Better Together: Canadian Case Study

Meilleurs ensemble : études de cas canadiennes

Tuesday, February 16, 2016 // Mardi le 16 février 2016

12:00-13:00 EST
12h – 13h HNE
Welcome // Bienvenue

Host
Christine Maika
Improvement Lead, CFHI

Debra Bournes
Chief Nursing Executive and Vice President Clinical Programs
The Ottawa Hospital

Chris Clement
Clinical Director of Mental Health, Academic Family Health Team, and Telemedicine
The Ottawa Hospital

Evelyn Kerr
Director of Nursing Clinical Practice
The Ottawa Hospital

Susan Smith
Former nurse, volunteer
The Ottawa Hospital
Our Time Today

Family Presence

• As a catalyst to improve quality
• Common myths
• Common barriers and opportunities
• Key levers and winning conditions for success
The Canadian Foundation for Healthcare Improvement (CFHI)

We accelerate the spread of proven innovations by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value for money.
Open Visitation Policy

Family Presence Policy

Are you a...

Designated partner in care

Visitor

Family presence policy

Visiting hours policy
Family Presence: A Policy and a Practice

...enables patients to designate partner(s) in care who are welcome in the hospital 24 hours a day

Policy elements:
• Family as defined by the patient
• Welcome families 24 hours a day
• Identify preferences for how family will be involved in care planning and decision-making
Family Presence: Connections to Quality

Engaging front-line managers and providers in creating an improvement culture

Promoting evidence-informed decision-making

Engaging patients and citizens

Focusing on population needs

Creating supportive policies and incentives

Building organizational capacity
Partnering with Patients and Families for Quality Improvement: a Virtuous Cycle

collaboration with patient and families on quality improvement

patient and family centered care

quality and safety
The Benefits

- Better Coordination of Care
- Fewer Medication Errors
- Fewer Falls
- Fewer 30 Day Readmissions
- Better Patient and Family Experience
### How Can Families Help?*

<table>
<thead>
<tr>
<th><strong>Communication &amp; Education Advocate</strong></th>
<th><strong>Practices to Enable Participation</strong></th>
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<tbody>
<tr>
<td>• Share progress with family and friends</td>
<td>• Adopt family presence policies</td>
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<tr>
<td>• Help keep a list of questions to ask clinicians</td>
<td>• Support families to be present during resuscitation</td>
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<td>• Participate in planning for care and discharge</td>
<td>• Communicate and enable the use of white boards as two-way communication tool</td>
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<td>• Learn about medications and treatments</td>
<td>• Family orientation to visual cues that support risk (i.e. Coloured bands, falling star program (fall risk))</td>
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<tr>
<th><strong>Patient Emotional and Spiritual Support</strong></th>
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<tr>
<td>• Coordinate visitors</td>
<td>• Engage families in discharge planning</td>
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<tr>
<td>• Communicate spiritual needs</td>
<td>• Explore ways of ensuring family knows who providers are (i.e. Standardize uniforms, use of identification badges)</td>
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<td>• Coordinate entertainment activities</td>
<td>• Ensure families know about communication about patients such as hourly rounding, timing of decision and planning rounds</td>
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<th><strong>Cultural and Religious Preferences Expert</strong></th>
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<tr>
<td>• Share cultural needs or preferences</td>
<td>• Active orientation of patient/family to the setting and timing and practices to the unit</td>
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<tr>
<td>• Share spiritual or religious needs or preferences</td>
<td>• Familiarize the family with practices/location of the chart and how they can gain access to all patient information.</td>
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<th><strong>Safety Advocate</strong></th>
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<td>• Report any safety risks or concerns to care team or patient representative</td>
<td>• Familiarization of why they speak to if they have any concerns</td>
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<tr>
<td>• Convey the known risk of falls and help with any steps that might prevent patient falls</td>
<td>• Creating processes where patients and families give formal feedback directly to teams (patient-led feedback forums)</td>
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<tr>
<td>• Report changes in condition or other concerns</td>
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<th><strong>Physical Care Support</strong></th>
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<td>• Assist in personal care</td>
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<td>• Provide comfort measures</td>
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<tr>
<td>• Encouraging therapies as appropriate</td>
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<tr>
<td>• Assist in menu selection, snacks</td>
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* Adapted from Planetree and Picker, 2008

**Ultimately:** creating an environment when family participation in care is *welcomed and valued*
OUR JOURNEY: IMPLEMENTING FAMILY PRESENCE

DR DEBRA BOURNES, CHRIS CLEMENT, EVELYN KERR AND SUSAN SMITH

CFHI FEBRUARY 16, 2016
Outline

• Patient Experience Structure – The journey begins
• Environmental Scan
• Implementation process
• Communication Plan
• Patent-Family Perspective
• Evaluation
• Lessons learned
Senior Management Team

Patient Experience Steering Committee
Executive Leads: Debra Bournes and Jeff Turnbull

Project Leaders
Chris Clement and Evelyn Kerr

Integration Working Group

Person Centered Communication Working Group

Family Presence Working Group

New Knowledge and Innovation Working Group

Patient Experience Acceleration Working Group

Coming Soon:
Patient Engagement Working Group

Quality and Performance Council

Patient and Family Advisory Committee
• Embed pts’ voice in quality & safety
• Frequent ED use
• Improving pain & symptom management

