Improving the experience of older people in hospital

Patient Experience – Consumer perspectives transforming healthcare Forum
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Moving from

Random Acts of Goodness

to

An Integrated System

(IHI Expedition, 2013)
This isn’t too far from the truth.....
• We are only at the start of our journey
• We still need to move from pre-contemplation to contemplation
• Your collective job is to make those of us in the system uncomfortable and help create dissonance for change
Patient-centred care

Care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers.

Research demonstrates that patient-centred care improves the patient care experience

Dimensions of patient-centred care

- respect
- emotional support and physical comfort
- information and communication
- continuity and transition
- care coordination
- involvement of family and carers
- access to care

ACSQHC, 2011
Patient and family-centred care

Connections: Patient and Family-Centred Care and Patient Experience

• “To be truly patient centred, healthcare providers must partner with patients and families to see what the experience is like through their eyes”

• “Patients and families are architects and designers of an effective healthcare system”

Picker Institute – Always Events Healthcare Solutions
From IHI Expedition: Improving the Patient Experience (2013)
Patient and family-centred care: One definition

- **Dignity and respect**: Providers listen and honour patient and family perspectives and choices
- **Information sharing**: Providers share complete and unbiased information in ways that are affirming and useful
- **Participation**: In care and decision making
- **Collaboration**: In my care; policy and program development; implementation and evaluation

_Institute for Patient and Family-Centred Care_

_From IHI Expedition: Improving the Patient Experience (2013)_
What Patients Want

“What patients want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it. We are great at rocket science. We love rocket science. What we’re not good at are the things that are so simple and basic we overlook them”

Laura Gilpin, Griffin Hospital, US
From IHI Expedition: Improving the Patient Experience (2013)
Doing to, doing for, doing with
(IHI paraphrased)
Doing To

- We say, you do (eg visiting hours)
- You wait and your time is wasted
- Information not shared or hidden in jargon
- Commonly used clinician terms; Poorly compliant, insightless, difficult....
- Helplessness in the face of the “care plan”
Doing For

• Family defined by the patient
• Ask the patient as a step in the improvement process
• Effort to improve the patient experience
• Manage your expectations about waiting
• Information sharing
• Focus on patient education
Doing With

- Patient and Family advisors on improvement teams
- Genuine shared decision making
- Respectful communication
- High levels of health literacy
- Senior leadership role model patient safety and well being guides all decisions
- Patient experience and person centred care key components of a clinician’s position description
Why focus on the experience of older people

- Demography
- The core work of hospitals
- Vulnerability
- High risk
- It’s not easy
Why is it hard in older people?

- Paternalism and Ageism
- Myths
  - Ageing
  - Dementia
  - Frailty and comorbidity
- Public Service mentality
- Workforce – skills and size
- Culture Diversity; Ignorance or paralysed with uncertainty
- Time constraints
- Unrealistic expectations
- Measurement limitations (if you can’t measure it, you can’t improve it)
Clinician resistance

- We do it well already
- The approach used is all so bureaucratic
- Patient experience is just another management fad
- It’s all “soft” and doesn’t improve patient outcomes
- Patients and family have unrealistic expectations
- Need to give patients what they need, not what they want
Measuring patient experience in older people

- “Patient satisfaction is fool’s gold”
- Measuring experience and using it in real time
- Self assessment tools
- Complaints – addressing the specific and not the themes
- Patient mapping
- Adverse events
- Functional decline
Lessons from the Institute for Healthcare Improvement (IHI)

AIM

Exceptional patient and family experience of inpatient hospital care

DRIVERS

Leadership

Hearts and Minds

Respectful Partnership

Reliable Care

Evidence-based care

Adapted from IHI Patient and Family Experience Driver Diagram, 2011
Changing the way we do things at The Alfred
The Australian Charter of Healthcare Rights

DO YOU KNOW YOUR HEALTHCARE RIGHTS?

The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

ACCESS
You have a right to health care.

SAFETY
You have a right to safe and high quality care.

RESPECT
You have a right to respect, dignity and consideration.

COMMUNICATION
You have a right to be informed about services, treatment, options and costs in a clear and open way.

PARTICIPATION
You have a right to be included in decisions and choices about your care.

PRIVACY
You have a right to privacy and confidentiality of your personal information.

COMMENT
You have a right to comment on your care and to have your concerns addressed.

For more information on the Charter ask for a flier on the Australian Charter of Healthcare Rights, or visit www.safetyandquality.gov.au
Department of Health – Doing it with us not for us: Participation Policy

**Participation** occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your view, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

**Nine Principles of Participation**

- Trust
- Respect
- Openness
- Equal opportunity
- Advocacy and support
- Responsiveness
- Dissemination
- Evaluation
- Shared ownership and accountability
National Safety and Quality Health Service Standards –

Standard 2 – *Partnering with Consumers*

The Partnering with Consumers Standard:

Leaders of a health service organisation implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce use the systems for partnering with consumers.
Best Care for Older People Everywhere –
The Toolkit 2012

*Person-centred practice* domain

The Toolkit has *person-centred care* as the underpinning approach to improving care of older patients. This means treating older people with respect and as equal partners in the healthcare relationship.

