

# **Patient Engagement in Action:** **Putting Patients, Families and Caregivers** **at the Centre of the Circle of Care**

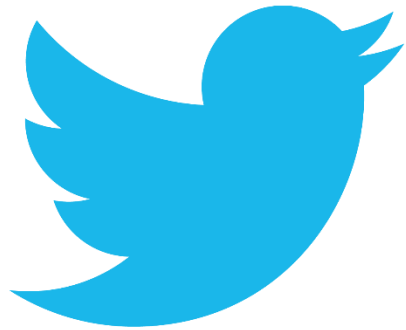
# Presenter Disclosure

- **Presenters:** Leslee Thompson, Barry Brown, Isabella Cheng, Saif Syed, Andrea Griener
- **Relationships with commercial interests:** None

# Disclosure of Commercial Support

- This session has received no commercial support

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**#HQT2014**

# Learning Objectives

1. Develop an understanding of leading practices on purposefully engaging patients, families, and caregivers to inform care and improvements in the system
2. Discover opportunities and methods for engaging patients and learn how others have successfully implemented patient engagement initiatives in their organizations

# Patient Engagement in Action: What is Happening Locally and Globally?



# **Seeking and Embedding the Voice of the Patient**

at Sunnybrook Health Sciences Centre

**Barry Brown**, Patient Advocate

**Isabella Cheng**, Professional & Education Leader,  
Occupational Therapy and Chair, Person-Centred Care Best Practice



# ***Seeking and Embedding the Voice of the Patient***

*A values based strategy: Caring, compassion, listening, autonomy, information-sharing, shared decision-making, dignity, respect & trust to work with patients' most important goals, concerns, preferences, care needs*





# Barry's Story



***Ask first*** what is important to me now,  
***share*** my story with those who need to know,  
and ***do*** what matters most to me.





# Seeking and Embedding the Voice of the Patient

## Person-Centred Care

Patients and families are invited to share what's most important.  
Staff will listen, discuss and act on what matters most.

## Why?

- Excellent patient experiences and positive outcomes for patients and families
- Increased safety and improved quality of care

## How?

### Start with N.O.D.S.

**Introduce yourself with:**

- N** – say your **Name**
- O** – state your **Occupation**
- D** – describe what you will **Do**
- S** – **Supportively, Sincerely,**  
and with a **Smile**

1

### Seek the Voice of the Patient

**ASK first:**

Today/right now, what's most important to you?

- goal, concern, worry, preference, care need
- What would you like to see happen? What would help?

2

### Embed the Voice of the Patient

**SHARE & ACT:**

What's important to the patient and work with the interprofessional team and health care partners across the continuum of care  
Document the patient story  
Take action and see it through

3

# Sunnybrook's 2014/15 Quality Improvement Plan

## Sunnybrook's 2014/15 Quality Improvement Plan



### Overview

Sunnybrook Health Sciences Centre is pleased to share its fourth annual Quality Improvement Plan (QIP). This plan describes the hospital's priorities for quality improvement. Sunnybrook's vision is *to invent the future of healthcare* and the hospital's mission is to *care for our patients and their families when it matters most*. The hospital's vision and mission have formed the basis for the key initiatives in this plan.

Sunnybrook's three quality strategic goals, that have guided the selection of the QIP priorities, include the following:

1. Lead in the development, application and promotion of quality and safe practices system-wide that improve the patient experience and outcomes.
2. Focus on the highest levels of specialized care in support of our Academic Health Sciences Centre definition.
3. Work with system partners and government to build an integrated delivery system in support of our communities and our Academic Health Sciences Centre definition.

As a large academic health sciences centre, Sunnybrook is engaged in multiple activities that improve the quality of our services. This plan captures a selection of those high priority initiatives and builds on earlier plans in order to further improve performance. The following are some notable areas:

- Sunnybrook is developing new processes of care to ensure those patients who are declining clinically, can be identified and treated to ensure the best possible outcome. It is hoped these initiatives will become a best practice for Sunnybrook and for other hospitals.
- Sunnybrook will further enable our clinical staff to contribute to quality improvement through their participation in Sunnybrook's iLead Quality & Patient Safety Support Program. This is a training program that teaches quality and patient safety improvement skills to staff at all levels and provides them with quick access to standard tools and relevant performance data.

Sunnybrook will utilize a “person centred care” approach to achieve the best patient interactions possible. This strategy will focus on increasing patient engagement and on supporting staff to use approaches to care that put the patient first.



# “Your Voice Matters” Brochure

## Who can I talk to if I have any questions, concerns or comments about my experience?

When you want to share a story about excellent care or give ideas for how we can improve:

- Talk with a Health Care Team member or the Patient Care Manager.
- Get more information at Sunnybrook's Office of the Patient Experience.

Email:  
patient.experience@sunnybrook.ca  
or call 416-480-4940

We want you to have an excellent patient experience and the best possible health care outcomes. We want you to have safe, high-quality health care at Sunnybrook Health Sciences Centre.

We invite you and your family to be partners in Person-Centred Care.

Sunnybrook Health Sciences Centre

Bayview Campus  
2075 Bayview Avenue  
Toronto, ON Canada M4N 3M5  
Tel: 416-480-6100

Holland Orthopaedic & Arthritic Centre  
43 Wellesley St. East  
Toronto, ON Canada M4Y 1H1  
Tel: 416-967-8500

St. John's Rehab  
285 Cummer Avenue  
Toronto, ON Canada M2M 2G1  
Tel: 416-226-6780

PR 30181 (2014/03/28)

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## Person-Centred Care

Your Voice Matters

## What is Person-Centred Care?

You know what's most important to you. Person-Centred Care brings your values, knowledge, preferences and needs into the centre of your health care. We welcome your questions and want you to be active in your health care. We invite you and your family to be our partners in care.

