Health Quality Transformation 2014

Partnering to accelerate best care, best health, best value

Designing Sustainable Change: The IDEAS Initiative and Mobilizing Support for Quality Improvement

Session 3

Presenter Disclosure

Improving & Driving Excellence Across Sectors

- **Presenters:** G. Ross Baker, Amir Ginzburg, Patti Cochrane, Clint Atendido, Barbara Steed, Jill Schitka

- **Relationships with commercial interests:** None

Disclosure of Commercial Support

Improving & Driving Excellence Across Sectors

- This session has received no commercial support

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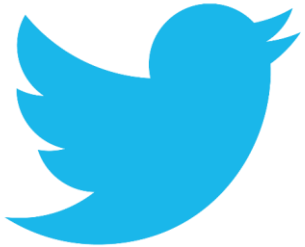

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#HQT2014

Healthcare's Perfect Storm

Improving & Driving Excellence Across Sectors

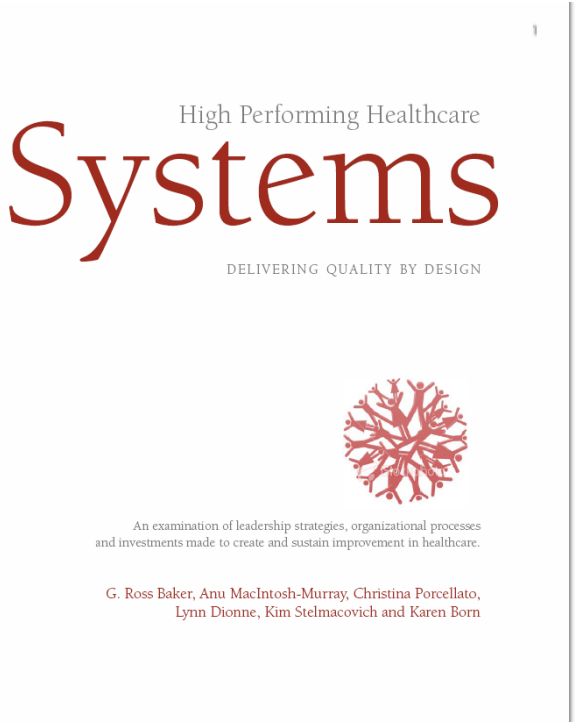
- Growing prevalence of chronic disease
- New technology improves outcomes but increases costs
- Rising public expectations
- Professional autonomy trumps system change
- Aging workforce
- Limited integration across services and organizations
- Little appetite for increased taxation or user fees

Why IDEAS?

Quality by Design: High-performing health systems have core common elements:

- Leadership and strategy
- Organizational design
- Improvement capabilities

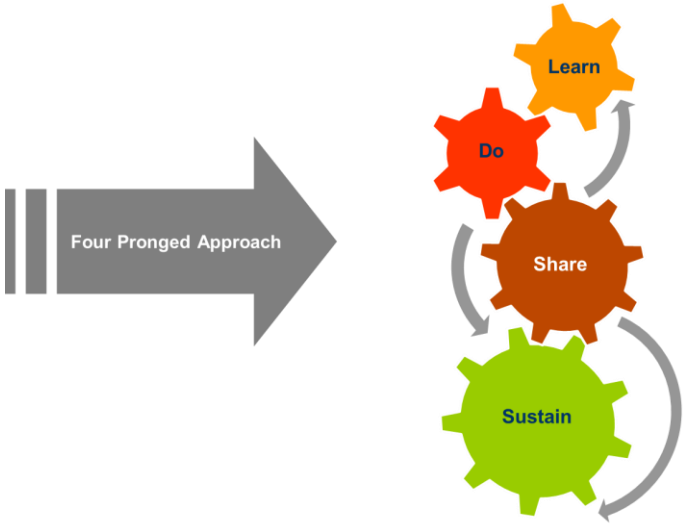
- IDEAS focuses on:
  - **Quality and system improvement as the core strategy**
  - **Organizational capacities and skills to support performance improvement**



What is IDEAS?

Improving & Driving Excellence Across Sectors

- IDEAS is a province-wide learning initiative to advance Ontario's health system priorities by building capacity in quality improvement, leadership and change management across all health care sectors.



Learn * Do * Share * Sustain.

Improving & Driving Excellence Across Sectors

- **Advanced Learning Program**
  - Individuals leading QI projects
  - 9 full-day classes over 5 months
  - Applied learning project supported by coaching
  - Delivered at UofT by expert faculty

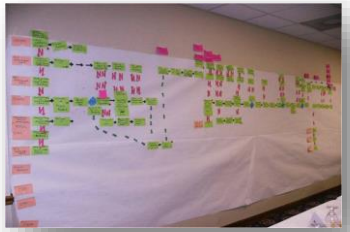
- **Introductory Quality Improvement Program**
  - Current or potential members of QI project team
  - 2 days
  - Delivered by university partners in Toronto, Hamilton, London, Kingston, Ottawa, Northern Ontario and surrounding areas

Learn * Do * Share * Sustain.

Improving & Driving Excellence Across Sectors

Team-Based Approach

Applied Learning



In-Class Learning

- Core Competencies
  - Planning QI in complex adaptive systems
  - Clinical QI theory, methods and tools
  - Adaptive Leadership and personal resilience
  - Data system design and outcome measurement
  - Teamwork, project management tools, change leadership

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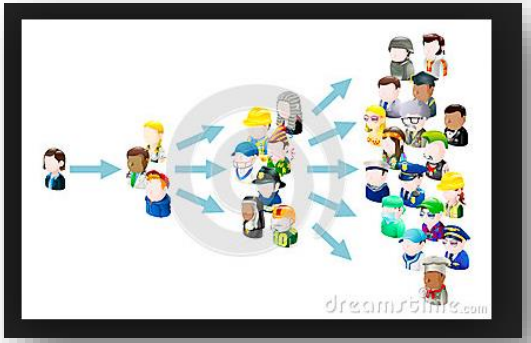
Improving & Driving Excellence Across Sectors

Networking opportunities:

- Cross-sectoral & interdisciplinary
- Team leads and team members across all organizational levels
- Strong leadership support
- IDEAS Annual Alumni Event



