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Message from the OHA’s President and CEO III

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Great work is happening in Ontario’s hospitals to improve the patient experience, and there is a lot of power in telling these stories.

Initially, the intent of the idea book was to choose a handful of the outstanding improvement projects and develop case studies to help other hospitals achieve similar successes. It quickly became apparent that featuring only a handful would mean that a lot of great ideas, inspiring plans, quick wins and painstaking work would go unmentioned. And we didn’t want that.

Some projects have wide-ranging mandates seeking a “cultural shift” within the organization and strategies to reflect true values of care. Others are simply focused on a single tactical improvement.

Whatever the change, the goal is better patient care.

*True improvements by definition, are measured in terms of ‘better’. And to a patient, there is nothing in the world more important than getting better.*

Unsurprisingly, collaboration and communication are common elements in the strategies presented in this idea book. Other recurring themes include the need for the backing of leadership for an initiative to succeed, as well as the importance of buy-in from frontline staff. But mostly, this book is about engagement on three levels: the community of care (LHINs, CACCs), hospital staff, and the patients and their families.

This idea book was developed with the support of the Ontario Ministry of Health and Long-Term Care and supports the notion of delivering a better patient experience by inspiring others to undertake similar projects. It is also part of the Ontario Hospital Association’s (OHA) continued commitment to supporting hospitals improve the patient experience.

Together, the submissions provide a rich source of inspiration and ideas that could serve as the impetus to encourage, lead and inspire peer-to-peer learning and the development of ongoing improvements. To find out more about a project, we encourage readers to contact the hospitals directly or the OHA.

Pat Campbell
President and CEO
Ontario Hospital Association
The word cloud above was created using all of the project summaries in this book, giving greater prominence to words that appear more frequently. With ‘patient’ at the centre, it is a strong metaphor for the focus of the idea book and the efforts surrounding it.
What was being improved?

Promoting mental well-being in youth between the ages of 13 and 20 is a matter of reaching out. Children’s Hospital of Eastern Ontario’s (CHEO) Youth Net/Réseau Ado (YN/RA) is a bilingual mental health promotion team staffed with 20-30 year olds because young patients, it was found, prefer to work with someone they can easily relate to, and who is old enough to trust for appropriate help.

Why is it important?

In 1994, the YN/RA program was developed in response to a Canadian Psychiatric Association survey that identified three key findings: 1) youth were at high risk for mental health problems; 2) youth were dissatisfied with current mental health services; and, 3) youth speak to people their own age before they talk to parents or health professionals.

How did it work?

The YN/RA program offers alternative and complementary support services for youth interested in learning about mental health and well-being. Engaging youth by facilitating focus groups, interactive presentations and info-booths, the team goes where youth can be found. Long-term groups are formed that teach coping skills, and offer learning through activities and guest speakers. These groups are skills focused and adapted for various interests, such as art/poetry (Pens and Paints), physical activity through hiking (Take a Hike) or snowboarding (FREERide) as well as relaxation (Yoga for Youth). YN/RA also offers gender-based groups, like Girls-Talk and Guys-Talk, to create a safe space for discussion and learning. In addition, these groups have successfully assisted many youth by reducing stigma and increasing participants’ support networks.

Was it successful?

Now in its 19th year, the YN/RA program and its practices have been adapted and used in several communities across Canada and one in England. There are also several other national sites in various stages of development, and internationally, the program has received interest from Ireland, Australia, and other sites in England. The ongoing surveying of participants has yielded steady improvements, and the latest satisfaction questionnaire found high marks for facilitators, discussion topics, coping mechanisms and youth-oriented resources.

What were some key tactics?

To develop a similar program, CHEO suggests other organizations reach out and connect with people in the community by investing in early intervention and prevention strategies. For programs such as YN/RA to succeed, they need buy-in, not only from the community but also from a large institution, i.e., hospital or major community associations.
Making care decisions based on the needs and strengths of young patients and their families

ACHIEVING PATIENT EXPERIENCE EXCELLENCE IN ONTARIO

What was being improved?

The Children’s Hospital of Eastern Ontario (CHEO) designed its inpatient mental health services to fully integrate a Total Clinical Outcomes Management (TCOM) approach. This approach ensures that inpatient mental health services are grounded in a shared understanding of the needs and strengths of CHEO’s young patients and their families.

Why is it important?

Before CHEO adopted it, this approach had never been applied to acute care, inpatient mental health services anywhere. Total Clinical Outcomes Management is unique because it emphasizes patient and family needs and strengths and how these are determined and used to drive decision making. Also important is its seamless integration of outcome evaluation with clinical service delivery.

How did it work?

Within TCOM, standardized assessments are used to identify the needs and strengths of young patients and their families. With these results, the inter-disciplinary team could communicate clearly and make treatment decisions based on appropriate levels of need. By assessing the acuity of psychiatric illness at both admission and discharge, the team could evaluate patient progress and program effectiveness. Evaluating and monitoring outcomes became an integral component of the model of care and was used to drive decisions.

Was it successful?

A post-discharge follow-up survey measuring satisfaction indicated that of patients and parents participating in the pilot project, 95% were satisfied to very satisfied with the inpatient services received. All respondents found the care team’s recommendations easy to understand, and 85% said these were somewhat to very useful.

What were some key tactics?

Implementing this type of outcome management approach is best achieved at the outset when developing the model of care to ensure buy-in from staff and stakeholders. And regularly communicating clinical information to all members of the inter-disciplinary team will help facilitate that buy-in. For initial success and ongoing sustainability, use dedicated resources.
Raising hand hygiene compliance rates in a maternal newborn unit

HÔPITAL MONTFORT

What was being improved?

The low compliance rates for hand hygiene practices in Hôpital Montfort’s maternal newborn unit needed to be improved.

Why is it important?

Hand hygiene rates for the unit were at an all-time low and leadership recognized the simple act of washing hands as a major component of patient safety and quality care, in addition to being something that contributes exponentially to a positive patient experience.

How did it work?

The leadership team began by issuing an email from the clinical director to all members of the maternal newborn health care unit outlining the situation and seeking their support to improve compliance rates. A demonstration of hand hygiene auditing was organized so that team members could better understand the principles applied to a clinical setting. This demonstration led to hand hygiene scenarios being developed specifically for the unit. And once scenarios were developed, the team identified four hand hygiene ‘moments’ that were then adapted to the maternal newborn practices. Simulations were held, followed by discussion periods (80% of nurses and care providers attended the simulations). Further online training certification was encouraged and thank-you cards sent to all online training participants.

Was it successful?

With hand hygiene compliance rates as low as 48%, the hospital saw a significant improvement (eventually as high as 96%) after the simulations. Hand hygiene compliance rates also significantly improved in the level 2 nursery from 56% in October to 100% in January. As for the Canadian Patient Safety Institute’s online hand hygiene training, the number of nurses completing the course went from 22 to 52 after the thank-you cards were sent.

What were some key tactics?

Adapt the training scenarios to reflect the nurses’ work environment and typical day-to-day activities. It is also important to keep training sessions succinct and allow some flexibility in scheduling because if a unit is too busy, nurses will not benefit from the learning.
Implementing an inter-professional collaborative practice model of care

KINGSTON GENERAL HOSPITAL

What was being improved?

Kingston General Hospital wanted to design, implement and evaluate a viable inter-professional model of care delivery that would not only be patient- and family-centred, but also of high quality, safe and cost-effective. Areas identified for improvement included communication, documentation, discharge planning, and purposeful engagement of patients and families in the care process.

Why is it important?

An inter-professional collaborative practice model (ICPM) is designed to bring a system-wide approach to change. Kingston General Hospital used the ICPM model to deliver safer, higher quality care while enriching experiences for patients and their families, practitioners, volunteers and students.

How did it work?

From March to October 2009, 54 representatives from various disciplines and services gathered to design a new approach to care delivery. Eight implementation teams supported the redesign roles and processes. The resulting model, with patients and their families at the core, was conceptualized as a system of interacting levers – People, Technology, Information and Process – all enabled by collaboration and coordination, communication, education, and leadership. The ICPM was implemented over 17 months on all inpatient care units and rolled out to the ambulatory settings, with more than 2,100 people having attended education sessions to learn about the ICPM.

Was it successful?

ICPM was implemented on 18 inpatient units from November 2009 to April 2011. Four adult inpatient units were evaluated at specific times as set out in the evaluation framework. Post-implementation results on the first four units were encouraging, showing decreases in 30-day readmission rates and patient falls, and an increase in medication incident reporting. Length of stay and hospital-acquired infection rates both decreased on all four units in the post-implementation phases. To-date findings indicate patients are satisfied with the management of the discharge process and that staff is responsive to their needs and requests.

What were some key tactics?

The patient and family advisory council continues to provide direction to the ongoing implementation, and patient experience advisors are involved in committees focused on improved patient care. Key learning includes ensuring clear communication, recognizing and responding to various needs, engaging stakeholders early and often, and remembering that practice change takes time.
Improving PICC insertion using ultrasound technology

What was being improved?

Establishing a peripherally-inserted central catheter, or PICC line, can be a resource-intensive procedure requiring physicians and medical imaging staff and facilities. To increase the success rate of PICC insertions by registered nurses at the bedside, London Health Sciences Centre developed a program to insert PICC lines using ultrasound needle guidance technology.

Why is it important?

Inserting a PICC line by means of palpating not only increased the procedure time, it increased patient discomfort, and ultimately tended to delay treatment – partially due to the inefficient booking procedure, but also because each palpating insertion had to be checked and cleared before the PICC line could be used.

How did it work?

The previous practice was to have an RN insert a PICC line by palpation at the bedside and any unsuccessful insertions were referred to interventional radiology for insertion. The new procedure required the development and approval of a medical directive for PICC insertion, Lidocaine administration, and a follow up X-ray. The new process also involved the development of an electronic ordering system rather than the use of a phone call or a page. Other improvements include implementing maximum barrier protection to decrease infection risk, establishing a procedure checklist, line insertion bundle, and improved documentation for clarity around when the line is confirmed for use. Quality indicators were also developed to monitor outcomes such as lines requiring repositions, occlusion and referrals to interventional radiology. A training manual and checklist were also developed to maintain competency.

Was it successful?

The success rate for PICC insertion went from 56% before the use of ultrasound to 84% after implementing ultrasound technology. This has decreased wait times for PICC insertion from 72 hours pre-implementation to 24 hours post implementation. While it has improved access to treatment, promoted earlier discharge times and improved the process flow within the organization, data confirming decreased infection rates and increased patient satisfaction had not been confirmed at the time of project submission.

What were some key tactics?

Focus on the documentation and on the electronic ordering process. Both of these aspects should be well developed at an early stage of the improvement as the learning curve associated with this new skill cannot be underestimated.
Standardizing medication reconciliation at discharge

**MACKENZIE HEALTH**

### What was being improved?

Mackenzie Health found there was no defined mechanism for medication reconciliation when it came to patient discharge. It needed a clear process that was understandable to all involved.

### Why is it important?

Ensuring that medication information is communicated consistently across transitions of care is a powerful strategy for reducing adverse drug-related events and an essential component in the delivery of safe, high-quality patient care.

### How did it work?

Following an exhaustive process of gathering supporting evidence and identifying key strategies, an inter-professional team designed an "owners' matrix", which outlined the roles and responsibilities of each member of the patient care team for medication reconciliation. All nurses, physicians and pharmacists were educated on the process and posters, and pocket cards were printed as reference tools. The process of reviewing the medication discharge plan with the patient was brought into use on all medicine units over a four-week period. It allows staff to draw attention to medications the patient should take at home, show him/her which ones are new, and which have been changed while in hospital, or which remain unchanged from home medications. The discharge plan also acts as a communication tool for the family physician, community pharmacist and medication management system.

### Was it successful?

Mackenzie Health’s patient satisfaction scores have improved since the new process was implemented. During post-discharge phone calls when patients were asked about their medication plans and the effectiveness of counseling on what they needed to take at home, all patients reported positive comments. Other results included a greater number of medication discrepancies were identified and resolved, and more patients were receiving education about home medication.

### What were some key tactics?

Redesigning discharge medication reconciliation can be a very comprehensive and time-consuming process. It cannot be implemented without senior level endorsement and the support of nurses, pharmacists and physicians. Also, hospitals should involve front-line staff in the decision making as it will ensure project ownership as well as make the change sustainable.
Freeing up clinician time to provide more direct patient care

Mount Sinai Hospital

What was being improved?

Mount Sinai Hospital adopted the National Health System’s Institute for Innovation and Improvement’s Releasing Time to Care© (RTC) program. The aim was to free clinician time on acute nursing units to provide more direct care and improve the unit’s overall functioning.

Why is it important?

The program is not only aligned with Mount Sinai’s strategic plan of putting patients first, but hospitals using the RTC program in the United Kingdom have reported increased clinical nursing time, reduced handover time and food wastage, and fewer falls, pressure sores and infections.

How did it work?

The RTC program empowers front-line staff to identify concerns and drive improvements themselves. The process promotes a continuous improvement culture that leads to better patient outcomes by releasing clinical time so that clinicians can spend more time with patients. The hospital implemented RTC on a general internal medicine unit as a pilot project in November 2010. Since then, the three foundation modules have been implemented along with three process modules. Each module takes eight weeks to plan and implement. RTC spread to six other units in 2011-2012, and the hospital plans to roll this out across the organization.

Was it successful?

NRC Picker Canada patient experience survey scores in the pilot unit demonstrated a significant 10% improvement. Areas that saw specific improvements included overall responsiveness, access to care, received services needed, emotional support and overall impressions. Staff members indicated satisfaction with the program saying they had more time with patients, could easily find equipment and supplies, and that teamwork has improved. In addition, pressure sores and fall rates have decreased because of a renewed focus on identifying patients at risk of these complications and taking preventative measures.

What was a key tactic?

Rather than trying to fix everything at once, focus efforts on the top three issues. Dedicate staff members for this work and release them from their regular schedule to work on this program. Choose one or two clinicians to lead the project at the unit level and be sure to choose candidates who are not only skilled leaders, but also early adopters when it comes to process changes and technology.
Creating a specialist role to combine patient relations and patient safety

NORTH YORK GENERAL HOSPITAL

What was being improved?

