

Living the Vision Leads to High Performance in Access to Care at The Ottawa Hospital



A PICKER INSTITUTE SERIES

Patient-Centered Care Case Study

July 2017



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Organization Profiled

The Ottawa Hospital, Ottawa, Ontario

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Statement of Interest

Hospitals today strive to meet patient needs on many levels. The Canadian patient satisfaction survey documents hospital performance in the inpatient setting in eight areas of patient-centered care: access to care, continuity and transition, coordination of care, emotional support, information and education, involvement of family, physical comfort, and respect

Organization Profile

The Ottawa Hospital is a non-profit, public university teaching hospital in Ottawa, Canada. The hospital is made up of Riverside Hospital, Ottawa General Hospital, and Ottawa Civic Hospital. It is one of Canada's largest learning and research hospitals serving 1.3 million people across Eastern Ontario. It is a 1,122-bed academic health sciences center affiliated with the University of Ottawa, and the University of Ottawa Heart Institute, which is located at the organization's Civic Campus. The Ottawa Hospital is also one of two trauma centers in Eastern Ontario and Southern Quebec. The other is Children's Hospital of Eastern Ontario accommodating juvenile and adolescent patients.

The Ottawa Hospital's focus on learning and research helps it develop new and innovative ways to treat patients and improve care. As a multi-campus hospital affiliated with the University of Ottawa, it delivers specialized care to the Eastern Ontario region, but its techniques and research discoveries are adopted around the world. The organization engages the community at all levels to support its vision for better patient care.

ACCESS TO CARE:

- How would you rate the availability of your doctors?
- How would you rate the availability of your nurses?
- While you were in the hospital, were you able to get all the services you needed?

for patient preferences. The survey also asks how patients rate the hospital overall, and whether they would recommend the hospital to family and friends.

In each of these areas certain hospitals are excellent performers, with consistent high scores on specific acute care dimensions. Picker Institute case studies explore the ways hospitals achieve these outstanding results, and share examples of best practices.

This case study profiles The Ottawa Hospital, which the Picker Institute has identified as a high performer in delivering patient-centered care based on its exemplary performance on the acute care dimension of Access to Care.

Living the Vision

In 2010, The Ottawa Hospital (TOH) created a new vision and goal for the organization. The goal was to become a top North America 10 percent performer in quality and patient safety. This journey began with a focus on three important themes: patient experience, performance management, and physician engagement. The new vision was “to provide each patient with the world-class care, exceptional service, and compassion we would want for our loved ones.” This vision is clearly seen in the work they do and is the foundation for their high scores around access to care.

In order to bring this vision to life, they started the “You’re in My Care” campaign. This campaign has helped staff understand that everyone has a role to play in providing care to patients, no matter if they are a nurse or a cook or a surgeon. Everything that takes place at the healthcare organization is integral to the well-being and experience of everyone who steps foot in the hospital. This gives employees a sense of pride for the work they do and promotes the need to work as a team to succeed. “You’re in My Care” posters hang throughout the hospitals and staff promote this message by making it known to patients and families that they are always there and available to get them the services they need.

“The ‘You’re in My Care’ campaign is really the entire hospital,” said Yvonne Wilson, Clinical Director of Emergency, Critical Care, Patient Flow, and Admitting. “Our CEO’s vision is for every employee and physician to have this mission embedded in everything they do.”

TOH also created “Our Promise to You,” which lists what patients can expect in terms of the organization’s commitment to their care (see sidebar). This is included in the patient information booklet and on the Web site to reinforce that staff will provide patients with the high standard of care they deserve.

OUR PROMISE TO YOU

1. We will greet you warmly and introduce ourselves by name and role.
2. We will listen with care and we will communicate clearly.
3. We will ensure that you are cared for in the official language of your choice.
4. We will be polite and respectful of your cultural values, personal beliefs, and abilities.
5. We will treat you as the most important member of our patient care team and will include you and your family in decisions about your care.
6. We will go out of our way to meet your needs and keep you informed by explaining what we are doing and letting you know what to expect.
7. We will maintain the highest level of professional standards, skills, and competence.
8. We will practice safe care in everything we do, from cleaning our hands to ensuring the safety of our environment, technologies, and processes. Your safety is our top priority.
9. We will protect your privacy and maintain your personal dignity.
10. We will acknowledge and apologize when a problem occurs. We will actively listen and correct the problem.

—Employees, doctors, and volunteers at
The Ottawa Hospital

To ensure a continual focus on the patient, TOH has a Patient and Family Advisory Council (PFAC) that meets monthly. The council has a defined and active role in providing input on quality plans, clinical services, and patient-facing policies. It helps promote the organization’s belief that the patient, their family, and the healthcare team are partners, working together to improve the patient experience.

