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## The story of Emily

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## The story of Emily

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### Abstract

This case study describes Bluewater Health's quest to weave the philosophy and practice of patient and family-centered care from the boardroom to the bedside by introducing Emily. Emily's image is a composite of photographs of staff, physicians, volunteers, patients and families exemplifying that each has a role in Emily's care. Emily represents every patient and family of the past, present, and future. Emily's journey started with the launch of Bluewater Health's 2013-2015 strategic plan and moved throughout the organization as patient councils were established and the organization embedded three foundational patient and family-centered RNAO Best Practice Guidelines into daily practice with the support of over 100 best practice champions. The successful implementation of RNAO's best practice guidelines earned Bluewater Health designation as a Best Practice Spotlight Organization. The organization took a risk in introducing the notion of Emily knowing that Emily could become a cliché. No one was prepared for what has come to be known as "the Emily effect." Emily's effect is now being realized in increased patient satisfaction and improved employee engagement scores helping to deliver on our Mission, *We create exemplary healthcare experiences for patients and families every time*. Bluewater Health is a fully accredited, 326-bed community hospital that cares for the residents of Sarnia-Lambton, Ontario.

### Keywords

Patient-centeredness, culture, person-centeredness, point-of-care engagement, leadership, patient satisfaction, employee satisfaction, champions, empathy, caring, employee engagement, patient family-centred care, patient councils, best practice guidelines, strategic planning, patient experience, strategic execution

### Setting the Context

Bluewater Health, with locations in Sarnia and Petrolia, is a fully accredited, 326-bed community hospital that cares for the residents of Sarnia-Lambton. With close to 2,500 staff, Professional Staff and volunteers, Bluewater Health provides an array of specialized acute, complex continuing care, allied health and ambulatory care services. State-of-the-art facilities, which opened in 2010, contribute to Bluewater Health's Mission: *We create exemplary healthcare experiences for patients and families every time*. Bluewater Health is located within the Erie St. Clair Local Health Integration Network.

Our care philosophy is Patient and Family-Centred Care (PFCC) and our goal is to adhere to the principles of PFCC as outlined by the Institute for Patient and Family-Centered Care:

- *Dignity and Respect:* We will listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are

incorporated into care planning and decision-making.

- *Information Sharing:* We will communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, accurate information in order to effectively participate in care and decision-making.
- *Participation:* We will encourage and support patients and families as they participate in care and decision-making at the level they choose.
- *Collaboration:* We will collaborate with patients and families in policy and program development, implementation, and assessment; in healthcare facility design; and in professional education, as well as in the delivery of care.<sup>1</sup>

### Courage and innovation: The importance of timing

The Excellent Care for All Act (ECFAA) in June 2010 legislated steps towards greater patient-centred care including patient engagement to establish a declaration of

patient values and establishing patient relations process including patient advocate or ombudsman on staff to assist patients and families with their healthcare journey.

In October 2011, executive leaders from our organization travelled to Thedacare in Appleton, Wisconsin USA, as members of a contingent from Ontario interested in seeing what this high performing acute-care organization had done using Lean tools and processes.<sup>2</sup> The pleasant surprise we discovered is the way they had included patients in their Lean work. On the final day of our visit, we were invited to observe the report-out from a Kaizen event that had taken place that week. When the presentation ended, the facilitator turned to the audience and asked, “*Why did we do this work?*” We immediately began to think about the aim of the initiative, however in an instant the Thedacare employees shouted, “*We did it for Lori!*” Who? We fully expected that someone named Lori would appear. At the conclusion of the event we asked, “*Who is Lori?*” We were told that Lori was the name the organization had given to “*the patient*”.

We came back to Bluewater Health with lots of ideas; however the one that kept bubbling up was this notion of creating and naming ‘our patient’. We told a number of people about the idea and waited as they mulled it over. No one responded negatively. Some asked questions while others nodded and reflected quietly.

