

OHQ Webcast Emergency Department Patient Experience: Leveraging Quality Improvement Plans (QIPs)

July 27, 2011

**Dr. Ben Chan, MD MPH MPA
President and CEO, Health Quality Ontario**

Patient Experience in Public Reporting

5. Patient-centred

5.1 Patient experience in acute care hospitals and emergency departments

In 2009 in Ontario, hospitals discharged nearly 1.1 million people from acute care beds and emergency departments (EDs) handled 5.4 million visits.⁵¹⁴ Looking at both hospital and ED stays from the patient's perspective can help to identify strengths and areas for improvement in the healthcare system.

5.1 Patient experience in acute care hospitals and emergency departments



HOSPITAL
LONG-TERM CARE
HOME CARE
PRIMARY CARE

What do Ontarians want?	What if it doesn't happen?	Who benefits most?
An overall positive experience for patients in hospitals and EDs.	When the care experience is not good, that fundamentally means the health care system is not meeting the public's expectations. That erodes public confidence in the health care system and can decrease staff morale. ⁵¹⁵ Also, people with bad past experiences with care may hesitate to seek care when they need it. ⁵¹⁴	All Ontarians who visit an emergency department or hospital.
Patients feel they have all the information they need and are engaged in decision-making.	When questions are not answered fully, there may be misunderstandings about instructions on how to stay in good health. ^{517, 518} When people do not feel engaged in decisions, they may be less likely to adhere to recommended drugs, ⁵¹⁹ tests or other advice.	
A health care system that is easy to navigate responds quickly to needs and controls pain as best as possible.	Needless waits lead to lower satisfaction with care. Poor pain control leads to unnecessary suffering and in some instances, slower rates of recovery from illness. ^{502, 521}	

Indicator	Value*	Time trends & comparisons	Bottom line
Percentage of patients who thought the staff did everything they could to help control their pain	78% 52%		Nearly three in four hospital patients, but only about one in two ED patients...

Indicator	Value*	Time trends & comparisons	Bottom line
Percentage of patients who would definitely recommend their hospital to friends and family → Hospital → ED	74% 58%		Bottom line In Ontario, 74% of patients would definitely recommend the hospital in which they received care. This is higher than the average in the USA (69%) but leading American hospitals achieve rates of around 85%. ⁵²² Results are much lower for ED patients; only 58% would definitely recommend their ED to others. There has been no major change in these indicators in the last four years, and there is obvious room for improvement.
Percentage of patients who felt they were treated with respect and dignity → Hospital → ED	83% 77%		
Percentage of hospital patients who: → Got bathroom help in time → Though the wait time after a call button was reasonable	62% 62%		...express either assistance to go to the bathroom or response to a call button. This has not improved over time. There is room for improvement.
Percentage of ED patients who said they waited too long to see a doctor	48%		About half of ED patients reported waiting too long to see a doctor. This has not improved in the last five years. There is room for improvement.

Data source: "NHC/Pickler patient satisfaction surveys, provided by the Ontario Hospital Association, FY 2009/10.

Patient Experience in Public Reporting

5. Patient-centred

5.1 Patient experience in acute care hospitals and emergency departments

In 2009 in Ontario, hospitals discharged nearly 1.1 million people from acute care beds and emergency departments (EDs) handled 5.4 million visits.⁵²⁴ Looking at both hospital and ED stays from the patient's perspective can help to identify strengths and areas for improvement in the healthcare system.

