

KINGSTON GENERAL HOSPITAL

BRIEFING NOTE

TOPIC OF REPORT: Patient- and Family-Centred Care (PFCC)

SUBMITTED TO: Patient Care and People Committee

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FOR INFORMATION

FOR INFORMATION AND DISCUSSION

CURRENT STATUS

RECOMMENDATION/ACTION

MOTION

BACKGROUND

The KGH 2015 Strategy for Achieving Outstanding Care, Always states that by 2015, *“Our patients are fully in the driver’s seat, participating meaningfully in every initiative that can influence their care and service, and that patients will become involved in all aspects of our care, safety and service-improvement initiatives.”*

Patient- and family-centred care (PFCC) is foundational to the KGH Strategy and very specifically to the first strategic direction of *“Transforming the patient experience through a relentless focus on quality, safety and service.”*

The purpose of this briefing note is to provide an update on the work being overseen by the Patient and Family Advisory Council, and all that is being supported and created to further the work on partnering with patients and their families.

PATIENT- AND FAMILY-CENTRED CARE

The phrase “Patient- and Family-Centred Care” has become part of the healthcare lexicon. It can however be interpreted in different ways and it is therefore important to define what we mean by it. At its heart PFCC is built upon four core principles:

Respect & Dignity: We listen to and honour patient and family perspectives and choices. Their knowledge, values, beliefs and cultural backgrounds are respected and incorporated into everything we do.

Information Sharing: We share complete unbiased information with patients and families to help them participate in their care.

Participation: Patients and families are encouraged and supported to participate in their care and decision-making.

Collaboration: Patients and families collaborate with health care leaders in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

All the principles require active engagement between patients, families and staff at every level of an organization, and can be translated to work at a regional and system level.

KGH embraces the Institute for Patient- and Family-Centered Care's (IPFCC) comprehensive definition of Patient and Family Centred Care as *"an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families and health care."* The KGH Patient and Family Advisory Council, which was launched in February 2010, developed an easily remembered definition: **"Respect me, Hear me, Work with me"**. This simplified description also translates such that expectations are applicable whether you are a patient or a staff member.

KGH is committed to incorporating the PFCC principles in all that we do and to build upon the KGH Principles of Respect, Engagement, Accountability, Transparency and Value for Money. We have much to celebrate and much to encourage us on the journey. This review will highlight what has been done, what we are doing and where we plan on going.

STRUCTURES

The Interprofessional Collaborative Practice Model (ICPM) provides the framework for PFCC. It is within this model that much of the engagement of patients and their families takes place. Engagement of the patient is central to care delivery, and the model views families, as defined by the patient, not as visitors but as essential members of the team. Interprofessional Education supports both PFCC and the ICPM. Education of healthcare professionals in effective ways of collaborating both with other professionals and with patients and families is essential to the success of the ICPM and PFCC, and ultimately in a safe, quality and satisfying patient experience.

At the heart of the structure of the PFCC initiative at KGH is the Patient and Family Advisory Council, established in February 2010. The council currently consists of 12 Patient Experience Advisors, 4 staff and a physician. The Patient and Family Advisory Council serves in an advisory capacity, providing input to and making recommendations on matters that impact the experience of patients and their families at Kingston General Hospital. Information and requests flow into the Patient and Family Advisory Council through hospital wide committees, councils or individuals seeking the perspective of patients.

The council's terms of reference include

- actively promoting and creating new and unique opportunities for communication, collaboration and partnering among patients, families and staff;
- identifying and supporting opportunities for improvement within Kingston General Hospital from the patient and family perspective; and
- receiving reports on the patient experience.

