An Innovative, Integrated Approach to Patient and Family Centred Care

National Health Leadership Conference
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Outline

1. Today’s Objectives
2. Background and Context
3. PFCC Model Design and Key Features
4. Results
5. Lessons Learned
6. Next Steps for Our New Hospital
Today’s objectives are to:

- Describe our approach to the design and implementation of PFCC as a strategic initiative
- Describe how we developed a model to deliver excellent patient experience that merged three key philosophies of care delivery
- Showcase key outcomes and results
- Share lessons learned
Background

• Scarborough and Rouge Hospital is a new 3-site hospital, established on December 1, 2016
• The result of the merger of Rouge Valley Health System (Centenary Site) and The Scarborough Hospital (General and Birchmount Sites)
• This presentation describes the pre-merger experience of Rouge Valley Health System
2015
• New CEO for Rouge Valley Health System
• New Strategic Plan for Rouge Valley Health System

2016
• Provincial Auditor Review (launched January 2016)
• Manager of PFCC joins the organization (April 25, 2016)
• Minister of Health announces merger (April 28, 2016)
• Accreditation Canada survey visit (September 2016)
• Corporate Restructuring (December 1, 2016)
  • Dissolution of Rouge Valley Health System and The Scarborough Hospital
  • Merger of 3 sites to form Scarborough and Rouge Hospital
  • Transfer of fourth site (Ajax-Pickering) to a different hospital
  • Establishment of new organization with new Board of Directors
• Amidst the change and volume of work, patients and PFCC remained our primary focus
PFCC Model Design and Key Features
Where we started:
PFCC as a Strategic Initiative

• PFCC was embedded in the Mission and strategic directions of the hospital

• Eg. 2015 Strategic Plan:
  – Mission – “To provide the best healthcare experience for our patients and their families”
  – Strategic Direction #1 - “Innovators of a Quality Patient Experience” prioritizes PFCC philosophies and practices in our model of care and everything we do

• We believe that PFCC is a philosophy that embraces healthcare professionals working together with patients and their families to plan, deliver, evaluate, and improve health care
Laying the Foundation

- Board/leadership site visit to Institute for PFCC in Augusta, Georgia to determine if this approach was a good fit for our organization
- Board/leadership commitment and resource allocation
- Training and Readiness Assessment conducted by team from Institute for PFCC
- Established an Office of PFCC with a full-time manager (PFAs involved in Manager recruitment)
Our Implementation Approach

Our strategic initiative to strengthen Patient and Family Centred Care practices employed a multi-pronged approach:

- Hospital-wide Approach - Introduction to the fundamentals of PFCC for all departments; focus on education plus engagement of patients and staff in improving and evaluating the patient experience
- Early Adopter Approach – More in-depth application of PFCC practices in a small number of select areas; included recruitment of Patient Family Advisors to work with staff; integrated model

**EARLY ADOPTER AREAS**
- RVC: Intensive Care Unit, Neo-Natal Intensive Care Unit
- RVAP: Emergency Department
- PFCC, Lean, and Safety approaches integrated.
- Recruitment process for staff, physicians and volunteers

**HOSPITAL-WIDE PRACTICES**
- PFCC training for leaders.
- Patient Satisfaction Surveys.
- Communication whiteboards in patient rooms.
- 2 PFCC champions per department.
- IDEA Boards.

**COMMITTEE INVOLVEMENT**
- Recruitment of PFAs to serve on hospital committees.
Selection of Early Adopter areas

**Clinical areas**: Selection of 3 PFCC early adopter units which include a PFA on each unit council, where the patient/families perspective is used to improve quality and safety outcomes in adult ICU, Neonatal ICU, Emergency Department

**Non clinical area**: Selection of one non-clinical function as an early adopter, which was Recruitment. We aligned PFCC core concepts and competencies with our hiring process through integration of PFCC into hospital website, job postings and interview questions
An Innovative Approach that Integrates Best Practice Models of Care Delivery in Theory and Practice

• The early adopter component of our model leveraged existing philosophies within the organization; this synergistic approach to care blended Patient and Family Centred (PFCC) values, Lean Management System’s continuous improvement methodology (LMS), and Johns Hopkins comprehensive unit-based safety program (CUSP).