5.1 Patient experience in acute care hospitals and emergency departments



HOSPITAL
LONG-TERM CARE
HOME CARE
PRIMARY CARE

What do Ontarians want?	What if it doesn't happen?	Who benefits most?
An overall positive experience for patients in hospitals and EDs.	When the care experience is not good, that fundamentally means the health care system is not meeting the public's expectations. That erodes public confidence in the health care system and can decrease staff morale. ⁵¹⁴ Also, people with bad past experiences with care may hesitate to seek care when they need it. ⁵¹⁴	All Ontarians who visit an emergency department or hospital.
Patients feel they have all the information they need and are engaged in decision-making.	When questions are not answered fully, there may be misunderstandings about instructions on how to stay in good health. ^{517, 518} When people do not feel engaged in decisions, they may be less likely to adhere to recommended drugs, ⁵¹⁹ tests or other advice.	
A health care system that is easy to navigate responds quickly to needs and controls pain as best as possible.	Needless waits lead to lower satisfaction with care. Poor pain control leads to unnecessary suffering and in some instances, slower rates of recovery from illness. ^{502, 521}	

Indicator	Value*	Time trends & comparisons	Bottom line
Percentage of patients who would definitely recommend their hospital to friends and family → Hospital → ED	74% 58%		Nearly three in four hospital patients, but only about one in two ED patients, would definitely recommend their hospital to friends and family.
Percentage of patients who felt they were treated with respect and dignity → Hospital → ED	83% 77%		
Percentage of hospital patients who: → Got bathroom help in time → Though the wait time after a call button was reasonable	62% 62%		Patients express their awareness of requests for help — either assistance to go to the bathroom or response to a call button. This has not improved over time. There is room for improvement.
Percentage of ED patients who said they waited too long to see a doctor	48%		About half of ED patients reported waiting too long to see a doctor. This has not improved in the last five years. There is room for improvement.

Data source: "NHEC/Pickler patient satisfaction surveys, provided by the Ontario Hospital Association, FY 2009/10.

Overall patient experience much lower in ED compared to hospital in-patient care

Major Areas for Improvement

- Major areas for improvement:
 - Timeliness (48% say wait too long to see doctor)
 - Adequate pain control (52% ED vs 78% hosp)
 - One-third of patients do not receive answers they can understand
 - % Percentage of patients who received answers they could understand when they asked important questions: to nurses, 66%; to doctors, 70%
 - Explain results of tests in a way you could understand: 65%
 - Information at discharge
 - Danger signs to look out for 51%
 - Whom to call if need help 61%

Patient Experience – Choice As Priority in QI Plans

	# Rank as priority 1	# Rank as any priority	% Rank as priority 1
Acute Teaching	4	12	25%
Large Community	24	47	38%
Small Community	18	35	34%
Ccc & Rehab	5	16	31%
Mental Health	2	24	50%
TOTAL	53	114	35%

Patient Experience in QIPs

- Performance goals
 - Wide range of performance goals
- Additional indicators
 - Overall quality of services and care
 - “How well did the doctors and nurses explain things to you?”
 - “Were you treated with courtesy and respect?”

Commonly Cited Change Ideas

- “more staff education”
- Examples:
 - Offer in-services on best practices for patient experience
 - Offer learning opportunities to managers and staff
 - Provide mentoring and coaching, team exercises, corporate training

Change Ideas

- “more staff education”, “more in-services on best practices” ...
 - What is the best practice being optimized, through more education?
 - How will you know people have gone through education?
 - How will you know people have actually adopted the skill?
 - Even if staff have the skill/knowledge, how will you know best practice will be applied ?
 - What is your target for adoption of a best practice?
 - Who is accountable for adoption of best practice?

Common Change Ideas - Communication



Root Causes – Why Is Communication So Poor?

- Volume of information
- Lack of general literacy or health literacy
- Misinterpretation of different terms
- Stress of ED visit (can't absorb info if feeling overwhelmed or weak from illness)
- Easy for patients to forget

Specific Change Ideas

- Improved communication
 - Communication about specific issues:
 - expected wait times, next steps in delivery of care
 - diagnosis, test results
 - discharge plan (what to do, warning signs, who to call)
 - Communications tools:
 - “teach back”
 - Written discharge instructions

Communication – Teach Back

- “Can you repeat back to me in your own words what you are going to do when you go home?”
 - Requires specific staff training AND skills verification
 - Requires investment of on-going staff time
 - May require some form of on-going monitoring re: its use

