

Engaging patients and families to develop safety indicators for rehabilitation

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GTA Rehab Best Practices Day

The problem

- Traditional measures of safety tend to focus on the incidence of adverse events such as falls and pressure ulcers, but may not reflect how safety is conceptualized by key stakeholders in rehabilitation, including patients and families
- Very few measurement systems that have been guided by the patient and family voice

Objectives of the study

1. To develop patient safety indicators for rehabilitation through a collaborative process with patients, families, staff and leaders
2. To pilot test these safety indicators in a rehabilitation setting

Phase 1:

Develop a preliminary safety framework

- Academic and grey literature
- Environmental scan
- Previous Toronto Rehab safety research

➔ Competing Values Framework
used as an overarching guide

Phase 2:

Engagement processes to refine and validate safety framework

1. Focus groups with patients, families, staff, and leaders across Toronto Rehab (n=39)

➔ Identified 36 safety issues

Competing Values Framework

Flexibility

Human relations

- Communication
- Teamwork
- Patient-centred care
- Peer support
- Organizational culture
- Issues of risk and
- autonomy

Resources

- Human resources
- Physical resources

Internal

External

Internal process

- Transitions in care
 - ✓ From acute care
 - ✓ From rehab
- Feedback and accountability

Accountability and responsibility

- Utility of indicators
- Patient involvement
- Systems issues

Control

“The big thing missing from the team is the patient.”

“Information is empowering... knowing what to expect.”



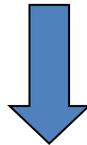
“First and foremost I'm worried about the fact that I am getting discharged and moving to a place that is extremely unfamiliar and there... on top of that there was all this... all the other information thrown at me, and you know, you can really only absorb so much, especially when you're... so stressed about the next step.”

Phase 2:

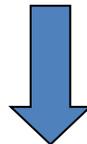
Engagement processes to refine and validate safety framework

2. Collaborative q-sort process (n=48)

- Facilitated small groups
- Group was asked to come to consensus
 - importance of each safety issue
 - relative ranking of each safety issue



Identified top safety issues for consideration



8 safety indicators

3 main safety themes for indicators

Theme 1: Transitions and coordination of care

1. Care is well coordinated and appropriate supports (e.g. equipment, community care) are in place as patients transition beyond rehabilitation.
2. Care is well coordinated among different healthcare team members.

3 main safety themes for indicators

Theme 2: Readiness

3. Patients and families are involved in their care in conjunction with their healthcare team.
4. There are adequate numbers of staff to care for and treat patients during inpatient rehabilitation.
5. Patients feel prepared to transfer skills learned during rehabilitation to another environment.
6. Staff have the appropriate knowledge and skills to address the needs of complex patients.

3 main safety themes for indicators

Theme 3: Organizational learning

7. Staff are not afraid to raise their safety concerns.
8. Staff act on their learning from safety issues that have occurred.

Safety Scorecard for Rehabilitation

Themes and Safety Indicators	Dimensions (#questions/dimension)	Toronto Rehab	Bench mark	Spark Line (2006-2012)
<p>Transitions and Coordination of Care</p> <p>1) Care is well coordinated and appropriate supports (e.g. equipment, community care) are in place as patients transition beyond rehabilitation.</p> <p>2) Care is well coordinated among different healthcare team members.</p>	Client-centred education (8)	75	77	┌
	Care plan (2)	93	NA	NA
	Continuity & transition (6)	72	76	┌
	Handoffs & transitions (4)	57	46	└
	Teamwork across units (4)	73	58	└
	Teamwork within units (4)	82	80	└
	Coordination (7)	75	76	┌
<p>Readiness</p> <p>3) Patients and families are involved in their care in conjunction with their healthcare team.</p> <p>4) There are adequate numbers of staff to care for and treat patients during inpatient rehabilitation.</p> <p>5) Patients feel prepared to transfer skills learned during rehabilitation to another environment.</p> <p>6) Staff have the appropriate knowledge and skills to address the needs of complex patients.</p>	Client participation (6)	85	87	└
	Preferences important (3)	94	NA	NA
	Staffing (4)	51	57	┌
	Management preparation (4)	95	NA	NA
	Critical understanding (6)	87	NA	NA
	Yours nurses (5)	91	93	┌
	Your doctors (5)	90	89	┌
	Your therapists (5)	95	94	┌
<p>Organizational Learning</p> <p>7) Staff are not afraid to raise their safety concerns.</p> <p>8) Staff act on their learning from safety issues that have occurred.</p>	Communication openness (3)	62	62	└
	Non-punitive response to error (3)	46	44	└
	Feedback & communication about error (3)	67	70	└
	Manager expectations promoting safety (4)	75	76	└
	Organizational learning (3)	74	72	┌

Next steps

- Integrate the new rehab safety indicators as guide for areas of improvement
- Continue to refine the scorecard as it becomes incorporated into program processes
- Integrate indicators within current performance measurement reporting systems
- Develop local improvement teams - with former patients embedded within teams - to drive change

Key messages

- Represents a new level of patient and family engagement to co-design measurement systems along with staff and leaders that best reflect priorities for safe care
- Novel way in which to consider safety and its measurement within rehabilitation



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