Health System Integration Focus:

Promoting Effective Learning by Patients and Caregivers

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ALC Strategy Project Lead

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Northumberland Hills Hospital

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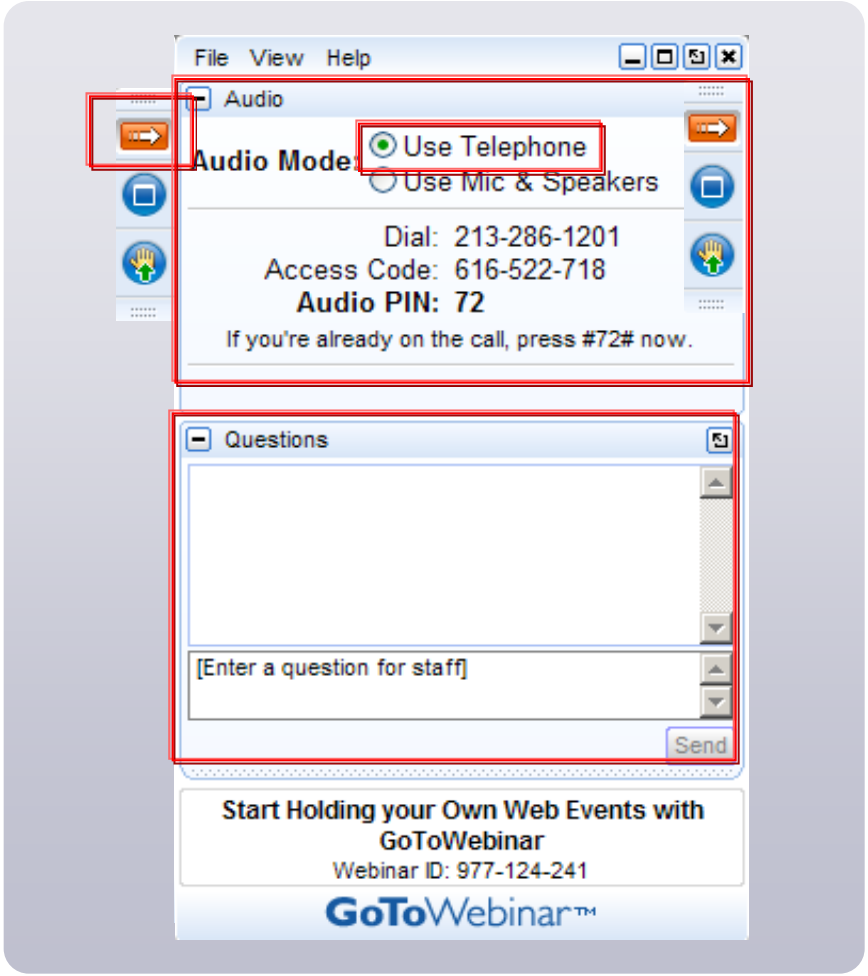
How to Participate Today



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Today's agenda

Part 1: Best-practice change ideas for

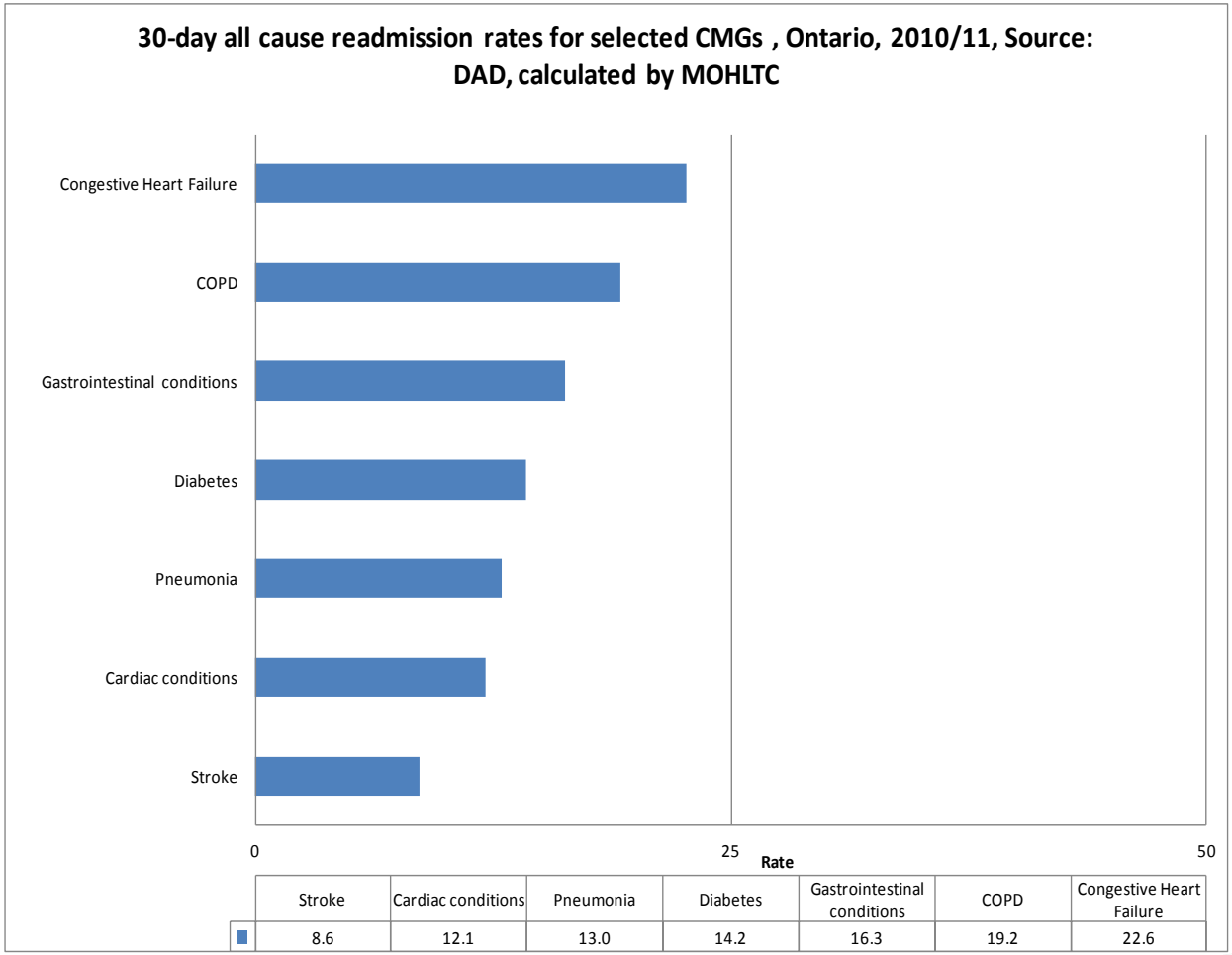
Promoting Effective Learning by Patients and Caregivers

Part 2: Discussion with Northumberland Hills Hospital about *Restorative Care Program*

Background

- A well-integrated health system seeks to provide the right care, in the right place, at the right time
- Admission to hospital can be risky for frail patients with multiple chronic conditions
- Two types of avoidable hospitalizations:
  - Ambulatory sensitive conditions that can be managed in community
  - Avoidable readmissions when discharged patients return to hospital

