Time to Care"
- MUHC Innovation: patients co-design with staff

5 Pillars of TCAB

Transformational Leadership at all Levels

**Safe &
Reliable
Care**

**Patient/ Family
Centered
Care**

**Vitality
&
Teamwork**

**Value-Added
Care
Processes**

Objectives

Objective # 1

Understand care “through the eyes of patients and families”

Objective # 2

Deeply engage patients & families, with staff, in co-designing care processes that better meet their needs, thus improving: safety, access & work environment.

Objective # 3

Increase RN time in direct care

Implementation Plan (2010-15)

Wave 1: (CFHI)

- 24 months
- 5 units in 3 hospitals

Wave 2: (Min. of Health)

- 9 months
- 3 units in 3 hospitals

Wave 3: (Max Bell)

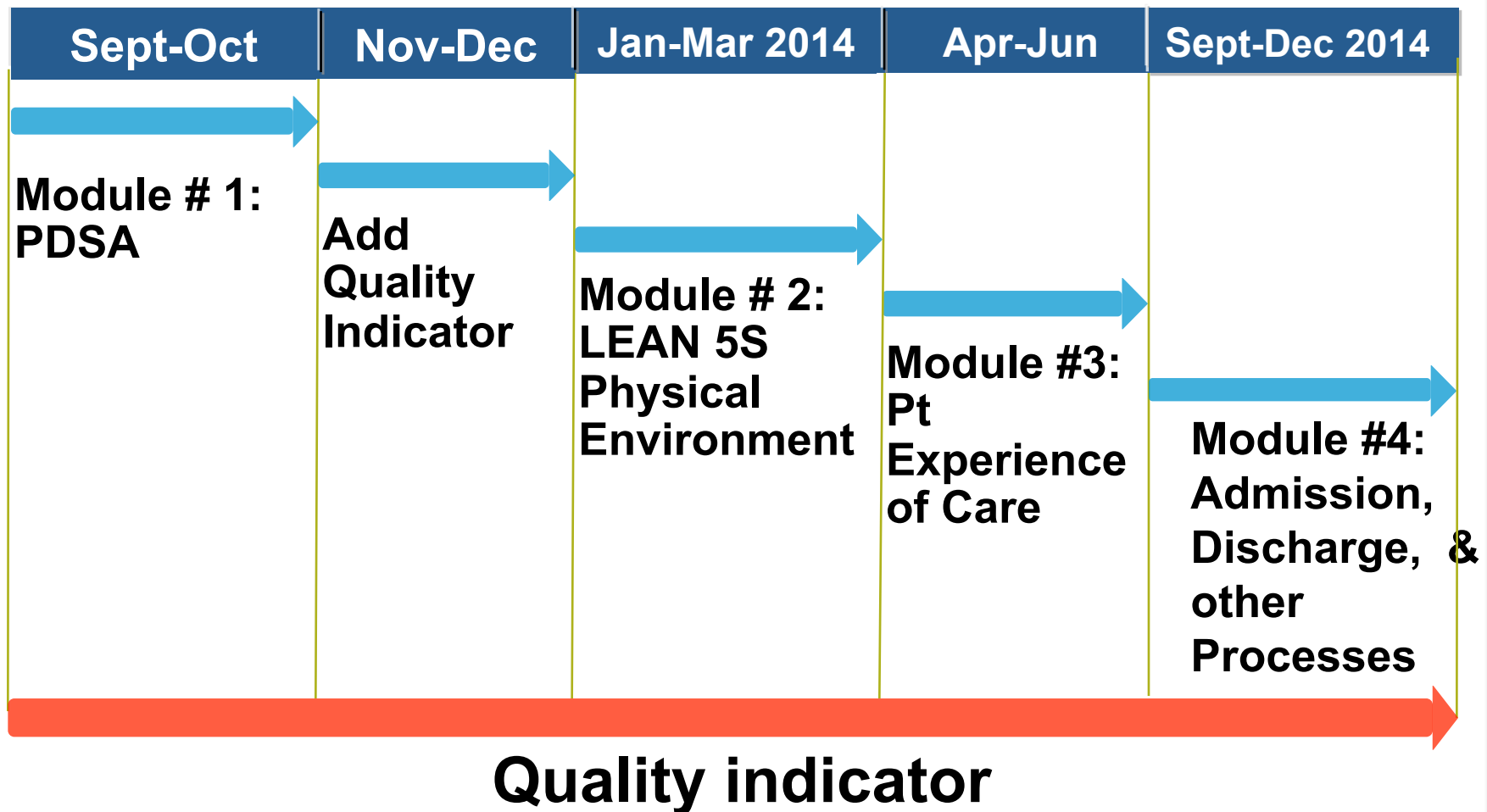
- 15 months
- 8 clinical areas: ORs, ER, Hemodialysis & 4 inpatient units

Unit Teams consist of:

- 1 Nurse Manager
- 1 Asst. NM (CNS or NPDE)
- 2 Nurses
- 1 Patient Attendant
- 1 Unit Coordinator
- 1-2 Patient representatives
- Physicians
- Rehab therapists, social worker, dietician
- One day/wk staff & pt reps tested improvement ideas

Current timeline: Wave 3

Structured learning modules



Measures for Accountability

Patients:

- Patient experience of care (HCAHPS Survey)
- Interviews post-discharge

Quality of care:

- Access, timeliness of care, reduced safety risks, pressure ulcers, pain, nosocomial infections

Staff:

- Time in direct care & value-add care
- Team effectiveness, global work satisfaction, work engagement, capacity to lead quality improvement, turnover, overtime

Managers:

- Self-efficacy, global work satisfaction, worklife, capacity to lead quality improvement

Patient engagement:

- Focus groups

+++ PDSAs



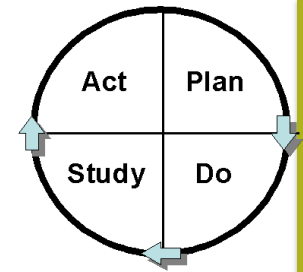
TCAB/PEP Journey: The Patient and Frontline Team Voices





