

# Royal College Research Forum

## Creating an Essential Patient Care Environment: Leadership to ensure a foundation & accountable patient partnership in healthcare



**Susan D. Moffatt-Bruce, MD, FRCS, PhD,  
MBA, FACS**  
Chief Executive Officer  
Royal College



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Strategic Advisor and Research Associate  
Centre of Excellence on Partnership  
with Patients and the Public



**W. Ward Flemons, MD, FRCPC**  
Professor of Medicine  
Cumming School of Medicine University of Calgary



**Julie Drury**  
Provincial and National Patient  
Partner Leader



**Tanya Horsley, PhD, MBA**  
Associate Director, Research  
Royal College



# Conflict of Interest Declaration

## **Julie Drury**

Does not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

## **W. Ward Flemons, MD, FRCPC**

Is the Medical Director for Healthy Heart Sleep Company / MedPro

## **Tanya Horsley, PhD, MBA**

Does not have a relationship with a for-profit and/or a not-for-profit organization to disclose.

## **Audrey L'Espérance, PhD**






Leads the Strategy for Patient-Oriented Research Patient and Public Evaluation Framework Project that is funded by a CIHR Catalyst Grant.

## **Susan D. Moffatt-Bruce, MD, FRCSC, PhD, MBA, FACS**

Is a co-investigator on a grant funded by the Agency for Healthcare Research and Quality (AHRQ).




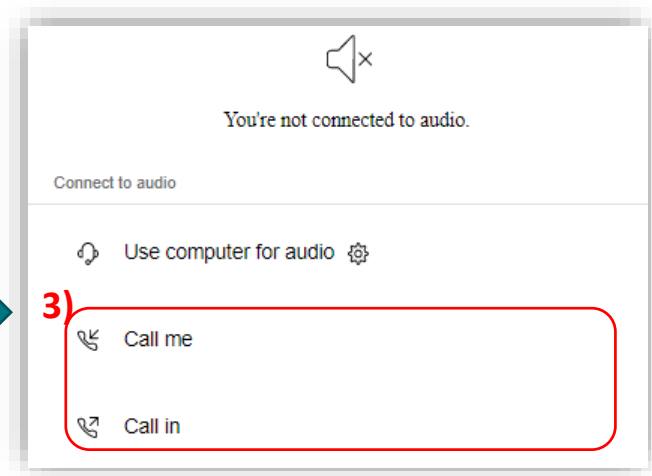
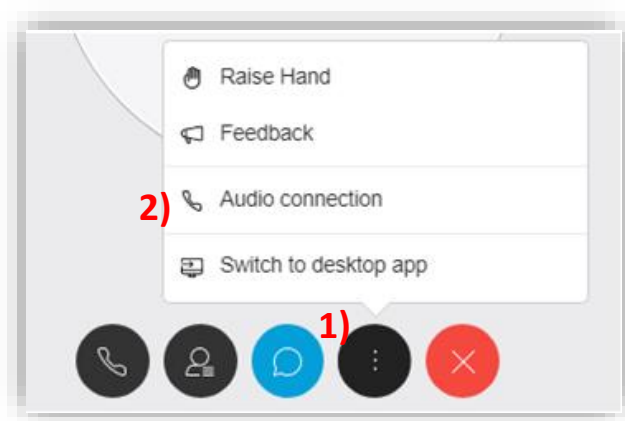
# Royal College Research Forum

Before the Event	During the Event	After the Event
 <p>You have been automatically muted</p>	 <p>Use chat function to submit questions</p>	 <p>An event evaluation will circulate to all participants</p>
 <p>Your camera cannot be activated</p>	 <p>The session will be recorded</p>	
<p>For technical support, email: <a href="mailto:researchunit@royalcollege.ca">researchunit@royalcollege.ca</a></p>		

# Switching to Phone Audio


Experiencing issues with your computer audio? Here is how to connect via your phone:

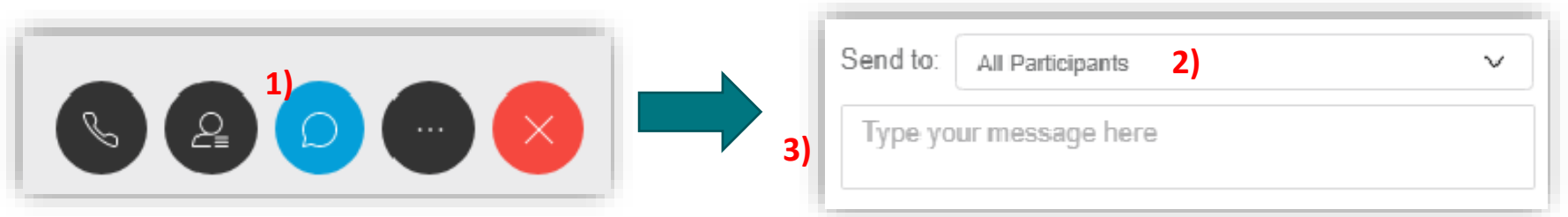
- 1) Click 
- 2) Select **“Audio connection”**
- 3) Choose **“Call me”** or **“Call in”** option



