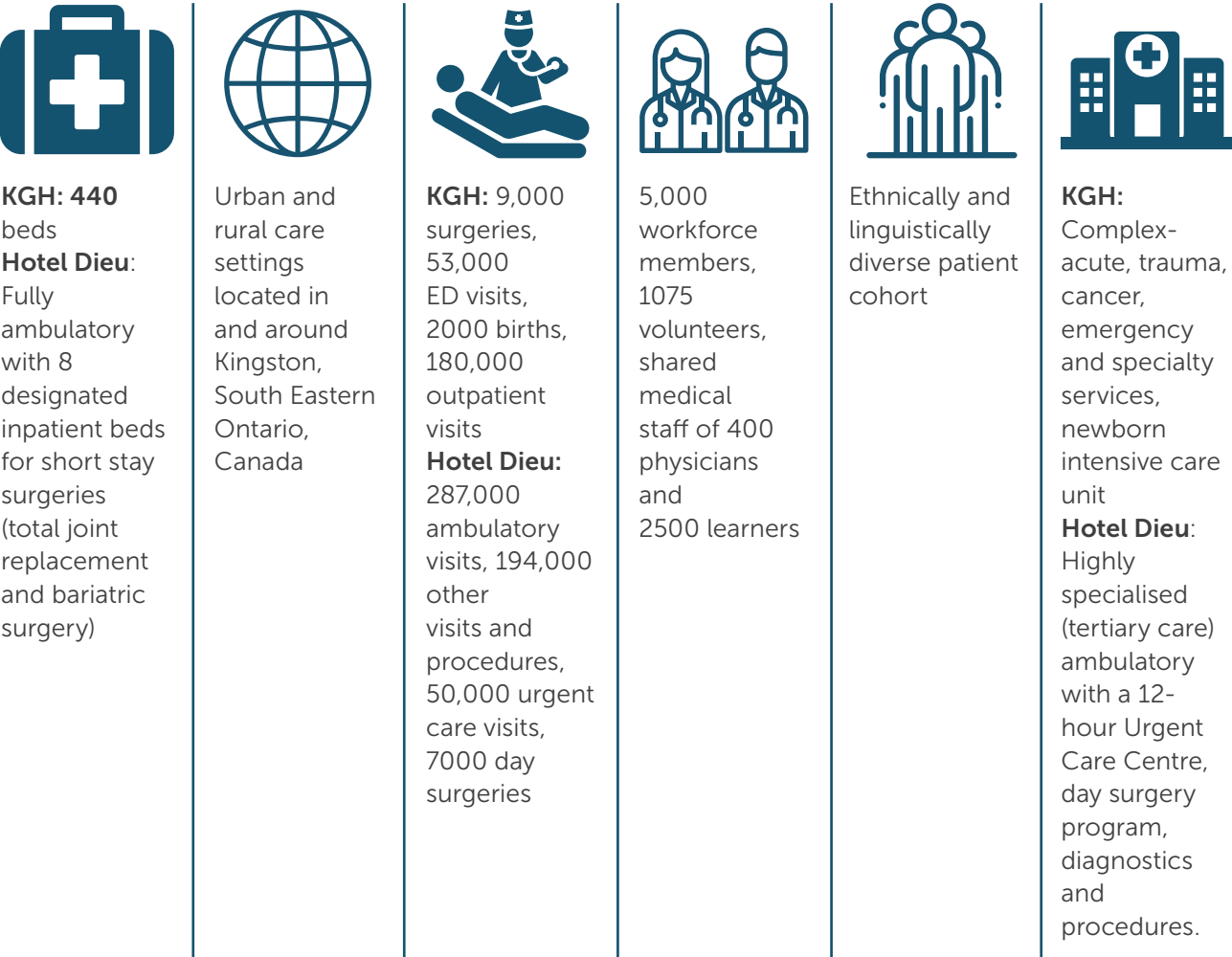


Kingston Health Sciences Centre, Ontario, Canada

Overview of the organisation

Kingston Health Sciences Centre was formed in April 2017 through the integration of two hospitals that have been part of the community for about 175 years – Kingston General Hospital (KGH) and Hotel Dieu Hospital (Hotel Dieu). KGH provides complex-acute, specialty care, emergency care, and trauma services and is home to the Cancer Centre of South Eastern Ontario. Hotel Dieu is a Catholic hospital originally founded by the Religious Hospitallers of Saint Joseph and now sponsored by Catholic Health International. Hotel Dieu is an ambulatory care hospital with specialized programs in paediatrics, medicine, ophthalmology, cardiology, urology, surgery, mental health, oncology and urgent care. Both hospitals are affiliated with Queen’s University and are teaching and research hospitals. Both hospitals are accredited with exemplary standing by Accreditation Canada.