At Sunnybrook, we strive to deliver Sunnybrook's Values and 4 Cs of Caring:



## What does Person-Centred Care mean for me and my family?

As a patient at Sunnybrook, we see you as a person first. That is Person-Centred Care.

Your voice is heard; we listen to you.

You take part in making decisions about your care; we respect your choices and inform you of what those decisions will mean for you.

You are the most important partner in your care; we develop healing relationships with you, built on trust, respect and dignity.

## How can I take part in my care?

### Share information

- Talk with us about what's most important to you.
- Tell us about your goals, concerns, worries, preferences and care needs.
- Tell us about your family and any others who are part of your health care.

### Ask questions

- Ask us to explain your diagnosis, treatment and care plan.
- Ask us about anything you don't understand.

### Work with your Health Care Team

- Talk with us about who is caring for you and what will happen.
- Talk with us about how we can support your emotional needs, as well as your physical needs.
- Take notes to remember details about what was discussed.

## What can I expect from my Health Care Team?

Your experience at Sunnybrook is important to us. This means that you can expect our Health Care Team members to always:



### 1) Start with a N.O.D.

We introduce ourselves:

- N – say our Name
- O – state our Occupation (job)
- D – tell you what we will Do together with you



### 2) Seek your Voice

We ask you:

- Today/Right now, what's most important to you?
- What would you like to see happen?
- What would help?



### 3) Embed your Voice

We share and act on what matters most to you:

- We make sure your voice is heard and is part of your care plan.
- We make notes on your health information.
- We will work together to take action and see it through.

# Call to Action



## Call To Action: Sunnybrook's Person-Centred Care Strategy

### Seeking & Embedding the Voice of the Patient

It was a Sunnybrook nurse who said "He/She may be my 100th patient... but I know it's that *person's* first experience".

Person-Centred Care is about **Seeking and Embedding the Voice of the Patient**.

This means that we see the **person** first, in all of our patient interactions.

### Let's Take Action - Always



### You are the Patient Experience As a Sunnybrook staff member, you:

- Use NODS - state your Name, Occupation and what you will Do, Supportively, Sincerely, and with a Smile
- Intentionally start with what is important (what matters most) to the person
- Strive to understand the patient experience
- Work together with patients and their families, rather than doing things to or for them



### Full implementation of the strategy will achieve:

- Patient interactions that are grounded in Sunnybrook's ECARE Values & the 4 Cs
- Consistency in our approach with patients and with each other
- Clarity in how we work together and respect patient preferences
- Enhanced safety, improved clinical outcomes, efficient and effective care
- Increased patient and staff satisfaction



### A Call for your Action

#### Person-Centred Care

- Patients and families are invited to share what's most important.
- Staff will listen, discuss and act on what matters most.

#### Why?

- Excellent patient experiences and positive outcomes for patients and families
- Increased safety and improved quality of care

#### How?



### Our Organizational Target ... and how you contribute to it

👍 Patient satisfaction scores can help us measure the success of the strategy. Our goal is to consistently achieve a positive response rate of 93% for the survey question "Overall, how would you rate the care and services you received at the hospital?"

Performance as of Q2 2013/2014



### The Patient Experience is:

The sum of all **interactions**, shaped by a organization's **culture**, that influence patient **perceptions**  
Beryl Institute

**Let's take action - Always Seek and Embed the Voice of the Patient  
because you are the Patient Experience**

Everything you do affects the patient experience.

A neatly-wrapped sandwich matters. Beautiful gardens matter. Any patient interaction that expresses caring matters.

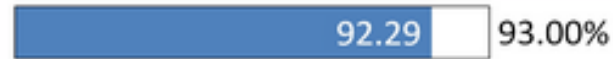
Patients tell us that it matters.





### Person-Centred Care

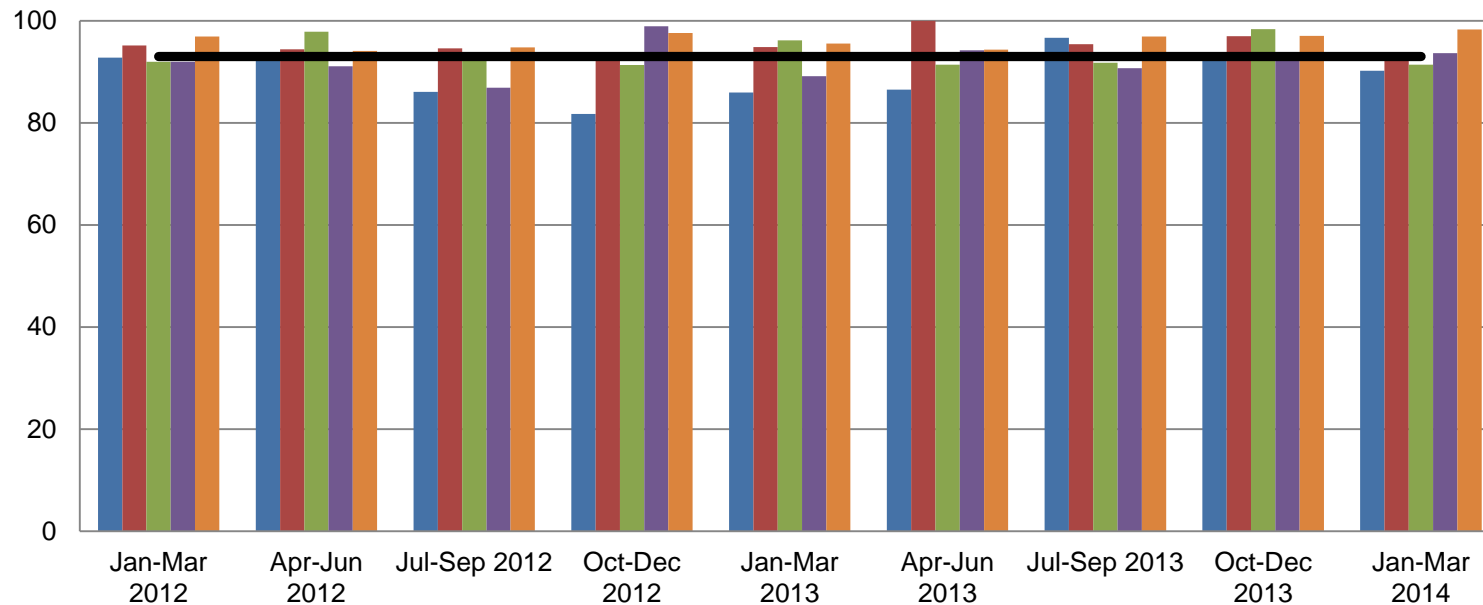
By engaging our patients as partners in their health care, we can ensure we understand and address what matters to them and create more positive patient experiences and outcomes.