Also in October of 2011, Bluewater Health prepared to submit a proposal to the Registered Nurses Association of Ontario (RNAO) to become a candidate organization to achieve Best Practice Spotlight Organization (BPSO) designation. Part of that proposal was to have selected six Best Practice Guidelines (BPGs) that we would implement and have a plan to sustain. In reflection, the BPSO journey began when a cross section of Bluewater Health’s people were engaged in focus groups to choose those seven out of the possible 31 BPGs that would move the organization closer to realizing its patient and family-centred mission. Our selected BPGs were:

- Client Centred Care<sup>3</sup>
- Establishing Therapeutic Relationships<sup>4</sup>
- Supporting and Strengthening Families through expected and Unexpected Life Events<sup>5</sup>
- Integrating Smoking Cessation into Daily Nursing Practice<sup>6</sup>
- Assessment and Management of Pain<sup>7</sup>
- Prevention of Falls and Fall Injuries in the Older Adult<sup>8</sup>

*Client Centred Care*, *Establishing Therapeutic Relationships*, and *Supporting and Strengthening Families through Expected and Unexpected Life Events* became our ‘big three’ organization-wide BPGs chosen for implementation. These three aligned and supported the four principles of Patient Family-Centred Care and became foundational for all BPG

implementation strategies.

April 4, 2012 marked the public announcement and beginning of the Bluewater Health BPSO journey. The first year primarily focused on developing structures and processes to support implementation and evaluation of evidence based recommendations, and recruitment of Best Practice Champions to lead the work.

“Nurse champions can play key roles in moving patient and family-centred care forward throughout an organization.”<sup>9</sup>

In that first year, 98 healthcare providers requested to attend RNAO Best Practice Champion workshops. The Bluewater Health champion model is inter-professional, thereby promoting a collaborative approach to evidence based practice and patient family-centred care.

Three quarters of the Best Practice champions chose to lead these guidelines within their units or programs. It was clear; there was a tremendous pull from point-of-care healthcare providers and managers to participate in this journey.

There were BPSO meetings, launches and events. Best Practice champions led the spread of the ‘big three’ on each of their units, with leadership support and engagement. Each unit created a storyboard to introduce the key concepts of the Guidelines. Best Practice champion and PFCC introductory educational sessions provided peer-to-peer learning.

## **Innovative Strategic Planning**

In June 2012, our Patient Advocate position was filled and there was beginning-dialogue about bringing former patients and family members into our conversations, onto our teams and into our environment. Our Patient Advocate continued talking with other organizations that were creating teams of patients and family members.

In fall 2012, during strategic planning there was a desire to embed PFCC, quality and safety even further. Conversations and focus groups began with our various committees of the Board to determine our *must-do and can't-fail* strategic themes and goals. The process was inclusive, innovative and warm. Our people put forward ideas, often through their stories.

There was a positive energy from the boardroom to the bedside about what real PFCC could mean to care providers and to the way we partner in care. This resulted in the strategic goal: *Embed Patient & Family-Centred Care*, and the creation of several supporting ‘*We will*’ commitments:

We will:

- Create a patient and family-centred care strategy and action plan
- Establish a Patient Experience Partner Council and a Patient and Family-Centred Care Advisory Council
- Engage Patient Experience Partners in quality improvement initiatives
- Develop a plan to educate our people on patient and family-centred care principles and care strategies
- Implement the RNAO Best Practice Guidelines – *Client Centred Care, Establishing Therapeutic Relationships; and Supporting and Strengthening Families in Expected and Unexpected Life Events.*

The 2013-15 Strategic Plan also included Goals to *Ingrain Patient Safety* and *Improve Access to Care*, both of which were informed by the patient perspective. We believed then, as we do now, that by partnering with patients and families, care is better and safer.