The PFAC includes patient and family advisors who have either received care or had a family member receive care in the last five years. They share their stories and provide firsthand experience that helps the organization understand what it’s like to be a patient at TOH. In addition to the central corporate PFAC, there are programmatic PFACs, as well as unit-level patient and family advisors. Patient and family advisors are members of

various senior-level committees, such as the patient and family experience steering committee, and they participate on quality improvement project teams. The PFACs help the organization to know that the patient voice is always heard and being accounted for in the way that work is done at TOH.

The patient and family experience steering committee also helps drive patient-centered care. It focuses on five areas: communication, family presence, accelerations, integration of successful improvements, and research and innovation. One project it helped lead was changing to all-hours visiting for families across every campus. Patients were voicing a strong desire for unrestricted hours and there are many benefits to having families present such as less anxiety and confusion, better satisfaction with care, and clear communication among families, patients, and the care team. When patients have someone there to be an advocate for them it ensures that they get what they need throughout their stay and allowing unrestricted visiting creates more access to nurses from a family perspective.

The PFAC was very influential in the new family visitor changes from start to finish. It played an advisor role in the process of developing a framework and thinking through challenges that might come up such as needing to modify policies or provide extra support for nurses. The PFAC also helped make modifications after the project was rolled out to make it more efficient. The PFAC goes beyond just policy review and input to the committees; it is a vital part of the fabric of the organization.

“The bottom line is making a difference to patients,” said Debra Bournes, RN, Ph.D., Chief Nursing Executive and Vice President, Clinical Programs, and Chair of the patient and family experience steering committee. “Patients provide a perspective that is a real eye-opener.”

Everything done at TOH is vetted through a patient/family experience lens—from frontline staff initiatives all the way up to setting organizational strategy. Even the board has members who have been past patients to ensure the most important voice is always heard, especially when making high-level, strategic decisions that will have a major impact on the organization. The patient influence starts at the very top and that sets a precedent throughout the entire system.

Staff Commitment to the Core Values

When asked why TOH is getting high scores in access to care, leadership says it has a lot to do with the staff. Staff identify with the vision and mission, and everyone is held accountable to the values and elevating TOH’s success with patient experience.

“The Ottawa Hospital’s vision puts patients at the center of all we do,” said Renee Legare, Executive Vice President, Human Resources. “The core values of compassion, a commitment to quality, working together, and respect for the individual are the building blocks of our vision to provide each patient with world-class care, exceptional service, and the compassion we would want for our loved ones.” At TOH the core values are the guiding principles applied when screening potential employees to ensure they demonstrate a willingness to play a part in reaching the vision and making a difference. Patient and family advisors are also included in all staff interviews so that the patient perspective is always present when adding new staff.

Onboarding new staff includes advance pre-work assignments, corporate orientation, and department/unit specific training. Prior to the start of orientation, all potential new employees are required to complete seven online training modules, which sets expectations upfront. Every new employee then attends the required corporate orientation on their first day of employment. At the day-long event, the CEO or one of his vice presidents welcome new employees and orient them to TOH’s vision, mission, and culture. Then the Human Resources team orients them to TOH’s values, which sets behavioral expectations. In addition, they receive further onboarding and training unique to their specific unit or department.

“I meet with all the new staff in the cancer program and let them know that I expect them to introduce themselves, round every hour, treat patients like a loved one,” said Paula Doering, Vice President, Clinical Programs and Regional Cancer Program. “It is a privilege to take care of patients.” She also meets with all managers quarterly to make sure there is nothing preventing them from providing an excellent patient experience and that staff have the resources they need to do their jobs effectively. Every manager has a goal of improving patient experience and they ensure staff embed this into the way they provide care.

It’s important that these behaviors continue to be front and center as all staff perform their duties. Daily rounding is effective for building relationships and identifying any in-the-moment concerns, needs, or hearing praise directly from patients, but it is also seen as an opportunity to provide prompt feedback for staff. If staff behavior is ever in question, leadership will begin by coaching the individual. They are also provided a chance to engage in service recovery with the patient and family. “At TOH we need to ensure we understand why behavior is not changing,” Wilson said. “This includes an investigation to ensure that system or process issues are addressed to set our staff up for success.”

