

British Columbia Ministry of Health Patients as Partners Initiative

Stories of Engagement

Royal Jubilee Hospital Engagement

Subject: Introduction of a revised process to facilitate communication and support effective discharge planning.

Interview Date: March 31, 2017

Health Authority: Island Health

Service Area: Medical and surgical inpatient units across the Royal Jubilee Hospital in Victoria

Topic: Leaders at Royal Jubilee Hospital organized engagement sessions with health-care teams and patient advisors to improve the discharge process for medical and surgical patients, including seniors with complex medical conditions.



What was the issue?

Daily Structured Team Reports are a priority at Island Health. The engagement activities aimed to improve inter-professional collaboration through the use of tools and practices that facilitate communication and support effective discharge planning of patients at Royal Jubilee Hospital. The Daily Structured Team Reports are now being used throughout Island Health, including Nanaimo Regional General Hospital and Victoria General Hospital. Challenges with moving patients through the various care settings within the hospital in support of their goals for discharge and capacity across the system identified a need to address the

Fast Facts

- **Spectrum:** Involve
- **Number of Stakeholders:** 10-50
- **Type of Stakeholders:** Patient advisors and interprofessional care team members, including physicians and patients/families at point of care.
- **Families Involved:** Yes
- **Ministry Priority:** Services for seniors with complex medical conditions and services for patients needing surgery.
- **Health Outcomes:** Improved hospital discharge process, reduced unnecessary length of hospital stays and improved patients' experience of care.

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process. The Structured Team Report Initiative allows for a fundamental transformation in the philosophy within acute care. Discharge planning becomes a primary objective for the entire inter-professional team and an area of focus from the time of patient admission.

The emphasis is on the identification and resolution of barriers to discharge, with the goal of safe transition of patients out of the hospital.

What was the engagement?

Engagement with key stakeholders was organized from June to December 2016 at Victoria's Royal Jubilee Hospital to inform the project and address the existing challenges to a safe and successful hospital discharge process for patients.

A series of engagement sessions were attended by hospital health-care team members, administrators and a volunteer patient advisor. The engagement process also included trials on the units and bedside conversations with inpatients and their families in medical and surgical areas of the hospital.

Patients and their caregivers spoke from their own lived experience – providing invaluable information about what is important to know and do in preparation for hospital discharge. An informal audit was conducted on the medical and surgical units. Patients and families were asked how they felt about being told of their estimated day of discharge and if it was helpful to have that date written on the white board in their room. The participants surveyed all stated they appreciated knowing in advance when they may be going home so that they could plan for the discharge ("It helps me and my family get everything in place", "It gives me something to look forward to"). Their input provided insight into how hospital communication and co-ordination of services could be improved.

What was the outcome?

The Structured Team Report Initiative has provided opportunities for physician leadership and participation. The supporting engagement work with patients and families has provided staff and physicians with direct feedback on hospital processes.

This has supported a hospital-wide discharge culture, with the goal of having an estimated day of discharge captured within 24-48 hours of admission and visually communicated to staff, physicians, patients and families on white boards. Individual boards have been placed in the patients' rooms and a larger discharge board is now available in the collaboration centre.

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Staff were able to draw on the experiences of the patient advisor and the informal audit to help them have ongoing conversations with their patients and families about an estimated day of discharge and discharge planning. Hearing patient and family voices helped care team members better understand that patients and their caregivers were very open to being part of the discharge planning process. In fact, they truly appreciated being part of the conversation. Catherine, a patient advisor, shared that she “felt these interactions enhanced the professionalism of the bedside conversations and acknowledged that patients were equal partners in their own treatment.” This new approach encourages discharge preparation to be more predictable and can result in discharges before 11:00 am.

The new method of planning and communication is working to reduce unnecessary lengths of stays in the hospital. “This is not a get home sicker, quicker plan but a get home safe and secure plan”, said Catherine. It is a very positive step forward in giving patients and their family members time to prepare and ask questions before the last minute rush of going home.” Staff (including physicians) at all levels have used real-time meaningful data to make changes at the point-of-care and improve overall patient safety and experience.

How can you get involved with health-care engagements?

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If you have any questions about this project, please contact Rose Lopetrone at Rose.Lopetrone@viha.ca.

