

2016/17 NSM CCAC QIP Workplan "Improvement Targets and Initiatives"

AIM		Measure							Change						
Quality Dimension	Objective	Measure/ Indicator	Unit / Population	Source/ Period	Organization Id	Current Performance	Target	Target Justification	Planned Improvement Initiatives (Change Ideas)	Methods	Process Measures	Goal for Change Ideas			
Effective	To reduce avoidable hospital admissions among home care patients	Percentage of home care patients who experienced an unplanned readmission to hospital within 30 days of discharge from hospital.	% / Home Care patients	HCD, DAD, NACRS / July 2014 – June 2015	92408*	16.93	16.93	Our target for 2016/17 is to sustain current performance which is lower than the provincial average of 17.2% and 1.1% improvement over our current performance in 2014/15. Our planned Improvement initiatives will focus on our involvement in Health link Initiatives in North Simcoe Muskoka and the Telehomecare program.	1) Ongoing partnership in the Health Link approach to care to support the completion of Coordinated Care Plans for identified Health Link patients.	Participation in the coordinated care plan process specific to each NSM Health Link.	% of NSM Health Links where CCAC is actively involved in the completion of coordinated care plans.	CCAC will be actively involved with all NSM Health Link partners in the completion of Coordinated Care Plans by March 31st,2017.			
									2) Provide access to patient information via the Community Health Portal(CHP) for all Family Health Teams within the NSM region.				Access to the Community Health Portal will be provided to all Family Health teams as Health Link partners. This access to patient information will support the completion of the Health Link Collaborative Care Plans by the Health Link system navigator.	Community Health portal implementation and education to Family Health Team identified users.	All NSM Family Health Teams as Health Link partners will have access to Community Health Portal by March 31,2017.
									3) Increase the number of patients(COPD and CHF)enrolled in the Telehomecare monitoring program.				Implementation of sustainability plan, which includes engagement activities specific to patient enrolment.	# of patients enrolled in the monitoring stream of Telehomecare.	160 patients enrolled in the Telehomecare monitoring stream by March 31st,2017.
	To reduce the number of unplanned ED visits among home care patients	Percentage of home care patients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital.	% / Home Care patients	HCD, DAD, NACRS / July 2014 – June 2015	92408*	8.34	8.34	Our target for 2016/17 will be to sustain our current overall performance which is 1.0% better than our current performance for 2014/15. The provincial average is 6.8% with a range of 3.5% to 13.8%. Our planned improvement initiatives focus on small tests of change related to specific programs, specifically Telehomecare and Nursing Clinics.	1) Increase the number of patients (COPD and CHF) enrolled in the Telehomecare coaching program.	Implementation of sustainability plan, which includes engagement activities specific to increasing patient enrolment.	# of patients enrolled in the coaching stream of Telehomecare.	240 patients enrolled in the Telehomecare coaching stream by March 31st, 2017.			
									2) Expand e-notification process currently used at Royal Victoria Regional Health Centre to all hospitals within NSM.				E-notification process will be expanded to all NSM hospitals.	# of NSM hospitals where e-notification process has been implemented.	E-notification process implemented across all NSM hospitals by March 31st, 2017.
									3) Implement redesign of intravenous (IV) medication referral process within all NSM hospital emergency departments and spread to inpatient referrals.				Redesign of referral process implemented and sustained for emergency department referrals. Learnings will be used to spread implementation to inpatient referrals at all NSM hospitals.	# of days between missed doses.	To increase the time between missed doses from current baseline by March 31st,2017.
								4) Ensure equitable access to nursing services through the implementation of nursing ambulatory clinics in all sub-regions within NSM.	Nursing services will be accessible to all eligible patients requiring nursing services in all sub-regions within NSM.	# of ambulatory care clinics implemented and operational within NSM.	Nursing ambulatory care clinics will be implemented and operational in all sub-regions within NSM by March 31st,2017.				