# Submitting questions

To submit:

- 1) Open the **Chat** feature by clicking 
- 2) Within the **Chat** panel, within the **Send to** or **To** drop-down list, please select “*All Participants*” (otherwise questions may go undetected)
- 3) Enter your question, then press **Enter**

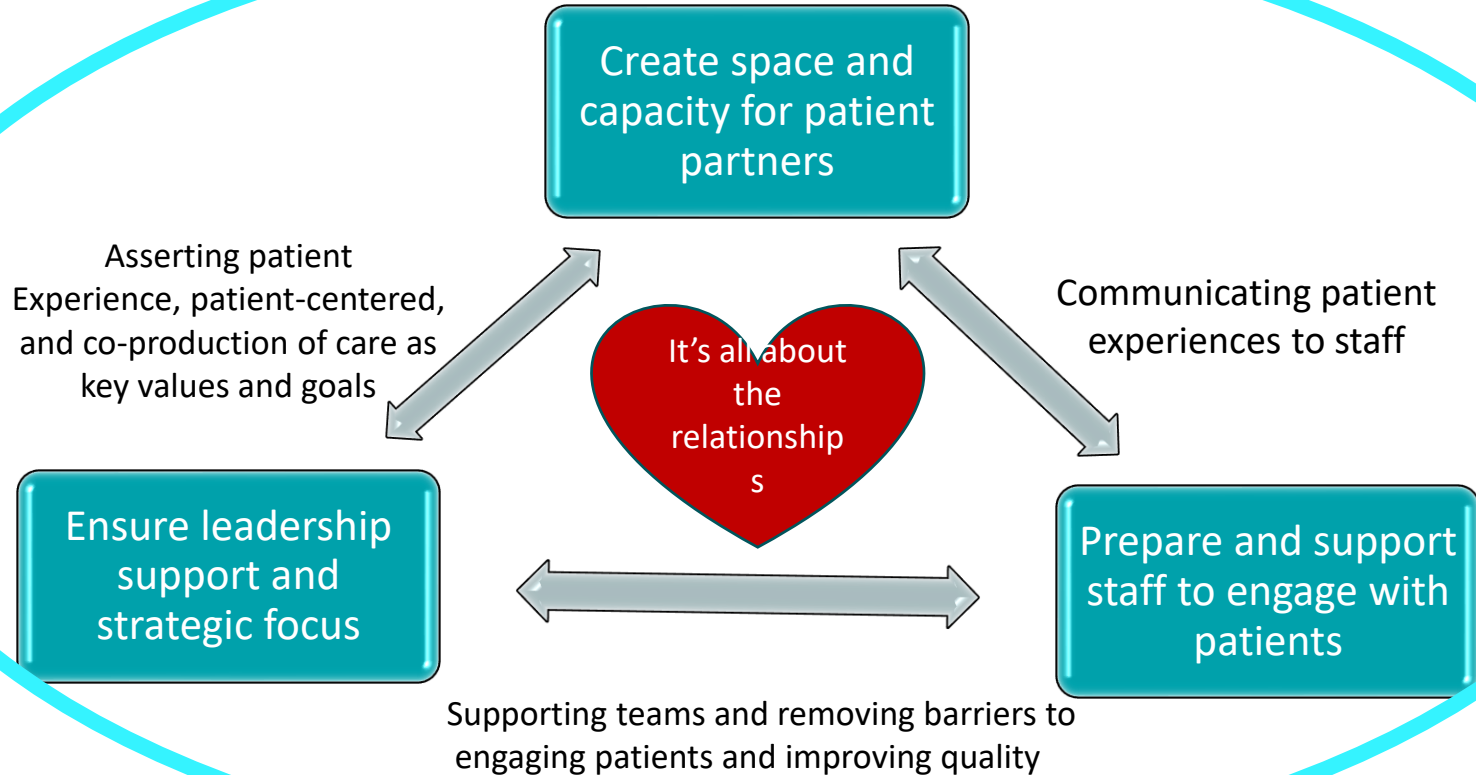




**Julie Drury (Panel Chair)**

Provincial and National Patient Partner Leader

# Engagement Capable Environment



## Level 1

### **Disengaged and overwhelmed**

Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: "My doctor is in charge of my health."

## Level 2

### **Becoming aware, but still struggling**

Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: "I could be doing more."

## Level 3

### **Taking action**

Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: "I'm part of my health care team."

## Level 4

### **Maintaining behaviors and pushing further**

Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: "I'm my own advocate."

