



Selecting Variables of Study Aligned with Models of Caring

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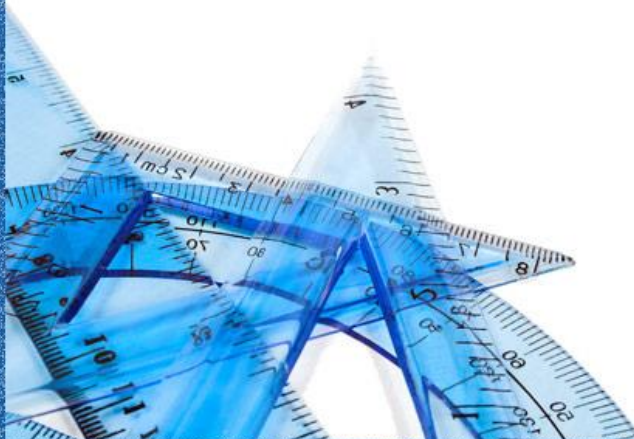
Agenda

- Caring for patients:
 - The Caring Behaviors Assurance System (CBAS)
 - Patient-Centered Care Quality Instrument (PCQI)
 - Relationship Based Care (RBC)
 - Civility as a predictor of clarity



CBAS

- What is CBAS?
 - An evidence-based system for enabling and assuring the delivery of person-centred health and care from point-of-care to Board and back again.



CBAS

- Characteristics:
 - It is a Caring Behaviours Assurance System
 - It cares for Staff - Personal resilience/coping:
 - Caring Conversations
 - Heart Math™ tools & techniques



CBAS

- Characteristics:
 - It cares for Patients & Families
 - Active listening, Emotional Touchpoints
 - Caring Behaviours Process and Improvements



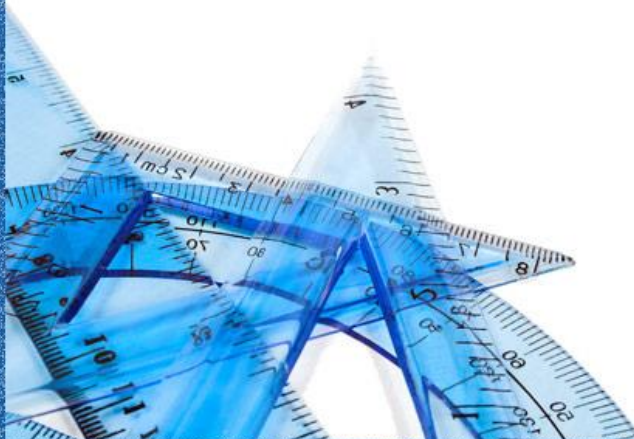
CBAS

- Characteristics:
 - It is adaptive – all types of health and care facilities both acute and long term conditions.
 - It is an evidence-based process – no new measures; internationally benchmarked.
 - Spotlights person-centred care but contributes to safe and effective care also.



CBAS

- Characteristics:
 - Responsibility and accountability are clear at all levels of the organisation.
 - It is motivational and talks to public service and professional values.



CBAS

- Characteristics:
 - It puts culture back in the hands of the MDT.
 - It tackles the difficult stuff and seeks solutions.
 - It is time and paper-light once set up.



CBAS

- Underpinning Beliefs of CBAS
 - Health care professionals CARE about quality
 - Satisfaction with quality care and service is important for both staff and patients/families



CBAS

- Underpinning Beliefs of CBAS
 - If things go wrong, it is usually about:
 - *Poor communication*
 - *Misunderstanding/misperception*
 - *The gap between intention and interpretation*



CBAS

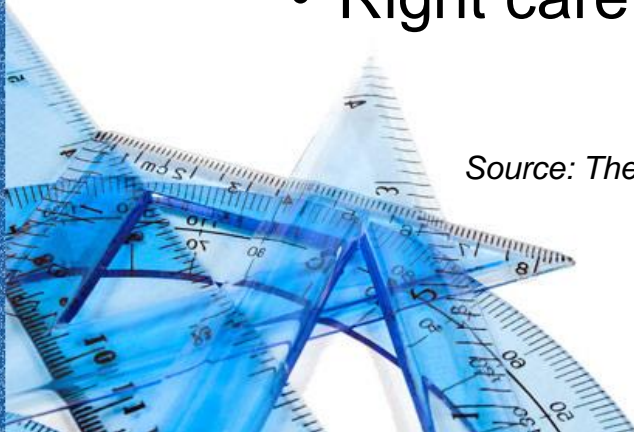
- The System is Flexible
 - The structure and process of CBAS can use the components of any quality strategy.
 - CBAS was first implemented in NHS Scotland, linking to their Quality Strategy in 2011.
 - In 2015, CBAS-I is being implemented in Ireland, using the Irish Quality Strategy.



CBAS

- The Scottish Government's View of Quality
 - **The 3 Quality Ambitions:**
 - Working in partnership to achieve person-centred care
 - No avoidable injury or harm (safety)
 - Right care at the right time in an effective manner

Source: The HealthCare Quality Strategy for Scotland, the Scottish Government, May 2010



CBAS

- NHS Scotland Quality Priorities:
 - ***Caring & compassionate*** staff and services
 - ***Clear communication*** and explanation about conditions and treatment
 - ***Effective collaboration*** between clinicians, patients and others
 - ***A clean and safe care environment***
 - ***Continuity*** of care



CBAS

- Everyone Matters: 2020 Workforce Vision
 - The shared values:
 - *Care and compassion*
 - *Dignity and respect*
 - *Openness, honesty and responsibility*
 - *Quality and teamwork*



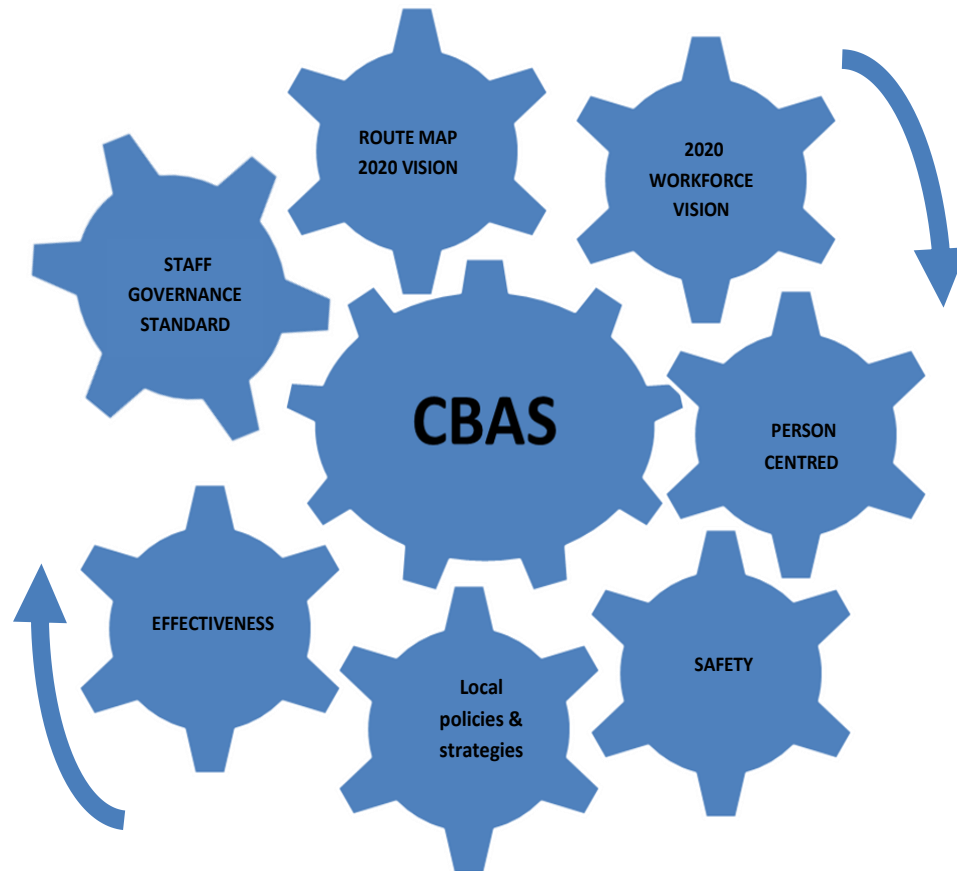
CBAS

- CBAS is:
 - A way of exploring the perceptions of everyone involved in the delivery of healthcare with a view to enhancing understanding and co-operation, so that action can be put in place to assure greater satisfaction with the quality of care given and received.

