

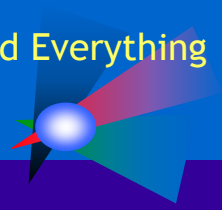
Baycrest Centre  
for Geriatric Care



# Reconnecting to Care at Baycrest

Leadership Development Program

February 8, 2005



# Cultures in Health Care

Inside/Outside Divide



*Hospital:* Trustees

*Hospital:* Managers

Community

Control

UP

Clinical Divide



OUT

IN

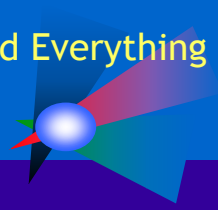
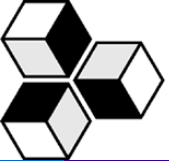
Cure

DOWN

Care

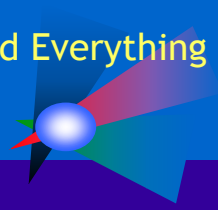
*Hospital:* Doctors

*Hospital:* Nurses  
and other health  
workers

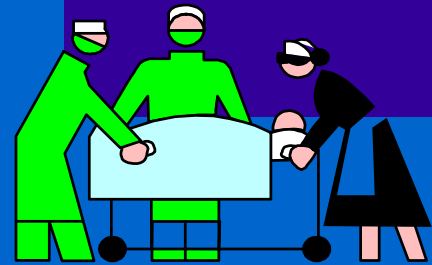


# Hospital Nurses

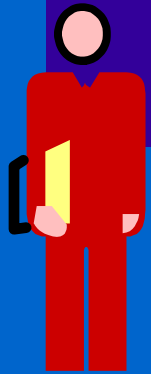
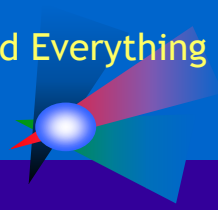
Career path	Up or out
Jobs in career	Two
Organisational type	Military
Value base	Professionalism
Status	Staff Size
Currency	Hours of Nursing
Job Security	Job Market
Metaphor	Scissors, Cotton Wool, Hands
Work Activity	Process: Touching Medicating Talking



# Hospital Doctors

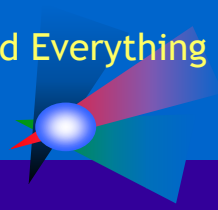


Career path	Steady State
Jobs in career	One
Organisational type	Practice in Chimney
Value base	Proficiency
Status	Specialty, Rank, Empire
Currency	Time
Job Security	Virtual Tenure
Metaphor	Scalpel
Work Activity	Intervention: Cutting, Medicating Talking



# Hospital Managers

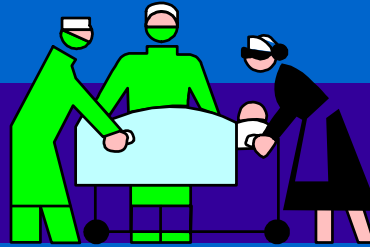
Career path	Spiral
Jobs in career	Five to Seven
Organisational type	Corporate Hierarchy
Value base	Efficiency
Status	Title, Budget, Span of Control
Currency	Money
Job Security	Contractual
Metaphor	Axe
Work Activity	Allocation: Talking



# Hospital Trustees



Career path	Transitory
Jobs in career	Many
Organisational type	Committee
Value base	Access to the Best Fiscal Responsibility
Status	Role in the <i>Real</i> World
Currency	Quality and Money
Job Security	Time Limited
Metaphor	Gavel
Work Activity	Meeting: Talking



	Nurses	Doctors	Managers	Boards
Career path	Up or Out	Steady State	Spiral	Transitory
Jobs in Career	Two	One	Five – Seven	Many
Organisational Type	Military	Practice in Chimney	Corporate Hierarchy	Committee
Value Base	Professional	Proficiency	Efficiency	Access to the Best, Fiscal Responsibility
Status	Staff Size	Specialty, Rank, Empire	Title, Budget, Span of Control	Role in the <i>Real</i> World
Currency	Hours of Nursing	Time	Money	Quality and Money
Job Security	Job Market	Virtual Tenure	Contractual	Time Limited
Metaphor	Scissors Cotton wool Hands	Scalpel	Axe	Gavel
Work Activity	Process	Intervention	Allocation	Meeting



# Health Care Professionals at Baycrest

1. Arts and Crafts Specialist
2. Audiologist
3. Behavioural Neurologist
4. Chaplain (Rabbi)
5. Chiropodist
6. Client Financial Services Accountant
7. Clinical Nurse Specialist
8. Competency Assessor
9. Cultural and Heritage Specialist
10. Dance Movement Therapist
11. Day Care Specialist
12. Dentist
13. Diagnostic Imaging
14. Therapeutic Dietician
15. Ethicist
16. Family Medicine Practitioner
17. Fitness and Health Promotion
18. Greenhouse Programme
19. Laboratory Services
20. Legal Counsel (Competency)
21. Physician
22. Music Therapist
23. Nurse Educator
24. Nurse Clinician
25. Nurse
26. Occupational Therapist
27. Pharmacist
28. Physiotherapist
29. Psychiatrist
30. Psychologist
31. Research Scientist
32. Social, Cultural and Educational
33. Social Worker
34. Speech Pathologist
35. Therapeutic Recreationist