Results

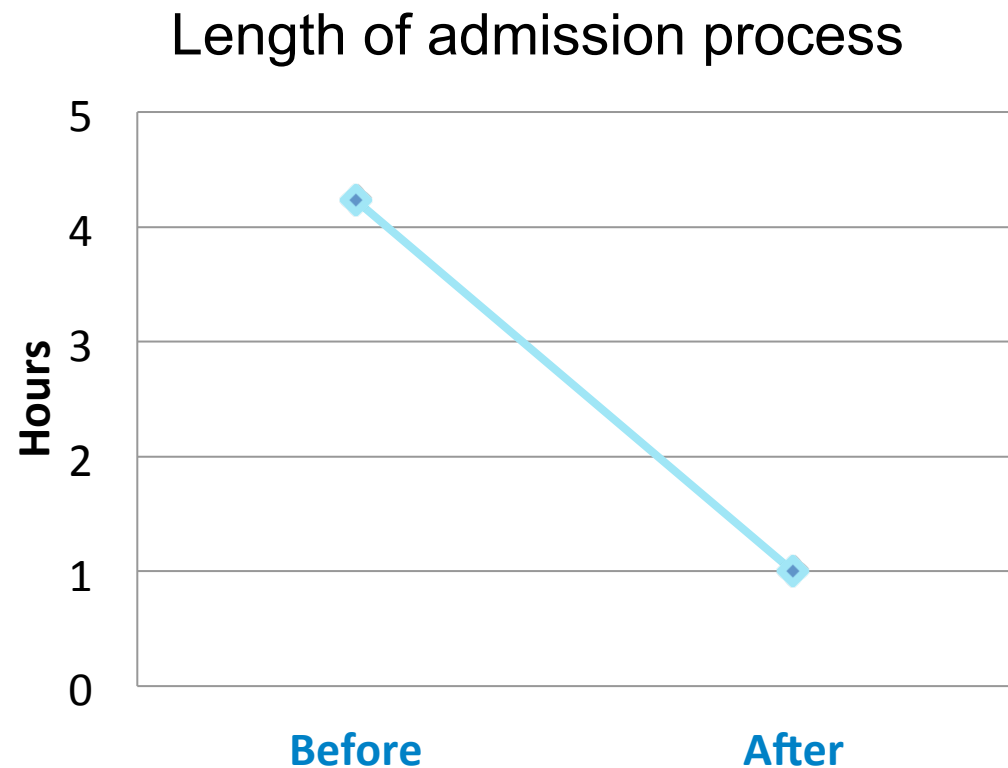
Module 1: Plan-Do-Study-Act New Team Admission in Mental Health



Serial interviews replaced by *team interview* with patient.



Time Saved: 300 adm/
yr x 4.23 hrs = **0.7**
FTE

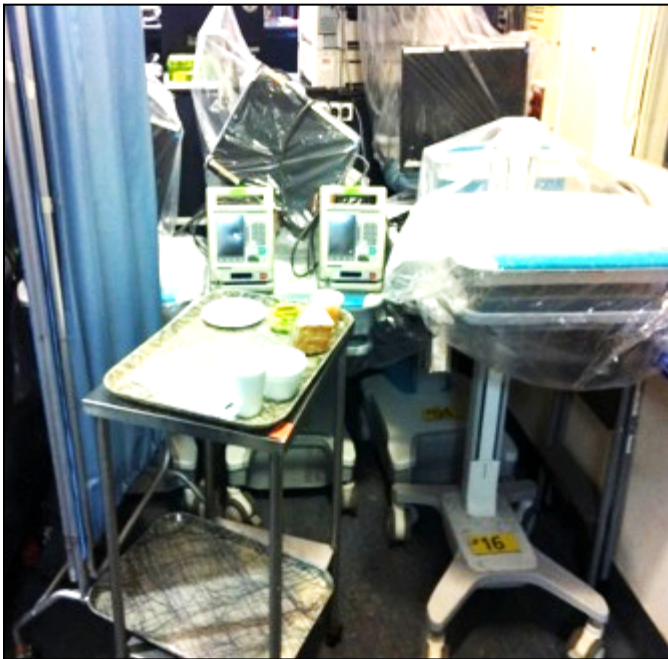


Recognized by Accreditation Canada
as a *Leading Practice* (2014).

