

Community Care Access Centre Quality Improvement Plan Workplan

2014/15

AIM		MEASURE				CHANGE			
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2014/15	Target justification	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2014/15)	Comments
Safety	To reduce falls among long-stay home care clients	Falls for Long-Stay Clients: Percentage of adult long-stay home care clients who record a fall on their follow-up RAI-HC assessment	35.5%	35.5%	Sustaining our current performance is an interim target for 2014/15 with a target of reducing falls to 33% by 2017, based on achieving comparable performance with CCAC peers. Changes implemented in 2014-15 will be in not place long enough to shift falls performance for all long stay patients within the next reporting period. We will monitor the effect of changes this year through our process measures.	1) Standardize protocol for long stay patients at high risk for falls.	1) Evaluate current practice, through chart audit and staff engagement, in responding to triggering a Falls CAPs on the RAI-HC assessment tool for Complex patients 2) Review breakdown of reported falls data to identify a target population 3) Develop, test and implement standard protocol for target population patients identified as hisk risk for falls through RAI-HC 4) Measure compliance to protocol through chart audit	> 20% of target population identified as high risk will have service plan in compliance with falls protocol	Documented service plans for patients at high risk for falls show variation in how Care Coordinators respond to risk of falls. A standardized protocol will be developed and tested, then implemented by October 2014. Following implementation, only a subset of target population will have 6 month re-assessment before March 2015, and some patients may not accept services so 20% compliance is our target for this year, with improvement continuing into the following year.
						2) Establish audit plan for compliance to falls protocol.	1) Develop documentation requirements for falls protocol 2) Establish audit plan including frequency of audits and percentage of charts to be audited 3) Develop audit tool, data recording and reporting requirements 4) Train auditors and implement audit	Routine audits underway for target population by Q4	Manual audits will be required to monitor compliance.
						3) Review falls results and progress with Quality and Patient Safety Committee		Quarterly review of results and improvement status report.	

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Effectiveness	To reduce the number of unplanned ED visits among home care clients	Unplanned Emergency Department Visits: Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital	10.4%	TBD	Further analysis is required before performance targets can be set	1) Establish baseline performance and identify factors that most influence unplanned emergency department visits within 30 days of discharge from hospital	1) Develop local measure of ED visits from ED-CCAC notification data (partial data set for the region) 2) Analysis and breakdown of readmissions by potential factors 3) Select focus area for improvement and develop change plans	2-3 significant contributors to unplanned ED visits identified, and improvement plans in place for at least one of them by end of Q4. Improvement target set for 2015-16 by Q4	Provincial data is not detailed enough to support in-depth analysis. We have recently partnered with hospitals in the region to implement a system that captures CCAC patients presenting to the ED, and have data for approximately 2/3 of the region. This data will be used to for analysis and monitoring.
						2) Establish regular review of unplanned ED visits at Quality and Patient Safety Committee		Quarterly review in place by Sept 2014	
	To reduce avoidable hospital admissions among home care clients	Hospital Readmissions: Percentage of home care clients who experienced an unplanned readmission to hospital within 30 days of discharge from hospital	18.5%	TBD	Further analysis is required before performance targets can be set	1) Establish baseline performance and identify factors that most influence hospital readmissions			Historically is has been difficult to access timely data to tell us how many of our patients have been readmitted to hospital following discharge. We must analyze the recently available data before improvement plans can be developed.
Access	To reduce service wait times	Five-Day Wait Time for Home Care - Nursing: % of patients who received their first nursing visit within 5 days of the service authorization date	91.9%	TBD	Baseline data to be analyzed before performance targets can be determined.	1) Establish Baseline performance, identify factors that most influence wait times, and develop improvement plans.			The indicator for percentage of patients who receive first nursing visit within 5 days is newly developed. Analysis is required in order to develop improvement plans

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						2) Establish regular review of wait times for first nursing visit results at Quality and Patient Safety Committee		Quarterly review in place	
		Five-Day Wait Time for Home Care - Personal Support: % of complex patients who received their first personal support service within 5 days of the service authorization date.	88.2%	TBD	Baseline data to be analyzed before performance targets can be determined.	1) Establish Baseline performance and identify factors that most influence wait times			The indicator for percentage of complex patients who receive first PSW visit within 5 days is newly developed. Analysis is required in order to develop improvement plans
						2) Establish regular review of wait times for first PSW visit results at Quality and Patient Safety Committee		Quarterly review in place	

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Client-centred	To improve client experience	Client Experience: Percent of home care clients who responded "Good", "Very Good", or "Excellent" on a five-point scale to any of the following client experience survey questions <ul style="list-style-type: none"> Overall rating of CCAC services Overall rating of management/handling of care by Care Coordinator Overall rating of service provided by service provider 	95.1%	95.1%	Sustaining current performance for overall satisfaction is the interim target for 2014-15. Our longer term target is to maintain at least 95% positive overall satisfaction, and within that, to increase the percentage who respond "very good" or "excellent" by 5% by 2017. Changes planned for this year will affect patient experience for a target population, but we expect it to take more than one year to see a shift in overall experience results.	1) Improve patient involvement in developing the plan of care	1) Analyze breakdown of responses from Client and Caregiver Experience Evaluation (CCEE Survey) to question "involved in developing your plan" identify an initial target population 2) Engage patients to identify factors that would improve sense of involvement 3) Engage team of care coordinators to review results and patient feedback, identify barriers to changes, and develop an engagement protocol 4) Implement engagement protocol for involvement in care planning for initial target population 5) Measure the percentage of target population, excluding those who have not had a home visit from a care coordinator since the change has been implemented, who respond "strongly agree" to the CCEE question "I felt involved in developing my plan"	80% of those included in the measure "strongly agree" in Q4	In 2012/13, 58% of patients who responded to the question "I felt involved in my plan" responded that they "strongly agree".
						2) Establish quarterly analysis and review of complaints and CCEE comments at the Quality and Patient Safety committee to identify opportunities for further engagement and improvement	1) Refine reporting framework for complaints and CCEE comments 2) Develop quarterly reports	Quarterly review in place by year end	Complaints are reviewed and addressed individually but reported in aggregate. CCEE data is reviewed but we have not capitalized fully on the comments provided by clients and caregivers.