

**SOONER
SAFER
SMARTER**



**Emergency Department Waits
and Patient Flow Initiative**
putting the Patient First

Interdisciplinary Rounds (IDR) Communiqué

“Nothing about me without me”

What is changing?

The Provincial Emergency Department Waits and Patient Flow Initiative has identified that understanding and managing Alternate Level of Care (ALC) patients is a priority across the health system. ALC patients are a priority because patients in acute care settings are often ready for care in another sub-acute setting but cannot access the services in a timely way.

We also know that one of the goals of patient centered care is to prevent avoidable readmissions and to successfully transition people back into their communities.

Evidence shows that daily interdisciplinary rounds (IDR) at the bedside can decrease length of stay, increase patient safety, improve patient care, and enhance inter-professional teamwork and staff satisfaction. It can also enhance care coordination and communication among care teams to ensure patients are receiving the right care, at the right time, in the right setting which will assist with the challenge of ALC patients in our acute care system. Saskatchewan’s goal is to have IDR at the bedside on all units in Saskatchewan. We will be working with our health system partners to determine how and when we can achieve this.

Why are we doing this?

In 2008 Saskatchewan launched a Patient First Review. It was determined that we needed a much better way of including patients in their own care. For more information about Saskatchewan’s Patient & Family Centered Care (PFCC) agenda click [HERE](#).

Five years after the release of the Patient First Review, the Health Quality Council held a public meeting asking patients, providers, and the public what their improvement priorities were for the health system. Once again, patients asked the health care system to involve them more in decision making.

A familiar term often used in PFCC to describe shared decision-making is “nothing about me without me”. As a system we promised the people of Saskatchewan that we would take steps to move towards this model in 2008 but in 2014 we heard that we have not made enough visible progress on PFCC. Interdisciplinary rounds at the bedside will be a very visible step on our journey towards true PFCC.

What will it look like?

We know hospitals and wards differ region to region, therefore, this process will look different everywhere. It is a great opportunity for teams to come up with creative approaches that work for them. We will ask you to work hard to have physicians and/or specialists in attendance at the bedside for rounds whenever possible. However, we will also explore other options such as using Skype, FaceTime, or other technologies, as well as using single/shared care plans or standardized communication processes to

involve them as well. Our expectation is that interdisciplinary rounds are conducted at the bedside every day.

Examples of how some Saskatchewan units are already using IDR, along with other helpful tools, can be found in the [IDR Toolkit](#) developed by the Health Quality Council.

What do you want me to do?

We need each and every care provider to commit to the principle “*Nothing about me without me*” as a part of our shared commitment to advancing PFCC in Saskatchewan. You will be asked to show leadership, problem-solving skills, contribute ideas for improvement, and work hard to implement this significant change in your work environment. This change will be significant and require courage but as Ambrose Redmoon said “Courage is not the absence of fear, but rather the judgment that something else is more important than fear”.

What will it mean to me?

This will mean a new way of working with your colleagues and a new way of involving patients in their care planning. It will mean trying and failing, then trying something different. This change will require patience and perseverance.

It is important to remember that we will all be patients or family members at some point in our lives. By working together now to implement IDR, we can be assured there will be a system in place that ensures we will all have the opportunity to be involved in our own care or that of our loved ones as a full and valued partner.

What will you do to support me?

A coach from the Health Quality Council (HQC) has been assigned to each region to support you in this journey. They will provide assistance in the following ways:

1. Assist with quarterly assessments using the Interdisciplinary Rounds Assessment Tool to monitor progress.
2. Maintain regular contact with staff, managers, and administrators to help address challenges and barriers with conducting IDR.
3. Offer guidance and create additional tools and resources, as needed, to address barriers to implementation.
4. Report to the stakeholders of the Emergency Department Waits and Patient Flow Initiative on progress in units/regions.
5. Develop a provincial network to facilitate shared learnings across the province.

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