Background

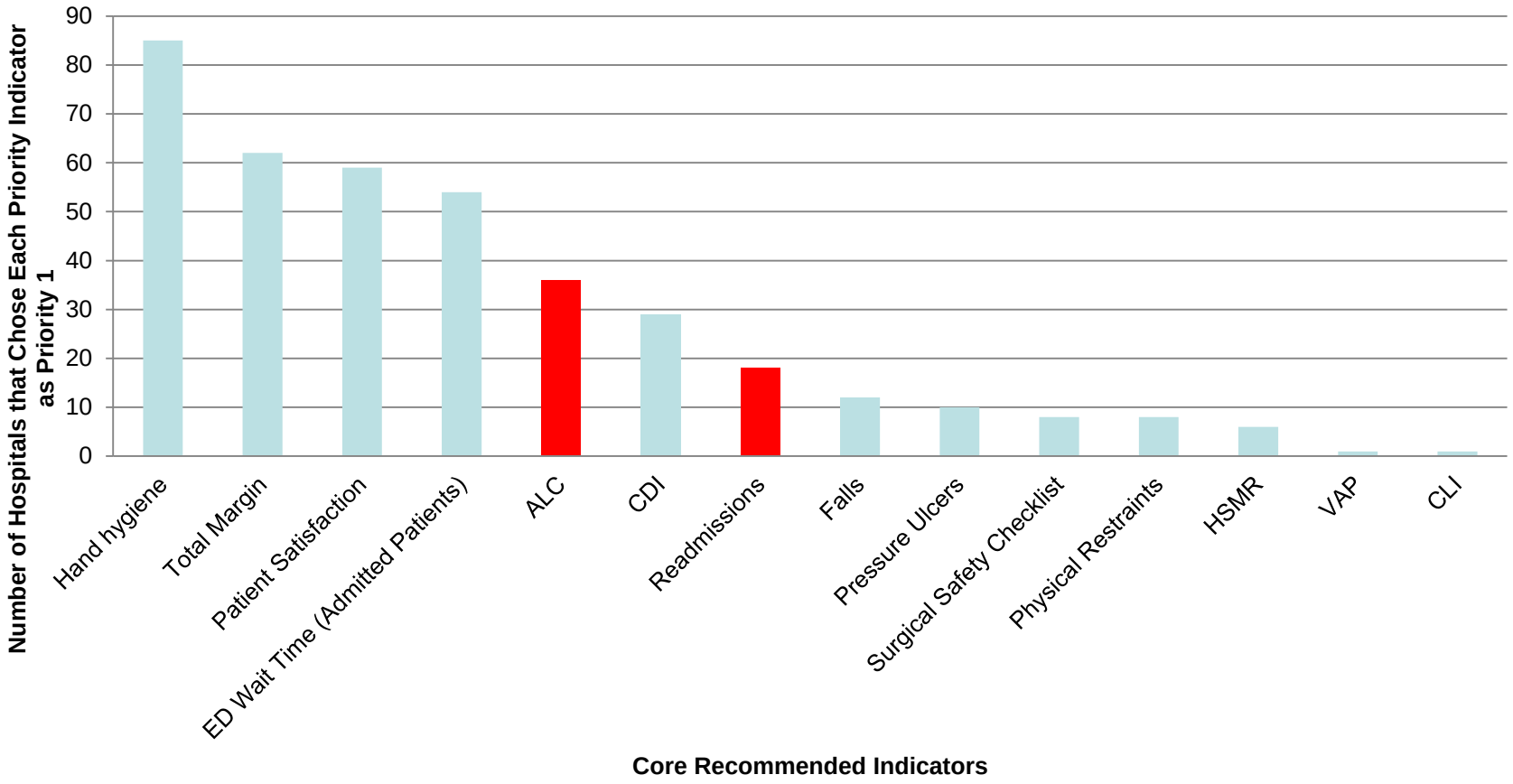

30-day all cause readmission rates for selected CMGs , Ontario, 2010/11, Source: DAD, calculated by MOHLTC
Congestive Heart Failure
COPD
Gastrointestinal conditions
Diabetes
Pneumonia
Cardiac conditions
Stroke
0
25
50
Rate
Stroke
Cardiac conditions
Pneumonia
Diabetes
Gastrointestinal conditions
COPD
Congestive Heart Failure
8.6
12.1
13.0
14.2
16.3
19.2
22.6

Poll

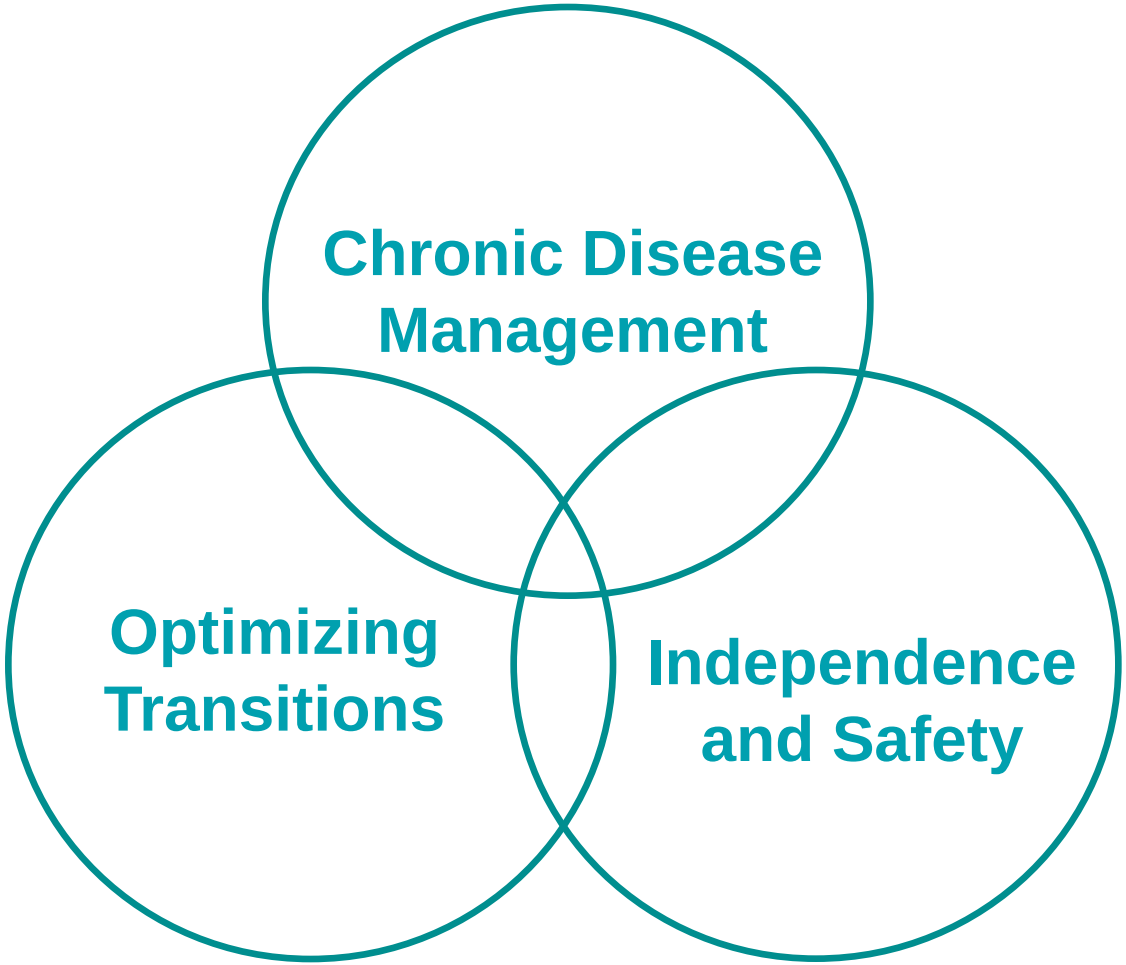
"On our 2012/2013 Quality Improvement Plan, the indicator "30 day readmissions" was:"

a) Priority 1
b) Priority 2 or 3
c) Not a priority at this time
d) We included a different integration indicator
e) Not sure

Frequency of Topics Chosen as Priority 1 in QIP II



HQO change bundles



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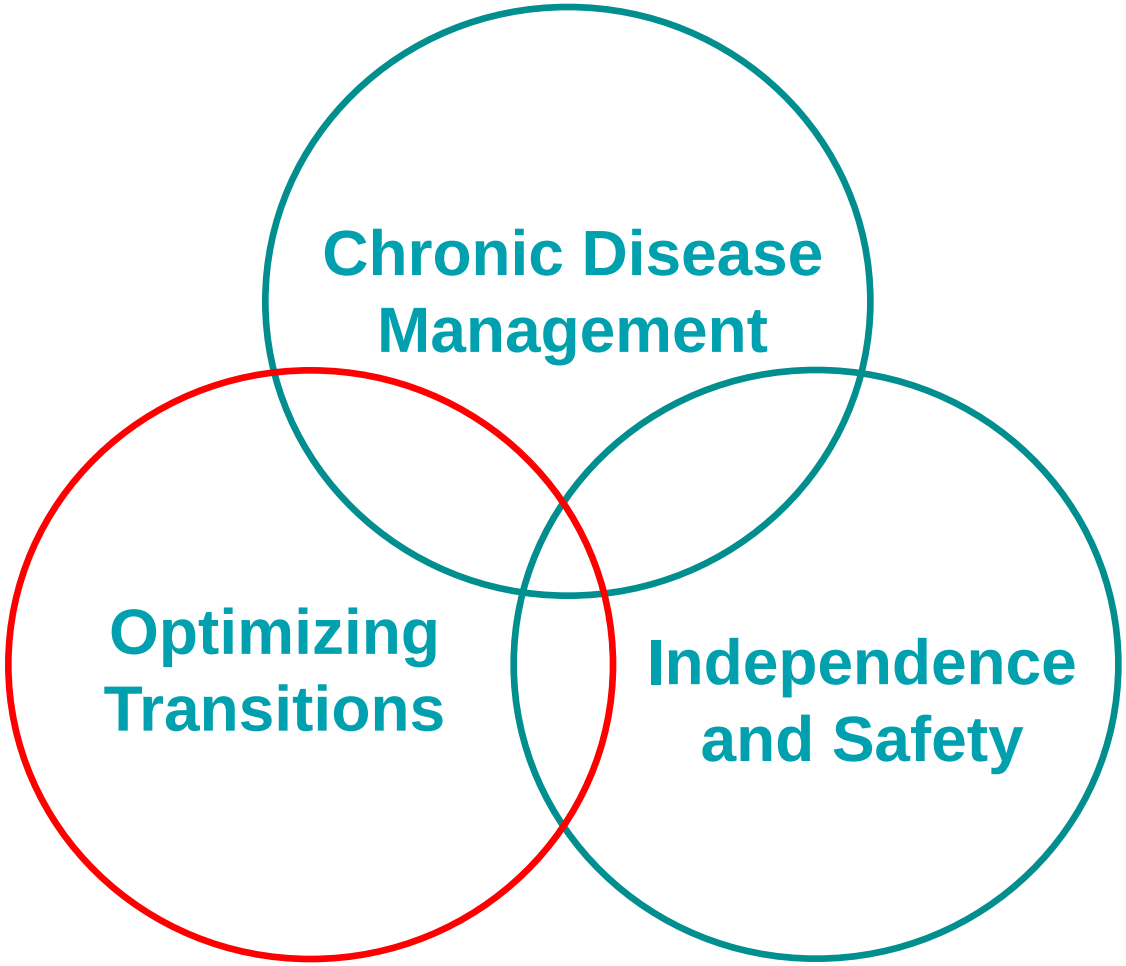
HQO change bundles



