How to Embed and Sustain Change that Impacts the Patient Experience: The Holland Bloorview Story

Presenters:
Heather Evans
Doug Miron
Laura Williams
Canada’s leading pediatric rehabilitation teaching hospital, dedicated to being at the forefront of clinical care, research and education.

Provides specialized programs and clinical care for children and youth with rehabilitation and complex care needs.

Every year, we see 7,000 children with 600 inpatient admissions and 58,000 outpatient visits.
Vision, Mission, Values

Vision

A world of possibility

Values

- Caring
- Client and Family-Centred Care
- Excellence
- Innovation
- Partnership
- Respect

Holland Bloorview
Kids Rehabilitation Hospital

Transform Care | Lead the System | Accelerate Knowledge | Inspire our People
Who we are

Heather Evans:  
Co-chair, Family Advisory Committee (4 years)

Doug Miron:  
Senior Consultant, Organization Development and Learning

Laura Williams  
Director, Client and Family Integrated Care
Learning Objectives

• To learn innovative solutions for embedding person-centred practices
• To understand the core functions of a successful change management framework and how to use this framework to increase patient and family engagement opportunities
• To produce individual plans for change in person and family-centred practices at your organization
Round Table

- Your Name
- What organization are you from?
- What you hope to get out of today’s discussion
- 1-2 words that describe how you feel about family-centred care and engagement

Excited
Nervous
Unclear
Happy

Worried
Eager
Proud
Surprised

Urgent
Beneficial
Hopeful
Complicated

Time-consuming
Expensive
Efficient
Evolution of practice

- System-Centred (SC): “Doing To”
- Client/Family-Focused (CF/FF): “Doing For”
- Client- and Family-Centred (CFC): “Doing With”
Core Client and Family Centred-Care Concepts

**Respect & Dignity** – listen and honour client and family needs/choices

**Information Sharing** – complete, shared in a useful, timely way

**Participation** – families share in care of child – they are not visitors!

**Collaboration** – from the rehab gym to the boardroom, families are partners in health care decisions
Why Implement a Change Framework?

- A consistent approach to plan, design and implement change
- Increased ability to navigate organizational changes & influence culture
- Leadership is committed to achieving better results for change through using one shared approach
- More effective management of initiatives and resources through clear processes and governance
Change Resources

- **Kotter**
  - *Eight Change Phases*
    - *Transactional change*

- **Bridges**
  - “3-Phase Transition” Model
    - *Endings /Neutral Zone /New Beginnings*
    - *Transitional change*

- **Anderson and Anderson**
  - *Nine Phase Change Process Model*
    - *Transformational Change*
Holland Bloorview’s Model

A blended approach that includes

And addresses
Content, people and processes
Prepare to Lead Change

Readiness and capacity
Leadership
Desired Outcomes
Infrastructure and Support

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Leading Organizational Change: Pillars of CFCC at Holland Bloorview (2008)
The Change Management Framework

Prepare to Lead Change

Phase One: Describe the Why
Phase Two: Identify the Who
Phase Three: Define the Situation
Phase Four: Design the Change
Phase Five: Identify & Remove Obstacles
Phase Six: Implement the Change
Phase Seven: Build on the Change
Phase One: Describe the Why

Goal: Move the Family Leadership Program (FLP) forward to embed patient and family-centred practices using our seven phase change management model.

a.) Improve the patient experience
b.) Enhance quality of care
c.) Remove assumptions when program planning
d.) Determine opportunities for efficiencies
Phase One: Describe the Why
Look to the Evidence

Cincinnati Children’s Hospital
Decreased medical order entry error rates (9% to 1%)

MCG Health: Children’s Medical Center
125+ patient/family advisors
Now ranked among highest in satisfaction scores

Centre for Medical Home Improvement
• Written care plans doubled = 4 + admissions changed 9% to 1%
Phase One: Describe the Why
Benefits to Family Engagement

**Families**
- Service improvement
- Meaningful change
- Contribute!
- Networking
- Builds knowledge
- Builds skills

**Providers**
- Enhanced relationships
- Improvements
- Sees a fresh perspective
- Increases empathy
- Shared responsibility

**Organization**
- Improved quality
- Programs are relevant and realistic
- Cohesiveness and collaboration
- Saves money!
Phase Two: Identify the “Who”

- Family Leadership Program team
- Clients and families
- Front-line staff
- Management
- Internal Change consultant
Phase 2: Identify the “Who”
Organizational Partnerships

Family Leadership Program Subcommittee
• 50% staff and 50% families defined all processes

Volunteer Resources
• Partnership with interview process

Communications and Public Affairs
• Marketing, branding, awareness

Organizational Development and Learning
• Change management/staff readiness
Phase Three: Define the situation

Use our change management model to explore leadership roles for families and clients

Clarity and process are keys to success!
Phase 3: Define the Situation
Developing a Family Leadership Program

