Patient First and Family Centred Care

2015 NP Forum
Edmonton

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Alberta Health Services
Roadmap

• What Are Patients Telling Us?
  – British Columbia
  – Alberta

• Being MORE Patient Centred
  – Patient First Strategy
  – Working Our Values
  – Embracing a New Era
  – Becoming an Organizational Radical
WHAT ARE PATIENTS TELLING US?
Albertans told us…

They want health care that engages patients and families as partners in their own care that:

– is focused on their individual health needs
– helps them get better when they need it the most
– supports them in staying healthy

**AHS Patient First Strategy** was prepared with this feedback in mind
The Institute of Healthcare Improvement describes Patient- and Family-Centred Care as:

“Care that is truly patient-centred and considers the patients’ cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes patients and their loved ones an integral part of the care team who collaborate with health-care professionals in making clinical decisions.”

“The only true measures of quality are the outcomes that matter to patients”

Porter & Lee, 2013
Being MORE Patient/Family Centred
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Verna Yiu (co Chair)</td>
<td>Vice President Quality and Chief Medical Officer</td>
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<tr>
<td>Deb Gordon (co Chair)</td>
<td>Vice President Collaborative Practice, Nursing, and Health Professions (Acting); Vice President and Chief Health Operations Officer, Northern Alberta</td>
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<tr>
<td>Roger McAdam</td>
<td>Patient &amp; Family Advisory Group – Patient Advisor</td>
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<td>Mary-Anne Robinson</td>
<td>CARNA Chief Executive Officer</td>
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<tr>
<td>Dr. Trevor Theman</td>
<td>College of Physicians &amp; Surgeons of Alberta Registrar</td>
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<td>Dr. Allan Garbutt</td>
<td>AMA President</td>
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<tr>
<td>Patricia Pelton</td>
<td>HQCA Acting Chief Executive Officer</td>
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<td>Ron Hodgins</td>
<td>AUPE Acting Executive Director</td>
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<td>Heather Smith</td>
<td>UNA President</td>
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<tr>
<td>Elisabeth Ballermann</td>
<td>HSAA President</td>
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<tr>
<td>Dr. Mark Fordor</td>
<td>AHS Physician (North)</td>
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<tr>
<td>Dr. Ann Colbourne</td>
<td>AHS Senior Medical Director, Quality and Transformation</td>
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<tr>
<td>Dr. Francois Belanger</td>
<td>AHS Physician, Medical Leader Central and South</td>
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<tr>
<td>Leah Prestayko</td>
<td>AHS Executive Director, Community Engagement</td>
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<td>Rob Armstrong</td>
<td>AHS Executive Director, Human Resources</td>
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<td>Jennifer Rees</td>
<td>AHS Executive Director, Patient Experience</td>
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<tr>
<td>Harley Crowshoe</td>
<td>Wisdom Council</td>
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<td>Gloria Laird</td>
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<td>Don Whittaker</td>
<td>Health Advisory Council</td>
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<td>Emily MacPhail</td>
<td>Patient &amp; Family Youth Advisor</td>
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<td>Tristan Pidner</td>
<td>Patient &amp; Family Youth Advisor</td>
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Phase 1: Patient First Steering Committee

www.albertahealthservices.ca
Patient First: Timeline

- **Phase I:** Nov 2013 - June 2014 (complete)
  - Literature review and review of best practices
  - Comprehensive consultations – “What does this strategy look like to you?”
- **Phase II:** Aug 2014 – January 2015 (complete)
  - Validation consultations with initial groups and cascading dialogues within AHS
- **Phase III:** January 2015 onwards
  - Planning for and roll-out of implementation
Phase I: Consultations

- > 30 breakout groups
- N=320; 186 staff/physicians, 134 patients/family members
- Survey >200 responses
- Web link 59 responses
Phase 1: Who was consulted?

Patient & Family Centred Care

Total N = ~320

Staff & Physicians

Total = ~186

Patient & Family Advisors

Total = ~134

- Prov. Social Work Professional Practice Council
- Prov. Psychology Professional Practice Council
- Prov. Occupational Therapy Professional Practice Council
- Prov. Nursing Professional Practice Council
- Therapist Assistant Support Committee
- Prov. Physical Therapy Professional Practice Council
- Prov. Physician Executive Committee
- Prov. Speech Language Pathology Professional Practice Council
- Prov. Recreation Therapy Professional Practice Council
- Alberta Clinician Council
- Critical Care PFCC Collaborative Committee
- Prov. Audiology Professional Practice Council
- Prov. Spiritual Care Professional Practice Council
- Prov. Respiratory Professional Practice Council
- Medical Students

- Patient & Family Think Tank
- Health Advisory Council Chairs
- Patient & Family Advisory Group
- Children & Youth Advisory Council
- SHC Citizen Advisory Team
- Patient Engagement Researcher Group
- Stollery Family Centred Care Council
- Aboriginal Wisdom Council
- AHS Patient & Family Group
Phase 1: What we learned...

