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Patient centred units?

Dr Karen Luxford

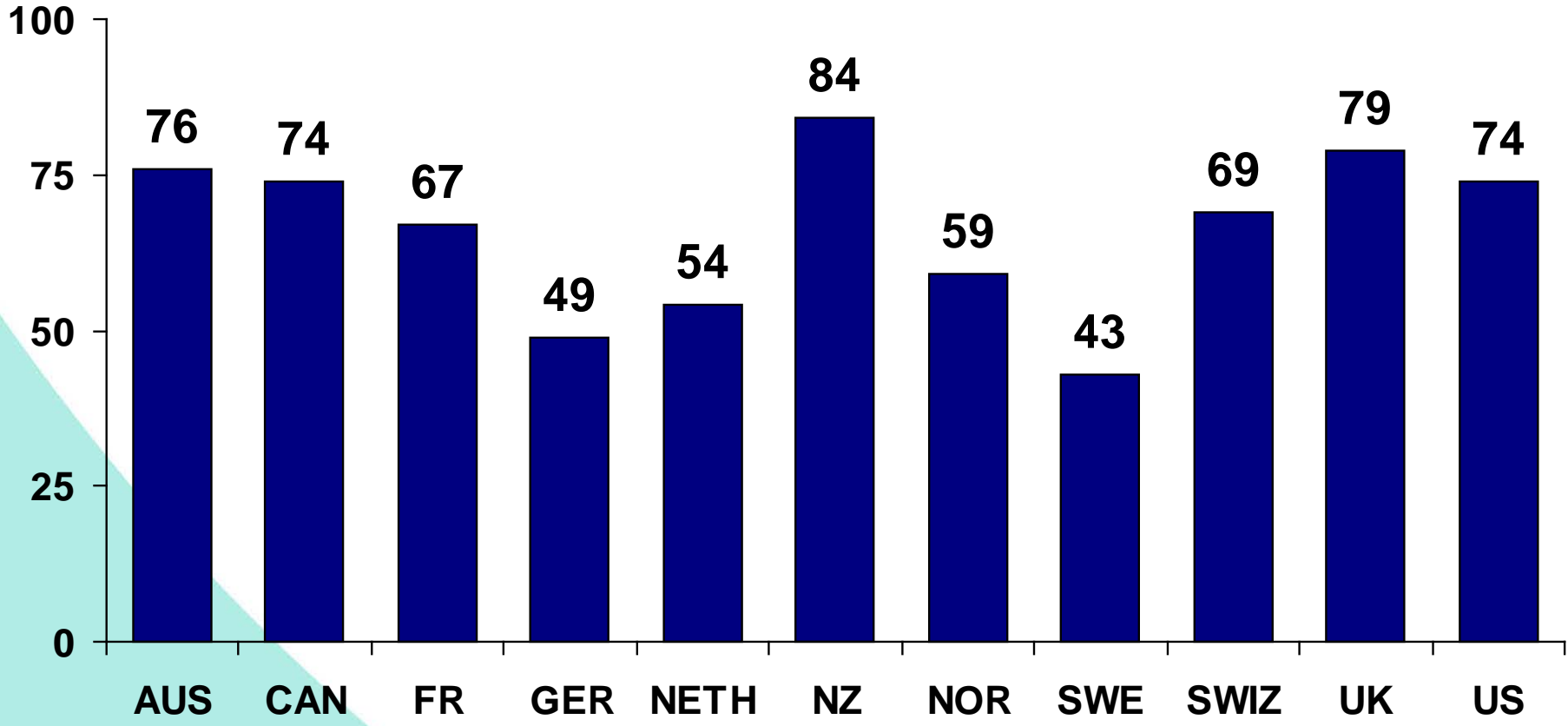
Director Patient Based Care

09/12/11

Quality of Care from Doctor



Percent rated care received in past 12 months from regular doctor as *very good/excellent*



Base: Has regular doctor/place of care.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



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Overall Views of Health Care System, 2010

Percent	AUS	CAN	FR	GER	NET H	NZ	NOR	SWE	SWIZ	UK	US
Only minor changes needed	24	38	42	38	51	37	40	44	46	62	29
Fundamental changes needed	55	51	47	48	41	51	46	45	44	34	41
Rebuild completely	20	10	11	14	7	11	12	8	8	3	27



What affects quality in health care?