Patient Centred	To improve patient experience	Percent of home care patients who responded "Good", "Very Good", or "Excellent" on a five-point scale to any of the patient experience survey questions: i) Overall rating of CCAC services ii) Overall rating of management/handling of care by Care Coordinator iii) Overall rating of service provided by service provider.	% / Home Care patients	OACCAC / April 2014 – March 2015	92408*	92.1	92.1	Our target for 2016/17 is to continue to sustain our current performance of 92.1% (equivalent to provincial average).	1) Identify and implement two quality improvement initiatives that will improve overall patient experience.	Utilizing results from the patient/caregiver engagement in 2015/16, a minimum of 2 initiatives will be identified and implemented that directly improve patient experience.	Chosen initiatives are aligned with improving patient experience.	Two quality improvement initiatives will be implemented by March 31st,2017.			
									2) Identify and implement two quality improvement initiatives that will improve overall staff experience.				Utilizing results from the work life pulse survey and its correlation to the patient experience survey, a minimum of 2 quality improvement initiatives will be identified and implemented that will improve experience for both staff and patients.	Chosen initiatives are aligned with improving both staff and patient experience.	Two quality improvement initiatives will be implemented by March 31st,2017.
									3) Implement patient experience survey for patients attending nursing clinics and for patients transitioning from hospital to home.				1. Patients attending clinics will be surveyed using the Client and Caregiver Experience Evaluation (CCEE) survey clinic module. 2. Patients transitioning from hospital to home will be surveyed using a new hospital discharge survey. 3. Frequency of surveys to be determined for both.	Completion of survey as per frequency determined.	Implement two new patient experience surveys by March 31st,2017.
		Dying in preferred place of death: % of palliative/end of life patients who died in their preferred place of death.	% / Palliative patients	CHRIS / N/A	92408*	Collecting Baseline	Collecting Baseline	Collecting Baseline.	1) Standard process for utilization of discharge dispositions related to patient preferred place of death.	Staff education on correct use of discharge dispositions related to patient preferred place of death. Auditing of compliance to practice and re-education to continue into 2016/17.	% utilization of discharge dispositions related to patient preferred place of death.	Month over month improvement in use of discharge dispositions related to patient preferred place of death.			
Safe	To reduce falls among long-stay home care patients	Percentage of adult long-stay home care patients that have a fall on their follow-up RAI-HC Assessment.	% / Adult long stay home care patients	HCD, RAI-HC via LSAS / Oct 2014 - Sep 2015	92408*	39.6	39.6	Our target for 2016/17 will be to sustain our current performance (+/- 1%). The prevalence of falls is expected to increase as the complexity of the patients served by NSM CCAC continues to increase (NSM served 10% more complex patients in 2014/15 than the previous year). In 2016/17, we will aim to improve falls risk identification and referrals as well as strategies to support patient/families in the management of safety in their home.	1) Support utilization of standard process for falls risk reporting.	Falls education to staff by Fall sub-committee occurred, focusing on standard process for falls risk reporting in the client health information system (CHRIS) and sharing of falls risk information with service providers and community partners. Auditing of compliance to practice, streamlining of process and re-education to continue into 2016/17.	% of occurrences when a fall risk is identified in the RAI-HC assessment and a falls safety issue is entered in CHRIS.	50% increase from baseline by March 31, 2017(establish baseline for improvement based on performance at end of 2015/16).			
									2) Standard referral process to the Integrated Regional Falls program for patients identified as a falls safety risk.				Patients who trigger a falls risk on the RAI assessment will be identified in CHRIS with a falls safety risk code. A process will be identified in CHRIS to track referrals to the Integrated Regional Falls Program.	# of referrals to the Integrated Regional falls Program for patients identified in CHRIS with a falls safety risk.	Establish baseline for number of patients referred to Integrated Regional Falls Program by March 31st, 2017.
