

# Family Bedside Orientations



**A Stollery Children's Hospital and  
Family Centred Care  
Quality Improvement Initiative**

*made possible by*

**The Canadian Foundation for  
Healthcare Improvement**



# Program objectives



To further a culture of patient and family-centred care and improve patient experience on a Medicine Inpatient Unit (5G4) by:

- Introducing a peer presence for families on the unit
- Helping to improve patient safety
- Supporting families to engage with their child's care team

# Program overview



Patient caregivers are invited back to the unit as volunteer peer mentors, responsible for:

- Orienting families to the hospital environment
- Discussing hand hygiene, patient bedside whiteboards, how caregivers participate in their child's care
- Provide a listening presence and peer support for caregivers at the bedside

# Program overview...



**Program coordination and evaluation achieved through ongoing collaboration and teamwork!**



- **Stollery Executive**
- **Family Centred Care management and staff**
- **5G4 unit management and staff**
- **Social work**
- **Family Advisor**
- **Evaluation Services**

# Approach to quality improvement



## The Family Beside Orientations project:

- Included four “plan-do-study-act” cycles (monthly team meetings and four quarterly evaluation reports)
- Designed to be informative and adaptive
- Used multiple data sources to capture impact in goal areas
- Developed measurement targets for whiteboard completion, hand hygiene practices, and family positive ratings of peer mentor visits

# Evaluation plan



Objectives	Data sources						
	Whiteboard audits	Hand hygiene audits	Med rec audits	Staff focus groups & interviews	Peer mentor feedback	Family input	H-CIES data
Integrate peer mentors as part of the unit				✓	✓		
Engage families in peer support visits					✓	✓	
Engage unit staff				✓			
Increase use of patient bedside whiteboards	✓					✓	
Improve hand hygiene practices		✓					
Improve medrec teaching and protocols			✓			✓	✓
Increase family participation in medical rounds						✓	
Increase family involvement in their child's care						✓	✓

# Program outputs

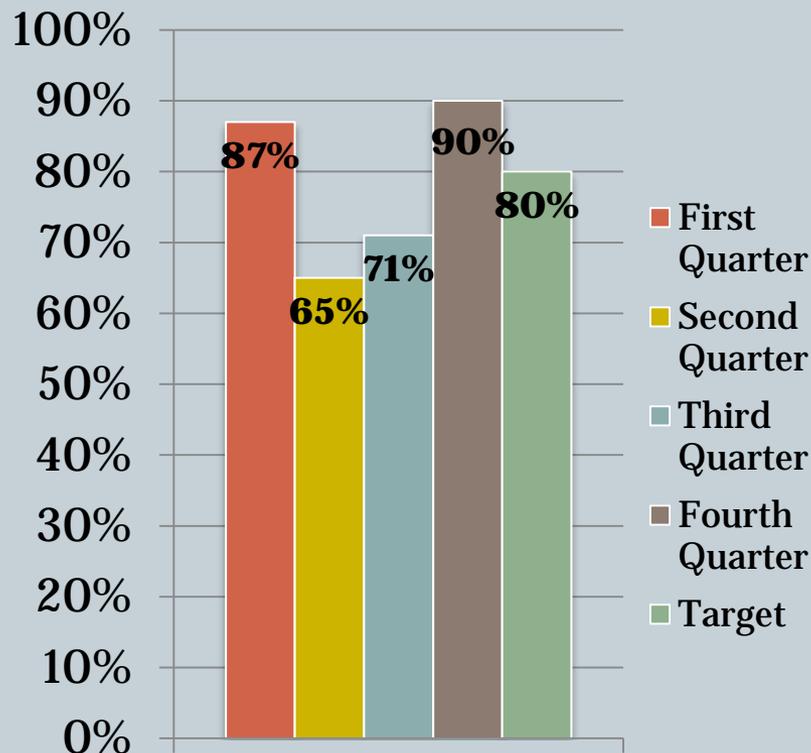


**From October 2014 to September 2015:**

- **Unit orientation and volunteer training resources developed by Family Centred Care staff**
- **5 volunteer peer mentors and 3 Family Centered Care staff recruited to conduct visits**
- **163 visits completed with caregivers**
- **17 families requested more than one visit from a peer mentor**

# Embedding peer support on the unit

## Whiteboard completion



## Peer mentor feedback

- “I always to try to identify my role right away and that we are there to visit families.”
- “Visits that go really well are when we find topics that we have in common [and] are not necessarily about our kids or the hospital.”
- “I share my experience when it is appropriate, but try to let the [family’s] story guide the meeting.”
- “I think we are becoming more recognized among unit staff and they’ve been more helpful in identifying families who may benefit from a visit.”

