

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2018/19 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	5-day wait time for home care: Nursing Visits - % of home care patients who received their first nursing visit within 5 days of the patient available date (PAD) (%; Home Care Clients; October 2016 – September 2017; HSSO CHRIS, HSSO HCD)	92400	96.00	96.00	96.10	Currently exceeding target and provincial benchmark

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Change Ideas from Last Years QIP (QIP 2018/19)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Decrease wait time for home care (Nurse)	Yes	An in depth review and audit was completed for compliance with the PAD which informed recommendations. As well there is ongoing analysis that occurs and identifies those that continue to struggle. The ongoing analysis allows for management support for those individuals that continue to struggle with managing the PAD and continued focus on the importance of this work.
Increased use of the Patient Availability Date (PAD)	Yes	The PAD is used in all service ordering for Nursing and Complex PSW. Refresher education was completed by Oct 16/19, those that didn't attend sessions held by the Lead had sessions with their individual managers. All staff benefitted from a refresher in basic service ordering. Understanding how to service order and how it affects service provider's ability to schedule and plan for staffing needs. Staff did not understand the appropriate use of the PAD and service priorities. The education helped to provide clarity on data fields in service ordering. We included a section that shows what the provider's see in an initial service offer which helped staff understand the importance of service priorities.

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2	5-day wait time for home care: Personal support for complex patients - % of complex home care patients who received their first personal support service visit within five days of the patient available date (PAD) (%; Home Care Clients; October 2016 – September 2017; HSSO CHRIS, HSSO HCD)	92400	89.80	92.00	86.50	Continue to notice a decline in performance likely related to overall provincial PSW shortage

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3	Falls With Injury - Percentage of adult long-stay home care clients who have a fall with injury reported in the HNHB LHIN internal Event Monitoring System. (Rate per 1,000; Adult long stay home care clients; April 1 2018-March 31 2019; Internal Event Monitoring System)	92400	3.18	3.02	2.55	Current performance better than target

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Decrease the number of repeat falls with injury	Yes	The huddles are still under way and will be 100% completed by the end of Q4. Capturing all the staff takes time and often having to repeat information. It's good to incorporate this into regular discussions with staff and to have case examples available where falls prevention strategies have worked and where we have missed on opportunities to have the falls strategies in place and the impact of the missed opportunity.
Decrease in the number of patients who fall and have an associated injury	Yes	Managers have reviewed falls with injuries and the recommended actions were completed for the events within their portfolio. The findings through the Quality and Safety Reviews as well as the review conducted by managers has identified the need for a comprehensive falls care pathway. This work is going to be undertaken for 19/20.

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4	Percent of home care clients who responded "Good", "Very Good", or "Excellent" on a five-point scale to any of the client experience survey questions: i) Overall rating of LHIN Home and community care services ii) Overall rating of management/handling of care by Care Coordinator iii) Overall rating of service provided by service provider (%; Home Care Clients; April 2016 - March 2017; HSSO CCEE Survey)	92400	92.40	93.00	91.90	Performance has dropped slightly with this indicator; still within 10% of target

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Early identification of caregiver burnout	No	The Caregiver Distress tool is not being used as a stand-alone document as it was identified early on that this would be added work for the Care Coordinators. Instead, we are using the questions in the Inter-RAI HC assessment tool. Using the existing tool and building education around the process of assessing care givers, wrapping the care around the patient and caregiver was a more successful and efficient process.
Work with each PSW provider on reducing missed care and improving missed care communication	Yes	A small working group met frequently to determine the accuracy of reporting on missed care. The providers were asked to submit their missed care data weekly to the Manager of Service Provider Relations for tracking. Service Provider Organizations were engaged in multiple discussions regarding how to reduce missed care and reminded about the expectations of communicating potential missed care to patients, caregivers, and the LHIN. Performance management strategies were employed as required.

Reduce the number of escalated patient complaints

No

The data system for tracking complaints was updated and the severity of the complaints was updated. This impacted our ability to retrospectively review. A new position of Manager, Patient Relations was introduced in 2018-19 and trending and monitoring of unresolved or escalated complaints is being conducted.

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5	Percent palliative/end of life patients who died in their preferred place of death (%; Patients deemed palliative or end of life; October 2016 - September 2017; HSSO CHRIS)	92400	51.32	56.00	42.90	Performance has slipped with this indicator.

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Develop a rigorous process for identifying patients preferred place of death upon assessment	Yes	The Preferred Place Of Death (PPOD) tracking mechanism (referral code) was rolled out in November 2018. This new tracking mechanism will take time to update in the patients' charts as Care Coordinator's review and update their patient's wishes during follow up visits. Many competing priorities within the organization makes it challenging to focus on one improvement. Reminders will be needed over time to ensure this is being captured accurately and consistently.
Improved process for conducting advanced care planning	No	At the end of Q3 this work has not yet begun due to a variety of improvement initiatives throughout the organization.

