HOBIC - Health Outcomes for Better Information and Care

NEWSLETTER

Issue One, May, 2008

HOBIC is about improving patient outcomes

What is HOBIC All About?

Improving the Quality of Care Through Standardized Assessments

What is HOBIC all about?

HOBIC was developed in response to nurses' growing demand for more timely patient information, for help in improving the quality of care, to ensure a better understanding of patient needs, to achieve better outcomes and to improve the nurse-patient relationship.

HOBIC helps us achieve better outcomes for patients.

HOBIC was also developed to better understand and demonstrate the contributions nursing makes to the health care system. It is the first assessment tool our profession has had to measure outcomes, link them directly to nursing interventions and provide a baseline of information to strengthen our role as professionals. As HOBIC reports come into common usage, we'll be better able to see for ourselves how different treatments and interventions have different impacts on the patients in our care and will let us more finely gauge and coordinate our responses to patients' needs. In the midst of our busy days, the HOBIC measures will be a useful reference for care and a useful reminder of the patient's progress.

It eases the transition from one shift to another.

Who Benefits?

HOBIC was created by nurses, for nurses but the principle beneficiary is the patient. As the measures begin to reveal best practices and a better understanding of cause and effect, we will be able to continuously improve patient care and improve our communications with each other and the patient. They will also help us transfer patient information from shift to shift, from unit to unit and across disciplines.

HOBIC will also provide managers and Local Health Integration Networks (LHINs) with the tools they need to make better decisions about resource allocation.

It provides real-time information for clinical decision-making.

The implementation of HOBIC is spreading across Ontario. As utilization increases, reports will be provided that show results by facility, by LHIN and provincially. The reports will demonstrate the impact nursing has on patient recovery and general health.

HOBIC helps to build teams.

These standard outcome measures break down information silos between disciplines, types of care and different care givers and they are a building block of a truly integrated continuum of care. The measures will help to build teams and strengthen team-based care.

HOBIC Measures Being Introduced Across Ontario

Nurses are a key component of team-based care. For the first time, nurses across Ontario working in acute, complex continuing and long-term care have standardized admission and discharge measures for nursing sensitive outcomes. We will use this information to consistently measure and monitor **functional status, therapeutic self-care, pain, nausea, fatigue, dyspnea, pressure ulcers and falls.**

In 2007, the early adopters in the North Simcoe Muskoka and Hamilton Niagara Haldimand Brant LHINs had the opportunity to be pioneers in the development of HOBIC. They are to be congratulated for having contributed to setting the standard for the broader implementation of this initiative across Ontario.

HOBIC Information is Having an Impact on Nursing

As more organizations start using HOBIC, more and more information is being accumulated and analyzed. Individually, as clinicians at the bedside, and collectively as team members, nurses and nurse managers are increasingly finding that they are better equipped to make clinical decisions regarding:

- what type of nursing care is required,
- what the best interventions are, and
- how different ways of deploying nurses can benefit patients and improve their outcomes.

For example, it is increasingly possible to improve continuity and consistency of care. Using HOBIC reports, it is also now possible for nurse managers to determine if specific groups of patients are achieving the best outcomes by comparing HOBIC assessments with specific age populations or patient diagnoses.

HOBIC reports will also be produced that will reveal trends in patient outcomes on your unit, in your hospital, in your LHIN and across the province. As a result, best practices will be easier to identify and share.

The reports will also reveal patterns of symptoms against a record of our interventions giving us a clearer picture of the causes.

The reports will provide the manager with comparative information which can then be used to problem-solve with the team. We see the reports becoming the catalyst of team building.

"I am confident that HOBIC will change the way we understand and change our approaches to care not only at Royal Victoria Hospital but also with our partners in the community who are also applying the same tools."

Nurse leader, Royal Victoria Hospital

What are the HOBIC Measures?

- Functional status
- Therapeutic self-care (*medication management, understanding their symptoms, knowing where to get help*)
- Pain
- Nausea
- Fatigue
- Dyspnea
- Pressure ulcers
- Falls

Who is Adopting HOBIC?

HOBIC coordinators are working with organizations in the following LHINs:

