

Background & Context for Change

Providing Person-Centered Care is a key quality aim of the hospital. 2-year results of the Canadian Patient Experience Survey revealed that only about 50% of patients in inpatient orthopedic rehab program felt encouraged to participate in goal setting (50.92%) and kept informed of their progress (55.82%). These results were slightly below provincial average (goal setting: 53.9%; kept informed 58.4%)

Aim Statement

The aim of this quality improvement project is to improve patient experience in goal setting and being kept informed of progress, using the Experience Based Design approach for patients in an inpatient orthopedic rehab program.

Approach & Stakeholders

Experienced Based Design Approach¹

Key Stakeholders



- OT (Clinical Co-lead)
- PT
- SW
- Nurse
- MDs (Attending Physician and Physiatrist)
- Patient Care Manager
- Patient Advisors
- Caregiver Advisor
- Senior Director of Quality & Patient Experience
- Manager of Quality & Patient Safety
- Director of Professional Practice & Education, Nursing and Health Disciplines (Project Sponsor)
- Senior Director, Rehabilitation and Ambulatory Care

Work Plan



- Nov 2018- Jan 2019**
 - Patient Interviews
 - Team Focus Groups
- Feb- April 2019**
 - Data Analysis
 - Observation
 - Theme Validation
 - Gap Analysis
- May-July 2019**
 - Co-Design Event (May 31, 2019)
 - Generate Change ideas
 - Develop Prototype
- July – Aug, 2019**
 - Pilot Prototype on 2-4 high intensity Ortho patients
 - PDSA
 - Spread ?



Capture & Understand

Patient Interviews

- Patient interviews were conducted prospectively with patients admitted to the high intensity stream of the inpatient orthopedic program at 3 points of their rehab stay: Admission (~1-5 days post admission), Mid-Point & Pre-Discharge (~1-5 days before discharge).
- 17 patients consented to be followed and a total of 36 interviews gathered and analyzed.
- Team experience captured by conducting two focus groups with local teams. Total of 16 staff attended, including Nurses, OTs, PTs, SWs, RD, OTA/PTAs & Patient Care Manager.

