

Preparing to Partner. Institutional Preparedness for whole- system integration of Patient- Experience advisors at Mayo University Hospital

Jim Casey, Patient Experience Advisor
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Health Promotion Research Conference
2018



Mayo University Hospital

- Model 3 – 300+ bed hospital
- New Hospital GM and Management Team 2016
- Framework for Improving Quality HSE 2016
 - Better Patient Outcome & Experience
 - Better Supported Staff
- International Links
 - Accreditation Canada / Kingston Hospital
 - Global Development Partnership/ESTHER Alliance/Londiani Kenya



Patient and Family Engagement

- We nested the patient and family engagement process in a whole system approach to the implementation of the “Framework for Improving Quality in our Health Service”¹.
- Our challenge was to develop institutional preparedness in tandem with the systematic introduction of patient-experience advisors.



Patient and Family Engagement Driver for Quality Improvement

- The centrality of the Patient
- Patients as Partners
- Team learning from and with patients
- Patient involvement in governance



Conversations should be between experts



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How I joined the Patient-Family Experience Committee & became a Patient-Experience advisor

- In 2011, I attended cardiac rehabilitation in Mayo University Hospital after a triple bypass operation.
- During this time, I was invited to become a “hospital volunteer” – a volunteer-led meet, greet and guide service for patients and families arriving at MUH.
- I now co-ordinate this volunteer service.
- In April 2017, I was asked if I would become a member of the Patient-Family Experience Committee. I accepted as I felt my experience since 2012 would be of benefit to furthering the objectives of this new committee.

Jim Casey, One of the four Lead Patient-Experience Advisors, MUH



How we joined the Patient-Family Experience Committee

- We work in MUH as health professionals and also served on the Hospital Management Team
- During the 2016 Mayo Quality Symposium, we heard Margaret Murphy, WHO Patient Safety Advocate speak on using patient stories to drive change.
- We were tasked to set up a tactic team to lead patient engagement at MUH – a quality initiative in partnership with the HSE National Quality Office and Accreditation Canada

Fiona McGrath, Physiotherapy Manager,
Seamus Moran, Principal Medical Social Worker,
Meabh Ni Bhuinneain, Obstetrician/Gynaecologist



Participation and Empowerment Initiative

- To establish and empower a local leadership tactic team / implementation committee
- To use partnership principles of equality, mutuality and reciprocity in the team formation
- To plan the first year of work with the patient advisor leads from the outset
- To identify and implement best practice through national and international design consultation & partnership^{1,2}.
- To initiate cultural change at MUH using sensitisation and reflection methods^{2, 3}.



Objective 1

- To establish and empower a local leadership tactic team for patient and family engagement



Patient and Family Engagement (PFE) Implementation Committee

- 13 members
- Inaugural meeting April 2017
- Meet Monthly
- 3 Sub-groups
 - Recruitment, Induction, Education

" Nothing about me without me "



Objective 2

- To use the development partnership principles of equality, mutuality and reciprocity in the formation of the patient engagement team



Patient and Family Engagement (PFE) Implementation Committee

- 'Getting to know each other'
- Terms of reference together
- Developed PFE Logo
- **'Nothing about me without me'**
- Patient Advisor Role description
- Developed Information leaflet
- Awareness raising in public areas



Initial advisor experience

- "Very positive and enthusiastic bunch!"
- "Learned a lot about the workings of the hospital and we have covered a lot in a short time."
- "I derive great intrinsic satisfaction out of this"
- Orientation tour of hospital 4 lead patient advisors in July 2017.
- Hospital foyer event August 2017
- Media events



Objective 3

- To plan the recruitment, induction, orientation and education of the first cohort of patient advisors and frontline staff champions for whole system integration.



