

Better Information Better Care Better Outcomes



Robin Carriere
Elizabeth Krestick
Patti Tracey

Session Overview

- Driving forces & HOBIC objectives
- HOBIC Measures
- Implementation Status
- Reports Demonstration
- Putting HOBIC to use
- Future directions

Driving Factors

- Lack of information to inform decisions regarding patient care
- Lack of information for nurse managers to evaluate the impact of resource changes on patient outcomes and examine the quality of care provided
- Nursing essentially invisible in terms of databases
- Need for information to support nursings' accountability

HOBIC Objectives

- Standardize the assessment, documentation and collection of clinical outcomes reflective of nursing practice
- Demonstrate contribution to patient care reflective of nursing practice
- Development of a database to support research and decision-making

Process for Selecting Outcomes

- Expert Panel
- Review of literature on concept of patient outcomes
- Familiarization with research
- Consultations with nursing stakeholders
- Critical appraisal of health outcomes research- concept definition, valid and reliable measure and empirical evidence linking the outcome to some aspect of nursing (indicator/intervention).

HC & AC HOBIC Measures

- **Functional Status:** ADL, IADLs & Bladder Continence
- **Symptom management:** Pain, Fatigue, Dyspnea, Nausea
- **Safety Outcomes:** Falls, Pressure Ulcers
- **Therapeutic Self-care**

Collected on admission & discharge

LTC & CCC HOBIC Measures

- **Functional Status:** ADL, IADLs & Bladder Continence
- **Symptom management:** Pain, Fatigue, Dyspnea, Nausea
- **Safety Outcomes:** Falls, Pressure Ulcers

Collected on admission, quarterly, change in client condition & discharge

Guiding Principles

- Integrate outcomes capture with existing nursing assessments - avoid duplication
- Maximize electronic capture through existing systems
- Provide access to information for nurses, healthcare managers, researchers and ministry planners
- Provide scalability for future parameters such as nursing interventions and additional measurable outcomes
- Strategy to support sustainability – working with colleges and universities to incorporate education about HOBIC in nursing programs