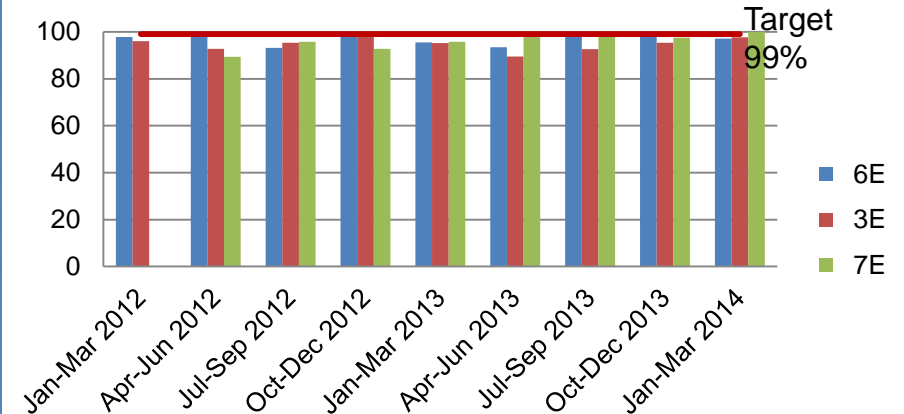
#### What's our goal?

Increase the positive response rate to 93% for the survey question "Overall, how would you rate the care and services you received at the hospital (inpatient care)?"