Overarching Theme of Phase 1 Consult

_Everything we do in AHS must reflect a patient and family centered care approach_
Phase 1: What we learned...

The fundamentals of PFCC – we should capitalize on the Institute for PFCC guiding principles. We should “ALWAYS” expect this. Everyone, Every time, Everywhere.

Critical Care PFCC Collaborative Committee

Staff and Physicians are there to help and patients/families need to be listened to. The days of traditional medicine are gone and people are not machines so should not be treated that way. There has to be ways to ensure that no one is lost in the system, especially one as huge as AHS.

Health Advisory Council member
Phase 1: What we learned...

4 Sub-themes:
• Need for improved communication
• Treat people well
• Adopt team based care
• Improve transitions of care
Phase 1: What we learned…

Sub-Theme 1: Need for improved communication

• Between patient/healthcare providers, provider/provider, provider/facility

• Good communication takes time – which eventually saves time

Sub-Theme 2: Treat people well

• Patients to be treated with respect and dignity, and to be treated as an individual/whole person and not a “condition”, “body part”, or “disease”.

• Need for patients to have input into their care and importance of patients/families in setting goals of care
Albertans told us…

It is much more important to know what sort of a patient has a disease than what sort of a disease the patient has.

William Osler
Phase 1: What we learned...

Sub-Theme 3: Adopt team based care

• Need to move away from the “medical model” to increase collaboration amongst all providers and with patients
• Patients and families can act as support and resource
• AHS staff/MDs want a better understanding of roles and scopes of practice with improved team processes

Sub-Theme 4: Improve transitions of care

• Challenges highlighted on poor transitions of care e.g., family MD to specialist, between units/care areas, between sites, transitioning into adult care, etc.
• Need improved means of communication and processes
Albertans told us…

Alone we can do so little, together we can do so much.

Helen Keller
Phase 1: What we recommend…..

Sub-Theme 1: Need for improved communication

1. Provide Patient and Family Centered Care (PFCC) Training
   – AHS PFCC best practices – disseminate and implement provincially

2. Better Utilization of Technology
   – Support information technology that puts the information at patient and provider fingertips
Phase 1: What we recommend…..

Sub-Theme 2: Treat People Well

1. Strengthen PFCC culture
   - Add Empathy as an eighth core value
   - Hire individuals who demonstrate patient- and family-centred care principles, such as active listening and treating people well.
   - Educate new and existing staff on patient- and family-centred care principles and officially recognize employees who regularly demonstrate patient- and family-centred care behaviours.

2. Link to AHS People Strategy (in-development)
Sub-Theme 3: Team based care

1. Focus on PFCC from the onset:
   - Ensure that the patient-and family-centred care approach is implemented at entry point of care and is continuous throughout the health-care journey; provide team-based care centred on the needs and wants of the patient and family (e.g., CoACT, TeamCARE).

2. Allocate Resources as appropriate:
   - Adopt a strong ‘get things done’ approach to ensure the strategy is as efficient and effective as possible. Patient-and family-centred care must be kept in the forefront supported by adequate resources: human, infrastructure, and financial.
Phase 1: What we recommend...

Sub-Theme 4: Transitions

1. Develop better support for transitions of care:
   - Facilitate the development of a standardized transition process, including a ‘transition passport’ and/or transition checklist, that supports the transition of the patient from area to area (e.g., acute to continuing care, to home care, and so on). These materials may include information such as care history, medication history, etc.

2. Clearly outline shared accountability:
   - Clearly outline step-down approaches and shared planning between providers/facilities/pts
Other suggestions?
Phase 2: Validation Consultation

Validation consultation – October to December 2014

<table>
<thead>
<tr>
<th>Feedback Source</th>
<th>N equals</th>
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<tbody>
<tr>
<td>Validation Consultations</td>
<td>23 groups</td>
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<tr>
<td>Online feedback tool</td>
<td>106 surveys</td>
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<tr>
<td>Cascading dialogue template</td>
<td>39 templates</td>
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> 477 provided feedback
## Phase 2: Validation Consultation

