

# **St. Michael's Hospital Residents' Health Services Panel 2016 Term**

## **Summary of Results from Panel Meeting held on September 17<sup>th</sup>, 2016**

### **Topic of Discussion: Ambulatory Care Services at St. Michael's Hospital**

---

#### **About the St. Michael's Hospital Residents' Health Services Panel**

The St. Michael's Residents' Health Services Panel is a new initiative of St. Michael's Hospital. In February 2016, 14,500 randomly selected households in central-east Toronto received a letter in the mail from the hospital's CEO, Dr. Bob Howard, asking them to advise the hospital over the course of eight meetings on how best to improve health services for its entire urban community. Over 371 residents responded, and 28 were randomly selected so that together they represent the demographics of those living in St. Michael's diverse catchment area.

Members were selected using a civic lottery, a process developed in Toronto that has now been used more than 25 times to convene citizen panels across the country. The selection process achieves broad representation by ensuring a proportionate number of panel members are appointed to the panel based on their age, gender, household tenure, patient status, visible minority, and indigenous status.

The 28 members of the St. Michael's Residents' Health Services Panel are Toronto residents without any special training in medicine, health care administration, or public policy. While some residents are frequent users of health services at St. Michael's, others had never been through the hospital's doors before become panel members. However, all panelists are committed to helping improve the health care system and each offers an important perspective concerning the needs of local communities. Collectively they bring a

wealth of knowledge regarding local resident's experience in the healthcare system, and have a commitment to help healthcare organizations focus their attention where it is needed most.

Over the course of their first four meetings, panelists heard from some of Toronto's foremost health system experts about the way Ontario's health system is structured, the operations of St. Michael's Hospital, and the current demographics and health needs of central-east Toronto. Panelists also participated in a series of facilitated discussions to agree on six guiding principles and 15 priorities that they collectively believe should guide St. Michael's efforts to improve comprehensive care in the local community. These principles and priorities are documented in the Panel's Inaugural Report.

During the second half of their term, panelists focus each of their meetings on specific initiatives at the hospital that are intended to improve local health services. The panelists work together to advise the hospital on how to ensure that these initiatives reflect the needs of local residents. So far, their meetings have focused on the following topics:

- In June 2016, members produced recommendations on creating an information service where patients can find out about all health services available in the sub-LHIN region
- In September 2016, members produced recommendations on the existing ambulatory care services offered at St. Mike's (summarized in this document)

The full report and additional information on the panel can be found on the St. Mike's website at: <http://www.stmichaelshospital.com/partners/residents-health-services-panel.php>

## **About the September 17<sup>th</sup>, 2016, Meeting of the Residents' Health Services Panel**

On September 17<sup>th</sup>, 2016, the Panel met to discuss the ambulatory care services provided by St. Michael's Hospital and advised the hospital on what priorities should be kept in mind when reviewing the ambulatory care services that exist at the hospital.

The day opened with an introductory presentation from the panel host on the definition of ambulatory care services and the role they play at St. Mike's. This was followed by two presentations from St. Mike's staff who lead ambulatory clinics at the hospital: Dr. Robert Sargeant, Staff Physician who leads General Internal Medicine's new Rapid Referral Clinic Pilot Project and Jonathan Fetros, Program Director of the Diabetes Comprehensive Care Program. Dr. Sargeant

and Mr. Fetros spoke about the type of patient their clinics see, what the typical patient journey is for their patients, and reasoning behind providing these specialized clinics to specific patients.

Following this introduction to ambulatory care services at St Mike's, panelists completed two activities. One activity asked panelists to discuss their own personal or family experiences of ambulatory care services and draw out the features that made those experiences positive or negative. The second activity asked panelists to examine a list of reasons for providing ambulatory care services and to prioritize those they believe the hospital should prioritize when reviewing the ambulatory care it provides.

