U.S. Commonwealth Fellowship Journey







Patricia O'Connor, Director of Nursing & Chief Nursing Officer

McGill University Health Centre

CF Harkness Fellowship in Health Policy & Practice

- Mid-career professionals committed to improving health policy and practice through research, policy analysis, health services, or clinical leadership
- Over 12 months, Fellows work with leading U.S. experts to study a critical issue on the health policy agenda
- 2008-09: 16 Fellows chosen from 6 nations (Canada, UK, Australia, New Zealand, Germany, Netherlands).
- First Canadian nurse accepted as a Fellow.

Series of Workshops in U.S:

- International Symposium on Health Care Policy
- Washington Policy Briefing; Canadian Policy Briefing
- Institute for Healthcare Improvement (IHI)
- Leadership Seminar series, U.S. & Canadian Mentor

Innovations in Interdisciplinary Work Designs

Goal:

Examine organizations who'd been highly successful & innovative with work re-design: (how interprofessional teams work together)

- critical elements and strategic processes
- adoption and sustainability
- impact on outcomes.
- how do organizations <u>make it happen</u>?

Case 1: Primary Care Transformation - Southcentral Foundation

Case 2: Patient Flow & ER Redesign - at Calgary Health Region

Case 3:In-patient Care Redesign at ThedaCare (WI)

 One of the 13 original test sites to develop "Transforming Care at the Bedside" Program

From Inspiration to Action

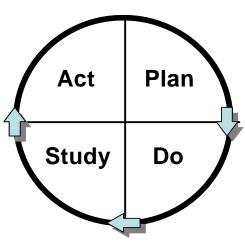
Transforming Care at the Bedside: 5 Pillars

- RWJ Foundation & IHI
- Began stakeholder analysis within MUHC early 2010
- Alignment with other corporate initiatives
- CHSRF Patient Engagement grant 2010-2012
 - (TCAB on 5 Units, 3 sites)
- IHI Partnership & stole shamelessly from RTC program



Pt.Engagement Strategies & Evaluation



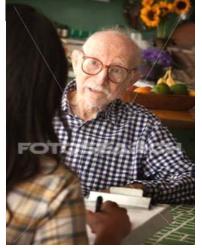




Mixed Methods

- Patient Experience of care
- RN Time in direct care
- Pt rep engagement
- Teamwork, recognition
- Turnover, OT, absenteeism
- Quality & safety







Reducing Non-Value Time: Equipment Relocation



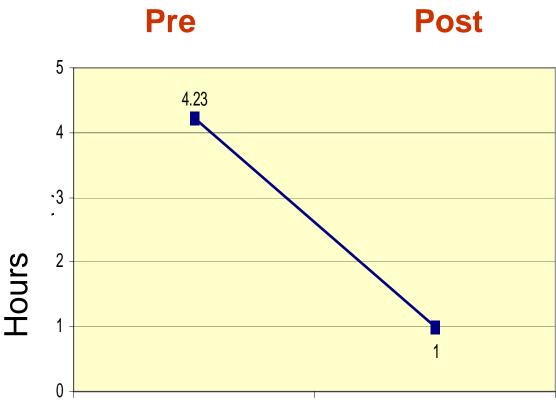
Time saved in a yr = 1,100 hours or 0.7 FTE

No more tests or treatments cancelled because wheelchair could not be located



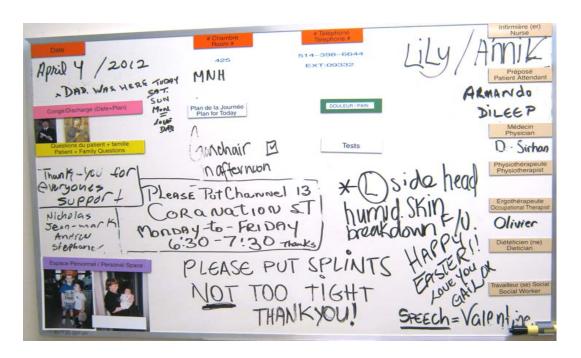
New Team Admission in Mental Health: † Clinical Efficiency

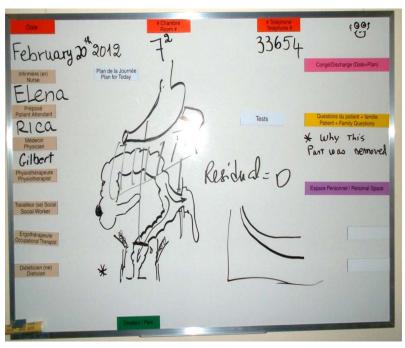




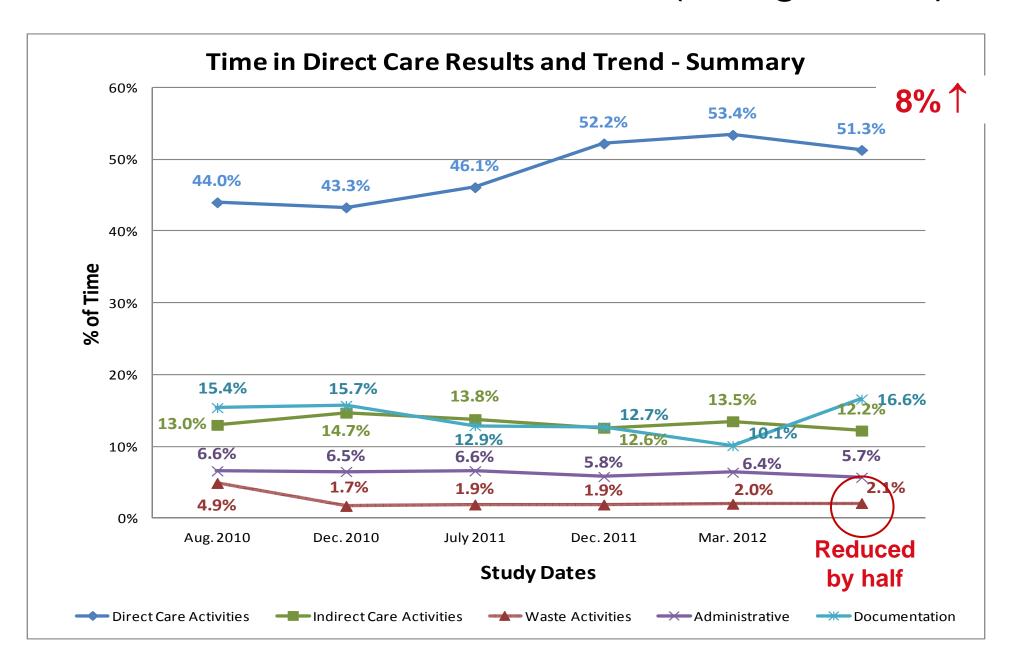
Time Saved: 300 adm/yr x 3.23 hrs= 969 hrs/yr = 0.7 FTE

Whiteboards: 2-way Communication





Results: Direct Time in Care (using PDAs)



Other Co-design Outcomes

- Quiet Zone led to a 50% reduction in interruptions and 60% reduction in medication transcription errors
- Redesigned chemo tx room ↓time to start chemo by 57%
- ↓ Voluntary Turnover & Overtime
- Overtime rate
- Gov't support for spread
- Relationships with union
- Redesign with patients leads to better



Lessons Learned

Importance of looking outside your own walls

 Innovation is not easy & requires persistence, courage & tremendous alignment efforts

 We have much to learn from seeing care through the eyes of patients