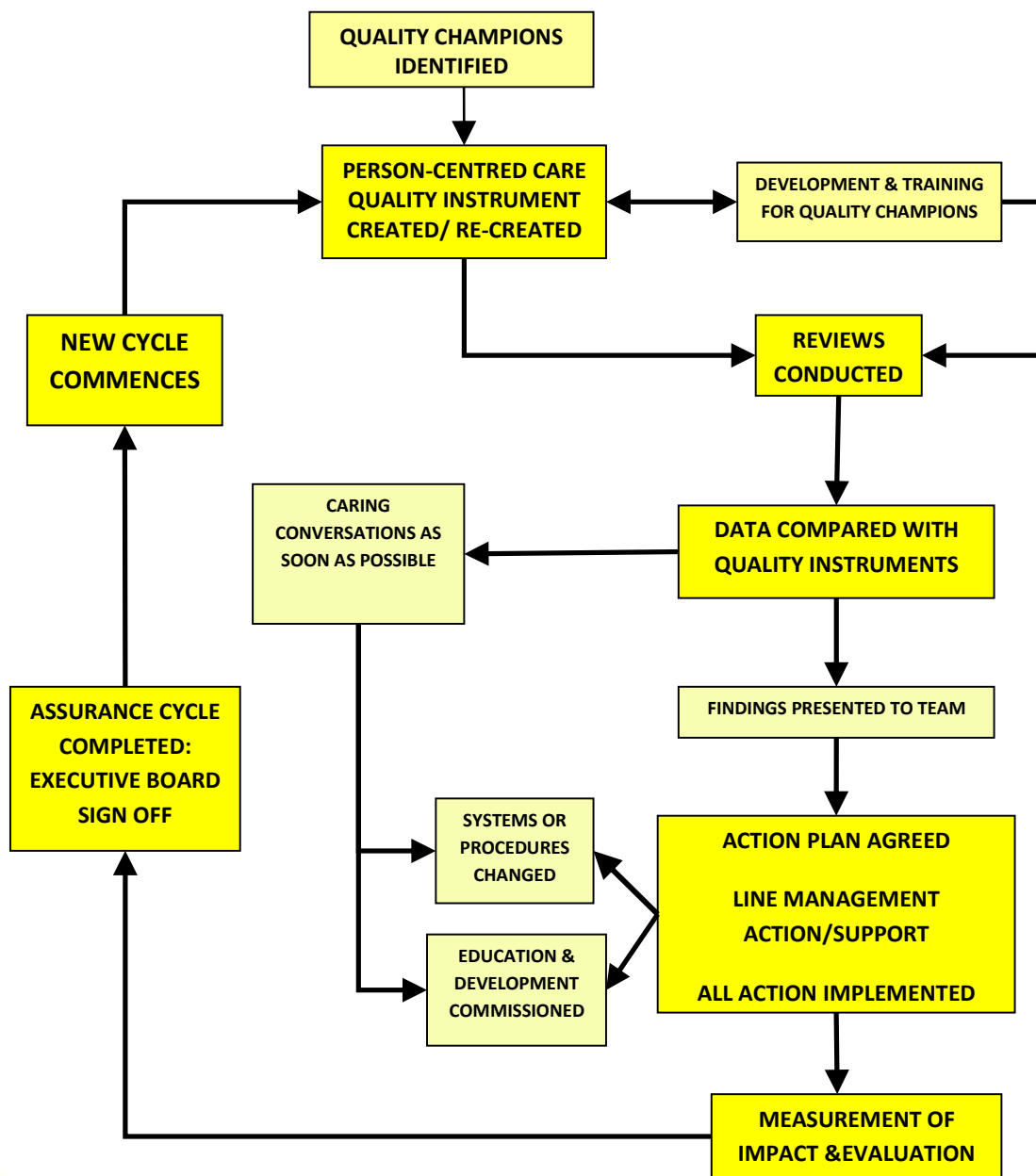


CBAS

- CBAS is synergistic

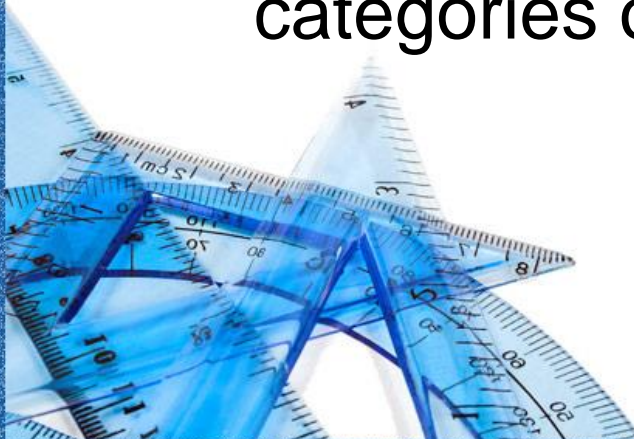


THE CBAS PROCESS



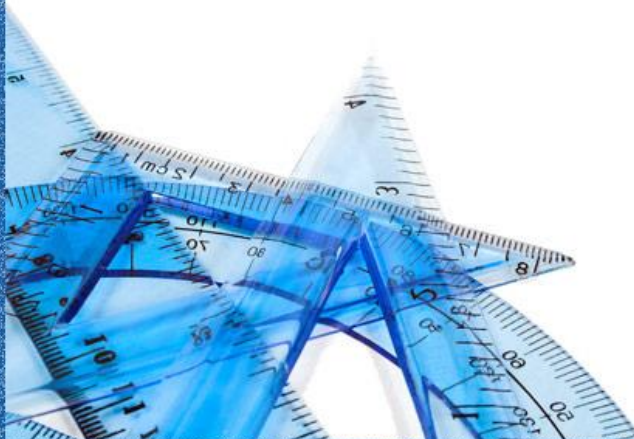
CBAS

- The Person-Centered Care Quality Instrument (PCQI)
 - The PCQI is a behaviour-based framework describing what quality means to an individual team or service.
 - It is unique to each team, but addresses all categories of the relevant Quality Strategy



CBAS

- Creating the PCQI
 - Select from a bank of 85 behavioural statements related to quality
 - QCs explain process to team colleagues and those with a stake in the work of that team, including patients and family members



CBAS

- Creating the PCQI
 - Team agrees 30-40 items
 - At least one item from each category
 - Add items if something is 'missing' for your team
 - This is then the team's unique PCQI



CBAS

- Creating the PCQI
 - EVERYTHING that happens in the CBAS process has to relate to the items on that team's PCQI



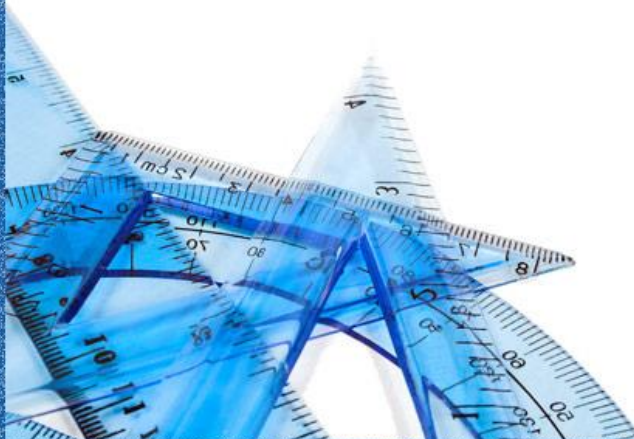
CBAS

- Information Collection
 - Practice observation
 - The Caring Walk
 - Patient/family interview
 - Conversation with senior manager
 - Paperwork
 - Other

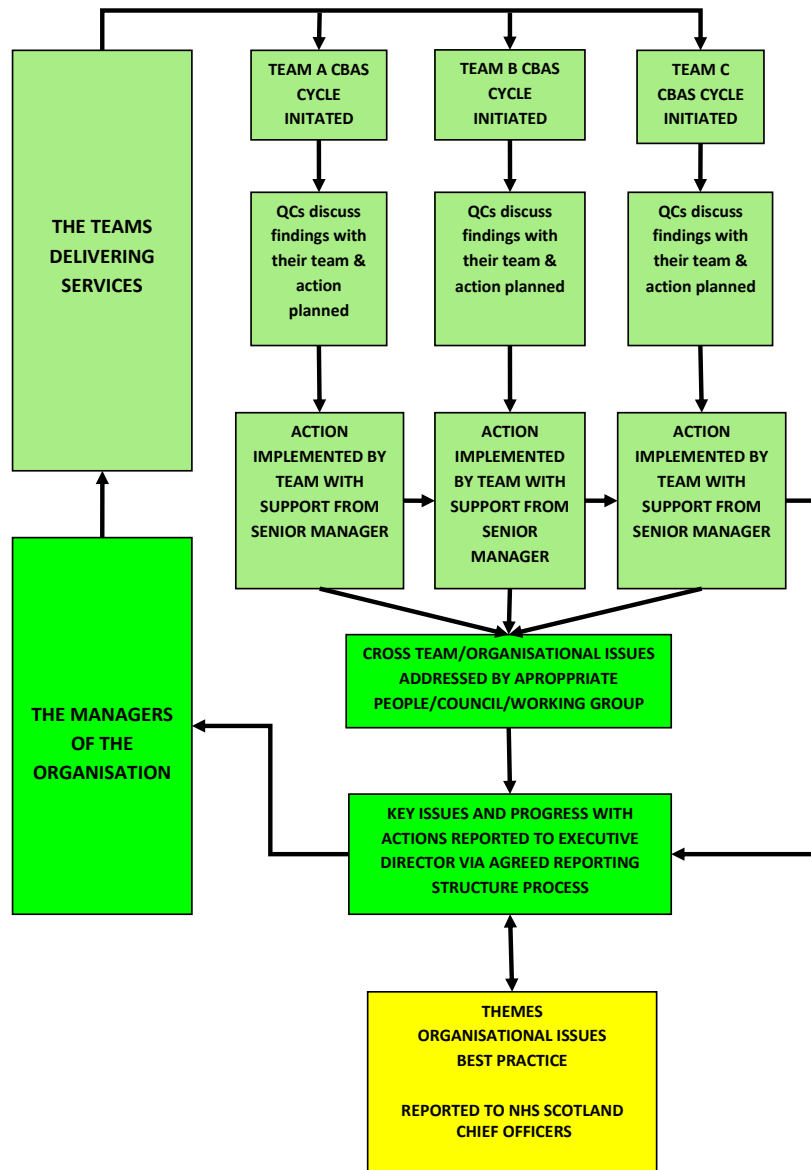


CBAS

- Caring Conversations
 - CBAS ‘Caring Conversations’ are defined as those addressing the caring behaviours identified in the PCQI, conducted in a caring and respectful manner



ACCOUNTABILITY & COMMUNICATION FLOWCHART



CBAS

- The Accountability Spine
 - Senior managers are involved in the process from the beginning by contributing to the PCQI and the information collection as well as supporting staff during the review process



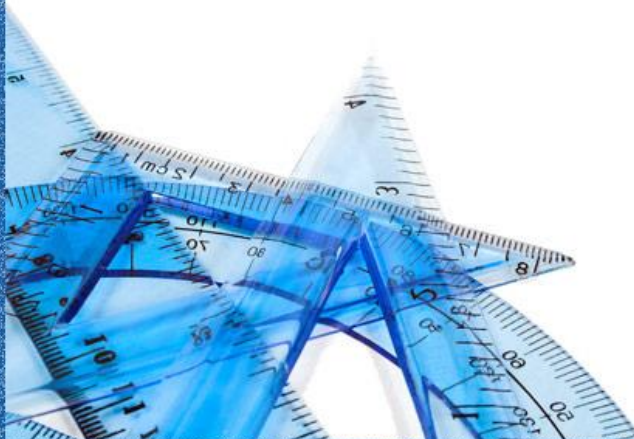
CBAS

- The Accountability Spine
 - The senior manager(s) also commit to supporting and contributing to agreed action
 - CBAS reviews and progress reports need to be a standing item on the Leadership Team's agenda



