

Patients

Learning from patients and families: Experience-based co-design of the admission process

As a participant in the Canadian Foundation for Healthcare Improvement's (CFHI) Partnering with Patients and Families for Quality Improvement Collaborative, Bridgepoint is turning the table and learning directly from care recipients in a new initiative to enhance care delivery.

Based on feedback from a recent patient satisfaction survey, Bridgepoint identified an opportunity for improvement in transitions in care; an important issue for patients with complex health conditions. With support from CFHI this quality improvement project aims to capture and understand the patient and family experience, and then partner with them to co-design the first 48 hours of their hospital stay.

"For the average person, entering the healthcare system is like arriving in a foreign country as you struggle to figure out what to expect," says Nancy Evans, a family advisor involved in the initiative. "The clinicians' perspective can be very different than ours. To establish exceptional experiences, patients and families need to be an equal contributor in process improvements."

The project focuses on Bridgepoint's orthopaedic rehab unit due to the high number of admissions, short length of stay and cognitive abilities of its patients. Utilizing patient experience tools, the staff steering committee interviewed 15 of these patients between January and December 2014, on day three or four of their admission. Patients were asked about their thoughts and feelings during specific stages of their stay: preadmission, admitting, admission to the unit, first 24 hours and first 48 hours. Their responses and input was then plotted on a chart, along with staff work flows, to gain insight on current processes and patient and family perceptions of their experience.

The results of the interviews were both enlightening and extremely valuable. "As clinicians, it's so important to learn about and consider patients' and families' experiences in our planning," says Helen Lampi, steering committee member. "Otherwise, we could be missing gaps in their care needs or making unhelpful changes. This project will allow the orthopedic team to better understand what really matters to this patient population."

In February 2015 the steering committee, interprofessional co-design members and patient and family advisors regrouped to focus the dialogue on the first three stages of admission. Together, the group identified and prioritized improvement strategies, and also developed action plans.

This innovative project builds on Bridgepoint's patient-centered care by improving engagement with patients and families, and enhancing staff's knowledge and expertise in the area. Over the next year the project will continue, and once evaluated, the results will be shared with healthcare teams across the hospital.