

Providence Continuing Care Centre Interview Summary Notes

Tuesday, July 26, 2005

Interview Participants: Marcy Saxe-Braithwaite, VP Programs and CNO; Claudia Whitmarsh, Director of Nursing; Kathy Flegg, Manager, Inpatient Services; Anne Symes, Manager, Outpatient Services

Interviewer: Leslie Soever, Manager Rehabilitation, Hospital Report Research Collaborative

System Integration & Change Quadrant

Interdisciplinary Integration of Care Indicator

- Strong team culture exists at PCCC
- The team culture is supported by a process that integrates quality with the inpatient rehabilitation team (IRT); this team has representation from different teams related to each RCG group; therefore there are two types of teams – the IRT and RCG clinical teams
- The IRT looks at processes to identify issues of an ethical nature; how they are using their NRS data internally; data quality of NRS
- At PCCC, there is ‘buy-in’ from each of the disciplines
- There is also a strong communication link between the IRT and individual clinical teams.
- The IRT meets once/month
- Membership on IRT is for a 2 year term with representatives from each RCG or clinical team
- The RCG teams fall under the following groups – Musculoskeletal, Stroke, Spinal Cord Injury, Acquired Brain Injury, and Amputee
- Aim for multidisciplinary representation on IRT with 2-3 representatives from each RCG team
- Some RCG teams have evaluation going on; e.g. some teams self-identified team building issues
- “The whole philosophy of the organization is about teams.”
- Over the past five years there has been an increase in appreciation of each team member’s input where listening to others occurs and respect is shown for others’ opinions
- PCCC also has an Outpatient Rehabilitation Team (ORT)

Evidence of Client-Centred Care Indicator

- PCCC is “human-centred”
- Patient care is a priority at PCCC
- RN, PT, OT meet at bedside with patients on admission; this portrays a team approach
- Patients’ goals are discussed at this first meeting
- The IRT has developed a goal attainment system where they have a goal tracking system
- This is introduced at the patient conference and goals are tracked at 2 week intervals and documented on goal tracking form

- There is a process for identifying goals throughout the admission
- Prior to discharge the goal tracking form is reviewed and final tracking of goal attainment is done
- Shortly, PCCC will have their first set of data related to goal tracking
- The Canadian Occupational Performance Measure (COPM) is also used by a number of the RCG teams
- PCCC is involved in ongoing studies regarding the use of the COPM
- Weekend passes are an integral part of the treatment of patients; prior to weekend passes, education of patients occurs
- Questionnaires are filled out by family and patients following patients going home on weekends; these questionnaires are then reviewed the RCG team and the responses provide focus for future goals
- There is a strong family involvement
- Families are expected to be involved and attend therapy if able
- Ongoing support and education including emotional support are provided to families
- Social work is very involved with families because sometimes family members need as much or more support than the actual patients
- Complaints/comments/suggestions are followed up within 24 hours and all are taken seriously – there is an openness and a respect demonstrated to hearing what patients and families have to say
- PCCC is a “value-driven organization”
- Patients are considered the reason for everyone being there
- Staff receive lots of cards thanking them for their help, support, encouragement, working together
- PCCC has a ‘strong’ mission which provides significant guidance and staff have a strong identity with the mission statement
- The consent process promotes clear communication with staff and patients; the consent process also supports ongoing day-to-day consent and highlights that patients can go to managers with concerns
- The physicians are dedicated and caring; they are part of the team and not the lead; they are team players; they come to rounds and are very respectful of other team members
- Physicians look to how they can improve patient relationships
- It is not a medical model approach to care
- PCCC had NRC Picker come and give workshop to suggest how to use the data and move forward with the results; 21 staff attended this workshop including one board member
- PCCC wants to focus 2-3 quality improvement initiatives on patient satisfaction
- They have created a new position to look at both the NRS and MDS data
- On August 8/05 will celebrate successes with Hospital Report – we are pleased and proud of the care our staff deliver to our patients

Best Practices Indicator

- related to Healthy Work Environment, they have injury management strategy for all employees