Although North York General Hospital (NYGH) had a patient relations coordinator and patient safety specialists, it saw this approach as fragmented. The organization combined these roles to develop its patient experience specialist (PES) role.

Why is it important?

By designing a specific role, NYGH hoped to improve a number of processes, including: being able to more easily recognize areas of excellence; ensuring patient and family concerns are addressed in a timely manner; and finding new opportunities for performance and service improvement.

How did it work?

Before the initiative, NYGH had one patient relations coordinator who managed all compliments and complaints. There were also three patient safety specialists who worked on safety initiatives and corporate projects. NYGH decided to combine these roles and develop three patient experience specialists. A fourth PES was hired in January 2011. Each PES works with their identified clinical programs to support patient experience feedback, risk management concerns (e.g., legal claims), patient safety issues and quality improvement work. The PES also speaks with staff, physicians, patients and families regularly to remain aware of the range of issues and opportunities that present themselves, and to be able to identify potential quality improvement projects.

Was it successful?

The program has been in operation for almost two years and management evaluation results show that 81% of management feels that the PES has made a positive difference to the work they do and to patients and families. In addition, 100% of management report that the PES has helped in the disclosure process. The patient experience specialist team has also received direct feedback from patients and families that has been overwhelmingly positive.

What was a key win?

One key win has been the earlier closure of complaints. With a PES involved, patients and families have calls returned within 24 hours and complaints are dealt with faster. Since the PES role started, the volume of concerns received through the patient experience office has increased. NYGH equates this with more accurate reporting and documentation of concerns, which in turn allows opportunity to review current processes and create improvements. Although NYGH recommends the model to others, it advises anticipating a learning curve.
Bringing a recovery approach to tertiary care mental health inpatients

ST. JOSEPH’S HEALTH CARE LONDON

What was being improved?

The team at St. Joseph’s Health Care London launched a project to use a recovery approach with the intent of improving the patient experience and assisting them in achieving life goals.

Why is it important?

Recovery-oriented care for mental health can be found in abundance in community-based services, but there is little research concerning its effectiveness in a tertiary care inpatient unit.

How did it work?

A six-month pilot project replaced the traditional atmosphere on a tertiary care inpatient unit with a recovery-oriented one, and evaluated the effectiveness of the change for the patient. A recovery-oriented approach offers inpatients an opportunity to maintain their current independent living skills, practice new skills, and engage in necessary healthy routines required for safe and successful community living. The project used a mixed program evaluation design guided by focused ethnography and survey methodology. The team measured the impact of the change on both patients and staff.

Was it successful?

The team collected quantitative and qualitative data in a number of ways that included capturing staff and patient perspectives. Among these, patients described the unit environment as welcoming, quiet, and relaxing. They also noted that staff addressed their immediate needs and goals. Staff shared experiences of being pleasantly surprised at seeing individuals’ abilities to cook their own meals, manage their personal belongings, and self-administer medication. Staff also described an increase in opportunities and programs available to patients on the unit that promoted independence and patient autonomy.

What were some key tactics and lessons?

Changing a unit’s atmosphere requires a lot of pre-planning, with significant front-line input from the outset. There must also be a coordinated and comprehensive education plan for staff, and commitment from program leadership. Perhaps one of the most important lessons the team learned was that the speed and pace of change both staff and patients can tolerate varies: Be flexible and adjust the pace as necessary.
ACHIEVING PATIENT EXPERIENCE EXCELLENCE IN ONTARIO

ADVANCING HIGH-QUALITY CARE

Moving the transfer of accountability from nursing station to patient bedside

TRILLIUM HEALTH PARTNERS

What was being improved?

The orthopaedic unit sought to improve patient safety and experience by having the transfer of accountability (TOA) change-of-shift nursing report take place at the patient’s bedside rather than at the nursing station.

Why is it important?

Every 24 hours, approximately 2,000 transfers of accountability occur at the Mississauga Hospital site of Trillium Health Partners. In 2007, the hospital identified patient safety issues that could have been minimized, or altogether avoided, if the patient had witnessed the shift report.

How did it work?

The solution was relatively straightforward: Using a standardized template, nurses conduct a verbal report and safety checks in front of the patient. To develop the process, the team identified issues related to the change-of-shift process and began exploring improvement options and reviewing literature on the subject. Staff meetings helped to develop a model of care and staff education was soon scheduled and completed. The program was eventually phased into a full bedside report and has now been expanded to include all inpatient units. Periodic auditing is conducted to ensure sustainability.

Was it successful?

Comparing NRC Picker Canada scores from the pre-implementation quarter to post implementation yielded significant results on the question of how patients felt about the information they were given on their condition. An initial score of 84.92% jumped to 94.4% after implementation. Subsequent surveys found almost all patients liked that nurses were delivering the report at bedside. Most liked feeling included in the process and knowing who was their nurse. Patients said they felt safe.

What were some key tactics?

Role play was an essential training technique to increase staff confidence and illustrate the importance of word choice (e.g., instead of saying “daughter is difficult”, the nurse is to say “the daughter is very involved in her mother’s care”). The importance of standardizing the transfer of authority using the same template and language every time cannot be understated.
Creating a cultural shift to engage ‘patients as partners’

What was being improved?

In 2002, University Health Network (UHN) decided to make the patient experience “everybody’s business” by designing, implementing and sustaining an organization-wide commitment to bring a patient-centred care (PCC) approach to every aspect of their work.

Why is it important?

By focusing on the patient experience, the transformation was designed to continually improve overall care and ultimately, patient satisfaction.

How did it work?

In 2002, the project team engaged the board of directors and senior executive team in developing a strategy to transform the patient experience. A change model was implemented, and a multi-year plan was launched to improve patient satisfaction by advancing leadership for PCC through accountability mechanisms and processes aligned with PCC best practices. A governance structure was formed to oversee, inform and monitor the progress of this large-scale corporate change effort and to establish a sustainability plan that would lead the effort beyond its initial implementation period. (This governance structure included representatives from all areas of the organization.) After a decade of engaging this strategy, UHN achieved a significant shift in its culture. Leading practices in patient experience are now evident across the organization and span an array of initiatives organized under five priorities: (1) Building individual staff capacity; (2) Developing approaches that impact patient and family experiences through direct interactions; (3) Enabling teams; (4) Building leadership; and, (5) Addressing environments of care.

Was it successful?

UHN reports a definite shift from the language of patient-centred care to patients as partners. And since launching the initiative, their patient satisfaction scores in the unit-based dimension have seen a significant increase of 5%, demonstrating a tremendous improvement in patient experience.

What were some key tactics?

An organization-wide mass communication strategy, early implementation of an education program for staff to build capacity, alignment with corporate priorities and overt, unyielding support from the senior executive team, were all key to the initiative’s evolution and sustainability. UHN also recommends partnering with academic institutions to influence curriculum development to better support new graduates working in the organization. Also, pay attention to the natural dynamics of the organization and engage formal and informal leaders at all levels.
CARING FOR AT RISK PATIENTS

Releasing acute care beds with an ALC program

BROCKVILLE GENERAL HOSPITAL

What was being improved?

Brockville General Hospital (BGH) wanted to change its approach to caring for clients at risk of becoming Alternate Level of Care (ALC) patients. Elderly patients would arrive at BGH requiring an acute intervention and stay longer due to ensuing frailties that often present in this aging population. Without adequate home care, these patients might no longer need acute care but have to wait in hospital for another care destination.

Why is it important?

BGH’s enhanced activation therapy and restorative care program is designed to help patients return safely home, but also serves to minimize the ALC numbers that compromise access to acute care beds.

How did it work?

The program provides early identification and early activation care to improve frail seniors’ day-to-day functioning. It delivers a range of services based on rehabilitation and reactivation principles that promote physical well-being and instrumental activities of daily living. It also provides access to earlier physiotherapy and occupational therapy in the hospital in conjunction with other activation approaches delivered by the inter-professional care team. The program focus is on improving mobility and transfers – both of which contribute to difficult and fragile discharge plans (there is a high correlation between mobility problems and hospital readmissions).

The care plan used is innovative because it is comprehensive, holistic, patient focused and requires only a moderate level of functioning, enabling patients to regain and retain independence.

Was it successful?

The program has led to a large decrease in the percentage of beds used for patients who no longer need acute care. Where ALC usage accounted for over 50 beds in 2009, it decreased to the mid-30s in 2010, and in 2011, dropped to 10. The average length of stay in restorative care moved from 28 days to 25.6 days for all patients who came through the enhanced activation therapy program.

What were some key tactics?

The initiative’s success relied in part on the strength of the partnerships that existed between the professional groups within the hospital and throughout the community. BGH has developed a manual for organizations seeking to undertake similar projects and welcomes other facilities to spend a few days at the hospital talking to staff and seeing the benefits to patients first hand.
Using technology and training to deliver neonate care in rural areas

GRAND RIVER HOSPITAL

What was being improved?

Without the on-site capability to screen its neonates at risk for retinopathy of prematurity (ROP), Grand River Hospital had to transport them from their community to a tertiary care centre. As a result, its pediatrics team decided to develop a remote screening program.

Why is it important?

Retinopathy of prematurity is a condition that affects the normal development of blood vessels in the retina and can cause visual impairment or blindness. While ROP is important to address, the issue of transporting at-risk neonates produced significant physical stress to them and emotional stress to their families. In addition, if weekly assessments were needed, patients were not repatriated from the tertiary birth centres to avoid the stress and costs of frequent transportation.

How did it work?

The hospital trained a team of examiners to work with a retinal camera and a portable videoconferencing unit so that they could image neonates of various gestational ages. Remote screenings began in May of 2010 using specially trained nurse examiners, as well as an ophthalmologist specializing in retinal disease, ophthalmology technicians and other departmental staff including pediatricians, nurses and support.

Was it successful?

As expected, there was a significant reduction in transfers to tertiary birth centres resulting in considerable transport cost savings, an increase in patient repatriation, and most importantly, reduced stress on patients and families. A survey of neonate parents found remote ROP screening to be an acceptable option with 94% responding that they were satisfied with the new process, and 91% agreeing it was important to them that eye exams be conducted locally.

What was a key tactic?

Troubleshooting infant care problems is a learned experience that should be shared between examiners and hospitals. For example, pupils that do not dilate may require stronger drops and very dark eyes require an increase in luminance on the retinal camera.
Improving patient independence with a home dialysis program

GRAND RIVER HOSPITAL

What was being improved?

When Grand River Hospital (GRH) launched its home hemodialysis program in 2008, it wanted it to grow quickly. As the only regional provider of dialysis and chronic kidney care services in the Waterloo Wellington community, GRH set an ambitious goal of training 10 new patients each year to dialyze independently at home.

Why is it important?

The program is part of a strategic priority the hospital established to help patients reach their highest level of independence while on dialysis. This strategy is also aligned with the Ontario Renal Network’s provincial plan for renal services.

How did it work?

When GRH began the home hemodialysis program, it was designed for patients that wanted an independent dialysis modality option, and the program believed it could grow by 10 patients each year. That was an ambitious target, given the challenges in capital costs, recruiting expertise, creating patient awareness of the home dialysis program and building trust for all involved. The program owes a great portion of its success to hiring the right team members from the start. It also carefully guarded the team’s time, which allowed them to focus on informing and training patients, and on patient follow-up. As well, the team pursued an aggressive purchasing schedule that saw the acquisition of 10 home hemodialysis machines each year.

Was it successful?

Almost four years after it started, the program has trained over 40 patients with 31 currently performing home hemodialysis. A review of the program’s attrition rate has shown that no patient has voluntarily stopped their home treatment. Patients who have discontinued treatment did so because they were either receiving a kidney transplant or had a change in their medical condition rendering them no longer eligible for home dialysis.

What were some key tactics?

Any organization undertaking the development of a home hemodialysis program is advised to focus on what is important to the patient and to help them recognize that home dialysis can help them achieve those personal goals. Treat home dialysis as a ‘normal and common’ destination for renal patients, and give the new program time to evolve, expand and mature. Building a home dialysis program is really about building trust with patients.
Using lean methodology to reduce elective repeat cesarean births

HÔPITAL MONTFORT

What was being improved?

Hôpital Montfort was looking for a way to delay uncomplicated elective cesareans. Specifically, they wanted to decrease the proportion of elective, repeat, low-risk cesarean births below the 39-week gestation period from 54% to less than 30%.

Why is it important?

In 2009, the *New England Journal of Medicine* released evidence in support of delaying uncomplicated elective cesareans before 39 weeks of gestation unless there was evidence of fetal lung maturity. The literature suggests newborns below the 39-week mark are at higher risk of respiratory distress, admissions to NICU and extended lengths of stays. In March 2010, the Better Outcomes Registry and Network and the Champlain LHIN recommended a benchmark of 30% for all elective, repeat, low-risk cesareans below 39 weeks of gestation.

How did it work?

A leadership team consisting of the clinical director and medical chief of the maternal newborn program implemented a number of strategies including a review of current processes using lean methodology and tools, and educating and engaging the obstetrical team and the maternal newborn program on the application of evidence-based practice for elective caesarians.

The team also changed the existing booking practices so that rather than unit clerks doing the scheduling, obstetricians scheduled their own elective caesarians. Charts were reviewed every six months for all elective, repeat, low-risk caesarians below the 39-week mark.

Was it successful?

Following the implementation of the new physician-scheduling system, the overall rate of elective, repeat, caesarian births for low-risk mothers below 39-week period decreased from 54% in 2008-2009, to 32% in 2009-2010, seeing a further decrease to 20% in 2010-2011.

What was a key tactic?

Using lean methodology to strategically review the existing processes helped to identify waste, reduce extra work, and improved physician engagement as well as performance and patient experience.
Delivering pediatric complex care using community partnerships

THE HOSPITAL FOR SICK CHILDREN, HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL AND TORONTO CENTRAL CCAC

What was being improved?

Pediatric caregivers in Toronto wanted to develop a feasible, sustainable model of care for children with medical complexities, so The Hospital for Sick Children (SickKids), Holland Bloorview Kids Rehabilitation Hospital and the Toronto Central Community Care Access Centre joined forces to develop the integrated complex care model (ICCM).

Why is it important?

Providing integrated care for children with medical complexities is challenging as these patients are, by definition, in need of coordinated care from disparate providers, organizations and funders across the continuum. The Toronto Central LHIN launched a strategic initiative intent on improving system sustainability by focusing on integrated care for select high-risk populations.

