This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.
Overview

HNHB CCAC is built on patient-centred home and community care and services delivered through a solid commitment to continuous improvement.

Through HNHB CCAC’s vision of Outstanding Care – Every Person, Every Day, we embrace a shared focus on putting patients and caregivers first through engagement and ongoing dialogue, centred on how to support better access to high quality care. HNHB CCAC employees ensure that people in our communities have access to the quality health services they deserve, wherever and whenever they need them.

Quality is the common thread at the centre of everything we do at HNHB CCAC. In 2016 we were honored to receive the highest level of recognition from Accreditation Canada and achieved Exemplary Standing following a rigorous, third party review of our practices and policies.

To assist in the development of our Quality Improvement Plan, we are focused on the following four key elements of our Quality, Risk and Patient Safety Framework to achieve and sustain safe, high quality care:

- Leadership & Accountability
- Culture
- Education & Awareness
- Performance Management, Processes & Tools

As part of HNHB CCAC’s overall quality program, our efforts are aligned with four of Health Quality Ontario’s six aims of quality care as set out by the Institute of Medicine. Our program focuses specifically on:

- Safety
- Effectiveness
- Patient-Centered
- Timely Access

Within this year’s Quality Improvement Plan, HNHB CCAC’s three key focus areas are safety, timely access and patient centred from the group of four attributes. Most importantly, our Quality Improvement Plan identified initiatives to help advance patient experience and continually improve the quality of services provided to the patients we serve as well advance the Patients First agenda. HNHB continues to perform at or better than the provincial average on 4 of the 6 CCAC indicators, but maintains strategies and monitors performance for all 6 CCAC indicators. Similar to the approach that was taken in the 2016-17 Quality Improvement Plan, our focus this year reflects those indicators where we did not reach the provincial average or where new provincial targets have been set. We will continue to focus on indicators from last year as well as a focus on patient experience.

- Safety – Falls for Long-Stay Patients
- Timely Access – 5 Day Wait Time for Nursing
- Timely Access – 5 Day Wait time for Complex Personal Support
- Patient Experience

The CCAC recognizes that the readmission and ED utilization measures are key factors in controlling system demand. Although HNHB performs better than the provincial average on ED utilization and re-admission, it is committed to monitoring these figures and to implementing strategies to maintain better than average performance levels.
One of the programs designed to maintain or improve these statistics is the DIVERT program. Using an algorithm based on data obtained through the RAI-Home Care assessment, HNHB CCAC can identify patients with chronic conditions with a propensity for ED utilization. By addressing the chronic condition in a more proactive manner, pilot sites have seen dramatic decreases in ED utilization.

HNHB CCAC will also participate in the development of two additional indicators related to Palliative Care and Health Links. The Palliative indicator will continue to focus on measuring whether patient die in their preferred place of death. This is an indicator which is very much aligned with the patient experience but it is complicated by the fact that the preference will often change during the disease trajectory.

The second developmental indicator is related to the identification of new health links patients. The CCAC recognizes that the Health Links concept is very much aligned with the Patients First road map. At the same time however, the concept has a strong institutional focus and the CCAC recognizes that in community, complexity or high needs is not always correlated to institutional-based interventions. In fact, if potential complexity is identified early in the patient journey, and if throughout that journey the vigilance toward situations of rising risk, then proactive steps can be taken to try to avoid the ED utilization and hospitalization often experience by complex patients. The CCAC will endeavor to address both scenarios, recognizing that complexity is not always defined by institutional utilization.

**QI Achievements from the Past Year**

The CCAC demonstrates an ongoing and consistent commitment to quality care, having been an RNAO Best Practice Spotlight Organization since 2007, incorporating Evidence Informed Practice into the patient care, including wound care best practices.

Within HNHB LHIN, there is strong history of collaboration between the CCAC and HNHB LHIN, the CCAC Service Provider partners, hospitals, primary care, and community agencies. Wound Care was a strategic priority for the CCAC in 2016/2017. As such, the CCAC collaborated with all of its Nursing Service Providers to improve the quality of care it provides to patients through development and implementation of additional Outcome Based Pathways (OBPs).

The CCAC had dedicated resources to this important project, including a dedicated interim manager to support the work, and had engaged a primary care provider with wound care expertise and a Clinical Nurse Specialist with advanced wound care training.

As a result of this project we are pleased to report there has been a demonstrated decrease in length of stay on pathways per patient from 208 days to 114 days which is a 45% reduction.
Additional Highlights of the project included:

- Increased timely access to Wound Care Consultants to be seen on each pathway patient within 7 days
- Collaborated with Nursing Providers on revamping the tool in which they used to report to the CCAC on progress
- Implementation of Wound Care Committee
- Standardization of Interdisciplinary team Case Conference requirements which includes Care Coordinator, Clinical Nurse Specialist, Physician, Services Providers and direct patient involvement
- Health Teaching Framework with patients.

