

# Huron Perth Healthcare Alliance

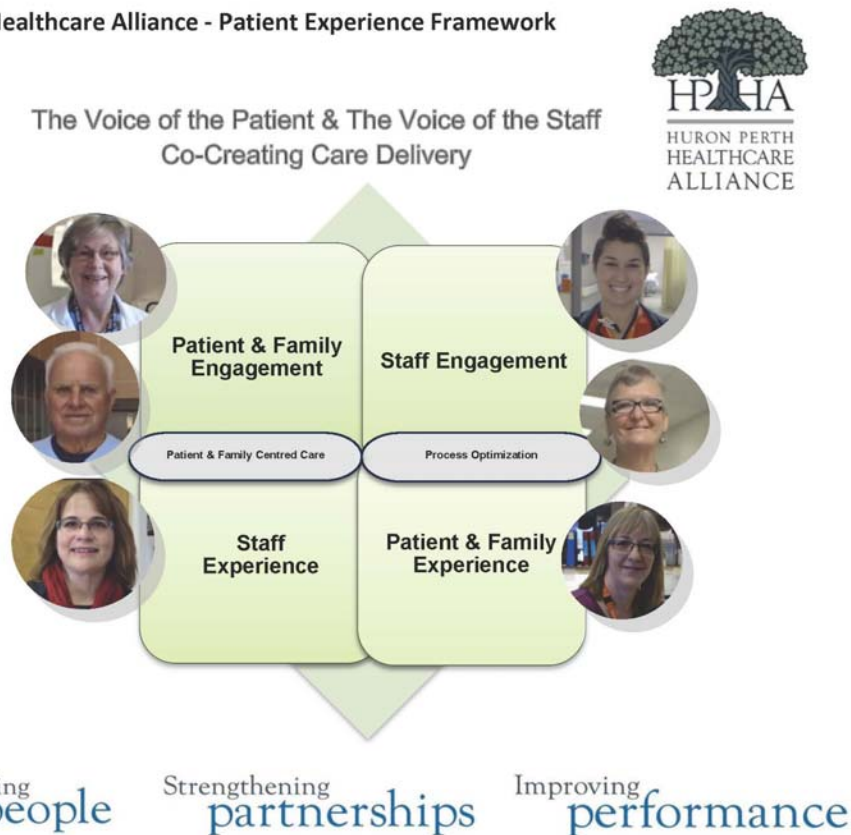
## Patient & Family Experience Annual Report—2016 - 2017



### Feedback Framework

Patient and staff experience is a focus of the Patient & Family Experience Framework. A feedback Framework was developed in 2015 to identify strategies to increase feedback from patients, staff and physicians to understand their 'experience'. In this report you will read about the strategies that were implemented in 2016/2017.

Huron Perth Healthcare Alliance - Patient Experience Framework



### Patient Experience

The sum of all **interactions**, shaped by an organization's **culture**, that influence patients' **perception** across the **continuum** of care

# Accomplishments

85% of all complaints received in 2016/17 were resolved within 5 business days or less!!



## Policy & Best Practice

**Patient Experience Process: Feedback policy and Algorithm implemented February 2016**

**Target: 100% follow up with all complaints within 5 business days**

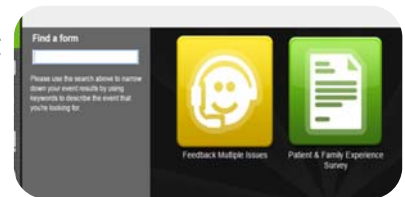
Developed Best Practice for Patient & Family Feedback

## RL6:Electronic Feedback Module

Eight partner hospitals (South Huron Hospital Association/Listowel-Wingham Hospitals Alliance/Alexandra Marine & General Hospital/HPHA) have standardized and adopted an Electronic Patient & Family Survey to be introduced early Fall 2017

across all sites. A standardized paper copy will be available for all sites to utilize as needed. Data will be captured for approximately 3 months through Survey Monkey. Once sufficient data has been captured, the RL6 File Inter-

change Module (FIM) project will be implemented that will allow our survey results to flow from Survey Monkey to RL6 for electronic reporting purposes.



