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Anndale McTavish MA

Patient Experience Advisor & Co-Chair of KGH Patient and Family Advisory Council, Kingston General Hospital, anndalemctavish@hotmail.com

Cynthia Phillips RRT, MEd

Manager of Interprofessional Collaborative Practice & Education, Kingston General Hospital, phillipc@kgh.kari.net

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Transforming the patient experience: Bringing to life a patient- and family-centred interprofessional collaborative practice model of care at Kingston General Hospital

Anndale McTavish, MA, *Patient Experience Advisor & Co-Chair of KGH Patient and Family Advisory Council, Kingston General Hospital*

Cynthia Phillips, RRT, MEd, *Manager of Interprofessional Collaborative Practice & Education, Kingston General Hospital*

Abstract

The Kingston General Hospital strategic plan includes *transforming the patient experience and bringing to life new models of interprofessional care and education*. The implementation of the Interprofessional Collaborative Practice Model has been the foundation of this transformational change. Areas identified for improvement included communication, discharge planning, and purposeful engagement of patients and families in the care process. 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. From March to October 2009, 54 representatives from various disciplines and services gathered to design a new approach to care delivery. The resulting model was conceptualized as a system of interacting levers: People, Technology, Information, and Process. Between November 2009 and April 2012, the model was implemented on 18 inpatient units and 33 ambulatory care areas. Interprofessional collaboration and patient engagement has been vital in optimizing care through this new care delivery model. 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. A Patient and Family Advisory Council was formed in February 2010 and continues to provide direction. Post-implementation results on four units are encouraging, showing improvements in quality of patient care and quality of work life. Continuous monitoring of the changes and using evaluation results to advance the positive changes are the next steps in this transformation of the healthcare experience.

Keywords

Patient- and family-centred care, interprofessional collaboration, model of care, patient engagement, patient experience advisors

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. The ICPM first began in 2009 as part of a fiscal recovery strategy – KGH wanted to ensure quality of care and work

environment were not compromised and ideally were improved as the financial recovery was managed.

Literature Review

Patient- and family-centred collaborative care (PFCCC) is not a new concept. Literature regarding patient-centred care dates back to at least 1969 when Balint and colleagues introduced the term “patient-centered medicine”.² The Institute of Medicine’s Quality Chasm report defined patient-centered care as care that is “respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions”.³ Despite both longstanding and recent interest in patient- and family-centred care, there are limited published reports in the literature highlighting the implementation of PFCCC programs in the hospital setting.⁴

DiGioia et al. describe PFCCC as a comprehensive systems approach that places patients and their families at the center of focus. University of Pittsburgh Medical Center has developed a model of PFCCC and defines it as a process that focuses on viewing all aspects of a patient's care experience through the eyes of the patient and family. Staff consistently examines the experience from the patient and family point of view.⁵

Achieving patient- and family-centred care often requires a well-coordinated team of health care professionals working together and engaging the patient as an active participant.^{6,7}

The KGH patient- and family-centred care (PFCC) model differs from existing models in that the ICPM was designed by staff and physicians. True partnering began, however, with the redesign of the model of care when we embedded patient- and family-centred care into the model. The design of the PFCC included patient experience advisors as part of the change process. The model was neither prescribed before the involvement of the patient experience advisors nor did we have a pre-determined implementation plan. The work with PFCC and patient engagement began in 2010 with 3 patient experience advisors and has now grown to involve more than 50 advisors.

We have been partnering with Georgia Regents Medical Center (GRMC) since 2010 and our models are similar in many ways. GRMC is recognized as a pioneer in patient- and family-centred care by the American Hospital Association and the Institute for Patient and Family-Centered Care.⁸ The staff began practicing PFCC in 1993 by involving patients and family members in the planning and architectural design of the Children's Hospital of Georgia. The PFCC model at GRMC and at KGH is based on an approach that removes the barriers to having collaborative partnerships between healthcare providers, patients and families. This means that patients and families are an integral part of the healthcare team and are involved in all aspects of care delivery. For example, the creation and implementation of Patient and Family Feedback Forums at KGH offers the opportunity for staff and physicians to hear directly from the patient and family about a recent hospital experience. Staff can then engage in continuous improvement cycles to ensure a better patient experience. Recent changes include increased referrals to the cardiac rehabilitation program & providing patients with more information about what to expect after discharge.

At Dana-Farber Cancer Institute (DFCI) in Boston, staff have been engaged in a process of rethinking and