North Simcoe Muskoka – Shannon Landry

Central West – Shannon Landry

Hamilton Niagara Haldimand Brant – Dorothy Trimble

Central East – Patti Tracey

Central – Sharon Avey-Morrison

Champlain – Robin Carriere

Toronto Central – Andrea Michie

Mississauga Halton – Virginia Odette

Waterloo Wellington – Elizabeth Krestick

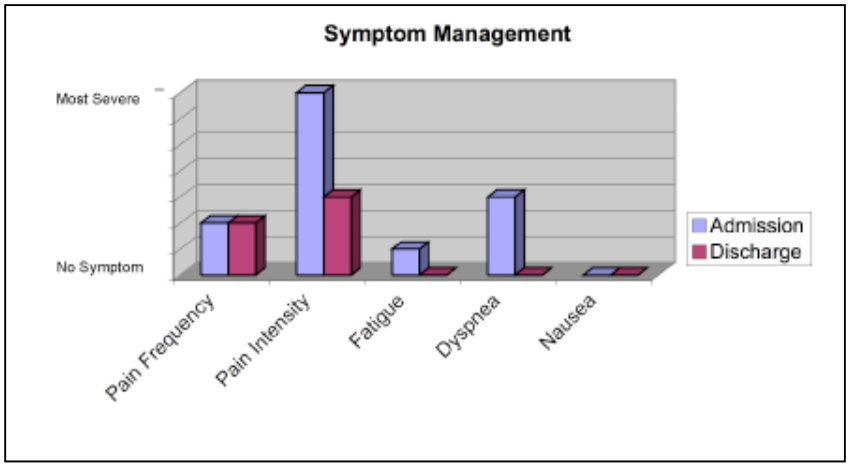
Ontario

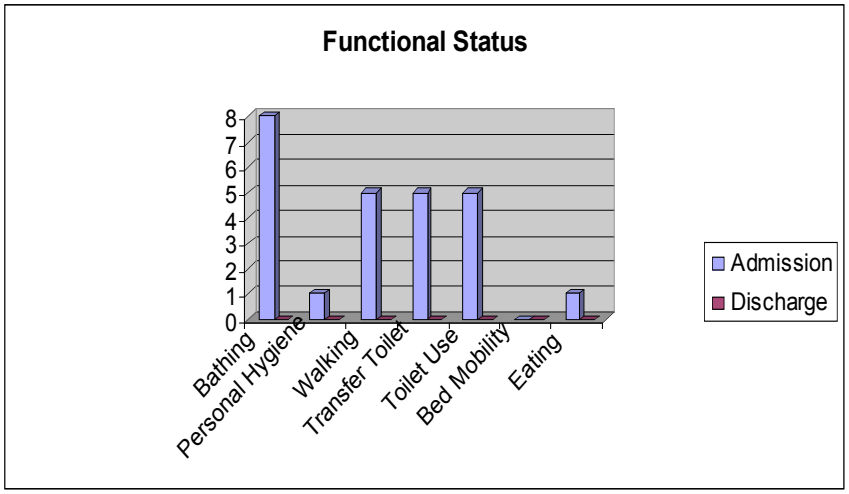
TIPS

HOBIC measures are nursing sensitive and have been designed to help you do your best for your patients. For many of you, the measures will be seamlessly built into your electronic admission and discharge assessments. For others they will be found on another screen in the admission and discharge process. Here are seven easy steps for integrating HOBIC into your day:

1. Pay close attention to the HOBIC measures during every assessment (admission, quarterly, discharge)
2. Use these measures to recommend changes in care on the care plan and review the changes with colleagues at a shift change or other times when care responsibility is being transferred.
3. Use the measures to initiate a team meeting, to discuss practice changes or share information about something that has worked well.
4. Use the measures to explain to patients and their families what is happening with the patient's health and their readiness for discharge.
5. Refer back to the measures during the discharge assessment to record changes in the patient's condition and abilities.
6. Talk to your Unit Manager about the availability of reports on how your unit or hospital is doing.
7. If you have any questions about the coding, please contact the resource person in your organization, your nurse manager or refer to the e-learning modules that have been provided to your organization.

HOBIC Reports Provide a Clear Picture of Each Patient





"...boy by the time you finish this data base you are REALLY going to know the patient!"

Overheard by Jan Sparling,
Collingwood General and Marine Hospital

Ontario

" The implementation of the HOBIC project is an opportunity for nurses across Ontario to exhibit leadership in the area of understanding the impact of nursing care on client health outcomes. This is in keeping with our commitment to ensuring that a strong evidence base underpins our decision making and health care practices."

Nancy Lefebre,
Saint Elizabeth Health Care

A Case Study
How One Patient Benefited from HOBIC

On her way to visit her husband in hospital, Mrs. K, a 75 year old woman, had a fall which resulted in two broken ribs and a pneumothorax in one lung. When she arrived at the hospital she was upset, in pain and her breathing was slightly laboured. She was admitted to the Medical/Surgical unit for further assessment.

Using the HOBIC measures within her electronic admission assessment, the admitting nurse learned that Mrs. K. was "exhausted", had suffered a previous fall during a dizzy spell, needed help managing pain and was using a number of prescription medications. The self-care measures indicated that she was confident about her ability to manage on her own and had a number of family members and friends nearby to help out if help was needed. She was confident about her use of her present medications. She was familiar with the symptoms of her chronic high blood pressure. However, as a result of her fall that day, she had difficulty walking and required the assistance of two nurses.

The information gathered during the assessment process meant the nursing team could develop a targeted and coordinated care plan that focused on the priorities of: mobility improvement, pain management and self-care instruction for the management of high blood pressure, diabetes and medications.

As expected, the pneumothorax resolved itself within a few days. However, her glucose was unstable and unmanageable. Although her diabetes had previously been managed by diet, she was now started on Novolin insulin. She was nervous about using the new medication. Her walking continued to be weak and she began to use a walker. Her discharge plan referred her to the local CCAC for continued assessment, medication management and mobility assistance.

By the time of her discharge, Mrs. K. was again self-sufficient and more confident about administering her insulin. Her care team reported that the HOBIC measures made understanding her case and following her progress easier. They were also confident that she was well able to manage her own care at home.

The HOBIC Newsletter is published by HOBIC and will be issued regularly to nurses and nurse managers. For more information please go to our website

www.health.gov.on.ca/hobic
or email us at
info@hobic-outcomes.ca

Ontario