

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



South East

CCAC **CASC**

Community
Care Access
Centre

Centre d'accès
aux soins
communautaires
du Sud-Est

March 19, 2014

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Overview of Our Organization's Quality Improvement Plan

South East CCAC is committed to achieving our vision of *Outstanding Care, every person, every day*. In recent years we have achieved Accreditation with Exemplary Standing from Accreditation Canada, enhanced our data management and reporting capability, reduced variation in service planning practice, and collaborated with our partners to reduce hospital emergency department admissions and rates of patients in hospital designated "Alternate Level of Care". Our Quality Improvement Plan (QIP) outlines our priorities for quality improvement for 2014-15.

The South East CCAC Strategic Plan is currently being refreshed for 2014-17, and will position the organization to achieve its vision. Four strategic themes have emerged that have guided the selection of our QIP activities: Right Service Focus; Systems Integration; Enhancing Patient Experience; and Organizational Excellence. The Quality Improvement Plan is aligned primarily to the strategic themes of Systems Integration, Enhancing Patient Experience, and Organizational Excellence.

While the strategic themes have guided the selection and prioritization of QIP initiatives, South East CCAC also considered the following in the development of our QIP: priority indicators for quality improvement as identified by the Ministry of Health and Long Term Care, priorities outlined in the CCAC Sector Strategy, regional priorities as outlined in the LHIN Integrated Health Services Plan, Client and Caregiver Experience Evaluation (CCEE) survey results, patient and partner complaints, risk event reports, and local performance data related to wait times for service, rate of patient falls, and appropriate placements to Long Term Care Homes. Following the review process, we identified three focus areas for our 2014-15 Quality Improvement Plan.

1. Reduce Falls for long-stay home care patients

Review of available performance data shows that South East CCAC has a higher rate of reported falls than the provincial average. Local event reporting indicates that falls are the most frequently reported patient safety event. It is well documented that a significant percentage of patients who fall will require emergency care or admission to hospital. As we care for increasingly complex patients in the community setting, the risk of falls for our patient population is growing. In addition, South East LHIN's Integrated Health Services Plan identifies falls prevention as a priority.

South East CCAC plans for improvement aim to build on work started in 2013/14 to establish a standardized protocol for responding to patients flagged as high risk for falls through our standardized assessment tool, and develop an audit plan to monitor consistency of practice. Changes implemented in 2014/15 are not expected to significantly shift overall rate of falls within the same time period. However, we expect to see year over year improvement and are working towards a target of 33% by 2017, in line with current provincial average.

2. Improve Patient Experience

Over the past four years we have sustained high levels of overall satisfaction with CCAC services as measured by our Client and Caregiver Experience Evaluation (CCEE). Enhancing the patient experience through better engagement of patients in program design and service planning is a strategic priority for South East CCAC for the next three years. Review of our CCEE survey results reveals that only 58% of clients and caregivers who respond to the question "did you feel involved in developing your plan" strongly agree, and that this question correlates to overall satisfaction.

Our plan for this year is to select a target population and engage patients directly to help us understand what would help them to feel more involved in care planning, and to work with Care Coordinators to highlight additional practices to improve patient involvement. As with reducing falls, we do not expect to see a significant shift in overall satisfaction in our first year. However, we will lay a foundation on which to build in subsequent years. Our current measure of overall satisfaction captures the rate of positive response (good, very good, and excellent).

95% of respondents give us a positive rating, which we aim to maintain or improve upon. Our target is to increase the percentage of respondents who rate us as "very good" or "excellent" by 5% by 2017.

3. Reduce Service Wait Times

Historically, wait times for service (as measured by the 90th percentile and 50th percentile wait times from community setting and hospital setting) have been in line with the provincial average for CCACs. CCACs have recently developed new measures for wait times that reflect our performance in achieving ministry commitments for delivering home care service within 5 days. Preliminary data shows that 91.9% of our patients receive nursing service within 5 days of service authorization, and 87.7% of complex patients in the South East receive Personal Support services within 5 days. This year we plan to gain a better understanding of the factors that influence our wait times and develop plans to improve.

Integration and continuity of care

As a system partner in a large network of health service providers, South East CCAC has focused heavily in recent years on improving integration, partnerships and access to CCAC services from hospitals. In particular, we have collaborated with partners to reduce the number of alternate level of care days in the region, and introduced initiatives such as rapid response nurses, visiting high risk patients at home shortly after discharge from hospital, and nurse practitioners assigned to Long term care homes to reduce unplanned emergency department (ED) visits and hospital readmissions.

Reducing unplanned ED visits and hospital readmissions continues to be important although more analysis is required for us to fully understand the contributing factors and identify interventions we can take to reduce them. Recently acquired access to more timely data will enable us to understand our current performance and develop effective improvement plans.

In the coming year, our focus is improving integration with primary care. We are currently in partnership with, or are part of, 7 Health Links across the region and will be actively looking to strengthen relationships with primary care providers in order to improve coordination of care for patients.

Challenges, risks and mitigation strategies

Changes in system priorities, client population served by CCAC, or increase in demand for CCAC services may yield new improvement opportunities and constrain our human resources. To mitigate these risks, projects have been initiated for the three priorities identified on our plan and progress will be tracked through our project management office. This will assist in highlighting the impact of organizational resource constraints and allow for mitigation to improve our ability to achieve results.

The process of quality improvement is partly a process of discovery to identify interventions that will achieve sustainable results. This adds a measure of uncertainty to improvement plans. In response to this, South East CCAC has invested in resources to provide support to quality improvement projects in data analysis, process analysis and problem solving. South East CCAC leadership has provided opportunities for training in project management, lean methodology, and standard quality tools to leadership and staff, and continues to make this training available to quality improvement leads as required.

Engagement of clinicians and leadership:

The Quality Improvement Plan was developed in consultation with the internal Quality and Patient Safety Committee. This committee has representatives from Client Services, Contract Management, Quality and Decision Support. For each of the priority areas identified on our QIP, we will engage a cross-functional team, including members of the care team in developing implementing changes. Contracted Service Providers have also been asked to develop quality improvement plans that align with the priorities of the South East CCAC.

Accountability management:

Accountability for specific improvement projects and overall results will be assigned and monitored through our portfolio operating plans. Progress of our improvement plan will also be monitored on a quarterly basis at our internal Quality and Patient Safety Committee, and reported to our Patient Safety, Quality and Risk Committee of the Board, through the Senior Leadership Team.

The objectives and indicators identified on our Quality Improvement Plan are embedded into the CEO performance plan and reported to the South East CCAC Board of Directors.

Sign-off

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



David Vigar, Board Chair

March 26, 2014
Date



Jacqueline Redmond, Chief Executive Officer

March 26, 2014
Date



Wendy Cuthbert, Chair,
Patient Safety, Quality and Risk Committee

March 24, 2014.
Date