Expanded Role

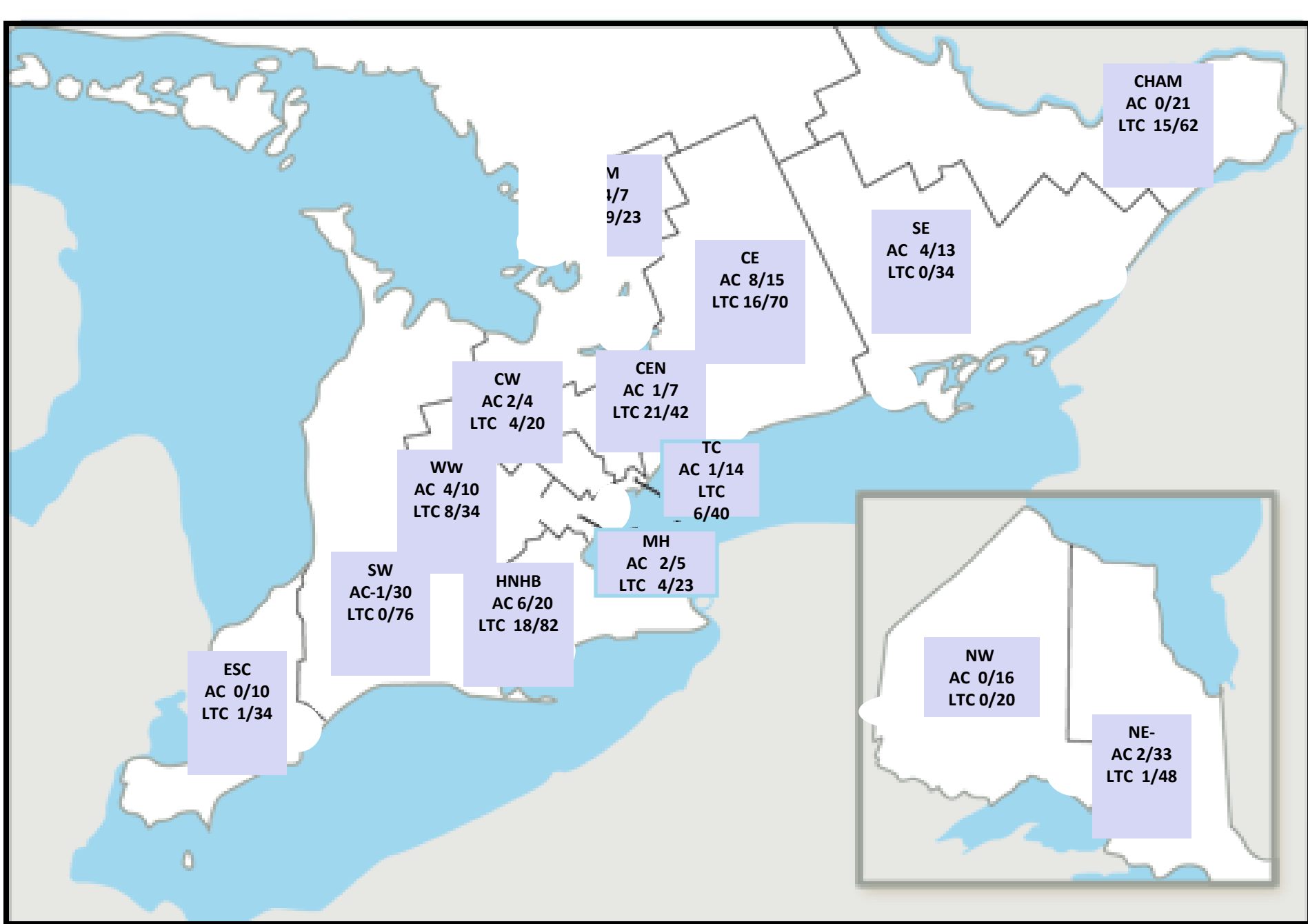
- Scope expanded to additional disciplines (initially pharmacy, occupational therapy, physiotherapy) and other sectors (mental health, rehabilitation, primary health care, public health)
 - **Critical appraisals complete**
 - **Issues with timing – primary care**
 - **Is discipline involved in care of patient - occupational therapy**
 - **FIM in rehabilitation**
 - **Public health – much of the focus is on populations**

Working with colleges and universities

- Meetings with faculty
- Fact sheet & Manual for academics: Case studies & E-Learning module
- Developing a plan to support integration of HOBIC into all RN and RPN programs across the province – 2 workshops
- Challenge with where to include this in nursing curriculum

Implementation Status - Ontario

	AC / CCC	LTC	Home care providers
LIVE – December 31 2009	38	108	
Projected sites by March 31, 2010	62	118	3



HOBIC sites by LHIN as of December 31, 2009

Working with Organizations

- HOBIC team works with IT leads in organizations to create a solution for electronic collection of HOBIC measures
- Recruit resource from each organization to work with HOBIC coordinator to plan for the implementation
- Activities
 - **Complete funding and education applications forms for HOBIC funding**
 - **Develop educational plan**
 - **Complete data sharing agreement privacy**
 - **Complete implementation plan**
 - **Provide staff training**
 - **Post-implementation review and follow-up**

- ADL Self Performance
- Therapeutic Self Care

ADL Self Performance

Assess for performance over full 24 hour periods, considering all occurrences of activity

	Independent	Set up help only	Limited assistance	Extensive assistance	Maximal assistance	Total dependence	Activity did not occur
Bathing	<input type="text"/>						
Personal Hygiene							
Walking							
Transfer Toilet							
Toilet Use							
Bed Mobility							
Eating							

*See below for clarification of grid components

Bladder Continece (Assess for last 24 hrs)

- 0. Continent
- 1. Control
- 2. Infrequently incontinent
- 3. Frequently incontinent
- 4. Incontinent
- 5. Did not occur

(?)

Pain Symptoms (Assess for last 24 hours)

- 0. No Pain
- 1. Present but not exhibited in last 24 hrs
- 2. Exhibited in last 24 hrs

(?)