ShareIDEAS: An Online Project Repository

Improving & Driving Excellence Across Sectors

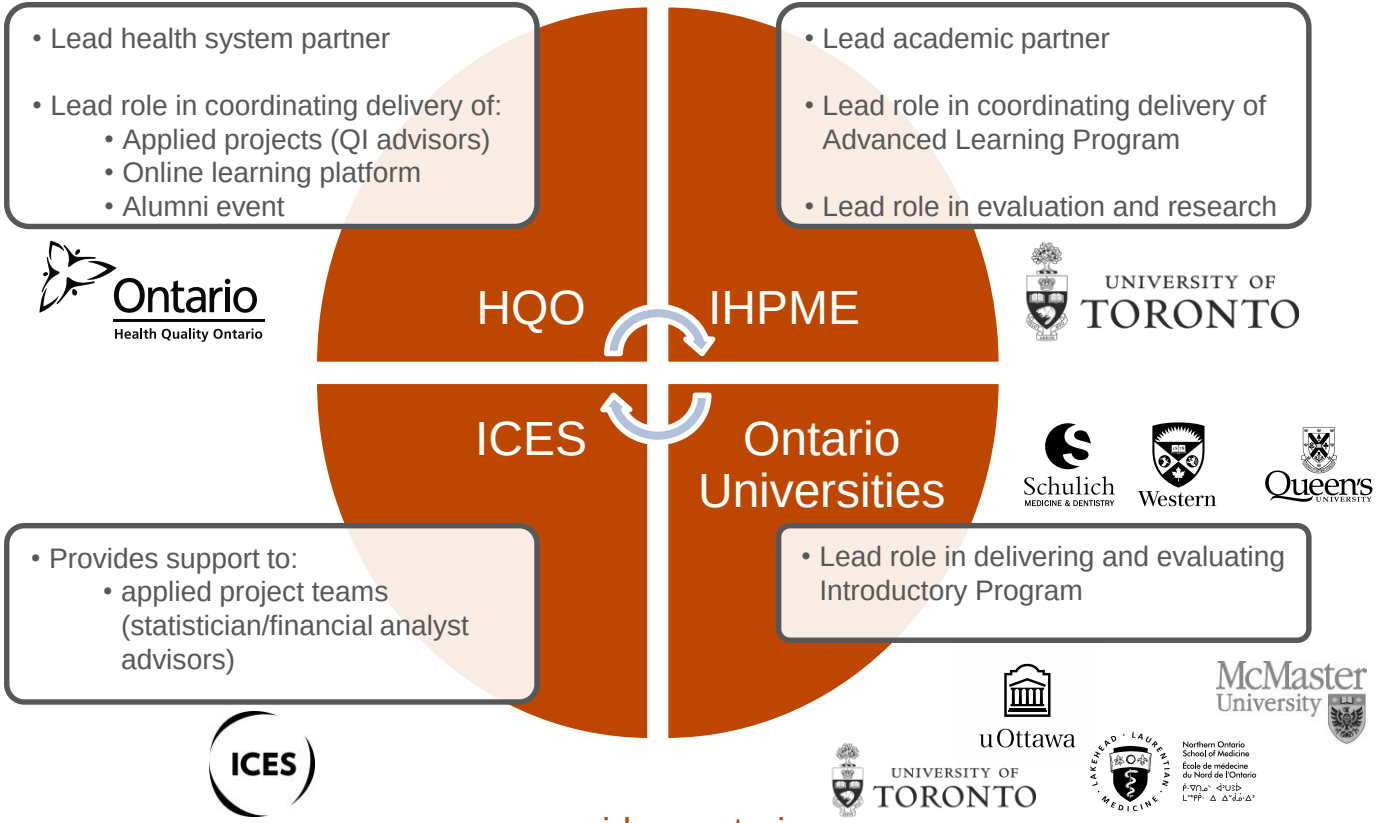
NEW! Launched on November 19

- Searchable database of all IDEAS Projects

To access ShareIDEAS, visit www.shareideas.ca or visit www.ideasontario.ca

IDEAS Partners

ideaS
Improving & Driving Excellence Across Sectors



www.ideasontario.ca

What will IDEAS achieve?

Improving & Driving Excellence Across Sectors

- Critical mass of engaged health professionals with skills in QI, leadership and change management
- Common language, methods and tools to support collaboration across disciplines and sectors
- Culture of continuous improvement and accountability
- Spread and adoption of evidence-informed practice

Learn * Do * Share * Sustain

Today's Panel Discussion

Improving & Driving Excellence Across Sectors

- IDEAS alumni will describe the success of their respective projects and reflect on key success factors for sustainability
- The executive sponsors of each project will contribute to the dialogue, highlighting how they helped teams achieve success

Improving & Driving Excellence Across Sectors

Connecting with Primary Care for Complex Patients

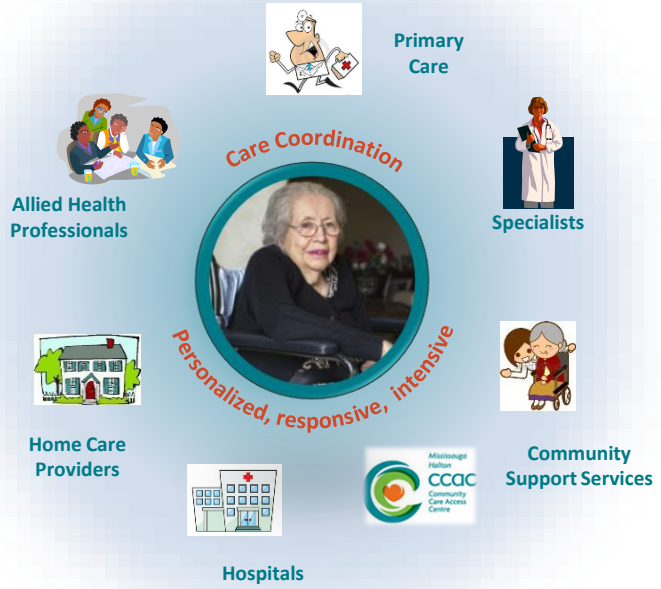
Amir Ginzburg
and Patti Cochrane

East Mississauga Health Link

East Mississauga Health Link

Improving & Driving Excellence Across Sectors

- Early adopter, co-lead by Summerville Family Health Team and Trillium Health Partners
- Care coordination role within MH CCAC
- Referrals accepted from hospital, primary care and community service providers
- Patients served include:
  - ✓ Adults with medical and/or social complexity
  - ✓ 3+ ED visits or admissions in last 6 months
  - ✓ **Care coordination needed to avert further ED visits or hospital readmission**



Aim of Ideas Project

Improving & Driving Excellence Across Sectors

Coordinated care for complex patients will be enhanced by having 80% of Health Link patients attend an in-person care conference with their primary care provider and the Health Link care coordinator within 7 days of enrollment, by March 31, 2014.

Measures

Improving & Driving Excellence Across Sectors

Process Measures:

- Number of care conferences
- Time from enrollment to care conference

Outcome Measures:

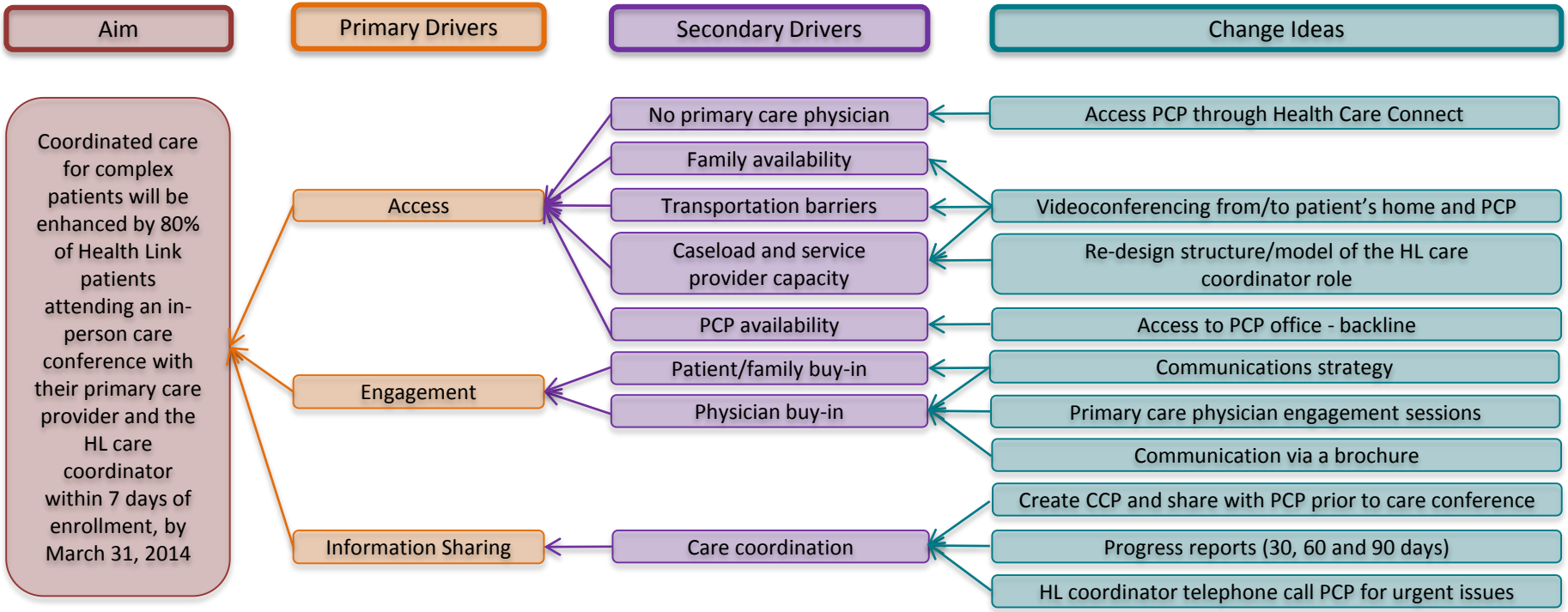
- Number emergency department visits
- Number admissions to hospital
- Patient experience with care conference
- Provider experience with care conference

