Huron Perth Healthcare Alliance – Patient, Family and Staff Experience Framework

Supporting people Strengthening partnerships Improving performance

March 2015

The Huron Perth Healthcare Alliance (HPHA) identified Patient and Family Centered Care (PFCC) a priority in 2009 with a goal to develop an approach that ensures the principles of PFCC are embedded into everything we do. During this time the organization was adopting Lean methodology with a goal to sustain continuous improvement at all levels. Embedding “process optimization” (PO) into the culture became a second priority. Sustainability of both PFCC and PO principles proved to be a challenge with one principle not necessarily aligned with the other. It became evident that a framework was needed to blend these two concepts and create a culture where the HPHA lived the principles of PFCC and PO every day.

The Patient and Family Experience Steering Committee was formed to review the research to date on PFCC and patient engagement and to learn from other organizations who have been successful in implementing a person centered care culture. The membership includes leaders, staff and patient partners.

Defining Patient and Family Centered Care/Person Centered Care:

The term ‘person centered care’ (PCC) is terminology that encompasses the philosophy that patients, family and staff require attention and support to achieve an excellent patient/staff experience. As a result, we will use PFCC and PCC interchangeably.

Core Concepts of PFCC:

- **Dignity and Respect.** Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.

- **Information Sharing.** Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

- **Collaboration.** Patients, families, health care practitioners, and leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care

PCC is central to everything that we do and is a critical component of healthcare. It can be described as an approach to care that consciously adopts the patient's and staff's perspective.

For patients, it is described as a partnership between a team of health providers and a patient where the patient retains control over his/her care and is provided access to the knowledge and skills of team members to arrive at a realistic team-shared plan of care and access to the resources to achieve the plan. The patient/client (and their family, if applicable) is at the centre of their own health care. ***It involves listening to patients and families and actively engaging them as a member of the healthcare team when making care decisions and also involving them as partners in designing how care is delivered.*** When the patient is at the centre, the healthcare system revolves around their needs rather than the needs of healthcare providers, fiscal pressures or space allocation. Person centred care means that patients are working with their healthcare providers to determine health goals, treatment plans, and delivery processes that are realistic and achievable.

- **Patient experience** is a focus of attention on the experience a patient and family member has while receiving services in or visiting patients in the HPHA.
- **Patient engagement** is a genuine respect for the patient and family perspectives through a robust collaboration of patients and families with providers to shape the healthcare journey. It is not about telling healthcare professionals how to do their jobs. It is about helping them understand the impact of what they do. For example, patients are members of project teams and committees.
- **A patient partner** is an individual who has been a patient in the HPHA or is a family member of someone who had experienced care within the HPHA. These individuals are ideal to engagement with to learn how what we do impacts them.

For staff, physicians and volunteers ("staff " will include these three categories) it is a partnership with patients, family members and the inter-professional team to deliver evidence based care in the most effective manner. It involves opportunities for staff members to voice opportunities to improve care delivery services and processes.

Staff Engagement is a genuine respect for staff, volunteer and physician perspectives through collaboration and participation in quality improvement initiatives at all levels. For example, staff involved in project teams and on more committees.

The evidence reveals that patient and staff engagement leads to higher patient and staff satisfaction and supports better patients outcomes and work environments. The value staff and patient engagement brings to continuous improvement is the shared knowledge and perspective they bring to discussions. Patient and staff engagement leads to quality care and fiscal efficiencies.

Defining Process Optimization:

In adopting Lean methodology, the HPHA coined the term ‘process optimization’ to influence a culture of continuous improvement and not just efficiencies. It is about finding the one best way to deliver a service or process by analysing the flow of services, materials, people and information. A number of tools are used to take a deep dive into any one aspect of how we provide patient care or do business. These tools help design or improve a process or value stream that defines value from the customers’ perspective (patient and or staff), eliminates the waste, improves quality, standardizes the one best way, delights the customer, improves staff satisfaction and increases safety. A culture of PFCC and PO will move our behavior to *"seeing and eliminating"* waste in real-time. (See Appendix 1 for context and background)

- A **Kaizen** event is a three to five day focused exercise where a team of staff analyze a process for improvement. Data is used to drive decisions for change.
- An **Improvement Kata** is an improvement initiative facilitated by leaders staff, patient partners and the UACs.
- A **PDSA Cycle** is a rapid cycle improvement with the components of Plan, Do, Study & Act.

