

## Frontline Teams & Patients Co-design Care to Improve Multi-level Outcomes: Transforming Care at the Bedside



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## MUHC Context

The Glen Campus (RVH, MCI, MCH)



Mtl Neurological



Montreal General



Lachine



## Co-designing Care at MUHC

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

### 6 Pillars of TCAB

Transformational Leadership at all Levels

Safe &  
Reliable  
Care

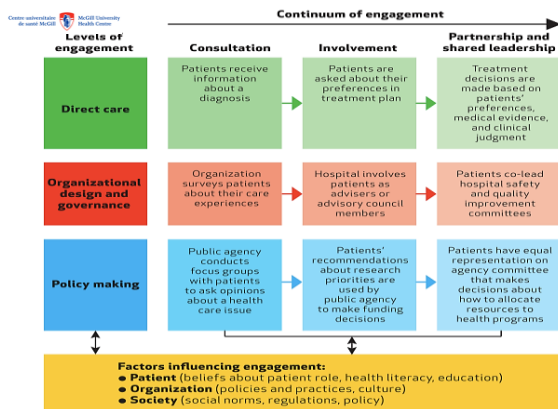
Patient/ Family  
Centered  
Care

Vitality  
&  
Teamwork

Value-Added  
Care  
Processes

Patient and Family as Partners in Co-design





Carman, et al., Health Affairs, 2013

## Project Objectives

### Objective # 1

Understand the inpatient experience  
"through the eyes of patients & families"

### Objective # 2

Deeply engage patients & families, along with staff, in reshaping care processes that respond to their real needs, thus improving: safety, access & work environment.

### Objective # 3

Increase RN time in direct care

## Implementation Plan (2010-15)

### Wave 1:

- 24 months
- 5 units in 3 hospitals

### Wave 2:

- 10 months
- 3 units in 3 hospitals

### Wave 3:

- 15 months
- 8 clinical areas: ORs, ER, Dialysis & 4 inpatient units

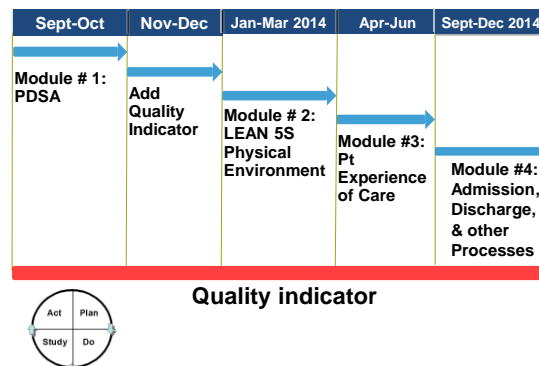
### Wave 4:

- 7 months
- 3 units

### Teams consist of:

- 1 Nurse Manager
- 1 Asst. NM (CNS or NPDE)
- 2 Nurses
- 1 Patient Attendant
- 1 Unit Coordinator
- 2 Patient advisors
- Physicians
- Rehab therapists, social worker, dietician
- One day/wk staff & pt reps tested improvement ideas

## Wave 3 Implementation Timeline: Structured learning modules



## Measures for Accountability

### Patients:

- Patient experience of care (HCAHPS Survey)
- Interviews post-discharge

### Quality of care:

- Access, timeliness of care, reduced safety risks, pressure ulcers, pain, nosocomial infections

### Staff:

- Time in direct care & value-add care
- Team effectiveness, global work satisfaction, work engagement, capacity to lead quality improvement, turnover, overtime

### Managers:

- Self-efficacy, global work satisfaction, worklife, capacity to lead quality improvement

### Patient engagement:

- Focus groups

+++ PDSAs

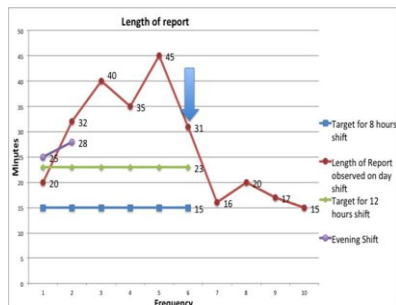


## Results



## Module 1: Rapid Cycle Improvement

Applying **PDSA** to test, measure, adjust & maintain new processes while engaging stakeholders



**Improvement idea:**  
Use of SBAR to Reduce Time for Shift Report

**SBAR** = situation  
background  
assessment  
recommendation

### Outcomes:

**Pre**: avg. 34 min

**Post**: avg. 17 min

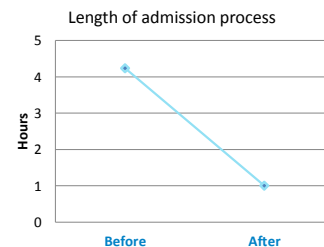
## New Team Admission in Mental Health: ↑ Clinical Efficiency

Serial interviews replaced by team interview with patient.



