




Knowledge mobilization: Transforming client centred care from concept to teachable, observable and measurable behaviour: One home healthcare organization's experience.

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Key Learning Outcomes

- Discuss how a community based, home healthcare organization is implementing Client & Family Centred Care
- Learn practical suggestions for starting, sustaining and evaluating Client & Family Centred Care
- Identify opportunities and challenges which influence uptake and success



VHA Home HealthCare

All Services:

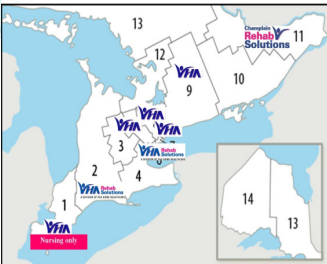
- Toronto Central
- Central East
- Central West
- Central

Nursing Only:


- Erie St. Clair

Rehab Only:


- South West
- Mississauga Halton
- Champlain




With more than 1,600 staff and inter-professional service providers, VHA serves 54,000 clients with 1.2 million visits a year in 8 LHIN/CCAC Regions




Introduction



client centred care




- VHA is in the 3rd year of our 3 year candidacy to become a RNAO BPSO® - Best Practice Spotlight Organization.
- RNAO Best Practice Guidelines (BPG)
 - Transforming nursing through knowledge
 - Partnering with many stakeholders to create health care excellence through system wide uptake of best practice
- Program launched in 1999 – with multi year funding from the Ontario MOHLTC.





Pause and Reflect

Are **you** practicing client and family centered care?



What is Knowledge Mobilization?


- Turning knowledge into action > knowledge transfer using multiple ways of knowing
- Development of Clinical Practice Guidelines
- Knowledge Tools
- RNAO Best Practice Guidelines

Why is this important?

- 1/3 of patients don't receive treatments of proven effectiveness
- 1/4 of patients receive un-necessary or potentially harmful medical care
- 3/4 of patients lack information for decision making
- Up to 1/2 of physicians don't have sufficient information for decision making

(Patient Educ Couns 2006, 61: 319-41; Int J Med Inform 2003; 71: 9 – 15; N Engl J Med 2003; 26: 2635- 2645)



Health Care Has Changed!





Evidence Informed Health Care

8 Dimensions of Patient Centred Care

- Patient Preferences
- Emotional Support
- Physical Comfort
- Information & Education
- Continuity & Transition
- Coordination of Care
- Access to Care
- Family and Friend Involvement

(Picker Institute, 2013)




Client & Family Centred Care Working Group

The principles of client centered care should be included in the basic education of point of care staff and service providers in their core curriculum, be available as continuing education, be provided in orientation programs and be sustained through professional development opportunities in the organization. Organizations should engage all members of the healthcare team in this ongoing education process.

Point of Care staff and service providers will embrace the following values & beliefs: respect; human dignity; clients are experts for their own lives; clients as leaders; clients' goals coordinate care of the healthcare team; continuity and consistency of care & caregiver; timeliness; responsiveness & universal access to care. These values & beliefs must be incorporated into, and demonstrated throughout, every aspect of client care and services

To foster client centered care consistently throughout an organization, healthcare services must be organized and administered in ways to ensure that all caregivers, regardless of their personal attributes, enact this practice successfully. This includes opportunities to gain the necessary knowledge and skills to really engage with clients from their standpoint, as well as organizational models of care delivery that allow service providers and clients to develop continuous, interrupted, and meaningful relationships.

Point of Care Staff and Service provider best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes: Board and senior management understanding and support





Teaching Client & Family Centred Care

Can you teach values & beliefs?




Assessing our environment

- RNAO toolkit used to completed an environmental scan.
- Sought input on which BPG to implement.
- Creation of an inter-professional working group comprised of POC staff and management.

Teachable

Recognizing our constraints

- Limited by resources
 - Budget, time, large number of providers, numerous remote sites.
- Limited amount of time to influence providers.
- Difficult to follow up with providers and reinforce in a home setting.
- Multiple competing priorities for both providers and management.



What do providers really want to know when it comes to Client & Family Centred Care?

