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Marla Fryers
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825 Coxwell Avenue
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Re: Toronto East General Hospital Coordinated Care Team - Model of Care Delivery

Dear Marla,

Thank you for the opportunity to review the evaluation of the new Coordinate Care Teams (CTT) at Toronto East General Hospital (TEGH). The TEGH recently implemented the first steps in a hospital-wide transition to CCT, a new model of care delivery that utilizes a diverse nursing team intended to enhance the patient experience. It is hoped that this new model of care delivery, which would be specifically designed for each unit, would improve coordination of care while providing better care for patients. The three demonstration units that have implemented CCT include Oncology (implemented Nov. 2008), Acute Medicine (January 2009), and Surgery (February 2009). The initial evidence provided in the evaluation of the model generally show positives outcomes and general improvement in several areas following the implementation of this new model

However, for the purposes of a more detailed review of the evaluation of the model to date, I will follow the stated objectives of the project, specifically:

1. Deliver high quality care within an interprofessional model of care.

2. Ensure every patient is surrounded by a core team of providers that utilize a "team lead" role.
3. Enable providers to work to their full scope of practice.
4. Ensure care is delivered by the most appropriate person at all times, and
5. Ensure comprehensive patient assessment, care plan, and discharge plan.

Firstly, the opening description of the process involved in the chance would benefit from an inclusion of a more detailed description of the change process, and collaboration of key stakeholders throughout in order to identify strategies that worked and strategies that could be improved for future planning and possible expansion of the use of CCT model.

As for the evaluation itself, the level of evidence provided appears to vary in its validity but that is to be expected because the date of implementation varied with each unit; the evaluation time took place at the four month mark for one unit, 2 months for the second and only 1 month for the third. Even with this limitation on the evaluation, the results are very interesting.

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

The first objective of delivery of high quality care was measured through patient safety factors, patient satisfaction, and direct patient care hours. In the period of time measured post-implementation, which should be noted to have been quite short on one unit, the four patient safety factors measured were either unchanged or improved, showing an initial level of effectiveness of the new team. The patient satisfaction factors measured showed significant improvement and the hours of direct patient have increased, especially on the B3. While the results related to high quality care were for the most part, very good, it may well be appropriate to broaden the factors measured. The RNAO BPG, *Developing and Sustaining Effective Staffing and Workload Practices*, stresses the importance of ensuring continuity of care and care provider. While there is some information in the evaluation report that could be indicative of continuity of care (ie. "patients know the names of their care providers"), this should be explored further. Therefore, I would suggest that you consider broadening the measured patient satisfaction, or more accurately, the patient experience, to include indicators of continuity of care.

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

I was unsure of the meaning of "core team of providers that utilize a team lead" role. Certainly there was some indication of increasing patient care hours. There was also an indication of staff satisfaction with role clarity, however I would suggest that there be clarity provided about this objective to ensure accurate measurement of related outcomes.

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

This objective is important in order to ensure a cost effective workforce with enhanced sustainability through staff satisfaction with role. The amount of staff training would indicate a move to a fuller utilization of the knowledge, skill and judgment of nurses, especially RPNs, however in Appendix 4, there is a comment that "RPNs are being assigned to more patients and RNs are not providing direct patient care" and " There was a concern about….the distribution of direct patient care". It is important to note that RPNs should have appropriate levels of autonomy of practice, especially as it is likely to be a factor in the recruitment and retention of RPNs (although it should be noted that retention of staff is currently positive). Also, since a new category of care provider (PCAs) has been added to the team, it may be appropriate to include an evaluation of the delegation process since this may be a new or greatly enhanced role for registered nursing staff (RNs and RPNs). I would suggest that future evaluations include an assessment of RPN autonomy of practice within the collaborative model, and scope of practice as per the CNO competencies of both RN and RPN. As well, it could be beneficial to evaluate the effectiveness of any delegation process being used to ensure it meets the standards of the College of Nurses.

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

There was no clear indication of how the decision-making of appropriate care provider is structured. The RNAO BPG, *Developing and Sustaining Effective Staffing and Workload Practices* suggests that organizations ensure that nurse staffing, inclusive of staff mix, is planned on a unit/program basis and reflects individual and collective patient/client, nurse and system characteristics. Therefore, I would include a description of decision-making processes, including unit-specific measurements of

patient stability and predictability of outcome, as well as environmental supports available, to ensure that those factors match up with the staffing mix chosen.

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

Positive results related to infection rates, patient falls and prevention of pressure ulcers could quite possibly also be indicators of comprehensive patient assessment and plans of care. However inclusion of such indicators as length of patient stays, re-admission rates and indicators of patient satisfaction with the transition home (I'm sure NRC Picker has indicators of this) would provide evidence as to the degree this objective has been met.

In closing, this is important work due to the need for innovative approaches to care that ensure quality and sustainability. The evaluation of the TEGH CCT model of care delivery shows that the three units which have implemented the model are showing positives results in patient safety, patient satisfaction, and staff retention as well as some cost effectiveness of the model through decreasing costs such as overtime, sick time and agency use. While there is a great deal of evidence that this model is effective, there would be better evidence to support the achievement of all objectives if the evaluation was broadened to include other indicators such as continuity of care, scope of practice, and appropriate care provider.

Thank you once again for including me in the evaluation of this very interesting project.

Sincerely,

Dianne Martin

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