Acknowledging PFCC & PO Practice at the HPHA

1. In 2011, through a research study, 14 Unit Action Councils (UAC) were implemented to provide a forum for staff, leaders, patients and families to address patient care and process. It is a model of collaborative, shared decision making and participatory leadership focused on patient and family centered care and quality work environments. The focus of the UAC is to identify opportunities to improve patient care or processes in that respective department. They meet every 4-6 weeks and are supported by the department manager. Department leaders and staff approach patient and family members as candidates for the Patient Partner role.
2. In 2012 non-restricted visiting guidelines were introduced. The guidelines allow 24 hour access in accordance with a patient’s preference and care needs and were adopted with the premise that families are not visitors. Involving a patient’s significant others in the care and recovery promotes better health outcomes, more effective discharge planning and greater patient, family and staff satisfaction.
3. In 2012, 32 Huddles Boards were introduced across departments to allow staff to gather daily to review the day’s activities and learn about current metrics that reveal the department’s ability to provide safe, quality and efficient care. There is an opportunity for staff to ask questions and also identify any ‘pain points’ that require attention. Improvement Kata’s are generated at Huddles.

4. In 2014, a Bedside Transfer of Accountability research study, supported by the Canadian Foundation for Healthcare Improvement, was initiated. The focus of the study was the engagement of patient partners in the actual research study through the engagement of patients and family members in end of shift report. An Alliance wide implementation is planned.
5. Annual Kaizen events

The Patient, Family & Staff Experience Framework

A framework has been developed that focuses on patient and staff engagement and patient and staff satisfaction with the philosophical approach that PCC and PO will be maximized through an infrastructure that enables ***the voice of the patient and the voice of the staff to co-create the way we deliver patient care and health care services*.** The goal of the framework is to create an infrastructure that will shift the culture from provider driven care to patient/family/staff driven care. The framework identifies opportunities that will increase patient and staff engagement & feedback and strategies to increase patient and staff satisfaction.

An infrastructure that embraces patient and staff engagement, will influence a culture where this philosophical approach is just the way we do business, every day.

The commitment of the HPHA is to ensure we do nothing for the patient without the patient.

Framework Components

1. **Patient & Staff Engagement**
   - Patient Partnership Council
   - Recruitment, orientation & training of Patient Partners
   - Evaluation & sustainability of Unit Action Councils
   - Evaluation & sustainability of department Huddle Boards
   - Identify opportunities for patient & staff engagement on committees, PO projects, continuous improvement initiatives
   - Enhance safety rounds with patient & staff engagement

- Patient partner involvement with patient experience surveys

2. **Patient & Staff Experience**
   - Develop effective patient and staff experience surveys
   - Track and trend patient and staff feedback
   - Patient rounding model
   - Annual community focus groups
   - Identify opportunities for patient & staff engagement on committees, PO projects, continuous improvement initiatives
   - Enhance staff recognition opportunities

The patient, family and staff experience framework was approved by the HPHA Board of Governors in March 2015.

- The implementation plan is multifaceted with annual initiatives that will increase opportunities for patient, family and staff engagement and initiatives that will promote and monitor patient, family and staff satisfaction.
- The Patient and family Experience Steering Committee will facilitate, coordinate and or support initiatives associated with the four components and will report progress to the Quality Committee of the Board of Governors. The planning and implementation of all initiatives will be thoughtful and measured with full engagement of the Senior Team and Board of Governors.

For PCC and PO to be effective, organization wide education to promote the elements will continue to take place. Educational materials will be developed for patient, family members and staff to gain a better understanding of PFCC and PO. A clear definition of each, including patient engagement is required along with a culture shift that adopts continuous quality improvement with patient and family involvement every step of the way.

New leadership skills and behaviors are required to transform the culture and to teach staff to work differently. Evidence suggests the application of Lean methodology will bring certain results with leader, staff and physician collaboration. However, defined patient and family involvement are required to ensure system changes will reflect patient and family-centered care and the ultimate goal of a positive patient, family and staff experience.