• Patient handbook materials
• Wellness calls
• Standardized assessment questionnaire

• Foundational communication curriculum to adapt to many audiences
• World café held

• QIP focus groups
• Clinical tactics 2.0
• Nurse-Physician rounding

• Communication

• Integration of Successful Initiatives

• Research and Innovation
ENVIRONMENTAL SCAN

- TOH visiting hours 3-8PM
- Corporate policy existed (2004)
- Patients surveyed by Pt advocacy-wanted change
- Literature reviewed-Myths and Benefits
- Contacted Kingston General Hospital
## WHAT THE LITERATURE TELLS US

<table>
<thead>
<tr>
<th>Author</th>
<th>Methods</th>
<th>Findings</th>
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</table>
| **Berti et al**  
**(2007)** | Analyzed the cardiovascular status of patients in groups of restricted or unrestricted visiting hours. | • Patients in the unrestricted visitation group had a **decrease in heart rate** after visits. |
| **Davidson et al**  
**(2014)** | A review of the literature around concerns about family presence, including strategies to overcome these obstacles. | • Increased risk of infection: no evidence to support.  
• Causes negative physiologic effects: no evidence to support.  
• Family need to rest while their loved one is hospitalized: research supports that the patient’s needs outrank the family member’s self care needs.  
• The need for access to information about the patient and regular updates is more important to family members. |
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<td>Carroll &amp; Gonzales (2009)</td>
<td>Compared differences in patient preferences for visitors during hospitalization after a cardiac event.</td>
<td>• Patients valued family presence because they assisted with interpretation of information, <strong>were calming</strong>, provided information about them to staff, helped with care, and reinforced treatments.</td>
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</tbody>
</table>
| Hardin et al (2011)         | Upon discharge patients from 5 critical care units were surveyed using a questionnaire to assess for patient preference for visiting hours. | • Patients wanted to have control over the number, frequency and length of visits from family and friends.  
• Visitation should be individualized depending on the patient’s needs.  
• Families have a **calming effect** on the patient as well as provide support and comfort |
| Fugmagalli et al (2006)     | Randomized control trial to examine complications associated with unrestricted versus restricted visitation. | • Patients with unrestricted visitation policy had **lower anxiety** scores and significantly **lower increases of thyroid stimulating hormone** than those with a restrictive visiting policy. |
## LITERATURE REIVEW – FACTS & FICTION

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<td>Nuss et al (2014)</td>
<td>Describes the process and outcomes of implementing open access for visitation in 13 hospitals.</td>
<td>• <strong>HCAHPS</strong> scores for the questions ‘nurses kept you informed’, ‘nurses treat you with courtesy/respect’, ‘nurses explained things in a way you understand’ <strong>all improved</strong>.</td>
</tr>
</tbody>
</table>
| Whitton & Pittiglio (2011) | Review and summary of the evidence surrounding open visiting hours in ICU.                                         | • Nurse Perceptions: worried about increase physiological stress on the patient, interference with the provision of care and exhaustion for the family.  
• Patient Perceptions: unrestricted visiting is associated with lower levels of patient stress and anxiety. Patients also wanted some limitation on visiting because of stress caused to themselves and family members.  
• Family Perceptions: positive benefit to their experience in ICU and decreased anxiety. |
Recipe for Managing Change

• Clear direction from Senior leadership
• Create a vision and assess the degree of change for organization
• Involve the right stakeholders
• Clearly define roles and responsibilities
• Create champions who are accountable
• Communicate often and broadly
Committee developed with a variety of key stakeholders

Need members fully engaged with assigned responsibilities

Patient representation is key

Plan with timelines established

Focused communication plan
Diverse Membership

• Patient Advocacy
• Security
• Medical Affairs
• Inter-professionals, Clinical Managers, clinical nurses, Patient representatives
COMMUNICATION PLAN

• Identified target audiences
• Developed key messages
• Frequent key Messages for Managers and staff
• Revised messages on Web site
• Presentations to variety of key stakeholders i.e. Senior team, Nursing Managers, Educators
• Articles in internal publications
• Nursing Skills Fair
KEY DELIVERABLES

• Policy developed and approved
• Tool kit developed for managers
  • FAQ for Staff
  • FAQ’s for Patients
  • Scripts for Nursing
RESOURCES DEVELOPED

Flexible visiting hours

Beginning June 1, the hospital will be adopting a family presence policy. Rather than having specific visiting hours, visiting hours will be flexible according to the needs of the patient, their family, and their care team.

Why are we changing our policy?

A patient-centered, healing environment is an important part of the care team. Research shows that allowing patients to have family or friends during their hospital stay can improve their overall health and recovery.

Does this mean?

- Adjust the current visiting hours policy to make it consistent across the hospital.
- To foster a family-centered healing environment that is responsive to the needs of our patients.
- To improve communication between patients, families, and health-care teams.
- To ensure nursing staff and clinical managers are supported in coordinating appropriate visiting hours with patients and families.