Demographics

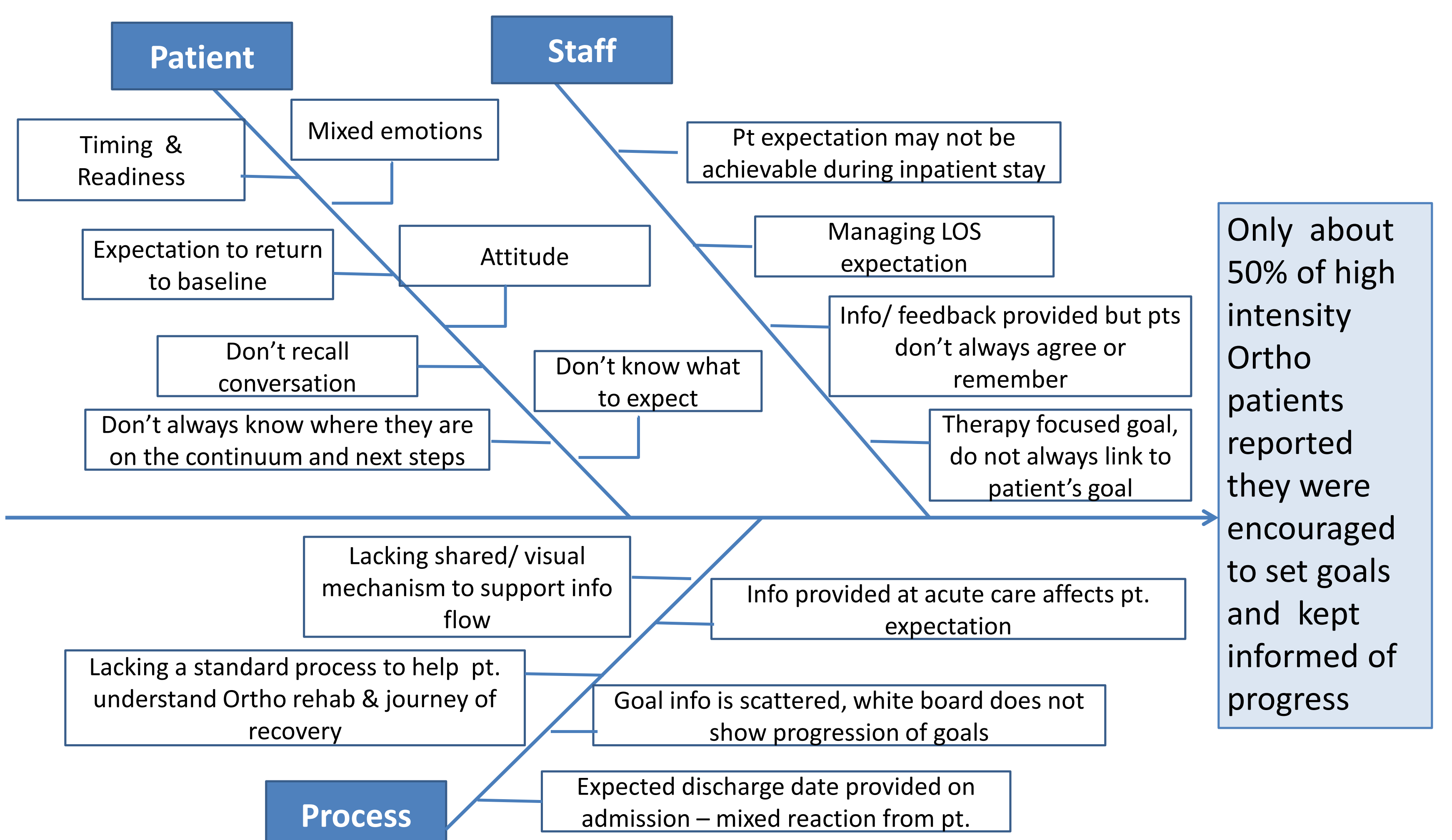
Gender	•12 Females/ 5 males
Median Age	• 72 (age 47- 93)
Diagnosis	•7 (Target LOS<26 days) Hip Fractures •5 (Target LOS<24 days) Pelvic #, multi #, Ankle # •2 (Target LOS<14 days) Hip replacement •3 (Target LOS<11 days) Knee revision

Theme Analysis

- Interview transcripts were reviewed independently by Project Lead and Clinical Co-lead
- Developed consensus on themes
- Team, physicians and patient advisors validated the themes

4 Key Themes

Expectation of Recovery <i>"I was uneducated about what rehab was, I did not know [what the different therapists do], but now I know."</i>	Perception/ Focus evolves over time <i>"I don't think I fully understood how difficult and how long it was going to take, I am starting to realize."</i>
Timing and Readiness to set goals <i>"I felt ill-equipped to answer questions very well. I did not think I was making too much sense and I knew I wasn't going to be able to remember anything, which I don't. I wish they had come in later on when I am a bit more cognitive and able to understand and remember."</i>	Feedback and Communication <i>"Maybe the second week, instead of people coming and going, have all of them here assess me, talk to me and give me a paper, say XX make a note, tell me which one can help me in what way, so I can look forward....I was kind of lost"</i>



Only about 50% of high intensity Ortho patients reported they were encouraged to set goals and kept informed of progress

