



HURON PERTH
HEALTHCARE
ALLIANCE

Clinton Public Hospital
St. Marys Memorial Hospital
Seaforth Community Hospital
Stratford General Hospital

Huron Perth Healthcare Alliance

Transfer of Accountability

October 30th, 2015



Exceptional People, Exceptional Care!

Huron Perth Healthcare Alliance

Clinton Public Hospital Site



St. Marys Memorial Hospital Site



Seaforth Community Hospital Site

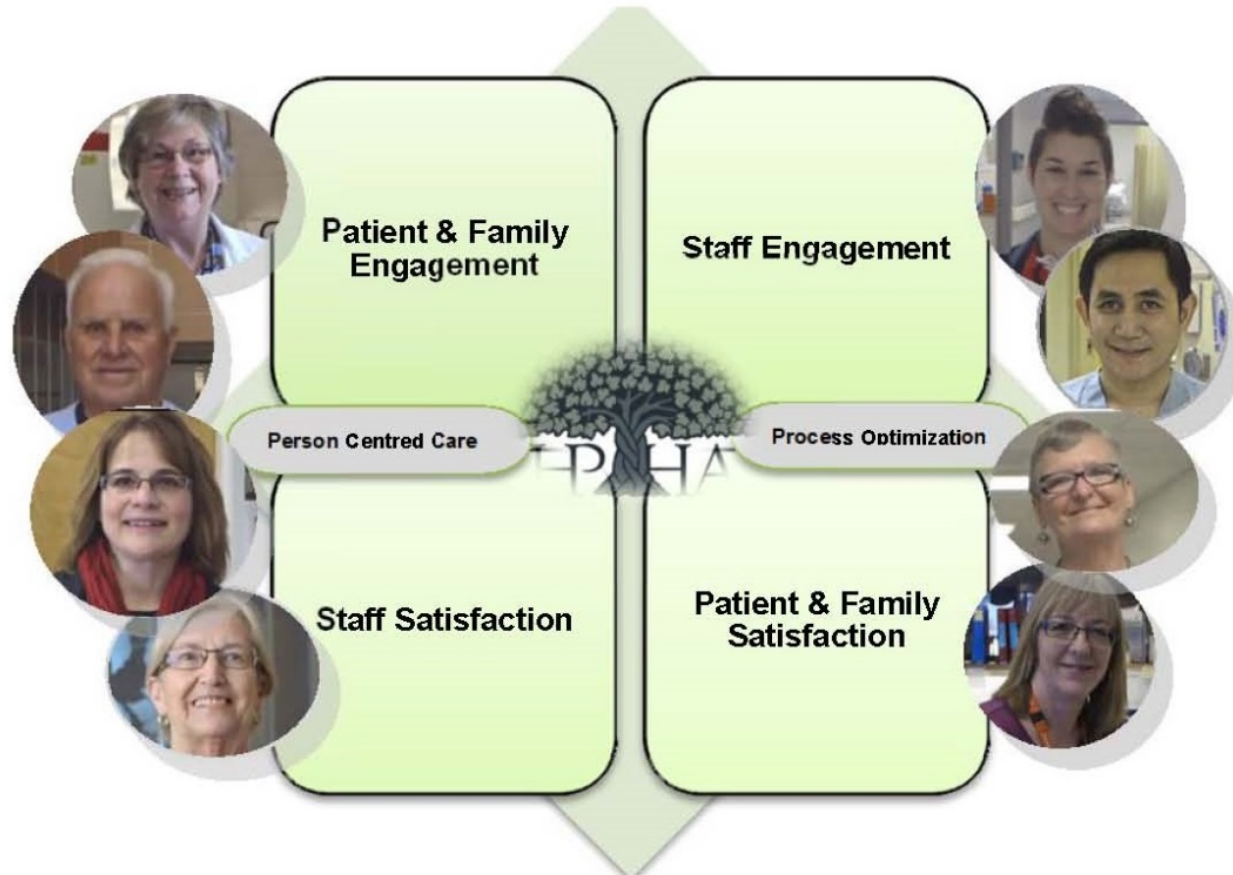


Stratford General Hospital Site

Acute Care Hospitals & Rural Community Hospitals

Huron Perth Healthcare Alliance - Patient Experience Framework

**THE VOICE OF THE PATIENT & THE VOICE OF THE STAFF
CO-CREATING CARE DELIVERY**



Supporting
people

Strengthening
partnerships

Improving
performance

Exceptional People, Exceptional Care!

Transfer of Accountability

HPHA Patient & Family Experience Framework

- ✓ Introduced March 2014
 - ✓ includes previous patient-centered care work
- ✓ Building an infrastructure for a cultural evolution
- ✓ Patient & staff engagement is a cornerstone



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Transfer of Accountability

The Problem: Beside Shift Report

- not taught in school
- Nurses adopt unit norms
- No standardization or evidence based approach
- 80% sentinel events related to communication at transition points. *(source)*



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Transfer of Accountability

Patient Partner Involvement:

- ✓ Provided input to project submission
- ✓ Members on the project team
- ✓ Involved in staff training as “the patient”
- ✓ Attended staff meetings 6 months into project



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CFHI funded project to implement HPHA's Bedside Transfer Of Accountability



Bedside Shift Report

What is a bedside shift report?