The level of quality in hospital environments is affected by:

- (1) the quality of technical care; 
- (2) the quality of interpersonal relationships;
- (3) the quality of hospital amenities and the environment

(Potter et. al, 1994. Int J of Health Care Qual Assur, Vol 7, pp.4–29).

Leading Services

PBC linked with improved safety:

- Decreased mortality¹
- Decreased rates of hospital-acquired infection²
- Decreased surgical complications³
- Higher quality clinical care/best practice⁴
- Improved patient functional status²

1. *Meterko M et al (2010) Health Services Research*

2. *DiGioia A M et al (2008) Agency for Health Care Research and Quality*

3. *Murff et al (2006) Qual Saf Health Care*

4. *Jha A et al (2008) New England Journal of Medicine*

What does it take to succeed in patient based care?*



Organisational characteristics:

- Strong committed senior leadership
- Communication of strategic vision
- **Engagement of patient and families**
- **Sustained focus on staff satisfaction**
- Regular measurement and feedback reporting
- Adequate resourcing of care delivery change
- **Staff capacity building**
- Accountability and incentives
- Culture strongly supportive of change and learning

**Luxford et.al. 2011 Int J Quality in Healthcare Vol 23(5): 510-515.*

What do patients value in care?



Being treated with dignity and respect

Having confidence & trust in providers

Courtesy & availability of staff

Continuity & transitions

Coordination of care

Pain management & physical comfort

Respect for preferences

Emotional support

Joffe et al. (2003) J Med Ethics

Jenkinson et al. (2002) Qual Saf Health Care



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“Getting your house in order” Vs True partnership

Building a partnership

- Trust
- Respect
- Valuing contribution
- Acceptance

Contemporary Patient-based care

“Patients and carers as active partners”



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In own care

- Medication management
- Bedside handover
- Alerting staff to deterioration

In governance

- Patient involvement throughout organisation (e.g. governance, patient safety, quality improvement, new staff recruitment, systems and building redesign).
- Models include Patient Advisory Committees through to full integration throughout organisation



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Partnering with Patients

Partnering with Patients

- Aim: foster the inclusion of patients and family as care team members to promote safety & quality
- Advisory Committee established with broad membership. Chaired by Consumer: Alicia Wood
- Integrated into care – sustainability: integrate into policy & process; Tailored to meet local needs in Local Health Districts; Modular approach; initially creating ‘lead sites’

Patient centred units



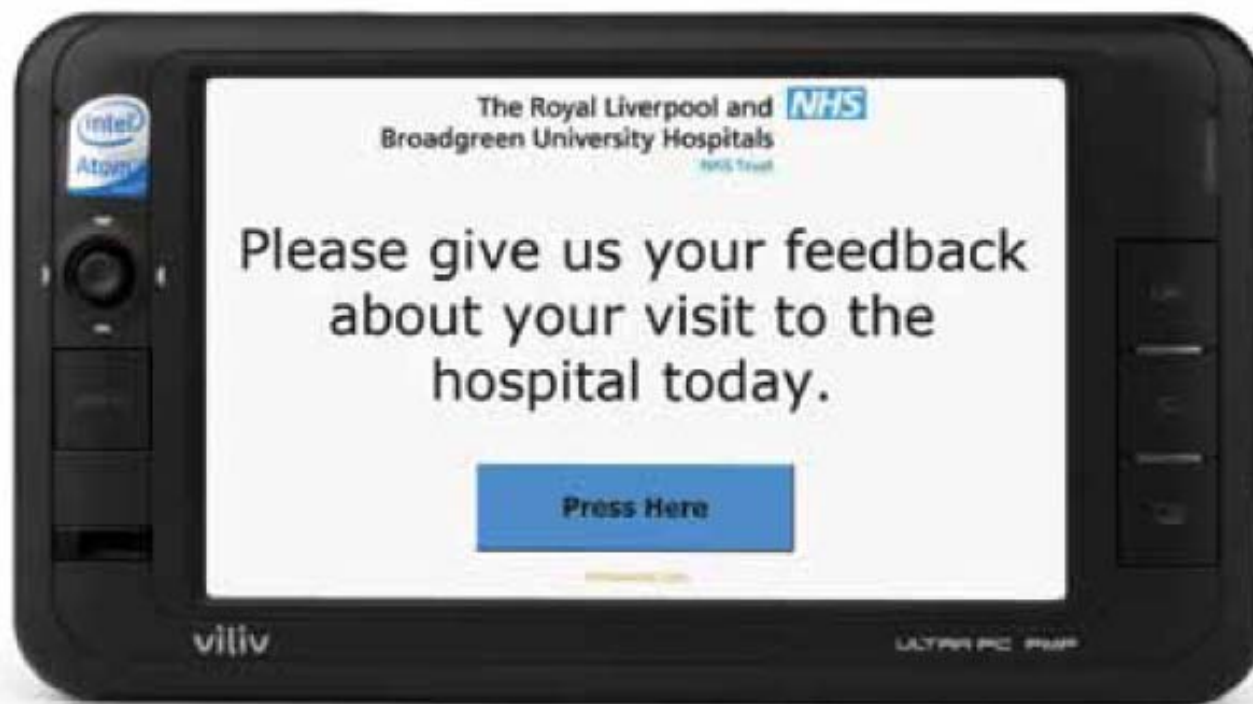
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- Patient and family activated escalation
- Patient-centred communication (e.g. AIDET)
 - beyond ISBAR – communication betw clinicians
- Bedside handover truly engaging patients & families
- Open visitation policy – family are part of care team
- Support family & carers to be with patients
- Open disclosure – patient and family engagement
- Integrating experiential knowledge of carers in the care of hospitalised patients





