



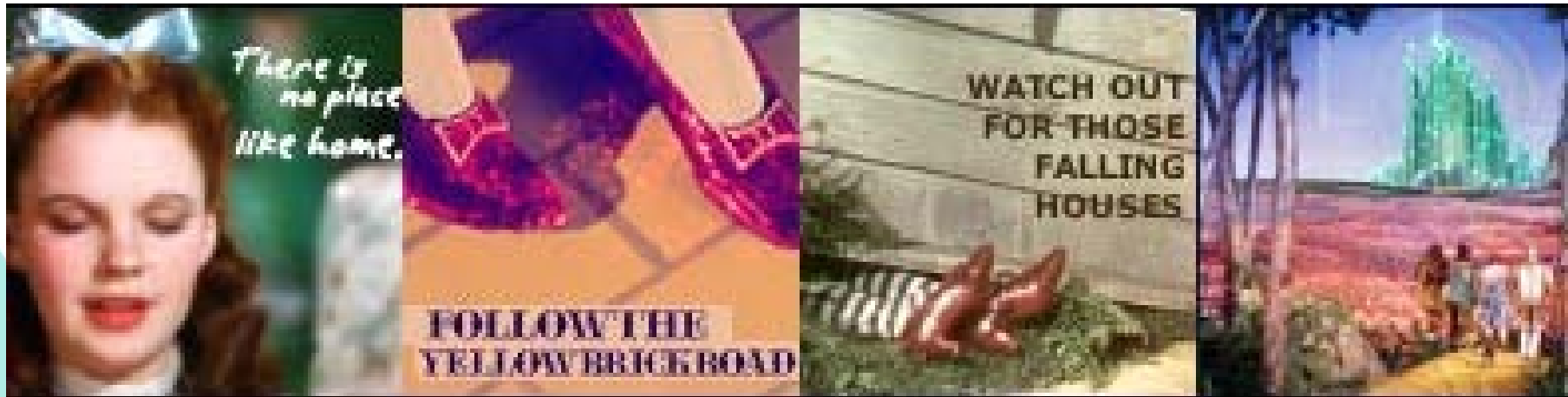
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**We've come a long way...but  
we're not there yet...**

*Dr Karen Luxford*  
*Director, Patient Based Care*  
May 2011



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# Overview



Welcome

Your experience

What do patients value?

The benefits

Transforming care – contemporary approaches

Partnership – patients as change agents

Organizational Status Check

How to engage patients?

Partnering With Patients - CEC



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# Your experiences of care?

I have a feeling we're not in Kansas anymore...





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# Commonalities - What did you value?



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# What do patients value in care?



Being treated with dignity and respect

Having confidence & trust in providers

Courtesy & availability of staff

Continuity & transitions

Coordination of care

Pain management & physical comfort

Respect for preferences

Emotional support

*Joffe et al. (2003) J Med Ethics*

*Jenkinson et al. (2002) Qual Saf Health Care*



# Overview of the evidence

## Refocusing care delivery around the patient

- Improves patient care experience....
- Improves clinical and operational-level outcomes:
  - improved patient adherence
  - fewer medication errors
  - decreased adverse events
  - improved staff satisfaction
  - enhanced staff recruitment
  - decreased length of stay
  - decreased ED return visits
- And the bottom line.....

# The 'hard stuff'

## PBC linked with improved safety:

- Decreased mortality<sup>1</sup>
- Decreased rates of hospital-acquired infection<sup>2</sup>
- Decreased surgical complications<sup>3</sup>
- Higher quality clinical care/best practice<sup>4</sup>
- Improved patient functional status<sup>2</sup>

1. *Meterko M et al (2010) Health Services Research*

2. *DiGioia A M et al (2008) Agency for Health Care Research and Quality*

3. *Murff et al (2006) Qual Saf Health Care*

4. *Jha A et al (2008) New England Journal of Medicine*

# Impact on Clinical Outcomes?



New evidence linking high level PCC with significantly lower mortality one yr after AMI  
*(Meterko, M et al. 2011)*

- 1800 USA veterans treated in a VA medical centre
- PCC was statistically significantly related to survival even after controlling for patient socio-demographic characteristics, clinical condition and history, technical quality of care and admission process characteristics

# Lower readmission rates

- Hospitals with higher patient care experience ratings (overall and for discharge planning) have lower 30-day readmission rates for AMI, heart failure and pneumonia
- Independent association – after adjusting for clinical quality
- Supports role for PCE as indicator of performance