Balance Measures:

- Duration of care conference

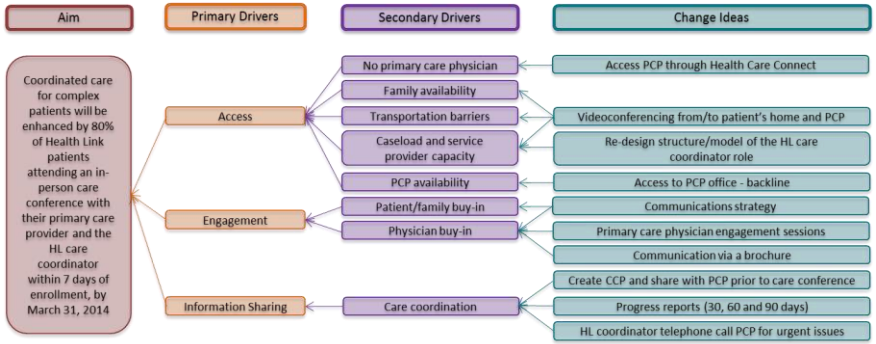
Early Change Ideas

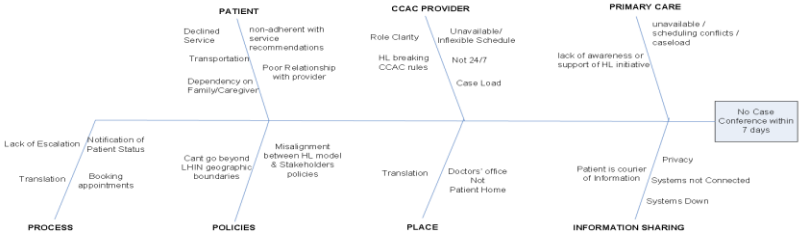
Improving & Driving Excellence Across Sectors

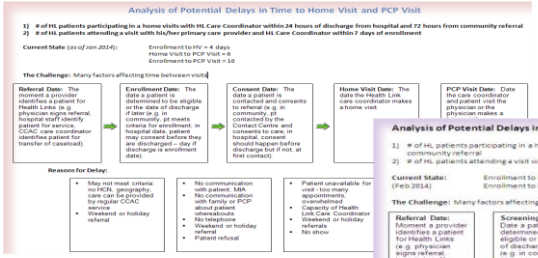


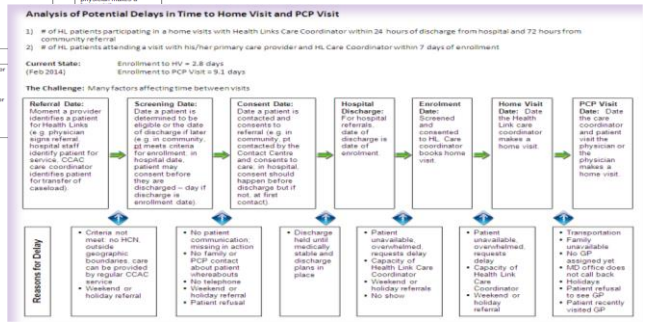
QI Tools

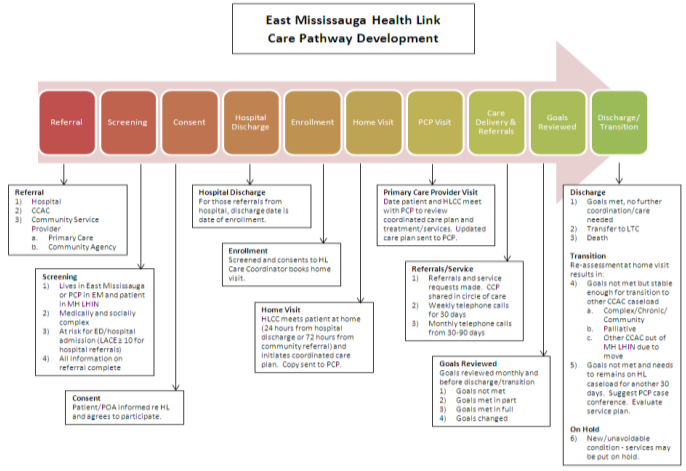
Improving & Driving Excellence Across Sectors











Achieving a Care Conference

Improving & Driving Excellence Across Sectors

Care conference: simultaneous communication between a patient, care coordinator, primary care

22% conversation with primary care

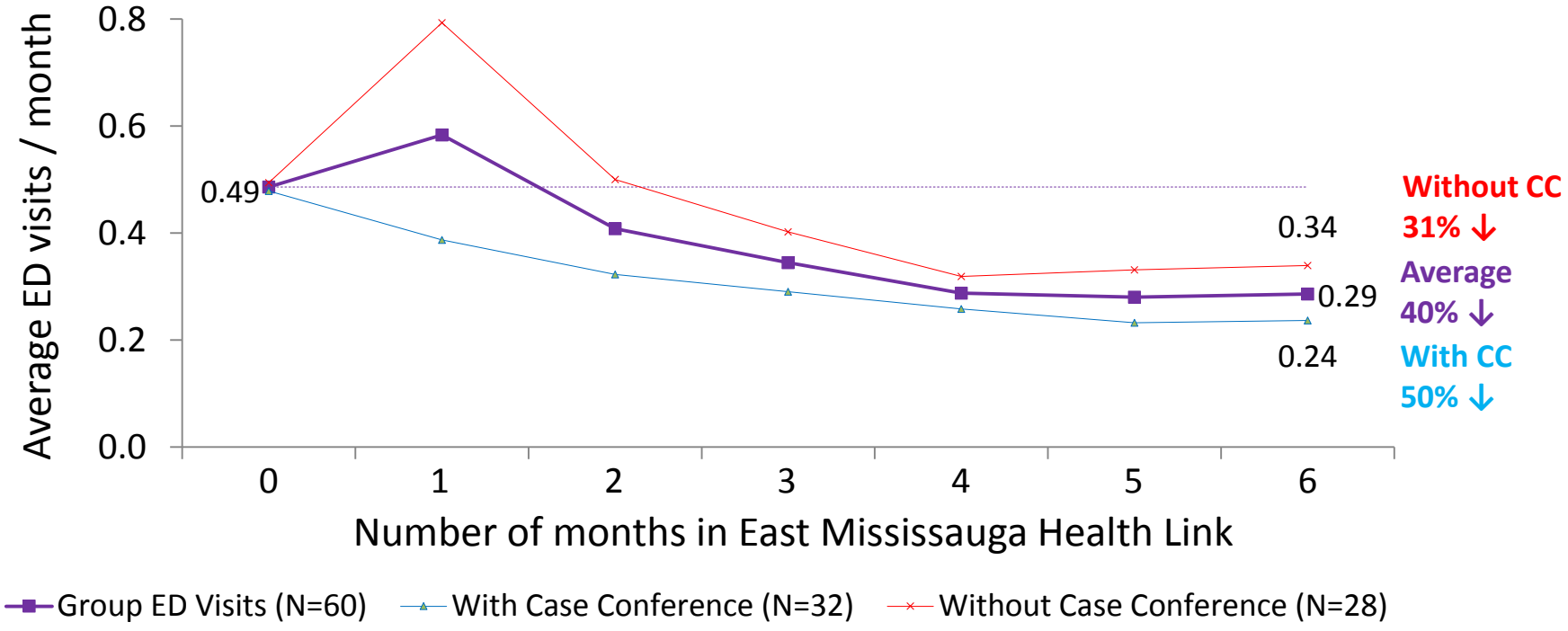
22% no dialogue

56% care conference

- **25% within 7 days**
- **Average was 13.2 days**

Average monthly ED Visits for EMHL patients enrolled > 6 months

At September 30, 2014



Challenges

Improving & Driving Excellence Across Sectors

Practical

- Rigor of QI tools while developing a new initiative
- Collecting (high quality) data in real time and acting on it