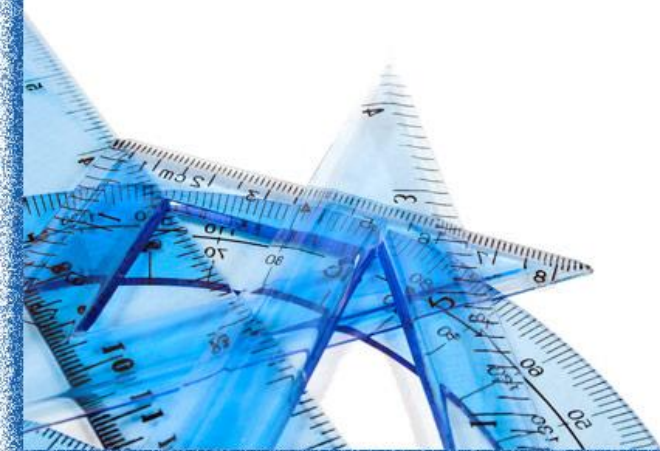
CBAS

- Outcomes of CBAS
 - Good practice/services recognised, highlighted and celebrated
 - Staff identify which areas of practice/services need addressing and collaboratively agree action



CBAS

- Outcomes of CBAS
 - Action is taken which reflects a steady, incremental improvement in quality standards
 - Staff at all levels in the organisation engage in dialogue about quality issues



CBAS

- Outcomes of CBAS
 - Accountability is made visible and is addressed with immediacy and clarity of responsibility



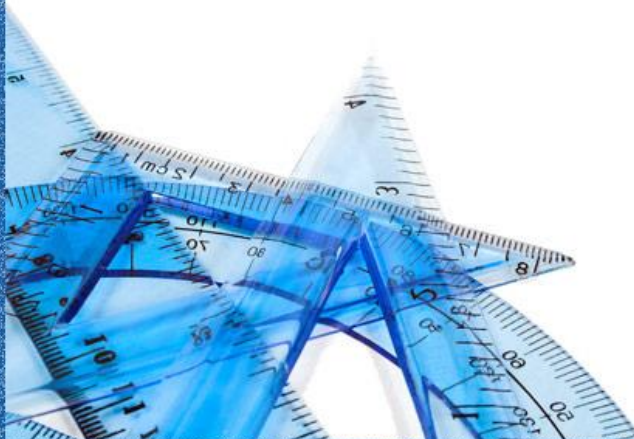
CBAS

- Comments about CBAS from Scottish QCs
 - ‘We now feel our opinions matter, we feel valued and appreciated’
 - ‘Our confidence is enhanced’
 - ‘It has given the opportunity to benchmark our ward with other areas and become aware of their issues as well’



CBAS

- Comments about CBAS from Scottish QCs
 - ‘We have felt ‘enlightened’ and ‘empowered’ to look at practices that could improve overall experiences for staff, patients and visitors...’
 - ‘It got us to listen actively to patient opinion’



CBAS

- Comments about CBAS from Scottish QCs
 - ‘It has given us insight into patient-centred care’
 - ‘We have recognised that our perception of issues may be different to patients and family members’



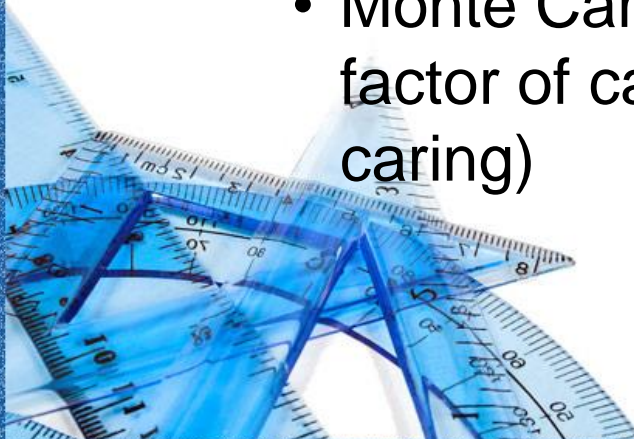
CBAS

- Research Background, 2013
 - Launched Golden Jubilee research (5.2013)
 - Tested Watson's theory of caring
 - 509 patients
 - 42 members of staff
 - Factor analysis revealed a 2-factor structure



CBAS

- Research Background, 2014
 - Patient perception of caring, quality and faith needs (n=824)
 - Swanson's theory of caring
 - Better fit psychometrically and per report
 - Factor analysis revealed 10 items
 - Monte Carlo Simulation revealed a single 10-item factor of caring (highest loading supportive and caring)



CBAS

- Research Background, 2014
 - Employee perception of work environment, caring, quality and faith
 - 393 of 634 responded (62%)
 - 364 of 634 responded to every item (57%)
 - 14 ward reports (on site) using PAR
 - Employee measure good model fit per factor analysis



CBAS

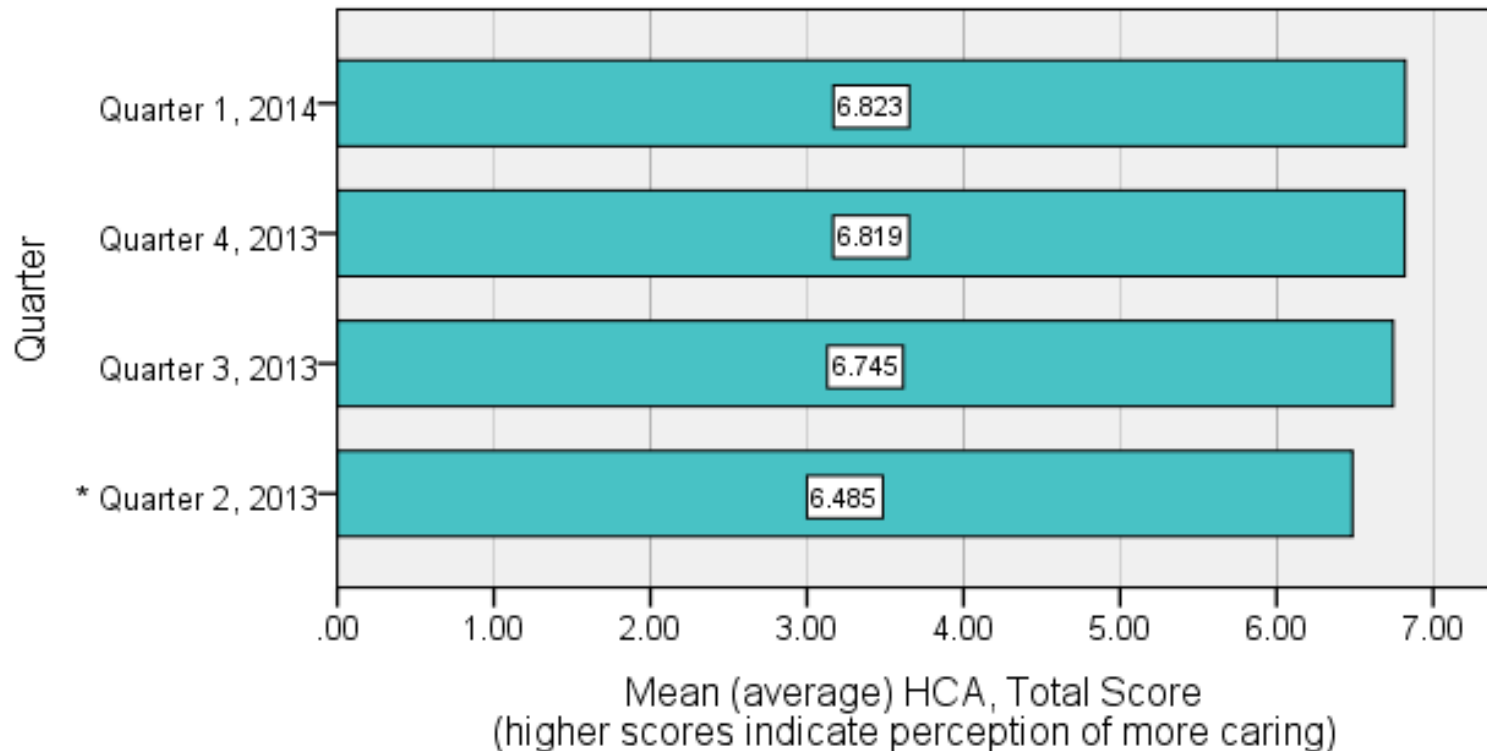
- Research Background, 2015
 - Distributed measures to staff in 14 hospitals or facilities in Glasgow/Clyde Board (n=112)
 - Evaluation of PCQI at Golden Jubilee
 - Frequency of use
 - Specific caring behaviors



