SOUTHLAKE
REGIONAL HEALTH CENTRE

Interprofessional Model of Care Redesign

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Project Manager Interprofessional Model of Care redesign

@Southlake_News

- Model of Care Review 2013 Summary of Findings(Completed by Professional Practice)

Model of Care Tiger Team- 2013 12 Inpatient Units Reviewed

Medicine Program

- Cancer Care/Palliative
- L6 Med
- MACU
- MCC
- TCU
- RNU

Maternal Child Program

- Paediatrics
- Post Partum

Cardiac Program

- Medical Cardiology

Surgery Program

- MSK
- Inpatient Surgery/SACU

Mental Health Program

- CAP

Summary of Findings

1. Overwhelming workload;
2. Multidisciplinary, not interprofessional;
3. Uncoordinated inefficient care, silos exist;
4. Workload distribution varies;
5. Fixation on ratios; reduced flexibility to meet patient care needs;
6. Variation in models and roles;

   e.g. Patient Flow Navigator (PFN) role different within the organization
7. Poor morale/trust: Based on NRC Picker scores
8. Scope of practice varied and not maximized;
9. Equipment is lacking;
10. Lack of standardization in care processes.

Highlights of Feedback from Staff

- “Not patient centred care-inadequate staffing to provide adequate or safe care.”
- “Short staff; nurses have 7 patients-unable to assess properly”
- “Nurses have increased pressure and stress to meet the needs of complex patients and standards of care.”

Recommendations

92 Draft Recommendations:

- Communication/team building: 11
- Scope of practice: 7
- Care delivery processes: 27
- Safety: 20
- Staffing: 29
- Equipment: patients on precautions

Status:

- 67/92 agreed to and in various stages of implementation;
- 19 of which will be addressed with Stage 2 of IMCR: Building a culture of interprofessional collaboration.

The Case for Change at Southlake

"If we continue to work with current policies and delivery models, the gap between health care needs and our ability to address them will grow"

Canadian Nurses Association,
The Next Decade: CNA's Vision for Nursing and Health, September 2009

The Burning Platform

Current State

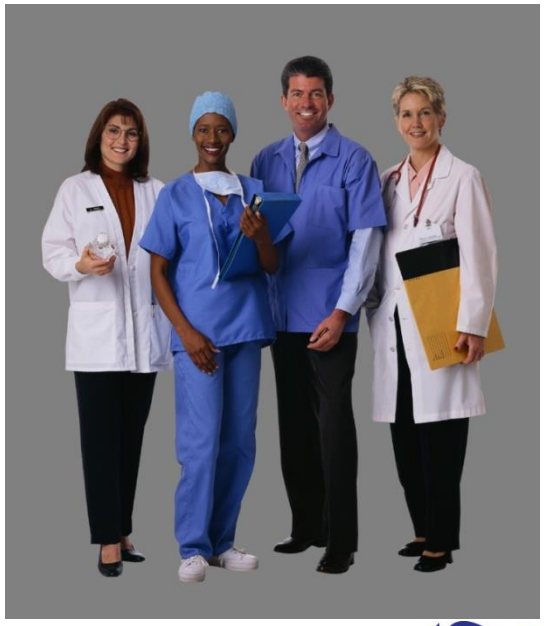
- Provider driven care
- Workload distribution varies
- Uncoordinated inefficient care
- Nurses assigned non nursing duties
- Not all professionals work to full scope
- Silos exist; multidisciplinary, not interprofessional
- Lack of standardization
- Fixation on ratios; inflexible assignments
- Poor staff morale and poor trust survey results

Future State

- Elevate the patient experience
- ↑Opportunity for hands on patient care
- Improve coordinated, efficient care
- Maximizing scope of practice:elevating staff to top of license
- Interprofessional experiences
- Improve safety and quality
- Improve the ability to flex resources to meet the patient needs
- Leadership and innovation at bedside
- ↑ Staff engagement

Creating the best possible patient experience

- Coordinated, team-delivered care models are associated with:
  - ↓ patient lengths of stay;
  - ↓readmissions;
  - ↓emergency room visits;
  - ↑productive staff;
  - ↑satisfied workforce;
  - ↑ patient satisfaction;