Strategic

- Maintaining momentum despite ambitious aim statement
- Embedding sustainability across complex partnerships

Impact of Executive Sponsor

Improving & Driving Excellence Across Sectors

- Get the right people on the bus
- Inspire and motivate
- Provide context
- Connect the dots from a corporate view
- Remove barriers
- Ask the right questions

Improving & Driving Excellence Across Sectors

Questions?

Improving & Driving Excellence Across Sectors

Improving Flow From ED to Inpatient Unit

Markham Stouffville Hospital

Presenter: Clint Atendido
IDEAS Team Members: Loretta Morson, Sandi Lofgren
Executive Sponsor: Barbara Steed

Improving & Driving Excellence Across Sectors

Something was wrong at MSH…

- Admitted patients in the ED were dissatisfied with the delay in getting to their inpatient medical bed
- Hospital not fully meeting key metrics (e.g. QIP targets and capitalizing on P4R)
- Patients and staff not satisfied with the late discharges on the units – most were after 5:00

But we could do something about this…

- If we could more evenly distribute the discharges throughout the day, we could prepare the empty beds earlier in the day and pull more admitted patients from the ED

And here's how….

AIM

Improving & Driving Excellence Across Sectors

Improve the distribution of discharges that occur throughout the day by increasing the percentage of medical patients who are discharged from hospital by 1100 am from 13% to 30% by September 2014

Measures

Improving & Driving Excellence Across Sectors

Outcome measures

- # of patients discharged before 1100 hrs on the medical unit
- LOS for admitted patients in the ED

Process measures

- % of bullet rounds on the medical unit that follow the standard process
- Number of physicians who attended bullet rounds
- Number of nurses who used the standardized bullet round checklist to give their update at rounds
- Number of patients who were moved from Red and Yellow discharge status to Green status during bullet rounds

Balancing measures

- Patient satisfaction with discharge process
- % readmitted within 48 hours

Changes

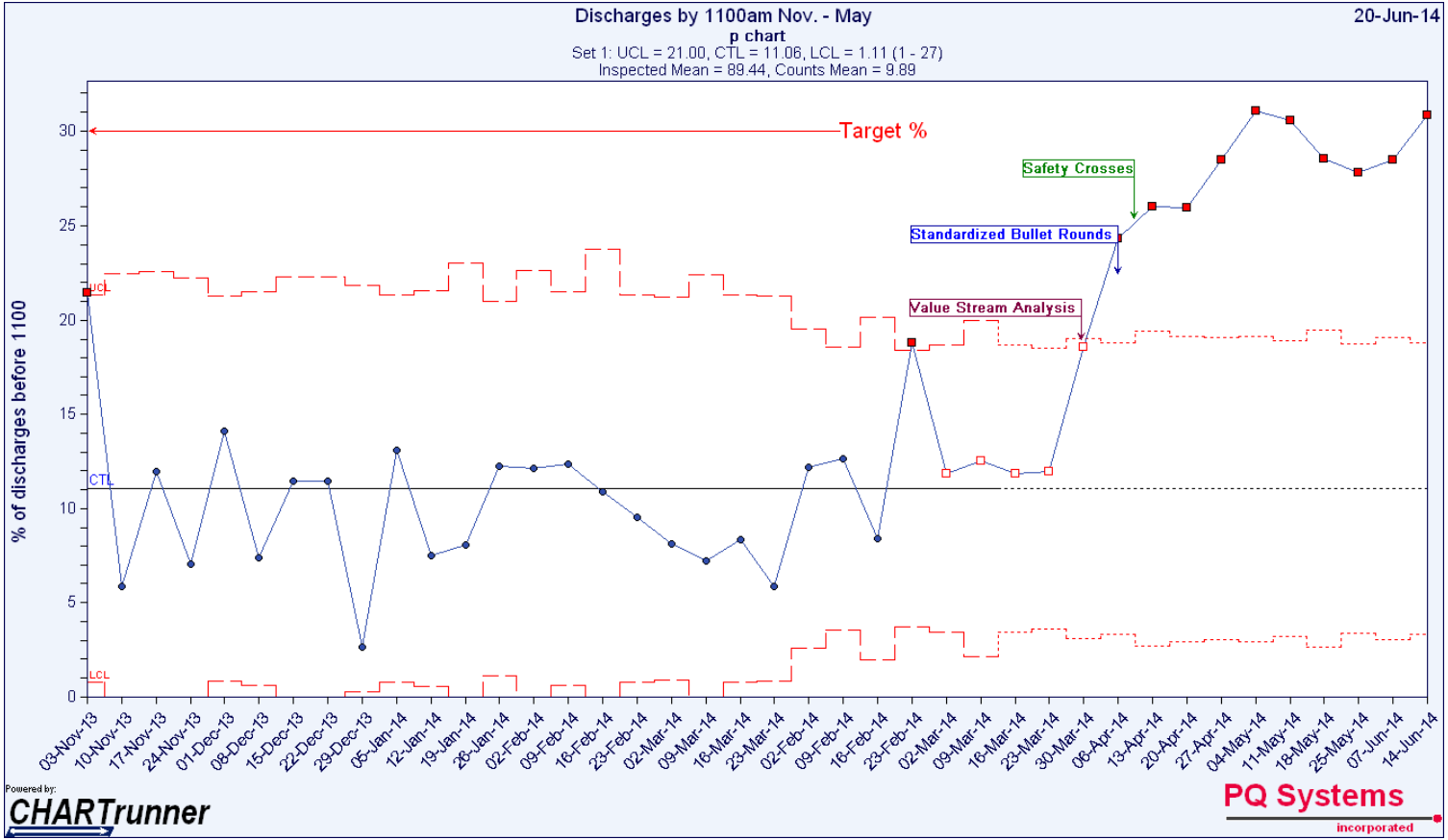
Improving & Driving Excellence Across Sectors