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Change Concepts for Optimizing Transitions

1. Conduct comprehensive discharge planning
2. Reconcile medications
3. Promoting effective learning for patients and their caregiver(s)
4. Assess post-transition risk and activate appropriate follow up

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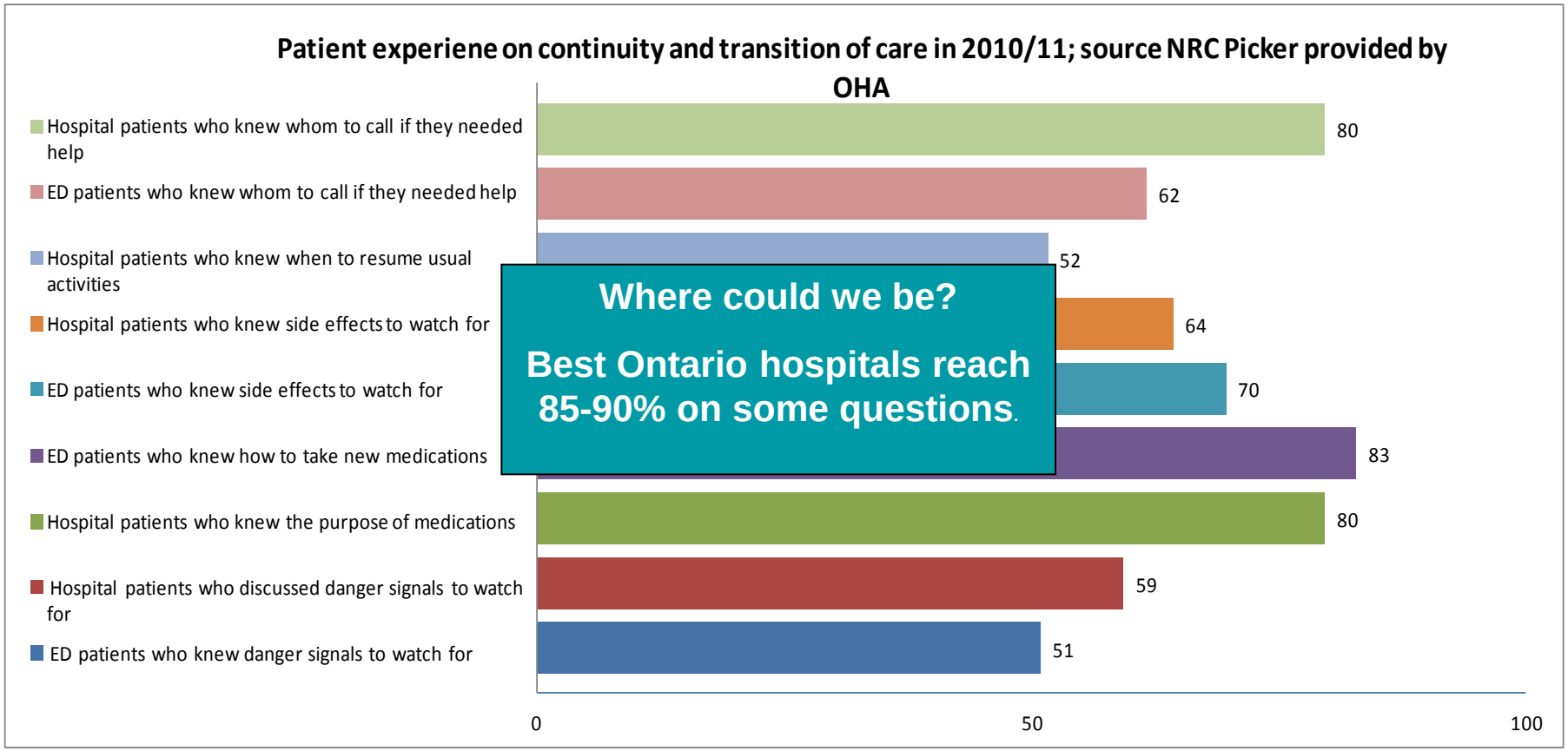
Change Concepts for Optimizing Transitions

1. Conduct comprehensive discharge planning
2. Reconcile medications
3. **Promoting effective learning for patients and their caregiver(s)**
4. Assess post-transition risk and activate appropriate follow up

Promoting Effective Learning



Promoting Effective Learning

Concept: **Identify all learners, assess their learning needs and ability to understand medical concepts.**

- "Learners" include patients and caregivers
- Communication approaches should take health literacy, cognition, and physical limitations into account
- A variety of validated instruments exist.

Promoting Effective Learning

Example Literacy Assessment Instrument:

NVS (Newest Vital Sign)

- Nutrition label with 6 accompanying questions
- Takes approximately 3 minutes to administer
- Allows healthcare providers to make a quick assessment of patients' literacy

Nutrition Facts

Serving Size	½ cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Promoting Effective Learning

Example Literacy Assessment Instrument:

SILS (Single Item Literacy Screener)

"How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?"

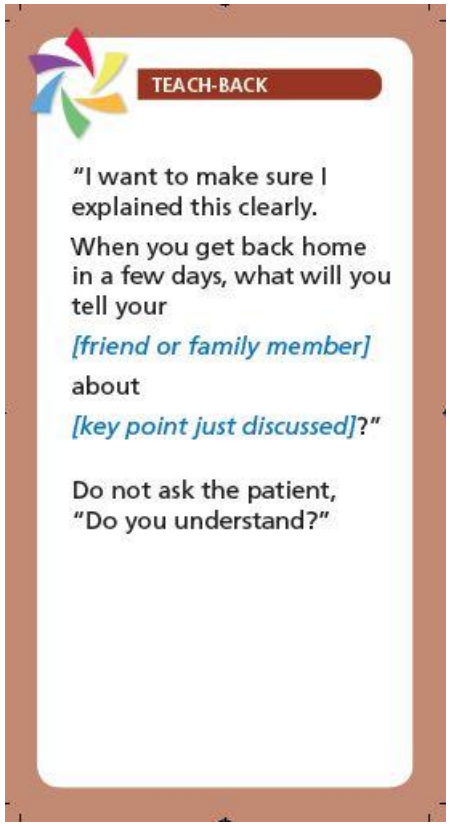
- Designed to identify patients who need help with reading health-related information.

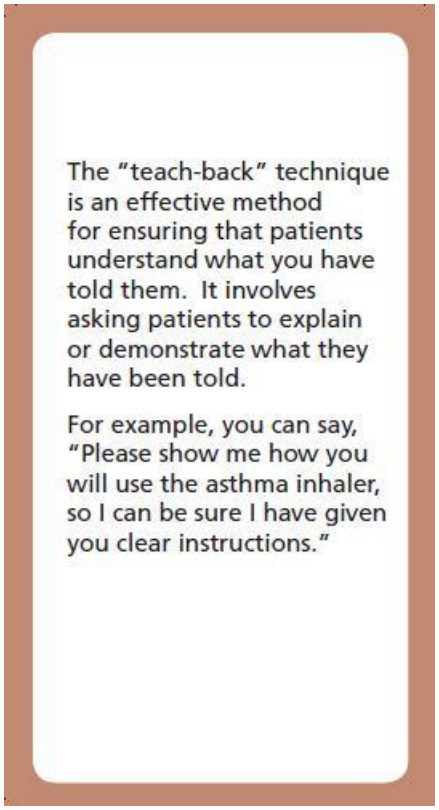
http://nchealthliteracy.org/instruments.html

Promoting Effective Learning

Concept: **Verify that the person understands their medical condition(s) and possesses the knowledge and skills needed to monitor and manage their prevention and treatment regimes.**

