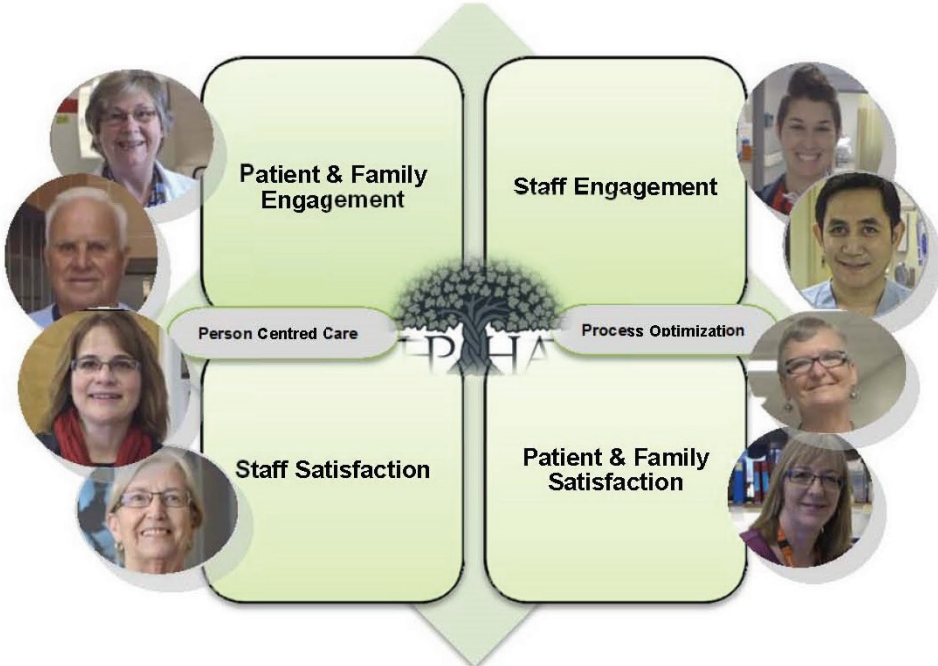


THE PATIENT AND FAMILY EXPERIENCE FRAMEWORK



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

THE HURON PERTH HEALTHCARE ALLIANCE

PATIENT AND FAMILY EXPERIENCE FRAMEWORK

The Huron Perth Healthcare Alliance (HPHA) identified Patient and Family Centered Care (PFCC) as 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.

BACKGROUND

PATIENT AND FAMILY CENTERED CARE/PERSON CENTERED CARE:

The term ‘person centered care’ 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 patient centered care and person centered care interchangeably.

Person centered care 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 centered care means that patients are working with their healthcare providers to determine health goals, treatment plans, and delivery processes that are realistic and achievable.

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 processes.

More recently, the term “Person-Centred Care” or “People-Centred Health” is a shift from a primary focus on the treatment of disease to a focus on the promotion/achievement of health for the person as a whole. This represents a significant paradigm shift, from the traditional “patriarchal” medical model, to one in which the patient assumes responsibility for the management of their healthcare. The four key principles of people-centred health are: Responsibility, Autonomy, Informed Health Management, and Partnership.

The International Association for Public Participation (IAP2) has developed a methodology for including public participation:

IAP2 Core Values of Public Participation:

- 1) Public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
- 2) Public participation includes the promise that the public’s contribution will influence the decision.
- 3) Public participation promotes sustainable decisions by recognizing and Communicating the needs and interests of all participants, including decision makers.
- 4) Public participation seeks out and facilitates the involvement of those Potentially affected by or interested in a decision.
- 5) Public participation seeks input from participants in designing how they participate.
- 6) Public participation provides participants with the information they need to participate in a meaningful way.
- 7) Public participation communicates to participants how their input affected the decision.

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This supports the move to identify the opportunities where public participation or patient engagement can evolve.

PROCESS OPTIMIZATION:

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.

Sustainability of both PFCC and PO principles proved to be a challenge with one principle not necessarily aligned with the other.

INTRODUCING A CULTURE EVOLUTION

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 1.

800 staff were 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.

