

Patient-centred Narrative Rounds:

building capacity to improve care delivery to adults over 80 years

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BACKGROUND

- The Family Practice Health Centre at Women's College Hospital is an Academic Family Health Team (FHT), and serves over 600 patients aged 80+.
- The majority of geriatric care is provided in the primary care setting. Over time, complex situations arise for these patients, in which every FHT team member plays a role. Many primary care providers (PCPs) report feeling overwhelmed in managing the complexity of the care needs of their patients aged 80+.
- PCPs are faced with ethical dilemmas, often stemming from the tension between health care goals, families' and society's concern for safety, and the patient's goal of autonomy.

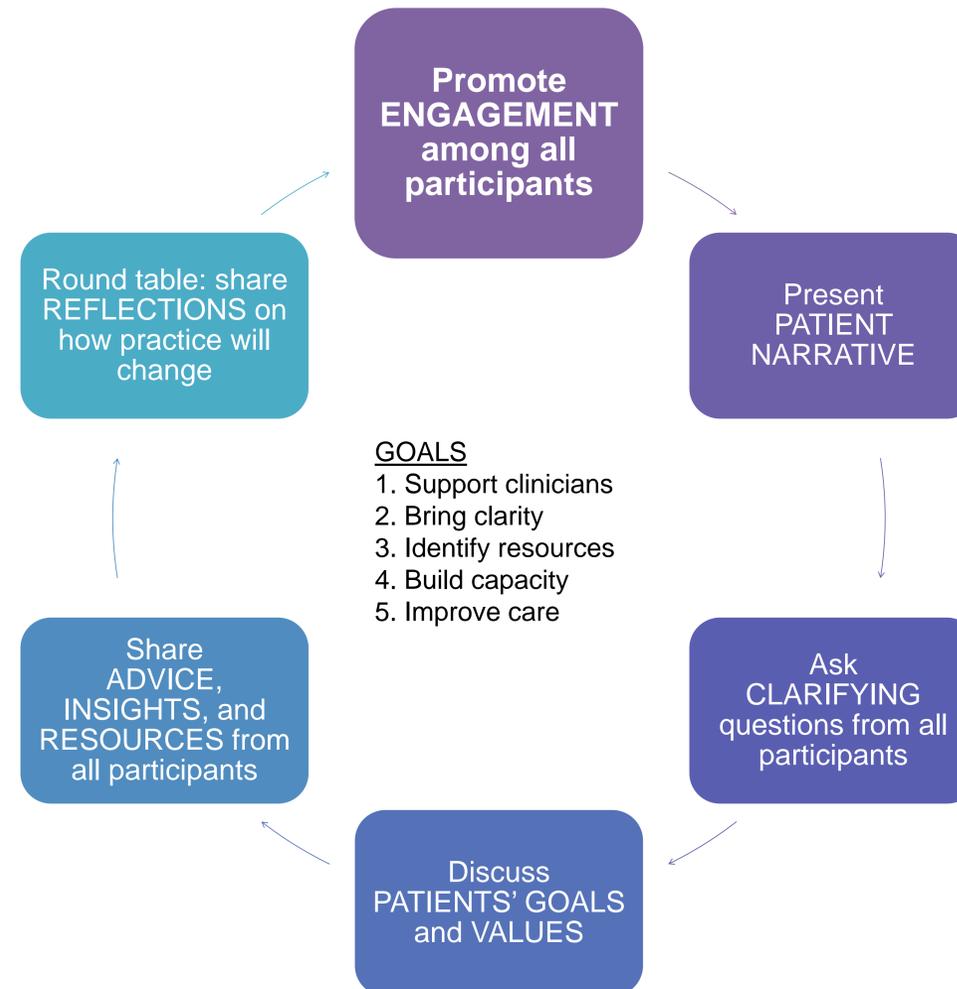
OBJECTIVE

- Create monthly, interprofessional (IP) rounds, centred on patient narratives
- To build capacity and support PCPs to improve care:
 1. Provide IP support to PCPs managing care,
 2. Bring clarity to the nature and complexity of these challenges,
 3. Name and explore the discomfort felt by PCPs,
 4. Identify key team and community resources for patients

ROUNDS PREPARATION

- Monthly 1 hour rounds
- Canvas entire FHT team for cases
- Ensure diversity of cases. Every case has value:
 - Medically Complex
 - Psychosocially Complex
 - Well and stable
- Invite all staff and learners
- Bring external community resources to the table (i.e., CCAC coordinator, geriatric teams, LHIN psychogeriatric resource consultant, and other local geriatric clinical resources)
- Presenting clinician prepares a patient narrative to address (and any clinical, psychosocial issues, or dilemmas)

ROUNDS DESIGN



The key learnings from these rounds included:

- A recognition of the value of patient narratives
- The importance of an atmosphere of trust
- The value of adopting a solution-focused approach
- The importance of valuing the views and contributions of all participants
- Final round table reflection from each participant is essential to team building and to consolidate learning
- Recognition that the dialogue itself increases capacity - each team member leaves rounds with an approach to care resulting from the wisdom of the group

OUTCOMES

31 Rounds held over 29 months

Attendance: Average of 14 participants per month (physicians, interprofessional team, hospital and community partners, learners)

Support provided for Primary Care Providers

- Presenting clinicians felt highly supported
 - "I feel bolstered."
 - "It is very helpful to hear the input of other professions to stimulate outside the box thinking."
- Increased confidence to support patients and families
 - "It will help in the decision making we need to make."

Enhanced clarity on the nature and complexity of cases

- Recurrent themes from patient narratives included:
 - Many patients living alone
 - Implications of cognitive decline
 - Driving issues
 - Medication changes and management
 - Challenges in managing these complex issues

Team building and supporting a culture of IP Care

- Mutual support among the IP team
- Increased awareness and appreciation of the IP team and community partners
 - "The multidisciplinary approach expanded my understanding of the different roles in the patient care."

Increased capacity across the FHT

- Team members identified new ideas and approaches that can be applied to other patient cases in their practices

CONCLUSIONS

- These rounds have fulfilled a need in our FHT. They have been valuable in both building our team, and our capacity to provide excellent care to our patients over 80 years.

ACKNOWLEDGEMENTS

- Special thanks to: all participants in the FHT rounds, and our Women's College and Community Partners