At the shift change, nurses share a **brief overview** of important care information with the patient in their room as one nurse is handing over their care to another nurse.



**Communication
Patient Centred Care
Continuity of Care**

Supporting
people

Strengthening
partnerships

Improving
performance

Patient Partner Contributions to the Project and Change Process

- Offered my story about the power & importance of nurse transfer of accountability at the bedside to **include patient engagement** in our care, thereby **reducing stress & anxiety levels; increasing patient safety; reducing errors; and resulting in a reduction in the number of call bells.**
- Stressed **consistent use of whiteboards** as part of TOA to keep patient informed.
- In addition, a broad spectrum of **both patient & staff voices were included in the development, implementation and evaluation stages** of the TOA process by providing **qualitative and quantitative data** through pre and post **focus groups & surveys.**

Patient Partner Contributions to the Project and Change Process

- Patients also played an active role in the **nurse training sessions**, particularly in the **role play scenarios**. This involvement was well received by the nursing staff as a means of **solidifying learning and reinforcing the added value of patient engagement**.
- Created an hospital **Information Poster** and promoted the use of **Patient Pamphlets** where they , or their family, could **record questions and concerns** for nurses and doctors. These also provide a way to **communicate sensitive information**.
- **We shared our insights** in the **nurse training video** that was produced to help with the sustainability of the project

What are the Patients saying about TOA?



"It was helpful to be included. I feel it is a good idea; I had previous surgery here and this didn't happen."

"Yes, it's very good to hear the nurses talk with me instead of in an office somewhere with "sh/sh" sounds."

"It relieves my concerns that I am being well looked after."

"Comfort knowing everyone's on the same page."

"No issues with confidentiality. Depends on sensitivity of what it is; depends on patient and situation. Discuss often already with other patients in the room, so no issues."

"I feel that it is very beneficial, and I like it. I know that I am up to speed on everything."

What are the nurses saying about TOA ?

“It went well because I knew the patients from the previous day.”

“Good that we are getting to know the patient assignment early; quick look.”

“I feel safer when I see my patients right away at the beginning of the shift, because I know which ones will be safe while I look after others.”

“It is challenging when patients ask to be toileted and for other care needs during bedside report.”

“Like meeting the patients and eyeballing at start of the shift; helps me to prioritize care.”

“More manageable with 5 patients and fewer isolations.”



Sharing Perspectives with goal for Improvement



STAFF MEETING - A chance to respond to nurses' concerns...

Confidentiality!

Repetition...I can find information on Meditech

What do we do about isolation patients?

This will take too much time!

Sharing the Patient Perspective with the goal for Improvement

CONFIDENTIALITY

The patient is in control of whether or not TOA happens at the bedside. At the beginning of each TOA, patients and families are asked if they would like to participate at the bedside and if there are sensitive issues they would like to keep private.



REPETITION

The use of MediTech remains essential. To enhance that information, it is crucial that patients have an opportunity to be included in the conversation about their care.

"Nothing about me, without me."

Bedside TOA dovetails the transfer of information between incoming and outgoing staff in a patient inclusive atmosphere.

ISOLATION PATIENTS

Bedside shift report is **vitaly important** for the **patient's safety and well being** as they are often left unattended for long periods of time. Anxiety levels can escalate for a patient when left alone with worries and fears. It is important that nurses **glove and gown for each isolation patient.**

Does TOA take too much time?

Question:

“Does Bedside TOA take more time than our current change of shift report?”

Answer: *“No, it is shorter.”*

Prior to implementation of Bedside TOA:

Average time for change of shift report was **28.5 min in total**

4 months after implementation of Bedside TOA:

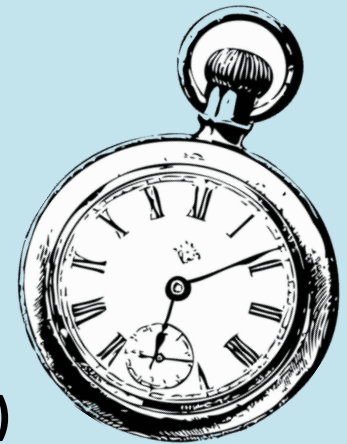
Total time for Bedside TOA is **11.3 min (average per shift change)**

Average time per patient for Bedside TOA is **2.5 min**

Average time reviewing/writing messages in change of shift report is **13.5 min per shift change**

Therefore, total average time for change of shift report with Bedside TOA is **24.8 min**

Bedside TOA reduces time required for change of shift report by approximately 4 minutes.



Thank you to the CFHI,
the HPHA,
the Health Innovation
Forum organizers,
...and to you, for
inviting and including
patients and families
into all health care
discussions.

Together, we are better.



Canadian Foundation for
**Healthcare
Improvement**

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Questions?



** Supporting People * Strengthening Partnerships * Improving Performance **