Moving to a Personalized, Proactive, Patient-Driven Health Care System using the Relationship Based Care Model: Our Medical Center Story

Dayton VA Medical Center, Dayton, Ohio

The Relationship Based Care (RBC) model has provided our medical center staff with the framework to move to a personalized, proactive, patient-driven health care system. In this poster, we will present our RBC Implementation Plan, key contributors to our success, and share stories of our Unit Practice Council (UPC) work.

VISION

Our goal is to become veteran-centric by partnering with veterans to provide a personalized, proactive, patient driven health care delivery system. This system will optimize health and well-being, while providing state-of-the-art disease management across disciplines and all levels of care. With the Relationship Based Care model we are using the power of relationships to engage our veterans in shared decision making to help them take ownership for their health and well being. Implementation of RBC has become the “way we carry out our mission”. Veterans and families are at the center of our practices and the work of the UPC’s is the way we will change our culture.

INSPIRATION:

In 2011, our medical center leadership team lead the way by holding informational sessions, “Continuing the Pursuit of Excellence” for all employees. These sessions reviewed our core VHA ICARE (Integrity, Commitment, Advocacy, Respect, Excellence) values and linked the RBC principles to our strategic goals for moving forward with this cultural change. All employees were required to attend one of these sessions.

All medical center employees were also exposed to the RBC principles through sessions in new employee orientation, supervisory training, staff meetings and an on-line power point presentation. Posters on RBC principles were created for placement in the main hospital elevators. We created two videos to showcase our UPC work and comments of patients receiving care at our medical center. The Medical Center Director used these videos for his quarterly Town Hall meetings with employees and his community outreach presentations. We’ve instituted 10 minute RBC/UPC presentations weekly at our Morning Report which is led by the Medical Center Director and comprised of service chiefs and managers.

Our leadership team role modeled their commitment to RBC by attending a Reigniting the Spirit of Caring program. They set the expectation that all service chiefs and managers attend a RSC by the end of this year and model the Commitment to My Co-Workers behaviors. The leadership team role models the Commitment to My Co-Workers behaviors by carrying the cards in their pockets and reading the behaviors at the start meetings and educational offerings. All UPC members and their leadership team are required to attend a RSC in their Wave time frame. The Medical Center Director’s goal is that all employees attend a RSC.
With the success of our initial RBC videos, we created another video for our Intranet home page on the “Reflections of Our Leadership Team on Attending a RSC” this is a 3-minute video highlighting their responses to questions about their experience. This has been a very successful strategy to communicate the importance of RBC and the RSC program at our medical center.

**INFRASTRUCTURE:**

The initial plan was to divide the medical center into “Waves”. The priority was to identify units/services that provided direct patient care and then branch out. It was felt at the time there would be 6-7 Waves needed to encompass all the units and services on the medical center campus.

We have implemented Waves 1-4 with 25 UPC’s and over 150 staff on the Councils. These UPC’s are multidisciplinary representing departments and services throughout the medical center, such as: Pharmacy, Lab, Radiology, Peri-Operative Services, Nutrition & Food Service, and all in-patient nursing units. We are most proud of “shared leadership” taking root in the UPC’s and their increased ownership for improvements in the care they deliver.

Interdisciplinary collaborative efforts between UPC’s have enhanced our caring and healing environment. The Pharmacy UPC reached out to the in-patient nursing UPC’s in an effort to improve relationships. The Pharmacy UPC developed a short survey asking for feedback on Pharmacy services and asked for the nursing UPC’s help in getting nursing staff to answer the on-line survey. The survey was a great success with over 200 responses and the Pharmacy was able to act quickly to implement an improvement in med delivery asked for by a majority of the respondents. Our Sterile Processing Service developed a “Liaison” process that identified a staff member in their service and a staff member in the other services they work with. The goal of the Liaison process was to have a “face to face” relationship with the supplier and customer to enhance communication and improve care for the veterans. This has been a success and they track progress by the number of missing instrument/supply complaints from their customers.

We have evolved our communication and UPC work flow process to a 3-tiered structure as we have added more Waves. We have the UPC’s at the unit level, we have a UPC Chair Council called “The Voice” that meets monthly and we have the Results Council that meets monthly and is the administrative arm for our UPC work.

Key contributors to our success have been the 8 interdisciplinary Implementation Leaders and 11 RSC Facilitators trained along with a full-time RBC/RSC Coordinator to support the Implementation Plan. This staff commitment enables us to provide more RSC’s and UPC coaching and mentoring on a regular basis. New Implementation Leaders and RSC Facilitators are coached and mentored by the experienced members and this group functions as a support to each other in problem solving, and stress reduction.

Our Nursing Service has developed a plan for implementation of Primary Nursing across the medical center continuum of care. We have full implementation on our surgical and dialysis units, other units are in the beginning phases. We will have full implementation of Primary Nursing by September 2013.
**EDUCATION:**

A Leading an Empowered Organization (LEO) program was held for our service chiefs, managers, and supervisors to educate them on their role in RBC Implementation at the start of our journey.

We sponsored a network wide Primary Nursing Workshop Fall of 2012 with strong attendance. Primary Nursing books were purchased for all UPC members. We have scheduled Primary Nursing Consultation visits this Spring for continued education and support of our Primary Nursing initiative.

The Nursing Leadership Book Club read the Relationship Based Care book at the start of our journey, and chose The Practice of Primary Nursing by Marie Manthey to read the start of 2013. They are in the process of reading See Me as A Person, by Mary Koloroutis and Michael Trout.

We began offering the RSC program once a month in January of 2011, and have completed 26 RSC’s year to date with over 500 employees attending. In 2013, we’re offering 2 RSC’s a month with an average of 20 attendees.

At the start of RBC Implementation, each Wave has an 8 hour UPC Orientation Program, and a 4 hour Shared Leadership and Orientation Program for the unit/service leadership team.

**EVIDENCE:**

We have been making steady progress in improving our patient satisfaction scores. Overall inpatient satisfaction scores have increased by 5.9% over a 4 year period. The Hospital Responsiveness score has increased by 6.6%. We have had significant improvements in our Bereavement Family Survey Scores. This survey measures caring behaviors for the veterans and family members at the end of life.

Our Patient Comment Cards, and Discharge Call-Back conversations have all reflected these same positive results. Conversations with veterans on our Advisory Councils have provided us with additional positive feedback regarding the improvements in relationships with their primary care providers, in-patient nursing and ancillary staff, and employees in general.