

Re-designing in-patient team practices to ensure overt involvement of patients and families.

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DHS. Leading the Way, Nov 2008



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Southern Health

Better Health for Our Community

Service overview

- Continuing Care sector, Sub-acute and Rehabilitation in-patient service
- 7 units across 3 sites – Kingston (Cheltenham), Dandenong Hospital, Casey Hospital (Berwick)
- 177 Sub-acute IP beds
- Large ambulatory care service – RITH, 5 CRC's and numerous specialist out-patient clinics



Models of Care

The Models of Care that underpin our work:

1. Client-centredness (not staff-centred)
2. The WHO International Classification of Functioning, Disability and Health (ICF)
3. Interdisciplinary approach (not discipline-specific)
4. Principles of Rehabilitation Medicine

These models are supportive of the current DHS policy context of Improving Care for Older Persons, and designating Centres for Promoting Health Independence (CPHI).



Overt patient/family involvement

- Key Liaison Person (KLP) – all patients have a KLP appointed within one business day of admission.
- More standard use of interpreters so as to ensure early and consistent communication with non-English speakers
- A goal-setting process that is informed by the patient/family needs.
- Patient Communication Sheet – Patient/family goals/needs/aims are documented, taken to the team meeting and information from the team regarding goals is documented in lay terms. The patient receives a copy.
- Standard and consistent documentation of Family Meetings. Families receive a copy.
- Revision and re-design of pre-admission brochure suite.