Current Nursing Models

Future Model Interprofessional Team

Primary Care Nursing

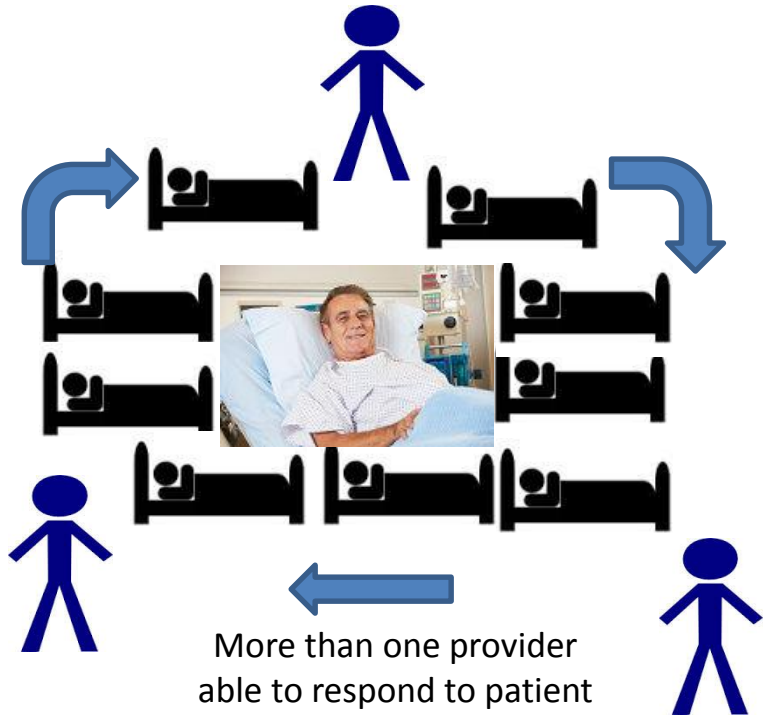
One RN/RPN complete care for patients during entire **stay**

Total Patient Care

One RN/RPN complete care for patients during entire **shift**

Multidisciplinary Care

Leverages optimal scope of practice for all care providers 7 days a week



More than one provider able to respond to patient needs

Interprofessional Care

Proposed Interprofessional Care Redesign

IMCR Deliverables

Elevate the Patient Experience

- A.I.D.E.T (Acknowledge, Introduce, Duration, Explanation, Thank You)
- Hourly Rounding - 4 Ps
- Bedside Shift Report - Transfer of Accountability
- Access to Care - Right Time, Right Provider

Build a Culture of Interprofessional Care

- **Interprofessional Education - Understanding Interprofessional Care**
- **Interprofessional Bedside Rounds**
- **Patient White Boards - My Care Plan**
- SBAR (Situation, Background, Assessment, Recommendation) - Communication
- Destination Rounds

Maximum Scope

- Education - Understanding Maximum Scope
- Corporate Standardization of Roles
- **Role Clarification**

Healthy Work Environment

- Team Composition: Unique To Patient Care Needs
- **Team Based Model of Care** - Hands on Patient Care

Strategic Direction #1
Recommend:
Build a Culture of Interprofessional Care

What is interprofessional collaboration (IPC)

Interprofessional Collaboration (IPC)

- Health care providers actively working together to provide best care for patients
- Problem solving and decision making are shared, best methods of communication and collaboration are always considered
- Health care providers of differing disciplines have both team roles and professional roles guided by the cues/needs of the patient
- Attention is paid to conflict because it affects team not just individuals
- Team processes are intentionally and regularly reviewed so that improvements can be made