As the work with the Strategic Planning Steering committee took shape, more and more of the dialogue wrapped itself around the patient and family... *our* patients and families. The idea of naming our patient did not slip away. In fact it began to grow little by little. It was time to pay closer attention to it.

## Introducing Emily

When envisioning the Strategic Plan, we knew there was an important connection regarding the patient experience and the need and desire for staff to engage in meaningful work. We discussed the notion of storytelling and that, once again, sparked the idea of giving our patient a name. A strategic plan team member suggested the name Emily. We wanted Emily to represent every patient and patient family we have cared for in the past, are currently caring for and will care for in the future. We wanted our people to recognize that each of us had an influence on Emily's experience of care.

Emily - uniquely ours— would make her debut at the April 2013 launch of Bluewater Health's Strategic Plan. But what should Emily look like? What age? What gender? Our Emily is a collage of photographs, images of us, patients and families, care providers, physicians, support services, students, volunteers, hundreds of us at work, engaged in giving and receiving care. Emily is faceless, but is made up of every face amongst us. Staff, physicians and volunteers can find themselves in the Emily image (Figure 1).

Subsequent to the Strategic Plan launch, the image of Emily appeared on banners, posters, bookmarks, presentations, and in meeting rooms - reminding us to include Emily and to consider the patient and family perspective in all decision-making.

Figure 1. Introducing Emily



Regardless of the department or position, whether in clinical, support or administrative services, each of us needed to be able to relate to Emily. Every care provider, and the way they may have thought about Emily, was unique yet we recognized that we each contributed to Emily's experience of care. We, or someone in our family may have *been* Emily. And, if any one of us might *be* Emily, then it became a different way of thinking about how we delivered care including the words we chose and the things we did that were important to Emily, beyond the task at hand.

In conversations – from the boardroom to the bedside – we began to ask ourselves, “*What would this mean for Emily? How might this decision affect Emily's care? What would Emily want?*” As we went about our day-to-day work we were invited to consider, “*How does what I am doing help Emily?*” And, “*Will what I am doing, make it better for Emily and her family?*” Emily brought focus to our conversations, our initiatives, our attitude and our environment.

It took no small degree of courage to unveil her image and to explain this abstract notion. There was some anxiety on the part of the Board and executive leaders that this idea could be seen as *frivolous* and there was a risk that everything surrounding it, including the Strategic Plan could be tainted.

### Emily as part of the family

When anyone or anything first comes into the world we have hopes and dreams – yet we honestly didn't know what might happen upon the birth of Emily.

When 2500 staff, physicians and volunteers began to learn about Emily, they became linked to the meaningfulness of what they do, and what we do collectively. The composite of Emily, with pictures of Bluewater Health care providers, pulled empathy into our hearts, and gave patient family-centred care a face, a voice, and the realization that any one of us could be Emily at any given moment. Our care providers' desire to partner in quality care deepened because *the patient* was made less abstract.

Best Practice champions embraced Emily and there began a new vivacity around how we delivered care and the relationships associated with care. Connecting PFCC recommendations to Emily facilitated a more meaningful look at how care is delivered, and care became more timely, personal and compassionate.

BPSO Champions began to talk about Emily and made the alignment with the BPGs. It was not surprising that Emily found her way into implementation of all of the Best Practice Guidelines. We started to hear, “I am sorry you are having pain” and, “We need to keep Emily safe.”

Emily conversations became a regular occurrence. One nurse and *Client Centred Care* BPG point-of-care lead, described a moment in her day:

*“As I walked passed an elderly patient, I noticed how he was struggling to put on his jacket. I continued on my way to my next scheduled task, and then paused. Excusing myself, I explained to my colleague, I need to have an ‘Emily moment’. I returned to the elderly gentleman and assisted him to get dressed.”*

These types of stories became increasingly shared across the organization. Initiatives, implemented to promote patient and family-centred care, took on a higher relevance as Emily provided healthcare providers with a shared vision of what the patient experience could be. “Without a shared vision, the workforce may feel lost and efforts can be unfocused and less effective.”<sup>10</sup>

