HOBIC - Health Outcomes for Better Information and Care

NEWSLETTER

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Ella Ferris, Chief Nursing Executive

Sally Remus, Director of Clinical Informatics

St. Michael's Adopts HOBIC

Becomes first member of the Council of Academic Hospitals of Ontario to bring standard, electronic documentation to nursing

One of Toronto's longest-serving health science centres, St. Michael's Hospital is a major research and teaching hospital. Fondly known as St. Mike's, it has successfully integrated HOBIC measures into admission and discharge assessments through its electronic clinical documentation system. And, it has integrated the measures of pain, fatigue, dyspnea and nausea into the Activities of Daily Living (ADL) assessment for optional rating by nurses as required.

Recognizing the value and benefits HOBIC measures could bring to patient-care delivery and management, Sally Remus, St. Mike's Director of Clinical Informatics, put forward a successful business case for HOBIC implementation to the hospital's nursing leadership and executive group. With their support, implementation of HOBIC is now ongoing across 13 inpatient medical surgical units.

The hospital's Chief Nursing Executive, Ella Ferris, states: *"It was important to integrate the HOBIC measures into the development of our electronic assessment and discharge forms. For the first time, it will be possible to determine the direct impact of nurses' interactions on patient-care outcomes. We're shifting the focus from 'tasks' to 'outcomes.'"*

In a recent interview, Sally emphasized the importance of HOBIC information at patient-transfer points across the continuum of care. Not only does it provide comparability of patient information, but it is also a "*good starting point for patient-care planning*" for nurses and other healthcare providers. According to Sally, HOBIC compels a new way of critical thinking that moves away from "*task-oriented care*" towards "*looking at patient care through a lens that gets nurses asking, "How will the care I'm providing affect the quality of the patient's health or experience?"*

Anne Stephens, Corporate Clinical Nurse Specialist in Gerontology, who is responsible for the falls, delirium and restraints (FDR) program at St. Mike's also recognizes the benefits of HOBIC information to patient safety and

quality improvement. As a result, plans are underway to integrate the falls HOBIC safety measure information as a key part of the FDR program.

But Sally acknowledges that, as with all change, there are challenges. "*Designing and building new data architecture within an already complex system is always challenging. There are also challenges from a practice perspective. First, the HOBIC measures will change the way we think, facilitating a more patient-centred care approach. Second, adopting new documentation practices is not automatic and requires more careful thought in the early stages. Both are worthwhile.*"

"*In order to improve patient care, we need to seek and leverage new opportunities, such as HOBIC, to better recognize the direct contribution of nurses to patient outcomes*," Sally Remus, Director of Clinical Informatics at St. Mike's

What We've Learned So Far

Notes on the Implementation of Therapeutic Self Care Measures

The HOBIC measures collect outcomes information on the following components: Functional Status, Symptom Management (pain, fatigue, nausea and dyspnea) and Patient Safety Outcomes (falls and pressure ulcers). While there are some variations within the components, these three are common across Acute Care, Long-Term Care, Complex Continuing Care and Home Care. One of the sector-specific variations is the Therapeutic Self-Care (TSC) measure, which is unique to the acute and home care sectors. TSC is defined as the activities that promote, maintain, or enhance health, prevent illness, detect and manage symptoms, and restore functioning (*Sidani, 2003*). The Therapeutic Self-Care Scale (TSCS) assesses clients' perceived knowledge and ability to manage their health conditions, manage symptoms, follow the prescribed treatments - including medications – and carry out their usual activities. Scores can range from 1 (low self-care knowledge and ability) to 5 (high self-care knowledge and ability). The information is collected on admission and discharge and can be completed by the clients, their families, or administered by the nurse in an interview format.

The Therapeutic Self-Care measure assesses client readiness for discharged and their ability to manage their conditions. By applying the measures both on admission and discharge, the nursing team has a better understanding of their clients' abilities and what is normal for them.

While nurses recognize the value of the TSC measure, clients sometimes have difficulty with the questions or the rating scale. Unlike the other measures, which are based on observation and questioning about objective elements of clients' health conditions and levels of independence with activities of daily living (ADLs), the responses to the TSC measures are base on clients' and families' subjective

New Feature

FREQUENTLY ASKED QUESTIONS

Is HOBIC just the flavour of the month?

Many nurses have been wondering if HOBIC is a meaningful change in practice or a fleeting change that will be replaced with something else later - and, therefore, something that can be ignored. The answer is NO. HOBIC is a new, permanent improvement in how we collect information in health care organizations and province-wide. Ontario's Ministry of Health and Long-Term Care has made a significant investment in HOBIC. In addition, Canada Health Infoway has invested in making it the national standard for collecting nursing-specific information. HOBIC is being adapted for implementation in occupational therapy, physical therapy, pharmacy and other disciplines. As well, Ontario's LHINs are beginning to include HOBIC in their e-Health strategic implementation plans. HOBIC is here to stay.

Not all organizations are technology-ready. How does this affect HOBIC implementation?