*Boulding et al (2011) Am J Man Care*

# Patient feedback as a predictor...

Safety: patient feedback about **hospital cleanliness** is a positive predictor:

- for staff participation in activities like hand-washing
- for MRSA infection levels

*Raleigh V. et al (2009) – Qual. Saf. Health Care. 18: 347-354*

*Edgcumbe - (2008) J. Hosp. Infection*



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# Better for all

Increasing patient satisfaction through patient-centred approaches increases employee satisfaction, and improves employee retention rates

*Charmel PA, Frampton SB. Building the business case for patient-centred Care. Healthcare Financial Management 2008;March 1-6.*

# Better for all

Positive staff experience is associated with positive patient experience

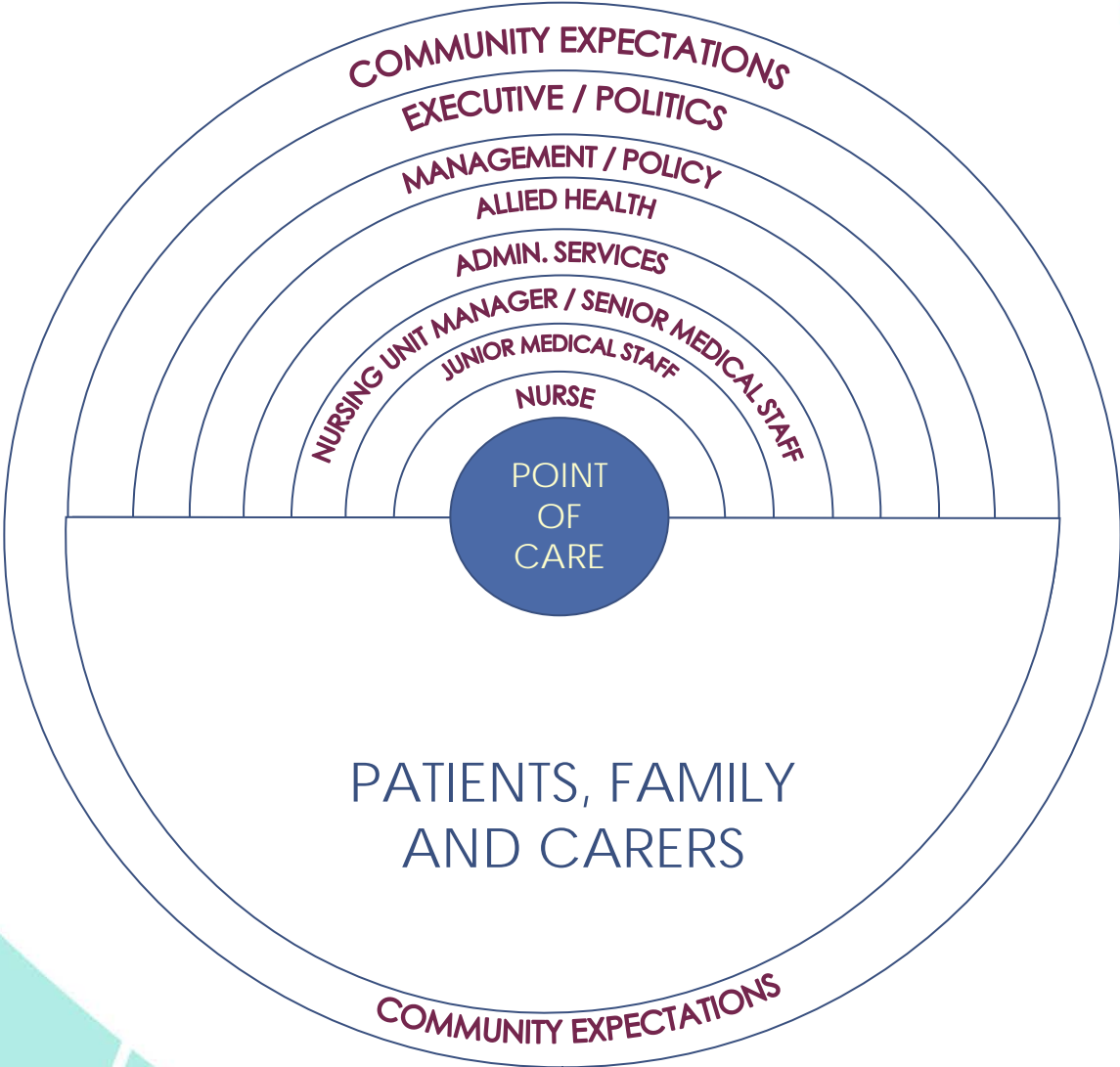
- positively associated - witnessing and reporting of errors
- negatively associated - working extra hours and stress