Module 2: Improving the Physical Environment with LEAN 5S

Sort, Set, Shine, Standardize, Sustain

Before

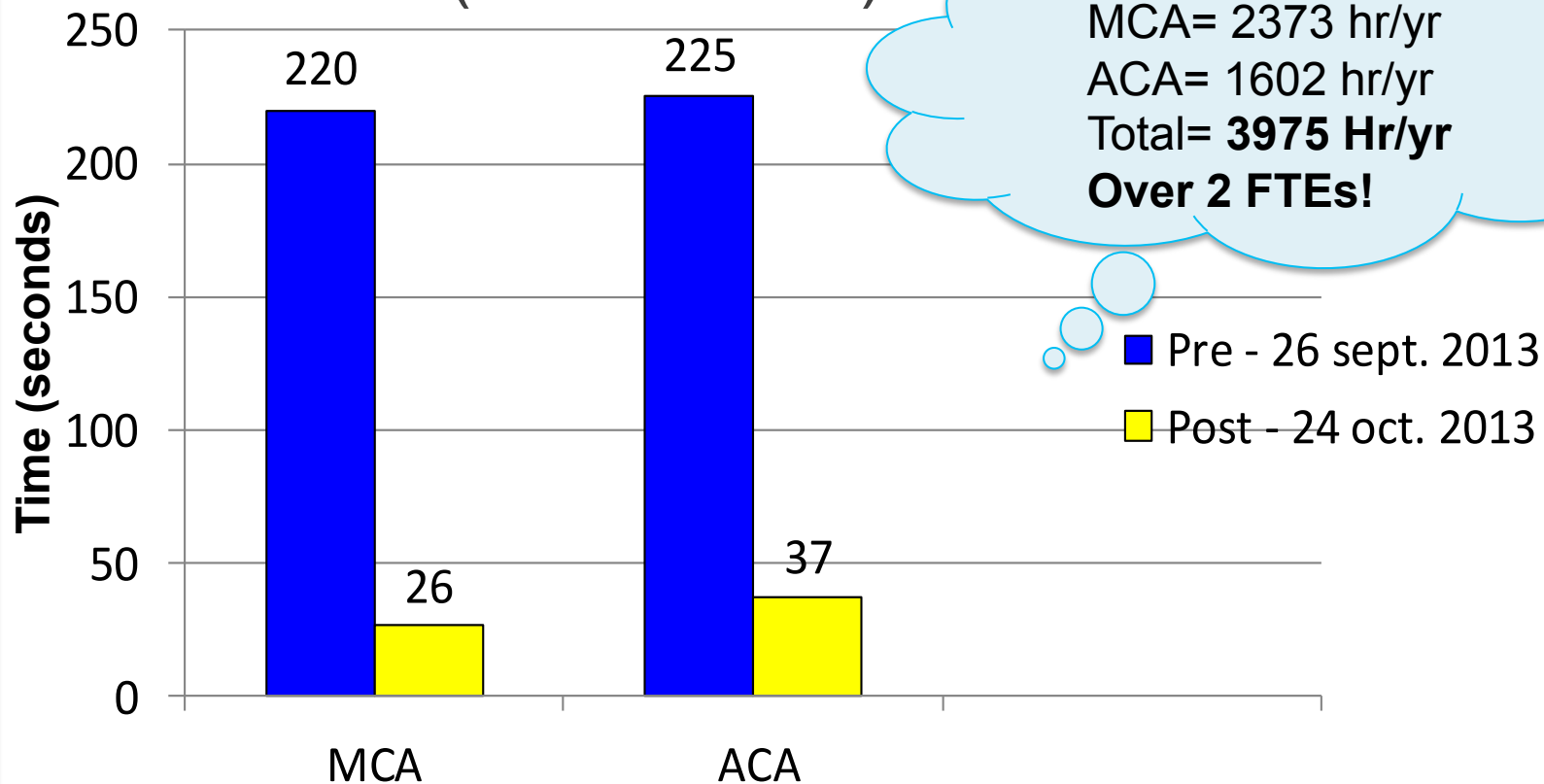


After



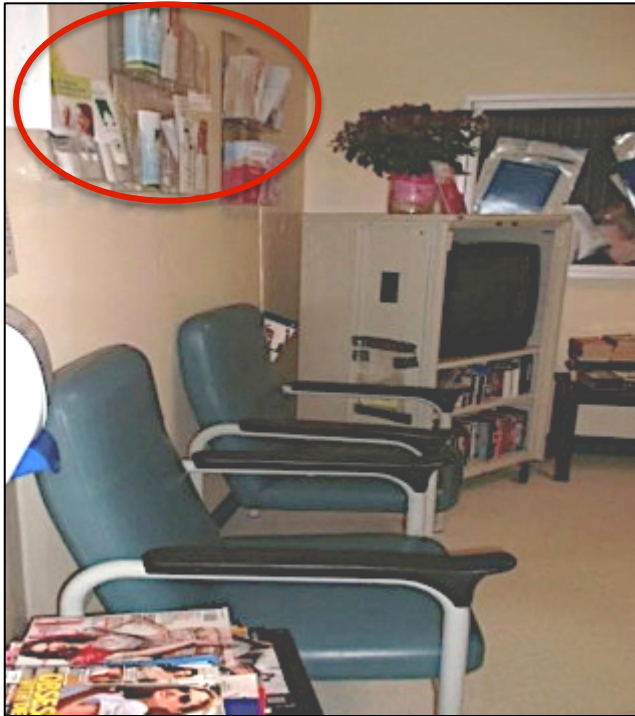
Reducing Non-Value Time: Equipment Relocation in an ED

Time to find Equipment
(Before/After)



5S: Patient Redesign of Family Visiting Room

Before



Visitors room & OR prep room
Sharps containers and
many cancer pamphlets

After



Example of *nothing about me without me* approach
to redesign

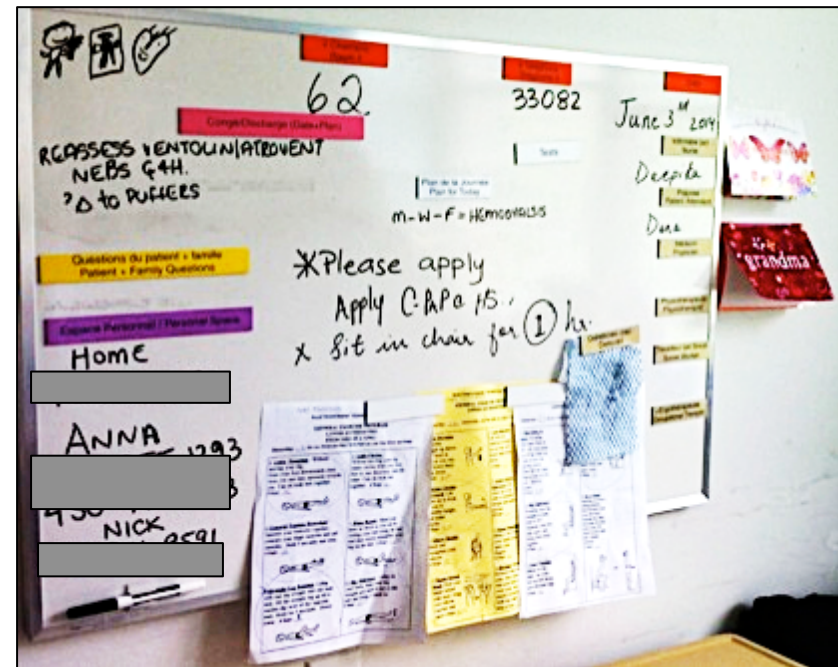
Module 3: Patient Experience of Care

Intervention Bundle:

- Whiteboards
- 3 Therapeutic Questions:
 - What is your greatest concern right now?
 - What information do you need that would be the most helpful?
 - What do you need from me right now that would help you?
- Comfort Rounding