It is true that some organizations don't have electronic documentation and others have been using it for years. But, electronic documentation is the future for everyone. HOBIC has been designed as an electronic tool. To assist organizations that are planning to introduce electronic documentation, HOBIC can be designed to fit any platform (for example, Meditech, McKesson, MDS, PointClickCare). The HOBIC team will provide IT consultants to help with the transition.

HOBIC is a small but important part of a wide-spread transition to electronic documentation that is happening on many fronts in Ontario's health system.

TSC HOBIC ADMISSION: Answers scored on a 1 – 5 scale where 1 means not at all and 5 means very much so.

TSC Questions	Mrs. K's Answers
1. Do you know what medication you have to take?	4
2. Do you understand the purpose of the medications prescribed to you (that is, do you know what the medications do for your health condition)?	5
3. Do you take the medications as prescribed?	3
4. Can you recognize changes in your body (symptoms) that are related to your illness or health condition?	3
5. Do you know and understand why you experience some changes in your body (symptoms) related to your illness or health condition?	4
6. Do you know what to do (things or activities) to control these changes in your body (symptoms)?	2
7. Do you carry out the treatments or activities that you have been taught to manage these changes in your body (symptoms)?	2
8. Do you do things or activities to look after yourself and to maintain your health in general?	2
9. Do you know whom to contact to get help in carrying out your daily activities?	5
10. Do you know whom to contact in case of a medical emergency?	5
11. Do you perform your regular activities (such as bathing, shopping, preparing meals, visiting with friends)?	2
12. Do you adjust your regular activities when you experience body changes (symptoms) related to your illness or health condition?	3

understandings of clients' abilities to manage their health conditions. To maintain the reliability and validity of the tool, the questions must be asked exactly the way they are written. Where nurses feel it is necessary, they can provide clarification, but they must be careful not to change the intent of the question.

Self- care is a critical concept in the current healthcare system, where much of the treatment and care is provided in outpatient settings. Clients, more than ever, need a thorough understanding of their conditions, their treatment and how their conditions might change. Through improved self-care, people - particularly those with chronic illness - can slow the progression of disease and live generally healthier lives.

Case Study: Hip Surgery and Diabetes Care Management

Mrs. K. was admitted to the inpatient surgical program following surgery to repair a broken hip that resulted from a fall. Within 24 hours of admission, the nurse explained to Mrs. K. that she would be asking her a set of 12 Therapeutic Self-Care questions (see sidebar), which would focus on different aspects of care relating to her present health condition. The nurse reviewed the 1 – 5 TSC scale with Mrs. K. and provided her with a visual aid, which could be used to assist in selecting the most appropriate response.

The nurse began by asking the client if she was currently taking any medications. Her answers quickly focused on a pre-existing condition – diabetes. Mrs. K. reported being very up-to-date and knowledgeable about medications she was taking for diabetes but was uneasy about injecting insulin now that she had broken her hip. She rated question 1 as a "4." Although she had learned how to use a new glucometer and administer her insulin (rating her knowledge of her medication as a "5"), she still expressed a lack of confidence about giving herself injections now that she was recovering from a broken hip. She rated question 3 as "3."

The nurse continued with questions relating to detecting and managing symptoms. Mrs. K's answers revealed areas where she felt quite confident and areas where she admitted she needed help. For instance, she was uncertain how she was supposed to feel when her blood sugars were either high or low. She thought that this might be why she had fallen. In rating her ability for recognizing changes in her body related to her blood sugar, Mrs. K. rated herself as a "3" (question 4) but felt she understood the reasons why and rated herself as a "4" (question 5). She was aware that she was to have a snack if she needed to bring her blood sugars up, but was not aware of what else she needed to do. So, at the time of the admission interview she scored herself poorly on questions 6 and 7. She was pleased, therefore, to learn that the surgeon had asked the

diabetes education team to see her before she was discharged and felt sure that the Diabetes team would improve her ability to understand her condition and care for herself at home.

Mrs. K. also felt that she would still be able to carry on independently once her hip was better but right now she felt she would need help with some daily activities. So, she scored herself at "2" for questions 8 and 11. When asked specifically if she would be able to adjust her regular activities when she was experiencing low blood sugars or challenges getting around due to her hip fracture she again indicated she wasn't sure and scored herself a "3" for question 12. In thinking about the longer term, she was quite sure she could get around using a walker once the hip fracture was resolved and was not really concerned about falling again. She also felt quite able to get in touch with the right support in case of emergency or for help at home. For questions 9 and 10, therefore, she scored herself at "5."

Mrs. K's case illustrates the value of the HOBIC Therapeutic Self-Care measures, which helped her better understand her condition and abilities and created the impetus for more learning and a closer adherence to her post-operative care plan.

Photo courtesy of St. Michael's Hospital

Your Space

Do you have questions? Are there stories you'd like to see in coming issues of NEWSLETTER? Please let us know by contacting us at:

www.health.gov.on.ca/hobic

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