RTC© Background

- Developed in England by the NHS Institute for Innovation and Improvement; a licensed product
- International spread from 2008
  - to Saskatchewan, fall 2008
  - to Ontario, fall 2009 (4 sites: St. Joseph’s Health Centre, Bluewater Health, Trillium Health Centre, and Markham Stouffville Hospital)
- Now 7 sites – above + Mt. Sinai, St Joseph’s Healthcare Hamilton, Grey Bruce Health Service
Key RTC© Principles

- Staff led, leadership supported
- Builds direct care provider leadership capacities
- Transforms processes and the environment to ‘release’ or free up more time for staff to be with patients
- Quantitative and qualitative results
Why is this of interest to the RGP Network members?

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• The program is a patient-centred approach to improving the quality of care on patient care units through the use of evidence-based practices

RGP Framework

• The RGP supports health care professionals in the provision of interdisciplinary, senior-friendly, and evidence-based care that optimizes the function and independence of seniors
## Two Frameworks – Similar Mission

### Releasing Time to Care ©

- **Leadership supported, staff led**
  - Designated senior lead
  - Formal committee structure
  - Staff education

- **Processes & Practices**
  - Evidence-based, NHS Institute for Innovation & Improvement (e.g. pressure ulcers, falls)
  - Standardized approach to prevention of adverse events to improve quality of care

### RGP Framework

- **Organizational support**
  - Designated senior lead
  - Formal committee structure
  - Staff education

- **Processes of Care**
  - Evidence-based, best practices from across the continuum of care (e.g. pressure ulcers, falls)
  - Inter-professional protocols to optimize the physical, cognitive, & psychosocial function of older patients
Two Frameworks – Similar Mission

Releasing Time to Care ©

- **Quality & Patient Satisfaction**
  - Increased time at the bedside for greater staff-patient interaction

- **Physical Environment**
  - Staff redesign the unit environment & processes of work to enable staff to focus on patient safety work

RGP Framework

- **Emotional & Behavioural Environment**
  - Promotes maximal involvement of older patients and caregivers in their care

- **Physical Environment**
  - Utilize senior friendly design resources to provide an environment that minimizes risk to frail patients
We know that...

Every system is perfectly designed to get the results it gets.

If we want different results, we must change (transform) the system.
Another Way

Have unit environment & processes work for staff
Focus on specific patient safety work

New approach - looking with new eyes.
Providing real time patient data

Improved patient Outcomes
Improved patient and staff satisfaction

Meaningful process, environment, and practice changes
Continuum of learning — to — leadership

Information sharing

Engagement and Support

Ownership
Process for Implementation

- Education re program and process for all staff
- Fresh eyes approach
- Solicit for staff module leaders
- Intensive one day training for staff leaders
- Dedicated time for module leaders
- All staff given the opportunity to be involved, provide input
The Program

Releasing Time to Care©

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<th>Patient Hygiene</th>
<th>Nursing Procedures</th>
<th>Unit Rounds</th>
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<td>Patient observations</td>
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<th>Knowing How we Are Doing (Immediate, meaningful patient data at the point of care)</th>
<th>Well Organised Ward (WOW!) (Making environment work for staff, not staff working around the environment)</th>
<th>Patient Status at a Glance (using communication tools effectively)</th>
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3 Foundational Modules
Foundational Module:
Knowing How We are Doing

Providing meaningful, real time data to:

- Understand what is happening on the unit now
- Focus discussions, brainstorming, planning practice change - and to base it on facts, not opinions
Capturing Real Time Data in a Meaningful Way

Pressure sores stages II-IV*

Date: April 2012

*Acquired during stay on unit ...
The point is not data collection, but staff developing **ACTION PLANS** based on the data, to improve patient care.
Foundational Module: Well Organised Ward (WOW)

- Nurses typically spend only a quarter to a third of their time on direct patient care.
- The rest goes to paperwork, administration, handovers, hunting for supplies and equipment, moving between tasks and patients.
How can we change that?

Staff:
- will critically examine their environment and unit processes
- are provided time and tools to develop improved processes and create an environment conducive to the work they do every day
Well Organised Ward (WOW) (5 S’ing)

From This!

What we do now:
- Scramble
- Search
- Stash
- Scrounge
- Steal

To This!

1. **Sort.**
   - eliminate anything from the area that is not essential

2. **Set.**
   - organize all the necessary tools and materials
   - assign each object an ideal place

3. **Shine.**
   - regularly clean and maintain the workplace and equipment

4. **Standardize.**
   - procedures to maintain an orderly, clean and functional work area

5. **Sustain.**
   - implement audits to ensure the workplace is improved and 5S becomes part of the everyday routine

What we do now:
- Scramble
- Search
- Stash
- Scrounge
- Steal
Visual Management
Some useful tools

- Videos, photographs
- Spaghetti diagrams

Before

After

12 steps saved every time a chart form stamped - dozens of times a day.
Clinical leadership – utilizing quality improvement tools

Possible Solutions

- Volunteer by elevators, especially during busy hours (8am - 6pm)
  - More pre-printed orders
  - Not using ortho pre-printed orders
  - PACU to call prior to bringing patients to OR
- Continue to remind MDs to "flag" charts and return charts to proper place.
- Educators to orientate residents and interns that are new of the protocol when orders are written
  - Unit clerk informs pts RN that new medication orders are written
  - Too much duplication with analgesic orders, may waste dose during incision

10.08.2010 11:54
It’s all about:

1. minimizing interruptions
2. using visualization techniques
   - effective white boards in unit station/patient room
   - using visuals - 3 second rule
RTC© Core Objectives and Measures

**Improve Patient Safety and Reliability of Care**
1) Patient observations
2) Interruption rate
   
   *Plus minimum one of:*
   2) MRSA infection rate
   3) C. difficile infection rate
   4) Pressure sores rate
   5) Falls rate

**Improve staff well-being**
1) Staff Satisfaction
2) Unplanned absence rate

**Improve the Patient Experience**
E.g. Patient Satisfaction

**Improve Efficiency of Care**
E.g. Direct care time
RTC© Results

- The outcomes that have been realized in the UK and across Canada are beginning to demonstrate safer and more reliable care - reductions in hospital acquired infections like C. Difficile, reductions in falls, appropriate reductions in length of stay and reductions in medication errors - as well as improvements in patient and staff satisfaction.
Direct Care Time and Interruptions
St. Joseph's Health Centre

% Direct Care Time

Total Interruptions

Month

Dec-09, Jan-10, Feb-10, Mar-10, Apr-10, May-10, Jun-10, Jul-10, Aug-10, Sep-10, Oct-10, Nov-10, Dec-10

Direct Care Time %
Total Interruptions
NOW LEAVING
STATUS QUO
"The place that never changes!"
POPULATION
1,000,000
999,999

"..."
Thoughts from St Joe’s...

- It’s not about the numbers, or crosses on a board, it’s about action that improves patient outcomes
- Change takes structured processes, planning, time, and perseverance
- Visible leadership support from all levels is crucial to success.
- Given time and resources, bedside staff can and will successfully lead change
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