What are the policy goals?

- To foster a family-centered healing environment that is responsive to the needs of our patients.
- To improve communication between patients, families, and health-care teams.
- To ensure nursing staff and clinical managers are supported in coordinating appropriate visiting hours with patients and families.

Who is reviewing the policy?

The working group that reviewed the policy is made up of clinical managers and experienced clinical nurses representing a wide variety of TOH programs, as well as patient and family advisors and representatives from medical affairs, security, patient advocacy, communications, and other health-care professions.

How can you get involved?

- Be informed. Read the FAQs.
- Discuss at staff meeting and Nursing Unit Council.
- Talk about the policy with families and patients.

Family presence policy: FAQs

1. Why is the new visiting policy?

The new visiting policy is being changed to provide flexibility in meeting the needs of patients, the family, and the patient care team.

2. Why are we changing our policy?

Research shows that allowing patients to have family or friends during their hospital stay can improve their overall health and recovery.

3. What are the policy goals?

To foster a family-centered healing environment that is responsive to the needs of our patients.

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The working group that reviewed the policy is made up of clinical managers and experienced clinical nurses representing a wide variety of TOH programs, as well as patient and family advisors and representatives from medical affairs, security, patient advocacy, communications, and other health-care professions.

5. How can you get involved?

Be informed. Read the FAQs. Discuss at staff meeting and Nursing Unit Council. Talk about the policy with families and patients.

The Ottawa Hospital
1 Hospital Avenue
Ottawa, ON K1Y 4E8

Corporate Policies and Procedures
Visitors and Family Presence
Policy

Date of Approval: April 20, 2010

Date Re-Review/Revision: December 2018

Date Effective: November 1, 2018

Policy Statement: Visitors to the facility and patients and families about visitors to the hospital.

Policy Number: 2010-0003

REFLECTIONS
THE PATIENT & FAMILY PERSPECTIVE
FAMILY PRESENCE POLICY SOFT LAUNCH SEPT 14TH, 2015
PATH TO SUCCESS
PATH TO SUCCESS

Success

What people think it looks like

What it really looks like
CHALLENGES

• Need for security
• Lots of questions and hesitancy from nurses
• Balancing the needs of family to visit with the needs of the patient to rest
EVALUATION

• Contacted the following for feedback /concerns
  • CAOS, off hours administration
  • Patient Advocacy
  • Patients and family comments to Manager/CCL on rounding
  • Discharge phone calls
  • Security
NEXT STEPS

- Will have follow up meeting with units who have increased complaints on D/c
- Continue to educate and support nurses with conversations with families re noise
- Plan broader communication for Pt and Family
  - “How can you help”- posters, tweak web message
- Promote “Quiet time” at night starting at 2100 hrs
LESSONS LEARNED

• Buy in from Senior Management
• Importance of patient voice in implementation and evaluation
• Communicate, communicate, communicate
• Importance of team work
• Anticipate the unanticipated
• Let common sense prevail!
FAMILY PRESENCE IS A BALANCING ACT
Questions?

Please submit your questions/comments electronically using the “Chat Box” on the bottom of your webinar screen.

Veuillez nous transmettre vos questions ou vos commentaires à l’aide de la « boîte de dialogue » située au bas de l’écran de ce webinaire.
The Opportunity

- Many organizations have identified patient and family centered care as a strategic priority
- Less than 30% of surveyed hospitals have accommodating visiting hours\(^1\)
- 90% of health sector professionals (n=672) and the general public (n=1006) are supportive of family presence\(^2,3\)
- Join the Better Together Campaign

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\(^3\)Ipsos. (2015) Hospital Visiting Hours: Canadian Foundation for Healthcare Improvement
Better Together Campaign

2015-2017

Change Package
- Readiness assessment
- Formulation and adoption of policy, translation to practice
- Hospital-level monitoring and evaluation metrics

E-Collaborative
Educational Offerings
Launch and Awareness

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE
Better Together Change Package

Phase 1
- Assessment & Initial Review

Phase 2
- Formulation of Family Presence Policy & Practice(s)

Phase 3
- Implementation & Monitoring of Impact, Sustainability & Spread

Leadership & Management
- Workforce
- Meeting the Needs of Patients & Families
- Quality and Safety
- Communication
Better Together Campaign

2015-2017

- E-Collaborative
- Educational Offerings
- Change Package
- Launch and Awareness

Launching in March 2016
Pledge now!

As one concrete step toward creating a culture of patient- and family-centered care, we commit to:

1. **Review** visiting hour policies and website with input from leadership, patients, families, staff

2. **Develop** a family presence policy

3. **Implement** a family presence policy and monitor its impacts

www.cfhi-fcass.ca/BetterTogether
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Coming Soon... // A venir...

The Indigenous health experience webinars
Part of CHFI's Recommended Learning Journey on Indigenous Health.

March 2, 2016
March 21, 2016
April 5, 2016

Webinaires sur l'expérience des autochtones en santé
Partie intégrante du Parcours d'apprentissage recommandé par la FCASS sur la santé des autochtones.

2 mars 2016
21 mars 2016
5 avril 2016
Thank you!
Merci!