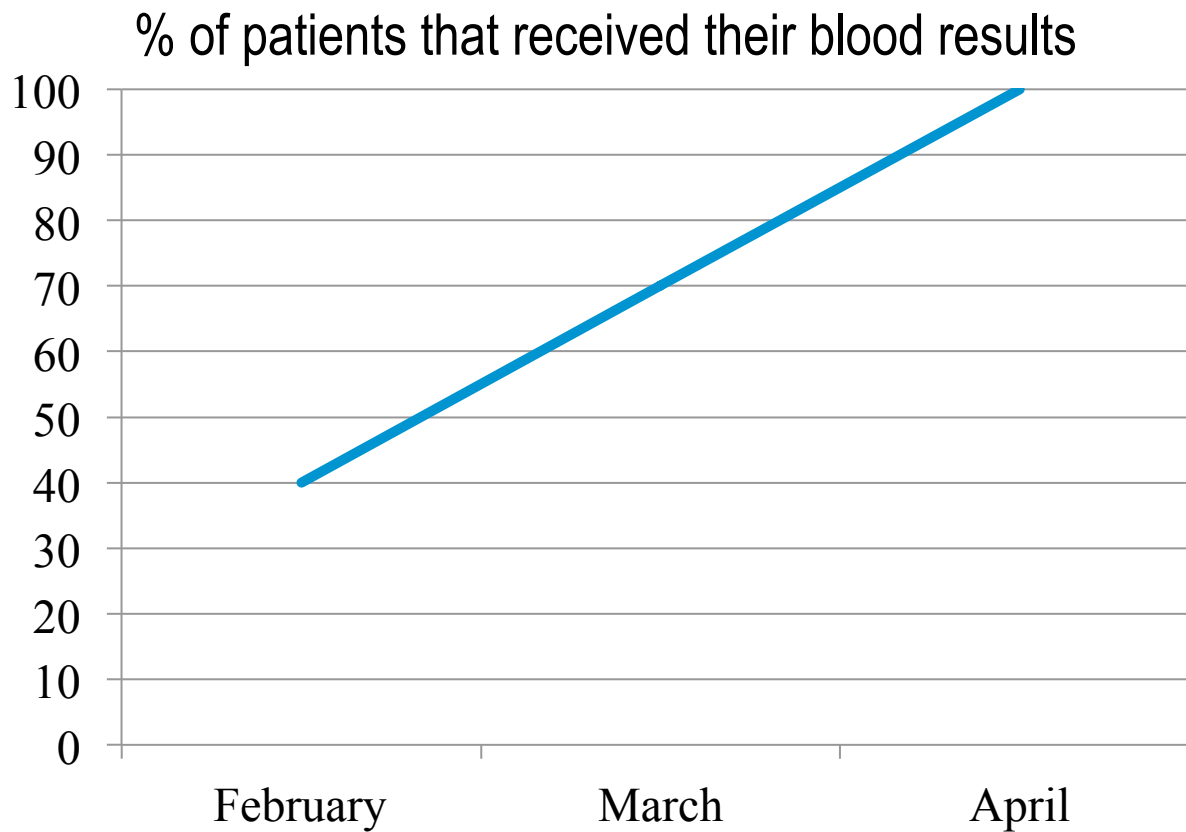
Whiteboards: 2-way Communication Tool

Whiteboards adopted by patients and their families to communicate with care team and to provide support and encouragement for each other



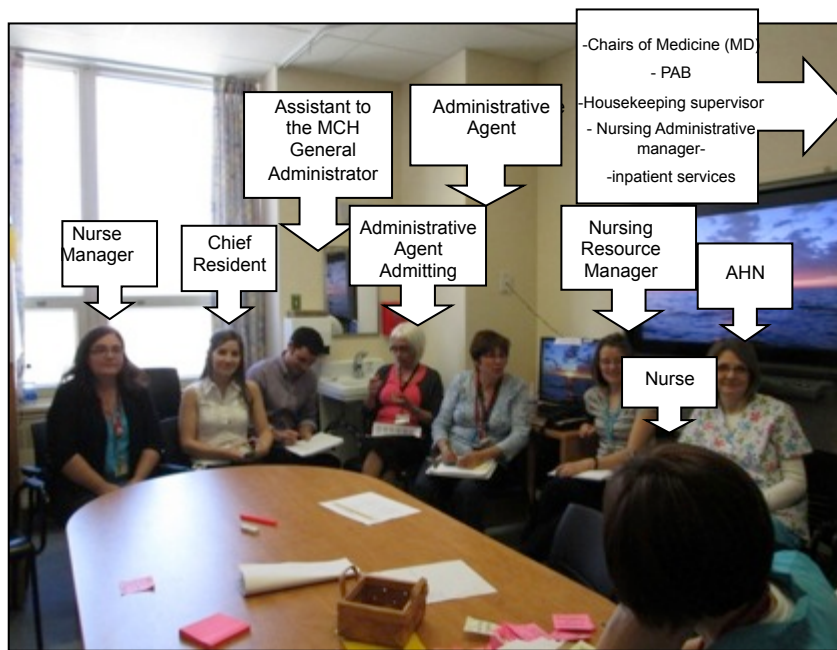
Therapeutic Question: "What information do you need that would be the most helpful?"

Hemodialysis Monthly Blood Report Card



Module 4: Improving Admissions & Discharges

Multidisciplinary Team



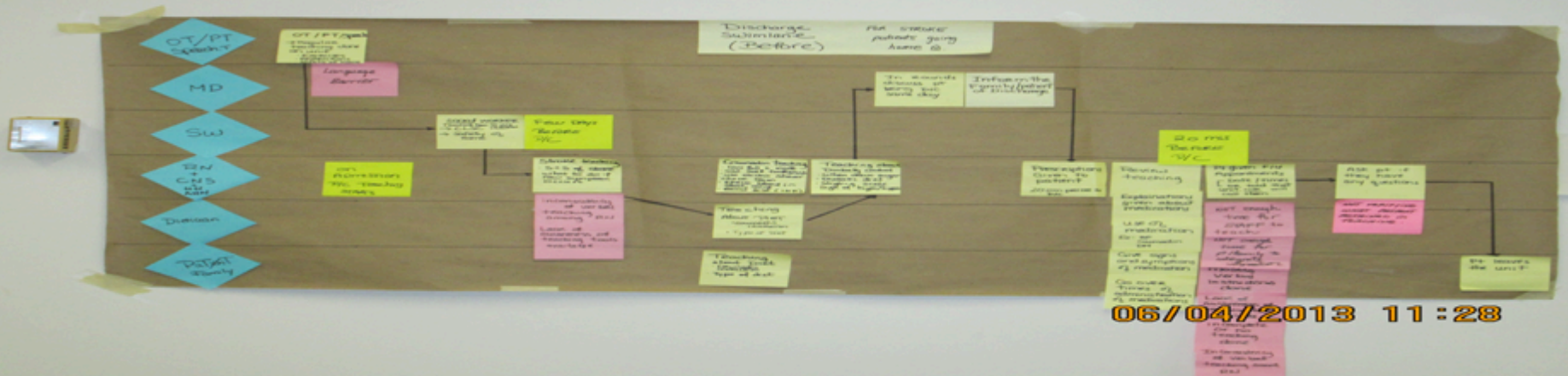
Process Mapping



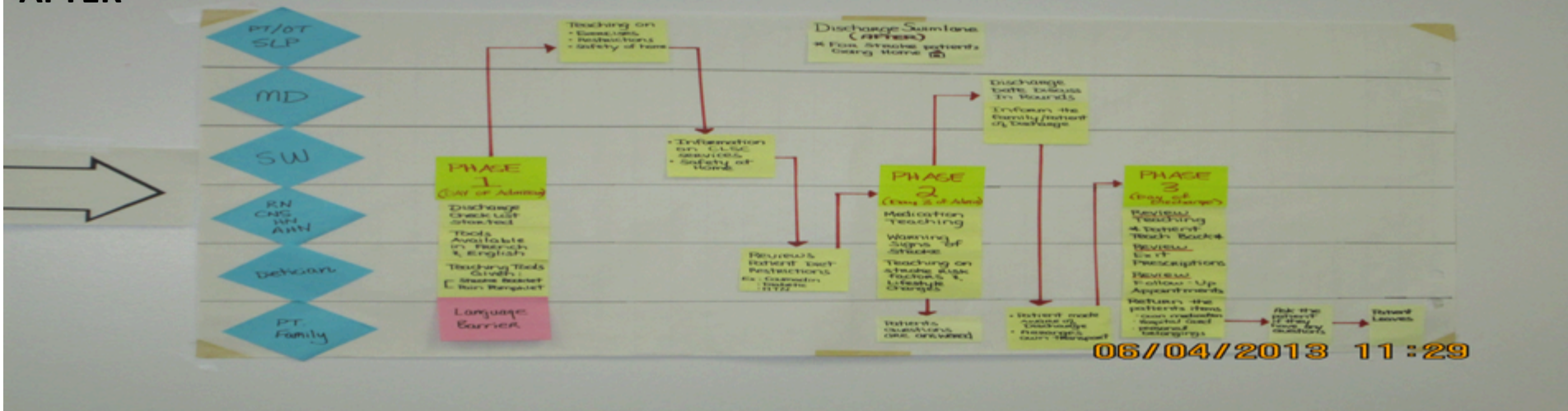
Creating process maps to identify waste and opportunities for standardization and improvement

