

ACPF ID: 29-14-13

C.Mayhew

Executive Summary:

This RNAO Leadership fellowship took place over 20 weeks. The learning objective was to facilitate knowledge transfer of the NRC Picker Satisfaction Survey, its results, and to raise awareness of nurses and front lines staff of their ability to influence patient satisfaction results. The learning strategy took place in three phases, Environmental scan, Approaches to evaluating qualitative and quantitative Picker data from Sunnybrook, and Engagement with staff. These activities were carried out concurrently throughout the Fellowship.

Environmental Scan:

The majority of the learning within this strategy was in uncovering the work that was being done with patient satisfaction surveys at a unit level and at an organisational level. High performers and low performers in the NRC picker survey domains were identified from analysis of Sunnybrook's NRC data. Through self-study and work with mentor in Quality and Patient Safety, Guna Budrevics, the Fellow learned the origin of the Picker survey and the methodology used by Sunnybrook and the National Research Corporation Canada (NRCC) in collecting and collating the survey data in quantitative (Picker domains), and quantitative areas (e-Comments, the free text option of the survey), and the current process of disseminating the study data to program directors and patient care managers at Sunnybrook.

Approaches to Quantitative and Qualitative NRC Picker data

Quantitative data

The focus of the learning that took place within this strategy was in developing a skill set to analyse the data generated from returned NRC surveys. The Fellow developed different approaches to analyze the data over a period of quarters to uncover trends in percentage scores in the Picker domains of Emotional Support, Information and Education, Respect for Patient Preferences, Continuity and Transition, and Involvement of Families. Correlation between low survey returns and low unit domain scores was established. Working with Guna Budrevics, the fellow identified questions within the domains that had the highest impact on the overall domain scores. The fellow learned how a priority matrix can be used to see the correlation, or weight, of specific questions within survey on overall domain scores. Survey questions were that had the greatest effect on overall patient satisfaction were seen as potential way of sharing data with front line staff, although the statistical power generated by low survey returns called into question the reliability and accuracy of data / charts displaying the percentage of positive scores for individual questions.

Qualitative data

The Office of the Patient Experience (OPE) – (formerly the patient relations office), had experience with relating with patient concerns and received many patient comments about patient satisfaction and patient concerns. The fellow and her primary mentor Tracey Dasgupta met with the OPE to establish their process for collecting qualitative data, and categorising the data to determine trends. In addition, the fellow generated reports in the Picker domains so show all of the qualitative comments from patients. The fellow participated and contributed in meetings to inform the strategy of the Patient Centered Care Measurement sub working group. Sharing qualitative data is a rich source of textual and contextual information for front line staff and there is currently no method/template for sharing this data with front

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line staff or with directors/patient care managers. Working with the Measurement sub working group of the patient centered care strategy, the fellow continues to carry work forward in this area.

Staff Engagement

Learning in this area was around the valuable experience gained from presenting to a large variety of stakeholders directly or indirectly involved with patient centered care. Knowledge gained from the environmental scan and the evaluation of qualitative and quantitative data were synthesized in the development of the presentations to front line staff.

Over the course of the fellowship the Fellow developed presentations and spoke to groups in Nursing Council, Advanced Practice Nurses/Clinical Educators, Patient Care Managers, to raise awareness of the NRC Survey and to receive feedback from staff on the use of the survey and about the goals of the fellowship. The Fellow then collaborated with C2 educator to present survey results/ domain score results to front line staff.

The Fellow attended six strategy meetings, conducted by the Patient Centred Care and Supporting Families working group with front line staff inter-disciplinary staff groups. During these meetings the Fellow facilitated discussion from front line staff about the NRC Picker survey, its use in clinical areas, presented information on the relevance of the Picker as a tool to enhance patient centered care. These experiences were a tremendous help in gaining self confidence in speaking in groups, contributing to meetings and presenting ideas to different stakeholders.

Learning

I was extremely fortunate to have Tracey Dasgupta, Director of Nursing/ Director of Inter-professional Practice as my primary mentor for this fellowship. Tracey provided much needed encouragement and perspective for me when I was planning my presentations for front line staff, and for formulating strategies, reframing perspectives, and took the time to meet with me weekly or biweekly during the fellowship. Tracey was a valuable role model in demonstrating how to be flexible and to take in information as you go along to inform your strategy, and ways of using Appreciative Inquiry to engage with staff. Through her primary mentor the fellow also learned the importance in knowing the importance of starting “where you are” when trying to implement change in a complex healthcare environment. Other learning that took place within the fellowship was the ability to understand and critically analyse the utilisation of the NRC Picker Patient satisfaction survey at Sunnybrook. Working with Guna Budrevics, my secondary mentor the Fellow learned to look at and analyse data through a quality improvement lens and the benefits of standardising the way data is delivered to programs. The fellow gained hands on experience forming a strategy to deliver information to front line staff and of the facilitators and barriers of making a strategy that would work across multiple clinical programs.

Utilizing the conceptual model of transformational leadership, both the fellow and the primary mentor gained insights that informed their own learning and development. The fellow would also like to thank the Tri-chairs of the Patient Centered Care and Supporting Families working group, Beth O’Leary, Isabella Cheng, and Linda Nursdorfer for their support and insights during this Fellowship, and Gertrude Lee, for helping to facilitate and schedule meetings and providing helpful advice.

Many thanks to the RNAO for making the work and the learning of this Advanced Clinical Practice Fellowship possible. Cari Mayhew, RN