## Overall, how would you rate the care you received at the hospital?

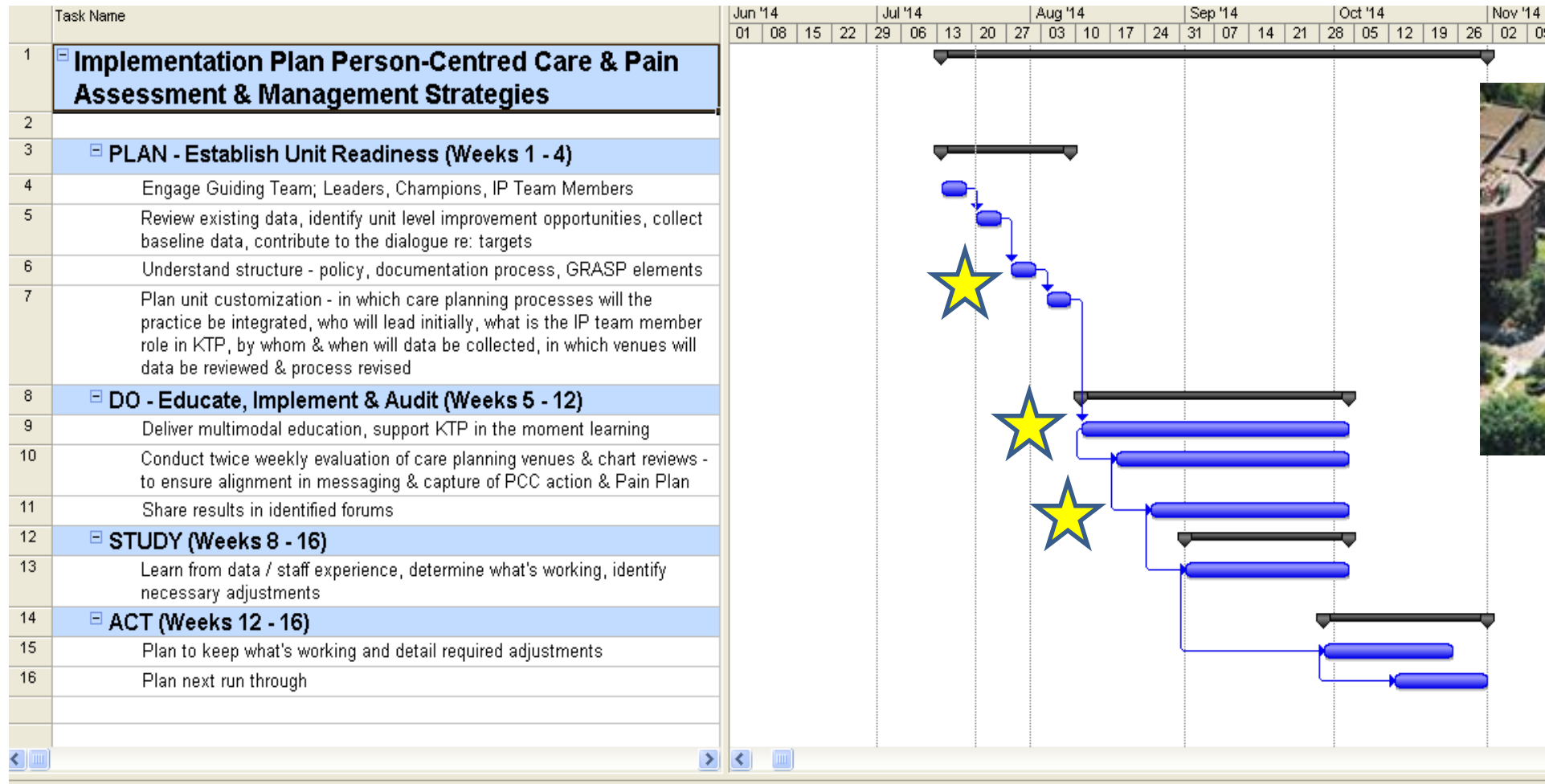


## Overall, how would you rate the care you received at the hospital? - Holland Centre





# 16-Week Implementation Plan, Holland Centre



## Lead Change

Try, Learn, Teach, Spread

## Continuously Improve

- What is our target?
- How are we moving towards to the target?
- What do we need to do to continue improving care?



# Learning through Reflection, with Patients

How do you get to know the **person** in the patient?

How do you ask and listen?

How do you seek to know the experiences of the patients you are caring for?

How do you engage patients to develop **their** care plans?

How do you enable patients to make choices that matter for them?

How do patients and their families take part in what is most important?

How do you involve the interprofessional team to meet patients' needs?

How do you make sure each person knows what to do to follow through?

How do you work together to take action?





# From Chart Audits and Surveys...



## General Medicine Unit Patient Satisfaction Questionnaire

Below are a number of questions about your most recent hospital stay. Please answer each question by placing a checkmark ☒ in the box that best indicates your opinion.

Your answers will help us improve our services within the General Medicine Units.

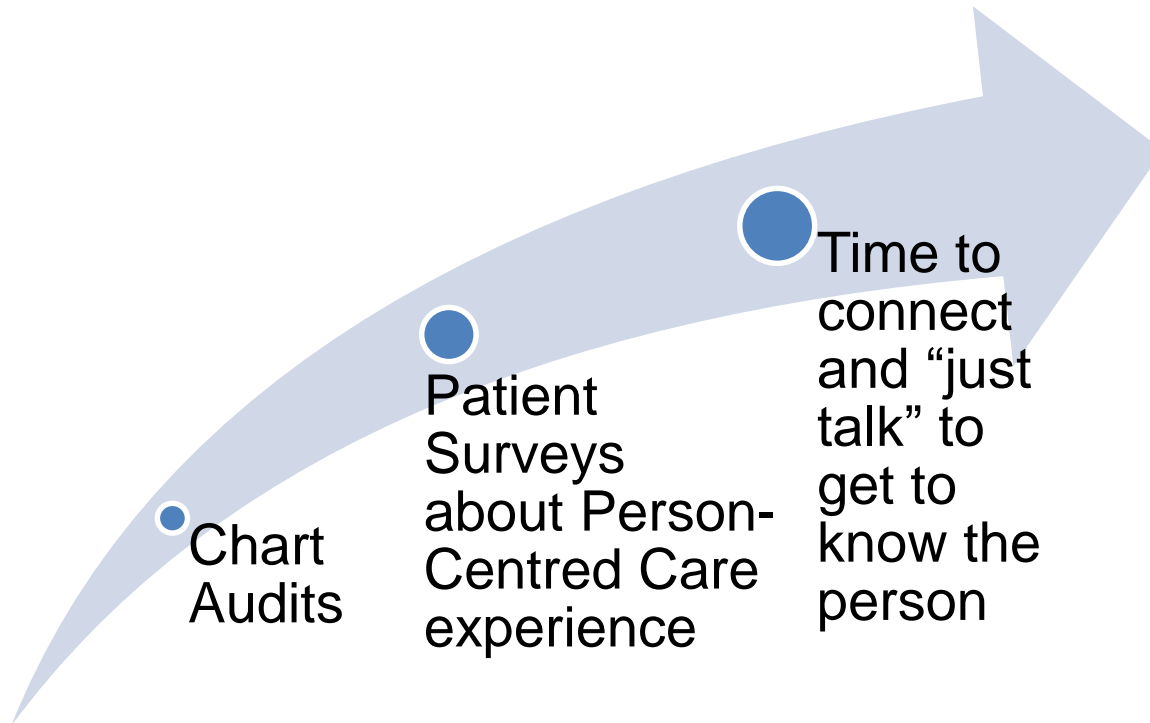


### Thinking back over the course of your hospital stay:

		Always	Usually	Sometimes	Never	
❶	When staff came to see you, did they introduce themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
❷	How often did staff ask what was most important to you?	Did not need or want to discuss	Always	Usually	Sometimes	Never
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❸	How often did staff work with you to act on what was important to you?	Did not have issues to be addressed	Always	Usually	Sometimes	Never
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# ...to “Conversations with Patients”



# What are we seeing, hearing, noticing?





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# Patient Videos

*“You Said, We Did”*

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Engaging Patients in Innovation & Quality Improvement

**Saif Syed**

B.Sc. (Health Studies)

MBA (Health Management)

United Nations University: Water & Health Policy

# The Question:

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**How to engage patients  
in change?**

# The Question:

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How to engage patients  
in change?



