Creating Engagement Capable Environments for Innovation and Improvement

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Presented by

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Session Objectives

1. Identify and discuss **key attributes** of engagement capable environments for innovation and improvement

2. Identify and discuss **leadership strategies/approaches** for creating and supporting engagement of staff, local providers, patients, families and community groups towards developing and sustaining environments that support partnerships for innovation and improvement in healthcare

3. Review **experiences** in developing new policies and using innovative approaches to engage patients, families and caregivers to influence the delivery of care.
Our Time Today

• Engagement Capable Environments
• Patient Engagement for Quality Improvement
• Breakout Discussion
• Respondents
• Wrap up
Background on CFHI PE initiatives, including the funded research

2010-2013  Supported 17 teams in building capacity to involve patients in design, delivery and evaluation of services (PEP)

2011-2015  Patient engagement research project led by Dr. Baker (5 components)

2014-present  Supporting 22 teams in “Partnering with Patients and Families for QI” learning collaborative

Ongoing:  Webinars, workshop, patient engagement resource hub to build capacity for PE for QI
Patient Engagement: A Disruptive Innovation?

G. Ross Baker, Ph.D.
Acknowledgements

Materials in this presentation draw upon

• Research funded by CFHI in conjunction with their Patient Engagement Partnership project in collaboration with Jean-Louis Denis, Marie-Pascale Pomey, Anu MacIntosh-Murray, Carol Fancott, and Jocelyn Cornwell

• A background paper drafted for the Naylor Task Force on Healthcare Innovation in collaboration with Maria Judd, Carol Fancott, Elina Farmanova and Christine Maika
Overview

- Current state/challenges
- Defining patient engagement
- Evidence for PE to support improvement patient experience and outcomes and healthcare
- Successful approaches to patient and family engagement in Canada, US and UK
- Moving from organizational to network initiatives
- Strategies for accelerating patient engagement
Healthcare’s Perfect Storm

- Growing prevalence of chronic disease
- New technology and drugs improve outcomes but often increases costs
- Rising patient and public expectations
- Professional autonomy still trumps system change
- An aging and unhappy workforce
- Limited integration across services and organizations
- Little appetite for increased taxation – or higher premiums
Can Patient Engagement be a Disruptive Innovation?

• Patient and family-centered care (PFCC) is seen as a core element of healthcare quality

• New initiatives in Canada, the US and England see patient experiences as a key success metric

• But, while organizations are continuing to embrace PFCC:
  – Many organizations are still in early stages
  – The pace of patient engagement lacks urgency
Patient Engagement

Patient engagement is the involvement of patients and/or family members in decision-making and active participation in a range of activities (e.g. planning, evaluation, care, research, training, and recruitment).

Starting from the premise of expertise by experience, patient engagement involves collaboration and partnership with professionals.

Carman, et al., *Health Affairs* 2013
Emerging evidence suggests that patient and family engagement translates into patient and organizational improvements (primarily in the areas of safety and effectiveness) but the mechanisms that translate patient and family engagement into better outcomes are not well understood.
Case Studies of Patient Engagement in Three Countries

- Case studies provide insights into the strategies and mechanisms that translate patient engagement into better outcomes
- Identify key investments, structures, processes that support meaningful patient engagement for improvement

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<td>Northumberland PATH Project</td>
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<td>Kingston General Hospital</td>
<td>Collaborative Chronic Care Network (US)</td>
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<td>Georgia Regents Health System (US)</td>
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<td>Cincinnati Children’s Hospital (US)</td>
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<td>Whittington Health, London (UK)</td>
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<td>Northumbria Trust (UK)</td>
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Engagement Capable Environments

Enlisting and Preparing Patients

Asserting patient experience and patient-centered care as key values and goals

Communicating patient experiences to staff

Ensuring leadership support and strategic focus

Engaging staff to involve patients

Supporting teams and removing barriers to engaging patients and improving quality

Baker and Denis, 2011
Georgia Regents Health System

- More than 200 patient and family advisors working with staff across GR Health
- Well developed strategies for recruitment, orientation and support of patient and family advisors
- No major decisions are made without patient input
McGill University Health Centre

Understanding the care experience through the eyes of patients

The Challenge

Nurses at the McGill University Health Centre (MUHC) were spending too much time “hunting and gathering” to find needed equipment, and too little time with their patients. They were tired and frustrated, which was negatively affecting patients’ levels of satisfaction with the care they were receiving, as well as with health outcomes. To address the problem, the hospital created patient and frontline staff in an initiative to redesign work so that staff would have more time to meet patient needs.

The Improvement Project: Transforming Care at the Bedside

Patricia O’Connor, Director of Nursing, MUHC led the initiative, funded by the Canadian Foundation for Healthcare Improvement. It was based on an approach called Transforming Care at the Bedside (TCAB). The hospital created groups with both staff and patient representatives on five important units and directed them to focus on specific modules with clear deliverables for each. The first module focused on improving the physical work environment, the second was on patients’ experience of care, while the third focused on admission and discharge procedures.