Figure 1: About Jönköping Healthcare Service



Person-centred care at Kingston Health Sciences Centre

KGH began its person-centred care journey in 2007 and Hotel Dieu began a few years later in 2010. Because the hospitals have always worked collaboratively, Hotel Dieu looked to KGH for lessons learned, best practices, and advice when developing its patient and family centred care model. When KGH began its journey, it too sought mentorship, and partnered with Georgia Regents Medical Center in the United States. The hospitals have been very successful in creating a patient and family centred care environment, from direct patient care to involvement in hospital policies and program design. However, as is typical with significant systemic change, there have been challenges. These challenges include:

- Use of technologies that could facilitate person-centred care, such as a patient portal or electronic health record; however, the significant expense of these systems and provincial guidelines about regional requirements for IT investment
- Early identification of an executive level physician to serve as a champion for patient and family centred care, though physician champions have emerged
- Sufficient financial resources to carry out all programs and changes identified by patients and families that will improve the overall experience.

KGH and Hotel Dieu have not viewed these challenges as barriers to success, but instead as opportunities to put in place key change management strategies. All change takes time, but that is not a barrier, instead KGH and Hotel Dieu view the time it takes as a demonstration of good design and intentionality.

Key features of person-centred care

Kingston Health Sciences Centre has many attributes that support the delivery of high-quality, person-centred care. This case study is not intended to be a comprehensive account of all these attributes. Rather, it seeks to highlight some key examples that other health organisations can learn from.

“Don’t wait until you have your ducks in a row. Just get started.”

Lead Patient and Family Centred Care

Person-centred care is a core component of the organisations’ strategy and a priority of leadership

Kingston General Hospital (KGH) began its person-centred care journey in 2007 at a time when the hospital was in crisis. KGH had lost the confidence of the community and the health ministry and it was in serious financial trouble. The leadership of the hospital knew that significant changes had to be made. In response, the hospital went through a strategic planning process that intentionally focused on creating an environment of patient and family centred care. This process occurred simultaneously with a financial recovery and Ministry of Health imposed administrative and governance change. Despite considerable limitations of financial resources, the hospital leadership, starting with a new Chief Executive Officer, committed to becoming a high-performing patient and family centred care organisation.



Using the information gained through comprehensive stakeholder engagement, KGH identified four strategic objectives. The first was to transform the patient experience through a relentless focus on quality, safety and service by providing care that is consistently safe, excellent and truly patient-centred.⁴⁹ KGH also developed a strategy measurement process whereby the progress toward achieving the objectives is measured and reported publicly on a quarterly basis.⁵⁰ This sends a clear signal to the workforce that patient and family centred care is not optional.

In 2010, Hotel Dieu Hospital released a five-year strategic plan in which ‘Excellent Experience, Excellent Care’ was identified as a key strategic objective.⁵¹ Hotel Dieu used the principles of patient and family-centred care as the foundation to achieve this strategic objective.⁵² Hotel Dieu also implemented a process of measuring progress toward achieving the strategic objectives, including reporting to all leaders every 120 days and to the Board of Directors using a scorecard that tracked progress on key deliverables. Patient and family-centred care remains a key element of Hotel Dieu’s 2016–17 Strategic Plan.⁵³ In this Strategic Plan, Hotel Dieu is focusing on important enablers of patient- and family-centred care, such as investing in information technology and systems and enhancing performance, accountability and quality.

Through the integration process, Kingston Health Sciences Centre is the entity that now formally brings together the two sites. Kingston Health Sciences Centre has developed its first Integrated Annual Corporate Plan for 2017–18.⁵⁴ This corporate plan includes a focus on improving patient experience through compassion and excellence, and includes specific Quality Improvement Projects designed to do so. Later this year, the two hospitals intend to engage in joint strategic planning. They have a fully integrated leadership team responsible for continuing to provide high-quality patient and family centred care across Kingston Health Sciences Centre. This includes the Vice President, Missions, Strategy, and Communications and the Lead for Patient and Family Centred Care.

Patient Experience Advisors assure the patient perspective is meaningfully incorporated in decisions

The leadership and workforce at KGH and Hotel Dieu understood that patient engagement is vital not only at the point of care, but in decisions about the hospitals’ operations, program design, and continuous quality improvement. As a result, each hospital established Patient and Family Advisory Councils and the Patient Experience Advisor role. Each is described in **Table 1**.



Table 1: Patient and Family Advisory Councils and Patient Experience Advisors

Patient and Family Advisory Council	The Patient and Family Advisory Council is responsible for assuring that the hospital's patient and family centred care strategic objective is being met, including, among other things, analysing data from surveys and other performance metrics and submitting a report to the Board of Directors on this progress. The KGH Patient and Family Advisory Council is co-chaired by a Patient Experience Advisor and by the Lead for Patient and Family Centred Care. The Hotel Dieu Patient and Family Advisory Council is chaired by a Patient Experience Advisor, but the Vice President, Missions, Strategy, and Communications serves as a non-voting member and supports the Patient and Family Advisory Council and its committees.
Patient Experience Advisor	A Patient Experience Advisor is someone who has had a recent experience at the hospital either as a patient or a family member. Identifying the right people to serve as Patient Experience Advisors is key. It is important to identify people who can partner with the workforce and leadership and look at the big picture. Someone who is an advocate for a particular issue is not likely to be a good fit as a Patient Experience Advisor, as this person may not be able to partner and seek to improve the patient and family experience broadly. The Patient Experience Advisors at both hospitals have participated in many endeavours, including serving as members of service-based and corporate committees, participating in job interviews, serving as members of program review and improvement teams, creating and giving new members of the workforce and residents orientation, and developing policies and procedures.

