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

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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

<table>
<thead>
<tr>
<th>Module # 1: PDSA</th>
<th>Add Quality Indicator</th>
<th>Module # 2: LEAN 5S Physical Environment</th>
<th>Quality indicator</th>
<th>Module #4: Admission, Discharge, &amp; other Processes</th>
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<td>Pt Experience of Care</td>
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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.

Length of admission process

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)

<table>
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<tr>
<th>Time (seconds)</th>
<th>MCA</th>
<th>ACA</th>
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<tr>
<td>Pre - 26 sept. 2013</td>
<td>220</td>
<td>225</td>
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<tr>
<td>Post - 24 oct. 2013</td>
<td>26</td>
<td>37</td>
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Time saved in a year:
MCA = 2373 hr/yr
ACA = 1602 hr/yr
Total = 3975 Hr/yr
Over 2 FTEs!
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

% of patients that received their blood results

0 10 20 30 40 50 60 70 80 90 100

February March April
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

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

[Graph showing Time in Direct Care Results and Trends over 3 waves]
Value-Added Care Activities - 3 Waves

![Chart showing the percentage of time spent on value-added care activities across three waves over 24 months. The chart compares Wave 1, Wave 2, and Wave 3, with Wave 1 showing a steady increase, Wave 2 fluctuating, and Wave 3 starting low and then rising.]
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)
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

**Capacity of the nurse managers to manage changes**

Legend:
1 = Poor
5 = Excellent

**Capacity of the nurse managers to improve care processes**

Legend:
1 = Poor
5 = Excellent
Impacts on Work Environment & Teamwork

Team Effectiveness Tool
Best response on scale: 1

Legend:
1 = Strongly agree
5 = Strongly disagree

T0

T2

Overall Perceived Team Effectiveness
Perceived Team Skill
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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- Canadian Institutes for Health Research
- External Foundations: Max Bell, Newton, Roasters
- Foundations of MUHC Hospitals
- MUHC: Executive, Quality dept, Patient Committees