Population Health-

HNHB CCAC is committed to meeting unique needs in various areas of its geography. Based on the prevalence of Chronic Disease in the region, the CCAC has introduced an Up-stream Chronic Disease Management program focused initially on CHF and COPD. Focusing on patient education and management of the conditions, the CCAC is expecting to influence the propensity for hospitalization and ED utilization.

Equity-

HNHB CCAC recognizes that the capacity to communicate about all aspects of one’s health journey is a key influence on the patient experience. Beyond seeking to fulfill its mandate with respect to the French Language Services Act, the CCAC also keeps a roster of languages spoken by CCAC staff. These individuals can be called upon for translation and interpretive services and where necessary, these services are procured from outside of the CCAC.

In addition to the language services, the CCAC undertook mandatory cultural diversity training for all staff in 2016 in order to better understand the cultural influences of the patient journey.

Integration and Continuity of Care-

HNHB CCAC is proud to lead the home and community care component of a much larger health care collaborative comprised of numerous health providers throughout HNHB. By working together with our health system partners, CCAC has the ability to fulfill its commitment to ensure patients get the right care, in the right place, at the right time.

HNHB CCAC has already incorporated many of the government’s key priorities addressed in Patients First such as embedded CCAC care coordinators within nine hospital corporations across 22 sites; and in increased number of CCAC care attached directly with primary care providers to improve communication around care plans for the most complex patients.

We continue to work closely with our service provider partners to understand challenges with 5 day wait times and identify areas for improvement. For instance, service providers receive monthly performance reports related to 5 day wait times, which are then incorporated into quarterly service provider meetings to talk about performance and how we improve access to care.
In addition, CACC will continue to monitor additional indicators where we have demonstrated success. Focusing on medication reconciliation for high risk patients is a strategy that helps support a number of the indicators including falls prevention, emergency avoidance and hospital readmission. To advance medication reconciliation at transition points, CCAC continues to provide leadership to the HNHB LHIN Medication Reconciliation Committee that includes hospital partners, Health Links, Rapid Response Transition Team, service provider agencies and community pharmacists.

Access to the Right Level of Care - Addressing ALC Issues

HNHB CCAC is a fully engaged partner within LHIN efforts around ALC. The CCAC provides LHIN-wide performance data to all hospitals on a monthly basis and has a representative on the provincial CCO ALC Advisory group.

The CCAC participates in a number of ALC working groups with individual hospital partners. The CCAC also introduced a program called Transitional Beds that enable patients with a high likelihood of requiring placement, but whose needs exceed that which can reasonably be provided in the home, with a safe, supportive congregate setting, thus freeing up hospital capacity. This program is a contributing factor to having a 90th percentile wait time for acute ALC to LTCH of 128 days, compared to 218 days for the province (CCO: ALC report for January 2017). For non-acute, the 90th percentile wait time for ALC to LTCH is 182 days in HNHB and 319 days in the province.

Engagement of Clinicians, Leadership & Staff

To inform and help shape the QIP, HNHB CCAC engages its service provider partners and the staff Quality and Safety Committee. HNHB CCAC also engaged a hospital partner in discussion of a joint strategy aimed at Falls Prevention. Once consultation has been completed, a draft QIP is presented to the Executive Team and the Board’s Quality and Safety Committee for input and review. The LHIN Quality Guidance Council provides opportunity for various hospital and community partners and CCAC to discuss priorities for their QIPs.

Resident, Patient, Client Engagement

Patient representatives have been incorporated into our Palliative Quality and Safety Committee where the committee has been focusing on smooth and safe transitions. Under the Patient First Act the LHIN will be developing a Patient and Family Advisory Counsel and we will be leveraging this counsel to further develop and advance the 2017-18 strategies.

Aspects of the QIP are currently informed by results of the province-wide Client and Caregiver Experience Evaluation (CCEE) CCEE is conducted continuously throughout the year and provides benchmarking data showing how we compare with all CCACs across the province. This tool is one way we can identify areas for improvement.

Staff Safety & Workplace Violence

HNHB CCAC is committed to keeping not only our patients but our staff and service providers safe. Risk de-escalation guidelines and the launch of an enhanced event management tracking software allow for better reporting of risk events to help inform improvement strategies. As part of this software enhancement, the system incorporated a way for staff to report employee safety risks and in addition received additional training on patient risk management and workplace harassment.
Contact Information

For further information, please contact

Tom Peirce
VP, Quality, Performance and Chief Innovation Officer
HNHB CCAC
tom.peirce@hnhb.ccac-ont.ca

Sign-off

I have reviewed and approved our organization’s Quality Improvement Plan

Board Chair

Chief Executive Officer

VP, Quality, Performance and Chief Innovation Officer