Improving Stroke Discharge Processes

BEFORE



AFTER



Discharge planning checklist for stroke patients

**Discharge Planning:
Stroke Patients**

Phase One – Day of Admission (date) _____		Date	In	Teach Book	Initial
Give pain pamphlet	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give stroke booklet (label with patient's name)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquire if they have family doctor and write the information on page 3 of the health assessment under "Health History"	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Phase Two – Hospital Stay: Day 3 (date) _____					
Start teaching new medications (Stroke Booklet p.19).....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach about stroke risk factors and lifestyle changes (Stroke Booklet p.22).....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach about warning signs of stroke and what to do (Stroke Booklet p.4)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give Coumadin pamphlet on day one when Coumadin is started (label with patient's name).....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go over Coumadin checklist from Coumadin pamphlet on page 13/14.....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Phase Three – Day of Discharge (date) _____					
Review warning signs of stroke and what to do (Stroke Booklet p.4)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform Stroke Nurse Clinician (Rosa Sourial) of discharge	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give and review exit prescriptions.....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform patient of the availability of getting a medication dosette box from their pharmacy	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give and review follow up appointments	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give back patients own medications/ hospital card/ personal belongings	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
they have any questions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
his completed discharge sheet to unit coordinator (Jimmy) after patient leaves	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

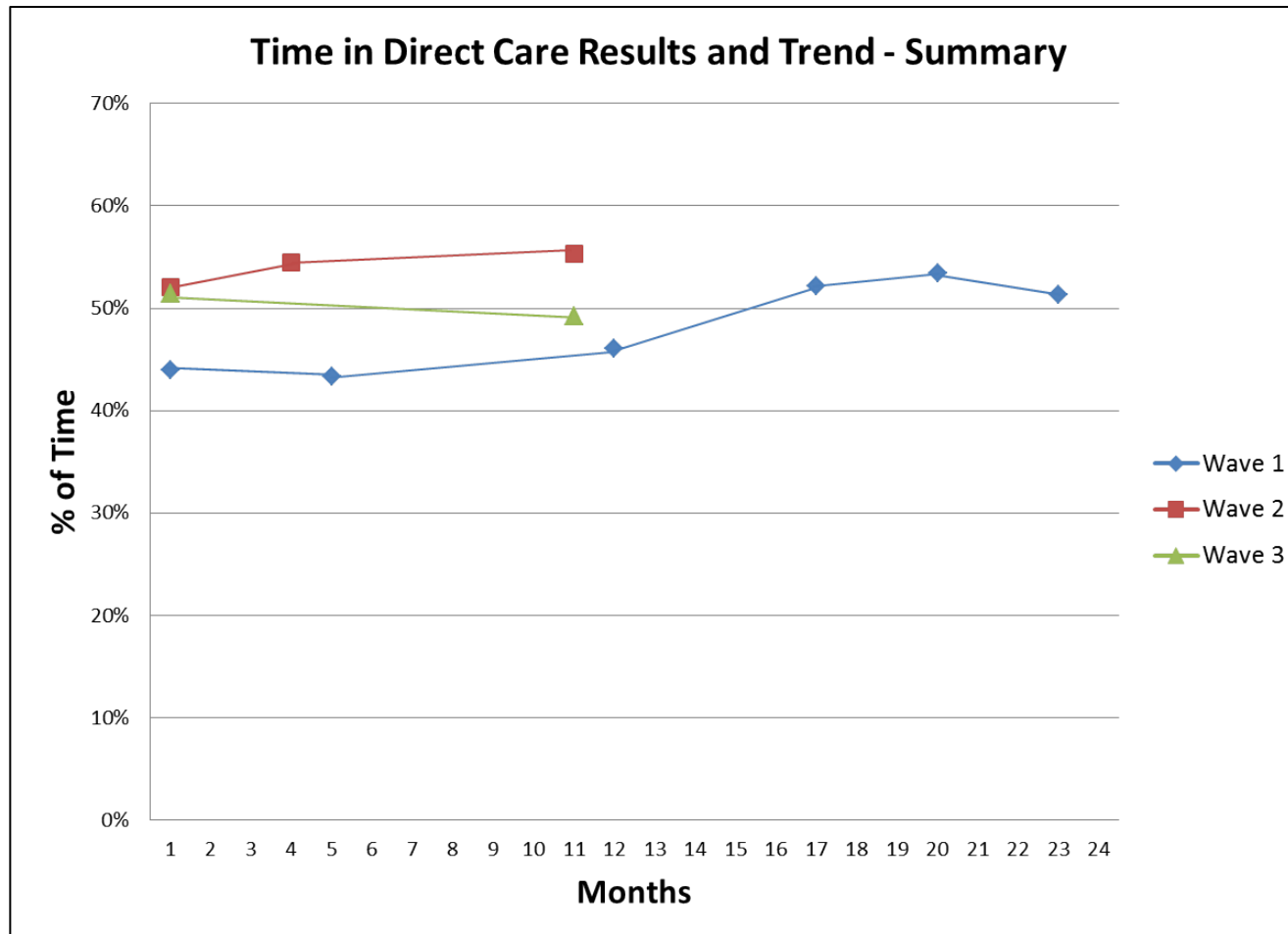
05/28/2013 13

20 minutes of teaching just prior to discharge, now spreads out over 7 days in 3 different phases.