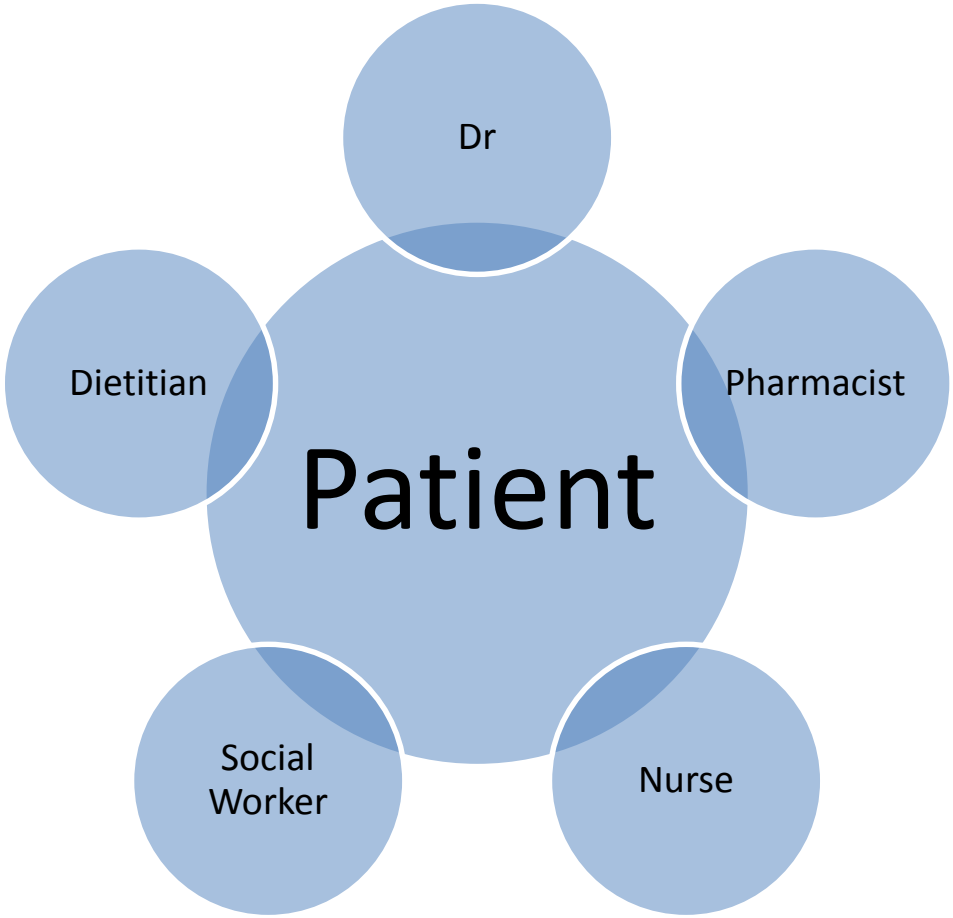
Multi-disciplinary care-Silos

Where several participants representing several disciplines or professions work together in a limited or transient basis

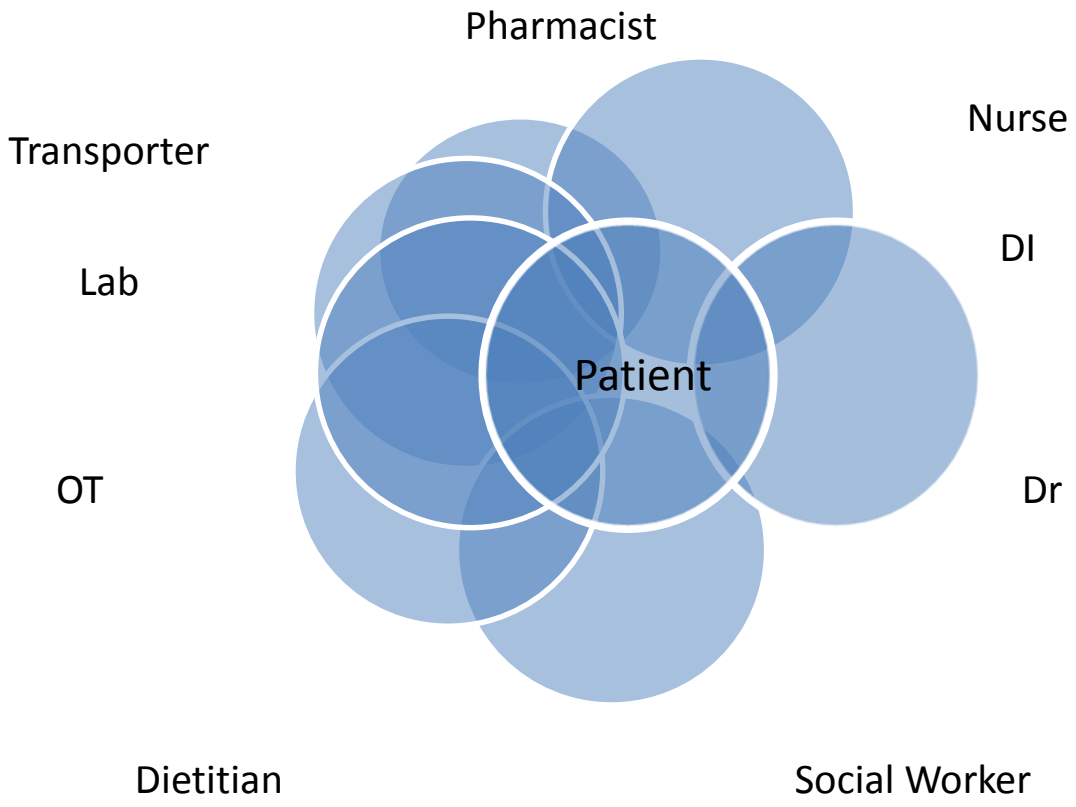
- Work directly with a patient or on a project – common goals and how to support each others goals is not regularly discussed

- Often viewed as a bunch of people “buzzing” around a unit or nursing station, caring for patients, communicating via chart notes, commonly not understanding each others roles.