**Increasing Level of Activation** 





## CREATING PARTNERSHIP

Health professionals

DISEASES AND TREATMENTS EXPERTS

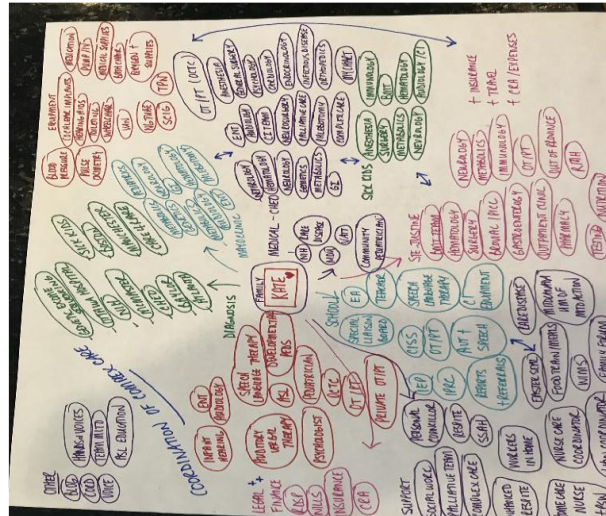


CO-BUILDING & CO-LEADERSHIP

Université de Montréal

Patients and family

LIVING WITH AN ILLNESS EXPERTS



# Today's panelists



**Dr. Susan D. Moffatt-Bruce, MD, FRCSC, PhD, MBA,  
FACS**

Chief Executive Officer  
Royal College of Physicians and Surgeons of Canada



**Dr. Audrey L'Espérance, PhD**

Strategic Advisor and Research Associate  
Centre of Excellence on Partnership  
with Patients and the Public



**Dr. Ward Flemons, MD, FRCPC**

Professor of Medicine  
Cumming School of Medicine, University of Calgary

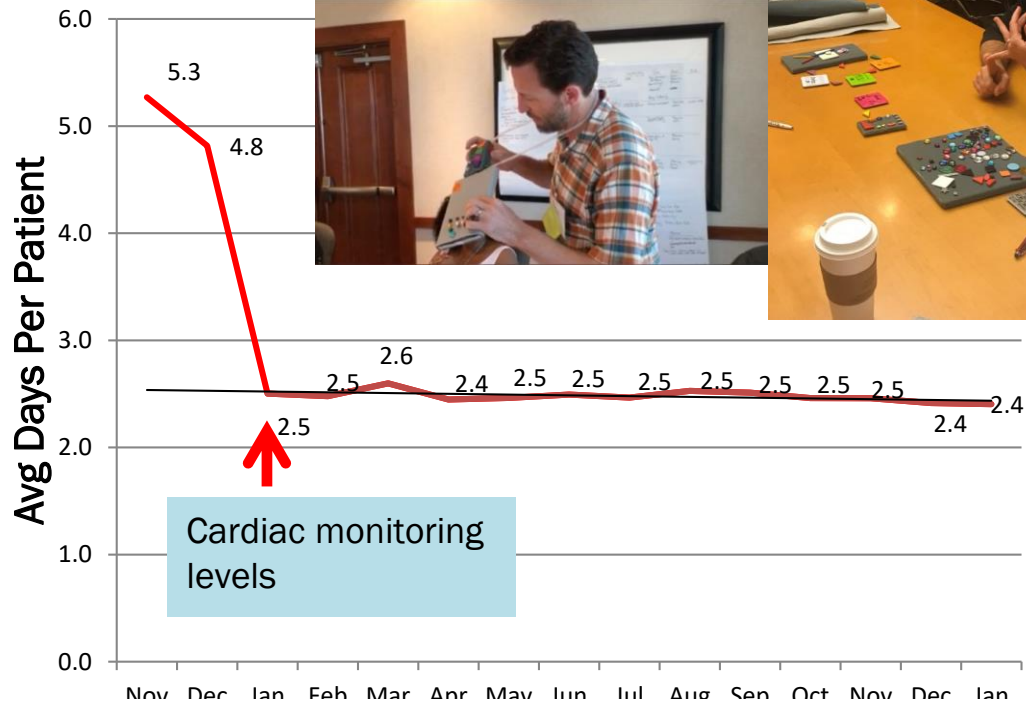


# Institute for the **D**esign of **E**nvironments **A**ligned for **P**atient **S**afety (**IDEA4PS**)

- Proposed as an approach to identify and explore how feedback of information can be used to inform the development of robust practices that lead to improved patient safety.
- Improve clinical practice by designing, testing and exploring the type and kind of information flows that result in adaptation of the health care work environment.

**Project 1: Telemetry and Alarms:** Focusing on the manner in which information is provided to clinicians, and focusing on the the signal to noise problem experienced, leading to an improvement in the safety and care quality.

**Project 3: Inpatient Portals and Information Flow:** Exploring how the hospital-wide use of MyChart Bedside (MCB), an inpatient EHR-based patient portal, is impacting the provider work system and processes.