**Evidence:**
- Environmental Scan, Evidence & Research: complete!

**Internal Baseline Scan:**
- How are we currently engaging families?

**External Scan:**
- Look at best practices at other hospitals

**Internal Survey:**
- (PFCC tool)

**Develop a structured program**
Phase Four: Design the change

Build internal capacity to support the role of Family Leaders on safety and quality committees to improve the patient experience

- Staff education & training
- Internal referral system
- Tie it to a corporate initiative/mandate – QIP
Phase 4: Design the Change

- Describe the desired state
- Define communication plan
Phase 4: Design the Change
Design the Leadership

VP Programs & Services

CFCC Steering Committee

Client and Family Leadership Program Subcommittee

CFCC Education Subcommittee

Family Mentors
Family as Faculty
Family Advisors
Family Advisory Committee
Children’s Advisory Committee
Youth Advisory Committee
Phase 4: Design the Change
Developed by families, clients and staff

• Describe the desired state
• Describe the impact on people and culture
• Describe the work and who will do the work

  • Roles and Responsibilities
  • Application Form, Interview Questions & Handbook
  • Information and Training Sessions
  • Recruitment Campaign:
    • Poster, Website Banner, Facebook & Twitter
  • Staff Change Readiness Sessions
Activity #1

- Identify your partner
- Choose a new person and family-centred strategy
- Reflect on the process for leading change and what it means to your idea
- Take jot notes on your worksheet
  - (Prepare to Lead to end of Phase 3)
- Share initial ideas with your partner & give feedback
- Share with the table group as time allows
Phase Five: Identify and Remove Obstacles

“When obstacles arise, you change your direction to reach your goal; you do not change your decision to get there.”

Zig Ziglar
Phase Five: Identify and Remove Obstacles

- Test the Design
- Analyze impact on people, resources and processes
- Get feedback
- Refine design
Phase Five: Identify and Remove Obstacles

Organizational challenges?

- Staff concerned about partnering ‘too early’
- Resources (staff & other)
- Change takes time & there will be bumps along the way
- Expecting staff to understand these concepts without thorough training
- Communication is resource intensive!
- Staff perception that we are already family-centred and that these partnerships are ‘add-on’ opportunities
- Perception that these partnerships increase costs
Phase Five: Identify and Remove Obstacles
What are some of the practical challenges?

Volunteer roles versus remuneration

Ensure patients and families feel their time is spent in a meaningful way

Development of communication channels

Requires an internal coordinator to oversee all aspects of the program
Activity #2

• Using your new person and family-centred strategy from Activity #1, use the worksheet to
  – identify possible obstacles

• With your table group, identify options for overcoming the obstacles
Phase Six: Implement the Change

Family Leadership Program: Results

**Advisors:** Sit on 35+ committees, 17 working groups

**Mentors:** Available M-F in the Family Resource Centre
Co-facilitate support groups

**Faculty:** Teach cfcc at new staff orientation
Speak at conferences (provincial, national & international)

**Family Advisory Committee:** 32 family leaders (10 staff)
Partner with Senior Management
Phase Six: Implement the Change
Overall results

- Registered 82+ family leaders
- Volunteered 3,000 hours since inception of program (2011)
- Family leaders are fully integrated into all aspects of the hospital
- Youth Engagement Strategy (YES) now cycling through change management strategy
- Children’s Advisory Council (ages 3-15 years) uses play-based model to advise on our programs/services
Phase Seven: Build on the change

Family leaders are fully integrated into hospital program and services planning and are impacting decision-making to improve the overall patient experience at Holland Bloorview.

- Strategic plan
- Quality Improvement Plan
- Measuring the engagement strategy
Phase Seven: Build on the Change Strategic Planning

Engage patients and families early in the process

Use multiple methods for engagement
  – Discussion groups
  – Surveys
  – Co-design

Use more than one opportunity to collect feedback

Clarify that how you used the feedback has been accurate!
Meaningful:
“What we say matters and has impact”
“When I feel like I am contributing and giving back”

Respect:
“Having my opinion matter and actually making a difference”
“Respecting all views, initiatives & thoughts”

Partnership:
“When the FAC meets, the management listens and takes it to the board”
“Joint venture” & “Part of the team”
What are some best practices?

- Senior Leadership Support
- Formalize practice related to family engagement
- Define your stakeholders & identify communications plan
- Support staff by providing education and information. Allow time for staff readiness. This is a new practice!
- Engage staff in developing opportunities and referring families for engagement opportunities.
- Allow for multiple methods of engagement
- Transparency is essential for creating an environment of trust
- The ‘perfect’ time to engage families is... now
What are some keys to success?

- Culture change requires change management strategy
- Engage patients and families in co-design of engagement practice
- Understand your quick wins – and act on them to build staff engagement
- Plan for the future – have a future vision but be nimble to what emerges based on your co-design participants
THANK YOU

For any questions contact:

Laura Williams
(416) 425-6220 ext. 3395
lwilliams@hollandbloorview.ca

Or

Doug Miron
(416) 425-6220 ext. 7030
dmiron@hollandbloorview.ca