CBAS

Research Results

Watson – patient perception

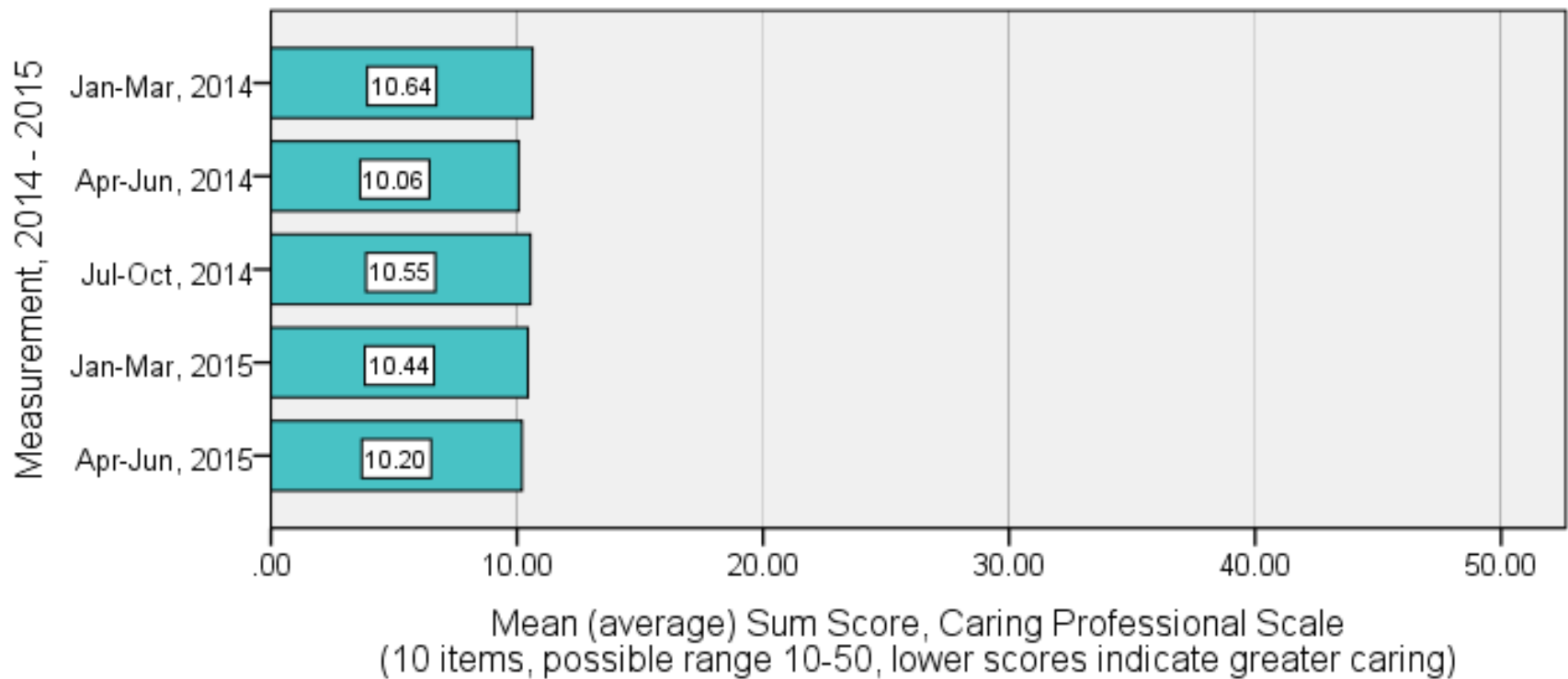


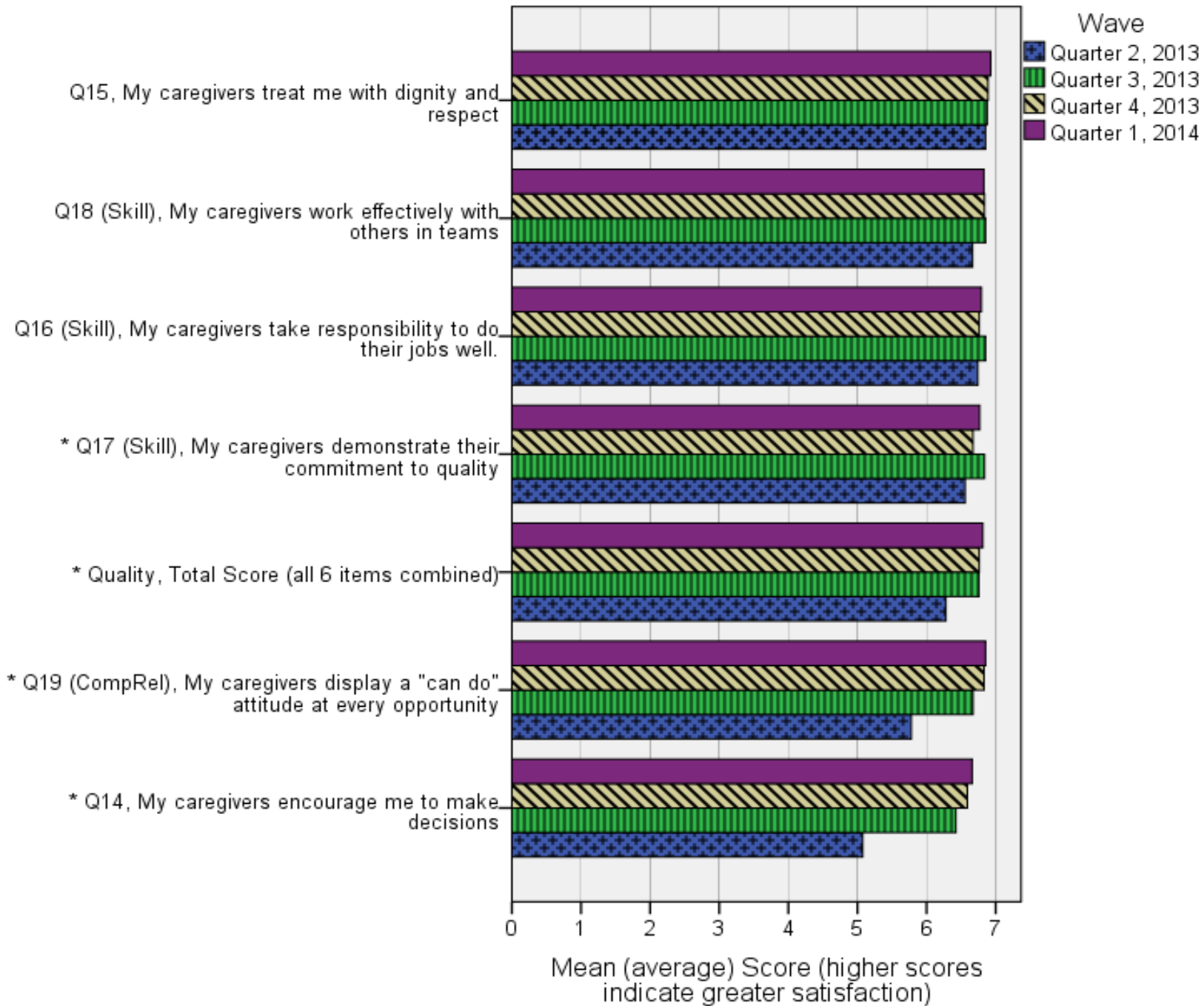
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CBAS

