Erie St. Clair CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires d'Érié St-Clair

Quality Improvement Plan

Date:
June, 2013

OVERVIEW OF OUR ORGANIZATION'S QUALITY IMPROVEMENT PLAN

OVERVIEW

The Erie St. Clair Community Care Access Centre (ESC CCAC) takes pride in continuing to deliver the highest quality care possible with a continued focus on quality initiatives. To keep in line with Provincial Standards the ESC CCAC is pleased to present this first annual Quality Improvement Plan (QIP) for 2013/14 in this new format.

The QIP defines the organization's priorities for quality improvement and is a multi-year commitment. The QIP is supported by the ESC CCAC Mission, Vision, Strategic Plan and Quality Program Framework. The overall goal in developing the QIP is to continue our commitment and journey of improvement in organizational quality and performance in a number of selected areas for the staff, patients, contracted service providers and partners of the ESC CCAC.

ESC CCAC is one of 14 CCACs across Ontario. In an effort to enhance the continuity of care throughout the province, all 14 CCACs have chosen a core set of "dimensions of care" or indicators from which to formulate our inaugural QIPs. These indicators include:

- Accessibility
- Effectiveness
- Safety
- Patient-centeredness
- Integration

In addition to the provincially chosen "dimensions of care", ESC CCAC has also added an additional priority for local use. This indicator focuses on population health.

FOCUS

The objectives of the ESC CCAC QIP reflect the organizational priorities for 2013/2014 year. These priorities include:

- Reducing the wait times for the first in-home service for our patients with complex needs who are residing in a community setting.
- Reducing the percentage of patients being transferred to a long-term care home from a hospital setting.
- An increased focus on our patient satisfaction scores as measured through our patient survey data. Specifically, using our Client and Caregiver Experience Evaluation data as key performance indicators that measure the patient's or family members' overall experience ratings. This indicator evaluates the patient experience with respect to CCAC staff members as well as with service provider staff.
- An examination of the occurrence of hospital readmissions – specifically targeting those CCAC patients who are readmitted to hospital within 30 days of discharge from hospital.
- An evaluation of care practices for all patients who are receiving CCAC services, who develop any new incidences of skin ulcers.
- Increasing ESC CCAC clinic utilization for appropriate ambulatory patients requiring nursing services.
- An evaluation of the percentage of staff participating in the annual influenza vaccine program, both at the ESC CCAC as well as the contracted service provider organizations who deliver community services.

ALIGNMENT

The 2013/14 QIP is one component of the ESC CCAC's broad strategic aims and objectives. The QIP aligns with other planning and monitoring processes; specifically, many of the indicators in the QIP are also a component of the M-SAA (Multi-Sectoral Service Accountability Agreement), and are also included in the Strategic Plan for 2013-14. Embedding the indicators into the broader strategic plan ensures that these indicators are an integral part of our organizational agenda and further demonstrates that the ESC CCAC is prepared to devote efforts to monitor and/or improve quality.

The measures and targets chosen also align with the expectations of CARF Canada, the accrediting body of the ESC CCAC. The QIP will document ESC CCAC's continued compliance with the accreditation standards and future accreditation assessments will reflect this work.

INTEGRATION AND CONTINUITY OF CARE

Where appropriate, the indicators and targets identified in the 2013-14 QIP demonstrate integration and continuity of care for patients across all health sectors. For example, ESC CCAC will continue to work with our hospital partners for those patients who require placement into a long-term care home. Where possible, those patients will continue to be supported in the community rather than in a hospital bed while they wait.

Additionally, ESC CCAC will work collaboratively to minimize the number of patients returning to hospital within 30 days of hospital discharge by linking them to appropriate community supports and by providing appropriate levels of care in the community, rather than having the patient return to hospital.

ESC CCAC will work jointly with health services partners and service provider organizations to provide the best possible care for patients in all care settings. To strengthen this further, contracted service provider organizations will model their organization's quality improvement plans on the indicators identified in the ESC CCAC QIP.

ACCOUNTABILITY MANAGEMENT

The ESC CCAC has been monitoring indicators through a balanced scorecard for some time. Indicators that are part of the organizational balanced scorecard have been monitored regularly, with findings reported to the Executive Leadership Team, the Quality Committee of the Board, and the ESC CCAC Board of Directors. In addition, the information is published on the intranet for staff to review. The indicators and data gathered for the QIP will also be regularly shared with the groups noted above. In addition, the QIP indicators and data will also be shared with the internal staff Quality Committee, and with the service provider organizations at regular quarterly meetings.

By monitoring quality data at a number of quarterly meetings with various stakeholders, ESC CCAC is able to ensure that the organization has access to timely and relevant information about current performance related to quality care and can formulate informed decisions as to the delivery of this quality care.

In addition, the organization has a commitment to transparency and has provided public reporting of the ESC CCAC quality plan annually for the past three years. The annual report and strategic plan have also been made available publicly. The indicators being monitored in the QIP also will be incorporated into these plans in the future.

CHALLENGES AND RISKS

With some of the indicators that have been chosen, there is a risk of variable data and uncontrollable circumstance being reported due to patient need. For example, there will be some patients who will be admitted to hospital within 30 days of discharge, however, this may be due to a reason or condition for which it is appropriate to do so (i.e. a new health condition has presented that would require 24 hour access to care).