Staff burnout is a concern and real issue in the healthcare industry. TOH has implemented ways of effectively supporting staff, and in turn the interactions they have at the bedside, to

reduce the incidence of staff feeling overwhelmed so they can provide the needed attention to patients and their families. An example of setting staff up for success includes TOH's understanding that nurses might need an extra break during an eight- to 12-hour shift if they are having a particularly hard day. TOH has set up a system where nurses can have a care facilitator come in and help arrange for a replacement so that staff can recuperate and come back functioning at their best and ready to be fully available to patients.

All staff receive an annual performance appraisal where they are evaluated on performance in their role as well as how they live the organization's values. This enables leadership to clearly set expectations and discuss staffs' behaviors on a regular basis.

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—Renee Legare, Executive Vice President, Human Resources

Interdisciplinary Collaboration Enhances Patient-Centered Care

Teamwork and collaboration are encouraged throughout the organization so that everyone is working in harmony to enhance the patient experience.

Dyads are set up for every program that include a physician and administrator. "The dyad idea is fantastic," said Krista Wooller, M.D., Site Chief, Civic Campus, General Internal Medicine. "Physicians do this on a voluntary basis, and they feel passionate about it because it is their environment that is being improved."

There are also multi-level dyads throughout the organization. The President and CEO and Chief of Staff is a dyad at the top of the organization and for each program there is a vice president-level and director-level dyad. This tiered structure has launched a culture of interdisciplinary collaboration by integrating leadership and having them work jointly to reach goals and make improvements.

Once a month the physician/administrator dyads are looking at patient satisfaction scores. Any interventions for improvement that are made in one unit are shared with the others so that

everyone can implement these changes or learn from them. This further accelerates the TOH improvement curve, when there are changes made to processes that other units or departments can adopt quickly.

For example, when it was identified that the trauma unit was getting higher scores than other units, it was discovered that patients received a business card with a photo and contact information for the charge nurse on one side and the clinical care lead on the other. As a result, this idea was similarly rolled out to other units. Receiving business cards allows patients and families to know who their contact is if they need something and provides increased availability to the patient. It also sets accountability for staff because the contact is responsible for answering any questions or concerns that come up during the patient stay. It's this personalized aspect of care that builds relationships and helps patients to feel that they have an important and individualized voice in getting the resources they need as part of the care encounter.

Another project that came out of the dyads was a communication plan intervention that allowed for more face-to-face dialogue among disciplines. They got doctors and nurses talking to each other about what they do and created a communication strategy to ensure that everyone knew what was going on with every patient at all times. Before the project, 41 percent of nurses felt communication between nurses and doctors on the unit was good, and after the intervention that number went up to 92 percent.

The feedback from patient surveys and hearing patient concerns is what led leadership to identify communication skills and management as a key strategy for TOH. To help in these efforts, the Vice President of Education, the nursing professional practice department, and the medical affairs department worked together to develop a train-the-trainer communication skills course. Physicians, nurses, and administrative leaders from each division learned how to best communicate with patients and were provided the tools to help develop their team's communication skills, including listening carefully to patients and setting clear expectations. "The skillsets of the providers to communicate and be empathetic is really the basis of helping to make sure patients understand what to expect, and also to close the gap between what they expect and what the possibilities really are," said Alan Forster, M.D., FRCPC, M.Sc., Vice President, Quality, Performance, and Population Health. "We have found that it is often the communication gap that actually precipitates any concerns patients have about access."

Interdisciplinary rounding was implemented a few years ago on one of the general internal medicine units with doctors, nurses, pharmacy, and physical therapy all rounding together with the patients. This was a quality and patient-centered care

initiative that was started as a collaboration between the nursing professional practice department and quality department and was led by the clinical manager, the physician/administrator dyad, and other interested physicians. Together they created a process for selecting how many and which patients to round on, and then nurses were educated on the process and reporting format.

Interdisciplinary rounding has been very successful, and is being rolled out to other inpatient units throughout TOH. “Families love it and will come in to visit their loved ones knowing when rounds take place,” Bournes said. The rounds break down silos and create an opportunity for the care team to all be together to talk with the patient and family, work through any questions or concerns, and ensure they are getting all the services they need. From a patient perspective, access to the interdisciplinary team all at one time at the bedside helps to facilitate deeper discussions and align the team with any needs they feel should be a priority for the day and can identify proactively any resources that patients may need throughout the shift or for their departure.

“The skillsets of the providers to communicate and be empathetic is really the basis of helping to make sure patients understand what to expect, and also to close the gap between what they expect and what the possibilities really are. We have found that it is often the communication gap that actually precipitates any concerns patients have about access.”