Research Results

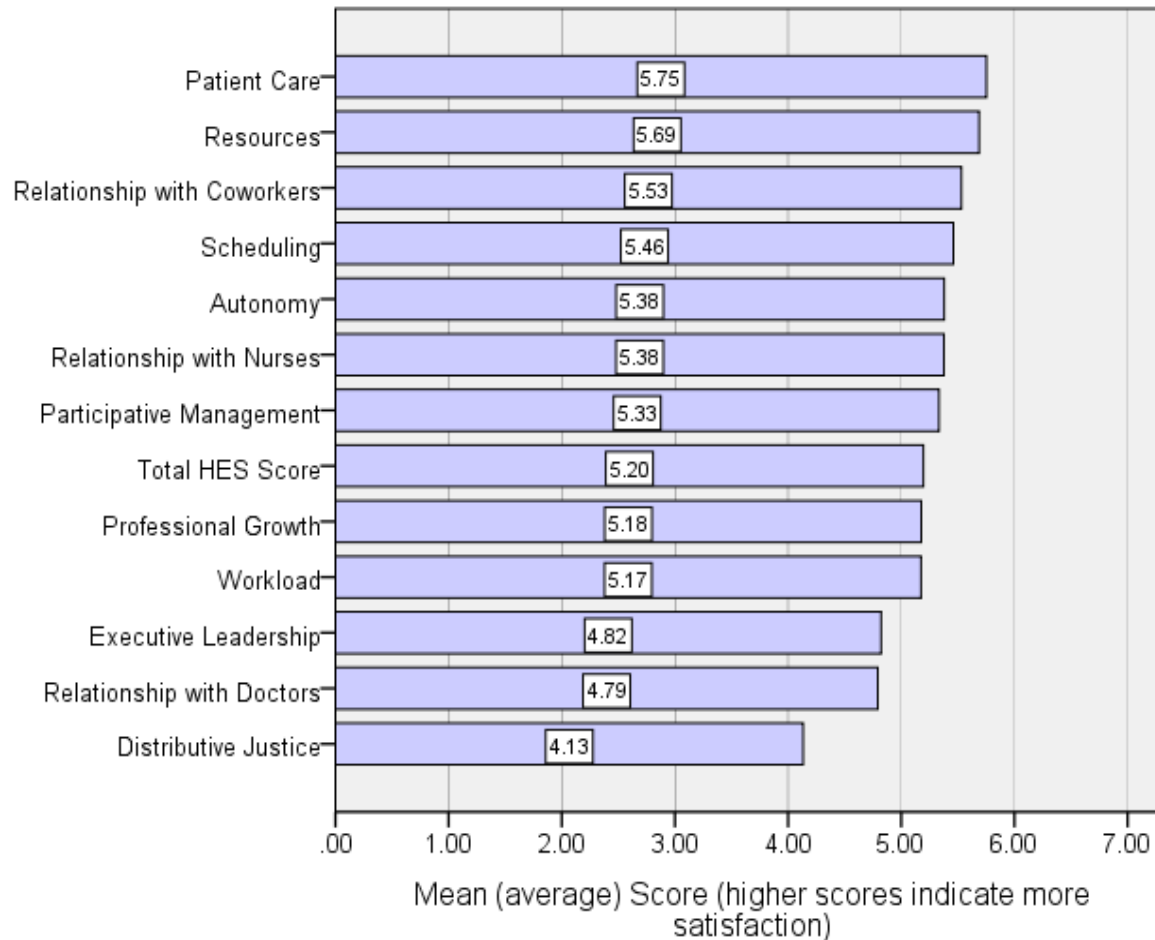
Swanson – patient perception





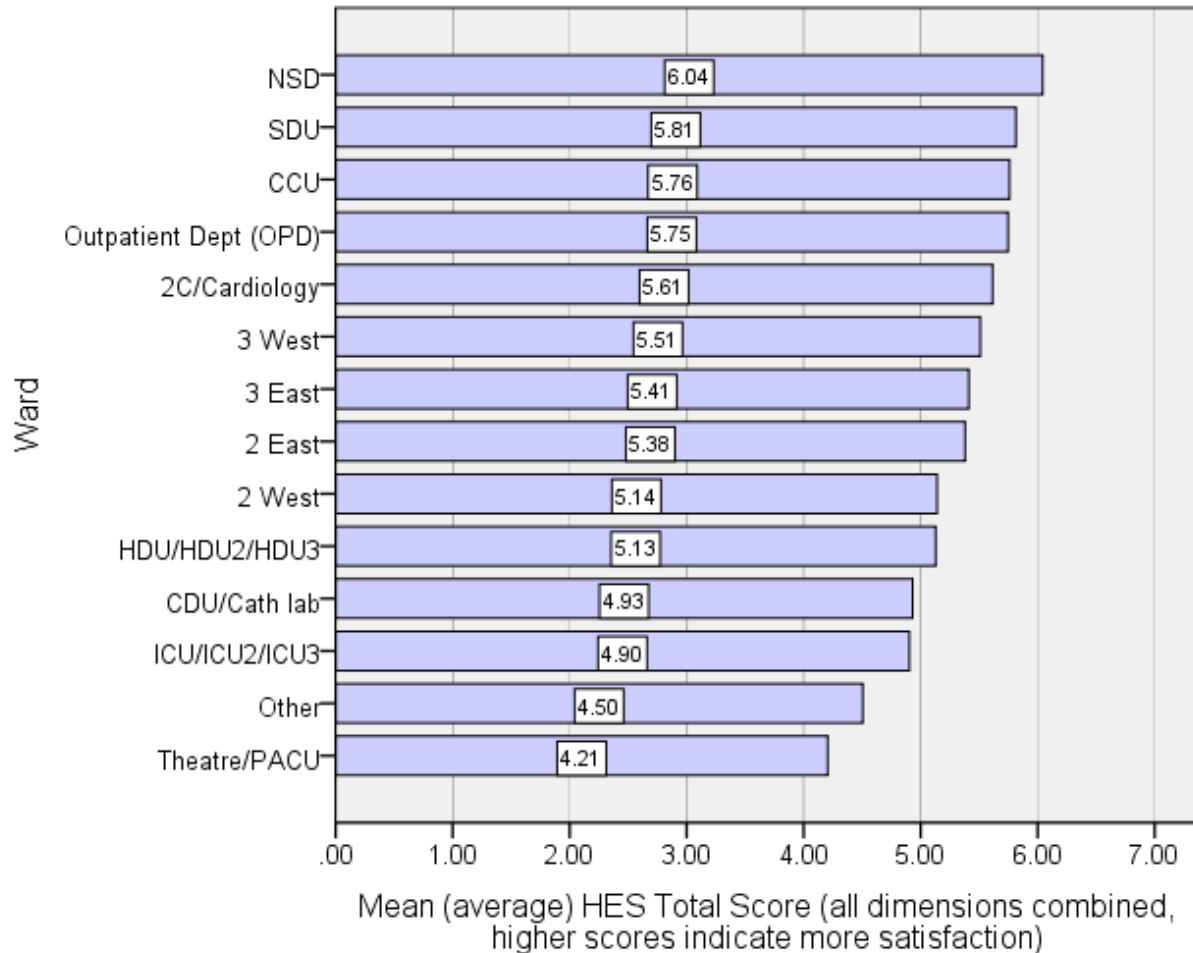
CBAS

Research Results, Job Satisfaction, Overall



CBAS

Research Results, Job Satisfaction by Ward



CBAS

Research Results, PCQI

Item	Dimension	Frequency Selected	CW	PO	PFI	MC	PW	O
A-Total	Caring	679	158 (23%)	75 (11%)	148 (22%)	42 (6%)	13 (2%)	451 (66%)
B-Total	Clear Communication	273	58 (21%)	35 (13%)	55 (20%)	1 (.3%)	12 (4%)	183 (67%)
C-Total	Effective Collaboration	211	15 (7%)	13 (6%)	54 (26%)	4 (2%)	12 (6%)	146 (69%)
D-Total	Clean and Safe Environment	197	63 (32%)	20 (10%)	27 (14%)	0	9 (.5%)	139 (71%)
E-Total	Continuity of Care	153	25 (16%)	16 (10%)	12 (8%)	15 (10%)	5 (3%)	108 (71%)
F-Total	Clinical Excellence	204	43 (21%)	33 (16%)	18 (9%)	7 (3%)	4 (2%)	137 (67%)
A-F Total	All	1717	362 (21%)	192 (11%)	314 (18%)	69 (4%)	55 (3%)	1136 (66%)

Research Results

Item	Dimension	Frequency Selected	CW	PO	PFI	MC	PW	O
A1	Caring	36	3	1	13	1	1	23
A2	Caring	14	2	1	5	2	-	9
A3	Caring	33	5	2	8	2	-	22
A4	Caring	22	5	1	6	1	2	15
A5	Caring	40	6	4	10	1	-	26
A6	Caring	37	8	6	8	1	1	25
A7	Caring	35	7	7	7	1	-	23
A8	Caring	32	7	6	7	2	3	18
A9	Caring	24	7	5	4	1	-	15
A10	Caring	23	6	3	5	1	1	13
A11	Caring	10	2	1	2	1	-	7
A12	Caring	38	13	5	8	1	-	24
A13	Caring	32	9	2	3	3	-	22
A14	Caring	21	4	2	7	1	-	14
A15	Caring	14	1	2	3	2	1	9
A16	Caring	19	4	1	4	1	-	14