Promoting Effective Learning





Clinical Teach-back cards from TMF Health Quality Institute

Promoting Effective Learning

BETA BLOCKERS

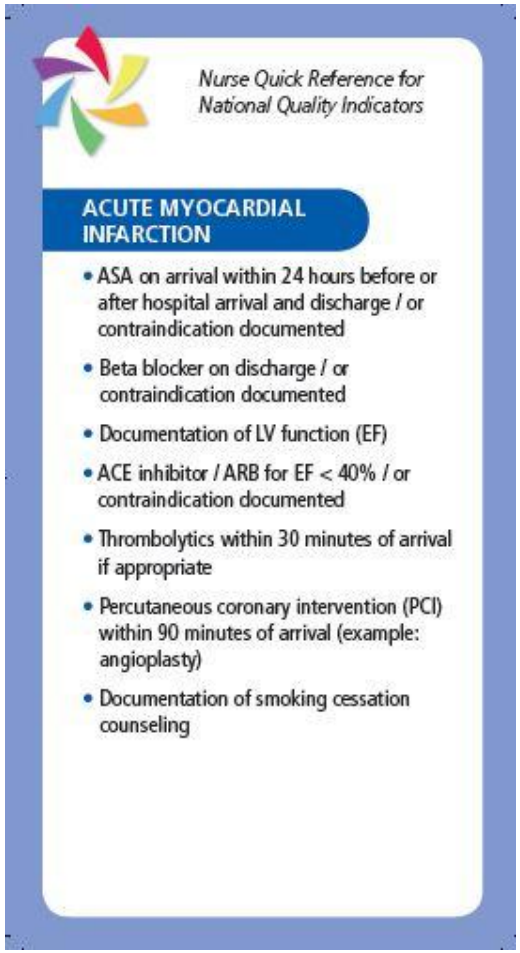
These drugs control heart rhythm, relax the heart and slow the progression of heart failure. Do not crush or chew tablets unless directed to do so by your doctor. Do not stop taking the drug without medical supervision, because stopping too quickly can cause problems. If you have diabetes, be sure to closely monitor your blood sugar while taking beta blockers.

Seek medical attention if you experience:

- Trouble breathing
- Leg pain
- Chest pain
- Lightheadedness, dizziness or falls
- Worsening heart failure symptoms

Beta blocker drugs:

- Coreg (Carvedilol)
- Tenormin (Atenolol)
- Inderal (Propranolol)
- Zebeta (Bisoprolal fumarate)
- Metoprolol (Toprol XL, Lopressor)



Nurse Quick Reference for National Quality Indicators

ACUTE MYOCARDIAL INFARCTION

- ASA on arrival within 24 hours before or after hospital arrival and discharge / or contraindication documented
- Beta blocker on discharge / or contraindication documented
- Documentation of LV function (EF)
- ACE inhibitor / ARB for EF < 40% / or contraindication documented
- Thrombolytics within 30 minutes of arrival if appropriate
- Percutaneous coronary intervention (PCI) within 90 minutes of arrival (example: angioplasty)
- Documentation of smoking cessation counseling

Promoting Effective Learning

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www.glasbergen.com

"I'm prescribing a squiggly line, two slanted loops, and something that looks like a P or J."

Promoting Effective Learning

Concept: **Create a 'shame-free' environment that encourages questions and adopt a more person-centered communication style**.

Example: American National Patient Safety Institute's

Ask Me 3™

- Patient education program designed to promote communication between health care providers and patients.

Promoting Effective Learning

- **Ask Me 3™** Encourages patients to ask and understand answers to three questions:
  - **What is my main problem?**

    What concerns you most about my condition?

  - **What do I need to do?**

    In what way might following these directions be a challenge for me?

  - **Why is it important for me to do this?**

    What might result if I'm unable to successfully follow this care plan?

http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/

Promoting Effective Learning

Concept: **Create a 'shame-free' environment that encourages questions and adopt a more person-centered communication style**.

Example: Ontario Hospital Association's

"Your Health Care – Be Involved"

- Five patient safety "tips" to help ensure good patient/provider communication
- Seeks to empower patients and promote better health outcomes

www.oha.com/Services/PatientSafety/Pages/PatientCampaignsAcute.aspx

Your Health Care
Be Involved

Be involved in your health care. Speak up if you have questions or concerns about your care.

Tell a member of your health care team about your past illnesses and your current health condition.

Bring all of your medicines with you when you go to the hospital or to a medical appointment.

Tell a member of your health care team if you have ever had an allergic or bad reaction to any medicine or food.

Make sure you know what to do when you go home from the hospital or from your medical appointment.

OHA Patient Safety Support Service

www.oha.com/patientsafetytips

Promoting Effective Learning

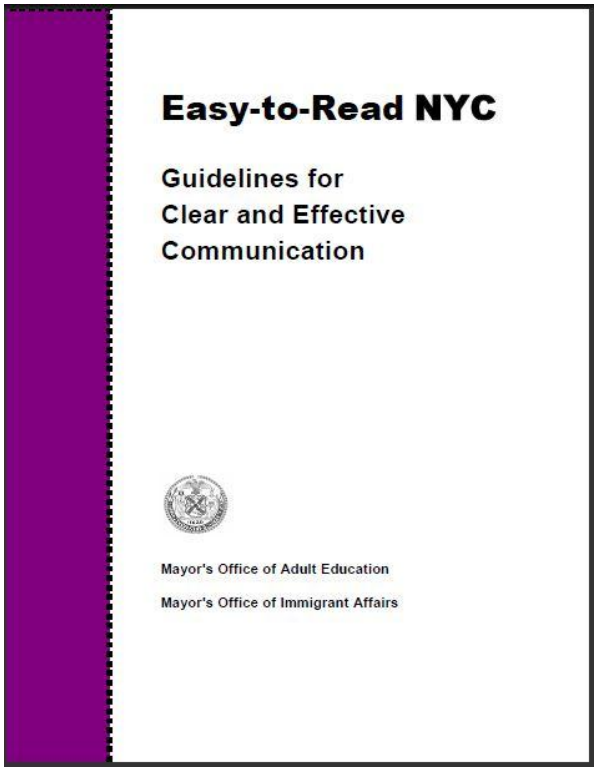
Concept: **Communicate in easy to understand language**

"Poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level, and race" (AMA, 1999).

Some barriers to health literacy:

- Physical
- Cognitive
- Linguistic
- Cultural

Promoting Effective Learning



From Health Literacy Primer:
http://www.livebinders.com/play/play_or_edit?id=54374

