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Partners Advancing Transitions in Healthcare
A first with Ontario patients
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The Change Foundation Strategic Plan

Carrying out our mandate:

• Research - literature review, surveys

• Policy Analysis - synthesis and interaction with government

• Public Engagement

• Care Delivery Re-design
  
  *Partners Advancing Transitions in Healthcare (PATH)*
What is *Partners Advancing Transitions in Healthcare*?

- A community based partnership between patients, caregivers and health care providers,

- A partnership who will work together to understand the experiences at key transitions between healthcare settings and services,

- A partnership to re-design transition processes,

- A partnership who will use The Change Foundation’s resources for:
  - Building and supporting a patient, caregiver, provider coalition;
  - Engaging patients and their caregivers in experience based co-design;
  - Managing the PATH project work;
  - Providing process re-design and improvement expertise;
  - Measuring the changes that occur as a result of the newly designed processes;
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Key components/features of the PATH project

• Seniors with chronic health conditions

• One community partnership
  – Patients
  – Informal caregivers
  – Social support providers
  – Acute care providers
  -- Home and community care providers
  -- Primary care providers
  -- Funders and other stakeholders
  -- Mental health care providers

• Care transitions

• Patient experiences

• Patient led experience based co-design
Goals of the PATH Project

- Improve people’s experience as they move in, out of, and across Ontario’s healthcare system by engaging and supporting a community partnership

- Demonstrate the value of experience based co-design for the broader system
What is Experience Based Design (ebd)?

- It’s a **partnership** between patients, caregivers and staff.
- The emphasis is on **experience** rather than opinion or attitude.
- Story telling is used to identify **touch points**.
- Focuses on **co-designing new processes together**.
- Measurement of improvements and benefits.
What is Experience Based Design (ebd)?

Scale of patient influence from the UK national Health Service

Reproduced from [Bate SP, Robert G. Experience-based design: from redesigning the system around the patient to co-designing services with the patient. *Quality and Safety in Health Care.* 2006; 15 (5):307-10] with permission from BMJ Publishing Group Ltd.
## Evolution of patient, family, caregiver experience

<table>
<thead>
<tr>
<th>Doing “to” patients</th>
<th>Doing “for” patients</th>
<th>Doing “with” patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To</strong></td>
<td><strong>For</strong></td>
<td><strong>With</strong></td>
</tr>
<tr>
<td>Provider makes rules and controls all schedules</td>
<td>Patient/family have some input</td>
<td>Patient/family as source of control</td>
</tr>
<tr>
<td>Information not shared with patients</td>
<td>Some transparency, public data</td>
<td>Shared knowledge and decision making</td>
</tr>
<tr>
<td>“I talk-you listen”</td>
<td>“We help you”</td>
<td>“We walk together”</td>
</tr>
<tr>
<td>Compliance focus</td>
<td>Improvement focus</td>
<td>Co-design focus</td>
</tr>
<tr>
<td>Unilateral</td>
<td>Benevolent</td>
<td>Partnership</td>
</tr>
</tbody>
</table>

Barbara Balik, Common Fire, Meeting of the Minds June 2011
“ebd is about sharing and understanding the experiences of patients, carers and staff together to design better services.”
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...Back on the PATH Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2011</td>
<td>Letter of Intent call was issued; 27 received</td>
</tr>
<tr>
<td>November 2011</td>
<td>Letters of Intent reviewed; short list of five submissions determined</td>
</tr>
<tr>
<td>January 2012</td>
<td>Five communities invited to submit full project proposal</td>
</tr>
<tr>
<td>March 2012</td>
<td>Full proposals submitted to the Foundation</td>
</tr>
<tr>
<td>April 2012</td>
<td>Site visits by Foundation staff to all five sites</td>
</tr>
<tr>
<td>May 2012</td>
<td>Final determination of PATH community</td>
</tr>
<tr>
<td>June 5, 2012</td>
<td>Public Announcement of PATH community</td>
</tr>
<tr>
<td>Late June 2012</td>
<td>Experience Based Design and Quality Improvement Training for 56 PATH partner clients, caregivers, and clinicians</td>
</tr>
</tbody>
</table>
Selected PATH Community

Northumberland PATH
Partners Advancing Transitions in Healthcare
A first with Ontario patients
Why Did We Select Northumberland?

- Patient/family/caregiver co-design central to proposal
- Northumberland Hills Hospital is lead organization & they attracted key partners
- Successful track record of joint projects
- Strong project management plans
- Leadership commitment and alignment
- Strong community partnership array
- Solid evaluation, measurement and data collection
- Excellent focus on community issues
- Shared goals for community level improvement
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PATH Partnership

- Patients and caregivers recruited from community
- Healthcare Providers
  - Northumberland Hills Hospital
  - Northumberland Family Health Team
  - NHH Comm. Mental Health Services
  - Central East Community Care Access Centre
- Community Providers
  - YMCA Northumberland
  - Community Care Northumberland
  - Golden Plough Lodge Long Term Care Home
  - Palisade Gardens Retirement Residence
- Others
  - Central East Local Health Integration Network
  - Health System Performance Research Network
  - Patients’ Association of Canada
  - QoC Health
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PATH Next Steps

July-Sept. 2012  - PATH project supports being set-up

October 2012  - Attend Patient and Family Centered Care Conference (IPFCC)
                - Recruit patients/caregivers to share experiences, work on teams
                - Recruit for project positions in QI coaching, admin support, etc.
                - Draft Project Charters for improvement teams

November 2012  - Patients/caregivers share stories that inform improvement team work

December 2012  - Patients/caregiver and providers begin participating on project teams

February 2013  - PATH Patients/caregiver and providers engage with PANORAMA

Thru Jun 2014  - PATH co-design work in full swing
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PATH co-design work

- 4 project teams each working on a different transition improvement idea
- Project Teams with equal numbers of patients/caregivers and staff from PATH provider organizations; 8-10 per team
- Teams will test out solutions on small scale, refine ideas, and re-test
- Successful solutions will be tested on a larger scale with seniors in the community
- Success of the solutions will be measured all along the way
PATH Transition Improvement Ideas

**Awareness, Values, & Planning Ahead**
- Aging Well Kit, Aging Well Plan
- Raising awareness in community

**My Health Story**
- Life story
- Health Story

**Patient Centered Care Provider Model**
- Building relationships w/ providers
- Person centered care transitions

**Transition Coaching**
- Transition partners trained
- Matched w patients in transition
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PATH Summary

- Community partnership of patients and providers work on common goal
- Focus on improving healthcare transition experiences for seniors
- Partners work together in teams using experienced based co-design
- Measure how well the improved processes work
- Sharing the PATH successes with the rest of Ontario
When a loved one is sick, we're at our most vulnerable and need the right information and support. PATH puts seniors and caregivers at the center of change and redesign; with PATH we will ensure that patients and caregivers are respected, informed, supported, and empowered...when they need it the most!

Gayle Einarsson
Caregiver
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Thank you

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