The Key Liaison Person

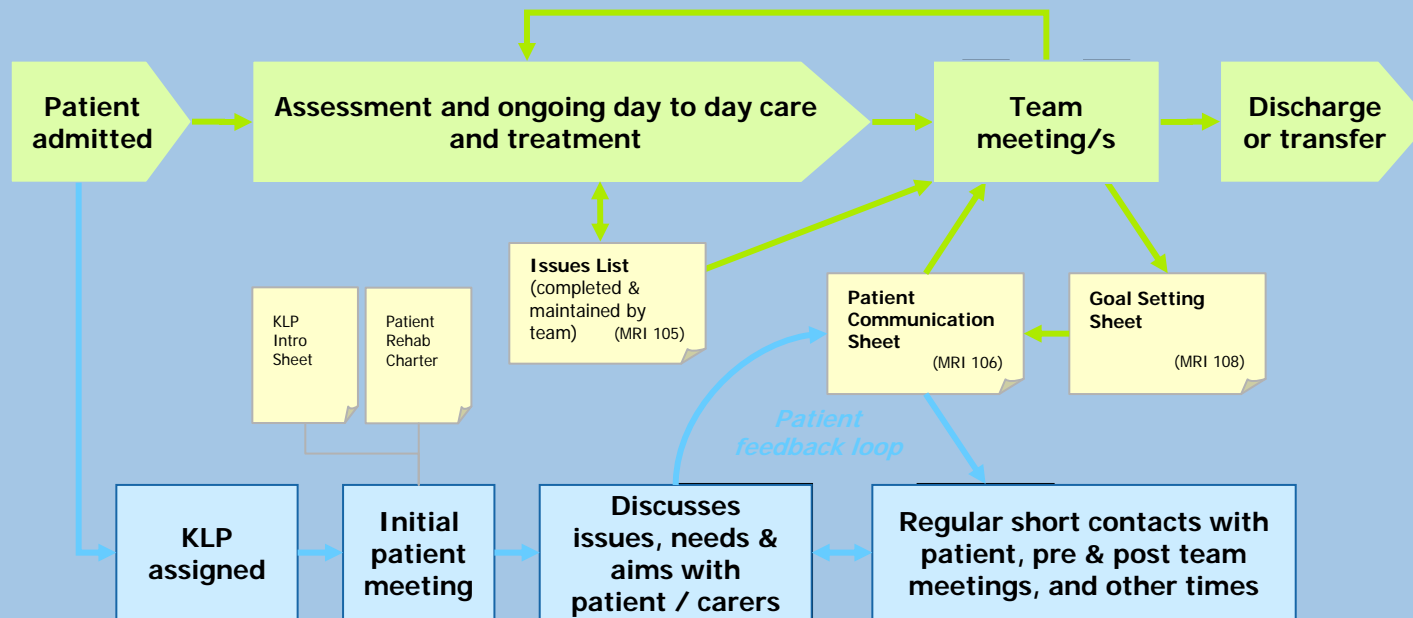


1. All patients are allocated a KLP within one business day of admission
2. Involve patients and their family in goal setting and decision making
3. Provide effective two way communication between the patient and the clinical team
 - The KLP will be a team member who will be involved in a significant way with the patient
4. Improve team planning and decision making
 - Ensure participation of all staff in care planning
 - Ensure that a nominated staff member is responsible for maintaining an overview of plans, treatment and communication for each patient

Role Description in protocol book

Consistent training: Intranet training package

Audits of process and associated documentation



Key Liaison Person responsibility

New practice

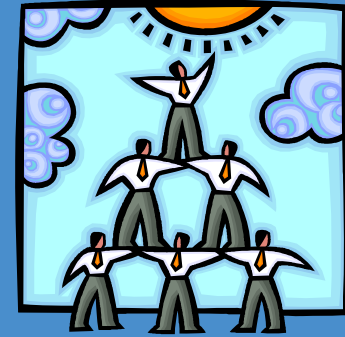


New patient:

1. **Introduce the patient** - Medical staff
2. **List of patient issues** -Key Liaison Person presents this to the team (completed by team members prior to the meeting)
3. **Patient's needs/aims** Key Liaison Person presents this, and those of family if approp. (gathered by KLP prior to the meeting)
4. **Team 'unpackages'** those needs/aims and discusses their own findings and expectations of outcome
5. **Rehabilitation goals** –formulated by the team in light of the above, informed by Issues List
6. **KLP returns to patient/family** and discusses plans and goals



Team goal setting



Two parts

- Patient Communication Sheet
- Team Goal Setting Sheet



Patient-centred goal-setting

- Goal setting with patients can be difficult.
- The aim is to create an environment where patients and their families/carers/significant others are encouraged to participate in goal setting at whatever level they are able.
- Need to develop goals and a treatment plan with the patient, not to develop goals and then tell the patient what they are, and get them to say that is okay.
 - Audits, qualitative and quantitative
 - Patient and family survey
 - Education

Pre-admission patient information

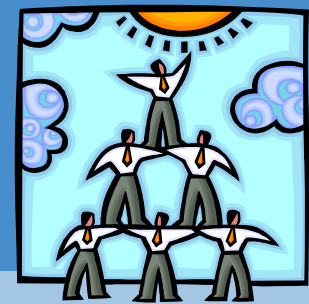
Folder of selected information given to patients accepted for an in-patient sub-acute bed, prior to admission.

1. Welcome to our Rehabilitation Program
 2. Understanding your rehabilitation and planning for discharge
 3. Key Liaison Person card
 4. Patient Rehabilitation Charter
 5. Consumer Feedback form
- Planned – Site map and Footwear information

Change process

- Education for staff
 - Models of care (patient-centredness & ICF)
 - New documents
 - Simulated team meetings
- Project Manager attended team meetings and provided Q&A sessions
- Leadership Groups: modelling, mentoring
- Trial on 3 units → review/revise → re-implement

Hints for success



- Remember you are changing the clinical reasoning process for a range of different clinicians – this is not easy!
- Get rid of all old documentation & practices
- Patient/family involvement needs to be articulated as part of team practice (role descriptions, admission/discharge checklists, team meeting process)
- Teams with structure already, do better
- Strong leadership and buy-in from senior staff on the team and discipline managers
- It's not just about filling in new forms, it's about changing the culture. Documentation is evidence that supports the process

Never give up, never give up,
never give up.

Sir Winston Churchill.