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**Just streamlining
processes within a
clinical/provider model
without truly engaging
patients**



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Will governance take up the PBC Challenge?

Are you ready to take The Patient Based Care Challenge?



 Partnering
with Patients



The CEC Patient Based Care Challenge

How many boxes
can you tick?

- 1 **Leadership commitment**
 - start each board meeting with a story of patient care from your service
 - spend more than 25% of the board's meeting time on quality
 - arrange for board and executive members to visit wards regularly to talk with staff and patients
 - provide training to senior leaders to champion patient-based care
 - involve patient advisors in strategic planning processes
- 2 **Communicate the mission**
 - develop and promote an organisational mission statement that embodies patient-based care values
 - communicate the mission to new staff at orientation - illustrating leadership commitment
 - share personal stories by senior leaders to engage staff in patient-based values
- 3 **Engage patients, family and carers**
 - involve patients, families and carers in governance through committee membership, including quality and risk management and advisory committees
 - involve patients, families and carers in process co-design, design of new facilities and staff interview panels
 - implement an open visitation policy
- 4 **Support engagement to transform care**
 - encourage staff to view patients, family and carers as care team members
 - implement processes to support patient/family activated escalation of care for deteriorating patients
 - conduct handover at the bedside and involve patients and carers
 - involve patients in medication management and review
- 5 **Use patient feedback to drive change**
 - use patient feedback from a range of sources (surveys, focus groups, anonymous shoppers) to gauge service quality and inform all staff
 - review patient care experience metrics at each meeting as an indicator of quality
 - implement processes to provide real-time feedback to staff to enable patient issues to be addressed during care (e.g., 'patient friend' models and bedside electronic systems)
- 6 **Focus on work environment**
 - regularly assess work culture and staff satisfaction
 - celebrate staff successes in a visible manner (e.g., introduce a patient-nominated award for staff member of the month)
- 7 **Build staff capacity**
 - implement organisation-wide training in patient-based values and associated communication skills techniques
 - involve patients and carers in staff education, including sharing stories of good and poor experiences of care
- 8 **Learning organisation culture**
 - enable staff to identify care delivery issues and solutions, focussing on addressing patient feedback
 - ensure processes are in place to enable ongoing patient and family engagement in open disclosure following adverse events
 - share the learnings from tragic events with staff to improve quality of care
- 9 **Accountability**
 - include accountability for patient care experience in all job descriptions and provide feedback in performance reviews

Engagement - Patient & Family activated escalation



- Deficiencies in patient monitoring – 2nd most common RCA classification in NSW
- Patient & Family Escalation models:
 - Lead to significant decrease in mortality
 - Improved patient & family care experience
 - Without an overload of false positive calls for a rapid response

Gerdik et al 2010 Resus 81: 1676-1681



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‘If I would have been able to call a rapid response team, I believe Josie would be here today’

Sorrel King

 **JOSIE KING FOUNDATION** at BCF
creating a culture of patient safety, together

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Condition Help (Condition H)

Hospital Name

FOUNDATION PROGRAMS



- Care Journal
 - Care Journal Partners
- Patient Journal App

Workload impact???