**RL6:Feedback Module Home Page**

## ELECTRONIC PATIENT EXPERIENCE SURVEY

Implementation of new electronic patient experience survey anticipated for Fall 2017. Patient Partners/Volunteers will be assisting our patients and families completing the survey on iPads.



### Electronic Survey Pilot Projects:

Electronic survey pilots have taken place on the Mat/Child, Clinton & St. Marys inpatient units and the Stratford Site Emergency Department. Volunteers are assisting patients and family members to complete the Patient & Family Experience Survey before discharge. This has gone very well and we will be implementing this across all sites and units early Fall 2017. iPads to be purchased for all units and sites with Patient Partners and volunteers trained to survey patients & family members.

With this pilot project we have seen a 50% increase in survey completions!

# PATIENT & FAMILY FEEDBACK

## Statistics \*Clinton, Seaforth, St. Marys & Stratford

Electronic survey piloted on the Stratford Mat/Child, Clinton & St. Marys Inpatient Units and the Stratford Emergency Department utilizing iPads and Volunteers

Fiscal Year	Paper	Electron-ic	Complaints	Categories					
				Quality of Patient Care	Communication Related to Patient Care	Communication Interpersonal	Environment	Delays	Privacy
2015/16	908	168	90 *Started tracking Oct 2015*						
2016/17	974	116	84	9%	9%	63%	8%	9%	2%
				18%	23%	54%	4%	2%	0

## Complaint Classification



<b>Quality of Patient Care</b> (Level 4 - Harmful / significant to patient) **equates to RL6 levels 4,5,6** <ul style="list-style-type: none"> <li>- Missed or problem diagnosis</li> <li>- Claiming negligence</li> <li>- Unsafe/early discharge</li> </ul>	<b>Communication (Related to patient care)</b> (Level 3 - Moderate harm to patient) <ul style="list-style-type: none"> <li>- Inaccurate / insufficient</li> <li>- Communication breakdown</li> <li>- Family has difficulty obtaining information</li> <li>- Disparity in expectations</li> <li>- Care plan</li> <li>- Education</li> <li>- Coordination of care</li> </ul>	<b>Communication (Interpersonal)</b> (Level 2 - behaviour - no harm to patient but should always be followed up) Physician or staff <ul style="list-style-type: none"> <li>- Attitude</li> <li>- Rude/disrespectful</li> <li>- Insensitive</li> <li>- Lack of compassion</li> <li>- Slow call bell response</li> </ul>	<b>Environmental</b> (level 1 - no harm to patient) <ul style="list-style-type: none"> <li>- Parking</li> <li>- Accommodations</li> <li>- Smoking violations</li> <li>- Finance/Billing issues</li> <li>- Housekeeping</li> <li>- Dietary issues</li> <li>- Hand Hygiene</li> <li>- Accessibility</li> <li>- Security</li> <li>- Facility cleanliness</li> </ul>
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## Process Improvements based on Patient & Family feedback

◆ Raised toilet seats installed on the surgical unit	◆ Rehab patient information developed for Seaforth site Patients	◆ Whiteboard refresh at bedside—improved communication between healthcare professionals and patients & families—helps to reduce patient flow barriers	◆ Improved signage/wayfinding
◆ New stairs purchased for Rehab Unit	◆ New neck collars purchased for Emergency Department—improved comfort for patients	◆ The Mat/Child Unit Action Council (UAC) working to improve the Pre-Admit Process and Pediatric Parent Handbook	◆ Physician conflict resolution workshop took place February 2017
◆ Physician Communication workshop to be organized Fall 2017			



# Accomplishments



## Patient & Family Engagement

### Introduced Increased Opportunities for Patient Partners

We are committed to providing the best possible patient and family experience. We do this by partnering with our patients and their families.