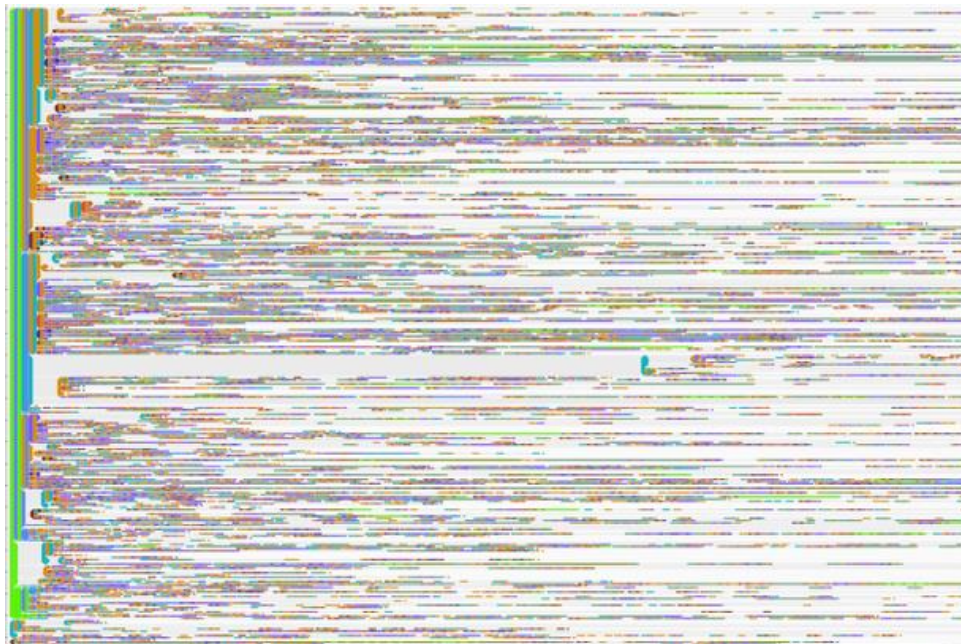
**BMJ Quality & Safety**

**Alarm system management: evidence-based guidance encouraging direct measurement of informativeness to improve alarm response**

Michael F Rayo<sup>1</sup>, Susan D Moffatt-Bruce<sup>2</sup>

**ATE UNIVERSITY**  
CENTER

- Using EventViewer





LOGOUT MyChart bedside 35% 9:42 AM

Today is Thursday, May 19  
Good morning, Pablo.  
Your discharge date isn't set yet.

UNIVERSITY HOSPITAL  
Day 116

**You are here for...**

- Renal insufficiency ⓘ
- and we're also treating ...
- Diabetic visual loss: severe vision impairment of both eyes, associated with drug or chemical induced diabetes mellitus, with mild nonproliferative retinopathy ⓘ
- Essential hypertension ⓘ

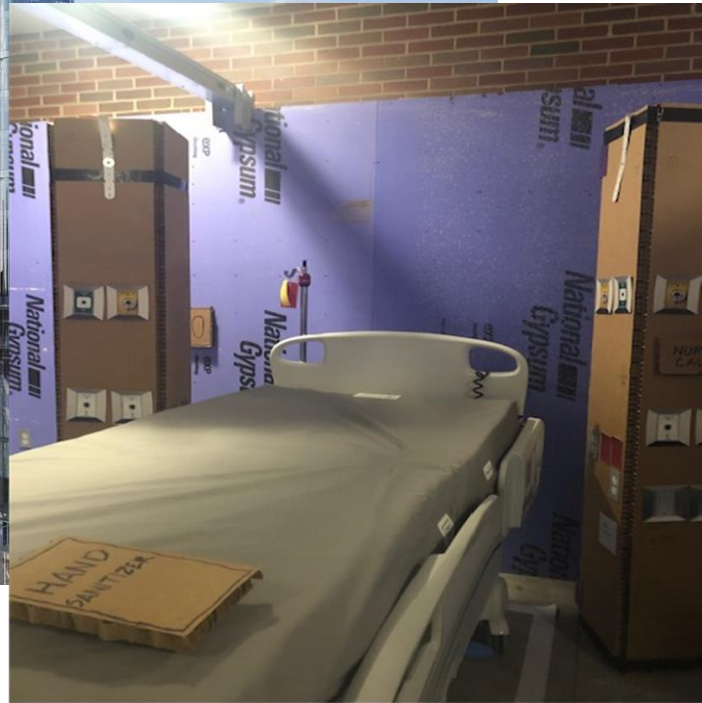
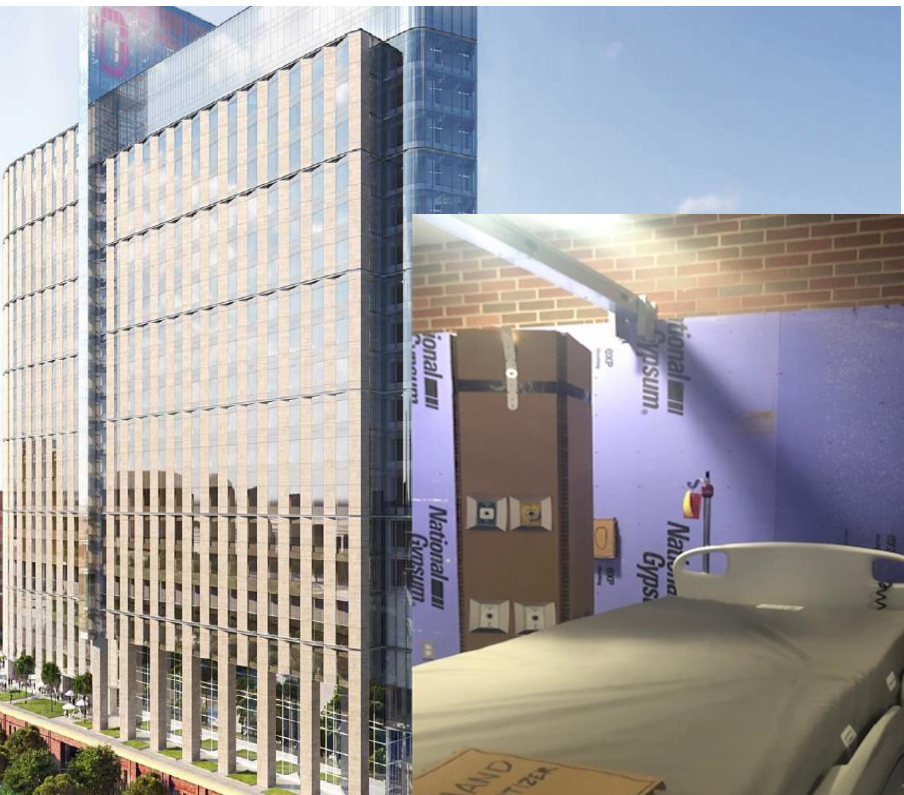
**Your medications**