The number of Patient Experience Advisors continues to increase and the opportunities for partnership between Patient Experience Advisors and KGH staff continues to expand. Patient Experience Advisors are typically former patients or family members of former patients who volunteer their time to be members of committees, councils and working groups and/or to partner on improvement teams. Processes have been developed to increase and sustain the Patient Experience Advisors. With respect to recruitment, there are many approaches which include the patient relations service; word of mouth, and Patient Experience Advisor/ staff/ self-referrals. They then are supported in becoming involved with work that aligns to their experience and interests. Patient Experience Advisors are members of councils, committees and working groups across the organization and are playing an ever increasing role.

The work with PFCC and patient engagement began in 2010/11 with 3 Patient Experience Advisors and has grown to now involve more than 60 Patient Experience Advisors. Patient Experience Advisors participate as full members on all committees making decisions materially affecting patient care. Today there are 180 active positions on 88 long and short term committees. There has also been another 154 positions on 97 short term committees which have accomplished their mandate and disbanded.

In fiscal year 2013/14 Patient Experience Advisors volunteered 4300 hours of their time. All working with Patient Experience Advisors know this calculation to be an underestimate.

EDUCATION

Annually, the Institute for Patient and Family Centered Care (IPFCC), a US based organization, hosts 2 learning institutes, one in the spring and one in the fall. These gatherings bring together over 600 attendees, predominantly from the United States but increasingly from Canada and around the world, who are sharing expertise and seeking ways to make patient care more patient-centred.

KGH has been supporting the attendance of staff and Patient Experience Advisors at these conferences for the past 4 years as a means of increasing the understanding of PFCC and gradually increasing the capacity within the hospital to lead and support ways of embedding the PFCC principles and Patient Experience Advisor perspective in everything we do. This year 6 KGH staff and 4 Patient Experience Advisors attended the two 5 day conferences. We are intentional about ensuring a new member of the executive attends each conference along with representatives from middle, front line and direct care providers. To date there have been a total of 26 staff and 13 Patient Experience Advisors who have participated in the learning institutes.

In addition to these learning institutes, KGH optimizes other IPFCC opportunities as they arise. As example, this year KGH has participated in 6 IPFCC webinars with a total of 30 KGH staff and Patient Experience Advisor attendees. Topics of the webinars included,

- Strategies for Measuring Patient and Family Centred Practice and Partnerships with Patients and Families,
- Enhancing the Collaborative Process: Preparing, Supporting and Mentoring Staff and Patient and Family Advisors to Advance Patient-and Family-Centred Care,
- Hospitals and Communities Advancing Patient and Family Centred Care: A Beginner's Guide,
- The Role of Patients, Families and the Community in Patient Safety,
- Sustaining and Enhancing your Patient and Family Advisory Council, and
- The Role of Patients, Families, and the Community in Patient Safety: Innovation and Best Practices",

We have also created a very strong and productive collaboration with one specific academic hospital in Georgia, and for the past 4 years have hosted 2-3 day visits of staff and Patient Experience Advisors from that centre. During these consultation and education visits, our colleagues share their leading practices with staff and Patient Experience Advisors; assess and provide input to our processes; and increasingly have become true collaborators and partners in change. Our partners from Georgia Regents Health in Augusta Georgia, joined us most recently in June 2014 to share their passion and commitment for PFCC. A few of their events included:

- Dr. Walter Moore, a physician leader, speaking to our residents and physicians regarding the principles of how Patient- and Family-Centred Care positively impact his role as physician, educator and researcher.
- Roslyn Marshall and Bernard Roberson meeting with KGH's Patient Experience Advisors. Patient Experience Advisors had the chance to meet each other and discover the diverse roles they are playing across the organization.
- the engagement of staff to hear what each other are doing to support PFCC in their area.
- a community forum on the value of engaging patients and families. (Discussion involved how we can better prepare our learners and enhance our own practices by engaging patients and families.)
- a session where each service/unit/program/department chose a leader from their area to spend 4 hours learning more about PFCC and how they could support PFCC in their areas of influence.
- A report by Georgia to members of the KGH Board and Executive on their time with us at KGH.