Recruitment

- Recruitment sub-group
- Public Media Campaign
- HR Department and process
- Design Application Form
- Design screening process



Induction

- Induction sub-group
- Agreed induction curriculum
- Induction booklet developed
- Induction evenings & hospital tours
- Buddy/Mentor system for new advisors



Education

- Education sub-group
- International consultant visit October 2017
 - Hospital Management Team
 - Consultant Forum
 - 3 staff education sessions across 2 days
- Support to Chairpersons
- Focus for 2018



Objective 4

- To identify and implement best practice through meaningful national and international design consultation & partnership
 - National - QID
 - Canadian support



Objective 5

- To initiate cultural change at MUH using sensitisation and reflection methods
 - Identity and values clarification
 - Bias training
 - Awareness raising events
 - PFE logo and information leaflet, Website
 - Education, Education, Education



Conclusion

- Year 1
 - Tactic team, recruitment, induction, committee preparedness and education
- Year 2
 - June 2018 committees
 - Nutrition
 - Older Persons Forum
 - Medication Safety
 - Women's and Children's Directorate
 - Quality Improvement Initiatives
 - Patient story
 - Undergraduate inter-professional education
 - New Staff Induction
- Year 3 – Wider Integration
 - Measurement
 - Hospital Management and Directorates



Questions

- Ideas for measurement of the patient experience?
- Ideas for Quality Initiatives
 - Paediatric Decision Unit
 - Patient Stories
- Ideas for driving cultural change?
- Support in participatory research methods





Acknowledgement:

Patient Experience Advisor Leads:

Jim Casey, Fintan Staunton, Rachel Bracken, Jo Curtis

Staff Champion Leads:

Eibhlin O'Malley, Siobhan Gallagher, Mary Kilcoyne, Michelle Redmond

Tactic Team:

Fiona McGrath, Seamus Moran, Meabh Ni Bhuinneain

General Manager

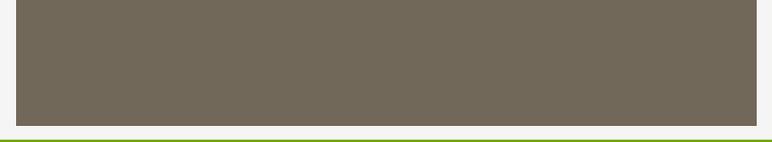
Catherine Donohoe

Accreditation Canada Consultant:

Eleanor Rivoire

HSE Quality Improvement Division:

Elaine Fallon



Background of Other presenters

Abstract Book Plenary -T Cook – Liverpool hope university

- more democratic approaches to knowledge creation might look like and what their purpose and impact might/could be.
- This presentation will focus specifically on participatory health research (PHR), starting briefly with what it is, what it offers and the issues it raises. I will then concentrate on three key issues within PHR: learning, relationships and impact.
- Starting with the positioning of learning as a central change mechanism in PHR the focus will be on the expectations we hold about who learns through engagement in PHR and what we need to learn about. This will include how current frameworks for understanding research itself are perceived and used to shape what can be known and what changes can ensue.
- The second element of the presentation will consider the nature and construction of relationships as central to the re-orientational possibilities of the participatory process. Can a tendency towards unchallenged conceptualisations of relationships drive a predilection for consensus that perpetuates the known as opposed to the yet to be known?
- Thirdly I turn to the expectations of impact through PHR and how understandings for impact from research, predominantly based on a starting point of expected change reached through a linear journey, is problematic for a process that positions ongoing shared learning as a key mechanism for change.



11.30	Short study into women's views on breast screening in Limerick city Swinburne, L.
11.45	Alcohol related presentations to Emergency Departments in Ireland McNicholl, B., Goggin, D. and O'Donovan, D.
12.00	Development of a participatory workshop to build staff capacity towards a sustainable health literate hospital environment McKenna, V.B., Sixsmith, J. and Byrne, N.
12.15	From tokenism to meaningful participation - the role of service users in the design and development of Health Services Kinneen, L.

Sean Dineens work – Young A

- These include (1) a key worker to help young adults navigate the clinical environment, (2) an online tool to improve communication between clinic visits and help build relationships and (3) an agenda-setting tool to help young adults get the most out of their interactions with healthcare professionals.
- +Young Adult Panels – co-researchers/steering