—Alan Forster, M.D., FRCPC, M.Sc., Vice President, Quality, Performance, and Population Health

Physician Engagement and Improvements in Work Flow

Physician engagement is a major focus at TOH, and every year physicians sign a Physician Engagement Agreement (see **Appendix 1**). This agreement, which was developed in collaboration with the medical staff, defines the principles of the relationship, interaction, and expectations between the hospital and physicians. It lists the hospital’s commitment to physicians (e.g., foster a culture of excellence in quality of care within an academic environment, provide care in a manner consistent with patient- and family-centered principles, and demonstrate clear, effective, and transparent leadership) and physicians’ commitment to the hospital (e.g., provide quality patient care and measure progress, recognize patients as the primary focus of our collective efforts and advocate on their behalf, and use resources in an appropriate way and be accountable for utilization). Each of these commitments are also tied to the values of TOH.

TOH was the first healthcare organization in Canada to develop this type of agreement, which was the centerpiece of a broader physician engagement strategy that included annual performance feedback, leadership training, and a recognition program. This agreement aligned the values of the physicians and hospital administration, which provided a basis for improving collaborative efforts and promoting value-based behaviors. Today it continues to represent a mutual desire and commitment to support a common mission and vision of service and clinical excellence.

Physicians are highly engaged in quality improvement efforts throughout the organization. They are involved in making process enhancements, investigations, learning, and setting expectations—all with a focus on making things better for the patient. There are many quality improvement initiatives across the organization looking to improve patient flow and optimize resources for enhanced patient care. For example, recent initiatives have focused on patient flow from admission to the ED to received inpatient care, reducing wait times, and bed cleaning turnaround time.

Physicians are involved in the Leadership Development Institute (LDI). The LDI was created to provide leaders with the knowledge and skills that are required to ensure TOH is a high performer in quality and patient safety efforts. TOH has elevated its leadership development practices by establishing three distinct LDI series: one for leaders with direct line reporting responsibility; one for those in informal leadership roles that have influence amongst their colleagues; and one for physician leaders. The LDI ensures that leaders and physicians understand their roles and responsibilities in providing excellent care.

Since there are a wide variety of people with different backgrounds and roles attending LDI sessions, leadership works hard to make sure that they are meeting everyone’s needs. The LDI holds sessions regularly where they talk about scores, indicators, share knowledge, and learn together. Patients often are invited to share their stories, which means they are directly communicating with leaders about what matters to them and how they can make a difference. Everything learned, discussed, and focused on at the LDI is always in a context that supports the organization’s vision and patient experience goals.

Having physician leaders involved in the LDI is extremely important since they play a critical role in ensuring their team provides a positive patient experience, but it wasn’t always easy to get them to attend. Leadership have helped drive physician engagement by communicating clearly the value of being an active member of this group. Physicians who are highly committed to the LDI encourage their peers to join as well. Small changes that make it more convenient for doctors to attend, such

as planning in advance so clinics can be moved or call schedules can be accommodated, has also played a big part in increasing participation.

Physicians go out of their way to be available to patients and communicate with them on a regular basis. “Sometimes doctors now call patients the evening before surgery to say ‘You’re the first patient on my list. I’m going to bed to get a good night’s sleep. You’re in my care, and you’re in good hands,’” said Doering. This kind of open communication makes patients feel more comfortable and provides a trusting relationship between the doctor and the patient. Nurses are the same way and believe that little things can make a big difference such as having a positive attitude or being sure to ask the patient regularly if there is anything else they need. Physicians and nurses are also expected to respond quickly to patient or family complaints, and are held accountable for following up and resolving any issues.

The inpatient internal medicine program includes three teaching teams and two non-teaching teams. To improve physician availability, TOH worked to reorganize the inpatient internal medicine teams “geographically,” meaning that each medical team has a home ward where the majority of their inpatients will be admitted. This way the physician teams can work closely with the interdisciplinary teams that were already located geographically. Prior to the change, they had about 30 percent of a given team’s patients on their home ward but now 60–70 percent of a team’s patients are located on their home ward. This makes it much easier for them to be accessible to all their patients and other providers. It also cuts down on travel time between areas, which allows more time spent per patient at the bedside on the home ward.

The surgical team also set a goal of keeping the work on the clinical teaching unit teams manageable. Resident duty hours were restricted over the past couple of years due to a mandate by residency training programs, so attending doctors now spend more time on the units. They are responsible for closely managing patient volumes and ensuring the teams are the appropriate size to take care of the patient load.