To support the orientation and ongoing educational needs of our staff, physicians and volunteers, in-house PFCC education is provided at each new hire orientation. The number of staff who have formally completed the introduction to PFCC now totals over 2300 which represents approximately two thirds of the employee workforce.

An online education module instructing on the 5 PFCC standards (please see Quality Improvement Indicators on page 8) is required of each staff member.

In support of the Communication standard we have begun training in H.E.A.R.T. (Hear, Empathize, Apologize, Respond, Thank). H.E.A.R.T. is a communication tool which will provide staff and physicians the skill set to better engage patients, families and each other. Fourty KGH trainers received training from Cleveland Clinic (creators of the program) staff and are currently rolling the education out to all staff and physicians.

Patient Centred Leadership tools have been created to support Committee/Council Participants and Chairing Effective meetings.

**Outside organizations
approaching KGH since April
2014**

North Bay Regional Health
Centre
St Josephs Care Group
Royal Victoria, Barrie
Dryden Regional Health
Durham Regional
Health Sciences North
Hamilton Health Sciences
Vancouver Island Health
Authority
North Bay Regional Health
Centre
Health Quality Council
Erie St. Clair Community Care
Access Centre
Northumberland PATH Project
Humber River – Toronto,
Southern Health-Sante Sud,
Norfolk General Hospital
Sault Area Hospital
Alberta Health
Stevenson Memorial, Aliston
Sunnybrook Hospital
Huron Perth Healthcare Alliance
St Joseph's Toronto
Muskoka Health Region
Vancouver Health Authority
Dolls Point, New South Wales,
Australia
Hvidovre and Amager Hospitals
Copenhagen Denmark
3 sites in Scotland
3 sites in Ireland
Markham Stouffville Hospital
North York General Hospital –
Toronto,
Health Quality Ontario
Stevenson Memorial, Aliston
Northumberland Path project
Global Centre for Nursing
Executives
Canadian Patient Safety
Institute
Health Quality Council
Capital District Health Authority
Saskatchewan Cancer Agency
McGill University Health Centre
St Mary's Hospital Kitchener

RECOGNITION

KGH was recognized as the 2014 Canadian Organizational Champion for partnering with patients and families to improve patient safety. The award was presented by The Canadian Patient Safety Institute and Accreditation Canada this past October.

KGH continues to be looked to as a resource at an international level for PFCC. Since April 2014 we have been approached by 43 organizations for teleconferences, video-conferences or site visits raising our total since we began to 156 external agencies. This has created a rich network from which we also learn.

This has been a particularly exciting fall with site visits from Australia, Denmark, Scotland and Ireland. In return for hearing how KGH is partnering with patients and families each of our international visitors made presentations to our staff and physicians.

Leslee was asked to speak at:

- The International Forum on Quality & Safety in Healthcare, Paris
- University Health Network Retreat, Toronto
- Healthcare Quality Summit, Saskatoon
- Quality Day, Copenhagen
- Northumberland Hills Hospital AGM, Cobourg
- Experience Innovation Network Webinar
- Embedding the Patient/Family Voice in your Organizational DNA, Institute for Patient- and Family-Centred Care, International Conference, Vancouver
- Hearing on Patient-Centred Care, Copenhagen
- Horizon Health Board & Nurse Manager Session, Moncton

Eleanor and Patient Experience Advisor Angela Morin were asked to speak at:

- The Ontario Association of Community Care Access Centres – Achieving Excellence Together (June 2014 – Toronto ON) “Transforming the patient and family experience: our KGH Way”
- National Healthcare facilities and Engineering Conference (September 2014 - Saint John NB) “Patient Perspective”
- The Health Innovation Forum (October 2014 – Montreal QC) “Changing organizational culture at KGH”

Eleanor presented at the Canadian Patient Safety Institute (October 2014 – Edmonton AB)
“Meaningful Patient Involvement”

The Fall newsletter for the Provincial Council for Maternal Health included an article titled: Kingston General Hospital’s Rooming-in-Based Neonatal Abstinence Syndrome Program: Dramatic Results for Babies and Moms. The article reports:

The rooming-in approach at KGH has resulted in more family-centred care, a significantly reduced length of stay for both baby and mom and decreased use of pharmaceutical intervention.