Emily was present for special events including BPG kick-offs and Knowledge Exchanges. A newsletter was developed to help keep everyone informed of various best practice initiatives, and point-of-care leaders chose to name it ‘Dear Emily’. Healthcare providers began describing care through the eyes of the Emily. A Best Practice Champion:

*“Emily has inspired me to be an advocate for enhancing the patient and family experience”.*

### Emily and Patient Experience Partners (PEPs)

Our Patient Advocate engaged patients and family members to create the Patient Advisory Council. They held their inaugural meeting in December of 2012. A new volunteer role, the Patient Experience Partner (PEP), was launched. Their motto, *Giving a Voice for Positive Change*, speaks to their commitment to offer their perspective to enhance the healthcare experience of present and future patients. One of our Patient Experience Partners shared her reaction to the Strategic Plan.

*“The highlight for me was Emily's symbolic presence as our inspiration... she is the reason we do what we do.”*

In their efforts to communicate with staff, the Patient Experience Partners wrote a letter *from* Emily expressing what they hoped staff would do for every patient. Emily's voice was also heard during the Patient Experience Partner planning retreat as they prioritized their goals for the year. It was through Emily's perspective that priorities and goals were established and action plans created.

Emily's persona has deeply resonated with the Patient Experience Partners. Emily is often cited as the reason for becoming a Patient Experience Partner. Emily is a member of the Patient Experience Partner Council and her attendance is counted in the meeting minutes as *Emily*

of *Bluewater Health*. At each meeting of the Council, her portrait occupies a place at the table as a physical reminder that the work of the Patient Experience Partners is for *all* patients and not about any one person's agenda. Emily's presence has had the power to guide the Patient Experience Partner Council's focus and efforts ensuring the group veers away from any one member's experience and gravitate toward the good of all patients and their families.

As we began to grow the number of PEPs, Emily has become a real invitation that we want and need to hear our patient and family voices. This was different from invitations in the past. PEPs *are* Emily, and speak on her behalf, sharing their unique perspective.

## Our Emily

Bluewater Health is a community hospital where it is not unusual for employees to care for someone we know. The degree of connection is high. Emily may be our neighbour, our own family member, and sometimes each other. As healthcare providers embrace the vision of Emily, there is energy around how care is delivered and the relationships associated with care. When care providers are more connected to the care they deliver, outcomes can be linked to key performance indicators around quality, safety, and patient and employee satisfaction.

We are now in the final year of this Strategic Plan and are seeing positive results in rising employee engagement scores and rising patient satisfaction scores. In 2013 the National Research Corporation Canada employee engagement survey tool was sent to our full complement of staff and we received a 67.1% response rate. Comparing 2011 custom question engagement scores with 2013, we achieved a 16% improvement in *Quality Care*; 19% improvement in *Involvement in Decisions*; and a 20% improvement in *Positive Work Environment*. Our overall employee engagement score of 61.8 is 6% higher than other community hospitals in Ontario.

The survey tool contained themed questions regarding the employee's perception of patient care and patient safety. Within the two survey themes specific questions were used as key indicators to measure the impact of strategies implemented to support the strategic goal of embedding patient and family-centered care into our daily work. The patient care section contains 11 questions and we verified a noticeable improvement in all of the questions resulting in a statistically significant rise in our employee's perception of patient care. The overall score for the patient care theme improved from 34.5% (2011) positive score to a 40.5 %positive score (2013). The patient safety theme comprises 11 questions and the selected indicator questions showed statistically significant improvement. (Table 1)

In a case study, the Picker Institute explored Bluewater Health's exemplary performance on the Access to Care dimension for its acute care program and cited Emily as one of the contributing factors.<sup>11</sup> Since the introduction to Emily, the in-patient clinical units have seen small fluctuations in patient satisfaction scores and it is recognized that there are many variables at play beyond the Emily Effect. The most positive trends are seen in the questions and dimensions found in Table 2.

