

RECOGNIZING INITIATIVES THAT IMPROVE THE PATIENT EXPERIENCE

NowICU (NICU) Project

Neonatal Intensive Care Unit (NICU), Misericordia Community Hospital

"I feel I missed so much during my baby's early hours after birth, as I was hospitalized after delivery. Those little things, such as looking into my baby's eyes, hearing my baby's cry, and most importantly, what was happening to my baby in NICU. I wished I could see, could hear, be a part of the care of my baby."

This patient feedback prompted one physician at the Misericordia Hospital neonatal intensive care unit (NICU) to reflect on the following question, "How can we help bond parents to their babies if the mother and baby are too sick to move?"

This individual felt an urgency to fill this gap between labour and delivery and the NICU. Their research into using technology to bond parents and their loved one showed that hospitals in United States had implemented it with great benefits to the parents, especially if the parent who delivered is on bed rest. They created a team to develop a solution to address this patient and family member need.

To allow parents to interact with their baby in the NICU, when they were unable to be physically together, the Alberta Health Services (AHS) Telehealth team customized iPads to use to see their baby. The iPads are secured with encrypted video and audio-conferencing software that live streams (no recording).

One father said, *"I would have to be either with my wife or my baby if this technology was not available. We can now share our feelings together watching our baby in the NICU. I can explain and show her what is told to me in the NICU during my physical visit. We just love it. It's next best to the real experience."*

With respect to improving the patient and family member healthcare experience, this initiative demonstrates that:

- Improving the patient and family member experience can start with one patient's feedback and one provider who is listening.
- Simple solutions to issues can often be the most impactful. Interventions involving technology do not have to be complex or costly to make a big difference.

Pathologists and surgeons collaborating to deliver a better patient biopsy experience

Head and Neck Surgery (HNS) Clinic, University of Alberta Hospital

Patients from all over northern Alberta who potentially have head and neck cancers, are referred to the HNS clinic at the University of Alberta Hospital. These patients are booked for a biopsy at the newly established ultrasound guided biopsy clinic, operating within the HNS clinic. The ultrasound guided biopsy clinic is staffed by pathologists who have undergone training in gathering and performing immediate on-site interpretation of biopsy material.

Having a pathologist collect the biopsy allows them to microscopically check if the sample they collected is adequate for diagnosis. The pathologist can also make the decision to collect more samples, if required for further testing. By approaching biopsies in this way, this can eliminate the need for a patient to return for another invasive

RECOGNIZING INITIATIVES THAT IMPROVE THE PATIENT EXPERIENCE

procedure. In addition, since both pathologists and HNS surgeons work together, they can collaborate immediately on complex cases.

Beyond this, the team takes numerous additional steps to deliver on Alberta Health Services' (AHS) "Patient First" strategy to ensure patients have a positive experience. Some of these steps include:

- With the patient's permission, family members can be present in the biopsy room, providing support for the patient.
- Patients and family members are encouraged to watch the ultrasound scanning. They can ask questions, and the pathologist engages the patient and family by pointing out the findings on the screen and explaining the procedure, providing a higher level of comfort to the patients. Patients and family members can also watch the biopsy getting done.
- In certain cases, the diagnosis can be given immediately if the patient is assessed to have emotional support, and if a confident diagnosis can be made at that time.

With this collaborative approach, a final, accurate cancer diagnosis is reached in 48 to 72 hours, greatly expediting the triaging of patients to the appropriate management plan.

With respect to improving the patient and family member healthcare experience, this initiative demonstrates that:

- A well-coordinated team that engages patients and their families in a meaningful way can have tremendous impact and value.
- Existing resources and expertise can be used differently, to provide accurate and timely diagnoses to patients and their families.

Edmonton Prostate Interdisciplinary Cancer Clinic (EPICC) Northern Alberta Urology Centre

The Edmonton Prostate Interdisciplinary Cancer Clinic (EPICC) is a collaborative, multidisciplinary model of care for patients with castrate-resistant prostate cancer (CRPC), which means they are no longer responding to the standard of care treatments.