Terminology and Definitions Introduced for the cultural to evolve:

DEFINITIONS

Patient Centered Care: Providing care that is respectful of and sensitive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

Person Centered Care: Understanding, respecting and responding to patient, family, staff, volunteer, and physicians needs.

Patient Experience: A focus of attention on the experience a patient and family member has while receiving services in or visiting patient in the HPHA. It is not about telling healthcare professionals how to do their jobs. It is about helping them understand the impact of what they do.

Patient Engagement: A genuine respect for the patient and family perspective through a robust collaboration of patients and families with providers to shape the healthcare journey.

Staff Engagement: A genuine respect for staff, volunteer and physician perspectives through collaboration and participation in quality improvement initiatives at all levels.

Evidence: 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.

Leadership and Staff Development

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 and three guiding principles. An external consultant introduced the leadership team and Team Leaders to the LEADS Leadership Model. (Leads self, Emotional Intelligence, Achieving results, D and S)

Current HPHA Person Centered Care & Process Optimization strategies:

1. 14 Unit Action Councils provide a forum for staff, leaders, patients and families of a patient care unit/area to address patient care and process issues through collaborative, shared decision making and participatory leadership that is focused on patient and family centered care. The focus of the UAC is to identify opportunities to improve the way care is provided in that respective department. They meet every 4-6 weeks and are supported by the department manager.
2. Non-restricted visiting guidelines (2012) as evidence of the corporate commitment to person centered care. The revised 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. 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.
4. Bedside Transfer of Accountability is a research study supported by the Canadian Foundation for Healthcare Improvement. St Marys Memorial Hospital and the Surgical In-Patient Unit at The Stratford General Hospital were the pilot sites for this initiative. The goal will be a hospital wide implementation in the future.
5. An extensive analysis of the patient feedback process has been completed that identified significant gaps and inconsistencies in the manner we collect, track, trend and respond to patient comments and complaints.

With the above activity and commitment we recognized a greater focus was required and lead to a priority initiative within the 2014/2015 Quality Improvement Plan to "Develop a Patient and Family Experience Framework".

A Patient and Family Experience Steering Committee was formed to review the research to date and learn from other organizations who have been successful in implementing a person centered care culture. The framework focuses on patient and staff engagement and patient and staff satisfaction with the philosophical approach that person centered care and process optimization 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 culture will be that these activities occur regularly. Patient Partners were introduced as individuals who had been a patient in the HPHA or are a family member of someone who had experienced care within the HPHA. The framework recommends opportunities that will increase patient and staff engagement & feedback and strategies to increase patient and staff satisfaction.

"It is not about telling professionals how to do their jobs. It is about telling them how what they do is impacting me" *Patient Quote*

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

The patient and family experience framework was approved by the HPHA Board of Governors in March 2015 in principle. The implementation plan is multifaceted to build an infrastructure where patient and family engagement is enhanced and promotes the voice of the patient and the voice of the staff and an annual implementation schedule will identify approved initiatives that will increase opportunities for patient, family and

staff engagement and initiatives that will promote and monitor patient, family and staff satisfaction.

2015/2016 Patient and Staff Engagement Initiatives:

- Explore a Patient Partnership Council: Larger group beyond the UAC structure
- Sustaining 14 UAC's
- Patient Partners and staff on continuous improvement projects, committees, etc
- Involvement in safety rounds
- Sustaining department based Huddle Boards

Patient and Staff Experience:

- Patient Experience survey revisions; Electronic survey in-patients and ED's
- Patient rounding for in the moment feedback and resolution as appropriate
- Post discharge call process
- Annual community focus groups
- Staff experience surveys
- Staff recognition program
- Enhance Patient Experience week activities

There are many other ways to support patient and staff engagement and as the culture evolves, other opportunities can be explored.

Facilitating the implementation of the framework is the responsibility of the Patient and family Experience Steering Committee and the steering committee reports to the Quality Committee of the Board of Governors. The implementation will be thoughtful and measured with full engagement of the Senior Team and Board of Governors.

For PCC and PO to be effective, 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 experience.