# Patient Videos: The Story

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**3 – 5 minute video  
interview**

**Capture the unique  
patient experience**

**The good. The bad.  
The ugly. The better**



# Patient Videos: The Change

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**1. Capture**

**2. Discuss**

**3. Act**

# Patient Videos: **The Video**

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# Patient Videos: The Why

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**Experience**



**Empathy**



**Empower**



# Patient Videos: Journey

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TORONTO EAST  
GENERAL HOSPITAL

# Take Away

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- Simplicity
- Humanizing health care
- Experience vs process
- Empowering the patient
- Model the way

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## Get Started





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# Resources

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- Patient video toolkit : How to guide
- Patient video policy
- Waivers
- Templates
- Patient videos





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# Patient Videos

Saif Syed: [ssyed@tegh.on.ca](mailto:ssyed@tegh.on.ca)

*“I've learned that people will forget  
what you said, people will forget  
what you did, but people will never  
forget how you made them feel.”*

*- Maya Angelou*

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# **Timmins Health Link:** **Patient Discovery Interview Process**

Andrea Griener, BA, MPA  
Timmins Health Link Project Manager



# Timmins Health Link Partners



- Timmins Family Health Team (lead)
- Timmins and District Hospital East End Family Health Team
- Canadian Red Cross
- Porcupine Health Unit
- Community Care Access Centre
- VON
- Misiway Community Health Centre
- Timmins Native Friendship Centre
- Canadian Mental Health Association
- Alzheimer Society
- South Cochrane Addiction Services
- Jubilee Substance Abuse Centre
- Access Better Living
- Cochrane District Social Services Administration Board (DSSAB) – Housing & Income Support
- North East Local Health Integration Network (LHIN)
- Paramedicine Emergency Medical Services

# Timmins Health Link Criteria and Statistics

## **Assess the Highest Users at Timmins and District Hospital**

### Criteria for Health Link assessment:

- 15+ Emergency Department visits or
- 4+ Admissions
- Live in Timmins, not in Long Term Care or Alternate Level of Care

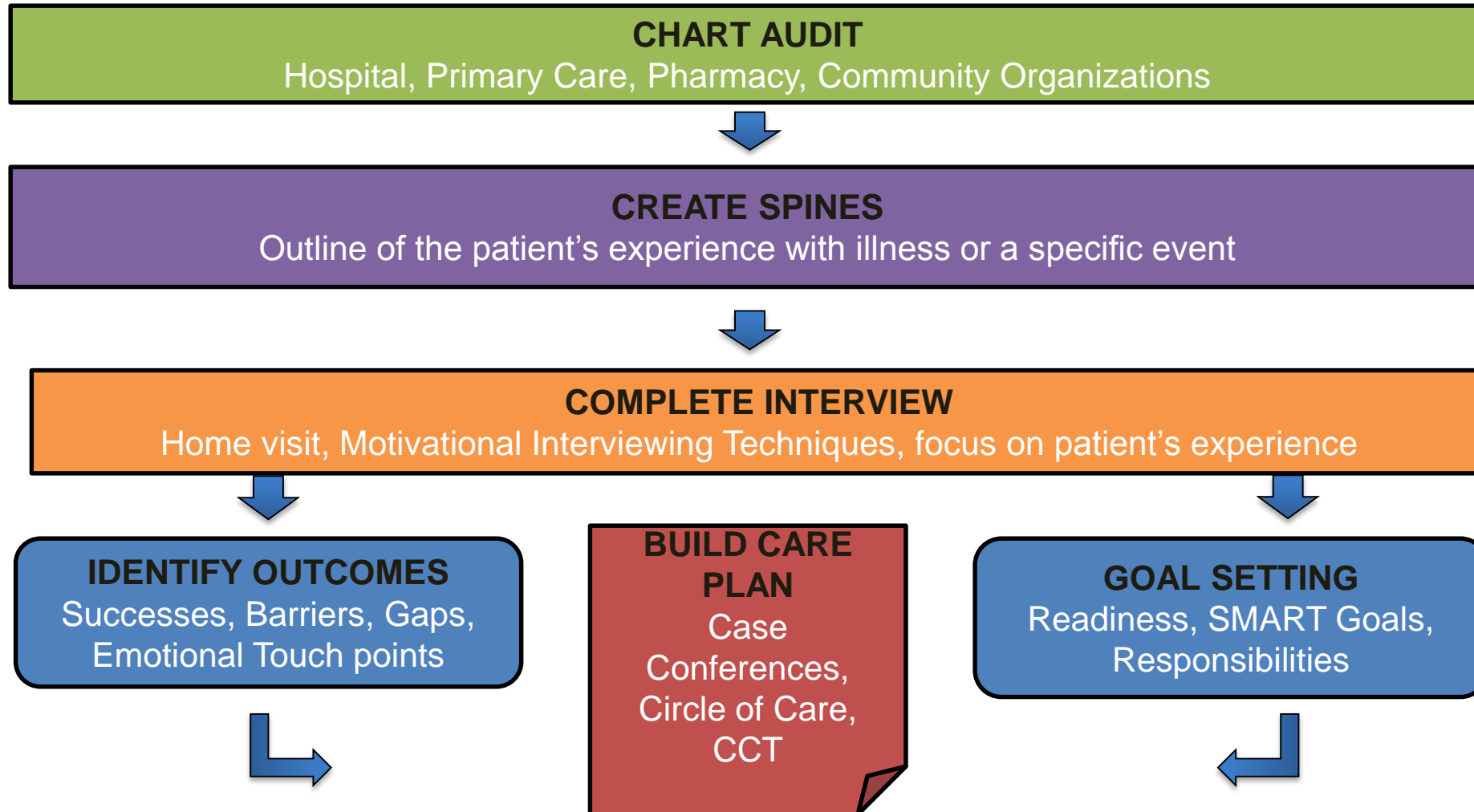
- **Approved as Health Link: Spring 2013**
- **Start date for Health Link referrals from Timmins and District Hospital: Late Nov 2013**
- **Number of patients assessed by Oct 2014: 60**
- **Ages of clients: 1-100, 40% mental health; varied diagnoses**