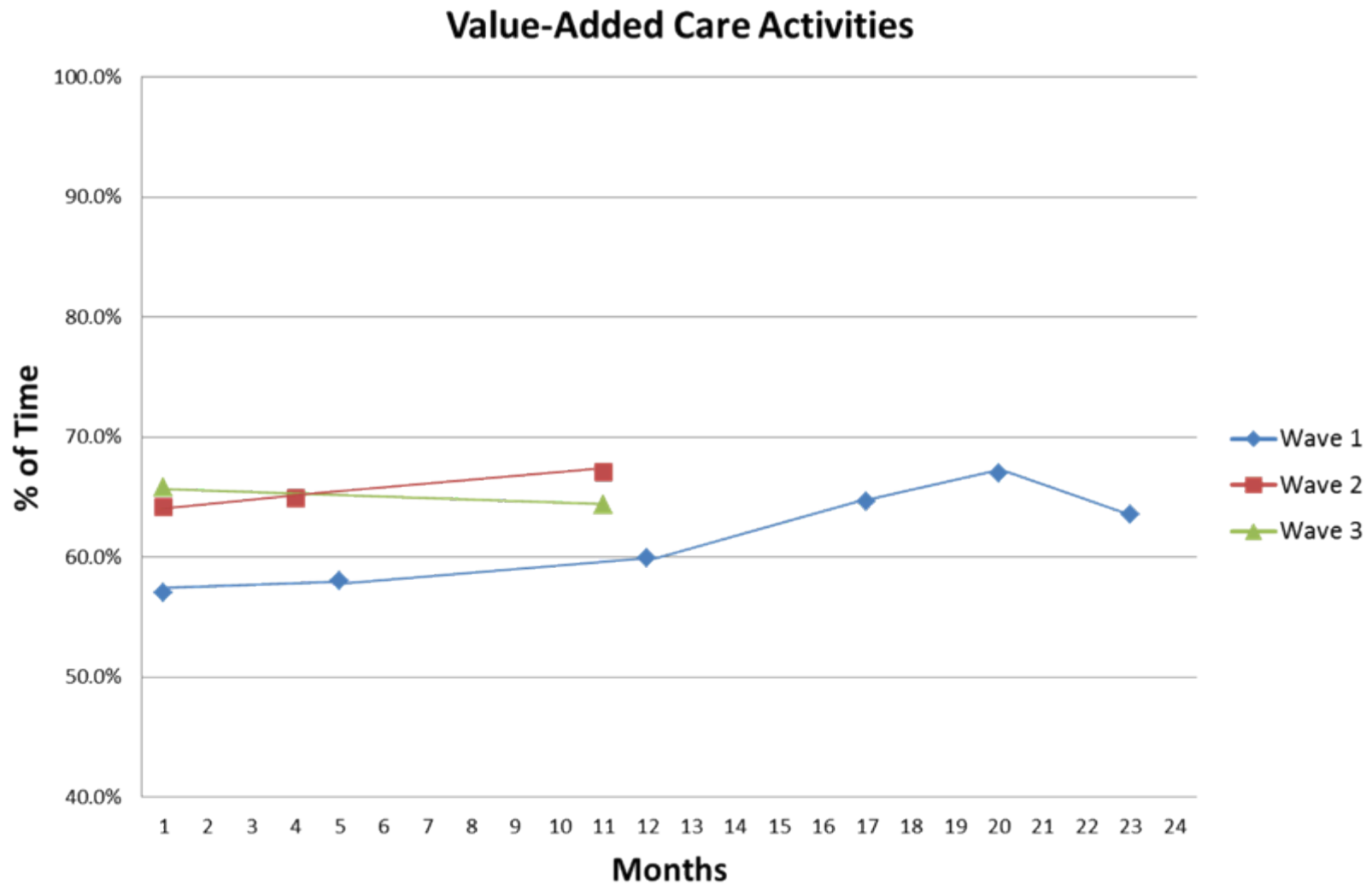
Organizational Impacts



Time in Direct Care – Results from 3 waves



Value-Added Care Activities - 3 Waves



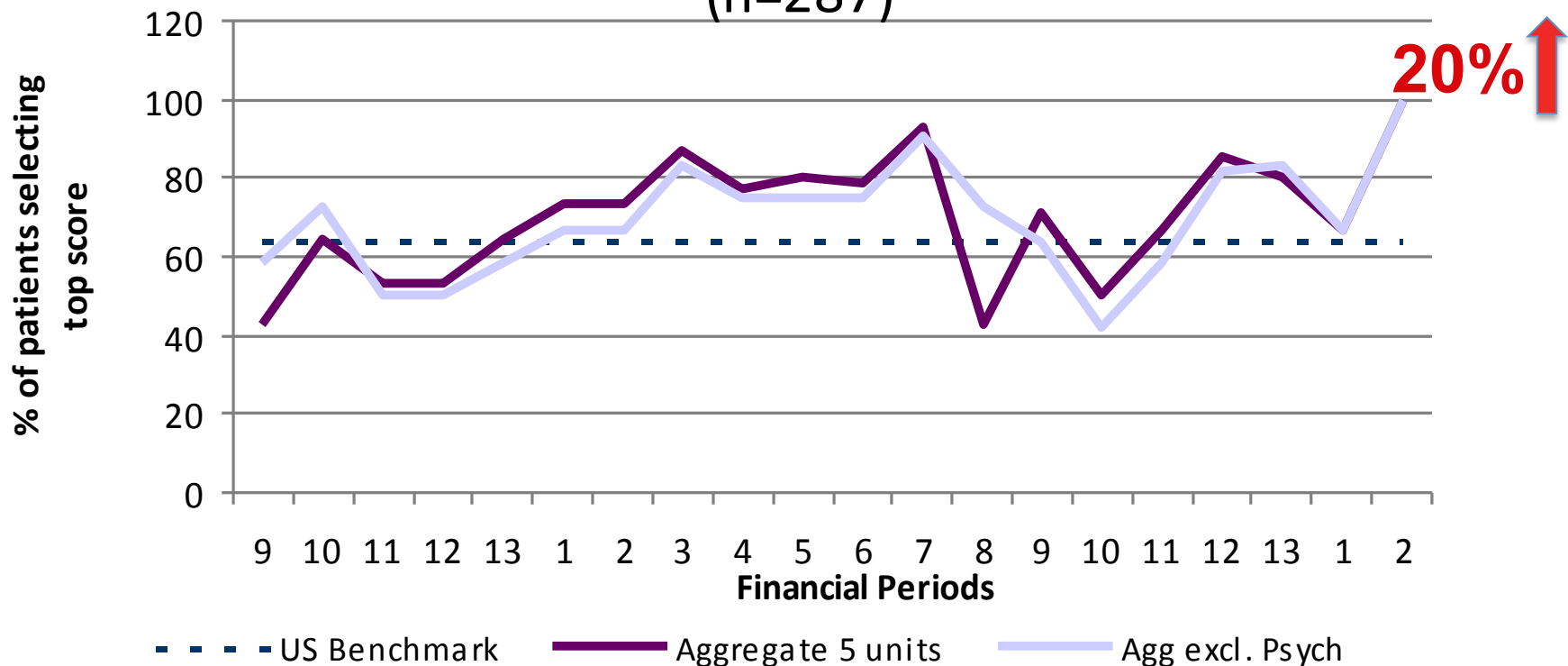
HCAHPS Results: Responsiveness (Wave 1)

Q: During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

Q: How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (never, sometimes, usually, always)