Communication – Written Discharge Instructions

- Your diagnosis is: _____
- Actions to take at home: _____
- Take the following medications: _____
 - Name, dosage, duration, reason for the medication, changes
- Follow up: _____ (provider appts or tests, date)
- Come back to the ED if you have these warning signs:

- Who to call if you have questions: _____

Written Discharge Instructions

- Considerations in plan:
 - Monitor how consistently they are being used
 - Monitor how understandable they are to patients

Ideas for Strengthening QI Plan

Improvement Initiative	Methods and Results Tracking	Target
Written discharge summary	% of patients with provided with discharge summary based on chart audit	95%
Teach back	% of ED staff with <i>verified</i> teach back skills based on simulation exercise	60% this year, 95% by year 2
	% of patients who had teach-back done, based on mini-survey	60% this year, 95% by year 2

Organizational Change Ideas

- Soliciting ideas for improvement
 - Engagement of patients, families
 - Engagement of staff

Organizational Change Ideas

- Soliciting ideas for improvement
 - Engagement of patients, families
 - Engagement of staff

Example: Holland Bloorview Kids Rehab

The Family Leadership Program gives family members an opportunity to advise Holland Bloorview on hospital policies and programs, share their health-care story and provide peer support to other families.

Example: Kingston General Hospital

Implement Patient and Family Advisory Council Workplan which includes populating planning and decision groups with Patient Experience Advisors

Organizational Change Ideas

- Frequent measurement and feedback
 - Review survey results every 2-4 weeks
 - Essential for feeding PDSA cycles, monitoring progress
 - Consider using mini-surveys to increase response rate
 - Focus on 1-3 specific questions related to current area of improvement
 - Mechanism to share results with team, department

Organizational Change Ideas

- Frequent measurement and feedback
 - Review survey results every 2-4 weeks
 - Essential for feeding PDSA cycles, monitoring progress
 - Consider using mini-surveys to increase response rate
 - Focus on 1-3 specific questions related to current area of improvement
 - Mechanism to share results with team, department

- Example: St. Thomas Elgin General Hospital

In house Patient Satisfaction surveys tabulated weekly. Performance tracked weekly by staff during daily performance huddles at performance audit boards.

Organizational Change Ideas

- Reduce wasted staff time (due to paperwork, inefficiencies)
 - Allow for faster response to call button
 - Allow for increased time needed for better communication

Organizational Change Ideas

- Reduce wasted staff time (due to paperwork, inefficiencies)
 - Allow for faster response to call button
 - Allow for increased time needed for better communication
- Example: Markham Stouffville Hospital

Improve response time to call bells through implementation of the Releasing Time to Care program on acute units at both sites. Focus to be on the Shift Handover module as well as developing and implementing a just in time inpatient survey that identifies specific areas of improvement that impact patient recommendation.

Other Change Ideas

- Decrease overall wait times
- Increase responsiveness (e.g. time to call bell)
- Smooth discharge process
- Communication
- Pain control

Discharge Planning

- Example: York Central Hospital
- Improve discharge practices to create a better patient experience in medicine and emergency department (ED)
 - % of discharge checklist completed in medicine and ED areas
 - % Post-discharge phone calls made within 48 hours to high risk patients in medicine and ED areas
 - Percent increase in *continuity and transition* score in medicine and ED areas (composite)

Checklist for Enhancing QI Plans

- identify specific change ideas (beyond education)
 - Clinical or specific best practices
 - E.g. communication, pain control, discharge, response time
 - Organizational change ideas
 - E.g. Soliciting ideas from pts / families, reduce wasted staff time to redivert to pt care, overall reduction in wait times
- Process for frequent monitoring of progress
 - E.g. freq review of surveys, mini-surveys, audits
 - Identify not only overall targets but specific targets for implementation of change ideas

Questions & Comments



Ontario

Health Quality Ontario

Qualité des services
de santé Ontario

www.HQOntario.ca



Ontario

Health Quality Ontario

Qualité des services
de santé Ontario