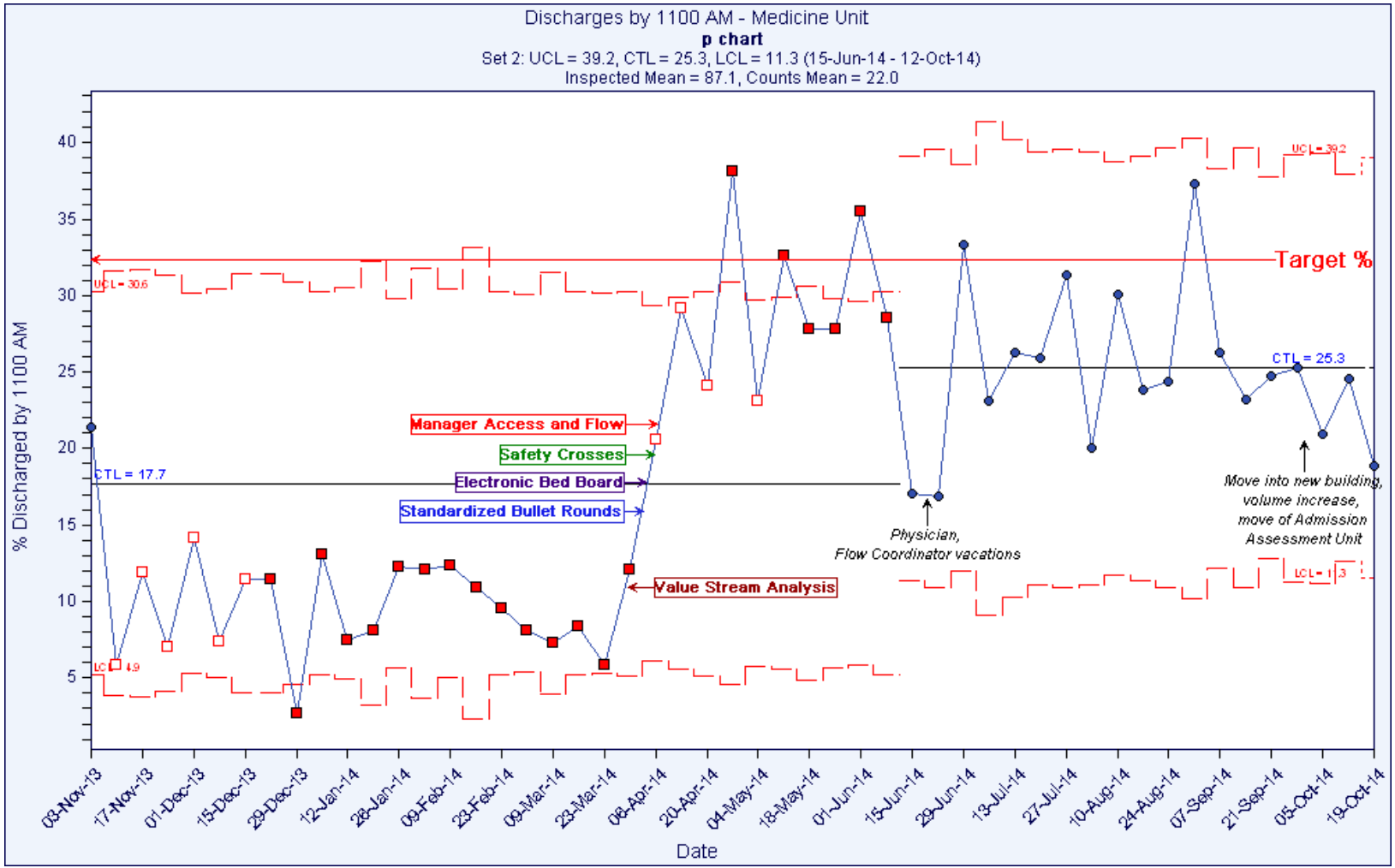
1. Standardized bullet rounds

2. Quality “crosses”

3. Implementation of a Flow Steering Committee

Results/Impact




Discharges by 1100 AM - Medicine Unit
p chart
Set 2: UCL = 39.2, CTL = 25.3, LCL = 11.3 (15-Jun-14 - 12-Oct-14)
Inspected Mean = 87.1, Counts Mean = 22.0
% Discharged by 1100 AM
Date
Target %
CTL = 25.3
CTL = 17.7
UCL = 39.2
UCL = 30.6
LCL = 11.3
LCL = 4.9
Manager Access and Flow
Safety Crosses
Electronic Bed Board
Standardized Bullet Rounds
Value Stream Analysis
Physician, Flow Coordinator vacations
Move into new building, volume increase, move of Admission Assessment Unit
40
35
30
25
20
15
10
5
03-Nov-13
17-Nov-13
01-Dec-13
15-Dec-13
29-Dec-13
12-Jan-14
26-Jan-14
09-Feb-14
23-Feb-14
09-Mar-14
23-Mar-14
06-Apr-14
20-Apr-14
04-May-14
18-May-14
01-Jun-14
15-Jun-14
29-Jun-14
13-Jul-14
27-Jul-14
10-Aug-14
24-Aug-14
07-Sep-14
21-Sep-14
05-Oct-14
19-Oct-14

Results/Impact

Improving & Driving Excellence Across Sectors

- We are meeting our goal of 30% of discharges by 1100 on the medical unit
- More physicians are attending bullet rounds
- Patient Experience
- Efficiency, Productivity, Effectiveness
- Our Transitional Bed Unit has been able to transfer all of their admitted patients by 10:00 in the evening, requiring fewer nurses to care for these patients overnight in the ED
- Increased P4R funding
- Decreased conservable bed days on the medicine unit

Overall Success

Improving & Driving Excellence Across Sectors

- Met our AIM Statement
- Decreased ED LOS for admitted patients from >46 hrs to <30 hrs
- Improved P4R performance ranking and funding ranking
- Determined barriers to discharge and ongoing PDSA's
- Celebrate successes at bed meeting
- Improved DI process for possible discharges

Overall Challenges

Improving & Driving Excellence Across Sectors

- Competing priorities in the organization – time allotted for implementing all of the small changes designed to facilitate the big change – follow up with staff, quick turn around times, etc
- Predicting date of discharge and communicating this to patients and families
- Moved to new space and ensuring physician attendance at bullet rounds
- Sustainability for the future
  - Adapt to increased volume and admit no bed patients in ED
  - Staff turnover
  - Continue to align projects to access and flow when possible - to keep focus

Executive Sponsor Support

Improving & Driving Excellence Across Sectors

- Put organizational focus on the initiatives
- Used outcome measures as part of QIP – accountability
- Voice at senior team to support work
- Helped support the execution of quality improvement projects
- Helped overcome barriers to change
- Present during meeting with IDEAS coach to understand the IDEAS process

Next Steps to Lead Improvement

Improving & Driving Excellence Across Sectors

- Continue with the Flow Steering Committee to keep our finger on the pulse of the issues
- Work on the rest of the discharge process:
  - A discharge checklist for nurses to assist with prep of the patient
  - A standardized discharge summary form to assist with transfer of care after discharge
  - A patient pamphlet to help with transfer of care
  - Standardize patient discharge instructions
  - Implement a standardized assessment tool to identify patients at risk for failed discharge

Executive Sponsor Reflection

Improving & Driving Excellence Across Sectors

- Engage physicians earlier- could have included as part of IDEAS team
- Look at project scope and ensure proper stakeholders represented at IDEAS course
- Be present and engage front line staff about goals, expected outcomes
- Accountability

Improving & Driving Excellence Across Sectors

Questions?

Improving & Driving Excellence Across Sectors

Methods to improve patient experience during the Door-to-Provider period at Grand River Hospital Emergency Department

Jill Schitka B.A., M.A., Hons.Dipl.HSc., R.N.

Lynne Julius RN HBScN MHS

AIM and Measures

- ***Project Aim Statement:***
  - Improve patient experience during the Door-to-Provider period such that the “Patient Recommendation” score increases from baseline 83% to 90% by the end of June 2014.