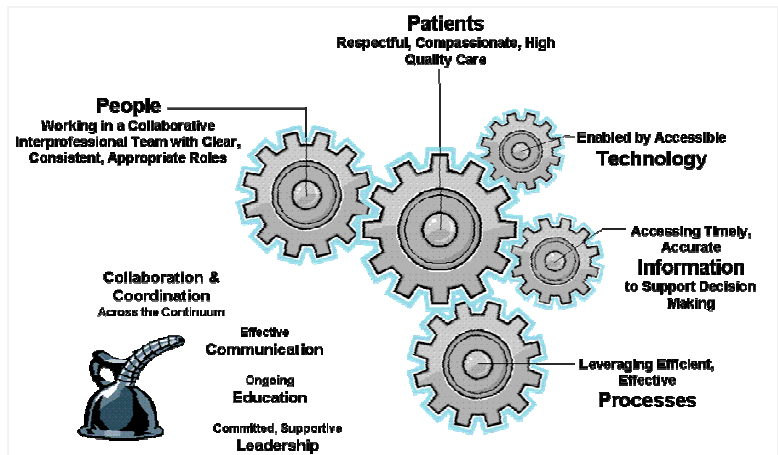
redesigning many of their practices in order to integrate the voices of patients and families into everything they do.⁹ Since 1996, the patient's perspective is captured at every level of decision-making. Patients provide input on the organizational policies, are placed on continuous improvement teams, and are invited to join search committees and develop educational programs for staff.^{9(p82)}

Like DFCI and GRMC, patient and family involvement at Kingston General Hospital is now an expectation rather than an exception.^{9(p87)} At KGH, staff soon began to realize the value of collaborating with patients and family members in a broad range of organizational initiatives. Patient experience advisors joined staff in space planning, on search committees and hiring interview panels, in continuous improvement training and on the quality committee of the board of governors.

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 (Figure 1) 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.

Figure 1. ICPM Conceptual Framework



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 influence the patient care provided.¹⁰ High performing collaborative teams ensure patients and families are active team participants.¹¹

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 the 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. This innovative strategy aims to place patients at the heart of decision-making and puts our patients and their families first. The PFAC is leading the way in ensuring that patients and families are involved in all aspects of care, safety and improvement initiatives. The council is grounded in and guided by the core principles of patient- and family-centred care: dignity and respect, information-sharing, participation and collaboration. 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. This council is driving the paradigm shift from an organization that does things to and for its patients to one which is patient-led, where a partnership is formed with patients to meet their health needs. The PFAC developed the following formal definition for patient- and family-centred care: “Patient- and Family-Centred care at Kingston General Hospital is healthcare based on a partnership among practitioners, patients and families. Its goal is to ensure decisions respect patient’s needs, values and preferences. Its outcome provides patients with information, knowledge and support to participate in their care as they choose.” A shorter version is “Respect me, Hear me, Work with me” crafted to create expectations for all parties in the partnership – patients, families, providers and staff alike.

The council supports the inclusion of patient experience advisors throughout the organization delivering on our strategy’s commitment that “Our patients are fully in the driver’s seat, participating meaningfully in every initiative that can influence their care and service” and that “patients will become involved in all aspects of our care, safety and service-improvement initiatives”.^{1(p10)}

Today KGH has more than 55 patient experience advisors who work side-by-side with staff at all levels of the organization to ensure the patient voice is heard at every turn. The patient experience advisors are members of key service-based and corporate committees, including steering committees, taskforces, working groups, accessibility committees, education committees, and patient care program councils. Patient experience advisors participate on job interview panels from the director level to the health care provider level. A patient experience advisor welcomes new staff and physicians at orientation and for the first time in our 147 year history, an advisor hosted the 2011 Annual General Meeting.

The concept of patient- and family-centred care is articulated in the KGH 2015 Strategy, and milestones and measures have been incorporated into the performance management system. Reports are provided regularly to governance and operational committees with detail about the design of the service, the involvement of the advisors and the impact of their engagement.

Between November 2009 and April 2012 the model was implemented on 18 inpatient units and 33 ambulatory care areas. The initial focus was on adult inpatient medical/surgical units, then to specialty care units, then to outpatient and ambulatory care areas. 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:

- Introduction of flexible visiting hours to support necessary 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 governance, clinical and operational committees
- Integration of patient and family perspectives in the development and review of policies, information and education materials
- Interprofessional team approach to patient care
- Frequent patient rounding to anticipate patient needs, increase safety and reduce call bell use
- Interprofessional documentation
- Enhanced discharge management beginning on admission
- White boards in patient rooms updated every shift to include team member names, date, patient/family questions or concerns and staff messages to patients and families

- Early involvement of allied health professionals in the discharge management process
- Use of interprofessional consultations and regulated health professional suggest orders to propose changes to the plan of care

Changes associated with the ICPM were supported through a comprehensive education program. To date, more than 2,300 staff, physicians, volunteers and learners have attended sessions on interprofessional collaboration, patient- and family-centred care, and communication. The sessions are facilitated by staff and patient experience advisors. In addition to providing valuable education, the sessions have provided a forum for interaction and collaboration between different members of the care team including patient experience advisors who are working together in new ways to identify opportunities to improve systems and processes for the benefit of patients and families.