2015/2016 Patient, Family and Staff Experience Framework
Achievements

Priority	Working Group	Deliverables
Patient and Staff	**Engagement**	
Patient Partner Recruitment	Anne Campbell Cathy Bachner Diane Gaffney Cheryl Hunt	• Current state analysis completed • Future state with revised on boarding/orientation process developed • Web site update proposed
Unit Action Council Sustainability Plan	Anne Campbell Dianne Gaffney Cathy Bachner Kathy Powers	• Dianne Gaffney is Lead for UAC sustainability • Evaluation of current state completed • Workshop on Facilitation (n = 17) • Leader workshop on role on UACs (n = 12)
Huddle Board Refresh	Brenda Straus	• Kaizen February/March completed • Pilot in place re new format • Recommendations for roll-out
Patient Partner and staff engagement on committees and projects	Dianne Gaffney Donnalene Tuerhodes Brenda Straus	• Engagement on wound care program, falls prevention program, huddle board refresh kaizen, out-patient lab move
Patient & Staff	**Experience**	
Patient Feedback Framework:	Anne Campbell	Recommending an infrastructure to increase patient/staff feedback opportunities (15/16 QIP)
1. Patient Experience Process: Feedback	Anne Campbell Michelle Jones	• New policy and process developed & introduced February 2016
2. HPHA Electronic Patient Satisfaction Survey	Michelle Jones	• Pilot on Mat Child & CPH with positive results: ↑ survey returns by 50% (CPH on hold due to volunteer resources) • Established new pilot at SMMH • RL6 Feedback software explored to manage survey execution and data
ED survey Pilot	Selina Fleming Judy Gardiner Debbie McLeod Volunteer?	• Questions designed for ED department • Pilot process in development with pilot target for 2nd quarter 16/17

3. Enhanced Patient Safety Rounds: Phase 1	Anne Campbell Jeff LeBlanc Debbie Turner Jane Rundle Michelle Wick Karen Layton	• Current state analysis completed & assessed where patient involvement was most appropriate: Decision unit based monthly safety rounds • Decision for Phase 1 & 2; Phase 1 involves asking pts questions during safety rounds. Phase 2 will be patient partner engagement, making rounds with staff. • Phase 1 pilot; 1st quarter 16/17, E3-500 & CPH in-patient
4. Rounding Model	Anne Campbell	SLT Approval of concept/philosophy
5. NRCC Catalyst Reporting	Anne Campbell	• Catalyst report in development • Leadership education planned for 2nd quarter 16/17
Web Site	Michelle Jones Amanda Dobson	• Adjustments approved & pending • Electronic survey link
Staff, Volunteer, Physicians Engagement Surveys	Courtney Cook	• Completed 2015 • HR developing response to themes
Staff recognition	Courtney Cook	• Engagement survey results analyzed • HR developing engagement framework

2016/2017 Patient, Family and Staff Experience Framework

Recommendations

Priority	Lead	Deliverables
Patient & Staff Engagement		
1. Promoting Patient Partners: communication tools role and recruitment	Anne Campbell Amanda Dobson Michelle Jones	• Recruitment for UAC's and projects; ↑ by 50% = 25 • Implement new orientation • Pamphlet on PX and patient partners
2. UAC Sustainability: future workshops	Dianne Gaffney	• Confirm topics and resource for workshops • Assess resources
3. Huddle Board Roll-out	Brenda Straus	• SLT approval for roll-out • Completion by 4th quarter 16/17
4. Patient Partner on Quality Committee	Anne Campbell	• Patient partner chosen & oriented • Patient Partner involved with 17/18 QIP development
5. Standards of Behaviors for Excellence: "Code of Behavior" for person centered care	Anne Campbell Courtney Cook	• Identify and reinforce consistent behavior (incorporating staff, volunteer and physician engagement to date) that demonstrates owning and advancing person centered care principles (patient and staff engagement) • Develop communication plan re behavior expectations and leader's role to reinforce.
6. Collaborative Care Model Sustainability Plan	Donnalene Tuerhodes Dianne Gaffney	Bedside TOA White Boards Hourly Rounding
Patient & Staff Experience		
7. Patient Feedback Framework:		**See Patient & Family Experience Feedback Framework Document**
8. Web site development	Michelle Jones Amanda Dobson	• Web site has comprehensive PX information
9. Initiatives related to Staff Engagement Survey results	Courtney Cook HR	Survey being analyzed by Human Resource Working Group; it was queried if a patient partner was involved in this working group. Cathy Bachner would like to be involved as this working group moves forward.