Through the process of integrating the two hospitals, the Patient and Family Advisory Councils and Patient Experience Advisors at both hospitals will evaluate whether the two separate councils should integrate and, if so, how and when that would be best done. This will be a decision made by the councils and not determined by the hospital's leadership.

Workforce education and engagement is key to creating an environment of patient and family centred care

Both hospitals understood, from the outset, that everyone who interacts with a patient and family must receive education on patient- and family-centred care and that education must be continuous. Education is an important part of creating a culture of patient- and family-centred care. Through education, the hospitals empowered the workforce to be patient- and family-centred and distinguish between 'good care' and patient partnership.



To accomplish this, both hospitals have developed patient- and family-centred care education modules for new and current workforce members, and experts are brought in to provide training in the hospitals, as well as outside of the hospitals, such as those provided by the Institute for Patient and Family Centred Care. For example, Hotel Dieu developed a four-hour training module on the principles of patient- and family-centred care for all nursing staff and allied health professionals, and a condensed (two-hour) module for all others. Once the majority of the current workforce was trained, the module was introduced into the new workforce orientation. This was fundamental to orienting people to the language, concept and actions of patient- and family-centred care and to identify ways to partner with patients.

At KGH, the Patient Experience Advisors developed training for the workforce and residents, and Advisors also deliver this training. Additionally, KGH has brought in speakers to provide physicians and the workforce with training, such as Cleveland Clinics Communicate with H.E.A.R.T. program.⁵⁵

Between the two hospitals, more than 3,000 staff, residents, and physicians have been educated in the principles of patient- and family-centred care and receive ongoing education. Importantly, as teaching hospitals, both hospitals are effectively training new physicians and other healthcare professionals in the delivery of patient- and family-centred care. This has an important downstream effect, as residents and healthcare professionals complete their training, then move on to other care settings, bringing this training and practices to new sites and new patients.

An Interprofessional Collaborative Practice Model of Care supports patient and family centred care at KGH

KGH's strategic plan included an objective to bring to life new models of interprofessional care and education. KGH leadership understood the connection between interprofessional models of care and delivery of patient and family centred care. In response, 54 staff and physicians across different disciplines and services came together to develop KGH's Interprofessional Collaborative Practice Model. In 2010, Patient Experience Advisors were incorporated into the design and implementation process in order to assure that the model was truly patient- and family-centred. The KGH Interprofessional Collaborative Practice Model of Care consists of four interacting levers, supported by four enabling levers, outlined in **Table 2**.⁵⁶

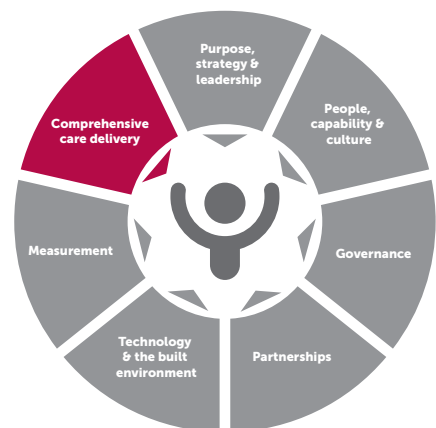


Table 2: Levers of the Interprofessional Collaborative Practice Model of Care

Interacting Levers	Enabling Levers
People working in a collaborative, interprofessional team with clear, consistent, appropriate roles	Collaboration and coordination across the continuum
Enabled by accessible technology	Effective communication
Accessing timely, accurate information to support decision-making	Ongoing education
Leveraging efficient, effective processes	Committed, supportive leadership

The Interprofessional Collaborative Practice Model of Care was implemented over a three-year period on 18 inpatient units and 33 ambulatory clinics. Evaluation of the model pre- and post-implementation was done on four of the inpatient units and has found improved patient satisfaction and quality of care, but has also found improved workforce and physician collaboration and job satisfaction. In addition, there is a greater sense of equality among patients and families as they are involved in decisions that previously have been limited to healthcare providers. There has also been improvement in role clarity among the care team.

The development and implementation of the Interprofessional Collaborative Practice Model of Care coincided with the hospitals work to redesign many of its processes and patient flows, which were also developed with Patient Experience Advisor input. Collectively this has resulted in significant improvement in patient care at KGH. The focus now has shifted from implementation to sustainability and continuous improvement. As the two hospitals continue integration, there is an opportunity to bring KGH's Interprofessional Collaborative Practice Model of Care model to Hotel Dieu or to redesign the model in a way that best meets the needs of the patients across the integrated system.