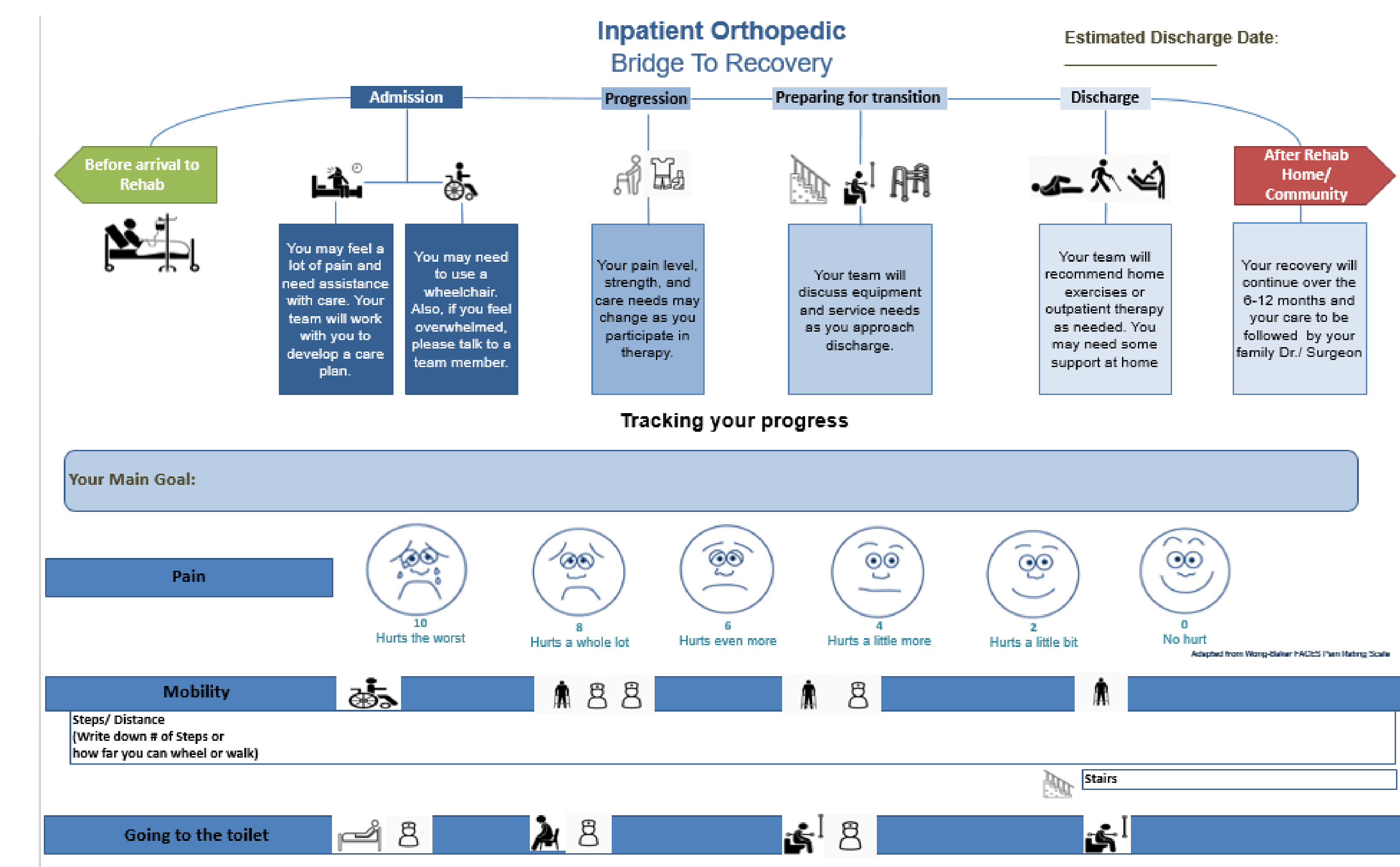
Co-Design Workshop

18 key stakeholders came together to brainstorm and prioritize the change ideas.