Speaking opportunities:

Ontario Hospital Association,
Thunder Bay Conference ,
Health Quality Ontario & Change Foundation event
Ontario Assoc. of CCAC
Canadian Healthcare Engineers Society
National Conference
CFHI Partnering with Patients Collaborative
Health Centre's Institute for Strategic Analysis and Innovation
Conference
Canadian Patient Safety Institute

Patient Experience Advisors and staff have responded to various requests for speakers. One of our Patient Experience Advisors is now heavily involved at the Provincial and National Levels where she along with Eleanor Rivoire sit on:

Accreditation Canada, Client and Family Centred Care Patient Experience Advisory Committee
Advising Accreditation Canada on methods to fully integrate the principles of a client and family centred approach into accreditation program development and implementation. To develop content that will appear in the Governance, Service Excellence and Leadership Standards to enable an organization to convey, model, facilitate, prioritize and implement the principles and culture of client and family centred care. The new standards are projected to be released in 2015 for implementation in 2016.

Canadian Foundation of Health Care Improvement: Partnering with Patients and Families for Quality Improvement Collaborative, Core Faculty and Coach.

The CFHI collaborative is providing funding, coaching and other support to help Canadian healthcare organizations to build capacity and drive quality improvement by partnering with patients and families.

This is a pan-Canadian collaborative that will bring together Canadian healthcare organizations to harness the tremendous potential of patient and family engagement to drive quality improvement in healthcare.

A KGH patient experience Patient Experience Advisor co-chairs QCIPA (Quality of Care Information Protection Act) Review Committee,

The Minister of Health and Long Term Care in Ontario has constituted a Committee of experts from across the province to review the interpretation and implementation of the Quality of Care Information Protection Act (QCIPA) and advising the Minister on potential

improvements to ensure consistent high quality, safe and patient-centered care.

Their report and recommendations are to be provided to the Minister Dec.15th.

A KGH Patient Experience Advisor is co-chair of Health Quality Ontario. This 12 person expert review panel is mandated with reviewing current practice in

A KGH Patient Experience Advisor has agreed to sit on a patients' panel to speak to nurse executive leaders from the Registered Nurses Association of Canada about healthcare from her perspective.

A KGH Patient Experience Advisor sits on the Strategic Patient Experience Advisory Committee (SAC) of the Improving & Driving Excellence Across Sectors (IDEAS) group.

IDEAS is a new, province-wide learning initiative to advance Ontario's health system priorities by building capacity in quality improvement, leadership and change management across all health care sectors. The SAC provides strategic advice to the Investigators Group on system-level issues. Representatives from various groups across the health sector sit on this Committee.

PARTNERING



Patient Experience Advisors partner in innumerable ways throughout KGH. To date this fiscal year Patient Experience Advisors have partnered with staff in 47 hiring interviews. They have 180 active positions on 88 long and short term committees*. KGH is truly fulfilling our Strategy's vision of "Our patients are fully in the driver's seat, participating meaningfully in every initiative that can influence their care and service, and that; patients will become involved in all aspects of our care, safety and service-improvement initiatives."

Two Patient Experience Advisors now sit on each of KGH's Strategy Advisory Council and the Planning and Performance Committee.

The monthly meetings of the Patient and Family Advisory Council see a variety of agenda items including:

- patient satisfaction surveys,
- Quality Improvement Projects,
- Policy Reviews (Use of Cell Phone Cameras and Recording Devices, Consent for Medical Photography; photographs/audiovisual recording)
- advance care planning,
- way finding,
- Patient-Centred leadership,
- patient educational pamphlets,
- nutrition satisfaction surveys
- Trillium Gift of Life,
- provincial and international visits to KGH
- PFCC Standards audit results,
- Patient Experience Advisor survey,
- charges for ambulance services,
- advertising in the patient guide,
- resident teaching,
- external KGH website redevelopment and much more.