# Complexity Arises from Simple Sources

- Interaction of Multiple Perspectives
- Few Generalized Circumstances
- Structures alone are not enough
- Processes alone are not enough
- Data alone won't give a complete picture
- Narrative alone is similarly incomplete

# Simple

# Complicated

# Complex



## Following a Recipe

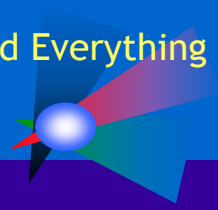
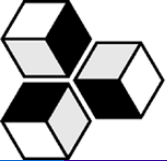
- The recipe is essential
- Recipes are tested to assure replicability of later efforts
- No particular expertise; knowing how to cook increases success
- Recipes produce standard products
- Certainty of same results every time
- Optimism re results

## A Rocket to the Moon

- Formulae are critical and necessary
- Sending one rocket increases assurance that next will be ok
- High level of expertise in many specialized fields + coordination
- Rockets similar in critical ways
- High degree of certainty of outcome
- Optimism re results

## Raising a Child

- Formulae have only a limited application
- Raising one child gives no assurance of success with the next
- Expertise can help but is not sufficient
- Every child is unique
- Uncertainty of outcome remains
- Optimism re results

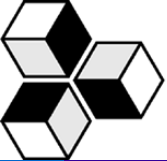


## Acute Diseases

## Chronic Diseases

- Abrupt onset
- Often all causes can be identified and measured
- Diagnosis and prognosis are often accurate
- Specific therapy or treatment is often available
- Technological intervention is usually effective: cure is likely with return to normal health
- Profession is knowledgeable while laity is inexperienced

- Gradual onset over time
- Multivariate cause, changing over time
- Diagnosis is uncertain and prognosis obscure
- Indecisive technologies & therapies with adversities
- No cure, pervasive uncertainty: management, coaching & self care over time is needed to improve health
- Profession & laity must be reciprocally knowledgeable to improve health



# Features of Connecting to Care

- Focus on patient needs and wants as opposed to institutional needs and wants
  - Collaboration needed for this across all groups
  - Coordination among professionals
  - Alignment of financial and other processes
  - Alignment of multi-professional priorities
  - Alignment of accountabilities
  - Alignment of human resources
  - Alignment of strategic plan
- Patient choice is increased
- Family involvement is increased



# Strategy and Work

- Strategic Directions
  - Vision
  - Mission
  - Values
- Work Realities
  - Feeding
  - Dressing
  - Toileting
  - Bathing
  - Walking



# 6 Ways to Coordinate Work

- Direct Supervision
- **Mutual Adjustment**
- Standardization of Process
- Standardization of Output
- Standardization of Skills
- **Standardization of Norms**



# Staff examples: Lack of Adjustment

- Patients left alone in rooms for long periods of time
- Patients ignored: eye contact means a response is needed
- Not enough staff for x
- No help from others
- “If I toilet a patient I cannot have professional contact”



## Initial thoughts on Connecting to Care

- Develop a work style that stresses mutual adjustment in order to have a shared understanding of how we work with patients among all staff
- Build on the institution and its existing processes but make them more transparent to patients and their families and more supportive of direct care
- Identify and reduce obstacles from system to closer connection to care





# Staff Recognition

- Widespread recognition of critical nature of direct care at Baycrest
- Recognition of those who provide it
- Declaration that it must be done well
- Identification of most fundamental elements of it
  - Constant awareness
- Support for difficulties associated with it



# Feeding

- On 7E and W
  - about 1/2 patients are fed
  - about 1/3 patients on tubes
  - about 1/6 patients self-feed
- In many long term care facilities
  - getting staff coverage is a problem
  - patients eat at inappropriate times
  - patients eat cold food



# What would stop us from

- Creating more mutual adjustment by making it a condition of employment that everyone shares in the feeding of patients by either feeding them or working on the food preparation line?



# More About Feeding

- Some of the existing staff who come to the floor regularly could help with feeding
  - Clerk
  - Pharmacist
  - Dietician
  - Physiotherapist
  - Nurse Manager
  - Porter
  - Housekeeping
  - Recreation Therapist
  - Lab tech
  - Social Worker
  - Occupational Therapist
- Others could adopt a ward and visit frequently.



# Universal Feeding Previous Discussions

- Anti:
  - valuable resource used
  - possible impact on professional relationship
  - coordination issues
  - human resource barriers
  - not all are capable of this
- Pro:
  - all get intimate patient contact
  - experiential understanding of patient/client/resident
  - reduce bottleneck
  - recognition of priorities



# More about feeding

- Staff feed while watching TV
- Feeding and use of dining room
- Feeding and volunteers
- Feeding and staffing



# Some Conclusions

- Connecting to Care requires the middle of the organization to agree with it, understand its consequences and take a lead in implementation
- The top must then reduce the institutional barriers and change the nature of accountabilities
- Build on existing strong managerial discipline
- Add a layer of evaluation of outcome from client perspective
- Are you ready for this???