Promoting Effective Learning

Concept: **Use a variety of techniques to enhance the individual's learning**

QUESTIONS AND DISCUSSION

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NORTHUMBERLAND HILLS

HOSPITAL

NORTHUMBERLAND HILLS HOSPITAL

IMPROVING THE OLDER PERSON'S HEALTH CARE EXPERIENCE

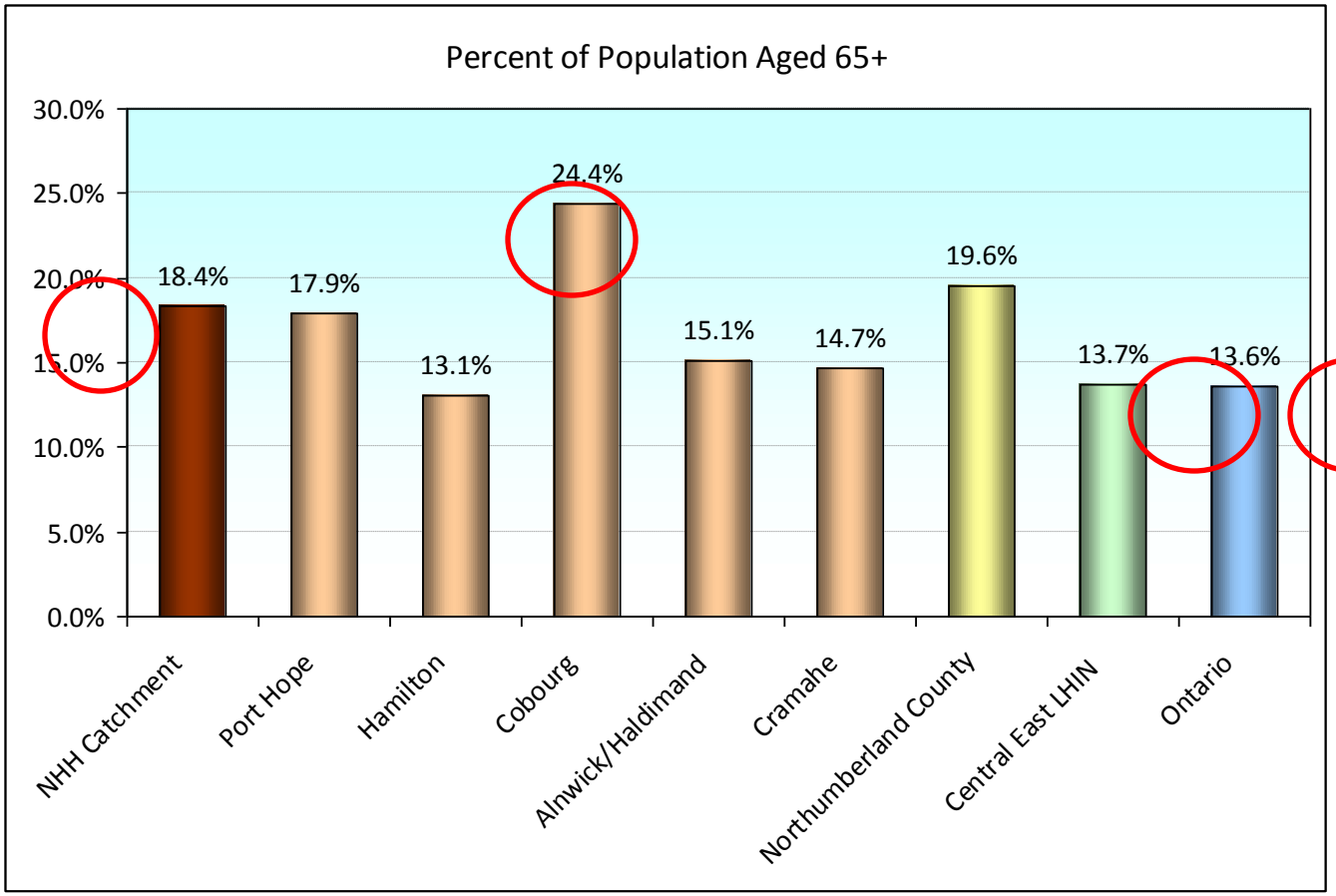
MAKING IT CORE TO OUR PRACTICE

Helen Brenner, VP Patient Services and CNE
Wendy Kolodziejczak, ALC Strategy Project Lead

Northumberland Hills Hospital

- 103 bed acute care large community hospital.
- Delivers a broad range of acute, post-acute, outpatient and diagnostic services.
- NHH employs approximately 600 people and relies on the additional support provided by physicians and volunteers.
- NHH is an active member of the Central East Local Health Integration Network.

DEMOGRAPHICS



Source: Statistics Canada 2006 Census

IMPROVING THE OLDER PERSON'S HEALTH CARE EXPERIENCE

In keeping with its largely senior population, NHH has committed to positioning itself as a

"Center of Excellence in the provision of acute care that is sensitive to and meets the unique care needs of the senior patient population."

CHALLENGE

- High % Acute ALC days (as high as 36.8%)
- No Gerontological expertise available
- Significant challenges recruiting
- No advanced practice roles at NHH
- No access to Geriatrician or Psychogeriatrician

CREATING OUR FUTURE

- Practice
  - Person Centered Care
  - Excellence in Gerontological Practice
  - Wellness and Chronic Disease Prevention & Management
  - Interprofessional and Ethical Practice
  - Clinical Leadership
- Patient Care Services Resizing
- Restorative Care Program
- Formalized Discharge Planning
- Other strategies
  - Enhanced Therapy
  - Access & Patient Flow

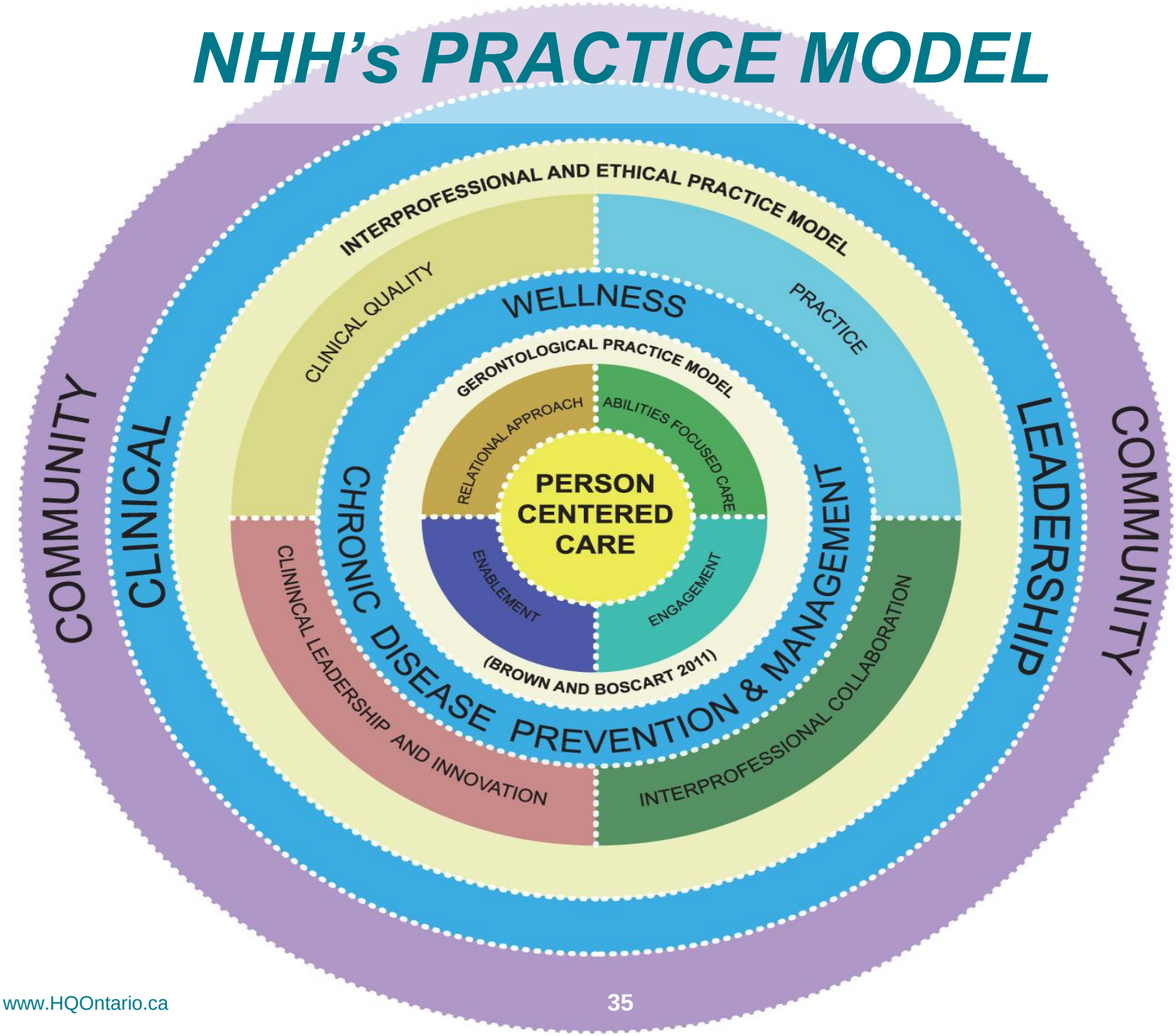
PRACTICE

AT NORTHUMBELAND HILLS HOSPITAL

PILLARS OF PRACTICE

Person Centered Care
Excellence in Gerontological Practice
Wellness and Chronic Disease Prevention & Management
Interprofessional and Ethical Practice
Clinical Leadership
Community Engagement

NHH's PRACTICE MODEL



PATIENT CARE SERVICES RESIZING

March 1, 2011

Closure of:

- 16 Acute ALC beds
- 7 Complex Continuing Care beds

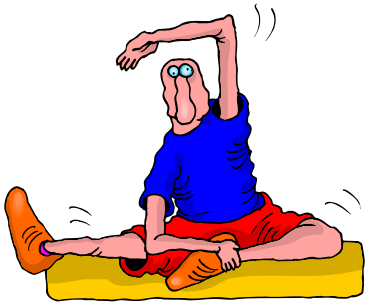
Opening of:

- 16 new Restorative Care beds

Net loss of 7 beds

RESTORATIVE CARE PROGRAM

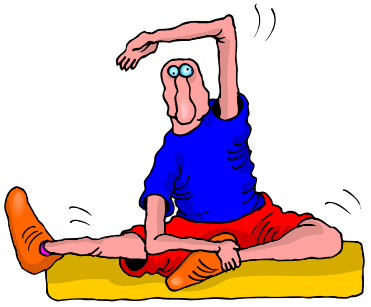
Restorative Care – A program which offers adult patients person centered care plans that focus on health and engagement rather than illness, fosters motivation, and connects patients and families to community care networks to facilitate transitions home.



RESTORATIVE CARE PROGRAM

WHY RESTORATIVE CARE**?**

- The concept of Restorative Care filled an identified service gap,
- Provides another option to allow patients to improve their function to be able to return home,
- Supports the new Home First philosophy.



FORMALIZED DISCHARGE PLANNING

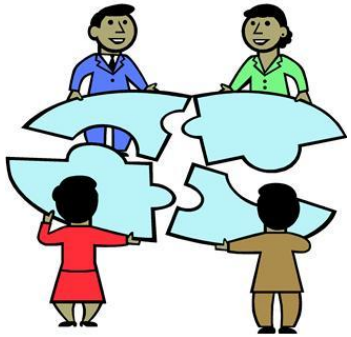
FALL 2010

- Research of best practices,
- Completed a review of current processes and a gap analysis based on best practices,
- Utilized RCP discharge planning kaizen event to initiate the development of new processes and tools to be spread across the organization,
- Work plans completed and in progress to implement all of the identified strategies.

