

NEWSLETTER

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HOBIC simplifies information collection, storage and use and raises awareness of the impact of nursing on patient outcomes.

HOBIC Teaches

HOBIC has now been implemented in 125 organizations. By this time next year we will be close to 200 including, we hope, agencies delivering home care nursing. The implementation, so far, has taught us a great deal about what makes for success.

1) Leadership

The first ingredient is leadership. We have found that it is critical that senior nursing leaders, including the chief nursing officer, be supportive of HOBIC implementation and be seen to be supportive by the nursing staff throughout the organization. The CEO has to play the role of cheerleader and chief salesperson to the organization and to the nursing staff. The CNO also needs to learn, along with all the other nurses in the organization, how to use the HOBIC information to assess the quality of care that is being delivered. This is an important signal to the nursing staff and their immediate managers that nurses' decisions about what constitutes the best care really matter. It also lays the groundwork for important quality improvement exercises.

2) Focusing on What's Important

A second important ingredient for success is the effort that a facility puts into examining what it wants and needs in its admission assessments. This is important because HOBIC items are embedded in these assessments. We have learned that many organizations have admission assessments that have much more information than nurses ever use. This requires more time than necessary for no discernible benefit. By streamlining the admission assessment so it includes only what really matters, nurses' time is saved. Where possible, clustering the needs of several organizations into one standardized assessment also saves nurses' time and lays the groundwork for stepping up to the Electronic Health Record.

3) Access to the Internet

A third critical component is access to the Internet. Perhaps we were naïve, but we did not realize that in some facilities in which we had implemented HOBIC, nurses could not take advantage of HOBIC's features because they did not have access to the Internet. Fortunately, the number of organizations in which nurses do not have access to the Internet is small and, we hope, diminishing.

HOBIC keeps teaching us. We can hardly wait to find out what we will learn in our next round of implementations.

Dorothy Pringle, Executive Lead, HOBIC

The View from the Field: HOBIC and Other Measures

By Dodie Trimble, Director of Quality and Clinical Practice, Norfolk General Hospital (formerly HOBIC Coordinator for the Hamilton Niagara Haldimand Brant LHIN)

Adverse Event reports, Dashboard of Indicators, Required Organizational Practices (ROPs), Patient Safety reports and Patient Satisfaction surveys – we're not short of information. One way or another each of these tools assesses the impact of nursing care on patient outcomes. It's all useful but we struggle with how to turn this information into action. Having been part of the HOBIC implementation team and now working as Director of Quality in a hospital setting, I have had an opportunity to link the information from these indicators with HOBIC information and have found that I get a more detailed and timely picture of the patient and better information about how to improve care.

We can learn from experience using the **Adverse Event reports**. If we take that knowledge and add to it what we learn from HOBIC admission reports, we can identify risks and prevent issues from arising in the first place. For instance, looking at Adverse Event reports we can see how a fall happened and make general changes in our approach to falls prevention. But, if we couple that general knowledge with specific knowledge about the functional status of a patient or resident on admission, we can likely take steps to prevent the fall from happening in the first place.

Similarly, with **Dashboard indicators** we get a general picture of what is happening at the unit level but if we add HOBIC information to that picture we get a more detailed image of what is happening – particularly with respect to nursing.

In the case of **ROPs**, we can see how HOBIC information provides valuable proof of how we're complying with ROP indicators because several of them are echoed in the HOBIC measures – for instance, patient safety, patient education, transfer of accountability, quarterly reports and fall prevention strategies.

And finally, **patient safety and satisfaction survey reports** will begin to reflect the improved patient experience that results from what we learn about care from HOBIC.

HOBIC provides an excellent opportunity to enhance our understanding and practice of quality care. Now that I've worked with HOBIC, I wonder how we ever did without it.

Highlights from the HOBIC/LTCH CAP Project Workshop

On March 4, 2009, HOBIC and the Long -Term Care Homes Common Assessment Project (LTCH CAP) collaborated in an all day workshop on the way Resident Assessment Instrument – Minimum Information Set (RAI-MDS) and HOBIC are improving the quality of nursing care. Several presentations illustrated different approaches to quality and identified adaptation strategies and priority areas for action. Here are some highlights.

Presenter **Sara Clemens, from the Fairview Mennonite Home in Cambridge, Ontario**, offered a case study of how HOBIC has been successfully implemented in a long-term care setting and illustrated how HOBIC provided an immediate snapshot

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



Anne Sales, Faculty of Nursing,
University of Alberta

of patient status before the RAI-MDS assessments were available. In her remarks, she stressed the usefulness of HOBIC for helping to refine care plans, for communications with residents and their families and for enriching cross-disciplinary staff meetings. She also commented on the benefit of being able to see outcome trends quarter by quarter. Using a Power Point presentation, Sara showed how the Fairview Mennonite Home was using the HOBIC reports in several ways: to see how they are performing against provincial standards, to quickly identify problem areas and make adjustments and, equally importantly, to identify coding errors that need to be corrected. She emphasized the importance of being able to access and share information. Sara credited HOBIC and RAI-MDS with helping staff at the Fairview Mennonite Home transform the quality of care, improve patient safety, get families more closely involved and substantiate the home's planning and funding requests.