Pain Intensity

- 10 = Worst possible pain
- 9
- 8 = Horrible
- 7
- 6 = Distressing
- 5 = Moderate pain
- 4 = Discomforting
- 3
- 2 = Mild
- 1
- 0 = No pain

Fatigue (Assess for last 24 hours)

- 0. None
- 1. Minimal
- 2. Moderate
- 3. Severe
- 4. Unable to commence day to day activities

(?)

Nausea (Assess for last 24 hours)

- 0. No nausea
- 1. Mild nausea
- 2. Moderate nausea
- 3. Severe nausea
- 4. Incapacitating

(?)

Falls

- 0. No fall in last 90 days
- 1. No fall in last 30 days, but fell 31-90 days ago
- 2. One fall in last 30 days
- 3. Two or more falls in last 30 days

Most Severe Pressure Ulcer

- 0. No pressure ulcer
- 1. Any area of persistent skin redness
- 2. Partial loss of skin layers
- 3. Deep craters in skin
- 4. Breaks in skin exposing muscle or bone
- 5. Not codeable, e.g. necrotic eschar predominant

- ADL Self Performance
- Therapeutic Self Care**

Therapeutic Self Care

Do you know what medications you have to take?

0 Not at all

1

2

3

4

5 Very much so

Do you understand the purpose of the medications prescribed to you?

0 Not at all

1

2

3

4

5 Very much so

Are you able to take the medications as prescribed?

0 Not at all

1

2

3

4

5 Very much so

Can you recognize changes in your body that are related to your illness or health condition?

0 Not at all

1

2

3

4

5 Very much so

Do you understand why you experience some changes in your body related to your illness or health condition?

0 Not at all

1

2

3

4

5 Very much so

Do you know and understand what to do to control these changes in your body?

0 Not at all

1

2

3

4

5 Very much so

Are you able to carry out the treatments or activities that you have been taught to manage these changes in your body?

0 Not at all

1

2

3

4

5 Very much so

Are you able to do things or activities to look after yourself and to maintain your health in general?

0 Not at all

1

2

3

4

5 Very much so

Do you know whom to contact to get help in carrying out your daily activities?

0 Not at all

1

2

3

4

5 Very much so

Do you know whom to contact in case of a medical emergency?

0 Not at all

1

2

3

4

5 Very much so

Are you able to perform regular activities? e.g. Bathing, shopping, preparing meals, visiting with friends

0 Not at all

1

2

3

4

5 Very much so

Are you able to adjust your regular activities when you experience body changes related to your illness or health condition?

0 Not at all

1

2

3

4

5 Very much so

Providing 'Real time' Access to HOBIC

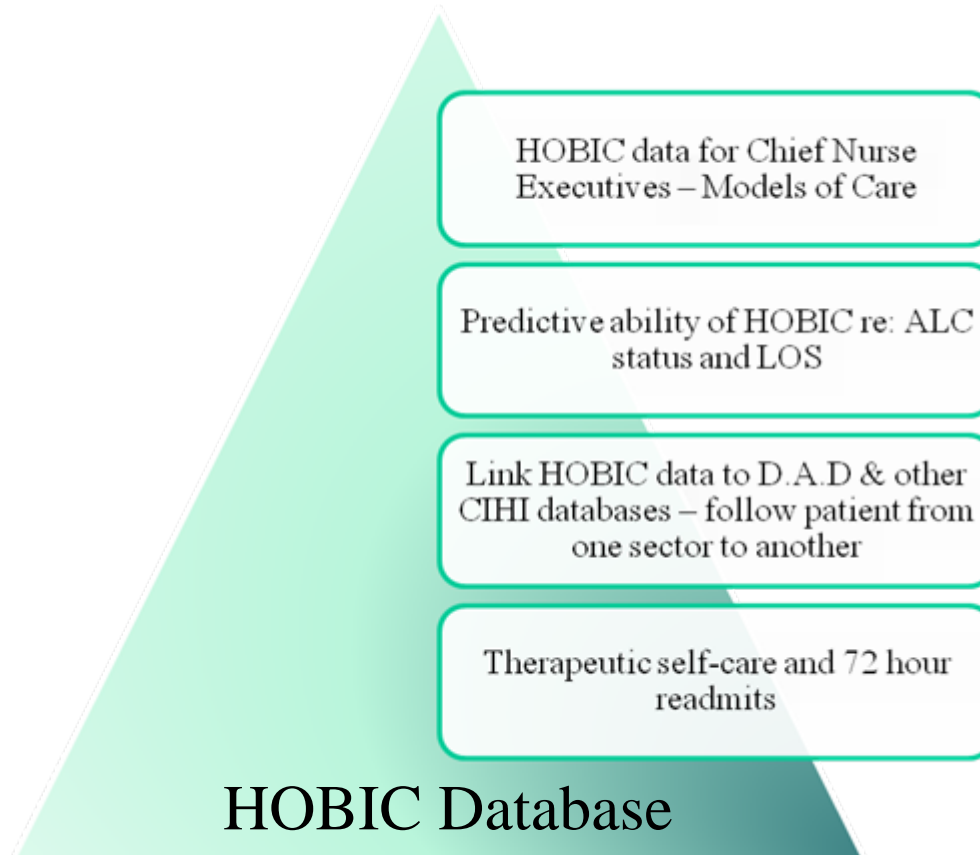
Database housed at Institute for Clinical Evaluative Sciences