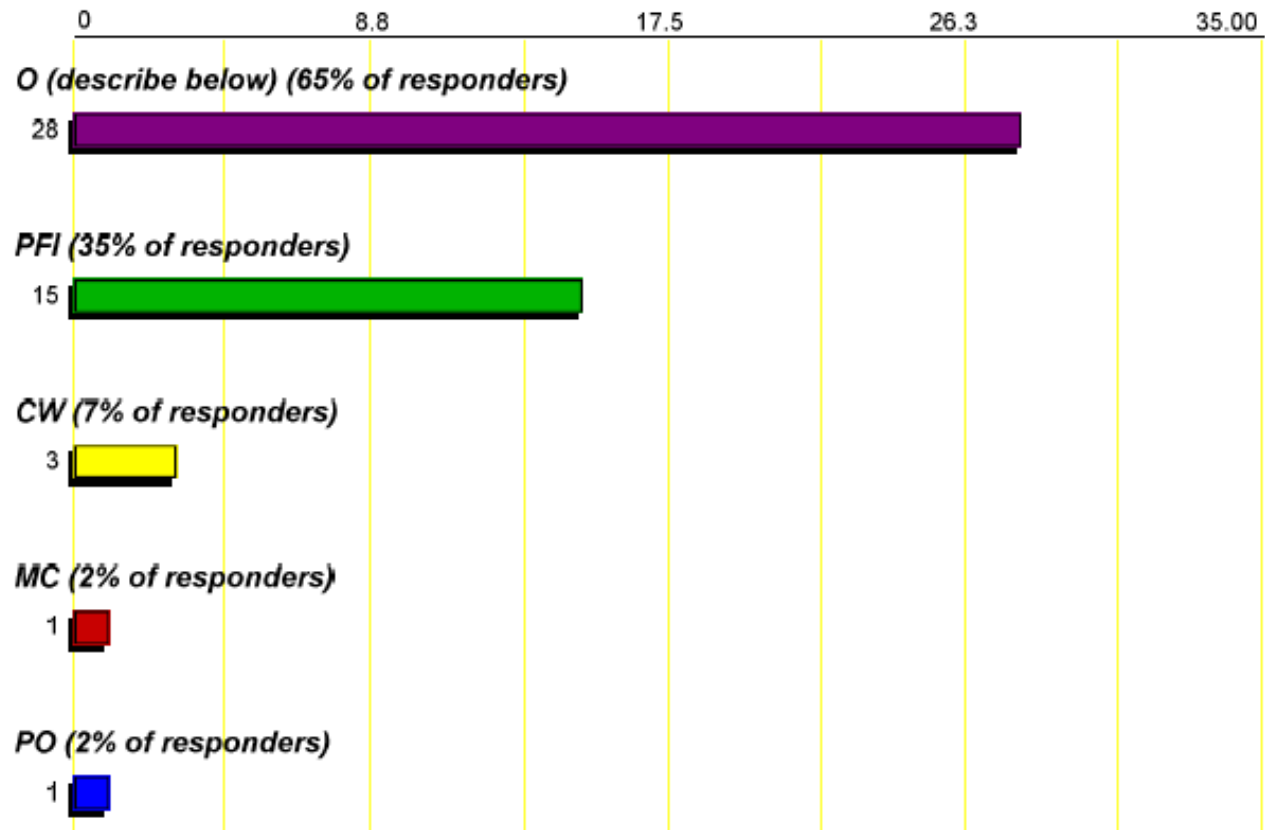


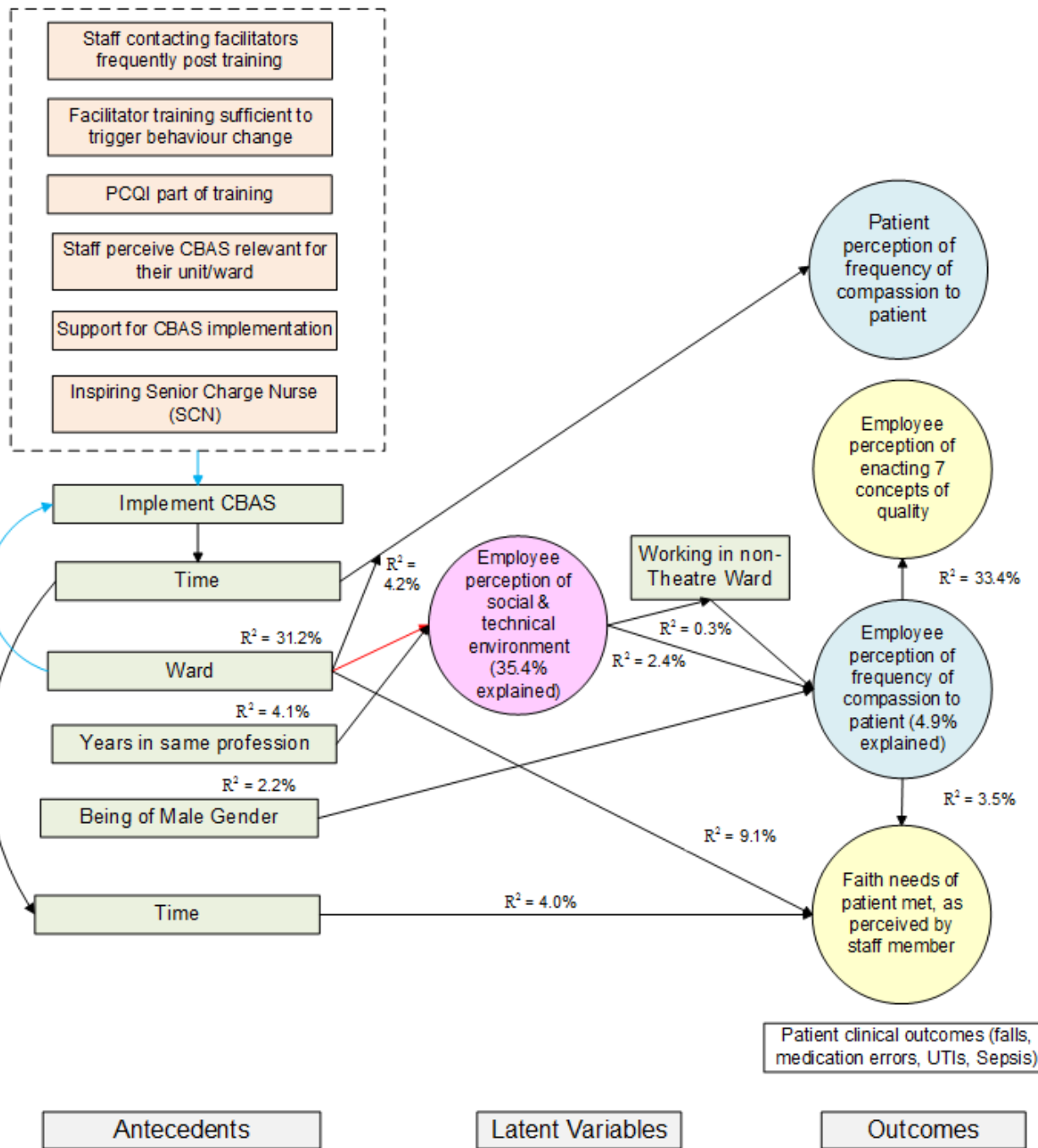
Golden Jubilee
Person-Centered Care Quality
Instrument (PCQI)

Data Set 1 Ending 12/30/2015. 51 People Responded.

43 people responded to this question:

A1: Patients trust their care team to deliver quality care.





Relationship Based Care (RBC)

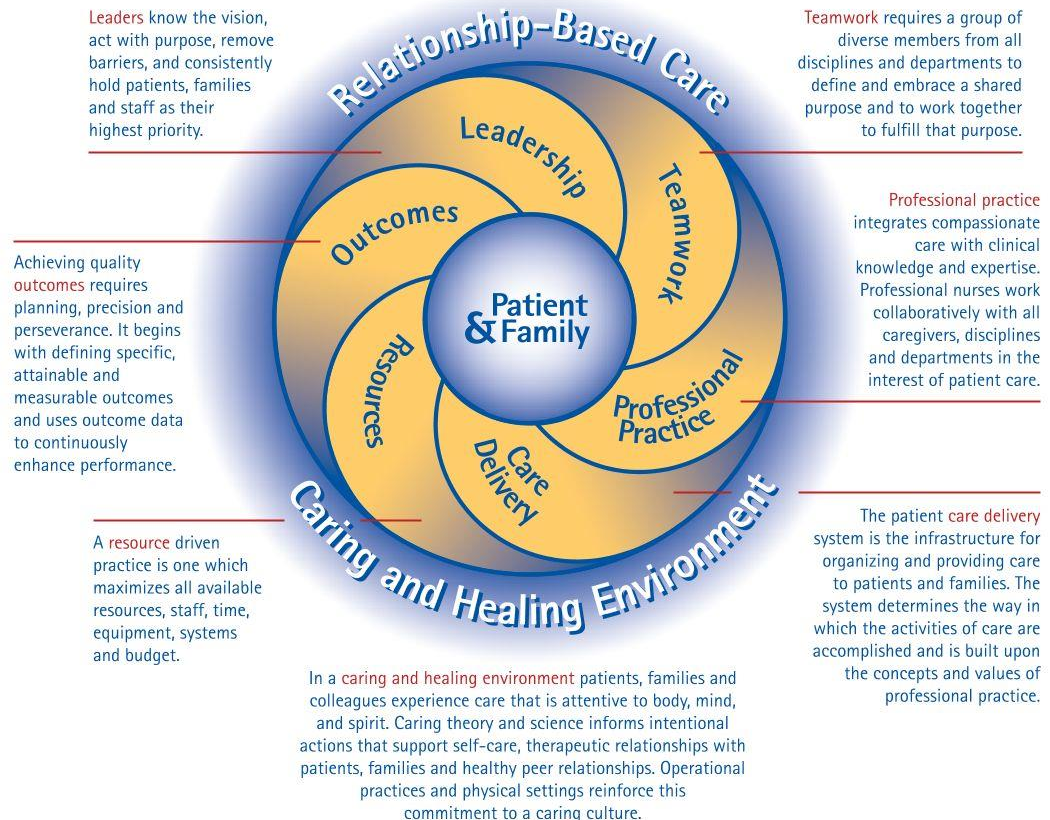
- What is RBC?
 - A model that is premised on developing healthy relationships and creating essential infrastructure to enhance quality of patient care.



Relationship Based Care (RBC)

There are 8 primary dimensions for transformation of a health care delivery system

The central focus of Relationship-Based Care is the **Patient and Family**. All care practices and priorities are organized around the needs and priorities of patients and families. Care is experienced when one human being connects with another.



Relationship Based Care (RBC)

- Interventions
 - Council members and Leadership attend See Me as a Person[©]-Therapeutic Relationships(SMAAP-TR) and Leading an Empowered Organization[©] (LEO).
 - Educate Executive Leadership Team on role and responsibility and the development of Results Council.



Relationship Based Care (RBC)

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Relationship Based Care (RBC)

- Interventions
 - Educated the Leadership team and Councils members in the Caring Science Research and engage them in Participatory Action Research.



Relationship Based Care (RBC)

- Interventions

- Nursing Department development of shared vision and mission statement to align with Henry Ford Health System mission, vision and values:

- Vision: Henry Ford Wyandotte nurses are committed to mutual respect and collaboration among all disciplines to optimize the healing of patients and families who entrust us with their care.



Relationship Based Care (RBC)

- Interventions

- Mission~ “I own the Patient Experience”.
- All nursing staff attend Culture of Caring class- integration of system initiative and RBC.
- Implementation of Relationship Based Care as a cultural transformation model.



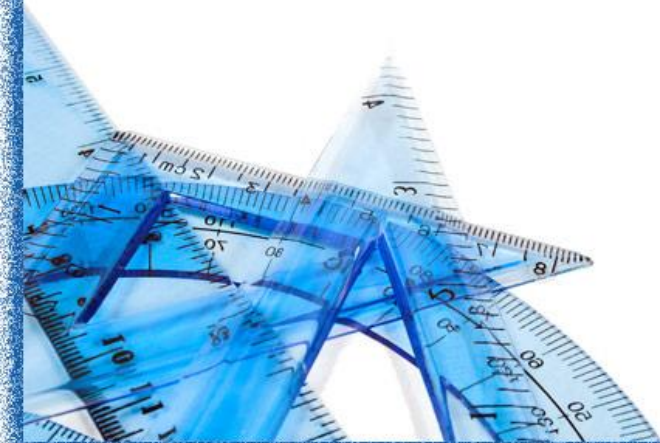
Relationship Based Care (RBC)

- Interventions
 - Re-structure Shared Governance using Inspiration, Infrastructure, Education and Evidence (I₂E₂) to stabilized Unit Governance Councils as the core infrastructure for the implementation of RBC.
 - Educate Leadership and staff on single Shared Governance message-Everyone is a member, council members are representatives.



Relationship Based Care (RBC)

- Interventions
 - Develop RBC knowledge experts in the Unit Governance Councils
 - Develop the use of Communication Tree Networks to develop two-way communication between the council membership and leadership.