*Raleigh V. et al (2009) – Qual. Saf. Health Care. 18: 347-354*

# Patient Based Care



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# Recognising the expertise of patients & carers

# Integral team members

*“We need to think of the patient and their family as integral members of the healthcare team. Once you’ve gotten mileage out of your systems, then the next level of improvement you can only do by engaging the patient”*

*Professor Tom Delbanco, Inaugural Chair, Picker Institute & BIDMC Physician*

# The Knowledge of carers - companion along the road



# ....But how do we get there?

Increasing interest in re-aligning care delivery to focus on needs and preferences of the patient and carers

Examples of facilities that have focussed transforming their care around the patient and seen the benefits

But hospitals struggling to involve patients and learn from their

**experience** (*Groene et al Qual. Saf. Health Care 2009. 18: i44-i50*)



# What does it take to succeed in patient based care?\*

## Organisational characteristics:

- Strong committed senior leadership
- Communication of strategic vision
- Engagement of patient and families
- Sustained focus on staff satisfaction
- Regular measurement and feedback reporting
- Adequate resourcing of care delivery change
- Staff capacity building
- Accountability and incentives
- Culture strongly supportive of change and learning

Source: \*Luxford et.al. 2011 *Int J Quality in Healthcare* (in press)



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# Transforming care

Medical College of Georgia Health,  
Augusta, USA



- Patients & family have the right to call out rapid response teams
- Executive rounds & Patient Advisor rounds
- Daily patient f/b provided to staff
- Whole organization trained in patient-centred care values
- Patient advisors sign-off on redesign & fit outs
- OOPS Service Recovery Program – *“Every patient. Everyone’s responsibility.”*

# “Success feeds on success”



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- ↑ **staff satisfaction**
- ↑ **staff retention rates**
- ↑ **market share**
- ↓ **mortality**
- ↓ **LOS**
- ↓ **preventable harm**

# Medical College of Georgia Case Study



Started in paediatrics.....

Breast cancer unit redesigned by patients. Moved ratings from 40<sup>th</sup> to 74<sup>th</sup> percentile in a few years

Neuro ICU renovated (USD\$1m). Introduced 24/7 visits. Moved ratings from 10<sup>th</sup> to 95<sup>th</sup> percentile in 5yrs. Cut LOS by 50%. CEO “saw business case”

MCG Health overall staff vacancy rate fell from 8% to 0%.  
Now have long waiting list

2010 – planning for new cancer centre with patient input into design

# Transforming care

## Cleveland Clinic



- set standards for response times for responding to patients
- employed Patient Experience Officers (and 'CEO')
- communication skills training for doctors

## Cincinnati Children's Hospital

- provided facilities to support families staying o/n
- infrastructure for PFAC & resource centre
- established a Concierge Program
- New staff induction program PCC-focus



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# Motivation

- Internal organizational ethos
- Branding the organization
- Personal motivation (epiphany/ ‘aha’ moment)

*“We think of ourselves in sort of a hard-edged way, until we have that experience of having use the healthcare service ourselves.” (CMO)*

*“Why?... Because it’s just better healthcare”  
(CEO)*

# Barriers

- Changing mind set of staff from ‘provider-focus’ to a ‘patient-focus’
- Took longer than anticipated

# Sustainability

- Embedding strategies within policies & processes
- Identifying to staff benefits gained by both staff and patients
- Committed leadership continually promotes improvements

# Contemporary Patient-based care

“Patients and carers as active partners”



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## In own care

- Medication management
- Bedside handover
- Alerting staff to deterioration

## In governance

- Patient involvement throughout organisation (e.g. governance, patient safety, quality improvement, new staff recruitment, systems and building redesign).
- Models include Patient Advisory Committees through to full integration throughout organisation

