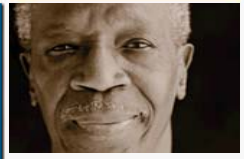
Bayshore Home Health

Supporting Quality Services in Home Care: Implementation of Nursing-Sensitive Outcomes

CHNAC Conference

June 18, 2009



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Presentation Purpose

To provide information on the early lessons learned during the implementation of the Canadian Health Outcomes for Better information and Care (C-HOBIC) health outcomes measures at Bayshore Home Health.

Bayshore Home Health

- Operating since 1966
- >40 branch locations across Canada
- > 8,000 Employees nationally
  - 3000 Nurses; 4550 Unregulated Care Providers; 450 Administration Staff
- Subsidiary - Bayshore Specialty Rx
  - Specialty Pharmacy Services
  - 23 Community Care Clinics
  - Pharmaceutical Services
- Fully Canadian-owned

Branch Locations

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Community Care Clinic Locations

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Project Overview

- **Need:**
  - For professional and financial accountability for high-quality services within the home care sector.
- **Project Goal:**
  - To facilitate nurses in the transition from traditional to evidenced-informed practice, to ensure patients received, and nurses were accountable for quality care.
- **One Project Objective:**
  - To implement the Canadian Health Outcomes for Better Information and Care (C-HOBIC) health outcome measures into the assessment and evaluation tools/forms utilized by the nurse to plan care and measure the quality of services.

Why move to OBCP to improve quality care?

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Measurement of outcomes is utilized for the:

- Determination of appropriate care plans
- Evaluate the effectiveness of healthcare intervention
- Promotes the improvement in patient outcomes

(Doran, 2003)

Why C-HOBIC Indicators?

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Findings from Feasibility Study:

- Able to collect high quality, reliable data
- Standardized format can be used to collect data in different sectors
- Data has utility for nurses/clinicians, administrators, researchers and policymakers
- Nurses will use outcomes data to plan and evaluate care

(Doran, 2004)

What are the Nursing Sensitive Outcome?

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C-HOBIC Health Outcomes Measures – Home Care :

- Functional Status
- Therapeutic Self-care – readiness for discharge
- Symptom management- pain, nausea, fatigue, dyspnea
- Safety outcomes: patient falls, pressure ulcers
- Patient satisfaction with nursing care

http://www.cna-aiic.ca/c-hobic/about/default_e.aspx

Project Stages

- Development
- Pilot
- Implementation
- Change Sustainability

After One Year Implementation

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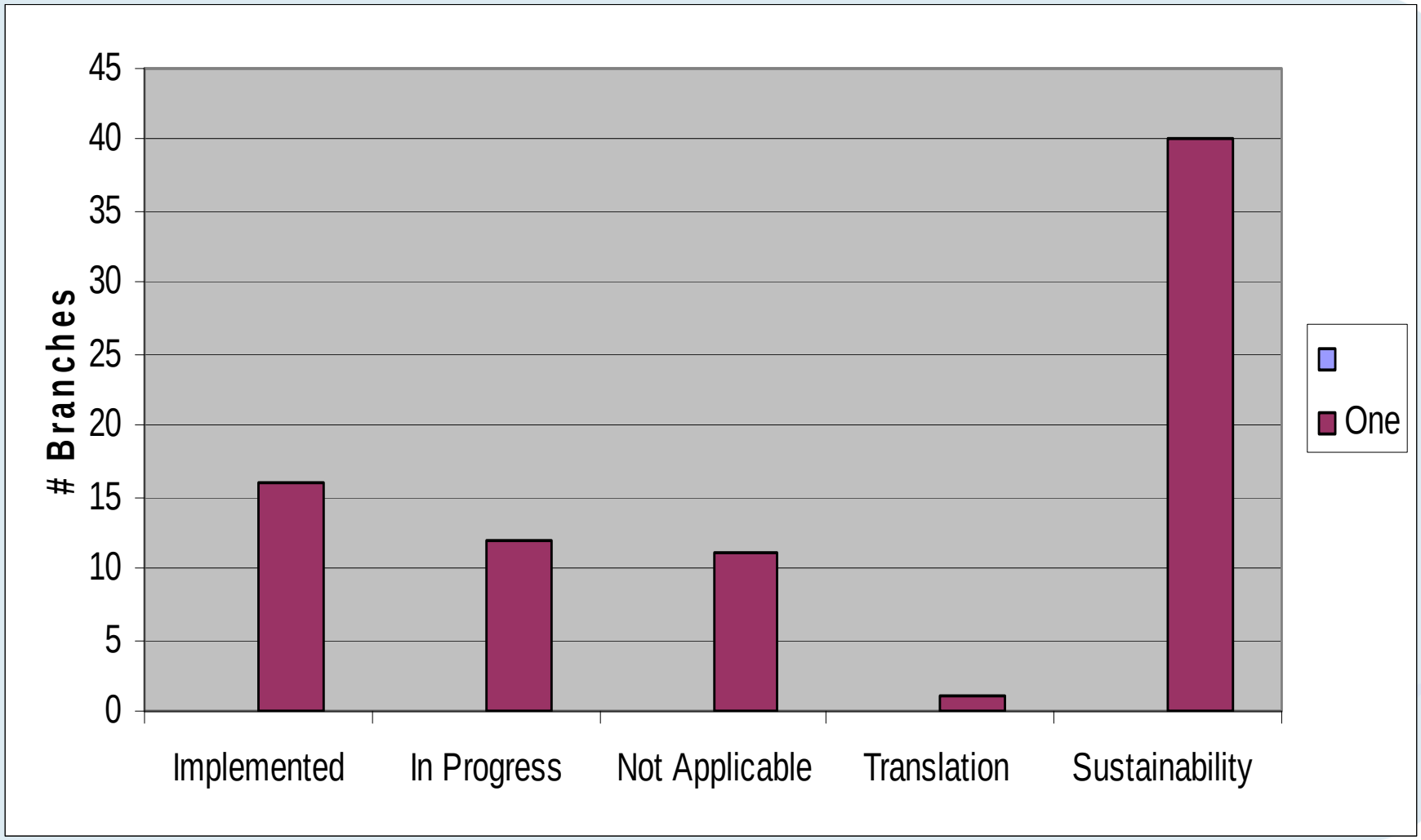
Of the 40 branches:

- Implemented – 16 branches
- Implementation in progress – 12 branches
- Determined n/a for **“all”** branch service lines – 11 branches
- Awaiting French Translated forms – 1 branches
- Need for sustainability planning – 40 branches

C-HOBIC Implementation One Year



One Year Project Evaluation

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Eight

early lessons learned

related to implementation of C-HOBIC

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Stakeholder Buy-In

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#1 Lesson Learned:

Identifying a method that would validate the quality of care nurses provide motivated internal and external stakeholders to work through the change fatigue and resulted in commit to the project.

Stakeholder Buy-In

- Barrier to internal stakeholder buy-in:
  - Change fatique
  - Nurse's lack of knowledge of OBCP and HOBIC
  - External stakeholder's lack of knowledge of HOBIC

- Solution
  - ++ education/communication on OBCP and HOBIC
  - Emphasis on the validation of the quality of care that nurses give

Professional Associations Opinion

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#2 Lesson Learned:

Communication to nurses that this was not just a Bayshore initiative, but a paradigm shift away from traditional to OBCP, inclusive of HOBIC indicators, by all health sectors, accelerated the project.

External Professional Opinion

- Opinion of various professional associations and authorities was a supportive force for nurses commitment

- E.G.
  - Canada Health Info Way
  - Canadian Nurses Association
  - Registered Nurses Association of Ontario
  - Nursing Colleges and Universities

A Sense of Urgency

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#3 Lesson Learned:

Target branches with a sense of urgency in an area that the project would support.

A Sense of Urgency

- Business leaders sense of urgency/motivation
  - Major contracts due or opportunity to increase service volume
- Nurse Motivation
  - Job security
  - Currency in practice
- Branches in early majority had a sense of urgency

Paper vs Electronic Collection of Measures

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#4 Lesson Learned:

If full electronic solutions is not available yet, integrate the C-HOBIC measures into the nurses' paper-based documentation to support theory learning and practice change, while piloting the C-HOBIC measures in an electronic form.

Paper vs Electronic Collection of Measures

- Electronic data collection at point of care in community an early barrier

- Moving forward with paper data collection at point of care facilitated the nurses' paradigm shift from traditional to OBCP before electronic transfer of the data into databases was available

Nursing Workload Management

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#5 Lesson Learned:

Pre-approval of staff replacement reduced the change fatigue the nurses were feeling and engaged nurses, as they were assured they would have the time away from the front-line work to learn and implement the change.

Nursing Workload Management

- Challenge in freeing nurses from front-line work to engage in development/planning and implementation

- Staff replacement in budgets
- Scheduling staff replacements in advance
- Project activities during work hours

Decentralized Management Structure

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#6 Lesson Learned:

Challenge in a large national organization to engage all branches in the planning and piloting of a new innovation, however, it was identified that methods to engage all locations would increase the adoption of the change.

Decentralized Management Structure

- > 40 Branch Locations; > 20 Community Care Clinic Locations
- Organization size inhibited the active engagement of all locations in project development/piloting stages
- Local Champions at implementation stage
- Branches not engaged at development/piloting stage required additional communication and implementation strategies

Curriculum Scholarship

- **#7 Lesson Learned:**

  The utilization of curriculum scholarship became critical in effectively communicating the project, theory and practice change in order for the nurses to learn.