Person-centred practice is treatment and care provided by health services that places the person at the centre of their own care and considers the needs of the older person’s carers.

**Principles of person-centred practice**

- Getting to know the patient as a person
- Sharing of power and responsibility
- Accessibility and flexibility
PATIENTS COME FIRST

Alfred Health’s Strategy for Community participation and patient Centred Care
Patients Come First Strategy

Aims to ensure patients are meaningfully involved in decision making to maintain and improve the safety and quality of health care

Five key priority areas of the Patients Come First Plan 2013-15

- The Patient Charter of Healthcare Rights
- Patient Information
- Patient-centred Care and Patient-centred Care Education
- Patient Feedback
- Consumer and Carer Engagement and Partnership
Patient Feedback at Alfred Health

- New organisation-wide **patient experience survey** developed
- Trained volunteer consumers collect information from patients and carers, and contribute to reviewing results and identifying areas for improvement
- Survey translated into the five languages requested most frequently by our patients who do not speak English
- Questions in the survey focus on culture, language and other diversity
What have we done so far at Caulfield?

- Timely Quality Care – Ideal Patient Journey mapping
- Improving Care for Older People DVD
- Reflection on the Francis report on Mid-Staffordshire Trust
- Patient Experience Committee
What are the elements of "patient experience"?

- **Patient Experience**
  - **Service Excellence**
    - "Top & tail" attitudes
    - Skills
    - Environment
    - Food
    - Timeliness
    - Follow through
  - **Evidence Based Practice**
    - Effective and efficient models of care
    - Appropriate care
    - Patient involvement in goal setting
    - Partnership
  - **Safe Care with excellent clinical outcomes**
    - Reduced:
      - Falls
      - Pressure injuries
      - Readmissions
  - Leadership
    - Language
    - Behaviour
    - Pride in work
    - Work valued & important

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**Respectful Partnership**
Patient Stories

- Caulfield Hospital Patient Stories Posters developed in 2010
- Aim to support and inspire other patients and carers
- Storytelling helps staff see things from a patient’s perspective

- New Alfred wide project focusing on the experiences of older people and their carers
- Patient and carers stories being filmed
- To be presented to the Alfred Board and used in staff education
Consumer involvement in Alfred Health Advance Care Planning (ACP)

- DVD produced in collaboration with Real Time Health
- Participants recruited from Alfred Health ACP Program
- Semi-structured, unscripted interviews
- Editing of the filming involved consumers to ensure their feedback and suggestions were incorporated
- DVD is utilised for client, staff and community based education.
- Also used in clinical settings giving patients an insight into other people’s experiences of ACP
Best Care for Older People in Hospital: The patient experience DVD

Respect, dignity and partnerships with the older person and their family underpin person-centred care.

Video transcript - Functional Decline: The Patient Experience

Video transcript - Person Centred Care

Video transcript - Best Care for Older People in Hospital
Improving Care for Older People

Key Messages from the DVD

- Treat older people with respect and dignity
- Treat them as partners in the healthcare relationship
- Listen to the person, their families and carers
- Let them know what you are doing and why
- Take time to get to know them and treat them as an equal
Patient Experience Mapping – Keeping it simple!

Flowchart with steps and decisions for patient care, including key points such as:
- Referral Accepted
- Patient arrives on ward
- Immediate needs attended to
- General expectation s for stay discussed
- Meet with Key Liaison
- Key Communication
- Clarify goals with Patient and their environment
- Patient has a tailored plan
- Patient has a flexible discharge plan
- Positive Farewell

Additional notes:
- Patient is safe and comfortable
- Patients Plan is clarified
- Patient is active in personalised program
- Patient has confidence in discharge plan
- Smooth transition

Active Therapy Cycle:
- First 12 hours
- 12-36 hours
- Last 72 hours
Lessons from The Francis Report

“People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences.”

(Robert Francis QC, 2013)
Mid Staffordshire – Caulfield's response

- More clinician engagement with clinical governance
- Using complaints as key opportunities for improvement
- Assessing our delivery of basic care as the key step to improving care
- Consumer representation on peak clinical governance committees
- Patient experience Committee
The future of Patient Experience at Caulfield

Rehabilitation, Aged and Community Care Patient Experience Committee

Role is to support and accelerate innovative, proactive initiatives to significantly improve the patient experience at Caulfield Hospital

The work of the committee is to

- Engage the hearts and minds of staff at Caulfield so they put patient having an optimal experience as their primary consideration
- Leadership and role modelling
Simple things matter

• Reinforcing the importance of creating connections
  – Knock
  – Introduce and acknowledge
  – Sit
  – Ask. What are you most worried about
  – Listen

• Little things are important
  – Call bells in reach, TV audible, phones answered, toilet paper

• Visiting hours
Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.

Winston Churchill