# Engaging patients



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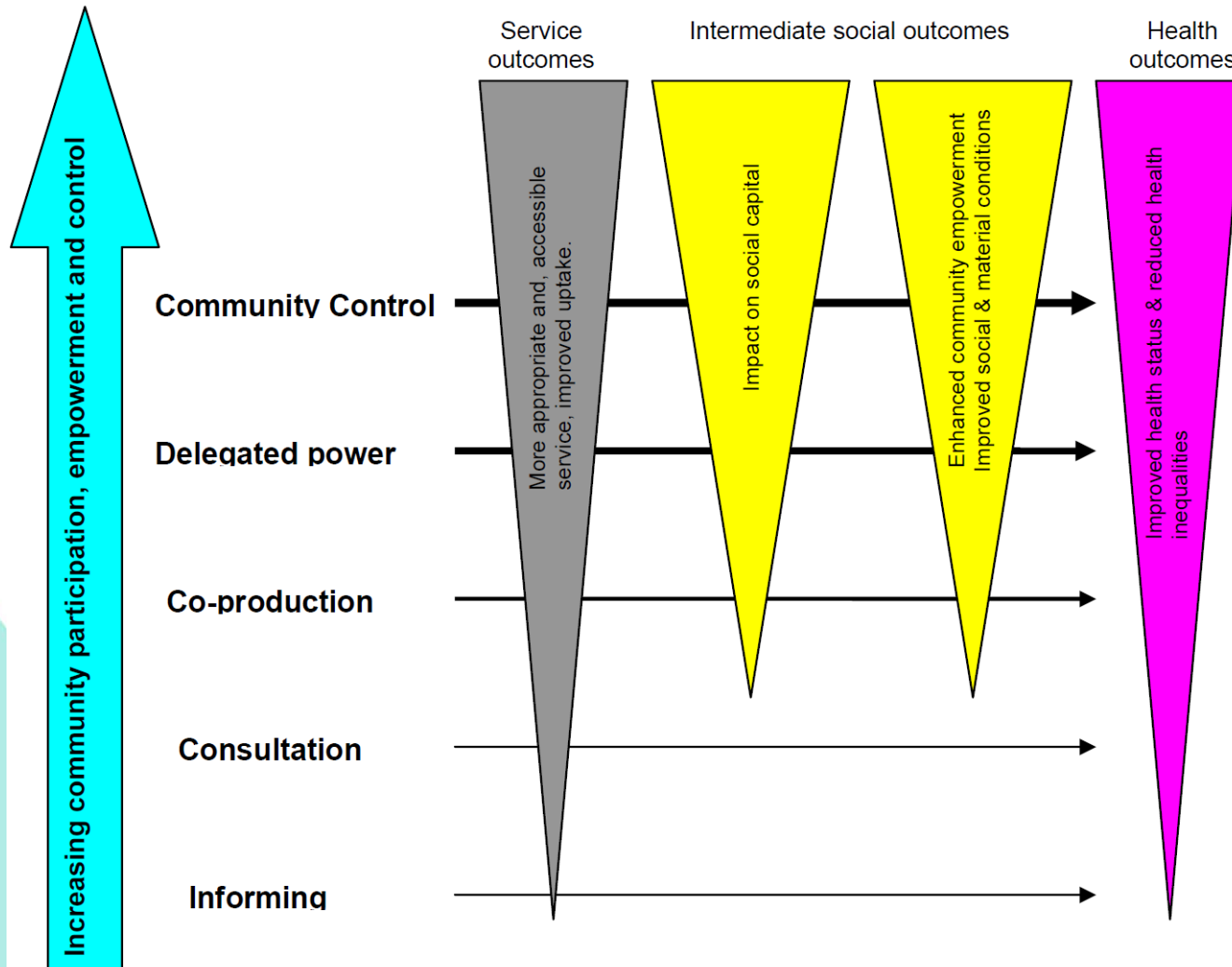
*“We help with everything from paint chips to policy.” [Patient rep.]*

*Patient Advisor MCG Health*

**Diagram 1: Pathways from community participation, empowerment and control to health improvement**



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Source: J. Popay, 2006, Community Engagement, community development and health improvement. A Background Paper prepared for NICE.

# Co-design of system change

Engaging patients in developing new systems – bring a range of insights

Don't do a DAD

- Design, Announce, Defend!