Curriculum Scholarship

- Complexity of OBCP and C-HOBIC theory a barrier in adoption of new knowledge quickly

- Challenge in absorbing concepts quickly
- Nurse expressed feeling of not having the skills to face the challenge
  - Majority of nurses >45 with diploma education

- Give the time/forums to do the intellectual/emotional work of unlearning and embracing new concepts
- Facilitating a safe environment for dialogue and learning

Accelerator of Other Projects

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#8 Lesson Learned:

Implementation of the C-HOBIC into the paper documentation and evaluation accelerated other projects within the organization

Accelerator of Other Projects

Projects related to:

- Electronic documentation projects approved for additional funding
- Clinical outcome indicator inclusion in quality indicators
- ↑ electronic clinical resources funding and distribution
- Health work environments projects

After Two Years Implementation

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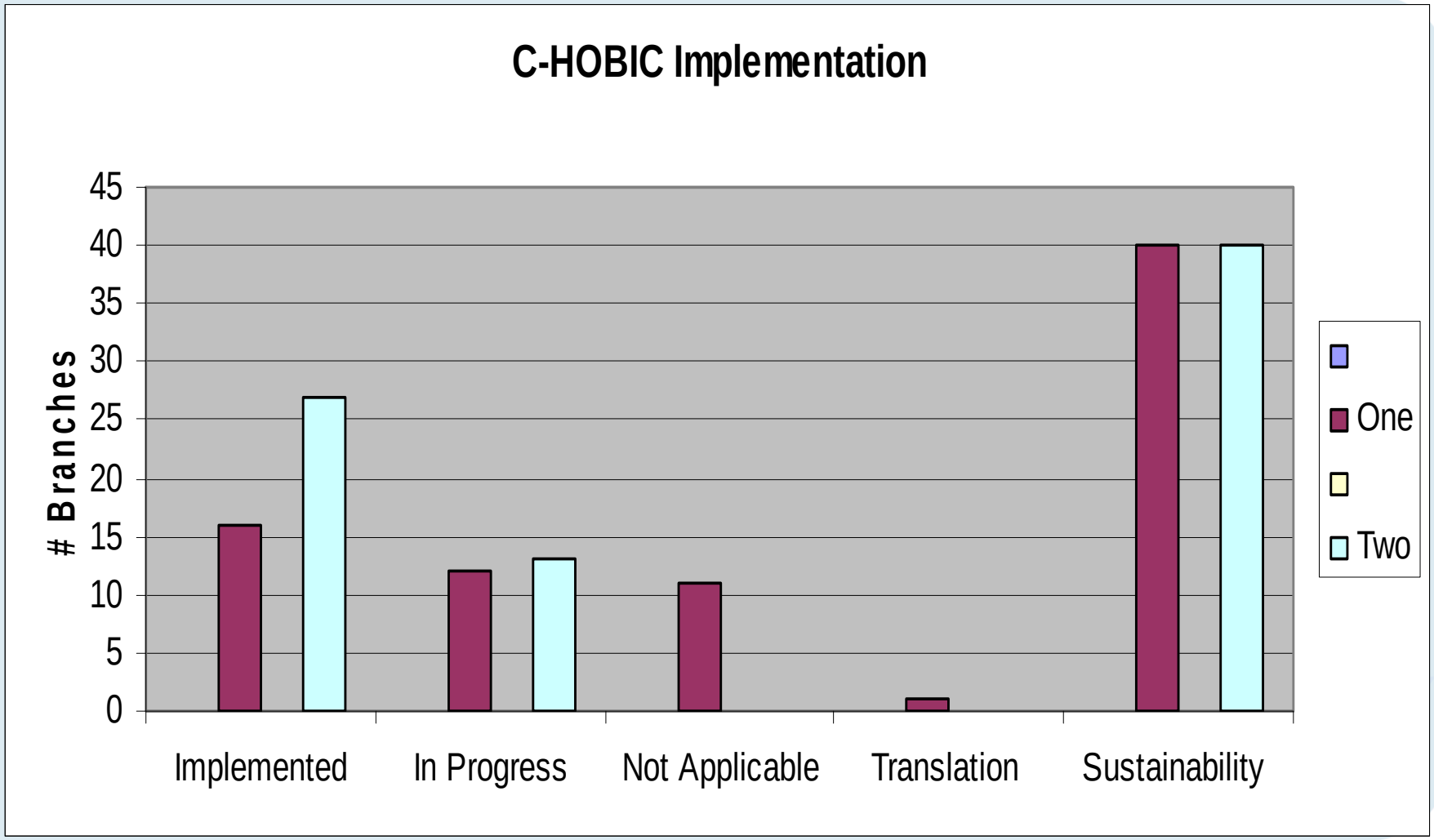
Of the 40 branches:

- Implemented – 27 branches
- Implementation in progress – 13 branches
- Determined n/a for **“all”** branch service lines – branches
- Awaiting French Translated forms – 0 branches
- Need for sustainability planning – 40 branches

C-HOBIC Implementation Year 2



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Next Steps

- Electronic Forms
- Electronic Reporting
- Provincial Database
- Sustainability Projects

Greatest Lesson Learned

- How advancing with a sub-project before total approval/funding for the full project vision accelerated collective innovation within the organization

Questions/Comments

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Questions

Comments