The Impact

Nursing stations, medication rooms, family visiting rooms, treatment rooms, and supply rooms have been refurnished; equipment, medication and supplies are now placed closer to the patient, allowing nurses to spend less time searching; for needed equipment (and, as a side benefit, some $3,000 worth of equipment was found and returned to the Biomedical Engineering department). Whiteboards have been added to each patient bedside as a two-way communication tool among patients, families and staff. Nurses now take time to ask a few basic questions of their patients; on every shift they know patients’ priorities for the day. In addition, the admission process for mental health patients, which used to take more than four hours and required more paperwork, anxiety, and stress on nurses, physicians, psychologists and social workers, now takes less than one hour. This represents a decrease of 75 percent. Further, medication transcription errors were reduced by 68 percent and walks to start chemotherapy by 57 percent.

The overall result has been a 30 percent increase in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCASHP) survey scores related to response; nurses of care from the patient’s perspective, surpassing 132 benchmarks.

“One patient representative said that when she came into this project, we welcomed her with open arms. I think that is the greatest achievement.”

- Patricia O’Connor, Director of Nursing, MUHC

Understanding the care experience through the eyes of patients
Redesigning Care at MUHC

• Transforming Care at the Bedside (TCAB) engages staff and patient advisors to co-design patient care processes, reducing waste and improve outcomes
• Staff and patients receive TCAB education and jointly focus on improvement initiatives

5 Pillars of TCAB

Transformational Leadership at all Levels

Safe & Reliable Care
Patient/ Family Centered Care
Vitality & Teamwork
Value-Added Care Processes
McGill University Health Centre

• Improved communication between patients and staff
• Patient-led change e.g. on hemodialysis unit proportion of patients receiving critical values for monthly blood results increased from 40% to 100%
• Statistically significant improvement of five dimensions of team effectiveness (pre-post)

Example of whiteboard in patient’s hospital room
KGH CEO Leslee Thompson discussing improvements to patient-centred care.

The benefits of 24-7 family access
Kingston General Hospital cited as a leader in removing restricted visiting hours
Kingston General Hospital

• Beginning in 2010, KGH created a strategy aiming for “Outstanding Care, Always” through collaboration with patients and families

• Strong CEO and senior leader support ensure that key organizational decisions are made with patient and family input

• Advisors are part of all major committees, hiring decisions, staff orientation, and health professional education

• Key policy changes include open visiting hours and, hourly patient rounding, staff IDs to be worn by all, and improved communications
System Level Measures

At Cincinnati Children’s we gather and report system level measures. These measures guide and track improvement across our entire health system by representing all dimensions of care, across all sites of care. Most importantly, these measures reflect the constancy of our purpose to be the leader in improving child health and guide us in our pursuit to transform and improve healthcare delivery. We report this data to hold ourselves accountable, to challenge ourselves to continually improve, and to let others evaluate our performance on core dimensions of quality across all settings of care.

Our system level measures are organized within five core dimensions of quality:

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<tr>
<th>Patient and Employee Safety</th>
<th>Clinical Excellence Outcomes</th>
<th>Patient and Family Experience</th>
<th>Access, Flow, Productivity</th>
<th>Team Well-Being</th>
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<td>Adverse drug events</td>
<td>Emergency codes outside the Intensive Care Unit (ICU)</td>
<td>Patient satisfaction</td>
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<td>Nursing turnover</td>
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<td>Catheter-associated bloodstream infections</td>
<td>Standardized Pediatric Intensive Care Unit (PICU) Mortality</td>
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<td>Surgical site infections</td>
<td>Evidence-based care delivered</td>
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<td>Serious safety events</td>
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<td>Ventilator-associated pneumonia</td>
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<td>Occupational Safety and Health Administration (OSHA) recordable injuries</td>
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I am why...

CINCINNATI CHILDREN’S IS RANKED TOP 3 IN THE COUNTRY.
• Connection of patient and staff experience data to quality improvement activities

• Development of research infrastructure (Anderson Centre for Health Systems Excellence) that focused on user-centred design (methods and impacts)

"Our journey toward becoming a high reliability organization focuses on improving reliability through better process design, building a culture of reliability and leveraging human factors by creating intuitive designs that help people do the right thing."
Transforming Organizational Cultures

• The development of patient and family centered care requires building a culture that supports a different way of working
• These organizational transformations create a different experience for patients, families and staff
• But the pace of this change is insufficient to alter health system outcomes unless care can be redesigned across the continuum
Co-Design: Disruptive Innovation in Health System Change

“Through co-designing with customers, industries and services have sought to better meet the needs of end-users. The principle of co-design is now beginning to be applied to health care, with patients working in partnership with professionals to design services and care pathways”

Kings Fund, 2012
Northumberland PATH
Partners Advancing Transitions in Healthcare
A first with Ontario patients

Graphic Mural: Using the patient voice to strengthen our system
Key Elements of Northumberland PATH

• Partnership among providers, seniors and families, LHIN, technology partners and evaluators
• Project teams with equal representation of seniors/caregivers and providers
  • Communications and tools to guide healthy aging
  • Senior and caregiver stories about lived experiences
  • Redesigning care across the continuum
  • Transition coaching and advocating
  • Exploration of new funding model
PATH Aging Well:
Mobile monitoring
Designing for Connected Healthcare: The QoC Circle of Care

Patients and care providers, engaged, informed, connected

Improved Quality of Care and Recovery.