Responsiveness

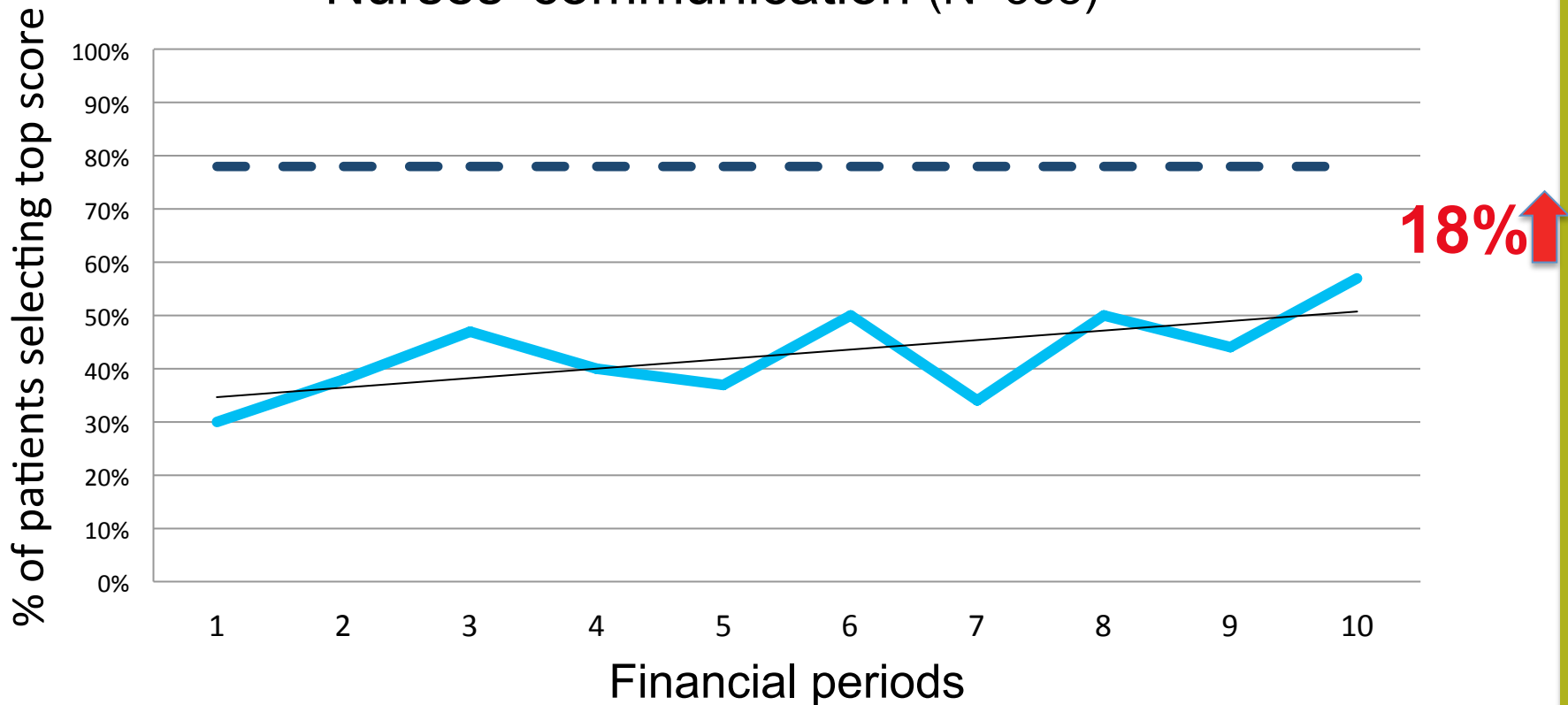
(n=287)



HCAHPS Results: Communication with Nurses (Wave 3)

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you?
3. During this hospital stay, how often did nurses explain things in a way you could understand?

Nurses' communication (N=338)



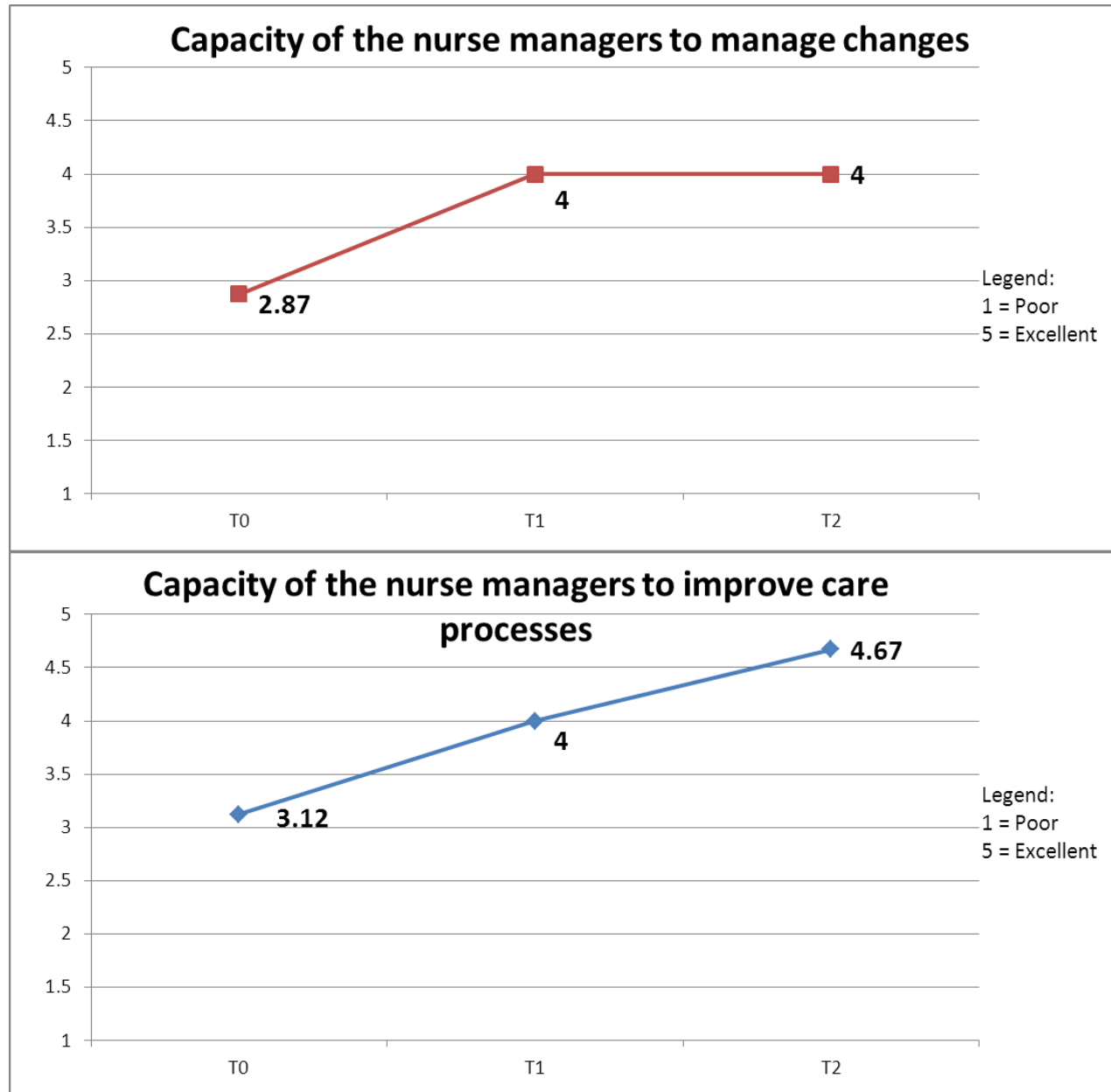
Patient Representatives: Their Experience