### What is a Patient Partner?

A Patient Partner is a patient, a patient's family member or caregiver who has experienced care within the past two years at any of the four sites of the HPHA. A Patient Partner is interested in sharing their unique thoughts and perspectives based on their experience, to ensure that the voices of the patients and families are heard, considered and included.

### What is a Patient Partner Role?

*As a member of the Medicine/Integrated Stroke Unit Action Council I bring the perspective of a patient who has experienced a stroke and received treatment. I attempt to identify and advocate for potential areas of change from the position of a person who has been on the receiving end of care"*

Patient Partners share their valuable insights and first-hand knowledge of how services impact patients and their families. They serve in a volunteer capacity and work together with staff, leaders and physicians to acknowledge both exemplary care and areas for improvement. They also provide input and influence on the policies, programs and practices that impact the quality of care and services that individuals and their families receive at HPHA.

### Patient Partner Involvement

- Unit Action Councils (UACs)
- Unrestricted visiting hours policy development
- HPHA's research project on the Transfer of Accountability at the bedside that was supported by Canadian Foundation for Healthcare Improvement (CFHI); worked on project from its inception, application and development including staff education & training; presented results in Montreal, Toronto & New York
- the development of HPHA's electronic patient experience survey that will be delivered on iPads to our patients & families
- Members on the HPHA "Change of Shift" Kaizan
- Members on the Patient Experience Steering Committee
- Members on the Quality Committee
- Interviews for a Patient Experience/Nursing Manager
- Development of Quality Improvement Plans – Person Centred Care, Medication Reconciliation, Readmission within 30 Days for Mental Health & Addiction, Post Discharge Stroke Follow up



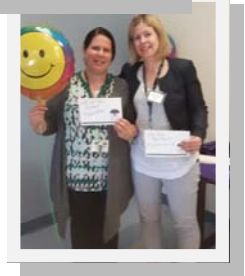
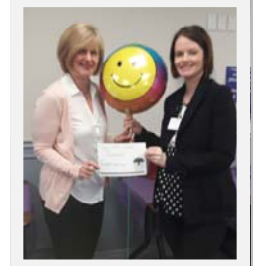
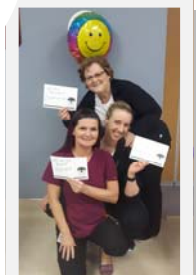
HPFA Patient Partner Robert

# Accomplishments

## Staff Experience/Engagement



3<sup>rd</sup> Annual Patient Experience Week celebrated (April 24-28). Patient Experience Fairs were held across all four sites celebrating staff.

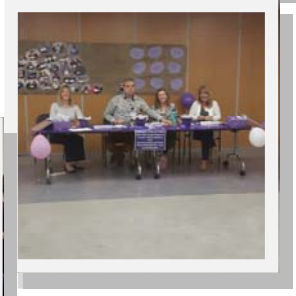
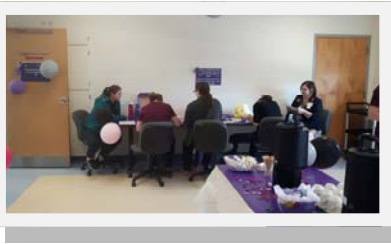


**FREE LUNCH!**

Staff signed "I Am the Patient Experience" cards and had photos taken

Staff/physician/volunteers enjoyed a free lunch as a **THANK YOU** for all that they do for the **PATIENT EXPERIENCE**

Staff sent peers, physicians and volunteers 'candy grams' recognizing them for going above and beyond for patients. Over "300" candy grams were distributed!!! This station continues to be set up in the Patient Experience Office.



