

Discussion re Toronto East General Hospital's Approach to the  
Implementation and Evaluation of Coordinated Care Teams

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Recently Toronto East General Hospital (TEGH) undertook an initiative to redesign how care is provided on three inpatient units. The hospital clearly outlined the objectives of their move to coordinated care teams, which is the first step in a strong implementation and evaluation process. They have used research inside and outside health care to support the need for a new care model and the design of the model. The use of overtime and agency are key factors in the need for new models in Ontario.

The hospital used an extensive process to design the care teams, with over 50 people involved. It appears that most team members were involved in the design and development of the teams. However, it is unclear if there were Patient Care Assistants (PCAs) on the team as only examples of team members were provided and not a full list.

*Recommendation: That TEGH include an appendix that outlines the full list of team members involved in the development of the CCTs, and a list of internal and external stakeholders consulted.*

TEGH provided 2 weeks of training to support the team in its move to the CCTs. Training support is a critical success factor in any change initiative and is thus noted positively.

The Canadian Nurses Association's "Evaluation Framework to Determine the Impact of Nursing Staff Mix Decisions" was used as the framework for evaluation of the model. This tool is a well established tool that is evidence based and is well respected in the Nursing Community.

The hospital used a mixed methods design in its evaluation – allowing for both qualitative and quantitative responses from a wide variety of well established sources, such as NRC Picker, ADT, post discharge phone calls etc. This combination of methods is a strong way of reviewing models of care delivery and can evaluate staff, patient and physician responses to a change, which is complex and multifaceted.

The evaluation criteria are well identified. However, the evaluation does not necessarily follow the objectives of the initiative. It is unclear how the measurements of the evaluation directly support some the objectives of the initiative.

Objective #1: Deliver high quality care within an interprofessional model of care.

This objective is measured through patient safety metrics, which is a good approach. All measures show either a stable rate or an improvement in the pilot units, showing that the initiative has improved the quality of care.

Objective #2: Ensure every patient is surrounded by a core team of providers that utilize a "team lead" approach.

Patient Care Hours have increased in pilot units, showing that the initiative has allowed the unit to increase the number of hours of care provided to each patient each day.

However, there does not appear to be a description of “core team” on each unit, each shift. This would help the reader to assess if this objective has been met.

*Recommendation: That TEGH include an overview of the core team expected at any given time, and describe any staff mix trends on each of the units during the pilot.*

Objective #3: Enable providers to work to their full scope of practice.

It is unclear whether the pilot initiative has improved the ability for staff to work to their full scope of practice. There appears to be no evaluation criteria to directly measure this other than staff satisfaction comments. It does not appear that TEGH undertook a pre-evaluation of scope of practice to compare to post implementation. However, staff satisfaction is high and staff turnover is low. Research has shown that when nurses work to their full scope of practice, they are less likely to consider leaving, leading one to believe that this objective may have been met.

*Recommendation: That TEGH include a more specific description of measures of scope of practice in the evaluation document. Also, if further implementation is considered, it is suggested that TEGH undertake a pre and post evaluation of scope of practice.*

Objective #4: Ensure care is delivered by the most appropriate person at all times.

It is unclear how this was measured in the pilot. However, staff satisfaction results show positive satisfaction levels with role clarity.

*Recommendation: That TEGH include a description of how they defined “most appropriate person”, and include any measures of this in the evaluation document.*

Objective #5: Ensure a comprehensive patient assessment, care plan, and discharge plan.

A comprehensive patient assessment, care plan and discharge plan are components of overall care of patients in hospitals. While TEGH doesn't appear to have specific measures of this in the pilot, it can be surmised that there was some success as patient outcomes were either static or improved and patient satisfaction increased on the pilot units.

*Recommendation: That TEGH include measures more directly related to this objective, such as length of stay, % of completed care plans and % complete patient assessments, and % of patients with a written discharge plan in its evaluation document. It is recommended that this be measured before and after any further roll out of the initiative.*

## Summary

TEGH has undertaken a significant change to its approach to patient care on 3 separate units. All units showed improvements in qualitative and quantitative measures. Direct staffing costs remained the same or decreased. This does not take into consideration the decreased overtime, sick time and agency use, or the fact that turnover is low. All of these factors can lead to significant cost avoidance, which would be a further support for continuing and expanding the model of care. Some further metrics are suggested to supplement the evaluation and make it more comprehensive. However, it is clear that TEGH has used evidence in the development of the CCTs and in its evaluation. The initiative is one that would be of interest to many hospitals in Ontario and should be shared throughout the province.