



Having their say and choosing their way: helping patients and caregivers move from hospital to home

FINDINGS FROM PHASE 1
South East CCAC and Quinte Health Care Trenton Memorial
June 2008

The problem at a glance --

Care Mismatch: Patients are remaining in hospital when they should be receiving care elsewhere

Difficult Life-Changing Decisions: Deciding the right care and accommodation is not easy from within a hospital environment

Information Deficits: There is a lack of clear and complete information provided at the right time to patients and their families for decision-making purposes.

What did we do?

To understand the hospital-to-home process from the patient's perspective, 15 recently discharged individuals from QHC Trenton Memorial were recruited for one-on-one interviews conducted by project management consultants with Doleweerd Consulting. All of the patients had spent some time in the hospital when they no longer needed that level of care (ALC days).

Process maps examining the hospital-to-home transition were generated through direct observation of clinical staff activity and interactions with the client.

Local project team members identified opportunities to create value for the patient with each step in the process. Caregivers were also involved in this part of the project. Ideas for changes to improve the process were developed and the two organizations are working on implementing them.

What did patients and families say they wanted and needed?

“I want accurate information that I can understand at the right time and place, including viable options, so my family and I can make the right decision for us.”

“I want to feel confident that people care and to be treated with respect.”

“I don’t want to make a decision out of fear, inadequate care or surprises.”

What did we find?

Some of the facts that surfaced: in the move from hospital to long-term care home:

Hospital to Long-term Care Home

- 160 steps to move from hospital to ‘home’
- 69 handling steps
- 36 forms
- 4 (often long-distance) family trips to the hospital (many more calls required)
- 15 delays at hospital and CCAC levels.

Making a Bed Offer

- 53 total steps
- 18 handling steps
- 5 staff involved
- 5 phone calls (not including LTCH interim bed offer process)
- 5 times client is entered into a tracking pool
- 9 forms originated
- 6 delays

That process took a total of 53 steps involving five separate staff members entering client information into a tracking pool five separate times and generating nine different forms.

How do we improve the move from hospital to home?

- Better information
- Preplanning with Patients
- Freeing the process of waste

For more information: www.changefoundation.com