



Case Study #47



Transforming the patient experience at Kingston General Hospital

Introduction

Patients and families coming to Kingston General Hospital (KGH) are experiencing a transformational change in the way care is delivered through the implementation of the Interprofessional Collaborative Practice Model (ICPM). The care delivery model was designed to be patient- and family-centred, safe, of high quality and cost effective.

Background

The KGH strategic plan includes *transforming the patient experience through a relentless focus on quality, safety and service and bringing to life new models of interprofessional care and education*.¹ The implementation of the ICPM has been the foundation of this transformational change. ICPM first began in 2009 as part of a fiscal recovery strategy – KGH wanted to ensure that quality of care and work environment were not compromised and ideally were improved as financial recovery was managed.

Model Description

In 2009, 54 representatives from various disciplines and services gathered to design a new approach to care delivery. The design team identified purposeful engagement of patients and families in the care process, communication, and discharge planning as areas of opportunity for improvement. The resulting model was patient- and family-centred and conceptualized as a system of interacting levers: People, Technology, Information, and Process. Enabling the levers are collaboration and coordination, communication, education, and leadership. Eight implementation teams supported the redesign of roles and processes.

It is clear from the ICPM framework that every lever is important and must function efficiently to ensure that collaborative care is patient- and family-centred, high quality, safe and efficient. Way, Jones and Busing define interprofessional collaboration as an interprofessional process for communication and decision-making that enables the knowledge and skills of care providers to synergistically

Figure 1:

ICPM conceptual framework

Will need the chart supplied as separate EPS file.
It was embedded in a WORD file.

influence the patient care provided.² High performing collaborative teams ensure patients and families are active team participants.³

Through a system-wide approach to change, it was expected that the organization would be better prepared to deliver safer, higher quality care and enriched experiences for patients, families and practitioners.

Implementation

Implementation of ICPM began in November 2009 with 2 showcase units. We quickly came to realize that in order to create and sustain a patient- and family-centred approach to care, we needed patients and families to advise us along the way. The KGH Patient and Family Advisory Council (PFAC) was formed in January 2010. This very active engaged council provided direction to the ICPM as it was implemented and continues to provide direction as the model of care is evaluated throughout the hospital. The PFAC is comprised of the following: twelve former patients or family members of patients who have received care at KGH working in partnership with executive leadership and staff.

Today KGH has more than 60 patient experience advisors who work with staff at all levels of the organization to ensure the patient voice is heard throughout the organization. The patient experience advisors are members of key service-based and corporate committees and participate on job interview panels from the director level to the healthcare provider level. One of the early requests from our advisors was a tour of the clinical laboratories to better understand what is involved in specimen testing and how the laboratories interact with the clinical teams and patients.

Between November 2009 and April 2012 the model was implemented throughout the organization. The implementation of the model was overseen by a steering committee with specialized teams reporting on progress in areas such as documentation, technology, process design, education, and human resources.

Examples of changes made during the implementation and subsequent evaluation include:

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- Introduction of flexible visiting hours to support family presence and create an environment supportive of patient- and family-centred care
- Increased involvement of patients and families in decision-making and care planning
- Shift from doing *for* and *to* patients to doing *with* patients and families
- Patient and family representation on more than 35 governance, clinical and operational committees
- Integration of patient and family perspectives in the development and review of policies, information, signage, way-finding initiatives, and education materials
- Interprofessional team approach to patient care
- Increased scope of laboratory assistant practice in microbiology and histology laboratories
- Implementation of phlebotomy team
- Implementation of lab order entry to generate instrument ready labels, remove duplication of processes and improve test result turnaround time
- Establishment of transfusion coordinator position to audit, monitor, and educate on blood product utilization and promote safe practices.

Changes were supported through a comprehensive education program on interprofessional collaboration, patient- and family-centred care, and communication. One hundred and sixty staff aligned to the clinical laboratories attended education in January 2012. In addition to providing valuable education, the sessions have provided a forum for interaction and collaboration between staff members and patient experience advisors. A clinical lab employee noted, “*Hearing from a patient experience advisor was a highlight and should be done more often to remind us why we are here and how important our job is*”.

Methodology

A pre-post mixed-methods design was used with an evaluation framework focusing on patient, provider, and system outcomes to determine whether ICPM transformed the patient experience.

Results

Thirty month post-implementation results show improvements in quality of patient care and quality of work life. On patient and provider surveys, respondents are satisfied with outcomes. Patients reported being more aware of

the plans relating to their healthcare, that their care is well coordinated, that they feel they have been listened to by the healthcare team, and that they feel safe and secure at KGH. In general, the patient surveys reveal a stable trend with regard to satisfaction with care, although there is some variation between units.

Clinical Laboratories staff and physician survey results demonstrate improvement in collaborative practice and job satisfaction. At 16 months post ICPM implementation, job satisfaction increased by 19%.

Discussion

Interprofessional collaboration and patient engagement have been vital in optimizing care through ICPM. Patient experience advisors are partnering with KGH to improve quality, safety, and service for everyone who comes to our hospital. Developing such a model is a journey. New opportunities for patient and family member involvement are revealed daily.

We have learned many valuable lessons on our journey. A key lesson learned during implementation of ICPM was the importance of clear communication. Consistent messaging must occur at all levels and throughout all phases of the redesign work to minimize apprehension and fear related to impending change.

We learned that collaboration and trust between patients and providers goes beyond that encountered in the typical healthcare professional/patient relationship.⁴ A greater sense of equality has evolved by partnering with patients and families on issues that were previously restricted to healthcare providers and administrators.⁴

Although the clinical laboratory staff is not an entirely visible part of the patient experience, they play a vital role in every patient’s care journey. We learned that interaction between clinicians and laboratory staff is vital to collaborative practice.

Conclusion

Evaluation results indicate that ICPM is making a difference. Ongoing feedback and engagement of staff and patients helps the model evolve and contributes to its success and sustainability. Our focus has shifted from implementation to sustainability of the model to anchor the changes arising from this approach within our organization. We have taken the first step in advancing our aim to transform the patient experience and to blend quality and value in such a way that our patients and families will be able to count on us for generations to come.⁵ ❖

About Kingston General Hospital:

KGH is a centre for complex-acute, specialty care and trauma services and is also home to the Cancer Centre of Southeastern Ontario. KGH services almost 500,000 people who live in a 20,000 square kilometer predominantly rural area, as well as some communities on James Bay in Ontario’s north. KGH provides care through its Kingston facility and 24 regional affiliate and satellite sites. Fully affiliated with Queen’s University, KGH is a teaching hospital which is home to 2,400 healthcare students from 34 educational institutions across Canada who rely on us to provide the learning environment they need to become healthcare professionals. We are also home to 175 health researchers which helped to earn us the 2011 ranking as one of Canada’s Top 40 Research Hospitals.

KGH currently operates 450 inpatient beds with our 3,750 working KGH staff, 565 medical staff, 850 volunteers and almost 60 patient experience advisors. We treat more than 50,000 people in our Emergency Department, conduct more than 70,000 Cancer Centre visits and deliver more than 2,000 babies each and every year.

References:

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