FORMALIZED DISCHARGE PLANNING

- **New Discharge policies and procedures includes:**
  - Key Concepts and Guiding Principles
  - Key Definitions
  - Discharge Planning Phases
  - Roles and Responsibilities
  - Tools to guide the process

- **New Discharge Planning Tools:**
  - Blaylock High Risk Screening Tool
  - Continual improvements to patient tracker boards
  - Patient/family discharge planning checklist
  - Interprofessional discharge planning checklist
  - Discharge planning sections added to interprofessional admission assessments, kardex's, program brochures
  - Scripts to assist nursing staff at daily bullet rounds
  - Lace Re-admission screening tool



IMPROVING COMMUNICATION

Interprofessional Team Communication

- Daily interprofessional bullet rounds
- Interprofessional assessment and kardex
- Blaylock High Risk for Discharge Score
- LACE High Risk for Readmission Screening Score

Communication with Patients/Caregivers

- Patient navigator role
- Formalized Interprofessional Discharge Planning processes
  - Patient Family Check List
  - Discharge Instruction Form
  - Discharge Support Meetings & Patient Family Conferences
- Person Centered Goal Setting
- Integrating principles of health literacy
  - Simple language
  - Large Font
  - Teach back

INTEGRATED SERVICES SUPPORTING PATIENTS RETURN TO THE COMMUNITY





Patient In the Community → **Emergency Department** → **Acute Care** → **Restorative Care Program – 16 Beds** → **Inpatient Rehabilitation**

- **Emergency Department**
  - GEM Nurse
  - CCAC CM
  - Crisis Assessment
  - Process Improvement (PIP)
- **Acute Care**
  - H.E.L.P.
  - CNS Gerontology
  - Hospital to Home
  - Access &Patient Flow
  - Formalized D/C Planning
- **Restorative Care Program – 16 Beds**
  - Nurse Practitioner ; Enhanced Therapy Services; Rec Therapy
  - New Program Implemented
  - Program Review & Re-Launch

DISCHARGE BACK TO THE COMMUNITY

- CCAC – **Home First Enhanced Services**
- Community Care – **Home at Last & Enhanced Services**
- Networks – **Geriatric Assessment & Intervention Network (GAIN)**

QUESTIONS AND DISCUSSION

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CHANGE MANAGEMENT STRATEGIES

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CHANGE MANAGEMENT STRATEGIES

THE TEAM

- Executive Lead – VP Patient Services and CNE
- ALC Strategy Project Lead
- Program Director of the area
- LEAN Expert
- Membership from the full interprofessional team
- CCAC Case Managers and Management
- Patient and caregivers as available

CHANGE MANAGEMENT STRATEGIES

CHANGE MANAGEMENT STRATEGIES

- Well established Practice Model to guide practice
- LEAN Methodology
  - Value Stream Analysis – current and future state
  - Kaizen events
  - Quick Wins
  - Projects
- Development and integration of Standard Work into policy and procedure

CHANGE MANAGEMENT STRATEGIES

HOW IT WAS ROLLED OUT

- Education of all program staff on new Standard Work
- New processes integrated into orientation for new staff
- Data development, monitoring and evaluation
- Program & Process Evaluation Strategies
  - Staff feedback opportunities
  - Biweekly “touch base” meetings
  - Immediate response to concerns
- Revised criteria for Restorative Care
- Spread of tools and processes across other programs
- Regular reports to the Quality Committee of the Board

CHANGE MANAGEMENT STRATEGIES

WHAT WORKED – ADVISE AND TIPS

- Board and Senior Management commitment,
- Dedicated Executive Lead,
- Dedicated Project Manager who is accountability the Executive Lead,
- Multipronged approach,
- Constant identification of system opportunities for improvement – look for root cause
- Focus on development of interprofessional collaboration (build the foundation)
- Implement strategies to ensure sustainability – front load resources!
- Integrate standard work into policy/procedures and orientation
- Educate all affected staff on the new standard work
- Front line engagement critical
- Evaluation – visual management
  - Audits
  - Process and outcome indicators monitored by team

CHALLENGES

- Uptake of Standard Work – need strong leadership to enforce expectations and accountabilities
- Significant volume of work and extensive change for teams to manage

QUESTIONS AND DISCUSSION

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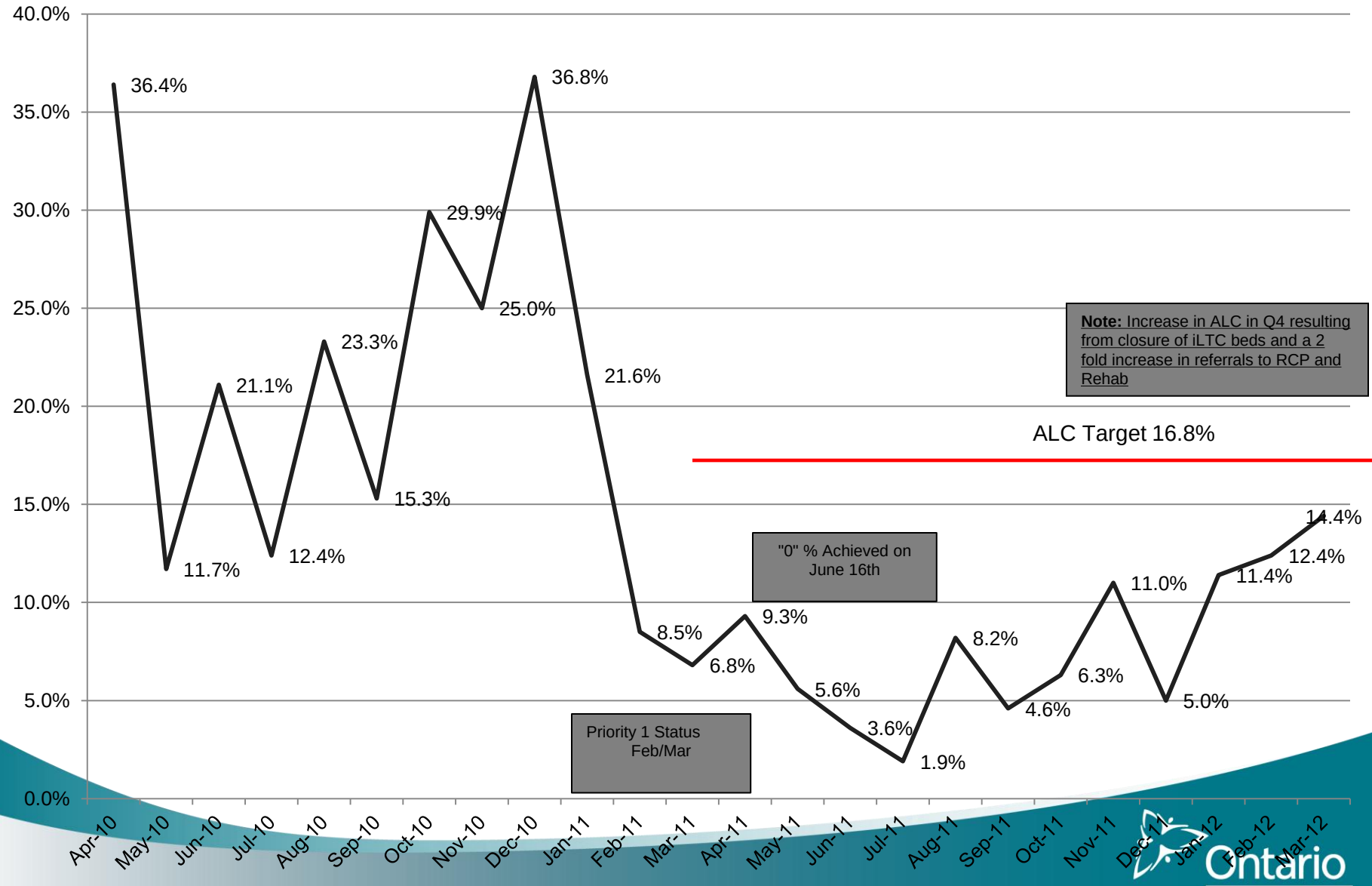
OUTCOME INDICATORS