- albuterol ⓘ
- atorvastatin ⓘ
- calcium-vitamin D ⓘ
- diltiazem ⓘ
- ferrous sulfate ⓘ
- furOSEmide ⓘ

**135/80** Blood Pressure  
**67** Pulse  
**18** Respirations  
**98.4** Temperature

Home  
Getting Started and Getting Involved  
Bedside Tutorial  
Happening soon  
Yesterday Medications  
Around 9 AM Medications  
Around 1 PM Medications  
Around 2 PM Medications  
Around 5 PM Medications  
Dining on Demand  
To learn





# Toolkit

## Preventing Falls and Fall-related Injuries A Team Effort



### A Falls Wheel in a Large Academic Medical Center: An Intervention to Reduce Patient Falls With Harm

*Jennifer L. Hefner, Ann Schack McAlarney, Jerry Mansfield, Amy M. Knupp, Susan D. Moffatt-Bruce*





Dear Susan,  
The date for the Safety Lecture  
has been noted on all the  
Calendars. We look at this as a  
Special Day for the Posts that you  
made possible by naming the  
Lecture after Roger.

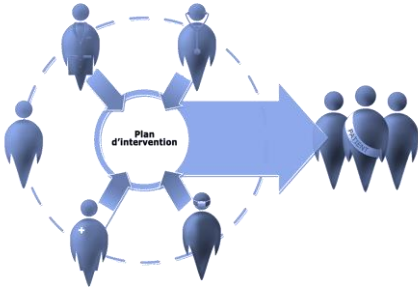
Never minimize the importance  
of talking to people that are suffering  
with Sadness, you have helped  
our Family greatly.