Patient involvement can often (surprisingly to clinicians) make changes cheaper

# Using patient stories to drive change



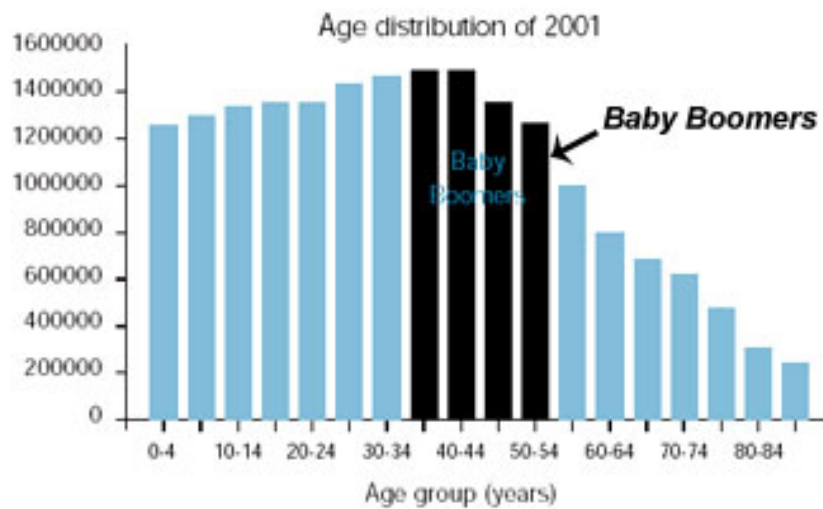
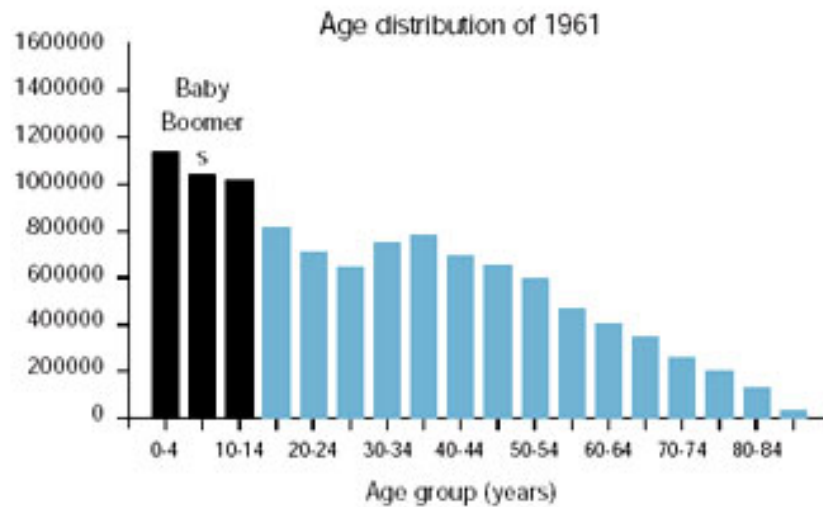
At the emergency clerk's window ..a man is very agitated. He says: "*But I'm the father! The father! The child ...*" The emergency clerk indicates that she will ask, but warns him "*but he's still in the ambulance bay*". She leaves the emergency clerk area and ..returns very soon afterwards, tells him that the answer is no, as the child is "*not yet responsive*". The father is now very upset. He beseeches her to let him see his child, saying, "*I'm not having a go at you! I am a father. Your job is a hard job, I understand ... but I am a father!*". His knuckles are white where he grips the bench....He is terribly upset. He repeats... "*I'm the father. That's my job! I understand you're doing your job.*" The emergency clerk tells him to calm down. He shouts back at her, his voice breaking, "*I can't just calm down. I'm the father ...*". He is weeping openly.

*Source: CEC Communication in Hospital Emergency Departments, 2011 (In preparation)*



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# From paternalism to partnership



# Baby Boomer's expectations



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Chronic health conditions are afflicting more boomers

Increased Responsibility for Health

Boomers will not quietly accept either health problems or problems in getting healthcare

Increasingly turning to the web for health information

# Caring for the Health Care Professionals



- Relationship Based Care
- “Happy Staff, Happy Patients”
- Work place culture
- Visibly celebrate successes
- Survey staff satisfaction
- Review support structures/services
- Support capacity building
- Review retention and vacancy rates



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# Where is your organization at? Status Check



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How do you already  
engaging patients?