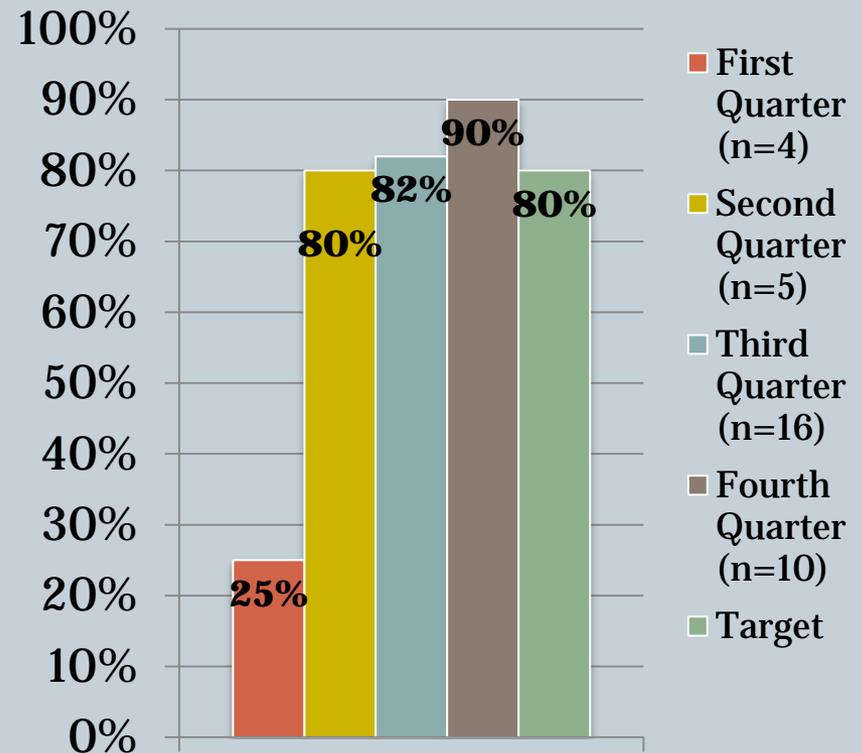
# Engaging families in visits



## Frequency of topics discussed (out of 163 visits)

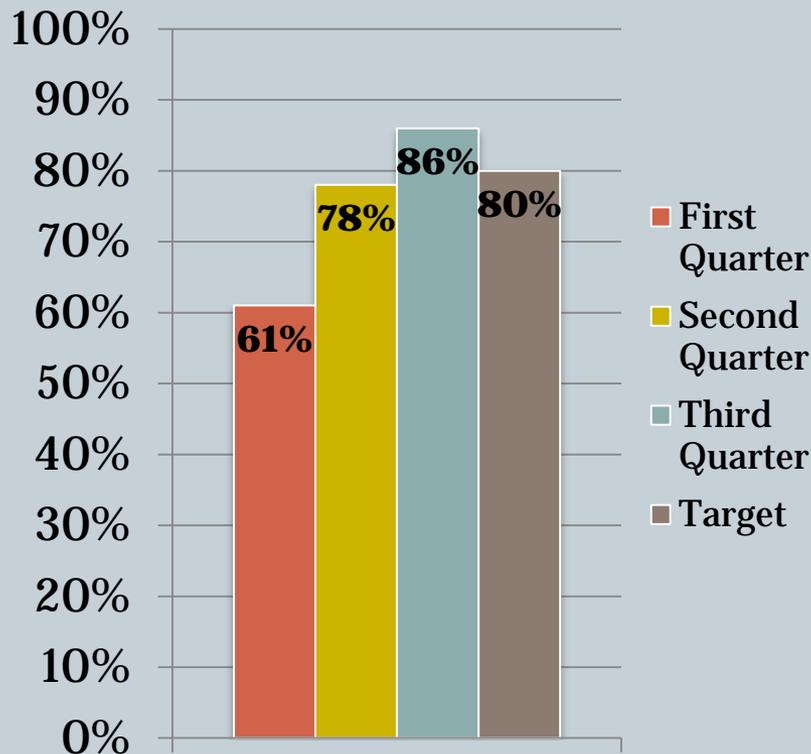
Caregiver involvement in child's care	106
Use of whiteboard	100
Participation in medical rounds	89
Family room information	83
Hand hygiene	75
Familiarity with child's medications	74
Not to remove ID bracelet	51

## Family positive rating of visit



# Patient safety

## Hand hygiene followed



## Medication teaching (2014/15 H-CIES data)

- **86%** or more caregivers were told the name(s) of the patient's medication(s)
- **89%** or more caregivers were told the purpose for the medication(s)
- **64%** or fewer caregivers were told the possible side effects of the medication(s)

# Caregiver feedback about...



## Visiting with a peer mentor

- “[It] helped to talk to someone who has been there, someone who understands.”
- “If they hadn’t come I would still be paying full price for parking and meals.”
- “[The visit is] beneficial to new families with a new diagnosis, not so much for someone who is a frequent flyer. We already have a good support system.”
- “Nice to connect with another parent. I am very familiar with the hospital and resources.”

## Staying in the 5G4 unit

- **75%** or more caregivers felt very included in their child’s care
- **80%** or more caregivers felt very confident to ask questions of care providers
- **75%** or more caregivers felt the peer mentor was extremely or very important for their family’s care experience

# Key learnings and considerations



- **Importance of team effort:** Stakeholders from multiple disciplines worked collaboratively to generate creative solutions for project implementation and process improvement.
- **Data collection limitations:** The project reflects the challenges with collecting data in a busy hospital environment with constant patient turnover. Existing auditing processes were incorporated where possible.
- **Peer support is being reinforced as part of unit culture:** Peer mentor presence is becoming accepted and normalized in 5G4.
- **Refining the visit process:** There has been continuous learning among staff and volunteers about timing the visits, identifying families would benefit from a visit, and providing relevant resources based on the family's length of stay.

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