How did it work?

Over six months, teams from each partner organization sought input from a variety of stakeholders (e.g., primary care physicians, nursing agencies, patients and families) to design a solution that focused on integration at the point of care. A pilot ICCM was developed and tested. The model uses two key health care workers partnering with the family to form a triad of care for the patient. The clinical worker focuses on clinical needs, and the system worker concentrates on accessing community resources and providing a single point of entry for the patient into acute care, rehabilitative care or a community-based care setting. Throughout the process, the family is encouraged to participate in the design of care and contribute to ongoing refinements in the plan as needs change. The key workers meet formally to exchange information when there is a change in the child/family’s situation, or if the family requests a meeting.

Was it successful?

An analysis of the health utilization data found that the average number of inpatient days per patient, per month decreased at both Holland Bloorview and SickKids, from the period 12 months prior to enrollment to 12 months after enrollment.

What were some key challenges?

Assumptions about partner organizations and different organizational structures proved a minor challenge in forming an integrated project team. These were easily overcome with collaborative project planning and implementation. Much larger barriers to integration included constrained financial resources, lack of clarity around accountability and monitoring of key workers, and policy issues such as sharing patient information between organizations.
Fostering staff expertise to improve care for older patients

WHAT WAS BEING IMPROVED?

Mount Sinai Hospital changed how it cared for older adults by creating a unique environment that could address their specific needs. The premise was that improved care outcomes for older patients could be achieved through the use of best practice standards and by building capacity and fostering expertise among staff.

WHY IS IT IMPORTANT?

The specialized unit was considered an opportunity to provide a focal point for inpatient geriatric care while helping to raise the profile of geriatrics within the organization. The unit would be a place where new ideas and concepts could be tested before being rolled out to the rest of the organization.

HOW DID IT WORK?

The development of an acute care for elders (ACE) unit involved converting and transitioning an existing 28-bed general internal medicine (GIM) unit to become a specialized geriatrics GIM unit. It involved a team of doctors, nurses, social workers, therapists and administrators, as well as collaborations with IT, admitting, communications, engineering and maintenance and emergency departments. A dedicated ACE unit CCAC care coordinator position was created to help patients transition to home environments and social work, and rehabilitation therapists became unit based. The team used Sprint’s House Calls program to improve collaboration for patients who may require home-based primary care.

The unit transition involved a focus on five key areas: preparing the environment; preparing and engaging staff; determining resources; developing policies and process; and, establishing monitoring and evaluation processes. A collaborative approach involved stakeholders from the GIM and geriatrics programs aiding in the transition to ACE, paying particular attention to the process for determining unit location, building intra-organizational awareness, and facilitating key stakeholder buy-in. Five months prior to the unit opening, education and supporting structures (e.g., IT, patient tracking, new equipment) began to be put in place. An ACE Unit Patient and Family Guide was also developed to explain the philosophy of the unit, and to introduce staff and highlight safety issues (e.g., delirium, fall risk).

WAS IT SUCCESSFUL?

A sample of the positive outcomes include, a decrease in urinary catheter utilization rates from 56% to 17%; an increase in overall patient mobilization rates; and a 34% increase in ACE unit patients who returned to their former living environment.

WHAT WERE SOME KEY TACTICS?

Engage staff early and often by involving them in the development and decision-making process as much as possible. Also, understand staff members’ readiness for change, develop a plan to support them, and designate a project leader among them.
Delivering dialysis in critical care without an in-hospital chronic hemodialysis unit

NORTH YORK GENERAL HOSPITAL

What was being improved?

North York General Hospital’s (NYGH) critical care unit wanted to provide dialysis on its own to improve the quality of care for their patients and families. By implementing this initiative, the unit could not only reduce the number of risky inter-hospital transfers, it could also enhance the team’s clinical skills, increase acuity, improve continuity, and contribute a valuable service and resource to the community.

Why is it important?

This is the first and only such program in Canada. It serves to reduce the need to transfer patients to another hospital for dialysis, and its overall success suggests this model of care may be useful in other hospitals that have limited access to conventional dialysis units and/or face challenges due to significant geographic distances involved in transferring these critically ill patients to tertiary care facilities.

How does it work?

Over six years, the team planned and implemented this initiative. Now, critical care nurses trained in providing slow, low-efficiency daily dialysis (SLEDD) run the bedside dialysis, and a clinical nurse educator with in-depth training on the equipment serves as the unit resource (a special projects coordinator who also received training acts as a back-up resource). Within the critical care unit, a team attendant and clinical nurse educator ensure dialysis machines are ready and available. Nurses are responsible for maintaining competency and the unit offers skills days that allow staff to refresh knowledge and learn from intensivists and nephrologists.

Was it successful?

The program recently underwent an independent review that assessed patient outcomes. The reviewer found that the SLEDD program had successfully delivered acute dialysis to a complex cohort of patients with equivalent outcomes to critical care units in which hemodialysis nurses provide acute dialysis.

What were some key tactics?

While the unit’s commitment to innovation helped, in practical terms, a key tactic was to provide as much access as possible to resources, learning and hands-on training. For example, practice supplies are always available to nurses seeking to practice their dialysis technique, and informal interaction with intensivists and nephrologists helps to re-energize learning. It was also necessary to obtain buy-in by senior leadership who supported this innovative quality initiative.
Improving the older patient’s health care experience

NORTHUMBERLAND HILLS HOSPITAL

What was being improved?

Northumberland Hills Hospital (NHH) designed and implemented a multi-pronged alternative level of care (ALC) strategy to meet the unique care needs of its senior patient population.

Why is it important?

The ALC strategy was created to fill a service gap for frail seniors. It supports the prevention of cognitive and functional decline in those admitted to an inpatient unit, and is designed to prevent premature discharge and readmissions, unnecessary admissions to acute care, and inappropriate designation as ALC to long-term care. The work also supports the ‘home first’ philosophy.

How did it work?

The multi-pronged approach to improving seniors’ health care experiences included six key projects beginning with patient care services resizing where NHH closed 16 acute ALC beds and seven complex continuing care beds, and opened 16 new restorative care beds. The establishment of a restorative care program (RCP) offers adult patients person-centered care plans that focus on health and engagement rather than illness. It also fosters motivation and connects patients and families to community care networks to facilitate transitions home.

After a review of industry best practices and a gap analysis, discharge planning processes were formalized through the introduction of policies, procedures and discharge planning tools. The multi-pronged approach also involved positioning NHH as a centre of excellence in gerontology through the establishment of clinical nurse specialist roles in acute and post-acute care, the enhancement of the geriatric emergency management nurse role and the implementation of the hospital elder life program.

In addition, enhanced therapy staff is now available seven days a week, thereby diminishing the functional decline of patients due to lack of mobility and ensuring that timely initial assessments are completed.

Was it successful?

The strategy has demonstrated success with a decrease in monthly acute care ALC from 36% (April 2010) to 1.8% (December 2012) and remains in single digits in 2013, well under the expected 16.8% target). In addition, the quarterly acute care ALC rate decreased from 23% (April to June 2010) to 3.3 % (October to December 2012).

What were some key tactics?

With commitments from the board and senior management, and a using dedicated executive lead, the project lead involved as many team members as possible throughout the process, particularly during the design and development phase.
Implementing community-based care for children with complex needs

ORILLIA SOLDIERS’ MEMORIAL HOSPITAL

What was being improved?

Orillia Soldiers’ Memorial Hospital wanted to provide seamless, coordinated care to its most fragile child patients, and do so at a community level. The clinic it developed serves a population of children as old as 18 who have chronic conditions, medical fragility, require a high level of care or technological assistance to survive, and who are often dependent on multiple providers.

Why is it important?

By establishing a children’s complex care navigation program, the hospital aimed to improve case coordination and the satisfaction of patient families, while making the most efficient use of health care resources.

How does it work?

The weekly clinic is co-managed by SickKids Hospital and Orillia Soldiers’ Memorial Hospital (OSMH)/ Royal Victoria Regional Health Centre (RVRHC). It is staffed by local pediatricians and a nurse practitioner from SickKids. A social worker and a CCAC case coordinator also attend the clinic to ensure local community support. Referrals, come from local family physicians, who remain involved in managing the child’s care. Clinics run weekly at both OSMH and RVRHC, where the focus is on case coordination, complex symptom management (e.g., feeding issues) and goal setting. Care plans are uploaded to the electronic Child Health Network (eCHN) so that the information is available to other caregivers and specialists.

Was it successful?

Results suggest that the program was successful at reducing patient costs – from $1,439 pre-enrolment to $369 post enrolment. The overall decline in costs was attributed to fewer inpatient days while outpatient clinic costs remained fairly stable. Out-of-pocket expenses for parents also dropped due to decreased medication costs and fewer visits to specialists. The child’s social quality of life, as reported in the PedsQL™, significantly improved. Survey results from parents suggest greater satisfaction with the level of care.

What were some key tactics?

Engage and work with senior management to obtain their support early in the process, and as it progresses. Obtain hard and soft data to demonstrate the project’s effectiveness.
Providing in-home health care to high-risk seniors

RENFREW VICTORIA HOSPITAL

What was being improved?

Some high-risk seniors’ needs cannot be met through home and community services that are provided on a scheduled basis. To bridge that gap, Renfrew Victoria Hospital created a 20-patient program offering direct service to clients in the community.

Why is it important?

As high-risk seniors typically make frequent trips to the hospital, this program is designed to provide a means of reducing overall trips to the hospital and decreasing the strain, stress and burden on the patient’s informal network of caregivers.

How did it work?

With funding from the Champlain LHIN, the hospital provided care to a group of 20 patients in the program, wherever they resided. Patients were provided with help lines that were answered by either nursing coordinators or personal support workers (PSW). When patients call for help, their needs are met in-home as often as possible.

Was it successful?

Before implementation, the 20 patients were involved in 111 emergency department visits and 43 hospital admissions. After implementation, this same group saw only 15 emergency visits and 8 admissions. In total, some 63 emergency visits and admissions had been avoided as the program responded to the patients’ needs. Initial survey information indicates that the support offered by the care coordinator and the PSW has helped decrease patient trips to hospital, provided reassurance and reduced the strain on the patient’s family and informal network of caregivers.

What was a key win?

The success of this program, which continues to thrive in this small rural community, is related to the strong relationships between physicians, staff and administration at the hospital. Having the hospital involved has given the community confidence in the program. This trust from the community is seen as one of the project’s biggest wins.
Creating a community team for stroke rehabilitation

ST. JOSEPH’S HEALTH CARE LONDON, HURON PERTH HEALTHCARE ALLIANCE, GREY BRUCE HEALTH SERVICES

What was being improved?

There is a critical period in stroke recovery where a patient needs post-hospital rehabilitation services to improve his/her outcome. And those services should be delivered at home. To meet this need, community stroke rehabilitation teams were established in each of the three planning areas of the Southwest LHIN (Thames Valley, Huron Perth, and Grey Bruce) in 2009.

Why is it important?

Providing these services facilitates earlier discharge from inpatient rehabilitation, improves functioning, encourages community integration and helps with other matters such as secondary stroke prevention and caregiver support.

How did it work?

The formation of these teams was based on a pilot project that had determined that providing outpatient stroke rehabilitation for survivors of stroke was effective. The data of that pilot project showed improvement in all measures of function – participation, balance, mobility and caregiver quality of life. Both clients and their families were highly satisfied with the service. The demand for the service and the success of this pilot led to the broader adoption of the concept. The rehabilitation teams were established and now provide post-hospital rehabilitation services in patients’ homes to maximize outcomes during that critical post-stroke period. Services are delivered by a specialized stroke rehabilitation team aligned with the local district stroke centre, and each inter-professional team is managed by its respective health organization. These teams provide much-needed rehabilitation support in the community for a stroke population whose recovery potential continues well beyond the time provided by hospital care.

Was it successful?

Using satisfaction surveys and interviews, the team found that 97% of clients/caregivers were satisfied with the help they received. Eighty-nine percent would recommend the team to another family member or friend. The majority of key stakeholders (75%) were satisfied with the care provided by the team. The majority of clients/caregivers interviewed (67%) reported that the service they received was better than any other health care they had received in the past. The unexpected positive impact on the inpatient system was that the inpatient stroke rehabilitation length of stay was reduced by 11.3 days without a reduction in functional outcome. Rehabilitation alternative level of care days were reduced by 39%.

What was a key tactic?

The creation of specialized inter-professional teams based on the research evidence for most effective models of care, including real-time team communication, was identified as critical to client success.
Partnering with patients to improve pain management

ST. MICHAEL’S HOSPITAL

What was being improved?

When an inpatient unit noticed a downward trend in its NRC Picker Canada pain satisfaction scores, the team at St. Michael’s Hospital sought to improve its pain satisfaction scores overall.

Why is it important?

Improving pain management leads to less patient discomfort and also improves their overall experience of care.

How did it work?

Work began with the distribution of a pain knowledge, attitude and needs assessment survey. The results of the survey, which were reported back to staff and used in focus group discussions led by front-line staff, served to identify opportunities for improvement. Chart audits were conducted to further assess pain management practices, and performance feedback from the audits was provided to staff on a weekly basis for the period of the initiative. The team also used the patient call bell log to track and monitor calls related to pain management.

Was it successful?

In the three quarters following implementation, the inpatient unit saw its patient pain satisfaction scores increase by 15.8%. Success was also measured in terms of the partnerships staff established with patients to identify their pain needs. This was evidenced by the overall decrease in reported high patient pain scores (of 8 or higher) without intervention. There was also an overall increase in patient satisfaction. The success of the program on this unit generated requests from managers and directors to replicate the initiative in other areas of the hospital.

What were some key tactics?

Reporting the performance results of audits led to a demonstrated improvement in pain scores, medication administration and patient satisfaction. The team expects that much of these improved performance results were due to staff engagement. Nurses must be involved in data collection, and receive consistent feedback on their pain assessment, management and monitoring to sustain change and positively impact patient outcomes.
Reducing urinary infections and promoting independence by limiting catheter use

TORONTO EAST GENERAL HOSPITAL

What was being improved?

To promote independence and dignity for patients with bladder continence problems, Toronto East General Hospital launched a two-pronged initiative that included significantly reducing the use of urinary catheters and the use of continence briefs.