Improved monitoring and access to specialists for remote communities.

Patient Trends and Analytics for Proactive Care.

Better Patient Information and Support. Reduced anxiety, reduced readmissions.

The QoC Circle of Care
Patient Centred Care, Patient Connected Care

Copyright QoC Health Inc.
Patients as Co-designers

Using big data to change patient outcomes

Patients Team Up
Collaborative Care Network (C3N)

• At C3N, IBD patients and families are the co-designers of care, involved in every step of the process from consultations to partnerships and shared leadership.

• The partnership is aimed at co-production and design of services to ensure appropriateness and value to patients and the health system.

• This work has now expanded to 71 pediatric gastroenterology clinics across the US.

• Participating clinics have seen remissions for pediatric IBD patients increase from 55% to 79% of enrolled patients.
Remission rate
(PGA, Centers >75% registered)

79%

71 Care Centers
>19,500 patients
>575 physicians
>35% of all IBD patients

Peter Margolis, Cincinnati Children’s Hospital
Key Enablers of Patient Provider Co-Production

- Focus on outcomes
- Build a community and culture of sharing
- Effective use of technology and data
- Learning system – including quality improvement, health services research, and design
- Linking personal engagement to service design
  - Patients and families start largely as consumers of information about their conditions
  - Over time the experience of patients with their care and their active use and improvement of tools produces new information and knowledge

Adapted from Margolis, 2014; Seid, Margolis and Opipari-Arrigan, 2014
Our Recommendations to the Naylor Panel

Engagement capable environments

Capacity Building

Measurement/Evaluation

System Architecture
Conclusions

• Patient engagement is not yet a disruptive innovation except in a few cases where strong leadership and sustained efforts have integrated patients into organization wide decision making

• The successful spread and heightened impact of patient engagement relies on building greater capacity within and across organizations, and using social networks and digital technology to link patients’ voices and experiences into efforts to improve care delivery, patient experiences and costs

• Greater investments in, and evaluation of, innovative strategies to engage patients in decision-making, design and governance are critical for transforming healthcare
Patient Engagement:

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Carman et al., 2013
Engagement Capable Environments: leadership, staff and patients

- Enlisting and Preparing Patients
  - Asserting patient experience and patient-centered care as key values and goals
  - Communicating patient experiences to staff

- Ensuring leadership support and strategic focus
- Engaging staff to involve patients

Supporting teams and removing barriers to engaging patients and improving quality

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Engagement-capable environments:

An environment that responds to the needs and desires of patients and the population they are responsible for; that fosters a culture of patient-centredness; and builds the infrastructure supporting active and meaningful engagement of patients, staff and leaders to improve the quality of care.

Thus, an engagement-capable environment fosters engagement and partnerships at all levels of care:

- The individual level, where patients and families partner with healthcare providers in their own care
- The organizational level, where patients and families engage in the design, implementation and evaluation of service delivery and processes of care
- The policy level, where patients, families and the community engage to determine appropriate policy within organizations or, more broadly, at the level of government"
Partnering with Patients and Families for Quality Improvement: a Virtuous Cycle

- Collaboration with patient and families on quality improvement
- Patient and family centered care
- Quality and safety
Leadership Strategies for Creating Engagement Capable Environments

1. Model engagement behaviour
2. Link patient engagement and experience with QI
3. Resource engagement leads and activities
4. Cultivate a learning environment
5. Develop performance measurement
6. Create partnerships within and beyond your organization
13. Patients and families are involved in quality improvement initiatives. (n=32)

14. We measure the patient experience and set patient experience improvement goals. (n=32)

15. Patients and families are involved in developing the questions and format for tools that measure patient and family perceptions of the experience of care. (n=32)

16. Patients and families assist in responding and finding solutions to information gathered through mechanisms that measure patient and family perceptions on the experience of care. (n=32)

17. Our patients are meaningfully involved in decision-making regarding their own care across services. (n=32)
Breakout Discussion Questions

1. What have you **learned** about trying to engage patients and families in improving care? What has worked for you? What hasn’t worked?

2. What do **leaders need to do** to support staff and patients in working together in new ways? Please identify specific actions for leaders…
Respondents

How does what you’ve heard resonate (or not) with your experience?

What do you see as the next steps needed to help create environments capable of meaningful patient and family engagement for innovation and improvement?
Patient Engagement Resource Hub

Looking for tools and resources to support you on your patient engagement journey? Start at the Patient Engagement Resource Hub!

Our online resources can help at the stages of assessing, designing, implementing or evaluating your initiative. For more information:

cfhi-fcass.ca/PatientEngagementResourceHub.aspx
Thank you!

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