• This integrated model inspired a philosophy and approaches to practice within our unit-based councils, where PFCC, LMS, and CUSP simultaneously inform quality improvement in the patient experience.

• Staff and PFAs work together to create measurable outcomes, which result in overall improved patient care experiences.
# Comparison of PFCC, Lean and CUSP

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<th>Key Principles</th>
<th>Lean</th>
<th>CUSP</th>
<th>PFCC</th>
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<td>• Respect for people</td>
<td>• Respect and dignity</td>
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<td>• Elimination of waste</td>
<td>• Information Sharing</td>
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<td>• Voice of the customer</td>
<td>• Participation</td>
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<td>• Frontline staff involvement in improvement</td>
<td>• Collaboration</td>
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<td>• Unit-based performance boards</td>
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| Our History | 2008 - Hospital-wide Lean management philosophy adopted; 2013 - Evolved to Lean Management System (LMS) | April 2015 - 8 leaders (including 4 MDs) complete CUSP training | June 2015 - PFCC becomes a strategic priority; Oct 2016 – leadership site visit to Institute for PFCC April 2016 - Office of PFCC established |

| Key Influencers | Thedacare, North York General Hospital, Breakthrough Horizons | Armstrong Institute, Johns Hopkins | Institute for PFCC, Thunder Bay Regional Health Centre |

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**SCARBOROUGH AND ROUGE HOSPITAL**
The Case for An Integrated Approach

“In the face of growing pressures to increase productivity and improve safety and quality of care, many healthcare managers and clinicians do not see efforts to change practice toward patient-centered approaches as a priority. Patient engagement to improve patient-centered care at clinical, organizational and system levels appears less pressing than other system goals. Indeed, for many key stakeholders, patient engagement and patient-centered care are not seen as important in their own right, but are valued primarily for their impact on other, presumably more fundamental dimensions of quality, including patient safety and effectiveness”

“Many healthcare organizations that have invested time and money in Lean process improvement have expressed interest in the Patient and Family Centered Care Methodology and Practice (PFCC M/P). The two main reasons are to address the challenge of keeping the patient (and family) as the primary focus of improvement activities and to add ‘patient experience’ as an equal focus with eliminating waste. While conceptually “patient first” is the process driver in Lean in healthcare organizations, some healthcare organizations find this to be a challenge in conventional, realworld Lean implementation. We suggest that integrating the two approaches – adding PFCC M/P to Lean – can address these needs, build on Lean efforts, and accelerate the pace of improvement. For organizations not yet using Lean, the PFCC M/P can be a catalyst for pursuing Lean process improvement.”

“The goal of patient and family engagement is to create a set of conditions where patients, family members, clinicians, and hospital staff are all working together as partners to improve the quality and safety of care. This partnership is important because health care quality and safety directly affect patients and families. It makes sense that we should ask patients and family members to take part in changes and improvements...In addition to serving as part of the CUSP team to provide their perspective, patients and their family members can also be advisors to the hospital staff to improve policies and procedures. “

Evidence for Integrating Improvement Systems: CUSP and Lean

“Over the last 8 years, NorthCrest Medical Center, a 109-bed, nonprofit community hospital near Nashville, Tennessee, has become as nimble as it is structured. Under CEO Scott Raynes, NorthCrest embraced Lean and uses “CUSP as a way to become more Lean.” At the same time, “nothing that we are trying to improve doesn’t have a CUSP team,” according to Randy Davis, his CIO and Senior Vice President for Performance Improvement.

... I set a target of zero with CLABSI, VAP, falls and every other measure that we know is important to patient safety and readmission rates... We view CUSP as being clinical outcomes, and we deploy it through Lean.

...As staff worked on their root cause analyses of adverse events and near-misses, they realized that many of these events were the products of broken processes that had never been examined. Nursing leaders asked Davis to sit in on their root cause analysis work and take them through a Lean value stream mapping process.

...We use CUSP to tear a problem down, then Lean it up to rebuild it.