We are excited about hearing  
Dr. Gregg S. Meyer. Always,  
Nina



# Patient partnership

is a paradigm shift that starts with clinical practice



*PATERNALISM*



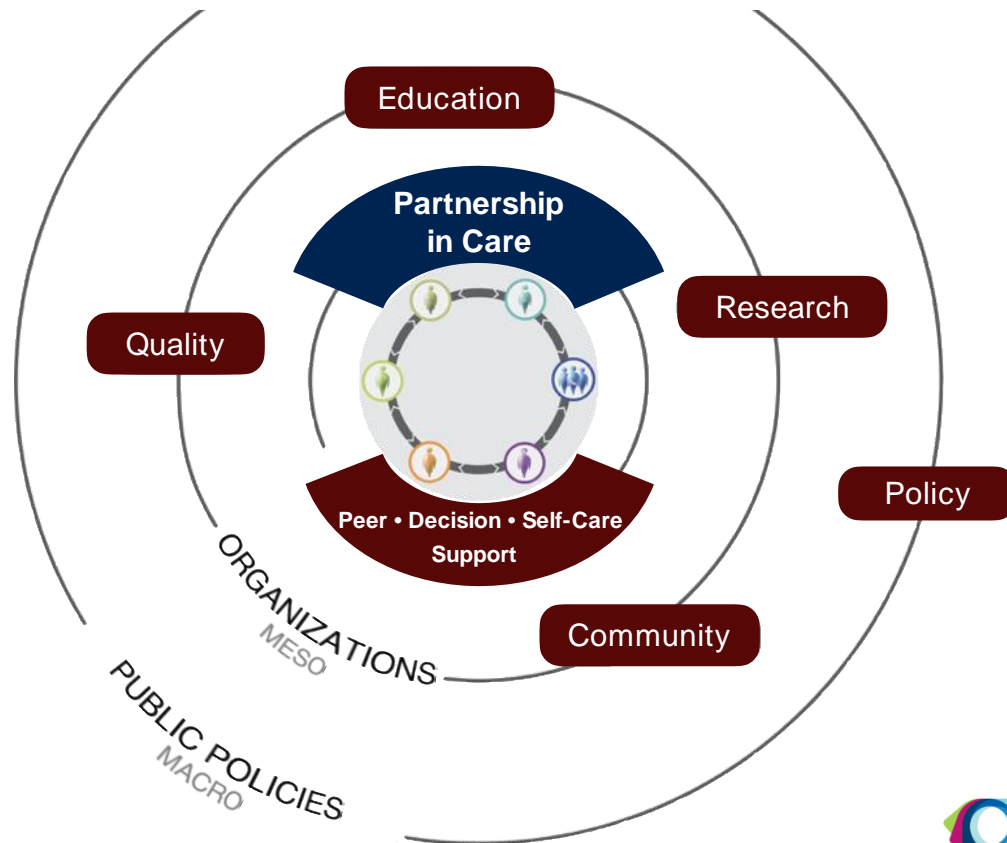
*PATIENT-CENTERED APPROACH*



*PATIENT PARTNERSHIP*

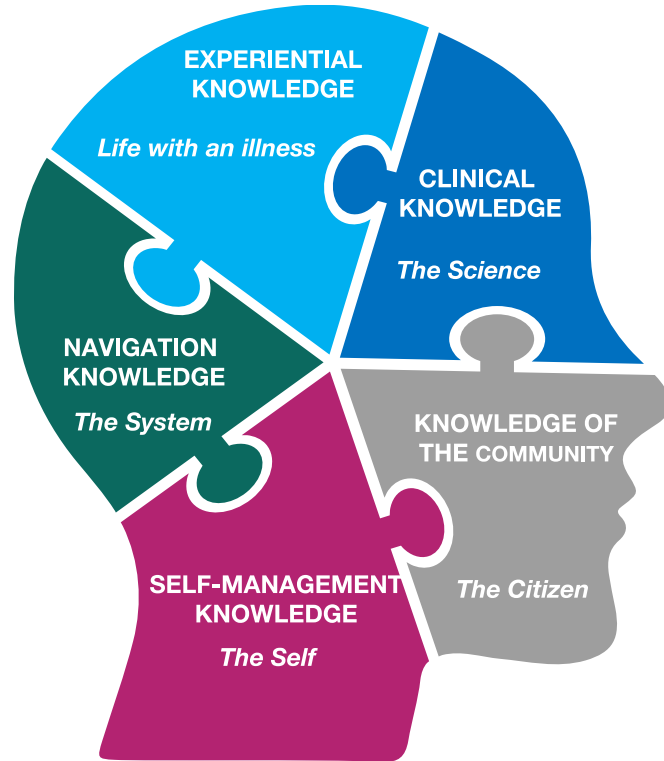


# Partnership in care for all requires systemic levers of change



# Patient knowledge

is a driving force we cannot afford to spare



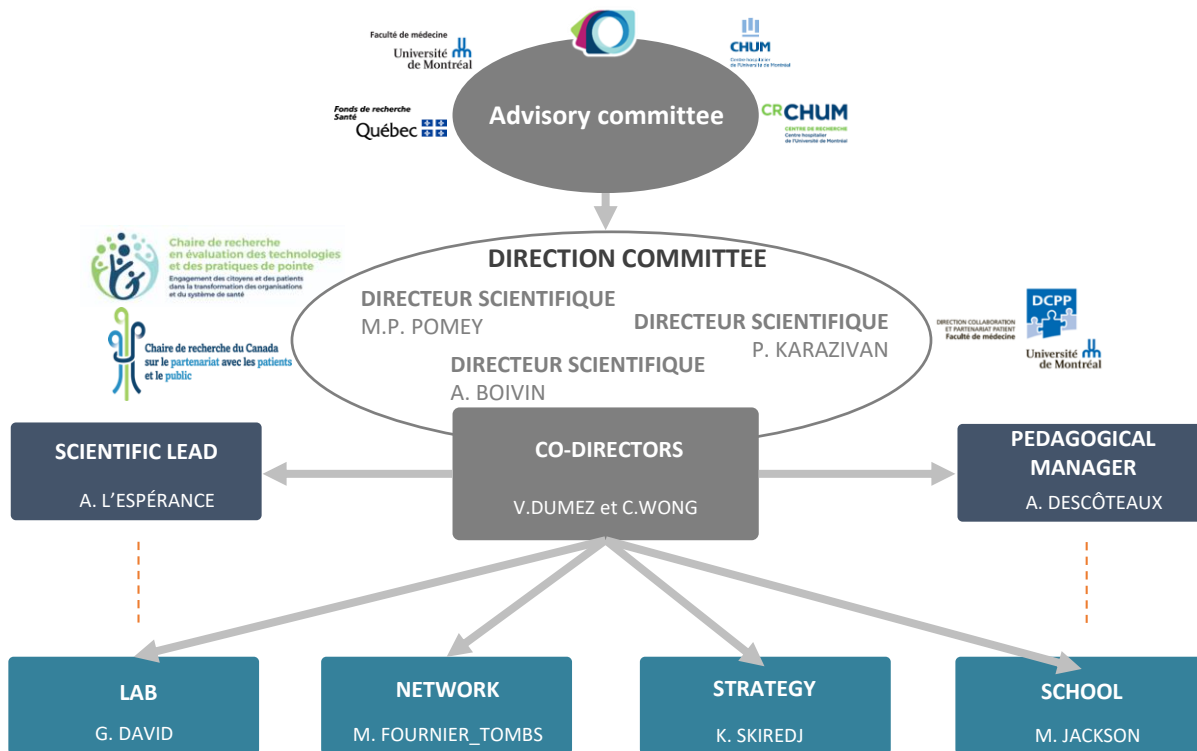
- Accelerated access to health knowledge
- Continued growth in the chronically ill (50%+ of the population)
- Increased socio-economic burden on patients and families
- Endemic problems of prevention and non-adherence to treatment
- Loss of credibility of the authority of health expertise
- A hospital-centred model poorly adapted to the evolution of societal health issues