- they look at injury prevention and patient safety
- strategy consists of 7 components that management has supported and endorsed
- lots of education regarding primary and secondary prevention occurs with staff
- have RNAO guidelines from College of Nurses; involve nurse clinicians
- have a hydration project for patients; provide information to all RNs regarding this project which helps with keeping patients continent
- PCCC involved in IC 5 initiative – if problems with continence of rehab’ patients then consult with IC 5 team
- Hired a nurse practitioner in response to the wait times strategy
- Networking with colleagues in acute care regarding the stroke strategy occurs; contribute to a regional team regarding various strategies such as stroke
- PCCC integrates with community partners such as CCAC and acute care hospitals
- Staff are encouraged to attend conferences where best practices are discussed
- Flexibility and support is given to staff to attend educational events
- The PCCC foundation tries to support educational initiatives
- The outpatient quality teams also promote use of clinical practice guidelines and promote outcome measures
- Systems are in place to support knowledge transfer from research to practice
- There is a research associate in rehab’ services who works with all disciplines, helps develop critical thinking skills, helps with the use of outcome measures, looks at evaluation change, and is presenting at OHA Healthy Work Conference

Use of Admission and Discharge Criteria Indicator

- Have admission criteria
- There is a process where teams work together prior to admission; patients are all assessed prior to admission with the more complex admissions being assessed by the discharge planner
- With complex needs patients, the RN goes to the acute care hospital to assess the patients
- This helps build trust
- With some patients the social worker may go to assess
- At Kingston General Hospital this assessment involves a visit to the patient
- At other smaller hospitals there is a telephone conversation regarding the patients
- All admission and discharge criteria are looked at by Clinical Utilization Committee which is chaired by a physician; physicians are responsible for this because there needs to be accountability
- There are some challenges such as “Do these patients meet the criteria?”
- With discharge criteria have real challenges because are predominantly a rural area; patients often live one to one and one-half hours from the hospital where there are limited resources, e.g. CCAC visit one time/week and patients are not able to get back to outpatient therapy
- Discharge criteria are strongly related to admission criteria and discharge dates are set at the 2 week conferences
- It is not unusual to extend discharge dates
- Functional skills patients require to live in their communities are looked at

- PCCC is involved in the Discharge Link Project through the Stroke Strategy which supports the need for enhanced community care
- Length of stay is decreased for patients in this project; RN, PT, OT have increased visits post-discharge

Evidence of Organizational Client-Centredness Indicator

- On each unit have patient/family meetings where concerns are listened to
- There is an active patient council with representatives from across the organization; whatever is brought forward is looked at right away
- Have a volunteer patient advocate – this person has a reporting relationship to Volunteers and to VP Programs
- Patients know they can bring concerns forward
- Cultural sensitivity is emphasized
- There is a professional boundaries working group which helps staff understand patients' rights and boundaries
- The staff espouse the values of the mission
- The Chair of the Board of Directors 'talks about quality of life'
- Managers are accessible to front line staff which builds trust with the staff
- There are clear lines of communication to upper management

Organizational Commitment to Staff Development Indicator

- have a training and development manager who reports to the VP of Human Resources
- have workshops related to leadership and conflict management
- PCCC is a "lifelong learning organization"
- One of the physicians is interested in knowledge translation – has a website called Sagelink
- When staff are sent to conferences, the expectation is that they will share knowledge from the conference with the other staff
- Have an excellent resource centre
- Have strong connections with Queens University
- "Staff are very committed to their work; they love what they are doing; want to move forward and proud of results"
- PCCC is committed to evidence-based injury prevention
- Senior management supportive of the education that needs to happen for this initiative
- There are key people/champions who bring the information back and keep the momentum going on each unit
- Commitment to professional development is an expectation and part of the culture of the organization
- Professional development is looked at in the performance appraisal process
- There is a journal club and sharing of information
- People like to come and work at PCCC; there are minimal vacancies
- PCCC is strongly aligned with a lot of the community organizations e.g. related to spinal cord injury
- There are organized educational events

Clinical Utilization and Outcomes Quadrant

Post Hip Fracture Indicators

- Patients with hip fracture tend to be admitted with an average of 5 points lower than the provincial FIM admission score
- Hip fracture patients tend to have similar comorbidities
- PCCC has clear treatment protocols
- The team is very clear on what their role is
- The team gets patients as good as possible from a functional perspective
- Team recognizes that they may not change the cognitive status of these patients
- The team gets supports to get these patients back home as quickly as possible
- The team understands this patient population very well; the team knows what the patients can and cannot achieve
- Seven-day/week coverage has been implemented to see if this impacts further on this patient population
- PT and OT have clear treatment protocols which work within an average length of stay for these patients
- There is a conference on each patient every week with goal-setting at each conference and discharge dates set on admission
- The COVS and Berg Balance Scale are outcome measures used for this patient population