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

Session 3
Presenter Disclosure

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

• **Relationships with commercial interests:** None
Disclosure of Commercial Support

• This session has received no commercial support
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#HQT2014
Healthcare’s Perfect Storm

- 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?

• 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.

• **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
Learn * Do * Share * Sustain.

Team-Based Approach

• 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

Applied Learning

In-Class Learning

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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

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

**HQO**
- Lead health system partner
- Lead role in coordinating delivery of:
  - Applied projects (QI advisors)
  - Online learning platform
  - Alumni event

**IHPME**
- Lead academic partner
- Lead role in coordinating delivery of Advanced Learning Program
- Lead role in evaluation and research

**ICES**
- Provides support to:
  - Applied project teams (statistician/financial analyst advisors)

**Ontario Universities**
- Lead role in delivering and evaluating Introductory Program

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What will IDEAS achieve?

- 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

• 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
Connecting with Primary Care for Complex Patients

Amir Ginzburg
and Patti Cochrane

East Mississauga Health Link
East Mississauga Health Link

- 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

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

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

**Aim**

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

**Primary Drivers**

- Access
- Engagement
- Information Sharing

**Secondary Drivers**

- No primary care physician
- Family availability
- Transportation barriers
- Caseload and service provider capacity
- PCP availability
- Patient/family buy-in
- Physician buy-in

**Change Ideas**

- Access PCP through Health Care Connect
- Videoconferencing from/to patient’s home and PCP
- Re-design structure/model of the HL care coordinator role
- Access to PCP office - backline
- Communications strategy
- Primary care physician engagement sessions
- Communication via a brochure
- Create CCP and share with PCP prior to care conference
- Progress reports (30, 60 and 90 days)
- HL coordinator telephone call PCP for urgent issues

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QI Tools

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

Aim

Primary Drivers

Secondary Drivers

Access

Information Sharing

Engagement

Care Coordination

Change Ideas

No primary care physician

Family availability

Transportation barriers

Cashload and service provider capacity

PCP availability

Patient/family buy-in

Physician buy-in

Access PCP through Health Care Connect

Communications strategy

Primary care physician engagement sessions

Create CCP and share with PCP prior to care conference

Progress reports (30, 60 and 90 days)

HI coordinator telephone call PCP for urgent issues

East Mississauga Health Link Care Pathway Development

Analysis of Potential Delays in Time to Home Visit and CCP Visit

1. All eligible patients attending a home visit with their primary care provider and HI care coordinator within 7 days of enrollment through hospital and 72 hours from discharge will be eligible for CCP. CCP visits will be conducted within 7 days of enrollment.

2. All eligible patients attending a home visit with their primary care provider and HI care coordinator within 30 days of enrollment will be eligible for CCP. CCP visits will be conducted within 30 days of enrollment.

3. All eligible patients attending a home visit with their primary care provider and HI care coordinator within 60 days of enrollment will be eligible for CCP. CCP visits will be conducted within 60 days of enrollment.

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Achieving a Care Conference

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

- 56% care conference
  - 25% within 7 days
  - Average was 13.2 days
- 22% conversation with primary care
- 22% no dialogue

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Average monthly ED Visits for EMHL patients enrolled > 6 months
At September 30, 2014

![Graph showing average monthly ED visits for EMHL patients enrolled > 6 months at September 30, 2014. The graph compares the average ED visits per month for patients in East Mississauga Health Link (N=60) with and without case conferences. The average for patients with case conferences is shown to decrease by 50%, while the average for patients without case conferences decreases by 31%.](webimage.png)
Challenges

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

• 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
Questions?
Improving Flow From ED to Inpatient Unit

Markham Stouffville Hospital

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

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

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

1. Standardized bullet rounds

2. Quality “crosses”

3. Implementation of a Flow Steering Committee
Results/Impact

Discharges by 1100am Nov. - May

p chart

Set 1: UCL = 21.00, CTL = 11.00, LCL = 1.11 (1 - 27)
Inspected Mean = 80.44, Counts Mean = 80.88

Target %

Safety Crosses

Standardized Bullet Rounds

Value Stream Analysis

% of discharges before 1100

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Results/Impact

- 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

- 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

- 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

- 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

• 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

- 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
Questions?
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

GRH Emergency Program
Your Input Matters!

At Grand River Hospital we want to improve the patient experience of your Emergency Visit.

We want you to be part of the design of our health care service.

From time to time, we will regularly contact you and ask you how your visit was and ask you to participate in what we can do to make it better.
## Family of Measures

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

90th Percentile ER LOS (Hours) Non-Admitted CTAS I-III Patients

90th Percentile Physician Initial Assessment (Hours)

Data Source: ER IPort
*Preliminary data
Results

Patient Experience: Overall 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

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

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

Survey Questions | Not Applicable | Strongly Disagree | Disagree | Agree | Strongly Agree
--- | --- | --- | --- | --- | ---
1. On arrival, I was greeted in a kind and courteous manner. |  |  |  |  |  
2. Staff members introduced themselves and their role. |  |  |  |  |  
3. Staff members were helpful and professional. |  |  |  |  |  
4. Staff members explained the next steps in my care. |  |  |  |  |  
5. Staff members told me how long my wait would be. |  |  |  |  |  
6. Staff members answered my questions and concerns. |  |  |  |  |  
7. Staff members helped with my pain. |  |  |  |  |  
8. Staff members helped with my anxieties and fears. |  |  |  |  |  
9. Up to this point, this hospital visit has met my expectations. |  |  |  |  |  
10. I would recommend this Emergency Department to my friends and family. |  |  |  |  |  
11. What time did you arrive in Emrgy today? (Approximate time within first 4 hours of patient) |  |  |  |  |  

Do you have any other comments?

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For a Doctor or Nurse Practitioner

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If you are in need of serious medical attention, CALL 911 or go to your nearest emergency department.

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Alternatives to ED
(Call to confirm hours)

- Call your doctor or go to Health Care Connect

  - Telehealth Ontario
  - Phone: 1-866-797-0000
  - TTY: 1-866-797-0007

- K-W Westmount Urgent Care Clinic
  - Hours: 8:00-20:00 Mon-Fri
  - 9:00-18:00 Weekends/Holidays
  - Phone: 519-745-2273

- Laurentian Walk-In Clinic
  - Hours: 8:00-20:00 Mon-Fri
  - 9:00-18:00 Weekends
  - Phone: 519-570-1174

- K-W Fairway Urgent Care Clinic
  - Hours: 9:00-18:00 Mon-Fri
  - 10:00-18:00 Weekends
  - Phone: 519-570-1174

Due to rapidly changing demands in the Emergency Department, and the need to see the sickest patients first, your own wait time may be more or less than the time displayed here.

When is the ED busiest over the next 6 hours?

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Patient Focus Groups

Words cloud:
- comfortable
- happy
- impressed
- explained
- fast
- informed
- identified
- change
- lovely
- quick
- pain
- shock
- uncomforable
- change
- satisfied
- improved
- safe
- shortly
- explained
- frustrated
- atmosphere
- generic
- widened
- improved
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 a 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. (e.g., 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
Delivered in partnership and collaboration with:

[Logos of various institutions]

Funding provided by the Government of Ontario

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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
Questions and Discussion