...Both “empower employees to continually improve processes” and thus shift management's role to “clearing roadblocks and hurdles.” And at NorthCrest, Lean and CUSP both “focus on the patient-centered workflow rather than a specific location or unit in the hospital.” The “unit” around which multidisciplinary CUSP teams are formed is not the CCU or Med-Surg, but the “work unit”—the people who interact on their shift to get their work done: nurses, pharmacy, pulmonary care technicians, environmental services, radiologists, and hospitalists. There is no difference between how we organize our CUSP teams and the Lean process of following the workflow.”

...CUSP is helping to break down silos by putting the patient rather than the department in the center of the organization.

...We have embraced and embedded Lean in all aspects of our organization. We are always looking at what we can eliminate because it brings no value. Lean is built into every thought we have. CUSP is a method that fits like a glove. It is a way to become more Lean.”

Source: NorthCrest Medical Center. Content last reviewed September 2012. Agency for Healthcare Research and Quality, Rockville, MD.

SCARBOROUGH AND ROUGE HOSPITAL
The Scarborough Hospital
Local in Spirit. Global in Care.
Rouge Valley Health System
An Innovative Approach that Integrates Best Practice Models of Care in Theory and Practice

**VISION**
- Innovators of a Quality Patient Experience

**THEORY**
- Unit-Based Councils
  - Synthesizing the perspectives of PFAs, health care providers, health safety, and Lean to improve the quality of care.

**PRACTICE**
- Emergency Dept
  - ✓ Improve Triage Process
- Intensive Care Unit
  - ✓ Improve communication during transfer
- Neonatal Intensive Care Unit
  - ✓ Improve Retrotransfer Process

**MEASURABLES**
- Emergency Dept
- Intensive Care Unit
- Neonatal Intensive Care Unit

**OUTCOME**
Excellence in Patient Care
When we integrate patient voices, continuous improvement, and patient safety, we achieve a better patient experience.

An integrated training curriculum; developed and delivered in collaboration with staff from Quality, Transformation, PFCC, Professional Practice and Organizational Development.
# An Integrated Approach to Patient and Family Centered Care, Quality Improvement and Safety

## Our Mission
To provide the best health care experience for our patients and their families

## Our Vision
Together-the best at what we do

## Our Philosophies of Care

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<th>Patient and Family Centred Care</th>
<th>Unit Based Safety</th>
<th>Lean Management System</th>
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<td>Where experiences are heard, honoured and lived issues are identified</td>
<td>Empower quality improvement teams to monitor patient outcomes and experience at the unit level</td>
<td>Used to empower both unit-based staff and Patient and Family advisors through coaching for identified improvement efforts and ongoing capacity building</td>
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## Process

- Patient and Family Advisor on Unit Based Quality Improvement Team
- Selection of a care experience
- Improvement of care experience
- Implement Unit Based Quality Improvement Teams
- Identify safety defects
- Implement improvement strategies
- Monitor results
- Tiered leadership review
- PDSA/A3 thinking

## Tools

- Shadowing exercise
- Current State Analysis
- PFCC Education and Coaching
- Science of Safety video
- Staff safety assessment
- Monitoring of process and outcomes measures
- Status sheet
- Idea boards
- Performance Boards
- Scorecard

## Impact

- Partnering with patients and families to design a better health care experience
- Building safety into the patient experience
- Continuous problem solving through involvement of people

## Common Themes

1. All are focused on enhancing the patient and family experience
2. All require staff engagement to be successful
Results
Measuring Success

**Measures of Success**

- % of staff, physicians and volunteers trained
- # of PFAs recruited
- # of PFCC Champions

- Patient satisfaction scores
- Employee engagement scores
- PFCC Adoption Rate

**Our Targets**

Improve overall patient and staff satisfaction scores by
1. 5% across early adopter units
2. To build a pool of 20 PFAs by March 2016
3. Improve overall patient experience

- Our measures of success were developed with input from our Community Advisory Group members
**Program Design**