Why is it important?

In 2009, nursing staff in the complex continuing care group brought the matter to the attention of infection control. They recommended intermittent rather than indwelling catheterization to reduce the number of urinary tract infections (UTI) in long-term care. Further, ED physicians noticed more patients returning with UTI post discharge. One staffer also noted that a number of patients admitted with catheters had no directives about removing them. The hospital then decided that a broader mandate must be undertaken to promote continence as an important and necessary tactic to improve patient independence, choice, respect and dignity – all of which contribute significantly to patient satisfaction.

How did it work?

A working group was formed to study the issue and design change initiatives that would reduce the use of indwelling catheters and reduce the incidence of hospital-acquired incontinence across the organization. Using action dialogues, a team visited six units and asked six questions regarding the use of catheters. Most front-line staff advocated for the limited use of indwelling catheters. They also wanted to see patients toileted more frequently and taught proper peri-care prior to discharge. Further, a general need for a bladder scanner was expressed. A working group was struck to develop implementation mechanisms, including specific ways of educating staff, guidelines for insertion and the use of a bladder scanner. The model of care was changed to include hourly rounding where staff frequently asked patients if they needed to use the washroom (this promoted both continence and mobility). A pocket guide about urinary incontinence was developed for staff, and the patient satisfaction committee developed a safety guide for patients that included FAQs about catheter-associated UTIs (CAUTI).

Was it successful?

Indwelling catheter use dropped 13.4% a year after the new policy was enacted, and the number of Foley catheters used by the hospital also dropped (11,000 in 2010, and 9,311 for the same period in 2011). The percentage rates of CAUTIs also decreased. (Estimating that 3.75% of catheters inserted would result in a CAUTI, the number for 2011 should be at 349, but it was 124.) Furthermore, hospital spending on continence briefs was almost $60,000 lower after implementation.

What were some key tactics?

Using action dialogue techniques to ask front-line staff a few simple questions helped not only clarify desired outcomes, but also identified best practices and best practitioners. The team discovered that the patient care area with the most frail and elderly patients had the lowest number of CAUTIs and used the least amount of continence briefs.
Developing a post-discharge phone protocol

ARNPRIOR REGIONAL HEALTH

What was being improved?

Arnprior Regional Health wanted to maintain their already high patient satisfaction scores and ensure that a patient’s experience is positive after discharge. The organization decided to call all its inpatients within 72 hours after discharge to make sure they had the necessary information for a successful transition. This included confirmation that they had filled their prescriptions as required; that they knew what signs and symptoms to look for and to confirm that they did in fact have a prescheduled follow-up appointment with their family physician.

Why is it important?

The post-discharge phone calls allow the inpatient unit to gain real-time feedback on how well it is meeting patient needs, and highlight areas for improvement. It also helps identify staff and physicians who provide exemplary care and, it gives patients a forum to provide feedback on their care.

How did it work?

The patient flow coordinator is responsible for making the post-discharge calls and works with a script developed by the hospital. The team used an Excel template to track the number of calls made and any issues identified. Data was tracked and submitted monthly to the inpatient care committee, and quarterly to the continuous quality improvement committee.

Was it successful?

The team monitored the overall patient satisfaction scores for the inpatient unit, focusing on general questions such as how patients rated their care, as well as specific inquiries about follow-up appointments, knowing who to contact with questions and knowing what symptoms to watch for. The overall rating of care reported as “excellent” moved from 42% to 62%.

What was a key win?

The hospital could address small issues quickly, given the direct and immediate nature of the feedback provided by the follow-up calls. For example, staff can know right away if patients lack information and can revise post-discharge information to correct that immediately. Minor adjustments to the hospital environment and food choices are also areas where easily-completed changes can have a broader impact on the patient experience.
What was being improved?

The Centre for Addiction and Mental Health (CAMH) needed a comprehensive understanding of its patient experience, both from an inpatient and outpatient point of view.

Why is it important?

The organization identified patient experience as a meaningful area, and as such, it decided to learn what changes could be made to develop improvements. The survey would help form and focus the improvements.

How did it work?

CAMH developed a pilot survey with Accreditation Canada that would assess patient experience with mental health and addictions services. To develop the questionnaire, the organization also sought the participation of stakeholders from its own empowerment and family councils, clinical programs, research, decision support and quality departments. The survey was designed to measure eight aspects of the patient experience at the facility. Patient surveyors and former and current CAMH patients administered the 75-item questionnaire over a six-week period in 2010. The questionnaire was further refined in 2011 and administered again in 2012. It was also provided to Ontario Shores Centre for Mental Health Sciences, Waypoint Centre for Mental Health Care, and the Royal Ottawa Healthcare Group to broaden its use.

Was it successful?

The revised survey data is being examined for trends to guide the development of action plans, and two items are being tracked for the CAMH Quality Improvement Plan.

What was a key tactic?

CAMH used existing and former patients to conduct the surveying, which proved very helpful in collecting information about patient experience – particularly in the mental health and addictions sector.
Using routine rounding to identify patient needs and respond to them

HALTON HEALTHCARE SERVICES

What was being improved?

Inpatient medicine units at Halton Healthcare Services (HHS) adopted an initiative based on five key areas of patient care: pain, positioning, patient safety, personal needs and plan of care (5P).

Why is it important?

The plan was created to guide interactions with patients that would ultimately increase satisfaction related to responsiveness to care needs, supporting transitions and reducing the risks associated with falls and medication errors.

How did it work?

Although it is based on similar initiatives undertaken in U.S. hospitals that used structured routine rounding and typically focused on three or four initiatives similar to the ones described above, HHS’s work differs in that it includes a fifth element that looks at the patient’s plan of care. Front-line leaders performed stakeholder analysis with the help of key members of the inter-disciplinary team to decide what aspects to focus on. The analysis also helped staff understand implementation challenges and the needs of the different members of the health care team. Following the analysis, an implementation plan was developed that focused on education and roll-out timelines for each of the member groups.

Was it successful?

Initial feedback indicates patients were engaged in the 5P process and actively participated in dialogues that touched on each of the five key areas. Various disciplines indicated how the routine rounding helped to manage some of the hospital’s more challenging cases by addressing expectations and creating the opportunity for support dialogues between patients, families and members of the health care team. Preliminary data also indicates a decline in patient falls and medication errors, and other survey data show an increase in overall patient satisfaction since the start of the initiative.

What were some key tactics?

While front-line staff engagement is crucial to the success of such an initiative, it is also important to have buy-in from team leaders (charge nurses and educators), directors and managers. Also, inter-disciplinary involvement and representation is key to creating a broader organizational commitment. Additionally, having all the teams work together demonstrates a consistency of care model to patients and their families.
Taking family engagement beyond high levels of patient satisfaction

HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL

What was being improved?

Even though Holland Bloorview Kids Rehabilitation Hospital had been scoring well on patient satisfaction for the last five years, they recognized the opportunity for the families of their young patients to become more deeply involved. That is when they began investigating how to create a form of partnership with the clients and families in its care.

Why is it important?

High patient satisfaction scores told the organization that it was fulfilling its role as a care provider, but engaging patients and their families in the process would improve the patient experience exponentially while also improving the quality and safety of its care.

How did it work?

A formal family leadership program was developed, and a commitment was made to collaborate with clients and families at all levels in the organization. Three roles were identified: family advisor, family mentor, and family as faculty members. Family advisors sit on all working groups and committees (e.g., quality committee of the board of trustees, patient safety, organizational quality and risk management, infection control and even ‘lean’ events) to provide the family perspective. Family mentors provide one-on-one support. Family faculty members provide education on client and family-centred care at new staff orientation, education sessions and external conferences. There is also a 31-member family advisory committee that works on developing inpatient welcome kits, hosting coffee nights for peer support, and consulting/partnering on organization-wide initiatives related to the hospital’s strategic plan.

Was it successful?

More than 80 family leaders are now formally registered and have volunteered over 2,600 hours since the start of this program. Evaluation results to date report a very high rate of meaningfulness derived from their participation. Prior to the initiative, patient families had reported excellent care delivered by the team, but anecdotal evidence suggested some family members wanted to give back to the organization in a significant way. They also wanted to use their experiences to offer empathy and support to other parents. Now, family leaders are starting to take on training roles and are helping to improve aspects of the program. Also, a seasoned family leader has been hired full time (funded by the hospital’s foundation) to oversee recruiting, interviewing and training new family leaders.

What was a key learning?

When families are involved in decision making and planning at both the front-line and at a governance level, the organization makes less assumptions about what it believes is important to the patient and family experience of care. This moves beyond simply fulfilling patient expectations and connects the patient families to an extremely high level of care.
Creating a health promotion magazine for hospitalized pediatric patients

THE HOSPITAL FOR SICK CHILDREN

What was being improved?

The pediatric residents’ child and youth advocacy committee at The Hospital for Sick Children (SickKids) facilitated the creation of a peer-developed health promotion magazine, Our Voice, that provides health education and engages hospitalized pediatric patients during a hospital admission.

Why is it important?

A hospital admission can be an opportunity to provide health education and to empower children and adolescents with chronic diseases.

How did it work?

Pediatric residents, staff pediatricians, dietitians, physiotherapists and child life specialists at SickKids worked with members of the hospital’s children’s council to develop the health magazine. The children’s council consists of 12 nominated pediatric patients aged 9 to 18 years. The council was created in 2000, and the members are advisors and advocates for patients in the hospital. The magazine was developed during the council’s monthly meetings from November 2009 to June 2011. The magazine promotes healthy eating and physical activity, and includes a scavenger hunt, healthy recipes, exercises that can be performed in a hospital room, interviews with SickKids’ staff members and empowering patient stories.

Was it successful?

Feedback from hospitalized patients who received the magazine was positive overall. Twenty-four patients completed the questionnaire. Their mean age was 13.4 years; 54% were female and 25% were overweight or obese. Eleven of 24 (46%) patients read the entire magazine, and 83% reported learning something from the magazine. Patients reported liking the exercises, recipes and patient stories the most. Ten of 24 (42%) patients tried the exercises, and the most common reason for not performing an exercise was pain. After reading the articles, 15/24 (65%) patients reported that they would try to be more physically active and 48% reported that they would try to eat more fruit and vegetables. The majority of patients (83%) were interested in reading a future edition of the magazine. The results of this project were recently published in the journal Hospital Pediatrics.

What was a key tactic?

The involvement and engagement of the children’s council to create a health promotion magazine for hospitalized pediatric patients was a key component of this project. Future steps include adding pages to the magazine based on feedback received from the questionnaire, and to evaluate the new magazine using a clinical trial design and objective measures of behavioural change.
Designing a highly responsive child and family relations team

THE HOSPITAL FOR SICK CHILDREN

What was being improved?

The Hospital for Sick Children (SickKids) established a new model for child and family relations after conducting an extensive review of its existing patient relations department.

Why is it important?

Research has found that a well-established patient relations structure and process, supported by the right staff, is key to identifying gaps between patient expectations and experiences of care, as well as managing perceptions of patient expectations and quality of care.

How did it work?

After conducting extensive reviews of its patient relations processes, and undertaking vast consultation and engagement initiatives with stakeholders, the team at SickKids developed a new model for the child and family relations (CFR) department. Key elements of the model included establishing a clear, transparent and consistent process for managing feedback; enhancing processes to support and coach patients and families; providing coaching and education for staff to manage concerns at the point of care; working closely with staff and leaders from various departments to facilitate the resolution of complex situations involving systemic issues; enhancing documentation, measurement and reporting processes; and, committing to ongoing quality improvement. The department implemented a new electronic documentation and case management system to support the implementation of the new model. The new team in the CFR department invested time at the outset to establish strong relationships with managers and provided information sessions to staff about the changes.

Was it successful?

The best measure of its success, according to the team, is the increase in requests for consultations by clinical staff. As a result of the change, there is more proactive collaboration, and relationships between CFR staff and key staff and leaders from various programs and departments have improved. These enhanced relationships enable CFR staff to influence key policies and procedures affecting the patient and family experience. Also, the skills and expertise of the CFR team help to facilitate resolution of complex systemic issues and concerns, as well as to mitigate risk.

What was a key win?

The CFR department established a collaborative relationship with staff members by responding to their need for support and education with regards to patient experience. The upfront time spent building relationships with various stakeholders and staff members allowed them to be comfortable with the idea of approaching the CFR team for help.
Implementing a patient and family advisory council and embedding patient advisors

KINGSTON GENERAL HOSPITAL

What was being improved?

Kingston General Hospital (KGH) saw a lack of partnering with patients and their families when it came to decisions directly affecting their care. The team also felt the public forums did not enable patients to voice their concerns in real time.

Why is it important?

KGH’s 2015 plan identified its first strategic direction as the transformation of the patient experience through a relentless focus on quality, safety and service. The goal is to have patients “fully in the driver’s seat” by participating meaningfully in every initiative that can influence their care and safety.

How did it work?

KGH created a patient and family advisory council to promote and sustain its patient and family-centred care initiative. The council is composed of 12 former patients or family members of patients who have received care at KGH, plus four KGH staff members and one physician. The council provides direction on the implementation and evaluation of the inter-professional collaborative practice model at KGH; promotes and creates opportunities for communication and collaboration to emphasize responsible, personalized patient and family-centred care; provides direction on opportunities for improvement at KGH; and supplies input for the improvement of existing patient and family-centred initiatives. A second KGH objective is to embed former patients as patient experience advisors throughout the organization, wherever decisions around patient care are being made. There are currently 52 advisors that attend committee, council and board meetings.

Was it successful?

Preliminary data shows a steady increase in patient satisfaction, however, because patient and family-centred care was instituted at the same time as a new inter-professional collaborative model of care, it is hard to know which had more impact. However, anecdotal evidence from patient experience advisors suggests that the patient experience has improved, and that there is an increasing number of opportunities for partnering with patients and families.

What were some key tactics?

Start as soon as possible and have patient and family advisors on board from the beginning. Ensure the support and participation of senior management and have a written commitment within the strategy to partner with patient experience advisors. There is great power in hearing the patient story. Ensure there are good conduits between an advisory council and the organization: Information must flow both ways. Ensure that the council is updated on why advice they offered may not have been implemented.
Creating and using a 7-question survey postcard

MCMASTER CHILDREN’S HOSPITAL AND WOMEN’S HEALTH AND NEWBORN CARE, HAMILTON HEALTH SCIENCES

What was being improved?