These deliberations produce two pieces of illustrative advice for the hospital. First is a list of patient-informed success criteria for ambulatory care that the hospital should keep in mind when seeking to improve the quality of ambulatory care it provides. The second is snapshot of the types rationales that the Panel believe are most important when deciding how to prioritize amongst different ambulatory care strategies.

## **Summary**

The results of the Panel's discussion are summarized below. Following the meeting, this summary was drafted by the Panel's support staff based on documentation from the meeting and circulated to members so they could suggest edit and then approve that this summary reflects the broad consensus the Panel was able to achieve during their meeting. Panelists were also welcome to submit additional, individual commentary for inclusion in this summary – this individual commentary is included, under the names of individual panel members, in the subsequent section.

### **Activity 1: Examples of Patient-Informed Success Criteria**

Activity 1 asked panelists to share personal or family care experiences and to work together to identify features of both positive and negative ambulatory care services based on those examples. These features can be understood by the hospital as examples of what patients expect ambulatory care services to provide (on the one hand) and avoid (on the other).

Panelists were asked to share an example of ambulatory care. In the example, the patient could be the panelist themselves, a family member or a friend. Panelists were then asked to work together to examine the case and write down (in general terms) the reasons the care was great or alternatively the reasons the care was poor.

Thus each group of panelists created a list of positive and negative features of ambulatory care services drawn from their personal experiences, which are included below.

### **Examples of positive features of ambulatory care experiences**

- *Patients were given information about their treatment and health in a timely and digestible manner by specialist health providers, using terms suited to their knowledge level*
- *Once a diagnosis was made, patients received care that made efficient use of their time with appointments and treatments that fit in each patient's schedule*
- *Family doctors and ambulatory care teams worked together to create a treatment plan that provided a patient with a seamless treatment experience*
- *Experienced patients were enabled to manage their appointments and self-care independently*
- *Necessary services and specialists were located in one space*
- *Patients saw the clinic as a community, not merely a place to receive treatment*
- *Each patient's treatment plan was customized to fit their unique needs and preferences*
- *When coordination and information sharing went smoothly, the patient received care that was convenient, efficient and effective*

### **Examples of negative features of ambulatory care experiences**

- *Procedures, practices, and expectations of patients were difficult to predict because different clinics operated with their own procedures, regulations and guidelines*
- *Appointment and treatment times were inaccessible and inflexible for patients*
- *Wait times between treatments led to the patient's condition worsening and forcing them into more reactive treatment options, like visiting the Emergency Department*
- *Some patients who are not familiar with the healthcare system did not get treatment due to the long wait times between their referral and availabilities of appointments and treatments*
- *Lack of referral to specialist meant incorrect diagnoses by primary care provider led to patients' condition worsening and having a more complicated treatment experience than necessary*
- *Informal care providers were not involved in the patient's treatment conversation with specialists, even though they were expected to offer support, which left providers with a lack of knowledge about how to aid the*

*patient most effectively, and unfairly relied on informal care providers to fix problems that arose*

- *The clinics and services were not in locations convenient for various patients but instead were all concentrated in one place that was far for patients to travel to*
- *When coordination and information sharing did not go smoothly, the patient received care that was inconvenient, inefficient, and ineffective*

## **Activity 2: Less-and-more important rationales to inform hospital-wide ambulatory care decisions**

Activity 2 asked panelists to examine different justifications for providing ambulatory care services and to advise St. Mike's on which of these justifications should be most important when the hospital is deciding on how to focus the ambulatory care services it provides.

Panelists were asked to sort the list of pre-written justifications into three categories: those that were definitely worth considering when St Mike's reviews their ambulatory care services, justifications that *could reasonably* be considered when St. Mike's reviews their ambulatory care services, and reasons that *should not* be the primary justification for St Mike's to provide a particular type of ambulatory care.

