

## **The Huron Perth Healthcare Alliance Feedback Framework**

The Huron Perth Healthcare Alliance (HPHA) is committed to seeking feedback from patients, family members, and staff that contributes to a culture of exceptional patient, family and staff experiences. The HPHA views observations, complements, personal experiences, complaints and/or concerns from patients, families and visitors, as a valued source of information regarding the perception of the Alliance environment, and the quality of the services and care provided. Staff feedback helps us focus on processes that will improve quality of work life.

The feedback framework outlines the infrastructure and activities that will enhance our ability to increase opportunities for feedback from the people we serve and the staff we support. Continuous improvement is a priority within the HPHA and increased feedback from will inform improvements that result in an exceptional experience for all.

The feedback framework has 6 main components that will be developed over the next one to two years.

1. Patient Experience Process: Feedback
2. Staff, Volunteer & Physician Engagement
3. HPHA Patient Experience Electronic Survey
4. Monthly Unit Based Safety rounds
5. Rounding Model
6. NRCC Catalyst Reporting

### **1. Patient Experience Process: Feedback**

A new policy was developed to outline the legislative requirements in managing patient feedback and complaints. The patient feedback process is an administrative responsibility and the HPHA supports program-specific responsiveness to comments and concerns in a timely and appropriate manner. The patient feedback process outlined in this policy supports the patient relations regulations outlined in the Excellent Care for All Act (ECFAA) and will be monitored by the Quality Committee of the HPHA Board of Directors.

The patient experience policy provides patients, family, visitors, staff, volunteers and physicians with a clear process of providing feedback about care and treatment received within the HPHA environment, including but not limited to, care, treatment, admitting, housekeeping, building accommodations, equipment maintenance, and support services.

Feedback is considered any verbal, written, or electronic comments received regarding a patient or family experience with the HPHA. A compliment is considered positive feedback about a patient or family experience with the HPHA. A complaint is considered any verbal,

written, or electronic comments expressing dissatisfaction with a patient or family experience provided by an individual, site or organization as a whole.

The policy outlines the feedback categories, the process to manage the feedback and the leader's responsibilities with corresponding timelines. The policy can be found on My Alliance under Policies and Procedures/HPHA Administration Manual; Privacy, Communication & Freedom of Information; Patient Experience Process: Feedback.

The HPHA's Patient Relations Delegate is the Director of Quality & Risk and is responsible for the patient relations process and their name is available to the public.

The goal is to manage all complaints in a timely manner and bring the complaint to a satisfactory resolution for the complainant. All complaints and process improvements implemented as a result of the complaint will be logged and reported to the Quality Committee.

## **2. Staff, Volunteer & Physician Engagement Survey**

The HPHA Human Resources Department (HR) has developed a new engagement survey and feedback has been reviewed for themes. HR will be developing strategies to increase staff, volunteer and physician engagement that will increase feedback opportunities.

## **3. HPHA Patient Experience Electronic Survey**

The HPHA Patient Feedback Working Group analysed the current state for paper in-patient surveys and revised the process for the survey intake and follow through. They developed a new intake and follow through process resulting in a 50% reduction in the steps for feedback processing (15 steps to 7). A tracking and trending report was also implemented. This group developed an electronic survey with a goal to increase patient feedback opportunities. The survey is available on an iPad and was piloted in Clinton Public Hospital Site and the Maternal Child Program at the Stratford General Hospital site with trained volunteers approaching discharged patients prior to their departure. The pilot on the Maternal Child program increased patient feedback by 50%. The pilot is continuing on the in-patient unit at the St Marys Memorial Hospital site.

The RL6 Feedback Module (software) was purchased in concert with other Huron and Perth hospitals to manage the electronic survey intake, collate the results to track and trend feedback, and push out reports to all clinical leaders to share with their staff. The electronic survey will roll-out across the HPHA. Quarterly reports will be presented to the Quality Committee semi-annually.

A new out-patient electronic survey was developed by a small working group in the SGH ED. A pilot of the survey is planned for July-September.

#### **4. HPHA Safety Rounds**

The “Enhancing Patient Safety Rounds” working group completed a value stream map on the current state of all safety rounds that occur across the Alliance. The goal was to see which of the three safety rounding formats would enable patient involvement with the rounds and to be engaged in doing the rounds with staff and leadership. The monthly unit based rounds were considered the most appropriate for patient feedback and engagement as staff conduct these. The group decided to divide this initiative into two phases; Phase 1 is focusing on staff seeking patient feedback, Phase 2 will focus on patient engagement in constructing the safety rounds. .