Time Saved: 300  
adm/yr x 4.23 hrs =  
**0.7 FTE**

Recognized by Accreditation Canada as a **Leading Practice (2013)**



## Module 2: Improving the Physical Environment

LEAN 5S: **S**ort, **S**et, **S**hine, **S**tandardize, **S**ustain

**Before**



**After**



Storage room where equipment was inaccessible, getting damaged and creating a hazard for staff

## Reducing Non-Value Time with LEAN 5S: Equipment Relocation



Time saved in a yr =  
1,100 hours or 0.7 FTE

No more tests or treatments cancelled because a wheelchair could not be located

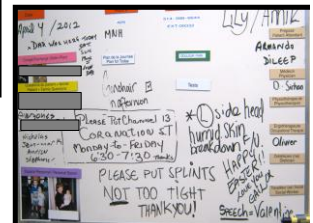


## Module 3: Patient Experience of Care

### Intervention Bundle:

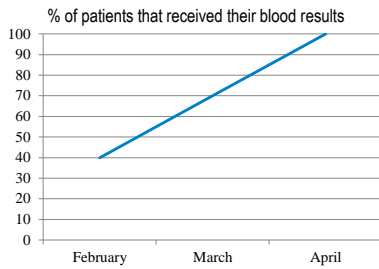
- Whiteboards
- Therapeutic Questions:
  - What is your greatest concern right now?
  - What information do you need that would be the most helpful?
  - What do you need from me right now that would help you?
- Intentional (Comfort) Rounding

## Whiteboards: 2-way Communication Tool



Therapeutic Question: "What information do you need that would be the most helpful?"

### Hemodialysis Monthly Blood Report Card



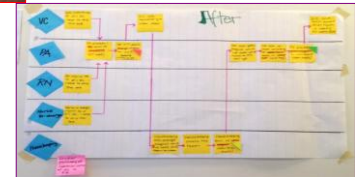
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## Module 4: Process mapping to improve Admission & Discharge Processes



### Process Mapping

### Swim lanes



## Patient and Family Pamphlet

### Why?

- Based on patient and family feedback.
- HCAHPS results; lack of discharge information.
- Staff requesting we provide information and guidelines to patients and visitors.
- Inspired by MGH 15 and RVH 10 Medical.



"I wish I had received this when I first came to the floor. It would've answered all my questions!"

## Discharge Checklist: Developed by Patients, for Patients

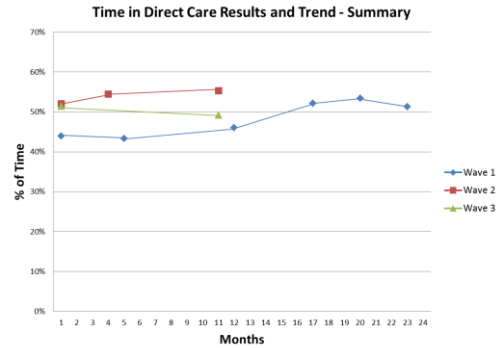
While in hospital	Done
Ask your doctor for planned date of discharge.	✓
Remind healthcare team to enter planned date of discharge on whiteboard	
The date of discharge should be updated daily on the whiteboard.	
Communicate to the hc team your needs regarding discharge i.e. date, transport, clothes, help at home, caring for yourself after return home	
Ask the doctor for "time off work" letter, if needed.	
Get someone to drop off insurance papers at you doctor's office	
Day of discharge	
Make sure you have the prescriptions to prevent pain & constipation	
Ask about restarting medications you were taking before admission.	
Make sure you understand any changes in the medication you were taking before your admission (if applicable).	
Make sure you have follow-up appointments, if needed.	
Review discharge teaching sheet with the nurse.	