ACQUIRED THROUGH PATIENT JOURNEY



# Centre of Excellence on Partnership with Patients and the Public

SCHOOL • LAB • NETWORK



*To make partnering with patients and the public a science, a practice, a culture and the new standard to improve the health of all and the (health) experience of each.*

# Patient Partnership has proven impactful in all health domains

## PATIENT RESSOURCE - BETTER TOGETHER CHUM

- Co-design of the family presence policy
- Improved patient experience
- Improved caregiver experience
- Lower adverse events reporting

## PATIENT AS PARTNER – PRIMARY CARE LEARNING UNITS

- Better medication and chronic disease self-management
- Enhanced medical record accuracy
- Higher satisfaction with care relationships
- Better clinical outcomes
  - Higher quality of life
  - Increased treatment adherence

HEALTHCARE  
AND SERVICE  
MANAGEMENT



MEDICAL  
EDUCATION



CLINICAL  
CARE



HEALTH  
RESEARCH



## PATIENT AS EVALUATOR – OSLER EXAMINATION *UMontreal*

- increased confidence and reduced anxiety (student)
- Increased validity of the student assessment
- Improved proficiency in clinical skills
- Improvement in knowledge about the disease or condition
- Improved communication skills

## PATIENT AS RESEARCHER – STRATEGY FOR PATIENT- ORIENTED RESEARCH

- More positive experience of research participation
- Increased retention of participants in clinical trials
- Increased research impact
- Increased transparency and accountability



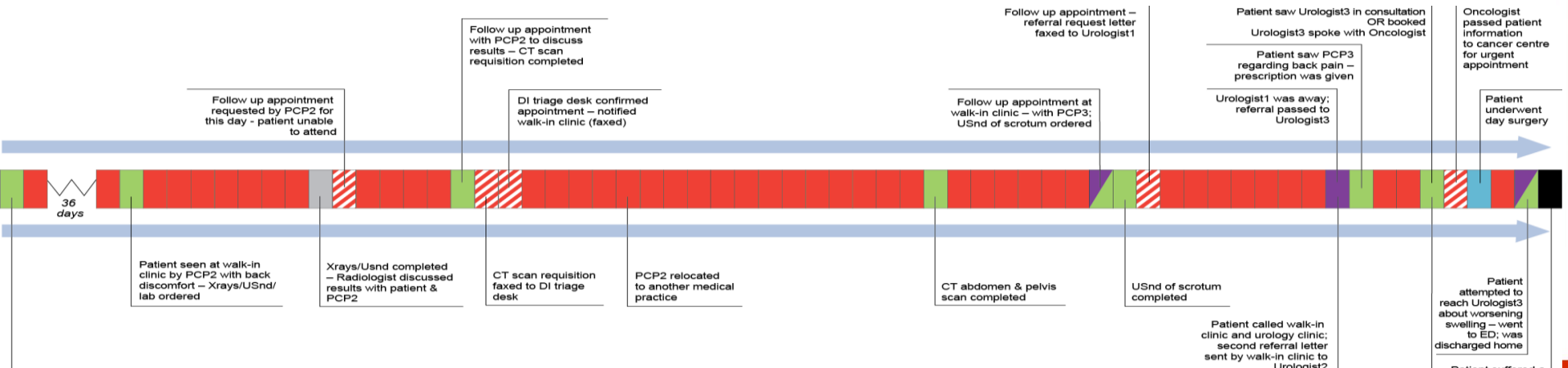
UNIVERSITY OF  
CALGARY

# Coproduction in Healthcare

Making patients safer

## Greg Price

- Mechanical engineer – Acme, Alberta
- Delayed diagnosis
- Not invited onto his own care team
- Several cracks in his care ---> additional delays
- Missed diagnosis





# Falling Through the Cracks Greg's Story



## *How To View the Trailer*

- STEP #1: To view the “Falling through the Cracks” trailer, click **CONTINUE**
- STEP #2: You will be taken to an external site. Scroll down until you see the PLAY button symbol within the media (click to play; duration 2:12 sec)
- If you are experiencing difficulty accessing the video – type <https://gregswings.ca/fttc-trailer/> into your browser

▼ Multimedia Viewer



External Site

The host or presenter would like Webex Meetings to open a website on your computer. Cisco is not responsible for the content or availability of external sites. We recommend that you make sure this website content is from a trusted source. If you view this page or go to this site, you will be subject to the privacy policy and terms and conditions of the destination site.