<table>
<thead>
<tr>
<th>PRACTICE COUNCILS &amp; PROVIDER GROUPS</th>
<th>ADVISOR GROUPS (INCLUDES NON-AHS MEMBERS)</th>
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<tr>
<td>Audiology</td>
<td>South Health Campus – Citizen Advisory Team</td>
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<td>Therapist Assistants</td>
<td>Children and Youth Advisory Council – ACH</td>
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<td>Social Work</td>
<td>Patient and Family Advisory Group - ACH</td>
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<td>Physiotherapy</td>
<td>Health Advisory Councils</td>
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<td>Psychology</td>
<td>Aboriginal Wisdom Council</td>
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<td>Speech Language Pathology</td>
<td>Critical Care SCN PFCC Collaborative Committee</td>
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<td>Recreation Therapy</td>
<td>Family Centred Care Council - Stollery</td>
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<td>Occupational Therapy</td>
<td>Patient &amp; Family Advisory Group</td>
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<td>Spiritual Care</td>
<td>Patient Engagement Reference Group</td>
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<td>Nursing</td>
<td>Patient/Family Advisors-Executive Leaders Day</td>
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<td>Managers – (PF Webinar)</td>
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<td>Alberta Clinician Council</td>
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<td>Aboriginal Health Program</td>
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<td>Respiratory Therapy</td>
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Phase 2: What we heard…

Related to how the strategy resonates with participants:

• The four themes resonate but need to be better defined
• Wording of themes, especially “Treat People Well” could be improved and be more sensitive/neutral
• Important to recognize existing PFCC exemplars and determine what keeps it from occurring everywhere
• The standards for PFCC are not well defined; current state benchmark is lacking
Phase 2: What we heard…

Related to systemic issues/challenges facing AHS:

• Must not “feel like the flavour of the day”

• Need strong leadership for the strategy to ensure follow-through will occur (i.e. due to competing priorities and limited resources for example); long term planning

• Performance accountability – establishing clear guidelines as defined by PFCC standards for the system/programs and individual staff
Phase 2: What we heard…

(continued)…

• Physician integration critical to the strategy’s success; concerns expressed as they operate as “contractors” in health delivery and on how to hold them accountable

• Performance measures capturing the entire patient “experience”; across all sectors and ages

• Cultural competency among staff—i.e., integrating First Nations traditional healing when requested, addressing language needs of new Canadians and of sexual/gender minorities
How we will respond…

• Amendments to the Patient First Strategy to reflect feedback from Phase 2 validation process:

  Treat People Well → Promote Respect

  Improve Communications → Enhance Communications

  Adopt A Team-Based Approach To Care → Support A Team-Based Approach To Care

  Provide Better Transitions In Care → Improve Transitions In Care

• Recommendations to address systemic concerns

  Patient First Steering Committee to address system challenges through the development and oversight of an implementation roadmap for Patient First.
Examples of Measures - How Will We Know?

• Improvement in team culture environment
• Improvement in quality and safety measures
• Higher levels of patient/family satisfaction
• Higher levels of staff/physician/volunteer satisfaction
• Improved Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPH) scores in communication/discharge
• Patient Reported Outcomes Measures (PROMs)
Next Steps: 2015/2016

- Patient First (Implementation) Steering Committee – Reconvened in its updated form on February 27, 2015
- Alignment with other priority areas (i.e., IM/IT, People Strategy, Research & Innovation)
- Development of implementation roadmap; anticipated date of publishing: Summer 2015
- Regular communication updates & organizational engagement
Working Our Values

Respect       Accountability

Transparency

Engagement   Learning

Performance

Safety       Empathy
# Embracing a New Era

<table>
<thead>
<tr>
<th>Dominant Approach</th>
<th>Emerging Direction</th>
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<tr>
<td>• Power through hierarchy</td>
<td>• Power through connection</td>
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<tr>
<td>• Mission &amp; vision</td>
<td>• Shared purpose</td>
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<tr>
<td>• Making sense through rational argument</td>
<td>• Making sense through emotional connection</td>
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<td>• Leadership-driven (top down) innovation</td>
<td>• Viral (grass roots driven) creativity</td>
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<td>• Tried and tested, based on experience</td>
<td>• “Open” approaches, sharing ideas &amp; data, co-creating change</td>
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<tr>
<td>• Transactions</td>
<td>• Relationships</td>
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Source: Helen Bevan 2015
Being an Organizational Radical


Everyone thinks of changing the world but no one thinks of changing himself.

Leo Tolstoy

“Be the change that you wish to see in the world.”

Mahatma Gandhi
Being an Organizational Radical

- Being a health and care radical
- Building alliances for change
- Rolling with resistance
- Moving beyond the edge

http://www.theedge.nhsiq.nhs.uk/.
One Final Thought

• Utilize expertise of others
References

• AHS Patient First Strategy (2014) http://insite.albertahealthservices.ca/patientfirst.asp