To improve quality of patient and family care, McMaster Children’s Hospital decided to go straight to the source by implementing a seven-question postcard survey seeking direct, real-time feedback from the people using its services.

Why is it important?

Given its objective of promoting family-centred care, it was important for the hospital to deepen its partnerships with families. But the bi-annual patient satisfaction surveys did not provide the timely information required to initiate change. To continually improve patient experience, McMaster Children’s Hospital needed real-time feedback from families. The information would then be used to guide and reinforce efforts and initiatives.

How did it work?

Known as the Quality Counts postcard (QC), the card, distributed through the welcome bags in units across the hospital, asks seven questions regarding the experience of care. Six questions ask about aspects of the family-centred philosophy the hospital uses, including partnering with families in decision making and responding to any need for help. A seventh question asks whether the importance of hand washing is properly explained. Data from the cards is collated and analyzed weekly (both quantitatively and qualitatively) and a formal bulletin sent regularly by program directors to all staff.

Was it successful?

With respect to the overall level of satisfaction regarding the quality of family-centred care, the data indicate that the hospital’s performance is consistently very close to (and often exceeding) the target of 90% “very good” or “excellent” responses. The team saw the greatest improvement with the hand-washing question where its “good” to “excellent” responses moved from 44% to 63% during the pilot.

What were some key tactics?

Use a survey expert to formulate the questions and ensure findings are valid and reliable. Share the idea with other programs and hospitals to promote continuous improvement. The QC postcards are used in women’s health and newborn care, and results are shared through a newsletter. Purchase scanning equipment to help collate the results.
Engaging patients as advisors for inpatient psychiatry

Mount Sinai Hospital (MSH) sought to add another dimension to its quality improvement initiatives by engaging patients as advisors in its inpatient psychiatry unit.

Why is it important?

It is vital to include those who use hospital services in the planning and development of programs. As the patient advisor (PA) role evolves, it has been increasingly integrated with the health care team, providing them with a valuable perspective.

How did it work?

Over the past few years, MSH’s two PAs for inpatient psychiatry have collaborated at all levels and have been involved in several key strategies including: providing peer support for current inpatients and their families; developing programs on inpatient psychiatry; participating in patient safety leadership walkarounds; assessing quality improvement by leading weekly patient feedback groups; providing public education during mental health/illness week; and reviewing patient information pamphlets and brochures.

Was it successful?

Overall, the qualitative feedback from patients indicates that the work of the PAs provides them with hope and optimism for their recovery. Staff members are appreciative of the PA’s perspective, as it enhances their ability to provide individualized patient care. MSH is aiming to elicit more quantitative feedback by adding questions to its patient satisfaction surveys to assess the impact of the advisors on care delivery.

What were some key tactics?

Have a clear description of the role when recruiting advisors and provide training. Identify a designated staff liaison to work with patient advisors and give them meaningful, concrete projects to work on. Also, be sure everyone understands the PA role from the start to avoid confusion and prevent problems between staff and patient advisors.
Using photography to aid in mental health recovery
NORTH BAY REGIONAL HEALTH CENTRE

What was being improved?

North Bay Regional Health Centre developed a photography program to help mental health inpatients connect with both the hospital and the wider community. The program, called Photovoice, taught patients to use photos and videos to depict their experience of mental illness and the unique elements of their recovery.

Why is it important?

Decreasing any stigma associated with having a mental illness can aid with recovery. The program gives patients a means of expression that can help build relationships and create a context for greater understanding of what mental illness is and how it affects people.

How did it work?

Photovoice is a photography group facilitated by two mental health professionals. Participants learn to use digital cameras and are encouraged to take pictures of recovery principles/ideas such as hope, empowerment, respect, self-direction, holistic, strength-based, nonlinear, responsibility, peer support and person-centred. The photos, narratives, brief documentaries and music videos are exhibited at local art galleries, and for two years, a sampling of the photographs was published in the local newspaper annually during mental health awareness week. The documentaries continue to be a part of the staff orientation process.

Was it successful?

Using pre- and post-implementation questionnaires as well as feedback, the patients expressed an increased sense of community engagement and belonging as well as increased self-agency. Relationships between local businesses and people with mental illness have been innovatively bridged through this program, and the impact of the music videos, posted online, has the potential to reach beyond the community to the world at large.

What were some key tactics?

Discuss with staff the potential benefits and risks (e.g., privacy and confidentiality) of photography in a hospital setting. Also consider using the photographs and videos in staff orientation to sensitize new hires to the challenges of mental illness, and reach out to the local art community (there are allies to be made) and to the broader community using the Web.
Building a family advisory council for a neonatal ICU

NORTH YORK GENERAL HOSPITAL

What was being improved?

There can be a difference between what the health care team thinks parents want to know and what parents actually want to know. To bridge that gap, North York General Hospital (NYGH) introduced a monthly family advisory council to its neonatal intensive care unit with the goal of improving how information is shared with parents.

Why is it important?

Better communication with parents leads to an overall higher level of patient/parent satisfaction and improved experiences for all involved.

How was it done?

The team started by contacting other hospitals with similar councils to learn about the processes and potential pitfalls. Recruitment posters were put up in waiting rooms and on bulletin boards, and interested parents contacted NYGH to be interviewed by phone. In addition to interview responses, parent stories also played a key role in determining if a parent is a good fit for the family advisory council.

Eventually, an advisory council was formed consisting of four parents, a clinical nurse educator, a clinical team manager, a program director, a neonatologist and a pediatrician. (The professional members of the council represent a range of pertinent services.)

Was it successful?

To date, the family advisory council has revised the visitors’ policy, developed a patient and family information pamphlet, and is revising the larger parent information binder. Although NYGH has no quantitative data to measure the success of this initiative, it does feel that input from parents on these important documents has made them more useful.

What was a key tactic?

NYGH staff recommends that organizations interested in forming a council connect with hospitals currently working with similar groups to truly understand the commitment, purpose and usefulness of such a resource.
Creating a mother and baby follow-up clinic

NORTH YORK GENERAL HOSPITAL

What was being improved?

North York General Hospital (NYGH) contracted the services of a community partner to ensure that 1,500 postpartum mothers would receive either a follow-up phone call or a home visit within two to three days after discharge. NYGH wanted to continue providing this type of service but to more mothers with the same amount of resources.

Why is it important?

Follow-up with patients is crucial to ensuring a positive and seamless patient experience and a proper transition home.

How does it work?

In June 2009, NYGH, in collaboration with St. Elizabeth Health Care (visiting nursing) and Toronto Public Health, opened the Mom and Baby Follow-Up Clinic at the hospital’s Branson site. Services are provided seven days a week by a registered nurse and lactation consultant. Although the hospital continues to spend the same amount of money as it did with the previous contract, it is able to provide face-to-face visits for three times as many mothers and babies.

Was it successful?

The hospital surveyed women for feedback and found that 100% would recommend the clinic to other new mothers. Findings also indicate improvements in breastfeeding outcomes with respondents reporting high levels of confidence about latching. The clinic has been operating for more than 30 months now and continues to thrive.

What was a key win/tactic?

NYGH recommends collaborating with external partners when possible to provide services. These partnerships can help provide better patient care services in different settings with positive patient care outcomes and improved patient satisfaction.
Using clinical leader rounds to improve patient experience

THE OTTAWA HOSPITAL

What was being improved?

The Ottawa Hospital (TOH) wanted its patients to be able to provide real-time feedback to unit decision makers about their care, and they wanted their leaders to be well equipped to take that feedback and make changes. To do this, TOH implemented a leader rounding program.

Why is it important?

Clinical managers spend a lot of time in meetings and away from their units, which means there tends to be less interaction with patients and staff and less first-hand knowledge when it comes to finding improvement opportunities. Rounding can help staff recognition and rewarding activities, as well as prompt improvement initiatives.

How did it work?

Leaders participated in a two-hour skills lab session and then worked with a team that shadowed them on rounds and provided feedback. Leaders spend approximately 30 minutes a day on patient rounds. A rounding encounter consists of an introduction, sharing patient expectations, asking open-ended questions (these are determined by an NRC Picker Canada priority matrix focused on what will most improve a patient’s overall rating of care). A leader also looks for signs of quality care (e.g., patient comfortably positioned in bed, pain free). There is also the opportunity to reward and recognize staff for excellent care. Conversations are documented using a log (an iPhone and iPad application serves this function) and information is reported to the director and corporately.

Was it successful?

The hospital used the NRC Picker Canada patient experience survey to measure changes in patients’ perception of overall care. Six months after the leader rounding program came into effect, there was a growing percentage of patients rating their overall care as excellent. TOH’s NRC Picker Canada results consistently demonstrate that patients who report that they received a visit from a clinical manager during their stay were statistically more likely to report their overall rating of care as “excellent” as compared to patients who did not receive a visit from a clinical manager.

What were some key tactics?

When the hospital first introduced leader rounding, leaders were concerned about the time it would take away from other priorities. Although it took approximately six months for the practice to become embedded in the organizational culture, now the majority of leaders report finding value in this practice. Most encounters take two or three minutes and are focused on no more than five questions linked to opportunities for improvement. If a leader consistently reports not receiving meaningful information, re-examine the questions and modify them to generate useful responses.
Developing patient flow processes to support good patient care

PROVIDENCE HEALTHCARE

What was being improved?

To improve hospital processes, the team at Providence Healthcare decided to look at care through the eyes of the patient. This involved regular and frequent consultation with patients and their families and using their input and feedback to inform the improvements. The Providence Healthcare team’s pilot project, called Transformation by Design, took place in its A3 specialized stroke unit and outpatient stroke clinic areas.

Why is it important?

This was a demonstration project designed to test strategies for improving patient flow processes, which in turn support good patient care. The project is the first strategic direction in Providence’s Time to Shine strategic plan.

How did it work?

Patients were experiencing too many inefficient transitions and hand-offs as they moved from acute care to rehabilitation and then home. Many processes were changed to make the transitions simpler. For instance, when patients did not meet staff members prior to admission, they now meet a dedicated, onsite Providence patient flow coordinator in each of the organization’s four partner acute-care hospitals to assess their readiness for discharge to rehabilitation. This also assists with the admissions process. There is also a process in place to anticipate unique equipment and dietary requirements while the patient is still in acute care – before their discharge to Providence.

Was it successful?

Indications from both staff and patient surveys suggest that the transformed units have seen a change for the better. For instance, 90% of A3 patients interviewed felt that the new environment helped them achieve their rehabilitation goals. And 100% of the A3 patients surveyed reported a positive overall experience at Providence. The first ‘transformed’ unit at Providence – the specialized stroke rehabilitation unit – received the highest staff satisfaction score of all hospital units across the organization. Due to the success of the project to date, the approach will be expanded to the remaining hospital units and outpatient areas at Providence by 2015.

What was a key tactic?

The Providence team recommends developing improvements using the patient perspective and even ‘using their voice’ by getting patient and family input during the design, implementation and measurement phases.
Improving care by enhancing the patient voice

St. Joseph’s Healthcare Hamilton wanted to create an overall culture that was more patient and family centric. To do this more effectively, while promoting greater community engagement, it formed a patient and family advisory council.

Why is it important?

Enhancing the patient voice is a key priority in the hospital’s Quality Improvement Plan. Since it was formed, the council’s perspective and advice has been solicited by a number of programs and committees that are working to increase the patient and family voice in planning and decision making (e.g., hand hygiene committee, senior care steering committee, visitors policy, outpatient clinic design and compliments/complaints policy).

How does it work?

To form the council, the team advertised in a local newspaper, posted signs in the elevator and placed an article about it in the hospital newsletter. Candidates were interviewed, and a 13-member council was formed of patients and family members who have had care experiences across all three hospital sites (acute, ambulatory and mental health) and programs. The council, co-chaired by a patient and the vice president of clinical programs, meets six times a year (two-hour meetings) and is involved in a number of committee and ad hoc project work.

Was it successful?

The council is becoming increasingly integrated into the planning and decision-making structure of the hospital. A board member attends all of the council’s meetings and two council members sit on the quality and mission committee board. The council served to identify discharge planning and communication as key initiatives and helped to develop the hospitals’ Patient Rights and Responsibilities Declaration (an Excellent Care For All Act, 2010 requirement).

What is some key advice?

Start the council by working on issues they have identified as important to them and by seeking their advice on hospital initiatives. Have the council work on something that will see results within a year, such as developing a policy, and use evaluations after every meeting to gauge its effectiveness.
Establishing executive rounds to improve patient experience

ST. JOSEPH’S HEALTH CENTRE TORONTO

What was being improved?

To build genuine partnerships with patients and families, St. Joseph’s Health Centre scheduled frequent rounding by the CEO and other members of the senior team. The idea was not only to demonstrate the visibility of leadership, but also to give patients the opportunity to provide immediate feedback on their experience.

Why is it important?

The Institute for Healthcare Improvement identified leadership as a primary driver for achieving an exceptional patient and family experience in inpatient hospital care. Leaders are encouraged to demonstrate their commitment to the patient and family experience, not only by interacting with patients, but also by simply observing episodes of care.

How did it work?

St. Joseph’s Health Centre’s existing executive patient safety rounds program served as a guide for developing the executive patient experience rounds. The idea was well received when proposed to patients and families interviewed for the hospital’s Patient Declaration of Values consultation process. To put it into practice, a schedule was established, and a one-hour training session developed for participating executives was conducted by the patient relations manager. Executive patient experience rounds are scheduled once a week on different units across the hospital. The rounds usually include two members of the senior leadership team and a scribe (patient, family and community engagement department staff). A unit team leader identifies one to three patients in advance of rounds. During rounds, the executives and scribe introduce themselves to each patient, ask permission for a discussion to learn what has gone well and what could be improved. Any immediate concerns are brought to the attention of the appropriate person on the unit. More complicated or complaint-related concerns are brought to patient relations.

Was it successful?

The initiative is now well-established and integrated into the routine of senior leadership team members. Feedback from the rounds has been incorporated with other patient feedback into annual quality improvement planning. On a more immediate level, it is clear that patients appreciate the attention of senior leaders, and that these interactions convey the importance of patient experience to the organization.