Prototype Key Features	Change Idea
<ul style="list-style-type: none"> ➢ Multi-Modal ➢ Patient Owned ➢ Multi-language ➢ Picture / Visual Based ➢ Acknowledge mood and confusion on admission ➢ Motivate 	Develop a self-management tool to include the following elements: <ul style="list-style-type: none"> • What to expect in Inpatient Ortho Rehab • Patient stated goal • Tracking progress of key activities

Prototype & PDSA

The prototype was piloted with 4 patients admitted to Inpatient Ortho Program



Feedback & Lessons Learned

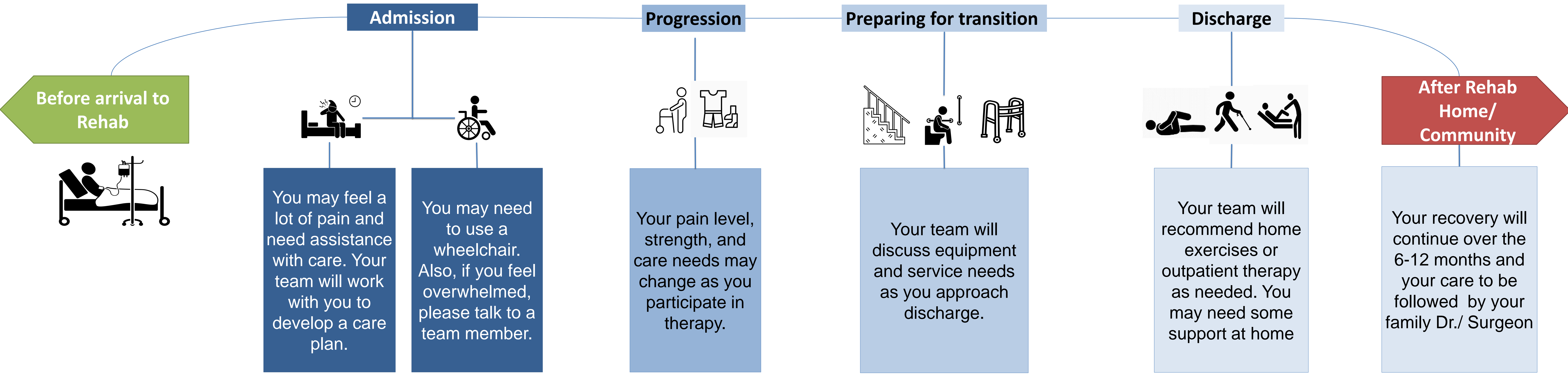
- 3/4 patients recommended the use of the tool for other patients; found the prototype was easy to understand and presented adequate level of details. One patient did not use the tool due to development of infection during the admission.
- The explanation to patient on how to use the template is important as initial set up; patients would benefit from reminders throughout their stay. Therefore, it may be helpful to have a copy of the blank template in the gym area to support conversations and remind the patients to update progress.
- The intent of the tool was to allow self-tracking & reflection, however, it was noted that clinicians support and guidance were expected by some patients. As such, the self management concept in using the tool needs to be reinforced.

Reference:

1. NHS Institute for Innovations and improvement (2009), "The EBD approach" www.institute.nhs.uk/catalogue

Inpatient Orthopedic Bridge To Recovery

Estimated Discharge Date: _____



Tracking your progress

Your Main Goal:

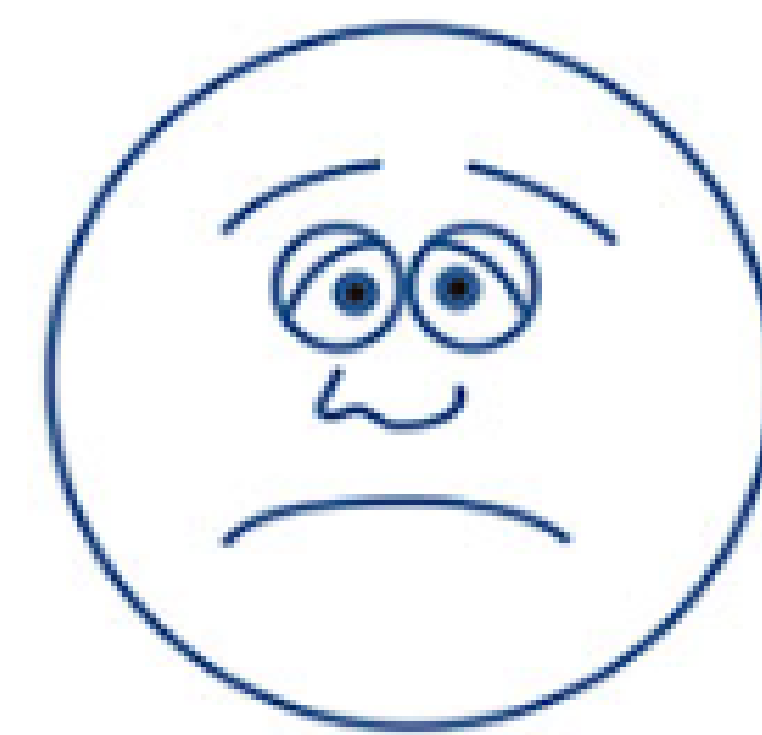
Pain



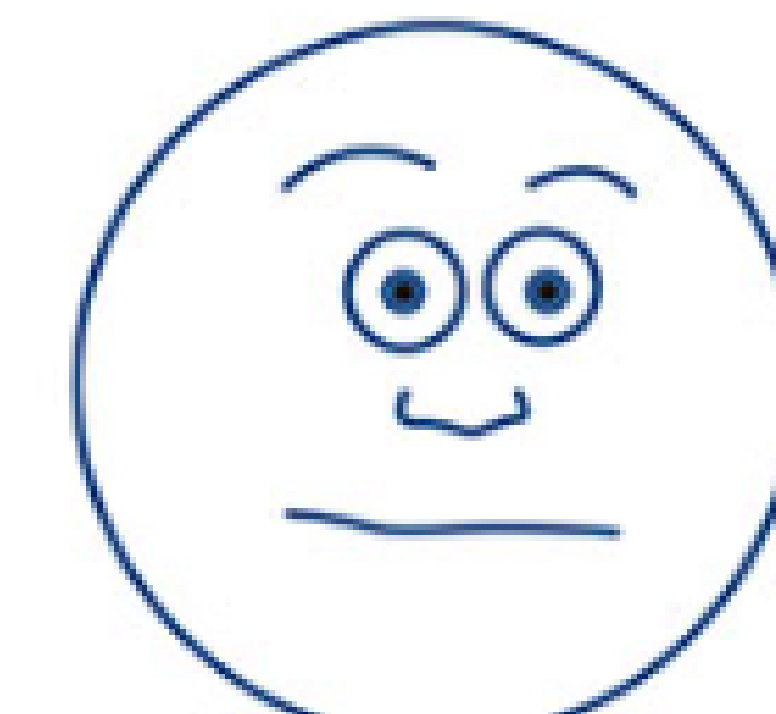
10
Hurts the worst



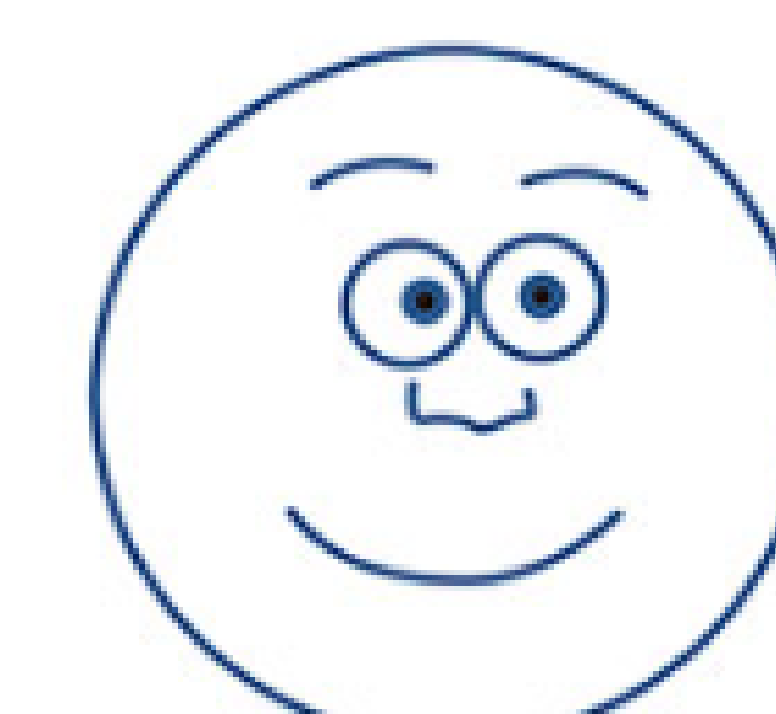
8
Hurts a whole lot



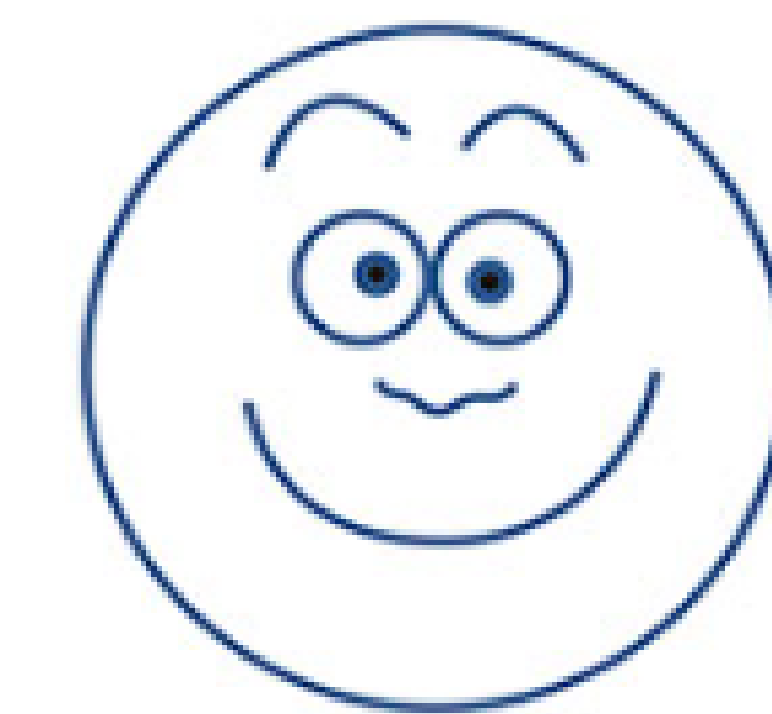
6
Hurts even more



4
Hurts a little more



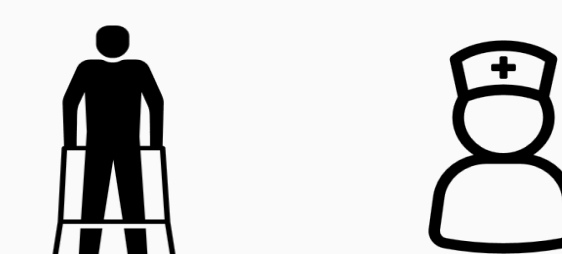
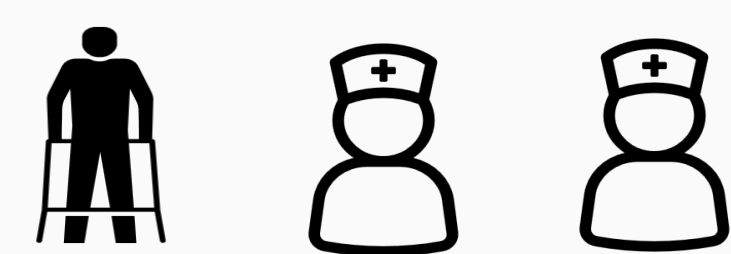
2
Hurts a little bit



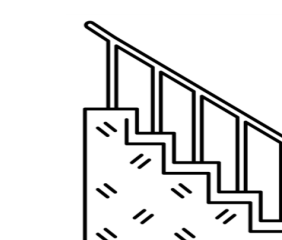
0
No hurt

Adapted from Wong-Baker FACES Pain Rating Scale

Mobility



Steps/ Distance
(Write down # of Steps or
how far you can wheel or walk)



Stairs

Going to the toilet