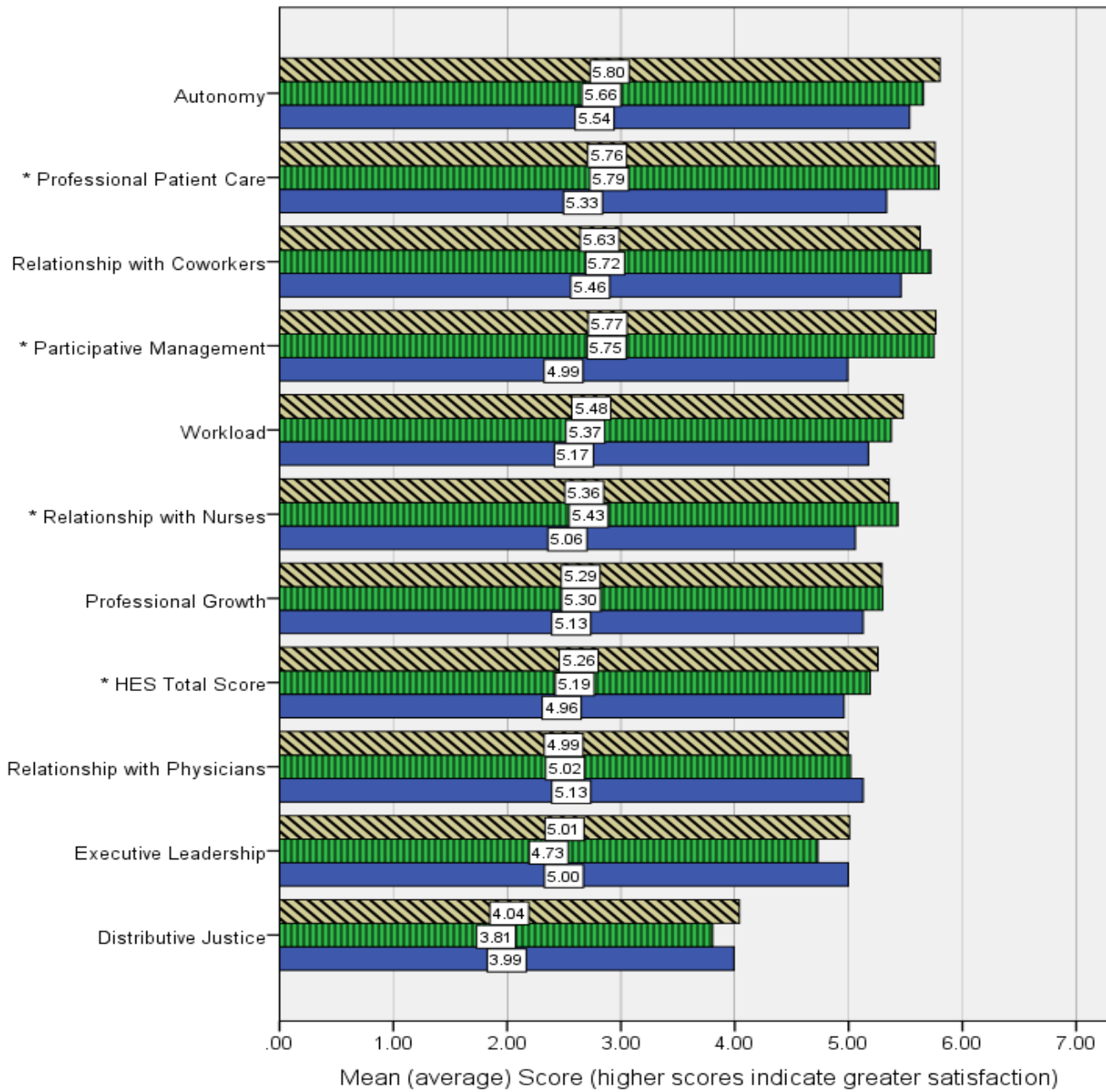
Relationship Based Care (RBC)

Measurement and Units of Interest	Number Invited	Number Responded	Response Rate	Date
Measurement 1	487	159	32.6%	11.2013
Measurement 2	1,160	272	23.4%	2.2014
Measurement 3	918	240	26.1%	1.2015
ED	166	25	15.1%	1
2-Rehab	44	23	52.3%	1
4 MST	71	41	57.7%	1
Housekeeping	72	34	47.2%	1
OB/WCH	86	44	51.2%	1
Patient Transport	36	24	66.7%	1
All Other	443	49	11.1%	

Measurement
1 or 2

- Measure 1
- Measure 2
- Measure 3

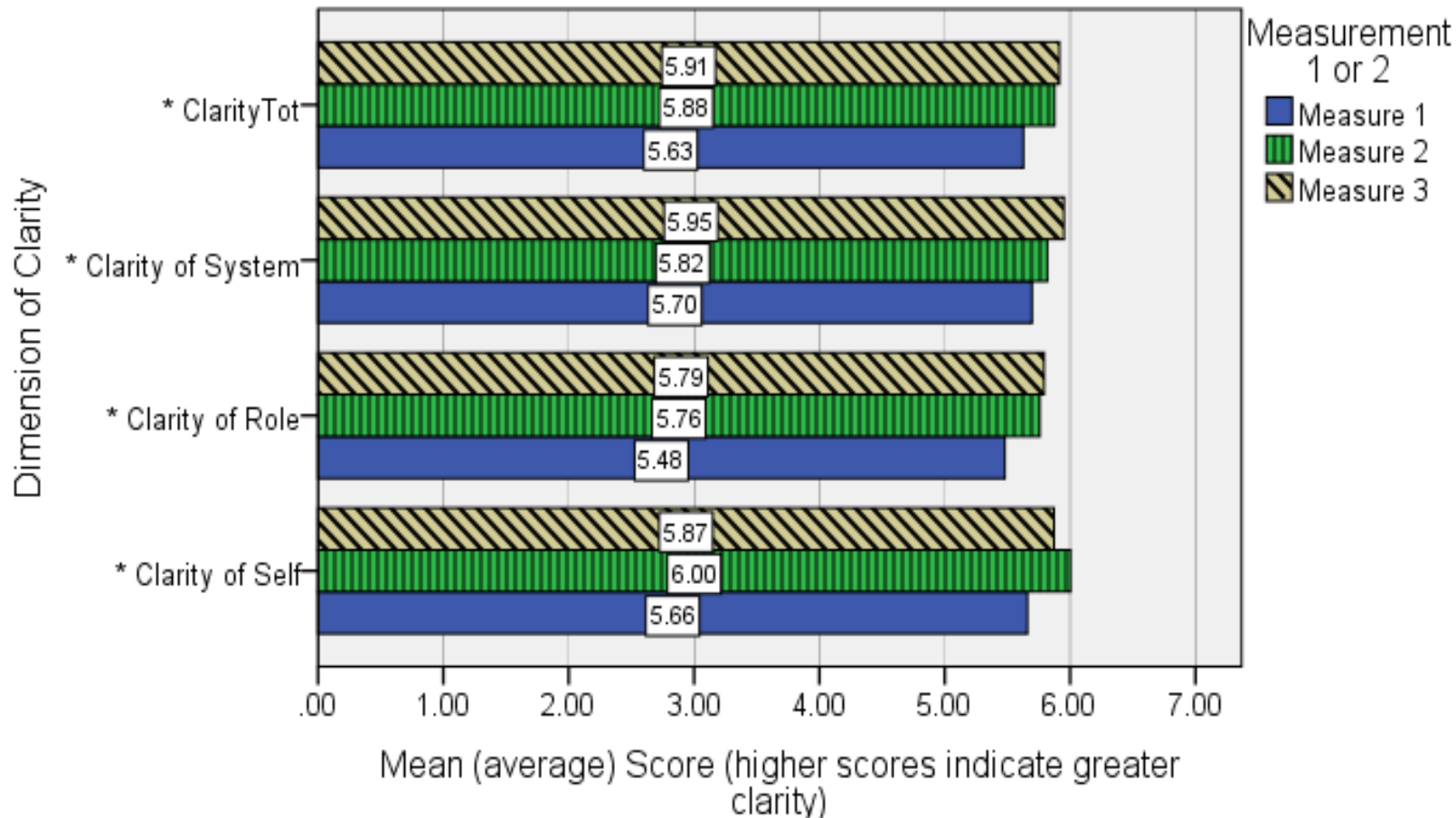
Dimension of Work Environment



Satisfaction with Work Environment

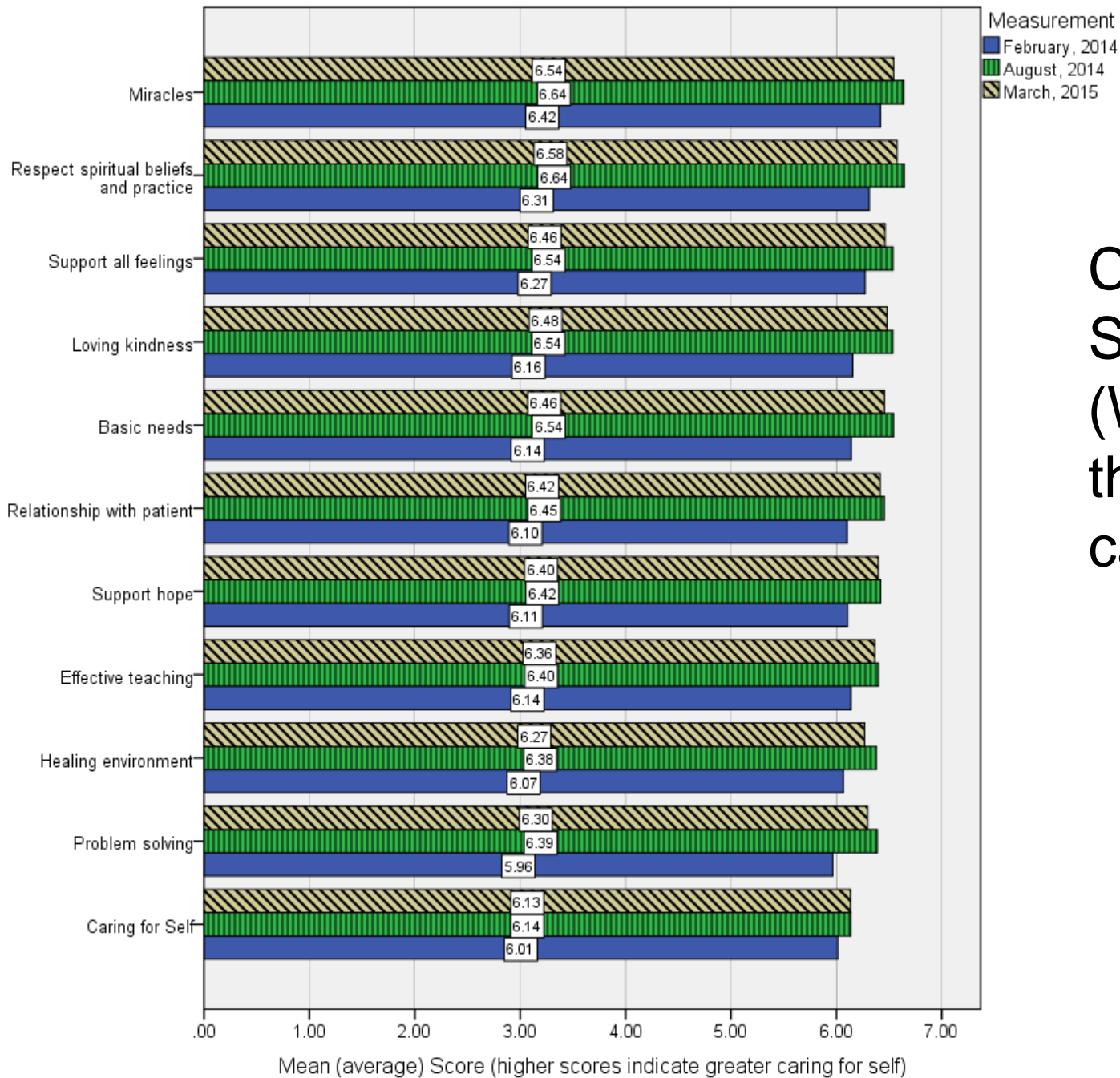
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Relationship Based Care (RBC)