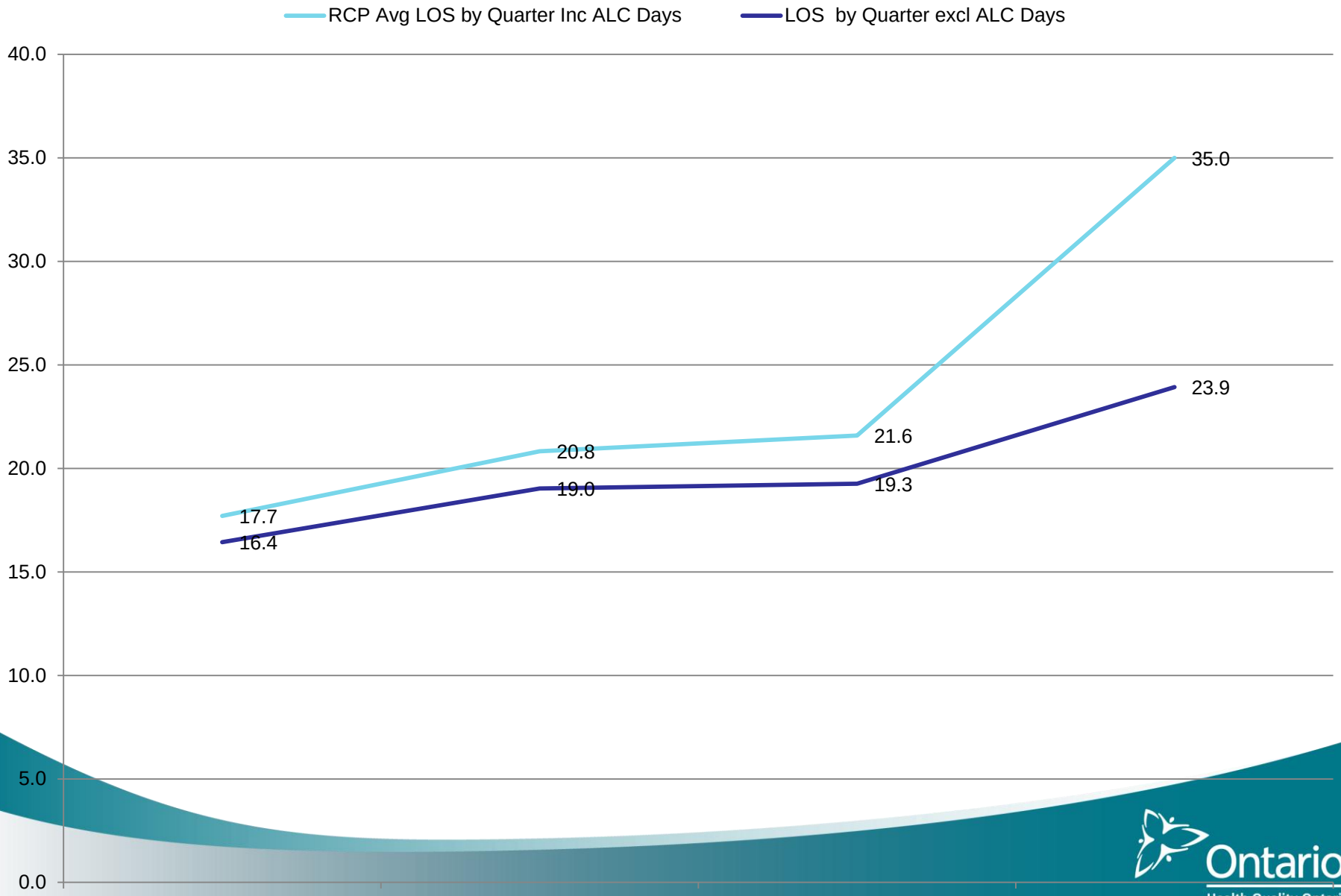
Getting to Zero

NHH Acute Care ALC Percent by Month

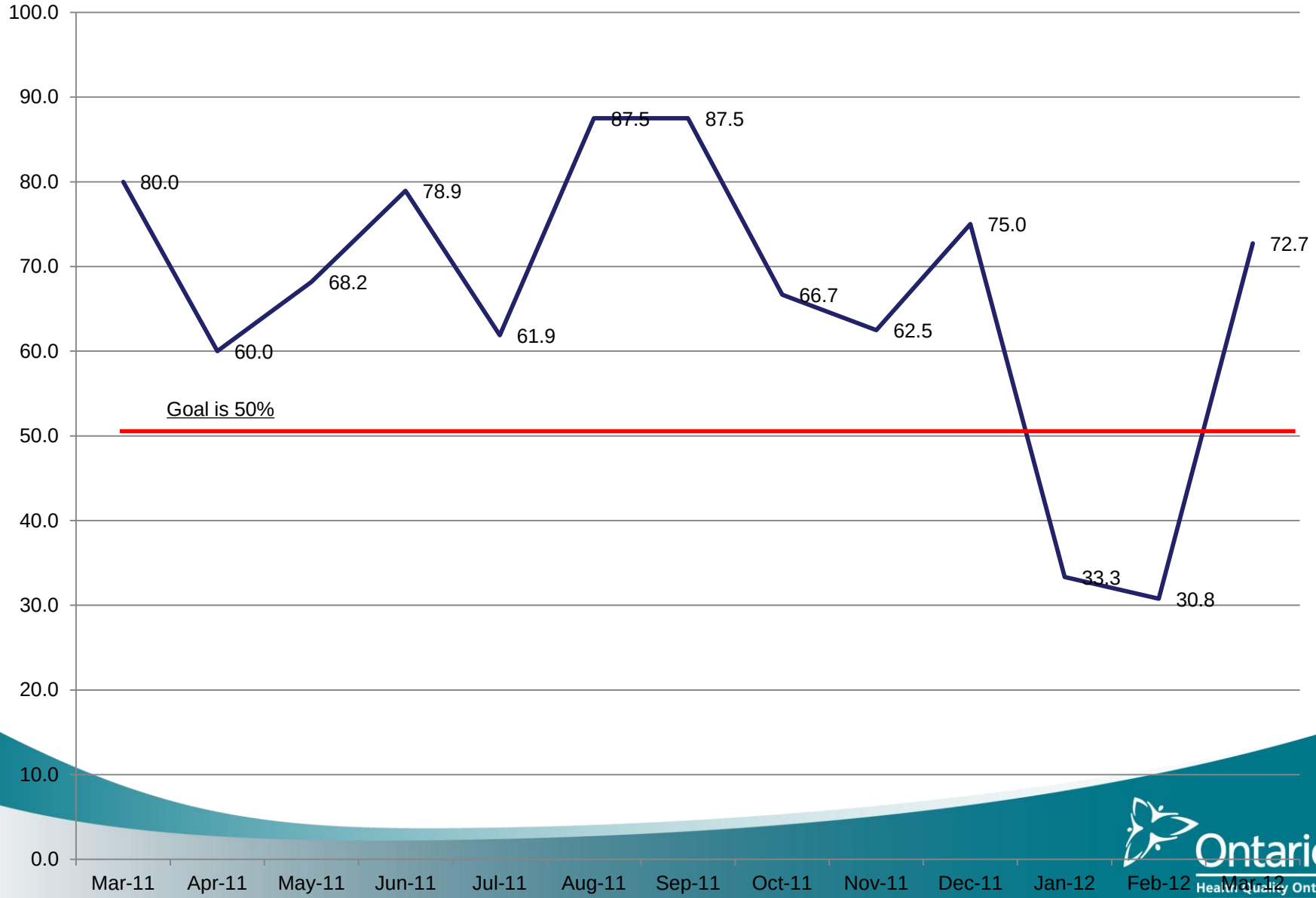
(Based on Discharges and Excluding Newborns)