TOH used to have disease-specific nurse navigators that managed patient flow and worked directly with the admitting department. This position was replaced with a new role on every unit called clinical care leaders. This role was established to focus on key areas including patient flow, patient experience, and clinical tactics. Most inpatient units have a clinical care leader Monday through Friday during the day. There is an administrator on-site for the campus if the charge nurse can’t resolve an issue after hours. The clinical care leaders are a key point of contact and resource for the entire healthcare team. This additional level of support helps to ensure that patients receive everything needed throughout their stay.

The clinical care leaders aid with both admissions and discharges. They make sure discharge plans are in place and follow the patient for 30 days post-discharge to safeguard the patient is continuing to get what they need and have their questions answered. To enhance patient discharge, TOH completed a two-year project that included clarifying team roles with discharge, bullet rounds, and enhancing communication around discharge with patients and families. Recognizing that flow is a 24-hour issue, TOH also developed a Webpage with resources for discharge planning. Clinical care coordinators help coordinate bullet rounds with the entire team. These rounds include identification of discharge barriers, support of team for priority setting, and a liaison with community partners such as rehab facilities and home care. The bullet rounds help to ensure that not only did the patient receive everything needed while in the hospital, but also that there is a smooth transition for discharge and an individualized patient plan of the services needed after discharge—whether it is to a lower level of care facility or home.

At TOH everyone is working to improve the patient experience and ensuring high performance in access to care is a main focus of those efforts. This means hiring compassionate staff, nurturing a culture of collaboration, encouraging engagement, and setting up smooth work flows—all with a commitment towards living the vision of the organization.

Appendix 1: The Ottawa Hospital/Physician Engagement Agreement

|  THE OTTAWA HOSPITAL / PHYSICIAN ENGAGEMENT AGREEMENT | The Hospital's Commitment to Physicians | Values of The Ottawa Hospital | Physicians' Commitment to The Hospital |
|--|--|--------------------------------------|--|
| | | Commitment to Quality | |
| | <ul style="list-style-type: none"> ● Foster a culture of excellence in quality of care within an academic environment. ● Strive to develop a culture infused with, and informed by, our organization's four values. ● Support this commitment to quality by choosing measures that are relevant, context sensitive, meaningful and objective. ● Cultivate a culture of trust. To that end, evaluations of processes, systems and people must be timely, candid and constructive. | | <ul style="list-style-type: none"> ● Champion the development and adoption of organizational processes, practices and policies that drive excellence in quality of care within an academic environment. ● Provide quality patient care. Measure progress. ● Actively work with the hospital. Acknowledge your key role in improving individual and hospital care processes to boost quality and safety. |
| | | Compassion | |
| | <ul style="list-style-type: none"> ● Create an environment that contributes to physical and emotional health. ● Provide care in a manner consistent with patient- and family-centred principles. ● Promote physician and staff health and well-being. | | <ul style="list-style-type: none"> ● Recognize patients as the primary focus of our collective efforts and advocate on their behalf. ● Protect patient privacy and dignity. ● Communicate with patients and families in a clear, timely, supportive, engaged and empathetic manner. |
| | | Working Together | |
| | <ul style="list-style-type: none"> ● Make decisions and allocate resources in a consultative manner: listen to stakeholders, be transparent and assume accountability for those decisions. ● Share information and communicate directly and proactively in an honest, consistent and meaningful way. ● Ensure that organizational processes and clinical systems are effective; that they recognize and respect the relationship of physicians with the hospital and patients, and align with the hospital's core values. ● Recognize and celebrate the accomplishments of physicians and staff. ● Demonstrate clear, effective and transparent leadership. | | <ul style="list-style-type: none"> ● Engage with others, actively listen to them, communicate respectfully, and consider their ideas. ● Participate in decision-making. Practice in accordance with group decisions. ● Use resources in an appropriate way and be accountable for utilization. ● Work within and respect organizational processes and clinical systems. ● Treat co-workers as you would like to be treated. |
| | | Respect for the Individual | |
| | <ul style="list-style-type: none"> ● Treat everyone at The Ottawa Hospital with fairness, equity and respect. ● Value and respect diversity. | | <ul style="list-style-type: none"> ● Treat everyone at The Ottawa Hospital with fairness, equity and respect. ● Value and respect diversity. |
| | <hr style="width: 20%; margin: 0 auto;"/> <p>Dr. Jack Kitts, TOH President & CEO</p> | | <hr style="width: 20%; margin: 0 auto;"/> <p>Physician Name</p> <hr style="width: 20%; margin: 0 auto;"/> <p>Physician Signature</p> <hr style="width: 20%; margin: 0 auto;"/> <p>Dept/Division Head Signature</p> <hr style="width: 20%; margin: 0 auto;"/> <p>Date</p> |

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