## Organizational Impacts



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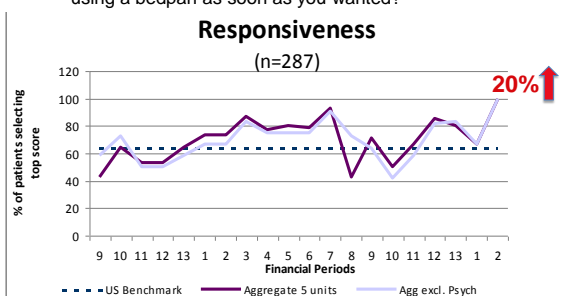
## Time in Direct Care – Results from 3 waves



## HCAHPS Results: Responsiveness (Wave 1)

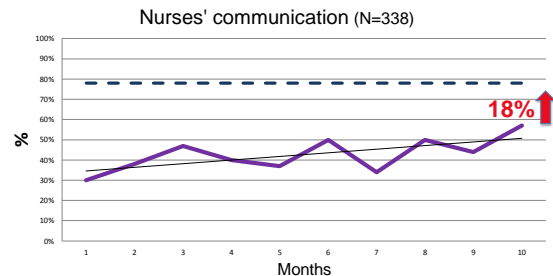
Q: During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

Q: How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

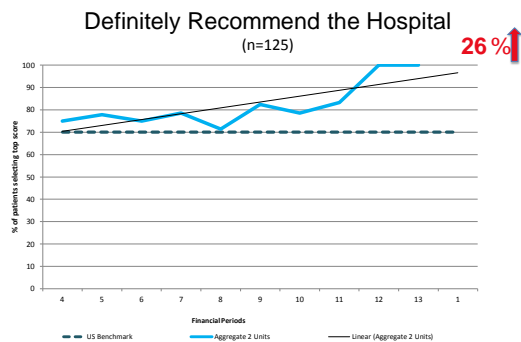


## HCAHPS Results: Communication with Nurses (Wave 3)

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?



## HCAHPS: Definitely Recommend this Hospital (Wave 2- Adult)



## The Patient and Staff Nurse Voices



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## Other Co-design Outcomes

- ✓ Staff perceived improvements on measures of:
  - Team effectiveness, global work satisfaction, work engagement, capacity to lead quality improvement
- ✓ Managers perceived greater self-efficacy
- ✓ ++ improved relationship with Nurses' unions
- ✓ ↓ Voluntary Turnover: 12.6% down to 4.6% ( $p=0.01$ )
- ✓ ↓ Overtime rate: 3.6% to 3.0 % ( $p=0.01$ )
- ✓ ↓ C-difficile rates 25%; and VRE by 26% (wave 4)
- ✓ Demonstrated return on investments (ROI) in 10 months
  - Cost avoidance: \$270,000 = 27 less C-diff cases
  - Improved access to care: 270 more bed days available

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## Qualitative results : focus groups with semi-structured interview guide (wave 3)

What was the impact of TCAB on staff?

- Profile of the 36 participants
  - 28 women (78%)
  - Age average: 42 years
  - Nurses N=15 (42%)
  - PABs N=7 (19%)
  - Patient Reps N=5 (14%)
  - Others (ex :ANM, unit coordinator, NPDE)
- Content analysis (Miles & Huberman, 1994)

### Theme: Ability to see the bigger picture

*It's much clearer to me what my role is. Now I understand what the role of the other people is. When I look at it as a whole I can appreciate more the job that they do (rest of team), because I have only seen things from my perspective.*

*Well now, I'm seeing it from the perspective of everybody else. It's really mind opening. So now I'm more conscious of what I have to do to make things work... TCAB has given me like a better overview of everything.*

### Theme: Recognition

*Being on the TCAB team, it's like an element of recognition, and you feel proud and you can take your ideas to the table. People will listen to you.*



### Themes: Empowerment

- *When you work on TCAB, ...it's part of leadership. And it's part of being able to see your peers and tell them what you're doing and convince them that this is what is right, what should be right, anyway.*
- *It makes you realize that you actually do have a lot more power than you realize.*

### Theme: Impact on our Clinical Practices

*Yeah, our infection (rates) have gone down "big time," in comparison to what it was before. Everything went down. That's good!*



## Theme: Partnering with Patients

- *Our Patient Rep brings back issues with the unit, which is an eye-opener. We also get to understand what the patient is like ... How would you feel if it was you? ... it makes us realize what they're going through.*
- *I don't understand why there is not a Patient Rep on each unit to help us. Because it's them that we care for. It is not for ourselves. They are our customers. If you don't know what their needs are ...you cannot personalize the care. So there should always a Patient Rep.*

## Our Elements of Success

1. Extensive stakeholder engagement and Inter-departmental collaboration
2. Patients engaged as partners in co-design
3. Resources: Protected release time & facilitator support
4. Having clear deliverables for each module
5. Real time data collected by frontline staff.
6. Senior leader presence, feedback & encouragement.
7. Communicating the achievements at all levels

## Lessons Learned

- Patient perspectives are often different.
- Building capacity of frontline & patients → Better outcomes
- TCAB teaches clinicians to implement change as a team and accelerates implementation of changes because the manager is not the only one making them
- The positive results foster buy-in from others, a key to sustainability

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- MUHC: Executive, Patient Committees



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