		Safety: Percent of home care patients who responded "Yes" to the following patient experience survey questions: Case Manager discussed Safety Issues Told how to move around home safely.	% / Home Care patients	NRC Picker / April 2014 to March 2015	92408*	74.6	75.6	Target for 2016/17 is to increase our annual performance by 1.0%. Based on our last three years of performance and current performance for 2015/16,we have continued to demonstrate year over year improvement.	1) Evolve the "Safe At Home" webpage on the North Simcoe Muskoka (NSM) CCAC website through feedback from patients, families and other stakeholders.	Opportunity for online feedback from patients, families and public through the patient safety webpage "Safe At Home".Feedback will inform the content of the patient safety webpage as part of the annual review process by the Patient Safety Committee/Falls sub-committee.	Online feedback (via survey) received from patients/families and public regarding content of patient safety webpage.	Feedback from stakeholders including patients/families/public will inform the annual review of patient safety webpage "Safe at Home".			
								2) Identify key areas for improving patient safety in the home through collaboration with contracted service provider organizations (SPOs).	Engage SPOs via working groups to determine key improvement initiatives that will increase patients' ability to manage safety in their home.	% of SPO QIPs with quality improvement initiatives identified specific to patient safety.	100% of SPO 2016/17 QIPs submitted July 1st,2016 will include a minimum of one quality improvement initiative that supports patients in the management of safety in their own home.				

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Timely	To reduce service wait times	5 Day Wait Time - Nursing Visits: % of patients who received their first nursing visit within 5 days of the service authorization date.	% / Home Care patients	Ministry of Health Portal / Oct 2014 – Sep 2015	92408*	92.6	95.0	Our target of 95.0% is 50.0% to the provincial best (96.2%) and slightly above the provincial average of 94.0%.	1) Business process redesign to ensure consistent use of Patient Availability Date(PAD) in patient database (CHRIS).	1. Conduct variance analysis. 2. Based on analysis,develop a process for consistent use of the patient availability fields in CHRIS. 3. Staff and SPO education on use of patient availability date and reason fields in CHRIS.	% of time PAD is appropriately identified as a reason for service not being provided within 5 days of service authorization.	By March 31st, 2017,90% of patients who were seen in 5 days or more from service authorization will have a PAD identified appropriately.	
									2) Business process redesign of service offer process for community referrals.	Business process redesign from service authorization to service offer for all community referrals.	% of service offers made within 1 day of service authorization for all community referrals.	95% of service offers are made within 1 day of service authorization for all community referrals, by March 31st, 2017.	
									3) Communication of 5 day wait time monthly results to contracted service provider organizations and internal staff.	Five day wait time results will be shared monthly with both staff and service providers through existing communication methods.	# of months results are shared internally and to service provider organizations	Results shared each month in the 2016/17 fiscal year with contracted service provider organizations and internal staff.	
			5 Day Wait Time - Personal Support for Complex Patients: % of complex patients who received their first personal support service within 5 days of the service authorization date.	% / Home Care patients	Ministry of Health Portal / Oct 2014 - Sep 2015	92408*	76.0	85.0	Our target of 85.0% is equal to the provincial average.	1) Business process redesign to ensure consistent use of Patient Availability Date (PAD) in patient database (CHRIS).	1. Conduct variance analysis. 2. Based on analysis,develop a process for consistent use of the patient availability fields in CHRIS. 3. Staff and SPO education on use of patient availability date and reason fields in CHRIS.	% of time PAD is appropriately identified as a reason for service not being provided within 5 days of service authorization.	By March 31st, 2017, 90% of patients who were seen in 5 days or more from service authorization will have a PAD identified appropriately.
										2) Business process redesign of service offer process for community and hospital referrals.	Business process redesign from service authorization to service offer for all community and hospital referrals.	% of service offers made within 1 day of service authorization for all community and hospital referrals.	95% of service offers are made within 1 day of service authorization for all community and hospital referrals, by March 31st, 2017.
										3) Communication of 5 day wait time monthly results to contracted service provider organizations and internal staff.	Five day wait time results will be shared monthly with both staff and service providers through existing communication methods.	# of months results are shared internally and to service provider organizations.	Results shared each month in the 2016/17 fiscal year with contracted service provider organizations and internal staff.