- ***Outcome and key process measure(s)***
  - Developed and implemented patient satisfaction measurement tool
    - Paper and online response options
  - Monitored patient satisfaction scores while implementing process changes in Emergency Department

Changes

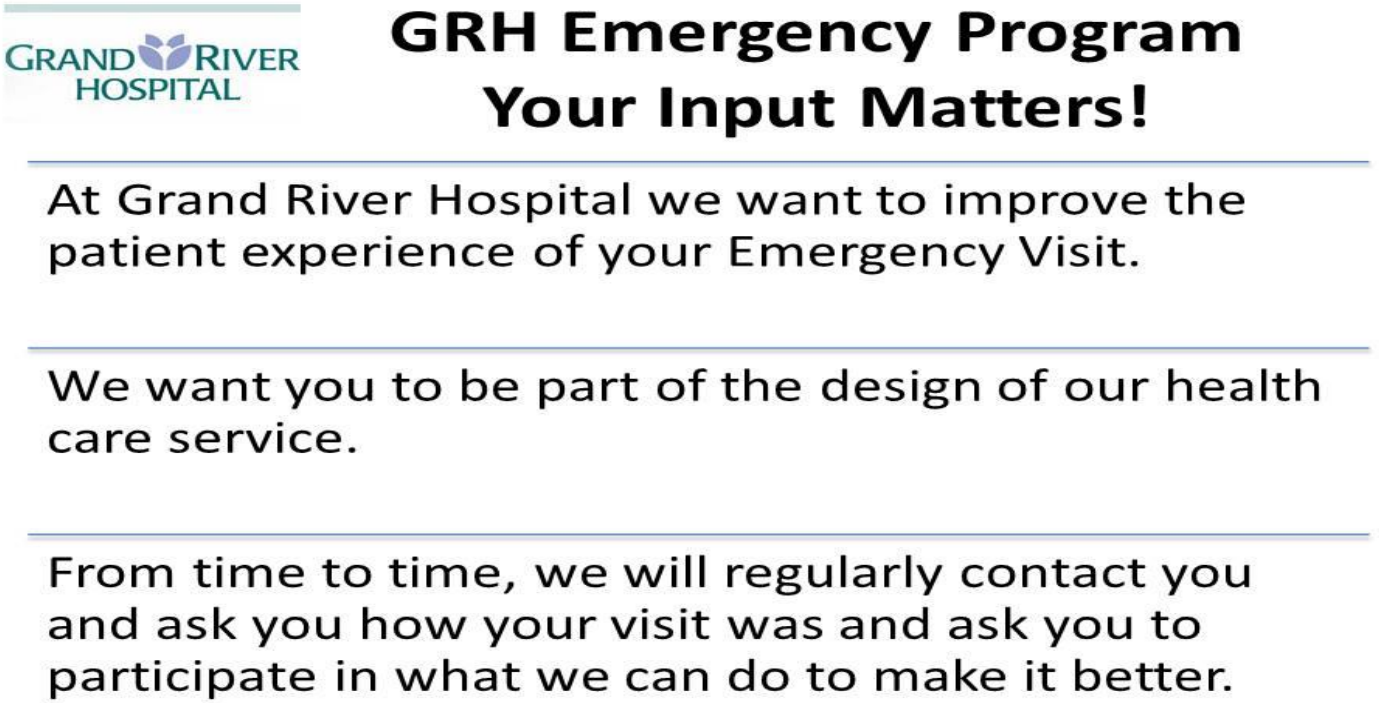
- **Change Methods Applied**:

  Advanced Communication Tools:
  - Applied AIDET method (Acknowledge, Introduce, Duration, Explanation, Thank You).
  - On-line ED Wait Times Clock of current estimated wait times.

  1. Nursing Role:
     - Patient tool and AIDET approach had to be easy so that the process implemented would download into the “DNA” of the RN to ensure Sustainability and Spread
  2. Volunteer Role:
     - Augment Volunteer role as greeter and navigator with AIDET approach
  3. Communication and Enhancements:
     - Update Waiting Room patient brochures
     - Emotional mapping of patient experience via patient focus groups.

- Tests of change using Plan-Do-Study-Act
  - Patient experience survey introduced via multiple PDSA cycles.
  - ED patient brochures tested with Patient Focus Groups and staff working groups.

