Changes to the staff rotations required by the care delivery re-design had a significant improvement on Employee Engagement Survey. A sample of some of the specific items is included below. We believe that the changes over 300 patients per year receiving care in sub-optimal conditions.

**Description of the Problem**

Our traditional model of care consisted of 3 patients to one nurse (3:1) regardless of patient needs or acuity. This model rendered it difficult to balance workload due to the vast variability of patient acuity. Additional issues included on-going fiscal pressures, difficulty in assisting patients to transition to a more independent modality of renal replacement therapy and poor staff morale. In addition, due to the scheduling of the hemodialysis unit into four hour blocks, flexibility for patients was limited. This resulted in over 300 patients per year receiving care in sub-optimal conditions.

**Project Goals**

- A more responsive and safe patient care experience
- Success within the existing infrastructure and resources
- Enhanced efficiency
- A match for our funding model and expenditures
- Increased patient independence
- Improved staff engagement and morale

**Evolving Care Systems**

*St. Paul’s Hospital, a large, urban teaching facility in Providence Health Care (PHC), in Vancouver, British Columbia (BC) houses a 43-station in-centre hemodialysis (HD) unit. Over 320 patients come to the centre on average three times per week to receive their hemodialysis treatments which usually last four hours per session. Staffing to support these patients include: nephrologists, specialty trained registered nurses, technicians, porter/ward aids, nutritionists, pharmacists, social workers, clerical staff and other services as required.*

**Description of the Context**

Prior to the change project (2012), our HD unit had extremely low morale as evidenced by the results of the Gallup Employee Engagement Survey. A sample of some of the specific items is included below. We believe that the changes in the care delivery design had a positive impact on these results.

**Employee Engagement Results**

In the last 6 months, someone at work has talked to me about my progress.

In the last 6 months, my staff has told me how important I am.

I have had opportunities at work to learn and grow.

**Overtime Reduction**

Changes to the staff rotations required by the care delivery re-design had a significant improvement on reducing overtime. The graph below is based on overtime as a percentage of productive hours from each period during the past fiscal year beginning period 11/12(13) to period 11/13(14). This represents a saving of $378k.

**Measurement**

**Time in Motion Studies:**

- Phone Tree: The number of phone calls interrupting the UC work, leading to inefficiency and risk for error. It was noted that many calls to HD needed to be redirected. A phone tree was developed, leading to an improved patient experience thereby increasing efficiency and decreasing error.

- Kanban: This tool is a reminder for staff to do something. In this case, the kanban reminds staff to bring the red card to the UC so that more cross match kits can be made when stock is low but not empty; allowing the UCs to better prioritize this task.

- Bed Assignment List: Frequent phone calls were made to the UC from units trying to ascertain time and location for their patients’ dialysis. These interruptions were reduced once this form was created. A copy was also sent to the lab so that they could call the patient’s nurse directly.

**Sustaining our Culture of Continuous Improvement**

- **Huddles:** Informal sessions to share information, identify issues and potential resolutions
- **Morning Huddles with UCs, Renal Techs and Clinical Nurse Leader (CNL):**
- **Safety Huddles, lead by Clinical Nurse Educator**

**Patient Advocacy Group:**

- Patient led partnership with hemodialysis care team
- Identify common issues
- Work collaboratively towards sustainable solutions

**Pods:**

- Formally identified leads act as a resource for staff to coordinate activities
- Scheduled handover reports
- Peer support for patients and staff

**Evaluation plan:**

- Regular follow-up on measurements to ensure desired outcomes are sustained

**Lessons Learned**

- Engaging patients in their care delivery had positive outcomes, increasing independence and overall satisfaction with healthcare.
- System impact achieved through initiative included, decreased emergency department visits, decreased hospitalizations and overall wellbeing for patients.
- Overall clinical care satisfaction was greatly improved by care model redesign as care delivery was organized to facilitate timely, appropriate and quality care.
- Never underestimate the potential of your team and patients, engage them, lead them, and help facilitate change for the better.

**References and Acknowledgements**

- PROMIS (provincial database), British Columbia Provincial Renal Agency (BCPRA)
- BCPRA Patient Acuity Scale
- Providence Health Care (PHC) Balanced Score Card
- 2013 Gallup, Inc.
- Ruth Laverenge and Joseph Puayat
- St. Paul’s Hospital In-Centre Hemodialysis Patients and Staff
- Valarie Wai, Dialysis Short Stay RN
- Poster Team: Madeleine Watson, Gillian Carter, Rick Luscombe, Dave Morrison