The EPICC team includes three urologic surgeons, three medical oncologists, one radiation oncologist, one oncology nurse coordinator, and one pharmacist. Patients who come to EPICC are not only under the care of one specialist, they are under the care of the entire team. Before each clinic, the team performs rounds on the patients to be seen that day. The providers determine treatment decisions collaboratively, offering a holistic and comprehensive care model. As part of this preparation, patients can be paired with a physician based on their current needs, which decreases the number of external referrals and additional specialist appointments required. Each time the patient attends the clinic, they also see the pharmacist, who reviews and updates the complete treatment regimen, and provides coaching to the patient and family throughout the treatment process. This model provides many coordinated elements of support for patients with complex needs, making it a "one stop shop" which is greatly appreciated by patients and their families.

RECOGNIZING INITIATIVES THAT IMPROVE THE PATIENT EXPERIENCE

Beyond creating a more efficient process for patients, EPICC provides additional supports as well. The treatments offered to these patients are complex protocols requiring frequent testing throughout treatment, which can be overwhelming for patients. Additionally, they may be experiencing concerns related to coping with a diagnosis of advanced prostate cancer. EPICC is unique in that the patient has one point of contact to help navigate through these concerns – the nurse coordinator. Rather than waiting in queue or on an automated phone line, the patient is given the nurse coordinator’s direct line. Virtual consults are also performed by the nurse coordinator by phone, preventing unnecessary clinic visits. Patients report feeling well-supported because they have a consistent connection to the EPICC team, ensuring effective continuity of care for the patient.

“We have been impressed with the care and attention from the doctors, pharmacists, and in particular, the nurse. She was beyond helpful and provided support in every way she could. Our thanks!”

With respect to improving the patient and family member healthcare experience, this initiative demonstrates that:

- A well-coordinated, co-located team can offer significant positive impact and value.
- Making the care team more available to the patient can improve communication and patient experience.

Transitional Pain Service (TPS) **South Health Campus**

Patients who underwent surgery at the South Health Campus often expressed frustration that they were not provided with specific pain management instructions when leaving hospital, and that their family physicians were not informed of the events of their hospital stay or the plans for pain management once they return home. The Transitional Pain Service (TPS) was created in response to this patient feedback to provide a better link between the surgical and anesthesia teams and a patient’s medical home, facilitating a smoother transition of care from hospital to home.

TPS takes a multimodal and multidisciplinary approach to surgical pain management. By adopting a model of care developed at the University of Health Networks in Toronto and using a variety of pharmacologic and non-pharmacologic, evidence-based therapies, the TPS works proactively to:

- Identify patients at risk of developing, or who have developed, significant post-surgical pain;
- Improve pain management before, during, and after a surgical hospital stay, through creation of an individualized and seamless pain management plan;
- Reduce anxiety and stress for patients and their families during the surgical journey, by integrating cognitive behavioral therapy modalities and mindfulness training into the pain management plan;
- Reduce dependence on and use of opioids for surgical pain through the use of alternative pharmacologic and non-pharmacologic pain management strategies, and by developing and implementing individualized opioid weaning strategies for patients requiring high opioid doses;
- Reduce emergency department visits for post-operative pain, through adherence to the pain management plan; and,

RECOGNIZING INITIATIVES THAT IMPROVE THE PATIENT EXPERIENCE

- Provide a bridge for patients and their families between primary and acute care, through consistent and collaborative communication.

To support multiple aspects of the service listed above, the TPS team and patients created educational materials that provide clear guidance on self-management on both surgical and chronic pain conditions that sometimes precede surgery.

"Everything (was done well). I was able to wean off the fentanyl patch. (They) called every few days to check-in. Very great care."

With respect to improving the patient and family member healthcare experience, this initiative demonstrates that:

- Strong linking services are important to support smooth transitions of care between hospital and a patient's medical home.
- Valuable solutions can be reached when patients are involved in their care planning and service improvement efforts.