In addition, as noted above, there will be a need for ESC CCAC contracted service providers to participate in the efforts required to influence quality care provision as reported by the chosen indicators. While this is not anticipated to be a concern, there is the risk of lack of collaboration/dedication as service providers may be presented with competing priorities.

There may be a challenge in increasing the percentage of patients utilizing the ESC CCAC nursing clinic, as some patients may prefer to receive in–home services.

SUMMARY

In addition to a report that increases our accountability and transparency the Quality Improvement Plan is an invitation to our community to provide feedback and submit your comments and questions. We welcome a robust public dialogue about the provision of community care in our region, and invite you to participate and learn. You can do so by visiting www.esc.ccac-ont.ca for more information.

AGREEMENT

I have reviewed and approved The Erie St. Clair CCAC's 2013/2014 Quality Improvement Plan.

James Greenway	Betty Kuchta	Tricia Khan
Board Chair	*Chief Executive Officer*	*Senior Director, Client Services*

Our Improvement Targets and Initiatives

AIM		MEASURE				CHANGE				
DIMENSION	**OBJECTIVE**	**INDICATOR**	**CURRENT PERFORMANCE**	**2013/2014 TARGET**	**JUSTIFICATION**	**INDICATOR**	**CHANGE IDEAS**	**PROCESS MEASURE**	**GOAL FOR CHANGE IDEAS 2013/2014**	**COMMENTS**
ACCESSIBLE	Reduce wait time from community setting to first service by population (complex) for CCAC in home services	Wait time from application to first in-home service, excluding care coordination services among clients referred from community who were identified at the time as complex - (Resident Assessment Instrument (RAI) ≥ 17)	Fiscal Year 2011-2012 50% (Days): 11 90% (Days): 28 Provincial averages: 50%: 10; 90%: 32	50% to 7 days ; 90% to 23 days	Match top performer provincially	1) Wait Time - Referral to Assessment (admit) date for complex clients 2) Wait Time - Assessment (admit) date to first service for complex clients	Understand components of metric; where are we performing currently and where can improvements be made? Possibly receive Community Assessment Tool (CA2) Referral from Service Providers to CCAC via Health Partner Gateway (HPG) - a secure method of transferring information electronically	To be determined as change idea is examined	To be determined	
INTEGRATED	Percentage of Long Term Care placements from hospital	Clients placed in a long term care home directly from the hospital as a percentage of the total placements in Long Term Care Home in the time period		Collect data and establish baseline	Data has not been monitored	% of clients waiting for Long term care by current location (home versus hospital)	Understand components of metric; where are we performing currently and where can improvements be made.	1) Number of new Resident Assessment Instrument (RAI) assessments conducted in hospital setting. 2) Number of days from assessment request to completion of RAI in hospital	To be determined	Number should be low; more placements from community desirable
PATIENT CENTERED	Client and Caregiver Experience Evaluation - KPI 1 - Overall experience rating (all three experience questions)	Percentage of "good", "very good" & "excellent" Client and Caregiver Experience Evaluation survey responses on a 5 point scale (poor to excellent) to three patient experience survey questions	95.10%	Maintain performance	Many changes in past year; Balancing the Cost of Care (BCC) implementation of Client Care Model (CCM); patients experienced change. Anticipate drop in results.	Percentage of "good", "very good" & "excellent" Client and Caregiver Experience Evaluation survey responses on a 5 point scale (poor to excellent) to three patient experience survey questions.	Standing agenda item for discussion and idea generation at CCAC - Service Provider Relations Committee; regular communication at "All Service Provider" meetings	Survey data available twice annually	To be determined	Note Service Provider engagement required; Client and Caregiver Experience Evaluation data by Service Provider required
EFFECTIVE	Hospitals readmissions	Percentage of home care patients who experienced an unplanned return (readmission) to hospital within 30-days of discharge from hospital	To be determined	Collect data and establish baseline	Data has not been monitored	% of patients 18+ who experienced an unplanned readmission to hospital within 30 days of discharge	Rapid response nursing; Examine opportunity for use of LACE index (prediction of unplanned readmission)	# patients with Rapid Response Nursing visit within 24 hours of hospital discharge	To be determined	There will be a delay in reporting of data; hospitals report data approximately nine months behind
SAFE	New incidence of skin ulcers	Percentage of adult long stay home care patients with a new incidence of skin ulcers on reassessment where there was no incidence of skin ulcers on previous assessment (stage 2-4 ulcers)	To be determined	Collect data and establish baseline	Data has not been monitored	TBD	1) Code wound patients by wound type 2) Review care coordinator management guidelines around wounds 3) Refresh education on pathways and care guides for best practice	1) # of wounds 2) # of wounds with correct dressing	To be determined	
EFFECTIVE	Clinic utilization	Percentage of acute patient referrals utilizing the clinic	To be determined	Collect data and establish baseline	Data has not been monitored	1) daily visit rate; clinic vs. home 2) length of stay; clinic vs. home	Explore opportunities for flex clinics in rural areas		To be determined	? Provincial comparison data
FOCUSED ON POPULATION HEALTH	Annual Influenza Vaccine	Percentage of staff who obtain annual influenza vaccine	CCAC 33.2 %; SP Unknown	Collect data and establish baseline		1) % of CCAC staff who received the influenza vaccine 2) % of Service Provider staff who received the influenza vaccine	1) Possibility of awareness campaign		To be determined	CCAC has incentive program currently