What were some key tactics?

While most senior leaders at the hospital are comfortable with direct patient encounters and conducting interviews, training was useful. It served to clarify any issues and map out an information gathering process. The team also suggests matching less clinically experienced senior leaders on rounds with more experienced ones. Administrative support, such as advance scheduling, friendly reminders and scribing, has also been essential to routinize the rounds into senior leaders’ busy schedules.
Integrating patient and family advisors at all levels

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

What was being improved?

When patient- and family-centred care became a new strategic direction at Thunder Bay Regional Health Sciences Centre, the hospital developed several initiatives to bring this philosophy to life. One of the key programs was the integration of patient and family advisors (PFAs) in all activities.

Why is it important?

Outcomes, patient satisfaction, quality and safety all improve when patients are engaged and involved in their own health care. For this reason, one of the key components of the hospital’s system-wide blueprint for change was to recruit and develop a robust advisory council made up of patients and families.

How did it work?

PFAs are involved in all levels of activity at the hospital so that, as an organization, it can respond to the real needs and concerns of its patients. PFAs are volunteers who have been patients or health care partners in the past two years and are willing to work in partnership with the organization to improve the experience for others. Approximately 80 PFAs, ranging in age from nine to 82 years old, have direct input and influence on the policies, programs and practices that affect the care and services. PFAs are also actively engaged in over 200 working groups and committees including board quality, CEO selection, policy development and program/service councils.

Was it successful?

PFA involvement and their valuable insight have resulted in improvements such as bedside communication whiteboards, ‘televisitation’ strategies (enabling a geographically-dispersed family to visit with a patient), pediatric operating room tours, improved ED to ICU transitions, and improved wait times in the fracture clinic. Overall, the patient family-centred care strategy has resulted in improved patient satisfaction scores (12% in combined scores, “all dimensions”). Improvements were found in all categories, with increases ranging from 6.8% to 21.6%. (In the past, the hospital’s scores were below the Ontario teaching average. Now they exceed this average). NRC Picker Canada patient satisfaction scores in “all dimensions combined” continue to exceed the Ontario teaching average three years on.

What was a key tactic?

Do not implement a global quality of care strategy such as patient- and family-centred care in only one unit. It should be used across the organization and include everyone in every department and service.
Designing patient feedback systems to capture real-time information

WILLIAM OSLER HEALTH SYSTEM

What was being improved?

With a focus on service excellence, William Osler Health System sought to capture real-time information from patients about their experience as they were receiving care and shortly afterwards.

Why is it important?

Real-time survey information allows simple, easy changes to be made quickly, while enabling the organization to identify opportunities for other more complex improvements.

How did it work?

The project used two feedback mechanisms. One was a patient satisfaction survey for emergency department patients that was conducted just prior to or at the point of discharge. The other method was a post-discharge phone call survey conducted 48 hours after discharge. For the ED survey, the team used students to ask patients a series of eight questions ranging from how they would rate the care they received, to whether or not they would recommend the ED to family or friends. This was enabled through the use of an iPad. For the discharge phone calls, the hospital used modified workers (therefore incurring no additional staffing costs) to call patients 48 hours after they were discharged. Callers asked patients three questions: Were you treated with dignity and respect? Would you recommend Osler to family and friends? And, how could we have improved your stay? All of the information collected was shared daily with front-line staff, which has led to real-time mitigation of concerns, improved critical thinking and process improvements at the point of care. It has also provided a meaningful opportunity to recognize and celebrate achievements.

Was it successful?

The hospital has been deploying its surveys and phone calls since August 2011. Compliments increased 100% and complaints remained steady despite patient volume being up by 8.2%. Staff reported having patients phone or write to say how much they appreciated the post-discharge call, and managers also reported the calls allowed them to handle escalating situations before these became complaints. The team is able to complete approximately 2,000 surveys per month, whereas the NRC Picker Canada survey completion rate is approximately 34 per month.

What was a quick win?

A summary of concerns document was developed as a communications tool connecting the necessary staff to a complaint. The summary page is completed and sent to the patient relations office where it is logged and distributed to the appropriate manager. This is done within four hours of the request being made for a follow-up call. Sending the summary helps save time and automatically logs concerns with the patient relations department.
Revising the patient relations issue resolution process

What was being improved?

Having identified service excellence as a key priority, the team at William Osler Health System wanted to build an expeditious and consistent approach to handling patient compliments, complaints and inquiries – regardless of the initial form of contact, whether in person, by phone or email.

Why is it important?

Complaints are a constructive source of feedback and can help the organization drive improvements that will affect patient satisfaction.

How did it work?

The organization established timelines for resolving complaints and designed a process that increased the accountability of all the key stakeholders. In the new process, the manager or physician is more involved in the complaint and the role of the patient relations representative is relegated to that of a mediator or a broker of complaints. In this manner, the patient relations department is not left solely responsible for ensuring the complaint is resolved. In developing the new process, Osler also sought patient feedback to address performance issues and re-evaluated timelines and service level agreements to expedite the complaint resolution cycle.

Was it successful?

Since implementing the new complaints resolution process, the team saw a downward trend in the average time it took to resolve intermediate and minor complaints – which together formed the bulk of complaints. It used to take about 72 days to resolve an intermediate complaint and now it takes 37. Minor complaints are now resolved in an average of 21 days instead of 41.

What were some key considerations?

The team at Osler suggests hospitals attempting a similar complaints resolution process consider whether they want physicians calling complainants. The patient or family may not want to speak to the primary physician as a means of resolving the issue.
ENHANCING COMMUNICATION

Delivering care to an ethnically diverse population

THE HOSPITAL FOR SICK CHILDREN

What was being improved?

Given that it serves an ethnically diverse population, The Hospital for Sick Children (SickKids) wanted to enhance access to quality health care and health information for new Canadians by raising its staff’s level of cultural competence, and by translating patient education information into as many as nine languages.

Why is it important?

Studies have found that culture can influence concepts of health and illness, symptoms of distress, and help-seeking behaviour. Research also indicates that quality of care and patient safety can be compromised when health care providers do not respond appropriately to language and cultural barriers.

How did it work?

The strategy sought to do two things: raise the level of staff cultural competence and translate educational material for patients and families. To deliver culturally competent care, SickKids developed an education program and delivered it to more than 2,100 clinicians and other staff. The education program looked at the impact of social determinants of health and settlement stressors on newcomers, as well as research findings on health disparities, parenting practices, mental health and expression of pain across cultures. It also educated staff on complementary and alternative medicine as well as different concepts of bereavement. The team also developed interactive e-learning modules and a film on clinical cultural competence. AboutKidsHealth.ca, the leading online source of child health information in Canada, was translated into French and Chinese (simplified), and some 250 core education materials were translated into Arabic, Chinese (traditional), Spanish, Tamil and Urdu.

Was it successful?

After delivering 173 workshops and educating 2,131 participants, the hospital’s NRC Picker Canada patient experience survey results demonstrated a significant increase in inpatient patient satisfaction with regard to the cultural sensitivity of staff and an 18% increase in the emergency department. Follow-up interviews with a sub-sample of staff workshop participants also indicated that practice change as a result of the education was indeed occurring. Within three months of the workshops, participants were able to achieve 78% of their commitments toward using culturally competent care practices.

What was a key resource?

Resources developed through this initiative (funded by Citizenship and Immigration Canada) were designed with the broader health care system in mind. These resources are already being utilized by health care organizations across Ontario and are available at www.sickkids.ca.
Empowering staff to successfully manage conflict in complex care situations

MACKENZIE HEALTH

What was being improved?

Mackenzie Health wanted to develop a conflict resolution and mediation strategy to help staff meet ongoing challenges inherent in complex care such as patient responses to care and personal expectations.

Why is it important?

The clinical and therapeutic relationship between patient and caregiver can become strained when an issue escalates because it was not addressed effectively from the start. This ultimately has a negative effect on the patient experience.

How did it work?

An inter-professional team designed a process for developing shared care agreements (SCAs) to help facilitate respectful communication between patient, family and staff. The purpose was to provide mediation and conflict management tools and skills for staff that would promote professional and effective interaction with patients and each other. The process helps support clinical teams in creating an SCA in a timely manner, and in doing so, initiates a collaborative approach to patient interaction – one that will positively affect safety and therapeutic relationships. The team designed a seven-step toolkit and SCA in 2011 and used it on a trial basis in a complex continuing care situation where the relationship between the family, nurses and physicians was strained. Executive leadership endorsed the SCA and agreed to meet with family if needed. While developing an SCA can take time (in the trial it took six weeks and this timing can vary depending on the case), the toolkit was made to be fairly generic and can be used in any program.

Was it successful?

To date, staff and families have expressed more positive relationships and that each has clear expectations of what it means to work together. Staff members have specifically expressed the initiative allows them to spend less time “putting out fires” and more time focusing on care. One good indicator of acceptance is the increased uptake of the toolkit and process by both staff and physicians.

What was a key tactic?

Ensure that the initiative is supported and endorsed by an executive and that a cover letter from the CEO or vice president is attached to the SCA when it is provided to the patient.
Improving patient care with post-discharge phone calls and a discharge checklist

MACKENZIE HEALTH

What was being improved?

To improve overall patient satisfaction, Mackenzie Health decided to focus on a patient’s post-hospital experience. Specifically, it implemented a discharge checklist and a post-discharge phone call.

Why is it important?

The program aims to improve the hospital’s NRC Picker Canada patient experience scores for the continuity and transitions dimension. It also seeks to decrease patient complaints, increase service recovery and decrease readmission rates for high-risk patients.

How did it work?

The checklist and phone calls were rolled out over a seven-month period in certain units. The discharge checklist covers items such as a summary of the care received; what the patient learned; what education packages were given; and, what follow-up appointments had been made. It also serves to teach the patient to watch for certain danger signals. Each unit was provided with in-services on using the checklist and asked for feedback to improve the tool. Champions from each unit were designated to place the discharge calls (they received additional two-hour workshops to learn this task). A paper-based call log was created to ensure call consistency (particularly when it came to advising patients about danger signals they should be aware of). Targets were set for the use of the discharge checklist and post-discharge phone calls. Units logged their calls in a spreadsheet program and copies of the discharge checklists were manually counted for tracking and monitoring.

Was it successful?

Early results indicated that the hospital was progressing towards its target, with seven out of 10 patients saying that they would recommend Mackenzie Health. Anecdotally, the staff making the calls reported that hearing patients complimenting staff and describing the care they received made them proud to represent the hospital.

What were some key tactics?

While some hospitals may be tempted to engage in either a discharge checklist or a post-discharge phone call initiative, doing both projects together is highly recommended. There was a greater impact on patient satisfaction where both initiatives are implemented together. When implementing phone calls, ensure that there is a system in place to provide staff with the feedback and compliments received. Closing the loop and ensuring front-line staff hear the feedback is important for the sustainability of the initiative.
Establishing a patient navigator role to support patients, families and staff

MOUNT SINAI HOSPITAL

What was being improved?

In an inter-disciplinary health care environment, the coordination of care is essential to ensuring the best patient experience and health outcomes. The patient navigator role at Mount Sinai Hospital was developed to support patients, families and the care teams in achieving these goals.

Why is it important?

Mount Sinai’s patient navigators have three main areas of focus: care co-ordination, patient/family experience, and quality improvement. They help improve communication between the inter-disciplinary team and patients and their families, and help ensure that the care delivered is safe, efficient and of the highest quality. Patient navigators live the Mount Sinai philosophy of putting patients first.

How did it work?

Patient navigators are members of general internal medicine (GIM), cardiology, surgical oncology and inflammatory bowel disease care teams. They help coordinate care activities in a timely and efficient manner, with a focus on the patient and family experience. To improve patient satisfaction, answer questions and anticipate patient needs, patient navigators help facilitate crucial conversations with patients, families, clinicians, and allied health members.

Was it successful?

The introduction of patient navigators has lead to positive feedback from patients, families, physicians, medical trainees, nursing and allied health professionals. Through improved communication within the inter-disciplinary team, the program has led to decreases in wait times and length of stay, and improved overall discharge planning. Follow-up phone calls with patients and families also allow the patient navigators to extend Mount Sinai’s commitment to the highest quality patient care.

What were some key tactics?

Patient navigators are completely integrated with the medical teams and are always up-to-date with changes and developments in the care plan of their patients. As a central resource, trust is generated between the patient navigator, the inter-disciplinary team members and the patients. This allows the patient navigators to advocate for their patients in multiple facets of the care plan, thus increasing efficiency and reducing length of stay. While the patient navigators need not have a clinical background to be effective, they must demonstrate expertise in understanding the patient’s clinical journey, be excellent communicators, time managers, and focus on developing trusted relationships.
Improving patient, family and care team communication with white boards

NORTH YORK GENERAL HOSPITAL

What was being improved?

Some hospitals use white boards as a means of communication between members of the care team, but as the patient becomes increasingly recognized as a member of that team, North York General Hospital saw the need to use the boards differently. Specifically, its orthopaedic unit sought to use the boards to not only inform patients, but also to help plan and coordinate their care.

Why is it important?

Involving patients in their care tends to improve outcomes and satisfaction levels.

How did it work?

The idea was to have a bedside board displaying information on the patient care plan that would be understandable to the patient, family and the care team. The board would show the following:

- The name of the assigned nurse per shift, as well as the names of the doctor, physiotherapist, occupational therapist, social worker and other staff.
- Information on the patient’s weight-bearing status and required walking aids.
- Expected date and time of discharge, as well as destination for discharge.
- A follow-up plan after a SPPICES assessment is done (Stability, Polypharmacy, Pain, Incontinence, Confusion (cognitive impairment), Eating (and nutrition), and Skin breakdown).
- A comments section where important information can be written for patients. For example, a doctor may use this section to draw the anatomy of a knee joint when explaining a procedure to the patient.

Was it successful?

Patient satisfaction scores on the discharge survey have increased and an audit evaluation found patients knew their caregiver, discharge plans as well as destination.

What were some key elements?

For an initiative that is not very resource intensive, it can generate a significant amount of positive outcomes – as much for staff as for patients. It sets out clear expectations for the patient and helps staff remain accountable to their patients for meeting these expectations. It also serves to empower patients, which leads to a better hospital experience.
Creating a comprehensive patient discharge plan

ST. JOSEPH’S HEALTHCARE HAMILTON

What was being improved?