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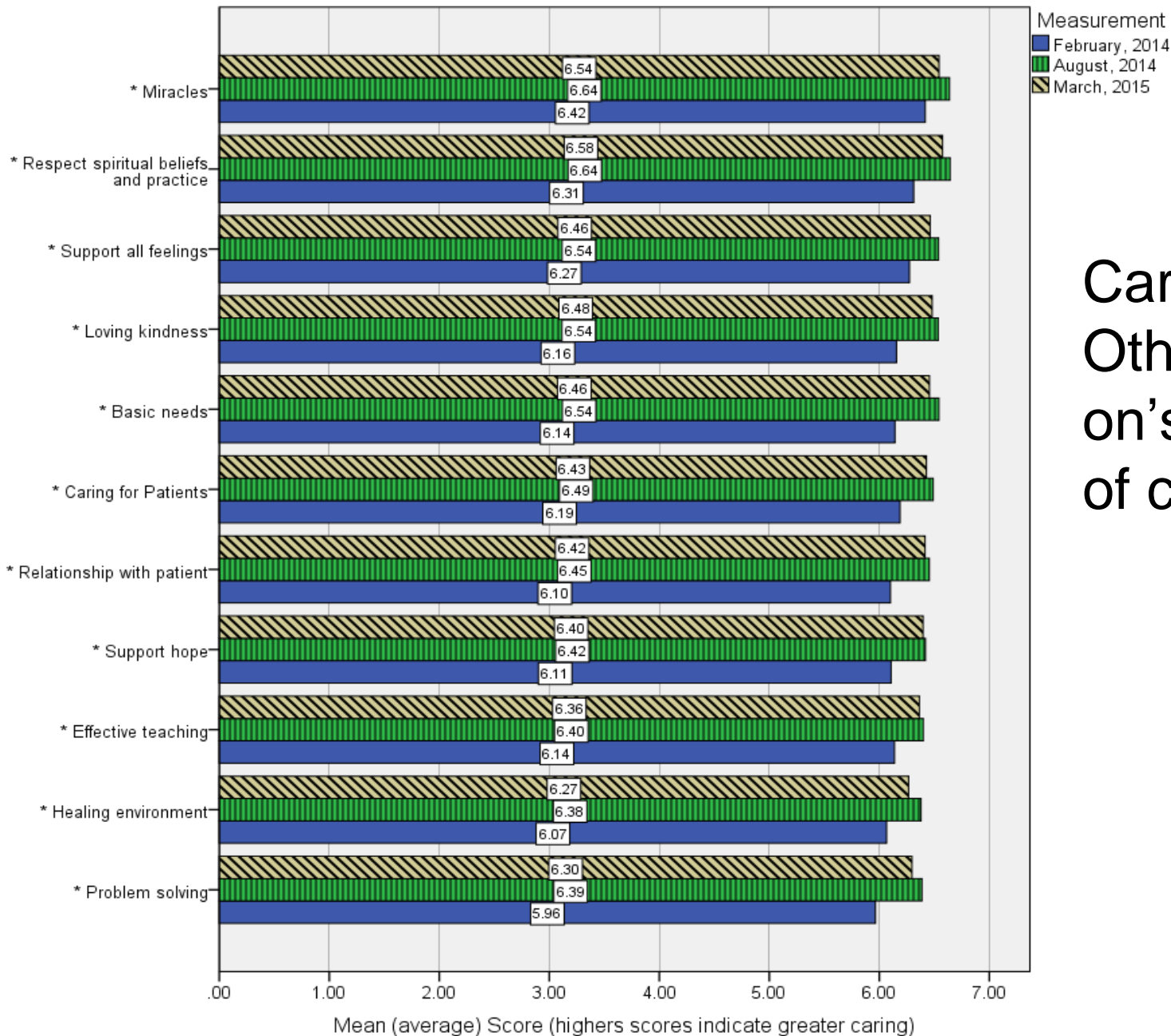
Dimension of Caring for Self



Measurement
February, 2014
August, 2014
March, 2015

Caring for Self (Watson's theory of caring)

Dimension of Caring for Others (patients)



Caring for Others(Wats on's theory of caring)

* Statistically significant difference using an alpha of .05

Relationship Based Care (RBC)

- Civility
 - Civility is an act or expression toward others in a community that is consistent with politeness and regard (Clark & Carnosso, 2008).



Relationship Based Care (RBC)

- Civility
 - According to Bartholomew, Civility as a latent construct to be measured and tested includes 14 specific dimensions;
 - autonomy,
 - immediate supervisor support,
 - peer support,
 - voicing concern



Relationship Based Care (RBC)

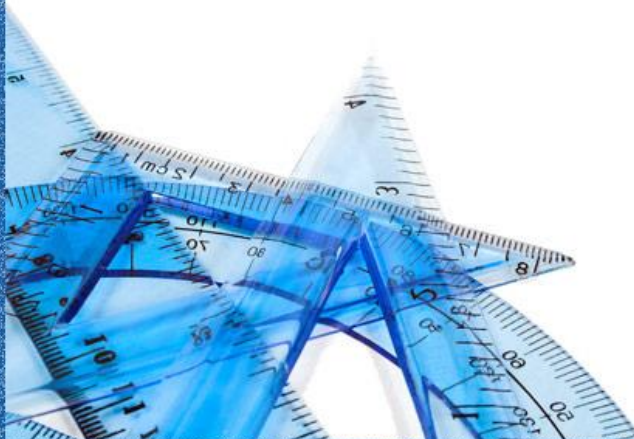
- Civility

- profession is valued,
- physician share credit for patient care,
- conflict management,
- preceptor efficiency,
- Ideas from new staff welcome (no assumptions),



Relationship Based Care (RBC)

- Civility
 - clinical learning environment,
 - relationships with physicians,
 - relationships with nurses,
 - relationship with co-workers, and
 - managerial support.

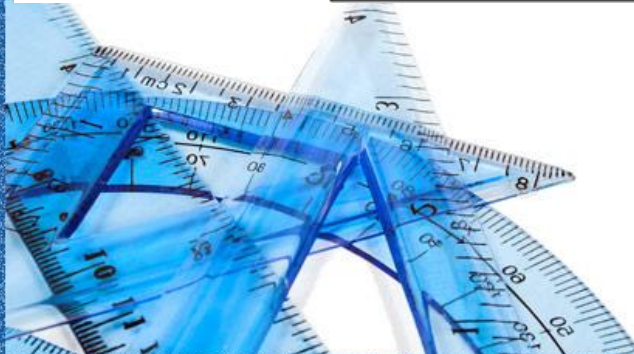
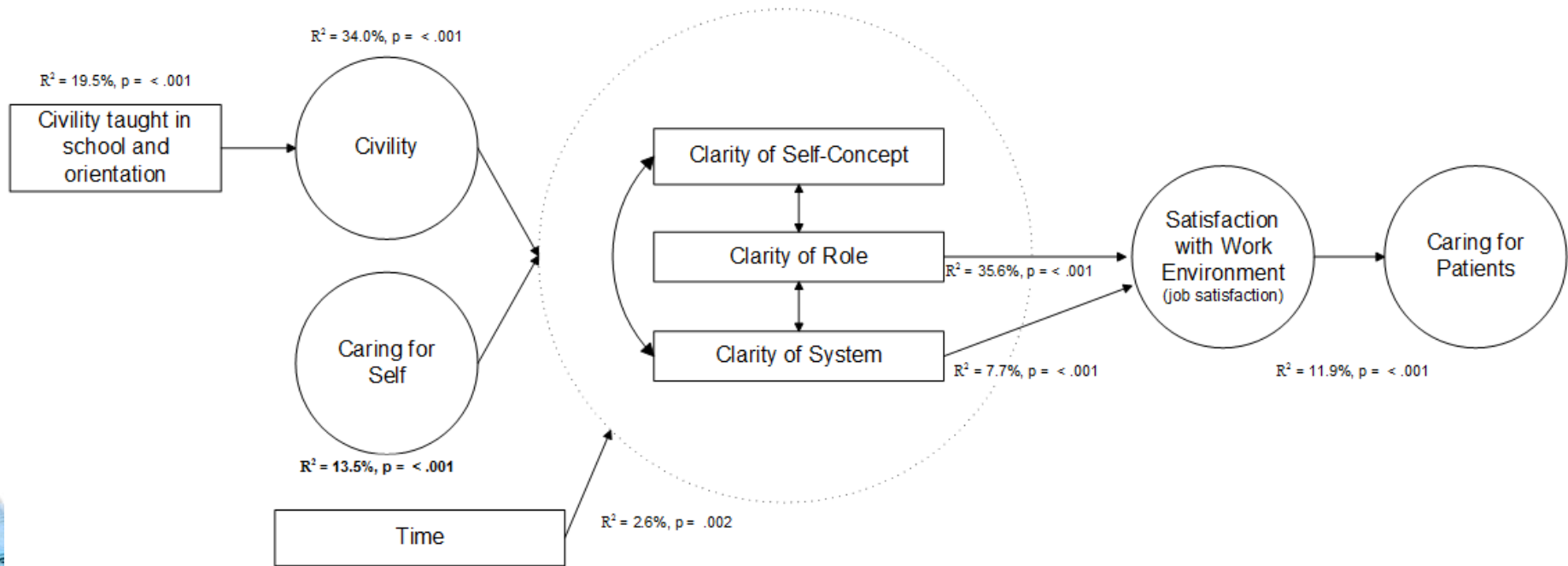


Relationship Based Care (RBC)

- Civility
 - Predicted by education in school regarding civility and inclusion of concept in orientation in job training



Relationship Based Care (RBC)



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Thank you for listening!