# Tracking Health Link Clients

Between Nov 2013-May 2014 had **41** referrals of high use clients

- **37** clients agreed to the Health Link assessment; **4** of the 37 still high users:
  - 2 frail elderly
  - 1 with significant mental health challenges
  - 1 had no Primary Care provider (Emergency Department visits stopped in July when he acquired a Primary Care Physician)
- **4** clients refused the Health Link assessment; **3** of these are still high users at Timmins and District Hospital.

# Timmins Health Link: Patient Discovery Interview Process

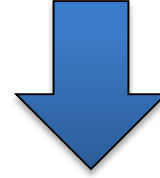


# Patient Discovery Interview Process

## **1<sup>st</sup> step: CHART AUDIT**

- Hospital, Primary Care, Pharmacy, Community Organizations

# Patient Discovery Interview Process



## **2<sup>nd</sup> Step: CREATE SPINES**

Outline of the patient's experience with illness or a specific event

# Example of the PDI Spine

(Name of Disease Process/Event lived) e.g., “COPD”

## Outline of experience

*Thinking something was wrong*

*Seeing the Primary Care provider*

*Having test to figure out what was wrong*

*Being told what was wrong*

*Receiving treatment*

*Living with your condition*

*Getting follow up*

## Patient's Perspective

“I started to have trouble breathing at night”