- Creation of a Formalized Patient & Family Centred Care Program
- Human Resources Processes Aligned with Patient & Family Centred Care in Hiring, Hospital Website, Interview Questions, Behavioural Competencies, Job Postings, hiring a Manager, Patient and Family Centered Care

**Patient Family Advisors**

- A key part of our culture is the involvement of Patient and Family Advisors (PFAs). These volunteer advisors partner with us to develop and promote hospital policies, programs and practices that directly impact service delivery (target exceeded)

18 Recruited

128 Early Adopter Unit Outcomes

- NICU: Patient Satisfaction by 5%
- NICU Improved Retrotransfer Process
- Development of Family Education Materials
- ICU: Improving Patient & Family Communication Around Transfers
- ICU Improving Supplies Management

**Education & Training**

- Percentage of Organization Trained in Patient & Family Centred Care (target met) 35%
- 50%
- 100%
- Presentations & Trainings Offered in SRH-Centenary
- Percentage of Physicians Leaders & Staff Leaders Trained in Patient & Family Centered Care
- Patient & Family Centered Care Educational Mini-Series on Intranet

**Areas of Involvement for PFAs**

- 28 Requests
- 25%
- 57%
- 14%
- 4%

**Patient Satisfaction**

Would you recommend SRH Centenary Site NICU and ICU?

- NICU: 91% Yes, 9% No (target met)
- ICU: 100% Yes, 0% No (target met)
“This role [as a Patient Family Advisor] has been both emotional and positive at the same time. Emotional, as I share the challenges of the hospital experience for my husband and myself, but also positive as I see the eagerness to make change for the better. Knowing that staff are willing to hear what happened and then use it to begin change for the better means that there is a bigger purpose to my husband’s death.”

“Rouge Valley Health System is congratulated on its ongoing commitment to the accreditation process and for truly embracing a culture of patient-and family-centred care, quality and safety. This is particularly important to note as RVHS is preparing to cease as an entity effective November 1, 2016. This will lead to the Rouge Valley Centenary Site and the Scarborough Hospital merging to form a new organization and the Rouge Valley Ajax and Pickering site joining Lakeridge Health. The organization is commended on remaining focused and committed to providing excellence in patient-and family-centred care despite being in this time of transition and uncertainty.”
Lessons Learned
Takeaway 1:
Clear, visible, executive and Board sponsorship is needed to support a corporate PFCC strategy.
Takeaway 2:
PFCC need not standalone. It can be integrated and aligned with other organizational philosophies and improvement strategies.
Takeaway 3:
Don’t wait for the “perfect” time to introduce PFCC. PFCC can be a unifying force during times of intense change.
Takeaway 4:
Do not let early adopter/pilot approaches ignore departments that are not selected as early adopters. Identify hospital-wide practices.
Takeaway 5:
It is important to proactively introduce PFCC into the organization upstream, i.e. in the recruitment process.
Takeaway 6: Support teams and build capacity as a way of sustaining a culture of continuous improvement. (e.g. provide staff with the necessary education and time to successfully implement and sustain PFCC; celebrate easy and big accomplishments through staff/team recognition events)
Takeaway 7:
We need to engage patients and families early in improvement initiatives.
Next Steps for Our ‘New’ Hospital
Scarborough and Rouge Hospital

Birchmount
3030 Birchmount Road
- 3rd largest community hospital in Ontario based on budget
- 5,100 staff
- 828 beds
- 186,000 ED visits
- 43,000 discharges
- 6,400 births

General
3050 Lawrence Avenue East

Centenary
2867 Ellesmere Road
Some Next Steps

• Standardization across 3 sites, for example:
  • Patient/family communication materials
  • Processes for Patient Family Advisor recruitment, onboarding and deployment
  • Common pool of PFAs

• Involvement of PFAs in standardization work (including policy harmonization)

• Increased PFA participation on hospital committees

• Development of SRH’s first vison, mission and strategic plan that are expected to embrace and enhance PFCC

• New model that reflects the best of both ‘legacy’ approaches

Scarborough and Rouge Hospital

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Local in spirit, global in care.

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SCARBOROUGH AND ROUGE HOSPITAL