There is also a very active South East Regional Cancer Patient and Family Advisory Council which advises on Cancer care at KGH's Cancer Centre and across south east, and at a provincial level provides input to Cancer Care Ontario.

Family Integrated Care Team in the NICU – A project supporting a new model of care is being trialed in the Neonatal Intensive Care Unit (NICU). Parents are actively partnering with the health care team to provide care for their infant. The objective of this pilot study is to explore the feasibility, safety, and potential outcomes of implementing this model of care.

QUALITY IMPROVEMENT

This year, the Quality Improvement Indicator is to achieve an 85% compliance rate for the 5 PFCC standards developed and put in place last year. These standards were developed to provide consistency across the organization with some being applicable to support/service areas and all being applicable to inpatient units. They include:

- patient led feedback forums (discharged patients/families return to unit to discuss their hospital experience with staff and determine what needs to be supported and what

needs to be remedied for the best patient experience. Improvement cycles are initiated after each forum),

- ID badges worn at chest level,
- patient whiteboards completed at every shift change,
- communication (staff introducing themselves to patients and families and saying why they are there)
- purposeful hourly rounding (each patient is seen by a staff member at least every hour).

Each program is expected to complete a minimum of 2 feedback forums and 4 improvements per year. For the other 4 standards managers complete audits each month on each of their units for each of the standards. There are also general audits which take place randomly across the organization.

If a unit/service or department is not achieving the expected 85% compliance rate with a standard the director/manager is alerted and support with education is provided to increase compliance. At the end of Q2 we are achieving an overall 92% compliance rate on the standards.

PATIENT EXPERIENCE ADVISOR SATISFACTION SURVEY

In keeping with the practice of surveying staff satisfaction, this year a satisfaction survey was created for Patient Experience Advisors. Three Patient Experience Advisors and two staff created the survey and it was distributed in September. The 26 question survey asked about such topics as meaningful involvement, support and guidance, convenience, participation as an equal, sense of accomplishment, overall satisfaction, effectiveness of the program, challenges, additional support needed and recommendations. The results of the survey are being synthesized in order to discover what areas of the program are going well and what needs to be better supported. When completed the results will be reported to the Performance and Planning Committee and to the Patient Care and People Committee. A work plan will be created to support the recommendations arising from the survey.



CHALLENGES & OPPORTUNITIES

As can be expected with any transformational change, there can be many challenges, and with those come great opportunities to innovate and lead. Challenges that have presented since the launch of work focusing on PFCC have included the following:

- Ensuring everyone has a basic understanding of, and a commitment to PFCC.
- Skepticism and resistance to change
- Preventing overextension and burnout of voluntary Patient Experience Advisors
- Focusing on and supporting our need to continuously learn & improve as we go forward
- Ensuring availability of funds to cover the need and cost of educational events for Patient Experience Advisors and staff
- Intentionally supporting staff in engaging patients and families at the frontline.
- Working with physician schedules and communication methodologies to enable their engagement and understanding of PFCC and patient engagement
- Minimizing strain on corporate resources as the program grows
- Sharing our learning with other organizations
- Retirement of the executive sponsor at year end will provide both a challenge and an opportunity.