**Successes:** Supportive family

**Challenges/Barriers:** Difficulty affording medications on a consistent basis

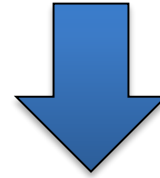
**Gaps:** No primary care provider

**Emotional Touch Points:** (Emotions experienced with associated triggers)

Emotion: Confused

Trigger: When being discharged home, no one explained my list of medications

# Patient Discovery Interview Process

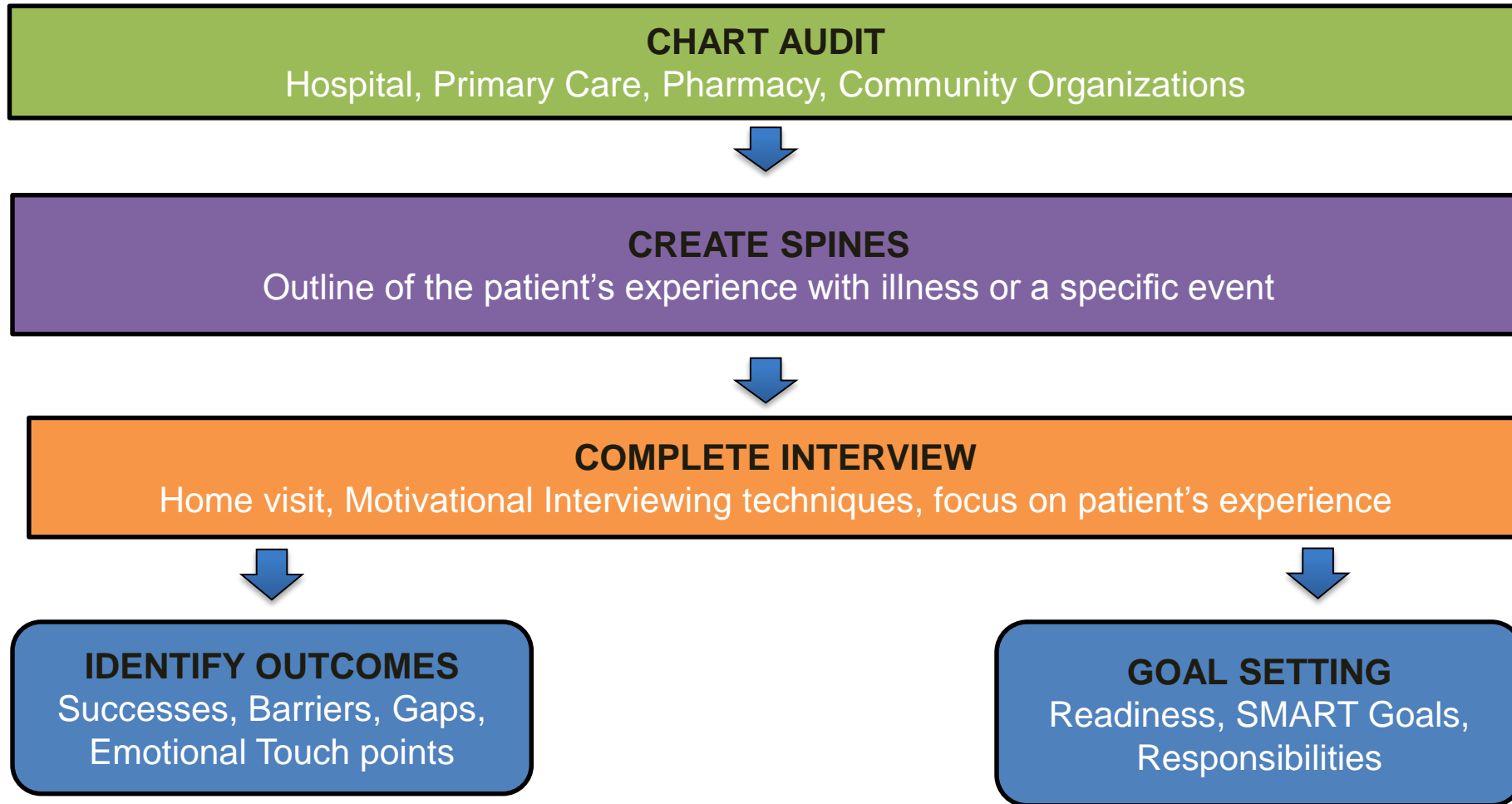


## **3<sup>rd</sup> Step: CONDUCT INTERVIEW**

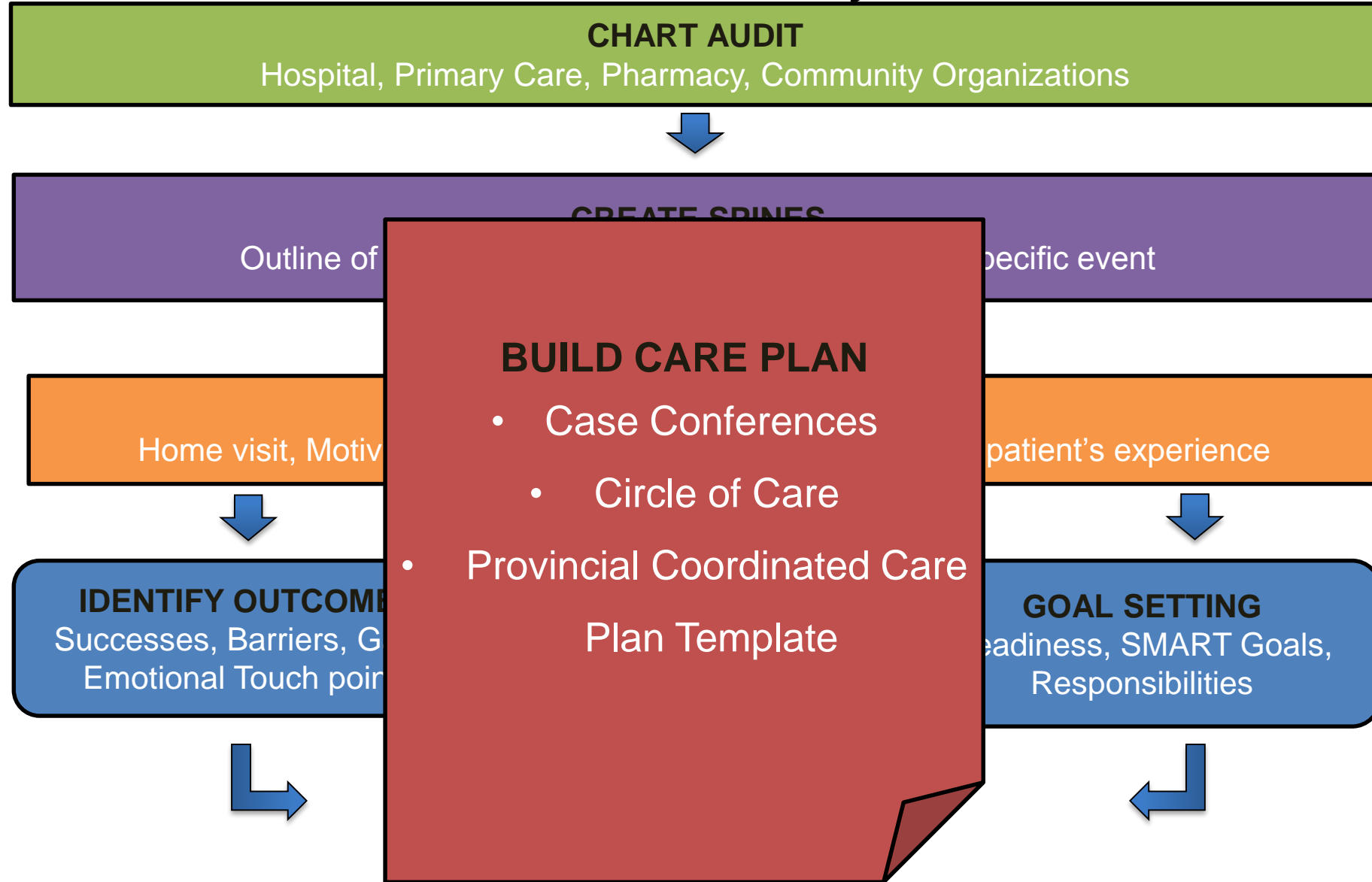
- Home visit
- Use Motivational Interviewing techniques
  - Focus on patient's experience



# Timmins Health Link: The Patient Discovery Interview



# Timmins Health Link: The Patient Discovery Interview



# John's Story

- Epilepsy
- No family doctor
- 90 Emergency Room (ER) visits in last year

**“No one listens, or cares”**

Clinical  
Assessment  
Tool (CCT)