St. Joseph’s Healthcare Hamilton set about developing a more robust discharge plan when it received feedback from discharged patients that they were sometimes left unsure about certain elements of their care.

Why is it important?

A properly functioning discharge process ensures patients who are ready to leave the hospital are enabled with all the information they need concerning their care post discharge. This, in turn, allows for improved patient satisfaction and prevents readmissions.

How did it work?

The hospital’s surgical/gastrointestinal unit instituted a discharge form in 2009 that listed discussion points necessary for a patient’s discharge and required staff and patient signatures confirming that instructions were given and understood. After a year, however, it was found the form was often not completed so more education on its use was developed and follow-up phone calls were added to the process. The calls ask patients to confirm the information they were given at discharge (initially some patients indicated they were discharged without prescriptions or follow-up appointments and did not know whether their condition allowed them to go to work or even shower). The calls take up one to two hours of nursing time, five days per week. A nurse working an evening shift, for example, calls patients at the start of his/her shift. A paper record of the questionnaire is currently in use, but a computerized version is under development.

Was it successful?

Feedback after a year of follow-up calls indicates patients have received all the information required. An analysis of the data is currently being conducted.

What was a key tactic?

The development of a discharge form requiring a signature from the nurse and the patient and/or family member is a good starting point. The challenge, according to the team, is not only in maintaining the momentum, but also in committing to auditing the form and providing ongoing education as to its proper use.
Using a customer service training program to improve patient experience

**What was being improved?**

The Sunnybrook Health Sciences Centre team developed a customer service program, called ‘creating Sunnybrook moments’, to improve the patient experience at the hospital.

**Why is it important?**

Better customer service can reduce patient anxiety and improve satisfaction.

**How did it work?**

The ‘creating Sunnybrook moments’ program focused on the hospital’s Four C’s of Service – compassion, communication, consideration and comfort. It featured a train-the-trainer kit, staff education kit, DVD and a team commitment to create ‘Sunnybrook moments’. The concept of creating moments came from research that showed people care most about specific moments of service that resonate with them, regardless of their reason for visiting the hospital. This includes things like staff taking the time to walk patients to their appointments, finding an alternate meal for someone, or simply taking a few minutes to talk to a patient.

The team’s goal was to have at least 80% of the hospital’s management team participate in training by March 2011. It also rolled out the program to all staff by September 2011, and established an Office of the Patient Experience by the end of 2011. The president and CEO acted as executive champion, and a committee that included representatives from across the organization worked closely with the hospital’s established patient advisory groups to develop the program.

**Was it successful?**

The Sunnybrook team noted at least a 20% decrease in the number of complaints in several areas of the hospital, based on complaint tracking data collected in the office of the patient experience. In many areas, it has been quite a noticeable reduction. For instance, in urology, complaints went from 65 in 2010 to 24 in 2011. Sunnybrook’s leadership team has been very supportive. Over two years, senior leaders, directors, program and department chiefs, managers and front-line supervisors from across the organization have all participated in training sessions.

**What was a key tactic?**

For an initiative like this to be successful, it must have the commitment of the entire senior leadership team, and not just emotional support. They need to be active participants, and in this case they were – going so far as to conduct customer service sessions of their own. It also requires a broad-based and multi-disciplinary team commitment from front-line staff.
Using a simple communication tool to improve ED patient satisfaction

TRILLIUM HEALTH PARTNERS

What was being improved?

While targeting overall patient satisfaction improvement, Credit Valley Hospital sought to standardize how its team communicated with patients in the emergency department.

Why is it important?

NRC Picker Canada scores helped identify the ED as an area needing attention. Empowering patients with enough information to help them understand the process can alleviate stress and improve the overall experience.

How did it work?

To create an environment with safe, patient-centred care, the department formed a quality board that focused on improving not only quality, but sustainable access to information through specific actions, as well as by tracking results on a daily basis. One of the key strategies was the use of a communication tool to standardize how patients were greeted and informed about the emergency department process. The tool asks staff to deliver on five key elements: Acknowledge, Introduce, Duration, Explanation, and Thank you (AIDET© Studer Group). Using daily huddles, staff and physicians were able to reinforce the practice of care as well as measure its effectiveness by chronicling regular success metrics.

Was it successful?

The second quarter NRC Picker Canada survey results reflected an improvement on three of the team’s targeted patient experience areas, showing positive results on the following questions:

- Do you think that the emergency department staff did everything they could to help control your pain?
- If you had to wait to be seen, did someone from the emergency department explain the reason for the delay?
- If you had any anxieties or fears about your condition or treatment, did a nurse discuss them with you?

What was a key tactic?

While the five-minute daily huddle served as a key factor for engaging staff and physicians in implementing the use of this tool, the attendance of the department’s patient care manager was particularly important. It not only showed management support, but also provided a forum for questions and interaction.
Using a lean approach to reduce ED wait times

CHILDREN’S HOSPITAL OF EASTERN ONTARIO

What was being improved?

When reducing emergency department wait times was identified as a provincial government priority in 2008, the Children’s Hospital of Eastern Ontario (CHEO) decided to use lean methodology to not only improve wait times, but reduce the overall length of stay for patients in the ED.

Why is it important?

While the importance of reducing wait times is well documented, CHEO attributed special importance to using lean methodology because it tends to focus on the journey rather than the destination. Using lean techniques, staff could focus on continuous, small improvements rather than working towards a broader state of postponed perfection.

How did it work?

The idea was simply to provide the right service, when it is needed, the right way, the first time, all while maximizing patient values and engaging front-line workers. Using metrics such as time to physician initial assessment (PIA) and various length-of-stay measurements (LOS), the project set about to create a sustainable lean culture with the help of a lean coordinator, ED leadership and executive sponsorship.

To start, the ED implemented an ambulatory zone that split the patient stream into two distinct flows, one for higher acuity and one for lower acuity patients. This resulted in significant reductions in PIA and LOS for both patient streams. Other changes, such as more direct patient care time, providing pain management earlier, and strengthening the ED volunteer role, drove further gains in patient satisfaction.

Was it successful?

In 2010, the ED showed significant gains in quantitative measures, including a decrease in PIA (3.6 hours down from 4.5 hours a year previous in the same month), and an increase in patients meeting the LOS targets for high-acuity (96% compared to 90% a year previous in the same month) and low-acuity patients (77% compared to 69% a year previous in the same month). And when patient volume increased in 2011-2012, particularly during flu season, the department was better able to absorb the added workload.

What were some key tactics?

Sustaining change is almost more important than creating it in the first place. Lean includes an investment in systems that provide feedback and control processes that allow front-line staff to immediately see the results of their efforts. Continued strong leadership and sponsorship helped staff shift to a culture of continuous improvement.
Following up with ED patients that leave before being seen

DEEP RIVER AND DISTRICT HOSPITAL

What was being improved?

Visits to Deep River and District Hospital’s emergency department have grown in the last five years to more than 17,000 visits annually. More nursing staff has been added, but the larger number of visits has also yielded a larger number of registered patients who leave before being seen. To investigate, the hospital implemented a program of calling any patients assessed at any Canadian Triage Acuity Scale (CTAS) level who left without being seen by a physician.

Why is it important?

The hospital was especially concerned with patients registered and assessed at levels 3 and 4 of the CTAS (i.e., who need to be seen by a physician within 30 minutes and 60 minutes, respectively). The team needed to understand what risk the patient leaving early posed to both the patient and the hospital.

How did it work?

Reception staff was tasked with calling all patients assessed and registered who left without seeing a physician. Calls were placed within 24 hours of the patient visit, and because at most, this represented 10 calls a week, the staff easily handled this task within its normal workload. Callers used a script to accurately gather the required information.

Was it successful?

Feedback suggests the initiative was well received. Callers reported patients were pleased to be contacted, apologized for leaving, and some commented that they were impressed the team cared enough to follow up.

What was a key win?

With no significant cost, it was an easy way to create a personal connection with the patients and bolster the hospital’s reputation in the community. The feedback provided is helping the organization find process improvements.
Improving Access

Using communications strategies to explain ED wait times

Georgia Bay General Hospital

What was being improved?

Georgia Bay General Hospital targeted three specific issues in its emergency department: communicating wait times effectively; promoting staff courtesy and respect; and, increasing the distribution of patient care handouts.

Why is it important?

The results of telephone surveys and chronicling patient complaints identified these as areas in need of attention.

How did it work?

The team developed an information brochure to improve wait times communication. The brochures explained how EDs function, reasons some patients may wait longer, and when to ask the triage nurse for a re-assessment. Similar information is displayed on the CNET screen and real-time wait times scroll across the bottom of the screen, updated hourly by the charge nurse.

To improve courtesy and respect, the team presented the results of a telephone survey in an in-service format using one or two staffers and by encouraging discussion. It also developed and delivered a four-hour workshop on emotional intelligence.

To increase the distribution of patient care handouts, staff members were trained on accessing these electronically, and advised on how and where to place relevant handouts strategically throughout the department. Web sites related to patient care are also posted on the department’s CNET screen.

Was it successful?

NRC Picker Canada emergency department patient experience scores have been rising steadily since the implementation of the project. For example, patient perception of the availability of ED nurses increased from 81.3% to 89.9% and their confidence and trust in ED nurses rose from 72.8% to 78.1%.

What was a key win?

Waiting room brochures were relatively easy to produce as the Ministry of Health and Long-Term Care has a wealth of information available on its website to assist hospital staff in the development of such material.
Managing ED patients who are lower on the acuity scale to improve overall flow

THE HOSPITAL FOR SICK CHILDREN

What was being improved?

The Hospital for Sick Children set out to improve emergency department wait times for its Canadian Triage Acuity Scale (CTAS) 3 patients because it found that not only is this the largest patient group it treats in the ED, but of the five acuity-based patient cohorts, this one also waits the longest.

Why is it important?

When CTAS 3 patients are mixed with CTAS 1 and 2 patients, they are easily de-prioritized by comparison. Patient flow in the ED overall could be improved by using a dedicated area where these patients can be seen and prioritized according to other CTAS 3 patients.

How did it work?

One of the solutions implemented was the use of a rapid assessment zone (RAZ) in the ED. Using existing physical space and existing staff, the team redesigned its model of care delivery for CTAS 3 patients. It physically grouped this category of patients in one location within the ED and used a dedicated doctor and nurse team to decrease time to provider initial assessment (PIA) and average length of stay. By mobilizing the ambulatory patients between steps in the ED care path, the team created physical capacity by allowing multiple patients to be cared for. An internal waiting room allows patients who are in progress to remain in close physical proximity to their health care team while they wait for test results or consults.

Was it successful?

During the RAZ implementation, patients and their families using this ED stream reported a 36% reduction in time to PIA (year over year), and a 30% reduction in the average length of stay. Physicians in the RAZ system reported being able to see and treat 48% more patients. In addition, more RAZ patients reported their service as excellent compared to non-RAZ patients.

What were some key tactics?

Use a development team that is both inter-professional and inter-divisional. This will allow for a systems approach to understanding the issue of ED wait times and creating solutions that cross divisional boundaries. Also, build internal capacity for this change by training staff in lean concepts and securing organizational support to build infrastructure around data collection and monitoring metrics.
Centrally coordinating medical imaging for a four-site hospital alliance

HURON PERTH HEALTHCARE ALLIANCE

**What was being improved?**

Patient access to imaging studies was identified as an area of concern on the Huron Perth Healthcare Alliance imaging department’s patient satisfaction surveys. Specifically, access was described as inconsistent across the hospital’s four sites. As a result, the alliance implemented electronic appointment booking software to minimize downtime and ensure departmental wait times were achieved and tracked.

**Why is it important?**

Diagnostic imaging wait times are publicly reported for both CT scans and MRIs because patients need timely access to all imaging services. *Operating as a centrally coordinated system would allow the medical imaging department to anticipate and accommodate variable needs and shift resources when and where they are needed most.*

**How did it work?**

The project focus was to implement an electronic appointment booking software system that integrated with the picture archives and communications system, the radiology information system and the patient electronic chart across the four hospital sites. The software, Community Wide Scheduling, was the key to reducing downtime and meeting departmental wait-time targets. The hospital was able to leverage existing hardware and software for the deployment of the scheduling system to all sites, so no capital costs were incurred, and it used a train-the-trainer model to ensure staff was adequately prepared for the change in practice.

**Was it successful?**

Once implemented, monthly exam wait times leveled out across all sites, appointment lengths were also consistent across all sites and there was a 20% reduction in ultrasound wait times. Higher patient satisfaction scores confirmed what the team was already seeing in reduced wait times.

**What were some key tactics?**

Promote the need for change to the individual staff members who have a direct impact on patient care, and be sure to select a project lead with experience using Community Wide Scheduling software.
Delivering mental health treatment using videoconferencing

HURON PERTH HEALTHCARE ALLIANCE

What was being improved?

Mental health services staff at Huron Perth Healthcare Alliance (HPHA) visit a number of clients in their homes and at long-term care facilities. Some staff travel in excess of 1,000 kilometers a month to provide community-based mental health patient care. However, using videoconferencing (when appropriate) can result in significant cost savings, increased client accessibility and increased clinical time.

Why is it important?

A review of the work completed by the mental health staff reveals that in the fiscal year of 2009/2010, more than 8,200 community and home-based visits were completed. Travel costs associated with this number of visits was $70,000. In addition to costs associated with travel, time spent travelling meant that staff could not see as many patients.

How did it work?

In May 2010, a pilot project was funded by the South West LHIN that permitted the HPHA mental health staff to develop and evaluate the first home-based videoconferencing mental health treatment program. Eligibility criteria were established, staff and patients were educated, a privacy information assessment was conducted and training sessions organized. Treatment plans were developed in consultation with the patient’s psychiatrist to include the use of home videoconferencing. Measures for patient outcomes were developed, as were client satisfaction surveys for before, during and after the implementation of this technology.

Was it successful?

The post-implementation assessment of the project showed travel savings, but more significantly, there was a 10% average increase in the patients’ level of functioning as measured using standardized mental health functioning and rating scales. In addition, an increase of 310 patient contacts was made possible because clinicians spent less time traveling. Patients who participated in the project reported an overall 25% increase in their comfort level. They also reported experiencing the use of videoconferencing as being effective in their treatment and recovery.