“I’m really enjoying my experience with the TCAB team. I feel as if my opinion is very important in all the decisions that are taken. All together we worked on the reorganisation of the ward. It feels heartwarming to know that as a patient representative my opinion counts and that the healthcare professionals are working hard to improve the environment of the patients and their families.”

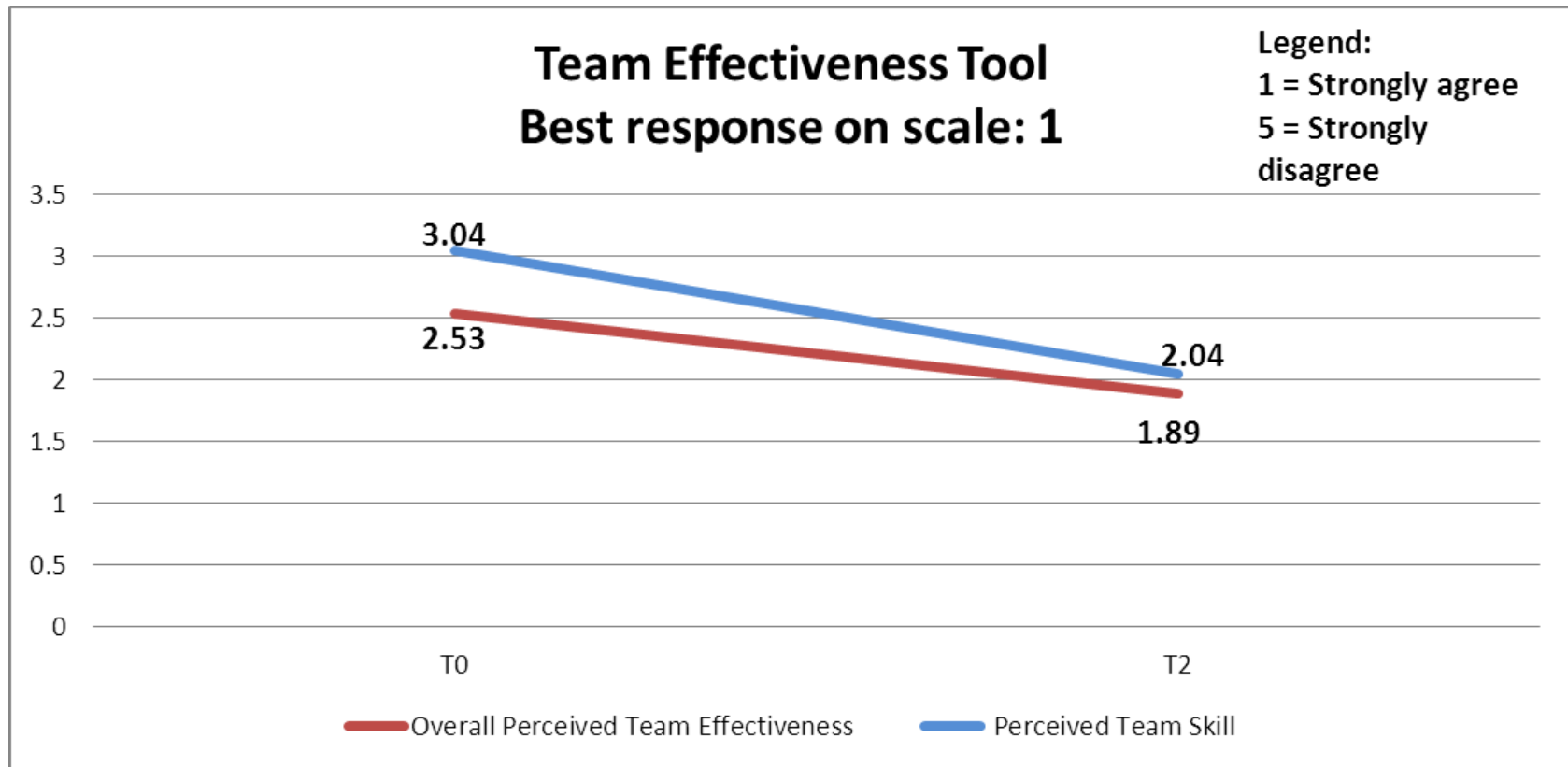
Staff Perceptions of TCAB

“I think that a lot of discussion happens ... we share our opinions. Like it or not, it makes us grow, it opens things up. It expands our outlook. I think that communication among colleagues has improved. It’s one benefit of the TCAB. I have a stronger sense that I’m part of the team.”

Impacts on Work Environment & Teamwork



Impacts on Work Environment & Teamwork



Other Co-design Outcomes

- ✓ Managers perceived greater self-efficacy
- ✓ ++ improved relationship with union
- ✓ Cost savings: \$3,000/unit on supplies/equipment
- ✓ AHRQ collaboration in testing pediatric HCAHPs tool
- ✓ Improved skills in “spreading” innovations:
 - ✓ Have reached 45% of staff (19 units)
 - ✓ TCAB methods to reduce C-difficile and VRE infections

Elements of Success

- Extensive stakeholder engagement
- Protected release time & facilitator support
- Patients embedded in re-design of care
- Clear deliverables for each module
- Coaching on measurements *meaningful to staff*
- Senior leader presence
- Communicating achievements at all levels

Key Messages

1. Partnering with patients brings different insights & better ideas.
2. Investments to build improvement capacity of *direct care providers* and *patients* leads to:
 - shared responsibility for operational effectiveness
 - better performance
3. Data-driven improvement methods with “real time” reporting foster buy-in from the care team & are key to sustainability.

Successful Partnerships in Co-Designing Care

“Thank you for giving us this project. We are discovering our strengths and we are working together. Who would have thought this would be possible? (President, MUHC Patients Cttee)



Thanks to Generous Donors

- Canadian Foundation for Healthcare Improvement
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- Foundations of MUHC Hospitals
- MUHC: Executive, Quality dept, Patient Committees