**Diagnosis: Frequent  
reoccurring seizures**

**Actions: Transfer care to  
Neurologist for reassessment**

**Outcome: Continued ER visits  
and epileptic episodes**

Patient  
Discovery  
Interview

**Diagnosis: Severe anxiety  
related to isolation**

**Actions: Referral to Canadian  
Mental Health Association and  
planned support with family**

**Outcome: Reduced anxiety, ER  
visits, epileptic episodes**

# Benefits to the Patient



Customized care plans co-designed with patient. Focus on patient directed needs

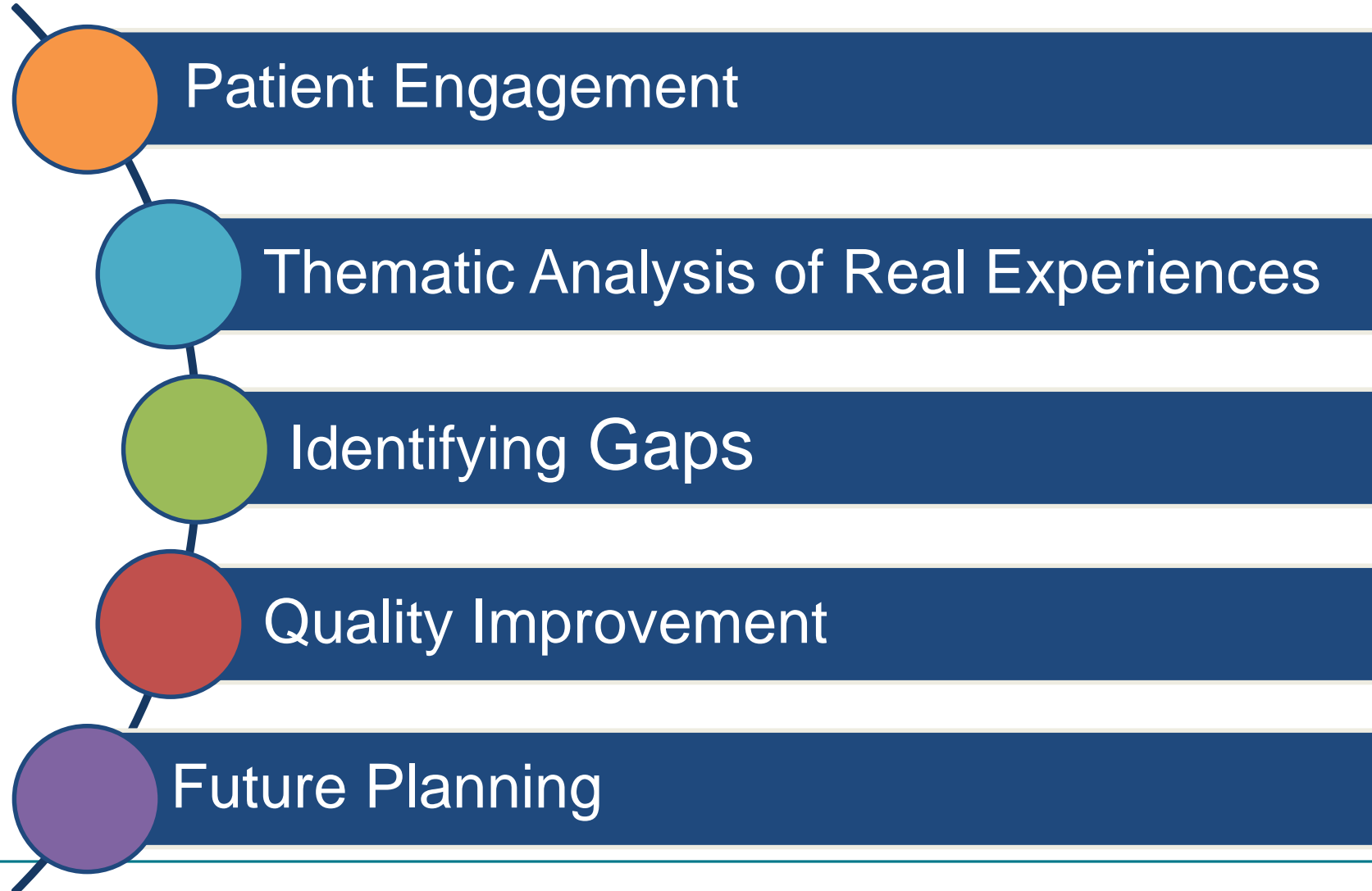


Patient feels heard and experience is improved



Outcomes are improved and gains are measurable

# Benefits to Organizations and System





# Common Factors for Health Link Patients

50%  
Housing  
issues

50% Low  
income

**I can't go see my  
Primary Care  
Provider (PCP)**

- 25% cannot get timely access to PCP
- Have limited personal mobility
- No PCP home visits
- Limited access to transportation

70% Lack  
information  
about  
community  
services

37%  
Poor  
informal  
supports

# Health System Transformation

- **Development of Primary Care Model for Care Coordination**
  - Primary Care providers asked to coordinate care for their own patients
  - These are patients we know!
  - Linking patients without Primary Care provider to provider
- **Implementing a Health Link Approach in Primary Care Environment**
  - Early identification of high users through hospital data or electronic medical record data
  - Engagement of Primary Care team to assist
  - Training of nursing staff to complete patient discovery interviews on home visits and in effective patient centred care coordination techniques

# Sustainability

- 13 nurses trained in Health Link approach from Family Health Team, Canadian Mental Health Association and Community Health Centre
- Accessed local experts to provide training in mental health, addictions and frail elderly
- Online training to support safe home visits
- Training manual, link to online Motivational Interviewing techniques, filmed training session
- One-on-one shadowing/mentoring (current)
- Shared links to community resources (ongoing)

# Next 6 months for Timmins Health Link

1. Solidify Health Link approach with Family Health Team, Canadian Mental Health Association and Community Health Centre
2. Identify sustainable solutions to support Health Link clients who have:
  - Solo practitioner
  - No Primary Care provider
3. Share our system learnings with other planning tables

# Discussion and Q&A



# **Final Thoughts: Advice from the Panelists**