- Nurses can go in and view individual patient information, i.e. admission and discharge HOBIC scores
- Managers have access to reports:
 - Mean Indicator by Unit
 - Mean Indicators (composite) by Diagnosis & Age
 - Mean Indicators by Diagnosis & Age (detailed)
 - Patient Detail by Encounter
 - Percentages per Question on Admission & Discharge
 - Mean Indicators over time
 - Submission Report
 - Graphing Feature

Reports Demo

<https://hobictest.ices.on.ca/hobictest/logon>

Information to Inform Research



Putting HOBIC to use

- HOBIC information can be used on it's own but is most powerful when used in combination with other information
- Role Playing Exercise
 - Demonstrate how HOBIC information can be used as part of a problem solving process
 - Discuss where HOBIC information provides most value in the process
 - Showcase how data can be combined with other information to paint a broader picture

Recently the story of a serious fall occurring in your hospital was published in the local newspaper. The article went on to quote an unnamed source stating the number of patient falls was "getting out of control". The nursing unit managers did later acknowledge that the number of falls "seemed a bit higher" recently but wouldn't characterize things as being out of control. The negative publicity has sparked calls from the CEO and Board to investigate this issue further and provide some recommendations.

Instructions

- Each person play a “role”
- Follow problem solving model and use tools to investigate problem
- HOBIC needs to be included as part of the discussion
- Use your imagination and have fun with it
- Will discuss / report back

Scenario Report

Approaching the Data...

- ✓ What do you want to know? What are you expecting to see?
- ✓ How do HOBIC measures fit with your patient population and care needs? How do they fit with unit/organizational goals?
- ✓ Scan the data for areas of greatest outcomes improvement, and least improvement
- ✓ Build HOBIC data review into current processes:
 - QI committees
 - Professional practice meetings
 - Education planning groups
 - Team / unit meetings

Accreditation ROPs: 1. Safety Culture

Risk Management

Risk of falls

- ✓ Functional status
- ✓ Fatigue
- ✓ Bladder continence

Readmission rates – communication, coordination, discharge prep

- ✓ TSC – medication knowledge, managing symptoms, when & whom to call for follow-up
- ✓ Functional status – implications for self-care at home

Safety Culture (cont'd)

Risk Management

Patient Satisfaction

- ✓ TSC – real-time perceptions at discharge – starts the conversation re: patients' discharge concerns
- ✓ Common areas for improvement in satisfaction
 - patient anxieties and fears
 - when to resume normal activities
 - danger signs to watch for – signs of complications
 - medication side effect and purpose

2. Communication

Patient/Client Education

- Individual care planning related to safety factors identified on admission e.g. risk of falls, knowledge of medication, understanding of symptoms and health condition
- Develop education tools/strategies to address common concerns

Transfer of Information

- Transfer of accountability
 - ✓ Functional status – level of dependence for walking, transfers
 - ✓ Symptoms – risk, care needs, impact on recovery
 - ✓ TSC – patient education and discharge planning
 - ✓ Safety – risk, care needs