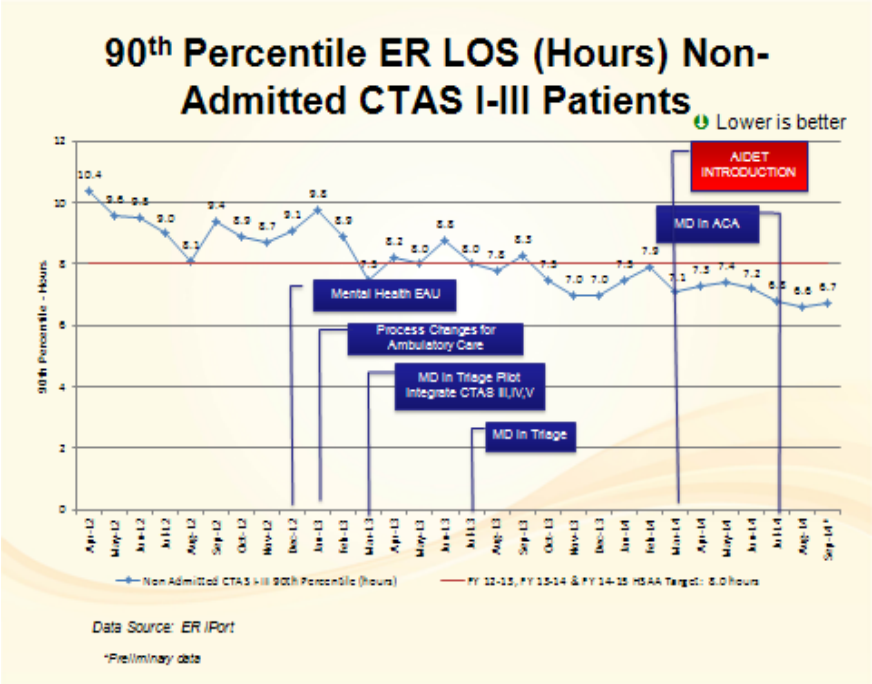
Focus Group Recruitment

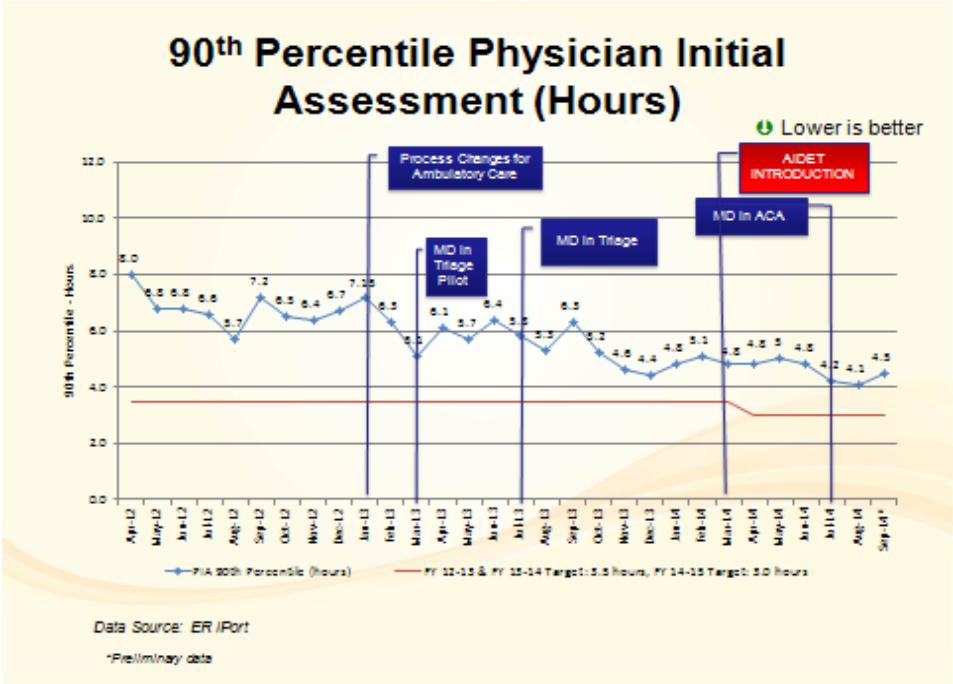


Family of Measures

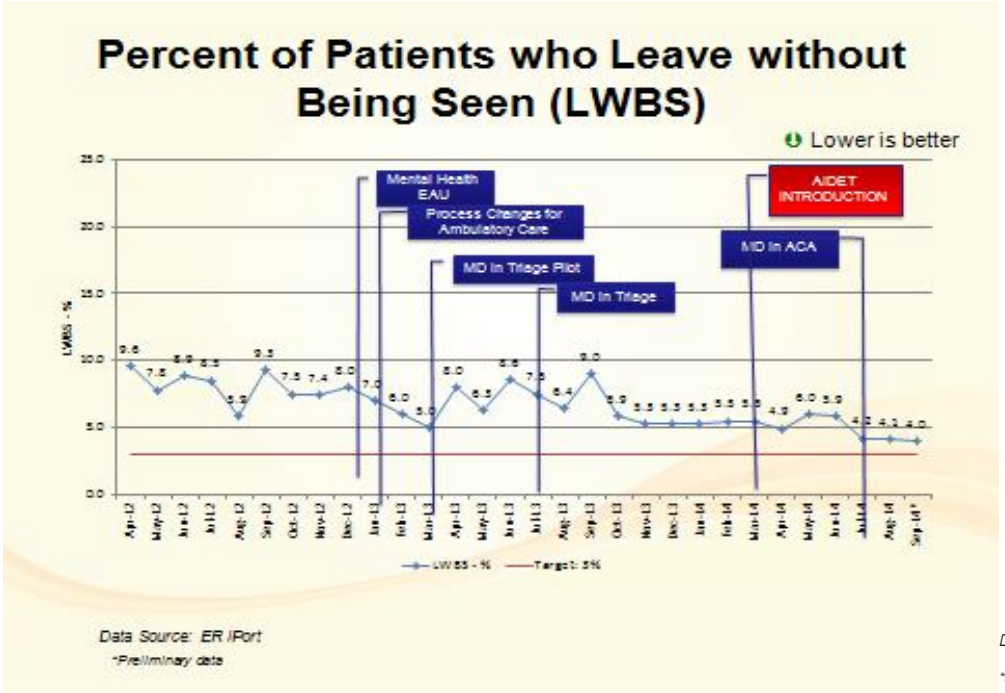
Outcome	Process	Balancing
% patient satisfaction rate	% of applicable patients that have medical directives started during pre-treatment phase	% of patients whose presenting complaint is captured within 5 minutes of arrival
% patient satisfaction with wait times information	% of nursing staff regularly using AIDET in their regular practice	% of patients triaged within 15 minutes of arrival (CTAS standard)
% staff satisfaction		Improved Provider Initial Assessment (PIA) times
		Reduced Left Without Being Seen
		Meeting ED LOS (Length of Stay) provincial benchmark
		Fewer complaints to patient relations
		Staff retention
		Decreased overtime related to sick call replacement

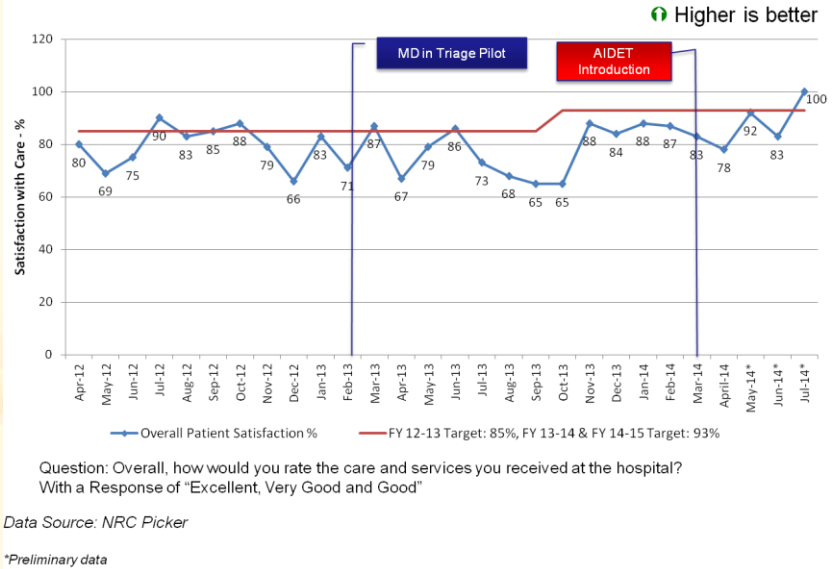
Results


90th Percentile ER LOS (Hours) Non-Admitted CTAS I-III Patients
Lower is better
AIDET INTRODUCTION
MD in ACA
Mental Health EAU
Process Changes for Ambulatory Care
MD in Triage Pilot Integrate CTAS III,IV,V
MD in Triage
90th Percentile - Hours
Non Admitted CTAS I-III 90th Percentile (hours)
FY 12-13, FY 13-14 & FY 14-15 HSAA Target: 8.0 hours
Data Source: ER IPort
*Preliminary data

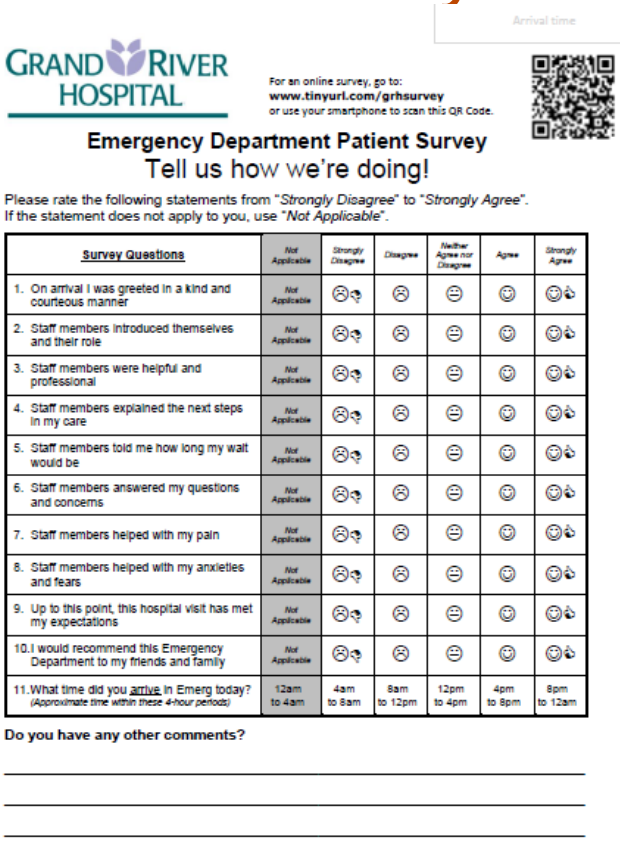

90th Percentile Physician Initial Assessment (Hours)
Lower is better
Process Changes for Ambulatory Care
AIDET INTRODUCTION
MD in ACA
MD in Triage
MD in Triage Pilot
90th Percentile - Hours
PIA 90th Percentile (hours)
FY 12-13 & FY 13-14 Target: 8.0 hours, FY 14-15 Target: 5.0 hours
Data Source: ER IPort
*Preliminary data

Results


Percent of Patients who Leave without Being Seen (LWBS)
Lower is better
Mental Health EAU
Process Changes for Ambulatory Care
MD in Triage Pilot
MD in Triage
AIDET INTRODUCTION
MD in ACA
LWBS - %
Target: 5%
Data Source: ER iPort
*Preliminary data


Patient Experience:
Overall Satisfaction with Care
Higher is better
MD in Triage Pilot
AIDET Introduction
Satisfaction with Care - %
Overall Patient Satisfaction %
FY 12-13 Target: 85%, FY 13-14 & FY 14-15 Target: 93%
Question: Overall, how would you rate the care and services you received at the hospital?
With a Response of "Excellent, Very Good and Good"
Data Source: NRC Picker
*Preliminary data

Patient survey and wait time clock



GRAND RIVER HOSPITAL

For an online survey, go to:
www.tinyurl.com/grhsurvey
or use your smartphone to scan this QR Code.