# How to engage patients in organizations?



Patient representatives

Patient & Family Advisory Committees

Integrated approach

Governance

QI Committees

Staff Selection Panels

Clinician education

Credentialing Committees & incident review

Policy development

Design of systems, processes & facilities

# Consumer partnerships



- Determine attributes: 'fit for the job'
  - Improve patient care through positive contribution
  - Objective and constructive manner (beyond the 'squeaky wheel')
  - Willing to speak up
  - Represent diversity of patient population
- Adequately prepared – orientation; expectations
- Cultural fit – organisation/committee believes consumer involvement is integral to QI
- Responsive: suggestions acted upon

# Building partnerships

‘Fear of the unknown’ by providers is the greatest barrier to involving patients in safety improvement work

*Robert Wood Johnson Foundation*



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Partnering  
with Patients

# *Partnering with Patients*

- Aim: foster the inclusion of patients and family as care team members to promote safety & quality
- Advisory Committee established with broad membership. Chaired by Consumer.
- Modular - program participation tailored to meet local needs in Local Health Networks

# New Program streams



- **Patient & family activated rapid response teams**
  - Deteriorating patients (in hospitals)
  - Builds on CEC clinical program Between The Flags
  - Empowering patients and families to call for help when concerned

# New Program streams



- Handover
  - bedside, engaging patient & family in team
- Medication review/reconciliation
  - engaging patients & family to avoid errors
- Patient rounding
  - 'Patient friend' – real time feedback/alert

# New Program streams

## Junior doctors/trainees & nurses

- orientation & communication skills
- Lead site – Westmead Hospital
- Program developed
- Using senior clinical leaders & GM in program delivery

# New Program streams



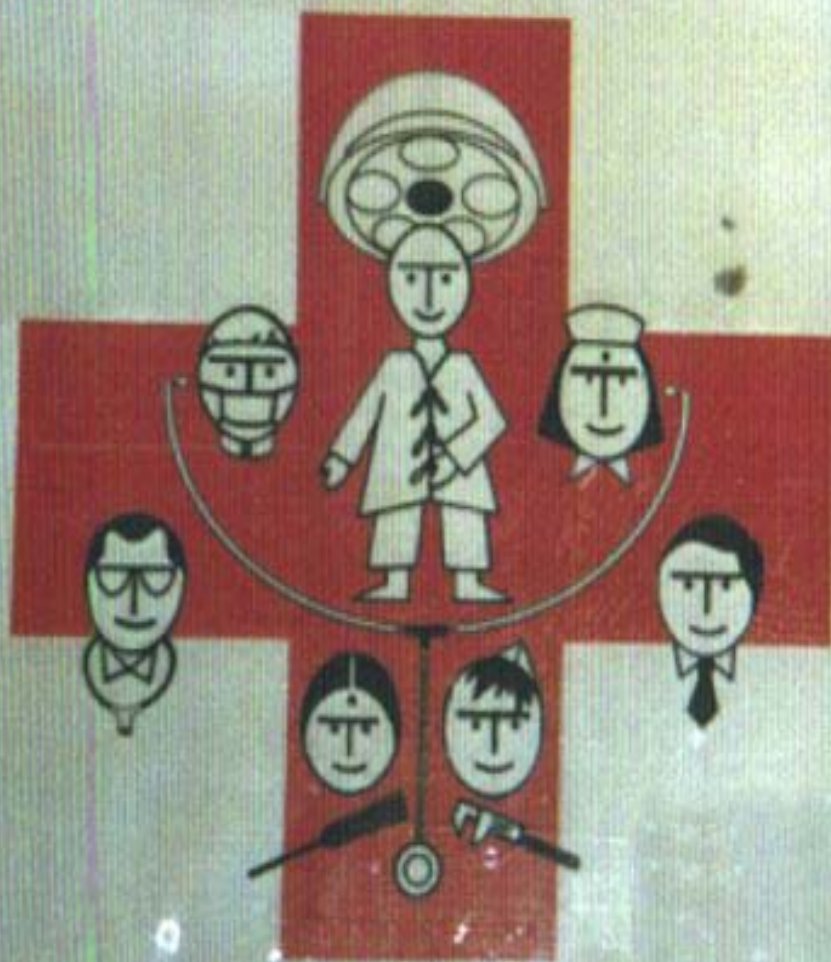
- Health literacy within services
  - guidance & service assessment
- Open disclosure
  - promoting patient and carer engagement
- Leadership – building PBC values
  - Twin hospitals in patient based care
  - Building leadership skills



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# There is no place like home..





## Bombay Hospital Motto

*"A patient is the most important person in our Hospital. He is not an interruption to our work, he is the purpose of it. He is not an outsider in our Hospital, he is a part of it. We are not doing a favour by serving him, he is doing us a favour by giving us an opportunity to do so."*

Adapted from a quotation of  
**Mahatma Gandhi**



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