Communication (cont'd)

Medication Reconciliation

- At admission, transfer & discharge
- TSC questions re: patients' understanding of their meds – takes medication reconciliation to the next level

3. Risk Assessment

Individual care planning related to falls risk assessment and prevention

- ✓ Functional status, bladder continence and symptom measures can inform assessment of patient's risk of falling – contribute to holistic assessment of root causes
- ✓ Falls prevention post-hospitalization - supports discharge planning for falls prevention

4. Worklife / Workforce

Training on Patient/Client Safety

- Consider integrating HOBIC measures, assessment and data-use into:
 - patient/client safety training
 - clinical in-service schedule
 - orientation
 - annual skills days
 - policy education
- HOBIC data provides “local evidence” to inform evidence-based practice regarding safety initiatives

HOBIC & LEAN Initiatives

- HOBIC measures are one tool:
 - ✓ Identifying quality gaps – trigger process analysis
 - ✓ Pre and post measures – demonstrate change

Patients

- Facilitates communication
- Identifies safety risks
- Informs proactive care
- Determines discharge readiness

Clinicians

- Standard information improves communication within team
- Enhances satisfaction by demonstrating measurable results
- Identifies how clinical practice leads to improved outcomes
- Shifts clinicians from task focused care to 'outcomes focused care'

Healthcare Executives

- Standardized information for comparative analysis within organizations and industry benchmarking
- Information to evaluate operational decisions and resource allocation
- Information to identify areas for quality improvement
- Information to support accreditation surveys

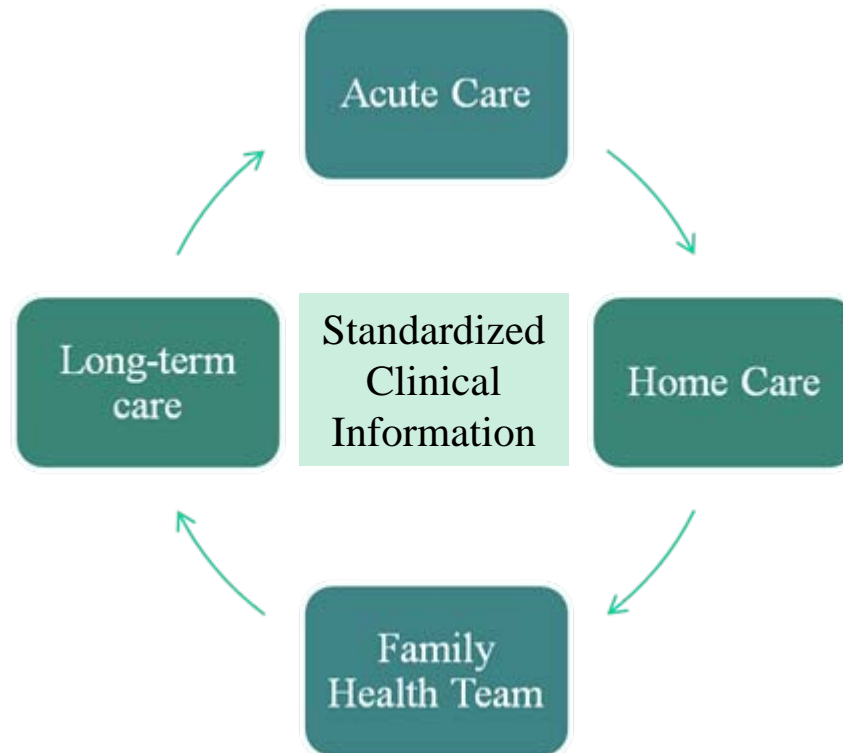
LHINs

- Standardized information to guide strategic decisions and planning
- Information to support continuity of care across the continuum

Health Care System

- Information to support results driven patient focused care
- Public reporting – measurable results
- Demonstrate accountability within the system
- Standard information for electronic health records

Information Across the Continuum



Imagine the implications for practice of having access to longitudinal standardized clinical information in the management of chronic disease

**For further information
visit
www.health.gov.on.ca/hobic
and
<http://community.hobic-outcomes.ca/>**