Embedding Emily in our organization has been an innovative, creative, and unusual way of engaging staff in the meaningfulness in their work. Introducing Emily at the Strategic Plan launch helped to connect the entire organization to a common set of goals and illustrated how we each could support those goals through our daily work. Emily has had a positive impact at the individual, organizational and system level on quality, safety and engagement.

The flow of patients and families across the care continuum persists as a challenge to us. We continue to explore integration opportunities that will make transitions easier for Emily and for our staff. We strive to keep our local media and politicians updated about the work we are doing on PFCC.

**Table 1. National Research Corporation Employee Engagement Survey – Selected Key Indicator Questions**

Survey Theme	Strategy Alignment	Question	2011	2013
Patient Care	Patient and Family-Centred Care	Support/involve family members when requested	38.6	46.0
		Involve patient in care decisions	49.7	55.9
		Treat patients as individuals with unique needs	69.9	72.1
Patient Safety	Quality Care	Staff actively doing things to improve patient safety	74.3	79.2
		Procedures and systems good at preventing errors	56.1	61.9
Scale - Always, Usually, Sometimes, Never – <b>Positive Score – Always</b>				

**Table 2. Most positive trends are seen in survey questions and dimensions**

Survey Questions/Dimensions	2012	2013	2014
Would you recommend this hospital to your friends and family?	73.0 n=790	74.3 n=740	75.2 n=809
Dimension: Involvement of family	71.8 n=630	72.9 n=598	74.1 n=675
How much information about your condition or treatment was given to your family or someone close to you?	86.6 n=621	85.3 n=591	89.5 n=674

Many of our staff have been invited and have spoken of ‘our Emily’ at events such as RNAO Best Practice meetings, RNAO Nurse Executive Leadership Academies (NELA), at the Nursing Leadership Network of Ontario (NLN.ON) and at our Foundation’s memorial services. We believe that it is important to tell our Emily stories in order to make the healthcare system better for all of our Emily’s. When possible we take a ‘real’ Emily with us. If it’s her specific story, we invite her to tell it. As an organization we strive to not only imagine what Emily might want or need, but to find better ways to ask the ‘real’ Emily.

Emily has made us more compassionate. We have renewed empathy for our patients and their families as we imagine what Emily might prefer or need. Emily and her care providers have engaged in the human experience of caring. Creating a culture where this kind of caring can occur, is perhaps the greatest Emily effect to date.

When Don Berwick, former President of the Institute for Healthcare Improvement (IHI) left IHI to go to Washington, he asked Maureen Bisognano, the incoming President of IHI, what he should do to stay grounded. Her response was to send him a small plaque for his desk that said, “*How will it help the patient?*” It was to be used as a filter. We try to use that same filter. If it won’t help Emily, it moves down or off of our priority list.

**Critical Success Factors**

The plan was multifaceted and staff engagement was a key driver for success. Utilizing a top-down/bottom-up approach was key to Emily’s successful introduction across the organization. Contributing factors were:

- Embedding Emily into the Strategic plan as it provided framework and structure with visible leadership support;
- Engaging point-of-care champions to facilitate knowledge transfer to their peers, which gave the concept of Emily energy to flourish and grow;

- Aligning Patient and Family-Centred Care and Emily with organizational priorities and weaving Emily’s presence within day-to-day activities, making Emily part of the Bluewater Health Family;
- The Introduction of Patient Experience Partners, who gave Emily her voice;
- Story Telling, since hearing Emily’s stories is impactful and amplifies the empathy in our hearts; and
- Our commitment to communicate, communicate, communicate.

Timing is everything for an innovation such as this. While there may never a perfect time, we suggest to others to start where they are. Be courageous and then be ready to be surprised by the intensity of the connection your staff makes to ‘your’ Emily.

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