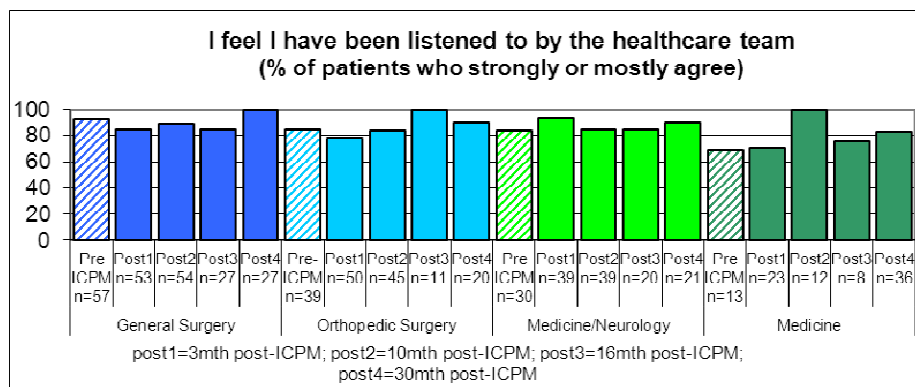
Methodology

A pre-post mixed-methods design was used with an evaluation framework focusing on patient, provider and system outcomes to determine whether ICPM is transforming the patient experience. Four inpatient care units have been evaluated pre-implementation and at specific intervals as set out in the framework.

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. To date, 624 patients and 398 providers have completed ICPM surveys on the 4 inpatient care units. Patients reported being more aware of the plans relating to their health care, 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. (Figure 2)

Figure 2. ICPM patient survey results



The staff and physician survey results demonstrate improvement with regard to collaborative practice and job satisfaction although the results also vary by units. (Figure 3)

Discussion

Interprofessional collaboration and patient engagement have been vital in optimizing care through the ICPM. The safety literature highlights the value of highly collaborative teams and links them to error reduction and effective performance.^{9(p84),12} When teams expand to include the consumers of the service, one would expect them to become more customer focused in their decision-making and more effective in working together. These assumptions underlie the push for patient- and family-centred care.^{9(p84),13,14,15}

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 each day.

With the implementation of the ICPM, specific practices have been introduced to support patient- and family-centred care. As well, with the evolution of patient engagement, there have been new and leading practices introduced to enable continuous improvement and transformation of the patient experience. With the input of patient experience advisors, five standards have been identified on which KGH will focus its support. These practices are as follows:

- Updating of white boards with each transfer of care
- Ensuring staff wear their identification badges at chest level where they are easily visible in accordance with the administrative policy
- Completing purposeful hourly rounding to increase safety, reduce patient anxiety and reduce the use of call bells
- Demonstrating respectful and informative communication with every patient and family interaction
- Providing the opportunity for staff to hear directly

from patients and family members what factors influenced a recent hospital experience through regularly scheduled patient and family feedback forums.

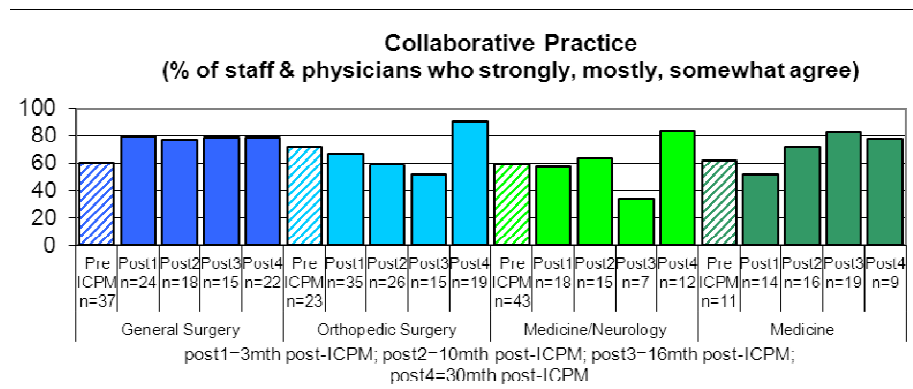
Standardizing the practices allows patients and families to have a consistent experience no matter where they may be within the organization. Corporate results

are reported internally and externally on a quarterly basis.

We have learned many valuable lessons on our journey. A key lesson learned during implementation of ICPM was the

sustainability of the model to anchor the changes arising from this approach within our organization. Continuous monitoring of the changes gained and using evaluation results to enhance and advance the positive changes are the next steps in this transformational change of the healthcare experience.

Figure 3. ICPM provider survey results



importance of clear communication across the organization. Consistent messaging must occur at all levels and throughout all phases of the redesign work to minimize apprehension and fear related to impending change. Early and deliberate communication, including the engagement of patients and families is essential to the success of our new model of patient care.

Like Reid Ponte and her colleagues, we learned that collaboration and trust between patients and providers goes beyond that encountered in the typical health care professional/patient relationship.^{9(p88)} A greater sense of equality has evolved by partnering with patients and families on issues that were previously restricted to health care providers and administrators.^{9(p88)} For example, KGH patient experience advisors have collaborated with staff members on patient education materials, signage and way-finding initiatives and are active members of more than 35 committees across the organization.

Since the launch of the ICPM in November 2009 there has been steady feedback about aspects of the ICPM resulting in improvements with role clarity and processes. It is important to be patient and remember that practice change takes time.

Conclusion

Evaluation results indicate that ICPM is making a difference. Efforts to involve patients and families are evident throughout the organization; the work of the PFAC is being validated in many areas. 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

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.¹⁶

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 health care students from 34 educational institutions across Canada who rely on us to provide the learning environment they need to become health care 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.

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