What were some key tactics?

Identifying a dedicated clinician as an expert user was one important tactic. This clinician acts as a liaison working with IT staff to develop processes to meet clients’ needs. Clarity regarding project scope is crucial. As such, staff and patients should be clear on how the technology would be used, the frequency of face-to-face visits, and the circumstances under which the technology would not be used or may be discontinued.
Reducing joint replacement wait times in a small hospital

KEMPTVILLE DISTRICT HOSPITAL

What was being improved?

Reducing wait times for total primary and hemi-knee replacement surgical procedures was seen as a priority for this small hospital, but also of importance was expanding and increasing the acuity scope and scale of Kemptville District Hospital’s (KDH) orthopaedic program. In addition, KDH wanted to incorporate the small hospital experience factor into a regional total joint replacement (TJR) program.

Why is it important?

Small hospitals can develop roles as value-added process institutions where repeatable procedures can be completed safely, efficiently, and at a low cost.

How did it work?

A TJR coordinator role was created following the development of a project plan and schedule. The TJR coordinator’s role is to act as the main point of contact for patients, medical staff and stakeholders enabling the establishment of a strong hospital-patient relationship. When the program started in October of 2011, the first four total primary knee replacement surgeries were successfully completed within the standard eight-hour operating room time window.

The TJR program increased the annual Champlain LHIN joint capacity by 550 joints with a marked reduction in patient wait days by roughly 50% (based on the provincial average of 225 days).

Was it successful?

The hospital measured its success using several metrics. Compared to the average patient length of stay of 3.6 days (as measured by the Champlain LHIN), KDH’s average was 2.03. Its wait time efficiency was in the 90th percentile for primary total knee replacement, and patient testimonials yielded a high number of consistently positive comments.

What were some key tactics?

Establish new partnerships with industry leaders. For this program, the Champlain LHIN, The Ottawa Hospital and Champlain Community Care Access Centre partnered for success. Connect key stakeholders to the project to ensure buy-in, to build pride of ownership and create acceptance of a new program. Use the patient experience as the common foundation for building a client-centred model. This common foundation helps focus communications between team members, which is essential to a multiple-organization program often working in a virtual team environment.
Implementing advanced physician access in a family medical centre

LONDON HEALTH SCIENCES CENTRE

What was being improved?

London Health Sciences Centre (LHSC), through a ‘call to action’ to all staff and physicians, identified patient access as a key organizational priority. LHSC Victoria/Byron Family Medical Centres are committed to providing high-quality, safe and timely care. In this regard, the family medical centres reviewed patient care and operational practices to improve office efficiencies and implement advanced access to a primary care physician.

Why is it important?

Patients in the primary care sector can wait up to two weeks or more to see their family physician. These delays can lead to more complex acute medical conditions, decreased patient satisfaction, an increase of costly urgent care clinic usage, as well as increased emergency room visits, which perpetuate additional access issues for the hospital. Advanced access allows patients to book appointments the same day they call, thus removing costly delays in the system of care.

How did it work?

The advanced access initiative supports the delivery of patient care by improving patient access, while also improving office processes. This includes instituting monthly measures such as supply and demand checks to ensure balance in scheduling, designing scheduling templates to match supply and demand, and improving access and flow; reducing backlogs by handling more than one medical problem during a visit (to increase the time between return visits where appropriate); monitoring no-shows, observing cycle times; and, designing scripts for reception, doctors, residents and nursing staff to standardize the education messages for patients.

Was it successful?

LHSC wanted 90% of its patients to be able to access their health care provider on the same day they are released, or on a day of their choosing. After implementation, more than 98% of patients managed to do so. No-show rates dropped from 4% pre-project to 0.9-1.9% post-implementation, and patient satisfaction surveys showed excellent and very good scores of 87.5%.

What were some key tactics?

The demand for family medical centres is neither finite nor predictable, so measure and re-measure to ensure the organization is always meeting current demand. Learn to shape demand by changing care delivery practices where appropriate. Also, support staff in their learning while encouraging and providing opportunities for growth. Health Quality Ontario has coaching staff willing to facilitate team learning and support.
Creating process change initiatives in the ED and emergency psychiatric unit

LONDON HEALTH SCIENCES CENTRE

What was being improved?
For London Health Sciences Centre, establishing a mental health patient stream in the emergency department meant developing rapid screening of mental health acuity and patient needs, as well as providing timely referral to appropriate care or service.

Why is it important?
Before implementation, patients presenting to the ED with a mental health concern were medically triaged, registered, and then waited up to two to four hours for response from a medical team. With the process change, patients would see a mental health professional early in their path through the ED, which often means a more specialized assessment approach, and greater familiarity with issues and resources.

How did it work?
With the change in process, barring systemic issues, the patient is now seen within 30 minutes of registration. This way, the patient is provided with initial support, an accurate determination of mental health acuity can be made, and the ED team is consulted and can determine the most appropriate care path. The hospital’s centralized emergency psychiatric service (CEPS) has also expanded its coverage to include two case managers 24/7, a social worker and a unit clerk. A working group with representatives from community mental health agencies was formed to create a standardized community mental health referral to emergency form that provides pertinent information to the ED and CEPS staff upon patient arrival and expedites the determination of the care path.

Was it successful?
To date, there has been significant positive response from community stakeholders, as well as from the ED and CEPS staff. The consensus is that the process improvements increase the coordination of patient care. A qualitative survey was completed that indicated success from the patient perspective.

What were some key tactics?
Continually bring the patient perspective to the forefront. This is very easily lost when one begins navigating the myriad services and levels of management within an organization necessary for systems change. The process change in itself was a ‘quick win’ in that all staff believed that it was the right thing to do for the patient.
Using volunteers to streamline the day surgery patient experience

NORTH BAY REGIONAL HEALTH CENTRE

What was being improved?

North Bay Regional Health Centre used trained volunteers and a pager system to improve the day surgery process. Its volunteers helped guide patients and the pager system allowed attending family members more freedom as they waited for the patient.

Why is it important?

Improved communication reassures patients and family members throughout the experience, and the use of pagers decreases the anxiety family members might have over leaving the waiting area. Overall, it ensures a more organized admission and registration process and improves the pre-surgery patient experience.

How did it work?

The new process uses approximately six volunteers each day, in two shifts. Patients are greeted by a volunteer at the registration desk, helped with form completion, and informed of how long they should expect to wait. Family members are given a ‘puck’ (patient alerting coaster pager system) so that they can leave the waiting area with the reassurance that they can be contacted anywhere within the hospital when the patient is ready to go home, or should physicians need to communicate with a family member quickly. Two other volunteers accompany the patient from registration to the change room where they give him/her a locker, a belongings bag and scrub directions. A volunteer directs the patient to the patient step-down lounge for the nurse to receive the patient into the operating room. After the surgery, a volunteer tells the waiting family member what room the patient is in and provides directions.

Was it successful?

Clerks, nursing staff and volunteers all agree that the new process has improved care for patients because they are guided through the system by someone who can answer questions as they arise. Evidence suggests patients also agree the process is much improved (some have commented on the value of having assistance pre-operatively). For quantitative measures, the hospital looked at the NRC Picker survey question asking users to rate the organization of the admission process. The hospital found that before implementation it had scored 79.4%, but since the implementation, the numbers have moved to a mean of 88.05 with results from April to September 2011.

What were some key tactics?

Clearly determine volunteer responsibilities and boundaries. Also, invest in volunteers to retain them by offering a general orientation process as well as department-specific training that is linked to a volunteer schedule.
Implementing a regional hip and knee replacement program

QUEENSWAY CARLETON HOSPITAL

What was being improved?

Patients can sometimes wait as long as a year to see an orthopaedic surgeon for a hip or knee replacement. To streamline the process of the surgeon consult, decrease the time from the decision to treat to the surgery, and provide alternatives to surgery, the Champlain LHIN created a central intake office.

Why is it important?

This process model can be used to manage the treatment of a number of conditions in regional hospitals because it frees up specialists’ time and makes use of non-physician resources to complete assessments and educate patients.

How did it work?

Using a model established by the Queensway Carleton Hospital, the Champlain LHIN established a Regional Hip and Knee Replacement Program. The initiative creates coordinated access to the four hospitals in the region (Cornwall Community Hospital, Montfort Hospital, Queensway Carleton Hospital and the Ottawa Hospital) providing joint replacement. The office screens referrals and distributes cases to one of the assessment centres located in each of the four member hospitals. Patients can choose the hospital based on surgeon, language or first availability.

Was it successful?

A patient survey conducted in 2010-2011 found a 95% rate of satisfaction with the service. Participation in a Deloitte audit of central intake models in the province also showed a high degree of patient and provider satisfaction with the process. Wait times are routinely monitored to assess progress improvements and a provider satisfaction survey has been undertaken.

What was a key tactic?

One challenge was the redirection and adoption of the referral patterns to a central intake service model. Senior management support at each hospital’s site was very important to overcoming such obstacles, as was the need to have a surgeon champion who could help convince other surgeons of the need to change the process.
Streamlining patient flow in a medical assessment and consultation unit

SOUTHLAKE REGIONAL HEALTH CENTRE

What was being improved?

The team at Southlake Regional Health Centre established its medical assessment and consultation unit (MACU) to address the issue of patient flow. The ultimate goal was to drastically improve timely access to quality care by frontloading patient care at the time of admission to the emergency department. This could shorten overall inpatient length of stay and improve flow from the ED.

Why is it important?

Frontloading services can reduce patient wait times for all types of consultations, assessments and treatments. Ultimately, it saves time for physicians, nurses and allied health consultation providers, and reduces the time a patient remains in hospital.

How did it work?

The MACU uses a dedicated team of physicians, occupational therapists, physiotherapists, pharmacists, nursing and clerical staff. It established a plan of care and a list of patient goals that must be satisfied within the first four hours of admission for non-critically ill patients. The process enabled the team to expedite rapid and comprehensive multi-disciplinary assessments of patients on admission to the MACU. They could also provide early access to diagnostic testing, clinical investigations and reporting. This resulted in earlier diagnosis and treatment planning for patients, and in most cases, managed to reduce the patient’s length of stay (LOS).

Was it successful?

After implementing the MACU process, the hospital reduced LOS in the medicine unit by 1.8 days. Since costs per patient stay were reduced in this respect, human resources have since been realigned to support the development and expansion of the MACU process.

What were some key tactics?

Having a dedicated inter-professional team was essential to the success of this strategy. This includes hospital internists, nurse practitioners, a patient flow navigator, physiotherapist, occupational therapist, and decision support staff for the evaluation of the processes. The team also suggested the use of automatic triggers to facilitate the ‘pulling’ of medical admissions from the emergency department.
Using lean practices to improve endoscopy patient flow

ST. JOSEPH’S HEALTH CARE LONDON

**What was being improved?**

The team at St. Joseph’s Health Care London wanted to improve patient access to care in their endoscopy unit. To do this, they set about decreasing patient time in the unit, while improving the patient experience and ensuring patient safety.

**Why is it important?**

Better processes can lead to a more efficient rate of patient flow, which can result in improved patient comfort and satisfaction.

**How did it work?**

With the assistance of a consulting firm, the team introduced lean practices to the unit. The group performed value stream mapping and identified productive and non-productive moments in the patient flow process. This led to a review of the booking templates and procedural time allotments on a per-physician basis. Adjustments were made to decrease non-productive patient time and increase productive time. The review of processes and current practices clarified roles for everyone and led to the realignment of some tasks. This meant the right person was doing the right task and that staff worked as a team to ensure patient access and flow was not compromised. Also, an endoscopy safety checklist was developed and implemented to ensure the right procedure is performed on the right patient, that the patient’s concerns have been addressed, and that all equipment is clean and ready to use. And each scope is tracked from its high-level disinfection process through to the patient.

**Was it successful?**

There has been a reduction in the total length of a patient visit from a standard four hours to a procedure-dependent range of one to two hours. The recovery period for patients has been reduced substantially – they are up and dressed in 30 minutes compared to 60 minutes under the former process. Overtime decreased in the unit by 44% and overall non-productive time has decreased for everyone, including the patient.

**What were some key tactics?**

A nurse champion trained in lean methodology was key to the success of this project. Accurate data collection also proved a significant enabler for change. The data offered concrete evidence on the length of time it took to complete processes and allowed staff to begin to think differently about how they provide care to patients.
Using a family medical centre to improve access to health care

ST. JOSEPH’S HEALTH CARE LONDON

What was being improved?

The St. Joseph’s family medical and dental care team wanted to improve the timeliness of patient access to appointments with their health care team by creating a better booking process. The ultimate goal was to reduce wait times for appointments from an average of three weeks to same-day service.

Why is it important?

To a patient waiting for a medical appointment, time is of the essence. Access to timely care increases patient satisfaction and improves his/her experiences with the health care system.

How did it work?

With assistance from Health Quality Ontario, the project team embarked on a Plan-Do-Study-Act cycle. A quality coach from Health Quality Ontario provided assistance with this, and Web-based tools and webinars were used. Measurement methods included tracking wait times for appointments (via ‘third next available appointment’), appointment supply and demand data, patient satisfaction, office cycle time, ‘no show’ rates, and percentage of patients being seen by their own health care team. The family medical centre coordinator, administrative assistant, receptionists, nurse practitioner, and one of the staff family physicians were all involved in the project. They attended educational sessions about the ‘open access’ office philosophy and then undertook changes to office practices to provide patients with improved access. Once data was collected and new booking templates developed, a revised booking process was implemented with one physician team and eventually rolled out to the remaining four teams over the following six months.

Was it successful?

Initial results suggest that the change in processes has had an effect. Wait time to the third next appointment has decreased from an average of 16 days to one day. A patient follow-up satisfaction survey showed trends toward improved patient satisfaction. Time spent on the phone and time to obtain an appointment have both decreased. Over 97% of patients are being seen by their own provider. The decreased wait times for appointments have been sustained to date.

What were some key tactics?

The St. Joseph’s team believes that having a physician champion on the quality improvement team was invaluable in influencing the other staff physicians. Taking the time to assemble accurate data prior to implementing changes was also very beneficial. Frequent and ongoing communication with all team members about the status of the changes, measures and progress was also important.
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