The answer:
How does this translate to actions, behaviours and words in my everyday practice.



How can I be more client centred in my practice?




Our Education Strategy

One time intensive workshop

- ✓ 2 ½ hour foundational workshop
- ✓ Interactive discussion based session utilizing video case studies, reflection, small group work.
- ✓ **Grounded in practice.** Providing tangible examples that can be used in practice.
- ✓ Lead by champions that are in practice.

Adjuncts

- ✓ Incorporated into VHA corporate orientation.
- ✓ E-Learning Module
- ✓ Tailored education and support for supervisors, managers and senior leadership team.




Client & Family Centred Care Strategies for Providers

<p>When communicating with clients</p> <p>"What are your goals?" "What is important to you?" "What is it like for you?" "What would help you...?" "How is the care you are receiving?"</p>	<p>In our actions</p> <p>Using positive language in reference to clients. Identifying yourself and using the clients preferred name. Not rushing Using accessible language, avoiding jargon. Actively listening to our clients. Being responsive.</p>
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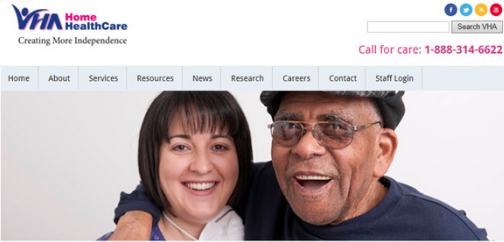


The "ah-ha" moment

You can be a nice friendly HCP who provides clinically sound, evidence based, technically proficient care and **NOT BE** practicing client centred care



Observable



Best Practice Spotlight Organization Candidate

Home > Best Practice Spotlight Organization Candidate >

Build into Organizational Structures

- Policy & Procedures.
- Client & Family Centred Care Steering Committee.
- BPSO® steering committee.
- HR job descriptions and job postings.
- Inter-professional committees.
- Component of general clinical orientation.
- Linkage with CCAC initiatives and Beyond Engagement Initiative.



Spreading the word



- Inter-professional committee membership that includes representation from service providers to management.
- Engaging service provider champions to facilitate sessions.
- Encouraging CFCC as a standing agenda item of team meetings.
- Reaching out to staff through e-mail, newsletters and blog posts.
- Partnering with ethics committee

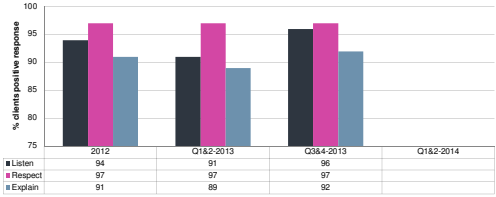


Measurable





Measuring Success

NGIURE DATA_C&FCC BPG
VIA_Nursing



	2012	Q1&2-2013	Q3&4-2013	Q1&2-2014
Listen	94	91	96	
Respect	97	97	97	
Explain	91	89	92	



Learning from our service providers


Session Evaluations

- ✓ 84% of respondents indicated a having better knowledge of CFCC (mode 5).
- ✓ 77% of respondents reported learning something "new" (mode 4).
- ✓ 75% of respondents rated the session as useful to their practice (mode 4).




Opportunities & Challenges

- Recognize and address the ethical dilemmas staff encounter using a client centred approach.
- Build in reflective elements.
 - Most service providers assume they are already practicing using a client centred approach. Often it takes time for providers to realize there are components of their practice they can improve.
- Include in-direct care staff in education and outreach activities – i.e. management, call coordinators, and supervisors, senior leadership.
- Avoiding the education "band-aid" approach.
- Supporting service providers who feel overburdened



Thank You

VHA is:

- Accredited with **Exemplary Standing** by Accreditation Canada
- An RNAO **Best Practice Spotlight Organization** candidate and;
- A founding member agency of **United Way Toronto**.

www.vha.ca

This work is part of the BPSO® initiative, funded by the Ontario Ministry of Health and Long-Term Care. For more information about the RNAO BPSO® Initiative please visit www.RNAO.ca

