MEDIA BACKGROUNDER
Accountable Care Unit – Pasqua Hospital Unit 4A

Q: What is an Accountable Care Unit and how is it different from other hospital units?
A: An Accountable Care Unit is a system of care in which care team members are better connected with one another and are responsible to each other to ensure that patients receive the safest, highest quality care possible. This means patients, their families and their caregivers are all provided with standardized tools to improve communication and patient outcomes, and the care team is more accountable to their patients and each other.

Q: Where did the idea for this model of care come from?
A: RQHR's Accountable Care Unit is the first in Canada, following the lead of numerous health organizations across the globe, including in the United States and Australia, all under the leadership of Dr. Jason Stein, the physician founder of 1Unit.

Q: What successes has it led to in other jurisdictions?
A: In hospitals with established accountable care units in other jurisdictions, patient mortality rates have been seen to drop between 30 and 50 per cent, and length of stay is reduced by 10-15 per cent. Patients are happier with their care, and staff satisfaction has increased, resulting in less staff turnover and absenteeism.

Q: How many patients have gone through the unit since the pilot started, and what type of patients are they?
A: Patients on the unit are medical patients, with a variety of care needs that are chronic and complex. There have been approximately 200 patients on the unit in total since the pilot began in late February.

Q: How many physicians and staff are on the unit?
A: Seven days a week, there are two hospitalists physicians, one charge nurse, and four nursing teams, each with one Licensed Practical Nurse and one Registered Nurse.

Five days a week, there is also a pharmacist dedicated to Unit 4A, and physiotherapy, occupational therapy, dietitians and social workers who work on the unit. A Clinical Resource Nurse and a Clinical Nurse Educator also support the staff throughout the day with real-time education.

Q: What are some of the positive benefits achieved through the pilot so far?
A: We have already seen some initial system benefits, and the benefits to patients and staff have been relayed through our experience surveys:

Patients - We have received an overwhelming number of positive comments via patient experience surveys; patients are telling us this is the right thing to do. Patients have even indicated they do not want to move to a unit that does not practice accountable care principles.

Staff and Physicians - Nursing staff have said they can better contribute to and understand the plan of care for their patients. Physicians have said they are already seeing how this model could improve patient care and overall work every day.

<u>System Benefits</u> - Patient flow through the unit has been higher than on the research control unit, showing potential for shorter stays to benefit patients, reduce costs and reduce care wait times throughout the hospital system.

Q: What is the project's timeline?
A: The Accountable Care Unit was launched in mid-January, but foundational work was required before the pilot project could commence. The project started when patients began to be accepted on February 24, 2016; RQHR and the Ministry of Health have committed six months of funding, so the pilot project will wrap up in August.

Q: What is the cost of the project and how does it compare to the cost of an ordinary hospital unit?
A: RQHR is supporting the implementation of this project with existing resources and with $305,000 funding from the Ministry of Health's Emergency Waits and Patient Flow initiative. We cannot compare this to the cost of another regular hospital unit, because additional funding has been needed to launch the pilot's extra staff educational training and enhanced patient communication tools, such as whiteboards.

RQHR is conducting formal research into the outcomes of this pilot project. A component of the research will evaluate the overall cost implications, which will be factored into the overall decision to implement this model on other units.

Q: How much would it cost to incorporate accountable care throughout RQHR?
A: Required funding to incorporate accountable care throughout RQHR would depend on decisions made, after research results have been analyzed, about how and where accountable care principles could be incorporated to provide maximum benefits to our patients, staff, physicians and a more sustainable system in future.