# Accomplishments of the Patient Experience Steering Committee



**Committee Members:** Anne Campbell (Chair), Michelle Jones, Cathy Bachner (Patient Partner), Amanda Dobson, Cheryl Hunt, David Mueller, John Wilson, Erin Miele, Jane Rundle, Kathi Urbasik-Hindley, Jackie Piper, Michelle Wick, Laura Brown, Ryan Itterman, Jane Graul



## Refreshed Huddle Board Process

The Huddle Board Process was refreshed by a team of staff & patient Partners to enhance value for the staff on a daily basis

- Huddle Boards were “refreshed” with a focus on process improvements
- Staff run the huddles daily and monitor improvement activity
- “Week in Review” is sent by leaders to inform all staff on the status of improvement activity
- Staff are excited about this positive change

## Patient Partner Recruitment Process Revised & Enhanced

- Marketing plan developed
- Posters and brochures for waiting rooms and in-patient units
- Advertising campaign with local media
- Web site development to describe patient partners & opportunities with application forms
- Onboarding process developed

## HPHA Patient Engagement Strategies Shared Provincially and Internationally

- 4<sup>th</sup> National Annual Forum on Patient Experience; Toronto
- International Nursing Symposium on Patient Experience; Riyadh, Kingdom of Saudi Arabia
- OHA Patient & Caregiver Engagement Working Group
- OHA Community of Practice for Patient Experience Measurement

# Accomplishments

## of the Patient Experience Steering Committee

### Connecting the Dots; Smoothing Transitions for Caregivers

- Successful candidate for Change Foundation 3 year funded project
- HPHA as the lead organization partners with One Care, STAR FHT, North Perth FHT, SWLHIN, SWLHIN Home & Community Care
- Key projects will focus on communication strategies regarding community resources & care planning and education of staff & physicians across the continuum of care on how to identify and support family caregivers in their role



### Rounding Model

The HPHA Rounding Model was developed to increase staff and patient engagement in a proactive purposeful way.

Rounding on staff allows the leader to provide positive feedback, get to know their staff better, understand any challenges the staff member may have in completing their duties successfully, and if they have any ideas on how to improve processes in their department. The leader also asks the staff member if there is anyone they should recognize. The leader is responsible for following up on any challenges and gathering the ideas to share at the huddle board or forward to the Unit Action Council.

Rounding on patients allows the clinical leaders to touch base with every patient with scripted question to ensure the patient is receiving the care they should and address any concerns they may have with their plan of care. The leader can address any patient concerns before they result in a complaint and also reinforce nursing and PSW practice.

### Safety Rounds

As part of the Ministry of Labor requirements for safe work environments, staff complete monthly safety rounds. To make the process more well-rounded, a pilot was completed on the Stratford Medical in-patient unit and Clinton in-patient unit. When nursing staff or team leaders would complete the monthly safety rounds, they also visited 5 patients and asked specific questions related to safety:



**Has your arm band been scanned every time you have received a medication?**

**Is your call bell answered in a timely manner?**

**Do you have an opportunity to ask your nurse questions?**

**Do you have an opportunity to ask your doctor questions?**

**Were your questions answered?**

This pilot provided a different level of staff engagement where they had an opportunity to engage patients and understand safety from the patient's perspective. It also reinforced a culture of safety. This initiative requires further development prior to implementation Alliance-wide

# Our Journey Continues.....



## 2017/2018 Quality Improvement Plan (QIP) - Person Centred Care

### Change Plan:

We will increase patient and family engagement across the Huron Perth Healthcare Alliance (HPHA) by establishing a Patient Partnership Council (PPC). This would also enhance the patient and family voice in healthcare processes and to be a resource for hospital staff and leaders.

### Time Lines:

September 2017—Patient Experience Steering Committee transitions to PPC

October 2017—Terms of Reference developed and approved

November 2017 - completion of Patient Partner roles reviewed, revised and approved by PPC

April 1, 2017—January 31, 2018—completion of 10 education sessions to staff leaders & physicians on the value of the patient/family voice

January 31, 2018—100% scheduled orientation sessions will include a patient partner presentation.

January 31, 2018—30% Increase the overall number of patient partners on committees and/or projects

January 31, 2018—50% increase in the number of patient partners available to HPHA

*Respectively submitted,*

Anne Campbell, Vice President Partnerships and Chief Nursing Executive  
Michelle Jones, Administrative Assistant Patient Experience