***Panelists agreed that St. Michael's should not prioritize providing ambulatory care services that are primarily justified because of the following rationale:***

- *This service allows patients to receive more of their care from St. Mike's rather than having to go to different health care organizations for different aspects of their care*
  - Panelists agreed that St. Michael's should be working collaboratively with other health care organizations so that patients receive equally effective care whether or not that care comes from a health care team made up only of St Mike's providers or from providers from a mix of organizations. It is important that St. Mike's focus on providing its particular expertise to patients and allow other organizations to provide their specialties.

***Panelists were divided on whether St. Michael's should prioritize providing ambulatory care services that are primarily justified because of the following rationales:***

- *This service reduces the cost of providing care (without compromising how effective that care is)*

- Though some saw efforts to reduce cost as a way to free up funds for other health care priorities, some panelists worried that focusing too much on reducing cost took attention away from seeking methods to improve the quality of care. Though panelists agreed that efficient use of resources should always be kept in mind, many thought that the current problems with ambulatory care meant St Mike's should focus on ways to improve the quality of ambulatory care with existing resources rather than on finding ways to reduce the cost of providing that care.
- *This service prevents patients from developing medical conditions that would occur if St. Michael's did not provide that service*
  - Though panelists were generally supportive of preventative care, some suggested that this was not the most efficient use of specialist skills, and was too broad of a goal for specialist clinics. Until other issues regarding efficient access and flow were addressed, prevention was not seen as a priority for St. Mike's ambulatory care services.

***Most (but not all) panelists agreed St. Michael's should prioritize providing ambulatory care services that do one or more of the following:***

- *Services that help other healthcare providers (family doctors, home care nurses, long-term care workers) work with specialists to address a wider set of patient needs*
  - Though most saw the benefit of St Mike's specialists working more collaboratively with other health care providers, a few panelists thought patient care could be improved more quickly by focusing directly on improving patient access to specialists, and on improving the efficient flow of patients into and out of St. Michael's Hospital.
- *Services that help community and social service providers work with specialists to address a wider set of patient needs*
  - Though most saw the benefit of St Mike's specialists working more collaboratively with other social and community care providers, a few did not see this as a priority given other demands on St. Mike's specialists.
- *Services that connect patients to other health, social and community supports*
  - Though most saw the need for specialists to connect patients to other essential health, social, and community supports, a few panelists suggested that this should be a limited role for specialist clinics and should instead be the responsibility of other care providers such as primary care.
- *Services that give patients who are discharged from hospital and who require follow-up specialist care access to the same specialist team who cared for them in hospital*
  - Though most believed that for those who require follow-up specialist care, it made sense to give them access to the same specialist team as

it would improve continuity of care, a few suggested that great care in the long-term could still be provided effectively by others, leaving those who provide in-patient care to focus on treating these acute patients.

- *Services that divert patients from being admitted to a bed at St. Michael's (without compromising how effective their care is)*
  - Though most panelists recognized that preventing unnecessary admissions was an important way for St. Mike's to provide safer and more efficient care, a few suggested that it would be better if St. Mike's focused on diverting patients from coming unnecessarily to the Emergency Department in the first place by getting them the appropriate specialty care via other avenues.

***Panelists unanimously agreed that St. Michael's should prioritize providing ambulatory care services that do one or more of the following:***

- *Services that provide faster access to a kind of testing, care, or treatment than would otherwise be available*
- *Services that give patients more options when scheduling tests, care, and treatments than would otherwise be available*
- *Services that make care and treatment for patients with complicated and hard-to-manage conditions more convenient and straightforward than would otherwise be available*
- *Services that give patients with complicated and hard-to-manage conditions better education and self-care support than would otherwise be available*
- *Services that help prevent patients from going to St. Michael's Hospital's Emergency Department (without compromising how effective their care is)*
- *Services that help the St. Michael's Emergency Department treat patients faster than they would otherwise*
- *Services that make it possible to discharge patients from St. Michael's more quickly (without compromising how effective their care is)*

## **Individual Commentary from Members**

*No panelists submitted individual commentary.*