- fear that implementing patient & family activation will result in increased 'non-urgent' calls
- Range: average of 2 calls/yr to 2 calls/mth
- 'Family concern' continues to be reason for activation of rapid response in 5-6% of total calls.
- reasons for calls mirror those identified by staff (e.g. shortness of breath).
- over 50% of family activated cases require transfer to ICU

Hobart Private Hospital patient has to call 000 for help

By Damien Brown | The Mercury | November 18, 2009 8:12am | 36 comments

| A+ A- | Share   

0 tweet

- Patient forced to call 000 to get attention
- Calls to nurse's station unanswered
- Man was bleeding after operation

A MAN lying in a Hobart hospital bed had to call triple zero to get urgent help when he got no response to the nurse call button.

The man was in the Hobart Private Hospital's high-dependency unit after an operation and woke to find he was bleeding from a wound drain, [The Mercury reports](#).

He rang his bell to obtain help from nursing staff, said the Health Complaints Commissioner annual report released yesterday.



Patient & family activated escalation

- Deteriorating patients (in hospitals)
- Builds on CEC clinical program 'Between The Flags'
- Empowering patients and families to engage with staff and call for help if still concerned
- Also recommended introduction of 'family concern' into criteria for rapid response on clinical charts (eg maternity)



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- R** Recognise
- E** Engage
- A** Act
- C** Call
- H** Help is on its way

REACH PROCESS FLOWCHART



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R

REACH call activated by Patient or Family or Carer
(RECOGNISE)

E

Concern raised with treating nurse or doctor or NUM. Rapid assessment of concerns raised
(ENGAGE)

Unable to identify clinical concern:
- Thank patient/family
- Address concern through other relevant avenue

A

Clinical Review requested and conducted within 30 minutes (Assess against BTF Review Criteria – Yellow Zone)
(ACT)

Does not meet criteria:
- Thank patient/family
- Communicate care plan to patient/family
- Follow up in 1 hour

C

Meets BTF Rapid Response Criteria (Red Zone)
(CALL)

H

Initiate Rapid Response team **(HELP is on its way)**

NB: if patients/family feel that their concerns about worrying changes are not addressed, they can independently escalate to a clinical review or rapid response

HOW DO I CALL FOR AN EMERGENCY RESPONSE?

In this facility you can directly call an advanced nurse to request an emergency response by calling **63693910** on your bedside phone or ask for the ward phone.

We encourage you to first speak with your treating nurse who may be able to help you to resolve your concerns.

WILL I OFFEND STAFF IF I R.E.A.C.H. OUT?

No. Staff in this facility support patient and carer involvement. You know how you feel or how your loved one usually behaves.

We also encourage you to raise your concerns with us during times of handover between staff shifts.

We want you to work with us to create the best experience for you or your loved ones.

R.E.A.C.H out to us because together we make a great team

Are you worried about a recent change in your condition or that of your loved one?

R.E.A.C.H out to us

REACH is an initiative of the Clinical Excellence Commission's Partnering With Patients Program



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Health
Western NSW
Local Health District

Patient & family activated rapid response

- Toolkit - information & processes for patients & carers, clinicians & management
- Engaging local champions – clinical & executive
- Local Health District leads:
 - Western NSW – Orange & Dubbo....
 - Hunter New England – John Hunter Children’s Hosp, Maitland, Calvary.....
 - The Children’s Hospital Westmead
- Working Group with LHD lead site involvement



What does Rex have to do with anything?



Q. What should you do if you see or hear something that does not look or sound right or normal?

A. Please advise your flight attendant. Rex encourages open communication and will always treat a passenger's concerns with the upmost seriousness.

Thank you!



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