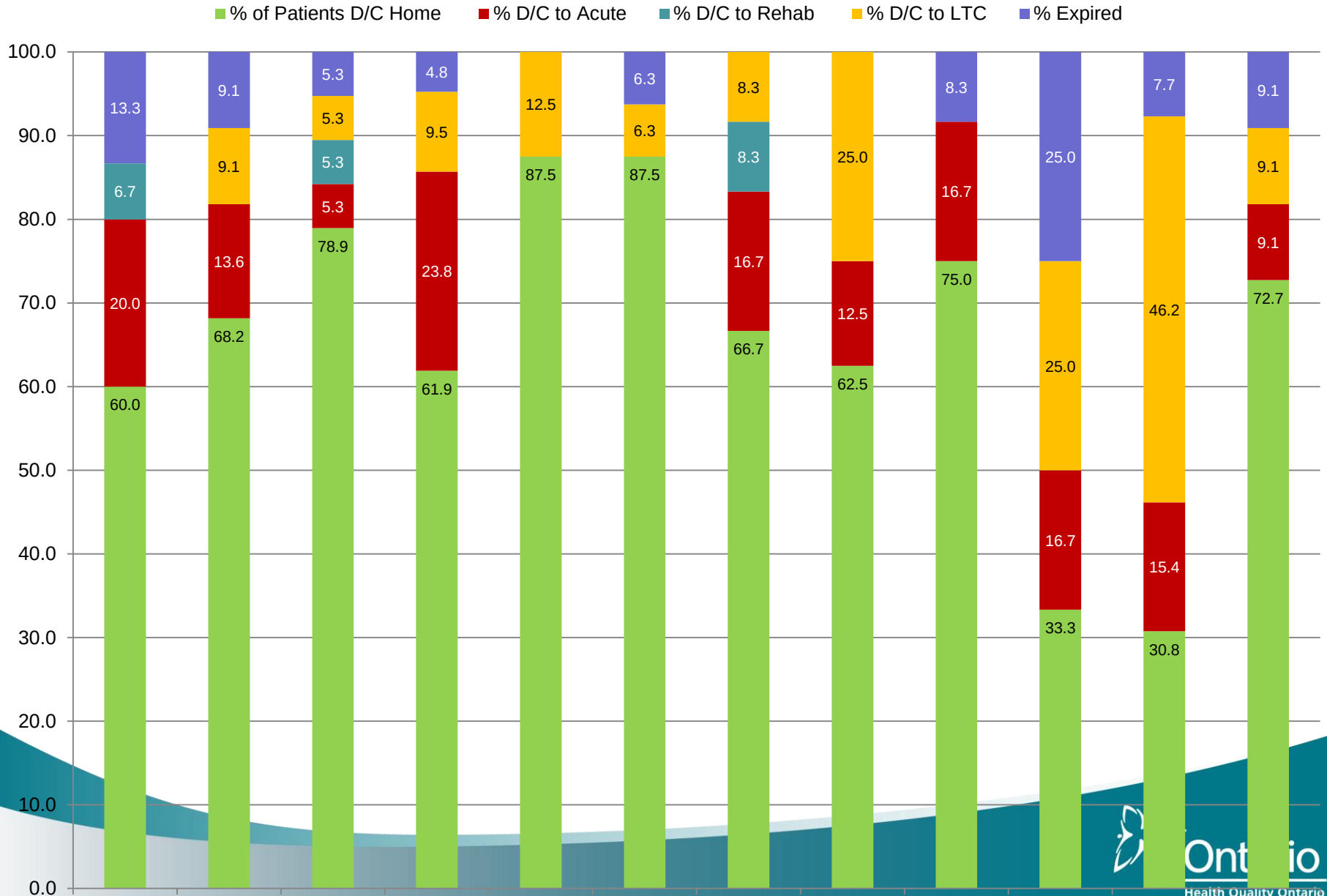
RCP Avg LOS by Quarter



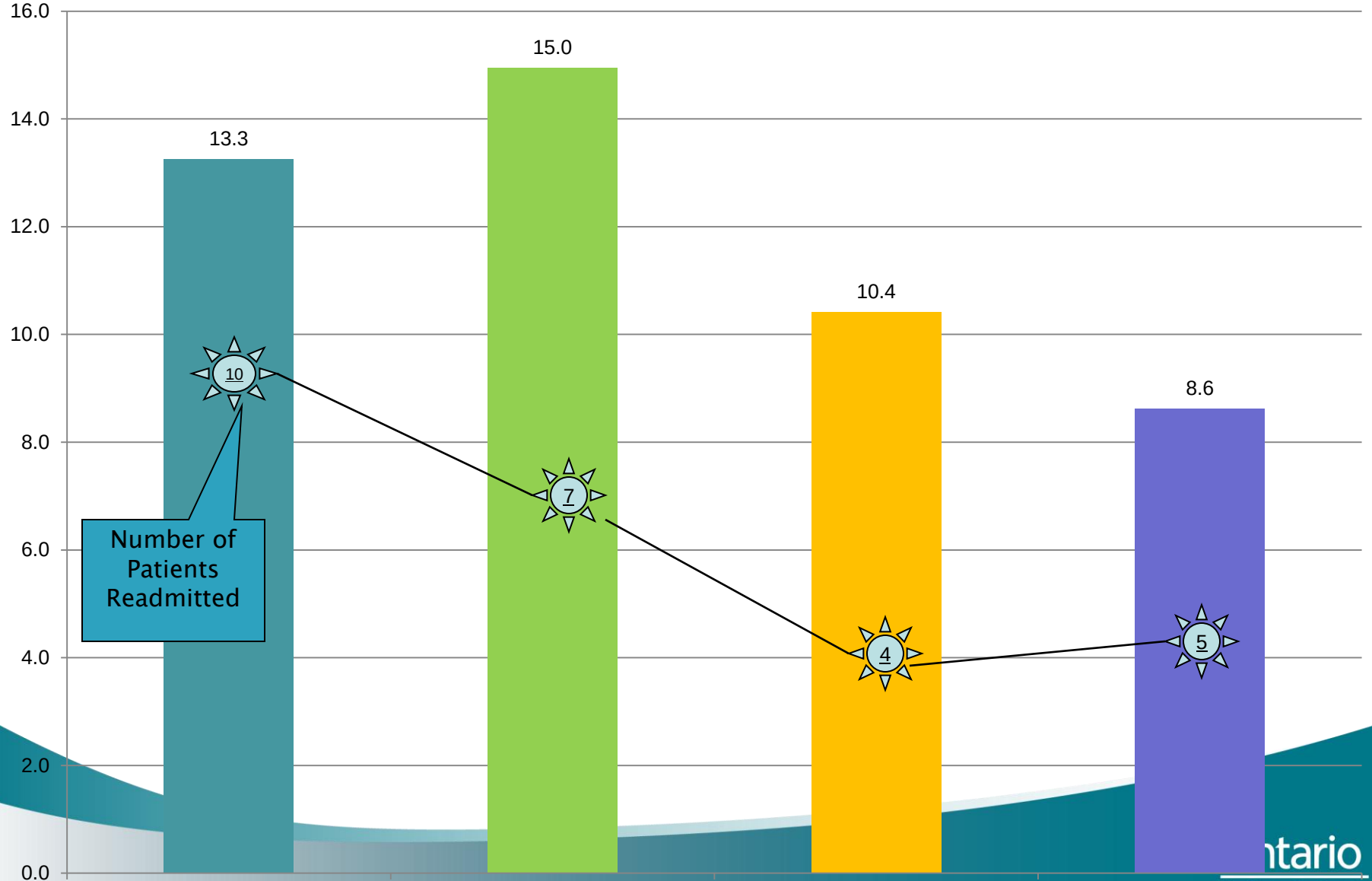
% of RCP Patients D/C Home



RCP Discharge Locations by Percentage



RCP Percent Re-admissions by Quarter 2011-2012



NEXT STEPS

- We have a lot of work ahead of us!!
- Continue with current work and focus on sustainability of change,
- Continue to develop and spread communication tools,
- Introduce LACE Risk for Re-admission assessment
- Continue focus on CDPM and health literacy,
- Continue to monitor outcome indictors to measure impact of change and make course corrections as needed.
- Implementing new program design and processes for Inpatient Rehab Unit.

QUESTIONS AND DISCUSSION

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Providing Effective Education
REVIEW OF CHANGE CONCEPTS

1. Concept: **Identify all learners, assess their learning needs and ability to understand medical concepts.**

2. Concept: **Verify that the person understands their medical condition(s) and possesses the knowledge and skills needed to monitor and manage their prevention and treatment regimes.**

Providing Effective Education
REVIEW OF CHANGE CONCEPTS

3. Concept: **Create a 'shame-free' environment that encourages questions and adopt a more person-centered communication style**.

4. Concept: **Communicate in easy to understand language**

5. Concept: **Use a variety of techniques to enhance the individual's learning**

Some places to start

Learner assessment tools and Teachback videos

http://nchealthliteracy.org/instruments.html

National Patient Safety Institute Ask Me 3

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OHA "Your Health Care – Be Involved"

www.oha.com/Services/PatientSafety/Pages/PatientCampaignsAcute.aspx

Health Literacy Primer

http://www.livebinders.com/play/play_or_edit?id=54374

See HQO IMap

www.hqontario.ca/en/ecfaa.html

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Improvement Map

• Leadership Process •

- Board
- Leadership
- Quality Improvement Plans

• Improvement Facilitation Process •

- Stakeholder Engagement
- Facilitation/ Coaching
- Measurement
- Quality Improvement Science
- Spread & Sustainability

• Safety •

- Infection Prevention & Control
- Hand Hygiene
- Ventilator-Associated Pneumonia
- Central Line-Associated Bloodstream Infections
- Pressure Ulcers
- Falls
- Surgical Safety
- Restraints

• Effectiveness •

- Hospitality Standardized Mortality Ratio
- Sepsis
- Venous Thromboembolism

• Access •

- ED Wait Times

• Patient Centred •

- Positive Patient Experience

• Integrated •

- Readmissions
- ALC

ACKNOWLEDGMENTS

Health Quality Ontario would like to thank everyone who generously shared their resources with us. The inclusion of such a wide variety of articles, reports, presentations, video material, tools and websites makes iMap a valuable tool for providers and organizations that are working to improve the quality of care they deliver.

iMap would not have been possible without the creativity and generosity of the Institute for Healthcare Improvement (IHI), the Ontario Hospital Association (OHA) and the Canadian Patient Safety Institute (CPSI). These three organizations inspired our work, and continue to support us with new resources and ideas.

Institute for Healthcare Improvement
OHA Ontario Hospital Association
cpsi icsp

What’s your next step?

What's next

Next Live Web-based Learning Opportunity end-June – Watch for email to register.

Topic of next Live Web-Based Learning Opportunity:

Transition Planning

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