A Multi-Disciplinary Care Model



An Interprofessional Care Model



Collaboration

Communication

Team Functioning

Roles and Responsibilities

Conflict Management/Resolution

Patient-Family Centred Approach

What are the elements of interprofessional collaboration

Phase 1 Design days

- 4 X 8 hour design days through the Fall 2015
- The Interprofessional team met to define what IMCR was and how it would look on Cardiology.
- Patient Representatives were present for all of the design days

Teams worked on :

- the transition from whole patient nursing to team based nursing
- Hourly Rounding(4 P's)
- SBAR
- Bedside Shift report
- The White Board
- A.I.D.E.T.
- Interprofessional Bedside Rounds
- Interprofessional Education - Understanding Interprofessional Care

Time Study

January 2016: The showcase unit wore time study devices. Three devices per shift were carried for 2 weeks

- Every 50 minutes the device alarms, prompting the nurse to answer a series of questions.
  - Previous location
  - Current location
  - What are you doing: i.e.: patient medications, patient education

The goal is to see where nurses currently spend their time with the hope that they will increase their time spent at the patients bedside(value add)

Rapid Modelling Corporation

http://www.rapidmodeling.com/time-study-software

Implementation of Team Based Nursing

- Early February- team based nursing began on a Monday morning.
- The first 2 weeks: Challenges
  - Unsure of who was responsible for what
  - Overwhelmed with responsibility
  - Had sick calls that were replaced by agency(who do not use computer charting)
  - Attempted to assign pods- not successful due to acuity of patients and high turnover
  - Found out later that some staff were actually refusing to team nurse

Implementation of Team Based Nursing

- Changed the Pods to Teams
- Allocated a nurse to assist the teams in the transition for a period of 6 weeks.
- Daily huddle throughout entire time @ 1500. Every huddle was extremely robust . Staff were expressing that they were still unclear as to what team nursing was exactly(even those that attended the workshop days)

Implementation of Team Based Nursing

- Role Clarity:role of the additional nurse was unclear- the leadership clarified that the role was to ensure that the elements of team based care were happening
- Week 3- educator and manager began to come in @ 0715 to get a feel for why the teams were so disgruntled. (Recognized that this should have happened from the beginning)

Implementation of Team Based Nursing

- Novice nurses and nurses new to the floor state that they love this new model as they feel they have a go to person for support and help.
- Also stated that when educator and manager were present, those that refused to do the team based nursing were now cooperative.
- 90% staff stated that they actually enjoyed team based nursing when it was performed as directed

Current state

- We are 4 months into the change: staff feel like they are doing better as a team, we still need to work on ensuring the entire team is functioning well. Now we need to refocus on looking outside your own individual team.

Implementation of Bedside Rounds

- Worked on what bedside rounding would look like during the design days.
- Started prior to team based nursing.
- Great deal of time spent with physicians and NP's to get full buy-in from whole team
- Changed the model a few times to ensure that each team member got the best out of rounds
- Nursing struggles with attending due to competing responsibilities

Bedside Shift Report

- Began Bedside shift report June 13/2016
- Recognize that we should have implemented this from the very beginning, with team-based nursing

Communication Pre-Implementation

Prior to Handover

- Kardexes up to date
- Pt allocation complete
- Out-going nurse has kardexes in hand for report
- Handover/census sheet printed for each on-coming nurse
- Inform pt that handover will commence
- visitors requested to return to waiting room (or remain at bedside when appropriate)

During Handover

- Commences at 0730/1930, unless team is early, off-going team ready, and all in agreement to begin
- One of the out-going nurses can give report, while the other(s) answer call bells, help get patients up for tests, etc
- ALL members of on-coming team must be present for duration of report
- Pt is introduced by out-going nurse
- kardex should guide report (can be used as a nonverbal tool to point to sensitive information ie. PMH, code status)
- use SBAR to guide report, use words pt can understand.
- Review orders, identify needs/concerns, plan for the shift.
- update white board
- conduct safety scan

After Handover

- any sensitive information that requires brief discussion
- On-coming team makes a plan for the day, allocating tasks/duties/patients
- kardexes returned to binders
- handover sheet can be used as a guide, further updated if needed/desired (not mandatory).

Patient Communication

BEDSIDE ROUNDING:

I wish to be involved: ☐ **YES**

☐ **NO**

I wish to be awoken : ☐ **YES**

☐ **NO**

Safety Checklist

- [ ] Verification of the arm band, allergies, fall risk, VAAC
- [ ] Confirm IV site, solutions and infusions rates
- [ ] Oxygen and suction available and working. Other equipment reviewed and working.
- [ ] Bed check - brakes on, call bell within reach, side rails up

Bedside Reporting

- Staff reporting that some, not all patients enjoy hearing report
- Educator doing a mock report with staff to ensure consistent practice

Key Learnings

- Divide the design days into 2 clear and distinct focuses with formal learning objectives that tie into the project charter
- Education and Managerial support was required- both need to clear their calendar at the beginning.

- Still a work in Progress

Questions

We will only be successful with the participation and input of everyone