Destination site: <https://gregswings.ca/fttc-trailer/>

Continue

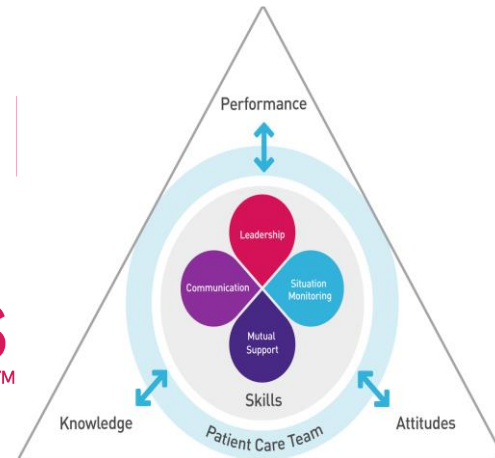


- Teamwork: two or more people working together to accomplish a **goal**
- Processes required to accomplish most goals are complex, involve mostly human participation and interaction and therefore are error prone
- Error mitigation strategies include:
  1. excellent technical skills
  2. well-designed, continuously improved processes
  3. teamwork!

**Patients are integral members  
of their own team**



**TeamSTEPS**  
CANADA™



# Teamwork



Coproduction at the sharp end

Coproduction at the blunt end

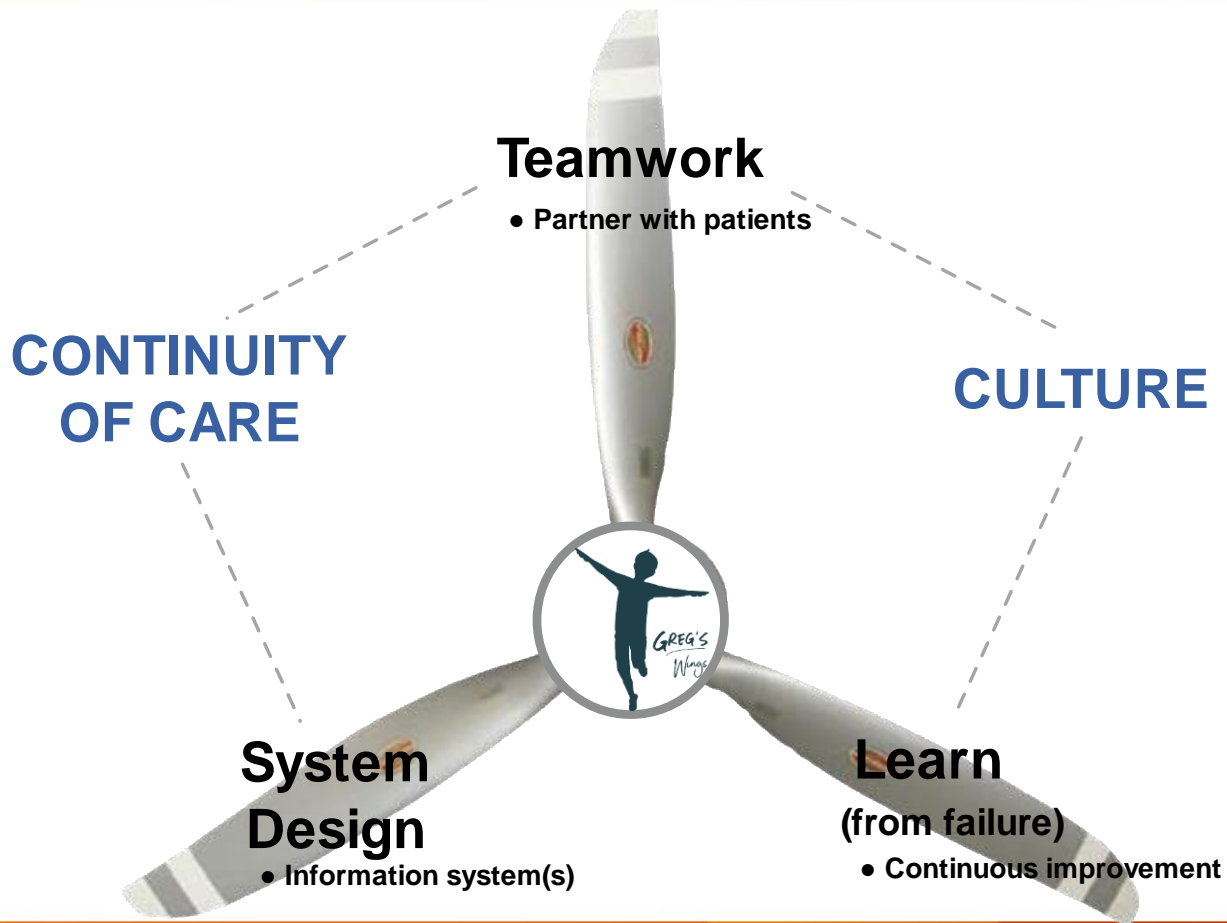
Codesigning systems of care

Important messages

*Dave & Teri Price*



If we choose to listen



# Creating an Essential Patient Care Environment

Thank you

Please submit questions within  
the chat box feature