**Phase 1:** In this phase staff have the opportunity to identify risks within their work environment and also ask patients if daily safety practices have been followed. The current unit based safety rounds templates were enhanced with questions for patients. A question template was designed to accompany the other safety inspection sheets and new guidelines for the rounds were developed. Phase 1 will be piloted in the SGH Medical Unit and CPH In-patient unit during June and July, 2016. The evaluation and recommendations will guide an Alliance wide implementation by the fall of 2016.

**Phase 2** will be the engagement of patient partners in either accompanying staff on the safety rounds or completing them independently. By engaging staff and patient partners together, there is an opportunity for the staff to see the patient partner’s perspective on safety concerns in the department. That process will be designed in 2016 for implementation in the 4<sup>th</sup> quarter of 2016/2017.

The goal is to have both phases completed and implemented across the Alliance by March 31<sup>st</sup>, 2017

#### **5. Rounding Model**

The overall purpose of rounding is to empower leaders, executives, administrators, nurses, and staff to be proactive, not reactive, to patient and staff needs, issues and feedback. Rounding provides a systematic approach to collecting feedback from patients and staff and responding in a timely manner if there is an issue. This timely response is referred to as “service recovery”. The rounding process is multi level: staff, managers, directors, VP’s and CEO. Rounds are supported by ‘rounding templates’ which are scripted questions that allow for consistency and can be specific to the department. The templates allow for a consistent approach and brief documentation and the time involved is unique to the level rounding is

occurring and the goals of the department. The HPHA rounding model will essentially increase leadership visibility and awareness of how patient care is delivered and received, and how staff are functioning within their environment. It also creates a line of sight to those directly impacted by decisions made at the leadership level.

A working group will be formed to design the rounding model process, templates and implementation schedule. A phased in approach will be initiated in October 2016 with Alliance wide implementation completed by March 31<sup>st</sup>, 2018

## **6. NRCC Catalyst Report**

The National Research Council of Canada (NRCC) has been responsible for surveying patients post discharge and reporting back to the Alliance Leadership Team. It allows for hospitals to compare their patient satisfaction scores across hospitals in Ontario. This patient feedback is very important to guide continuous improvement in the way we deliver health care services and is consider true objective feedback. The reports have been long and cumbersome to can be difficult to extract elements and share with staff.

A new Catalyst report is being tailored for each leader, whose patients are surveyed, that will highlight their performance based on patient feedback. The goal is to share the results with staff and Unit Action Councils to inform priorities for unit specific improvement initiatives.

The reports will be pushed out to leaders on a quarterly basis and the first report will be shared by August 2016.

Anne Campbell will work with Decision support for a summary report for the Quality Committee.

## Patient, Family & Staff Feedback Framework Timelines

Feedback Element	Actions	Outcome Metrics
Patient Experience Process: Feedback	<ul style="list-style-type: none"> <li>• Implemented policy Feb.16</li> <li>• Quality Committee by Oct.16</li> </ul>	<ul style="list-style-type: none"> <li>• 100% Follow up with all complainants in 5 days (audit)</li> <li>• Resolution &amp; improvement process documented (audit)</li> <li>• Quarterly report to Quality Committee (minutes)</li> </ul>
Staff, Volunteer & Physician Engagement Survey	<ul style="list-style-type: none"> <li>• Analysis and planning In Progress</li> </ul>	<ul style="list-style-type: none"> <li>• Staff engagement opportunities implemented</li> </ul>
Safety Rounds with staff and Patients	<ul style="list-style-type: none"> <li>• Phase 1 implemented across Alliance by October 2016</li> <li>• Phase 2 implemented by March 2017</li> </ul>	<ul style="list-style-type: none"> <li>• 40 Patient/family provide safety feedback per month (audit)</li> <li>• Documented areas of concern for patients addressed during hospital stay (audit)</li> <li>• Safety incidents addressed or plan to address within one month. (OHSC)</li> </ul>
Rounding Model	<ul style="list-style-type: none"> <li>• Rounding model designed by October 2016</li> <li>• Rounding templates developed by October 2016</li> <li>• Implementation plan initiated by October 2016</li> </ul>	<ul style="list-style-type: none"> <li>• Full implementation March 31<sup>st</sup> 2018</li> <li>• Staff satisfaction increased by 10% by March 31<sup>st</sup> 2018 (HR)</li> <li>• Bedside TOA, white board updated, &amp; hourly rounding 80% by March 31<sup>st</sup>, 2017 (rounding stats)</li> <li>• 10 staff receive personal recognition a Director or senior leader per month (audit)</li> </ul>
NRCC Catalyst Report	<ul style="list-style-type: none"> <li>• Catalyst Report developed</li> <li>• Leadership education on Catalyst report</li> </ul>	<ul style="list-style-type: none"> <li>• NRCC data shared with all in-patient staff and UACs (audit)</li> <li>• 1 process improvement per unit related to feedback by March 31<sup>st</sup>, 2017 (audit)</li> </ul>