To address these challenges, we will continue with deliberate focus to put in place and sustain drivers that contribute to this cultural transformation. As example,

- Ensuring senior leadership commitment and support
- Having clear accountability for processes that enable patient and family engagement
- Identifying unit/program/service based PFCC champions
- Ensuring education and training of health care professionals and service providers including in-house orientation and continuing educational sessions for Patient Experience Advisors, staff and physicians and sustaining educational and networking opportunities within the broader health care system
- Continuing to recruit and support Patient Experience Advisors
- Ensuring that as corporate policies are developed, reviewed and revised to integrate the language and reflect responsibilities that align with PFCC philosophy
- Creating a workplace that supports PFCC adoption and continuing to work toward Outstanding Care, Always by supporting and monitoring the application and adherence to PFCC Standards
- Supporting the rollout of the customer service program H.E.A.R.T.
- Continuing to support and facilitate the voice and experience of the patient/family being heard and embedded in improvement processes,
- Continuing to monitor progress with and respond to quality, safety and satisfaction measures, and
- Ensuring the successor to Eleanor's position has a demonstrated passion and understanding of PFCC and the vision to continue to move the program forward.

SUMMARY

KGH is meeting its strategic vision of partnering with patients and families so as to include their perspective in all decisions which materially impact the patient experience. It is through the active engagement with patients and families and the partnering on decision making bodies that the patient and family perspective is being included and valued. We are actively working on customer service tools which will support staff and physicians in their interactions with patients and families. KGH is recognized as a system leader in enabling patient engagement and with practices that enable PFCC.

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Committees actively partnering with Patient Experience Advisors
LONG TERM COMMITTEES

Accessibility Patient Experience Advisory Committee
Art Committee
Barriers
Breast Well Follow Up

Cardiac Program Council
Cancer Centre Resource Education
CCO Navigation
CCO Toronto Patient Experience Advisors
Regional Cancer Patient & Family Advisory Council
Critical Care Program Council
Donation/Transplant Committee
Education Committee
Elder Friendly Steering Committee
Emergency Program Council
Emergency Quality Improvement Council
ICPM Steering Committee
IDEAS Strategic Patient Experience Advisory Committee
IPE Event Planning Working Group
Medication Safety Committee
Medicine Program Council
Mental Health Program Council
Neurosciences Change Team
OB/GYN Program Council
Oncology Program Council
Orthopedic Joint Practice
Palliative Care Committee
Patient Care & People Committee
Patient Education for Oncology
Patient & Family Advisory Council
Patient Flow Task Force
Patient Safety & Quality Steering
Pediatric Program Council
Quality Improvement and Safety Mental Health
Queens Department of Oncology - Education
Queens Department of Oncology - Research
Oncology model of care co-chairs
Planning & Performance Council
Regional Stroke Steering Committee
Regional Renal Prg Steering Committee
Renal Continuous Quality Improvement
Research Management
Safe Reporting Committee
Skin Integrity
Smoke Free Committee (KGH)
Social Media Committee
Southeast Priorities & Planning Committee
SPA Program Council
Strategy Patient Experience Advisory Council
Surgery Scheduling
Systemic Treatment Committee
Trillium Gift of Life
UHKF

SHORT TERM WORKING GROUPS

Advanced Care Planning Committee
Patient Experience Advisor Survey
Cancer Centre streamlining intake
Cancer chart preparation
Cancer Survivorship & Wellness
Colectoral Cancer Well follow up
Diagnostic Process for Web - Cancer Care
DI Web Page
ED Triage Working Group
End of Life Care for Web - Cancer Care
Enhancing Transitions and Flow
Feedback Forums
H.E.A.R.T.

Hip Fracture Working Group
Hiring Interviews 400+
Hospital Bed Purchasing
Hourly Rounding
ID Badge Standard
Model of Care - Cancer Centre
Organ Donor Recognition
Ortho Quality Based procedure improvement
Palliative Care Redesign
Patient-and Family-Centred Care Standards
Patient ID bracelets
Personal Effects
Reducing Employee Falls
Reducing Patient Falls
Reducing IV Medication Fluid Events
Reducing Lab Specimen Collection Errors
Regional Cancer Program Model of Care
Survivorship & Wellness follow up - Cancer
Transitional Treatment Workshop
Vocera
Wayfinding
Website Focus Group
Whiteboard working group