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6	Percentage of complaints acknowledged to the individual who made a complaint within two business days (%; Home Care Clients; most recent 12 month period; Local data collection)	92400	96.00	96.00	88.38	Data quality issues suggest original current performance higher than actuals; improvement in data capturing has resulted in a more accurate picture of performance.


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Overall review of the patient relations process for HNHB LHIN HCC	Yes	There were a number of factors impacting this indicator. Our data system for reporting on patient complaints needed to be cleaned up in order to have accurate information. The system clean-up is in progress with aim for completion by the end of March, 2019. In addition, we implemented a new position – Manager of Patient Relations and are working on the system processes. Policy and procedure work need to be reviewed and updated, this should be complete by the end of March 2019. The change idea became broader and the impacts from the changes will take some time to see results. We anticipate improved results by the end of Q4.

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7	Percentage of home care clients who experienced an unplanned readmission to hospital within 30 days of discharge from hospital. (%; Home care clients discharged from hospital; July 2016 - June 2017; HSSO HCD, CIHI DAD, CIHI NACRS)	92400	16.85	16.00	16.00	Currently achieving target

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Move the coordination of care closer to the patient by putting primary care at the centre of care planning and care coordination	Yes	Sept 2018 – Phase 1 implemented with 12 Care Coordinator’s embedded inside our Community Health Centres and Aboriginal Health Access Centres. Model was co-developed with CHCs/AHACs and is includes shared access to patient records, single point of contact through consultative model and joint orientation and education. PDSA of Phase 1 is underway to: • Fully understand workflow and develop efficient business process • Apply lessons learned to inform our work in embedding Care Coordinators in Phase 2 (FHTs/FHOs) & Phase 3 (full rollout across all solo practitioners) • Enabler for Health Links model of care scale and spread
Improve integration of services with the Paramedicine telehome care program	Yes	There is a phased approach to this work – this fiscal year the Niagara Sub-Region has gone live with dedicated community Care Coordinator for paramedicine and streamlined intake process for referrals from paramedicine. The next phase – e-notification for EMS is being scoped for project plan and resources.
Increased access to Rapid Response Transitional Team (RRTT) nurses post hospital discharge.	Yes	Ongoing team review of metrics. We are currently above provincial average, however just shy of target of 10 visits/RN/week. Meeting target at 85%, improvement since QIP however not yet at 90% Other programs such as ICCP and Para-medicine targeting similar populations may have impacted referral volumes and ability to meet target, as well



as team vacancies Planned expansion of RRTT role in 2019 to increase scope of RRTT role and increase referral volumes to drive positive change. Education to be rolled out to all hospital staff and community Care Coordinator at start of Q4

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8	Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital. (%; Home care clients discharged from hospital; July 2016 - June 2017; HSSO HCD, CIHI DAD, CIHI NACRS)	92400	5.10	4.60	5.34	Performance has slipped on this indicator. Will continue to be a focus for 19/20.

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referral volumes and ability to meet target, as well as team vacancies Planned expansion of RRTT role in the new year to increase scope of RRTT role and increase referral volumes to drive positive change. Education to be rolled out to all hospital staff and community Care Coordinators at start of Q4

ID	Measure/Indicator from 2018/19	Org Id	Current Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
9	Percentage of patients diagnosed with a healable diabetic foot ulcer, whose ulcer closed within 12 weeks (%; Home Care Clients; Most recent 12 month period; Local data collection)	92400	CB	CB	67.63	Baseline data collection

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Provide off-loading devices to patients with Diabetic Foot Ulcer (DFU) in NCC	Yes	We have been collecting baseline data, which is really a proxy value, so difficult to correlate directly to the provision of an off-loading device. We have patients that are refusing the offloading devices for multiple reasons, which is impacting the total numbers of patients with off-loading devices. A request to the ministry inquiring about the ability to provide another type of off-loading device is in process.
Increased adoption by HCC of best practice guidelines (e.g. Wound Care Quality Standards)	Yes	We have a number of patients that remain with in-home visiting that have DFUs that need to be moved into the Nursing Care Clinic (NCC) for off-loading. We have a new manager hired at the end of Q3 who will be the wounds lead and will be working with the Care Coordinators and Service Provider Organizations to have these patients transitioned into the NCCs for off-loading assessments and devices. Service Provider Organizations have completed their training of their existing staff for the off-loading assessments and are doing the train the trainer model when bringing on new staff.