** Highlighted areas are not facilitated by but supported by the PX Steering Committee

APPENDIX 1

CONTEXT & BACKGROUND

- The Huron Perth Healthcare Alliance (HPHA) identified Patient and Family Centered Care (PFCC) a priority in 2009 with a goal to develop an approach that ensures the principles of PFCC are embedded into everything we do. During this time the organization was adopting Lean methodology with a goal to sustain continuous improvement at all levels. Embedding “process optimization” (PO) into the culture became a second priority. It became evident that a framework was needed to blend these two concepts and create a culture where the HPHA lived the principles of PFCC and PO every day.
- The HPHA started a journey to adopt Lean methodology with the assistance of ValueMetrix in 2009. A number of large 12-14 week projects and smaller 1 week projects were supported to improve processes and remove waste that essentially increased quality and efficiency in the way we support and or deliver healthcare services. Leadership and staff development in Lean methodology occurred over a number of years to allow for organization wide continuous improvement exercises. This allowed for more staff engagement in process improvements within their own and other departments.
- In 2012, Andrew Williams and Anne Campbell presented a philosophical approach to care that encompasses person centered care and process optimization. The principles of each were introduced with the intention that the two processes together allow for the voice of the patient and the voice of the staff to come together to transform the way we deliver patient care services. APPENDIX 2.

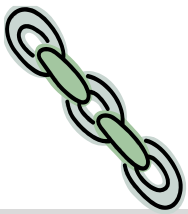
  800 staff was introduced to this philosophical approach to care. It was evident that a provider driven culture of care delivery was in place and that a more patient, family and staff focused approach was required. The Unit Action Council study revealed statistically significant results that patient engagement does change the conversation when staff are looking at certain pain points in their work environment. Solutions for improvement were more patient and family centered when patients were part of the conversation. UACs that did not have a patient and family member in the meetings had predominantly staff centered improvement initiatives. The focus was how to get their work done more efficiently verses how the patient would be impacted.

- ***Sustainability of both PFCC and PO principles proved to be a challenge with one principle not necessarily aligned with the other.*** In 2014, Anne Campbell introduced this philosophical approach at the Spring Board Advance to set a strategic direction for the organization and the HPHA Board acknowledged this as the right thing to do. APPENDIX 3

- To advance PFCC and PO, leadership and staff development continued with a goal to increase capacity for tools and methodology related to process optimization, all leaders and some staff were introduced to Yellow Belt training with an external consultant. Corporate Planning provides leadership support with process optimization tools and methods and offers regular workshops for all staff. An accountability Framework for leaders was introduced to reinforce performance expectations around the four corporate priorities, three guiding principles, with a focus on efficiency through continuous improvement initiatives. An external consultant introduced the leadership team and Team Leaders to the LEADS Leadership Model. (Leads self, Engages Others, Achieving results, Develops Coalitions and Systems Transformation). This program is supported by the Canadian Health Leadership Network as representing the key skills, abilities, and knowledge required to lead at all levels of an organization.

APPENDIX 2

Linking PCC with PO



Person-Centred Care

- Rethink how we meet our patient's expressed needs
- Design unit processes & plan care, with the patient's perspective in mind
  - ✓ *Dignity & respect*
  - ✓ *Information sharing*
  - ✓ *Partnerships*
  - ✓ *Collaboration*

Process Optimization

- Process Improvement
- Continuous Flow of patients & product in a single direction
- Identify & eliminate Waste
- Standardize
  - ✓ *Engage people who do the work*
  - ✓ *Voice of the customer drives operational decisions*
  - ✓ *Specify value in the eyes of the patient*
  - ✓ *Teamwork*

APPENDIX 3

Link to 2014 Spring Board Advance Presentation

Board Advance May 23rd.14.pptx