Daile Moffat, presenting on behalf of Specialty Care Inc., offered practical advice on how to integrate HOBIC and RAI-MDS indicators. As an early adopter, Daile has been using HOBIC with RAI-MDS to create a richer picture of the resident and the impact of nursing interventions than has been possible before. She noted that in their environment they are able to get both HOBIC and RAI-MDS information in real time and that they use the information for quarterly multi-disciplinary team reviews, measuring the results of interventions, tracking change using recorded facts, refining resource plans (helping put the right staff in the right place) and comparing admission and discharge outcomes.

The keynote speaker, **Anne Sales, a member of the University of Alberta's Nursing Faculty** (and of the Translating Research in Elder Care (TREK) team), offered insights from a recent study she conducted in long-term care facilities in the Prairies. Dr. Sales has been focusing on knowledge utilization and implementation of best practices particularly as they apply to health care teams, cardiovascular health, the nursing workforce and relationships between nursing and patient outcomes. From her perspective, HOBIC added to the value of RAI-MDS in a couple of important ways. One is that HOBIC provides real-time information that supports nurses at the moment of greatest awareness and need. Another is that HOBIC represents a step forward in terms of the practical application of the information. She noted that every HOBIC indicator reveals the reasons behind an outcome and is actionable.

Following the presentations, the large group was broken into small discussion groups led by facilitators, who took people through a process of discussing both the issues and opportunities associated with implementing RAI-MDS and HOBIC in long-term care settings. It was a very useful day and it is anticipated that more workshop days like this will be planned in the near future. Keep your eyes on LTCH CAP's e-news and HOBIC's newsletter for future dates and locations.

HOBIC Expanding to Include Other Disciplines and Sectors

By Agnese Bianchi, HOBIC Coordinator for CAHO Hospitals

Originally, the focus of the Health Outcomes for Better Information and Care (HOBIC) program was on capturing nursing-sensitive patient outcomes. In 2005, the Ministry of

Health and Long-Term Care (MOHLTC) expanded the scope to consider other inter-disciplinary team members including pharmacists, occupational therapists and physical therapists and other sectors of the health care system (mental health, primary care, public

FREQUENTLY ASKED QUESTIONS

How does HOBIC work with RAI-MDS?

Both RAI-MDS and HOBIC are focused on improved resident care.

HOBIC is focused specifically on the impact of care provided by nurses. HOBIC information is assessed within 24 hours of patient admission and then quarterly – on the same schedule as MDS 2.0. The measures utilized to assess function, pain, falls and pressure ulcers are from the MDS 2.0.

The data collected through the HOBIC assessment tool is submitted by the home to the HOBIC database.

HOBIC information is available in real time to any nurse manager or front-line nurse with access to a unit computer and a secure password.



Elizabeth Krestick, HOBIC Coordinator for Waterloo Wellington LHIN, facilitates a discussion about the implementation of HOBIC in RAI-MDS settings.

health, rehabilitation). This interdisciplinary approach to outcomes will provide a more holistic, integrated view of patient care. It will also enable a more comprehensive measurement of the impact of care by health care providers while making their contributions to patient care more visible.

Critical appraisals, similar to the work that was undertaken for nursing, were completed by experts to review the evidence on outcomes. The findings were then presented to groups of experts for input and feedback. The HOBIC team will provide a report to the Ministry of Health and Long-Term Care in September 2009 with recommendations for moving forward in these other areas. Please check the HOBIC webpage for updates on this work.

C-HOBIC – A National Initiative

At the e-health conference “e-Health 2008: Extending the Reach”, held in May 2007, Richard Alvarez, CEO of Canada Health Infoway, announced funding for C-HOBIC. This funding supports a two-year project that introduces a systematic, structured language to patient assessments across Canada’s health care system. This is the first nursing project funded by Canada Health Infoway.

The Canadian Nurses Association (CNA) is the sponsor of this project – in partnership with the provincial ministries of health of Ontario, Saskatchewan and Manitoba. C-HOBIC uses the methodology developed in Ontario through the HOBIC program to implement the collection of nursing-sensitive patient outcomes in Saskatchewan and Manitoba. As electronic health records become prevalent in health care organizations, nurses will need to adopt and use health information. It is therefore important that these electronic health records contain information that is of value to nursing. That is the role of C-HOBIC.

One component of the C-HOBIC project is the examination of the value of C-HOBIC information to nurses in planning for and evaluating patient care, exploring how C-HOBIC information can be integrated into the workflow of nurses’ daily activities and considering how the aggregated information is used by managers and policy makers. This information will be put into a report that is expected to be available by September 2009.

Mapping of C-HOBIC Concepts to ICNP®

As part of the funding from Infoway, the HOBIC/C-HOBIC concepts have been mapped to the International Classification of Nursing Practice (ICNP®). ICNP® consists of the following elements: nursing phenomena, nursing actions, and nursing outcomes.

Essentially, these components are the elements of nursing practice. ICNP® offers a single approach for coding nursing information that will support interoperability, consistency, and comparability of clinical information that is reflective of nursing practice across the health care system. For the nursing profession, it is essential that the information we need in order to plan for and evaluate care is included in the electronic health record. C-HOBIC is our way of fulfilling that need. For more information on C-HOBIC visit its webpage at www.cna-aic.ca/c-hobic.



Dot Pringle, Executive Lead, HOBIC and Peggy White, Program Manager, HOBIC

YOUR SPACE

Do you have any questions? Are there stories you’d like to see in this newsletter? Please let us know by contacting us at:

www.health.gov.on.ca/hobic

or email us at:

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