Emergency Department Patient Survey
Tell us how we're doing!

Please rate the following statements from "*Strongly Disagree*" to "*Strongly Agree*".
If the statement does not apply to you, use "*Not Applicable*".

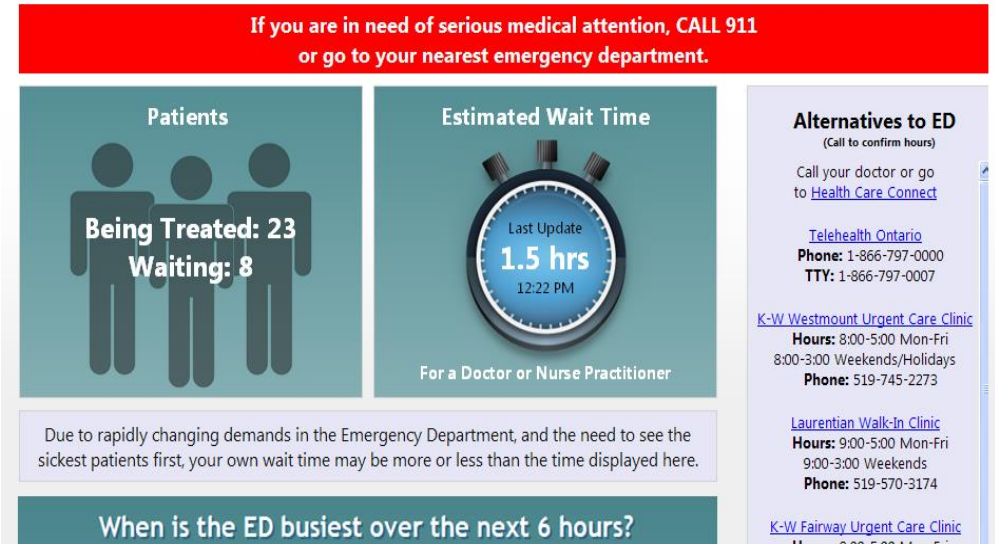
Survey Questions	Not Applicable	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. On arrival I was greeted in a kind and courteous manner	Not Applicable	☹	☹	😐	☺	☺
2. Staff members introduced themselves and their role	Not Applicable	☹	☹	😐	☺	☺
3. Staff members were helpful and professional	Not Applicable	☹	☹	😐	☺	☺
4. Staff members explained the next steps in my care	Not Applicable	☹	☹	😐	☺	☺
5. Staff members told me how long my wait would be	Not Applicable	☹	☹	😐	☺	☺
6. Staff members answered my questions and concerns	Not Applicable	☹	☹	😐	☺	☺
7. Staff members helped with my pain	Not Applicable	☹	☹	😐	☺	☺
8. Staff members helped with my anxieties and fears	Not Applicable	☹	☹	😐	☺	☺
9. Up to this point, this hospital visit has met my expectations	Not Applicable	☹	☹	😐	☺	☺
10. I would recommend this Emergency Department to my friends and family	Not Applicable	☹	☹	😐	☺	☺
11. What time did you arrive in Emerg today? *(Approximate time within these 4-hour periods)*	12am to 4am	4am to 8am	8am to 12pm	12pm to 4pm	4pm to 8pm	8pm to 12am

Do you have any other comments?

_____

_____

_____



Patient Focus Groups

Challenges

Stakeholders: Engagement

- Attracting patient participants to the patient focus groups was much more difficult than it was first anticipated.
- Initially some staff and volunteers were resistant to the AIDET communication approach demonstrating discomfort in implementing the patient survey and were fearful of the immediate feedback generated by the PDSA cycles
- Delay in analyzed results back to the stakeholders increased resistance as the stakeholders could not see the impact of AIDET to the patient population and outcome measures

Data

- Keeping staff stakeholders informed of outcomes of PDSA cycles and data to demonstrate improvement
- Data collection can be challenge to collect, monitor and analyze and requires support from decision support to be able to turn data collected from the patient survey, in a timely manner for distribution. How overcome: Invest in front line support staff by training. for immediate data result turnaround and rely on decision support/IT for larger data results.

Cross Organizational Projects

- Cross organizational projects to generate solutions are not a “one-size fits all” implementation

Learnings

Stakeholders: Engagement

- To continue with patient focus groups so that it becomes a norm and invite a former patient to be part of our quality council committee.
- Build the change project into the fabric of the environment through committee structures and daily workings of the unit to ensure uptake and application. (ex wait time clock)
- Communication, participation and spread to councils within our own program (Quality Council, Flow Working Group, ED Physician meeting, meetings with Senior team) is essential to create sustainability early on in the improvement project.
- Transformational Leadership: demonstrate the AIDET model when interacting with patients, visitors and families.

Data

- Invest in front line support staff by training for immediate data result turnaround and rely on decision support/IT for larger data results.

Cross Organizational Projects

- Each organization must implement the project in a method that will work for them to ensure success and sustainability

Overall Outcomes and Learnings

OUTCOME: Patient satisfaction

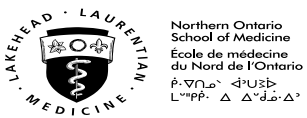
- Providing information to the patient during their ED visit during the door to provider time **increased patient satisfaction.** Patients that were deemed safe to wait for care were satisfied with waiting provided they knew what they were waiting for.
- Demonstrating compassion through standardized communication to the patient of why they are waiting is more important that the actual wait time.

Participation in IDEAS;

- Provided the venue to network with other organizations and brainstorm solutions together in person, promotes and fosters learning, connects frontline staff with senior management to support improved practices in your own organization
- Provided expert knowledge and resources to teach change concepts while actively applying to a real improvement project in your organization

Improving & Driving Excellence Across Sectors

Delivered in partnership and collaboration with:



Funding provided by the Government of Ontario

Influence of IDEAS on the GRH

- Opportunity to improve ED outcome indicator(s) utilizing a specific method to improve patient satisfaction
- Project methodology and outcomes support spread to other clinical areas
- Planning and performance provided follow up to original survey with plans to expand
- ED Operations Improvement Committee endorsed and supported the project explicitly

Projects that came first….IDEAS

- NRC Picker results questioned based on sample size & response rate (ED 30 surveys sent out return <5). How can we really determine a valid patient satisfaction rate
- Over-capacity Protocol development in 2009 – changing the culture of ED owns the patient to….inpatient unit pulls their patients – right bed and right provider
- The collaboration with SMGH and Oculys to implement the “wait times clock”. Countless hours in supporting this venture – implementation Spring 2014.
- Waiting room– patient feedback on the environment resulted in renovations

Leadership Support

- As the AVP I had accountability for the Program outcome and quality indicators
- Patient satisfaction was an indicator on the ED Quality Scorecard
- IDEAS was vehicle that gave credibility to numerous initiatives aimed at improving patient care/satisfaction that were contributing to improved quality of care
- ED was pretty “beat up” in the public eye
- Welcomed a new perspective and support

Support cont’d

- Jill and Karen created a schedule for IDEAS
- EDOIC apprised of the project updates
- Unit “chats” included project progress
- Recognition of the value of patient satisfaction became evident as AIDET became embedded into care

Challenges

- My role (AVP) eliminated
- Loss of operations to general clinical program development
- Support provided as priority for general clinical spread with the overall project outcomes
- Competing priorities meant long hours for Jill and Karen beyond regular work day

IDEAS Influence on Clinical Projects

- The success of the IDEAS project has been significantly supportive to planning for patient experience surveys
- The IDEAS experience models the way for managing clinical projects at GRH
- Ultimately the staff in the ED were proud of the outcome and strategy for success

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Questions and Discussion