



HOME CARE SAFETY
Improvement Collaborative



Fundamentals for Sustainable Improvement

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Solving Common Challenges in a Complex System

Reducing preventable harm in the home is a complex challenge.

- Solutions must involve active involvement of health care providers, clients and carers.
- Change and improvement happens in a dynamic environment.
- Safety Improvement Collaborative aims to support organizations to rapidly **plan, test, measure** and **make targeted changes** to improve quality and patient safety in the home.

The Collaborative APPROACH



Designed to improve
quality of care and
reduce cost

How is this Achieved

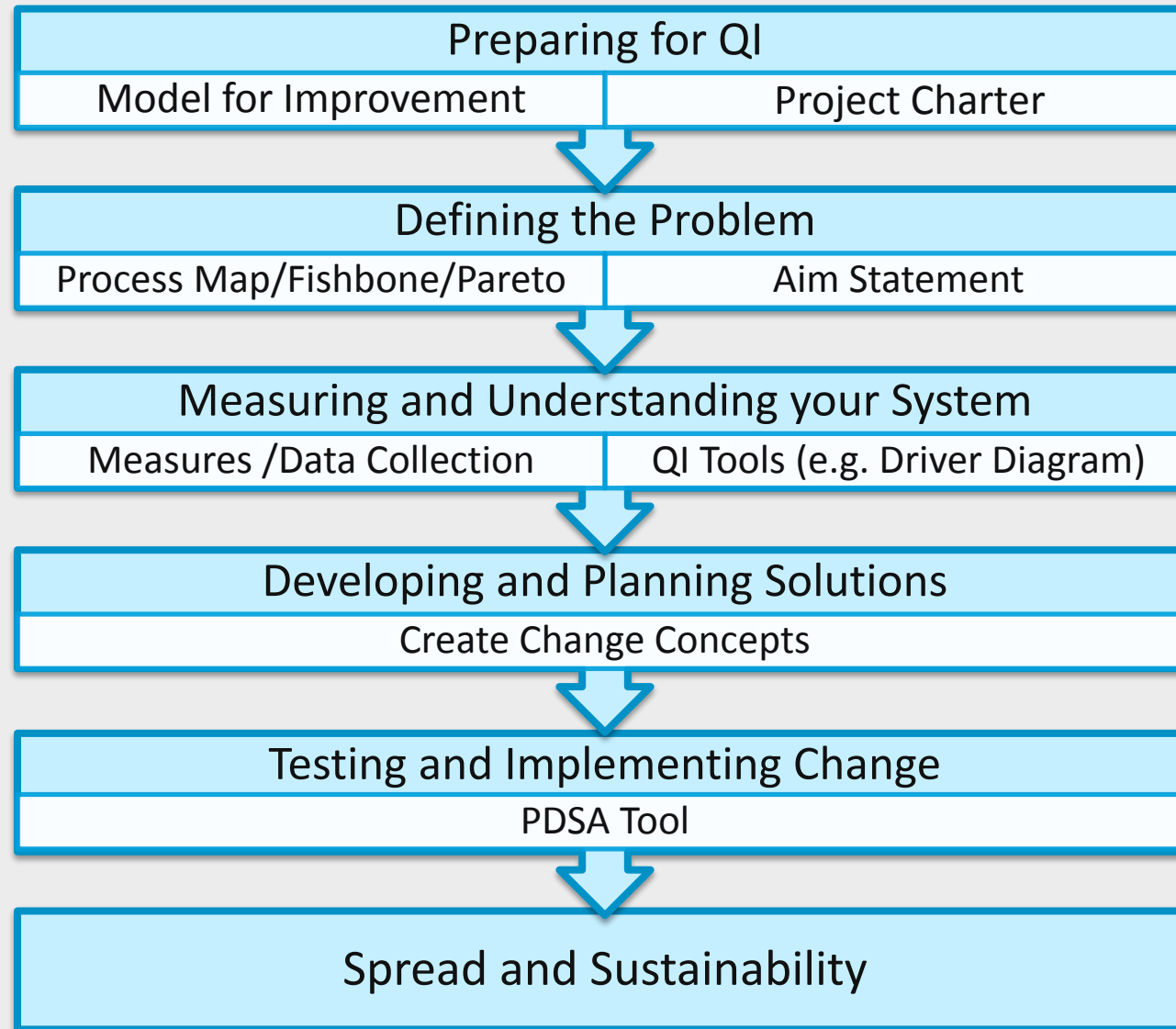
- Organizations come together to facilitate learning and process improvement
- Organizations share a commitment to making significant & rapid changes

The Method

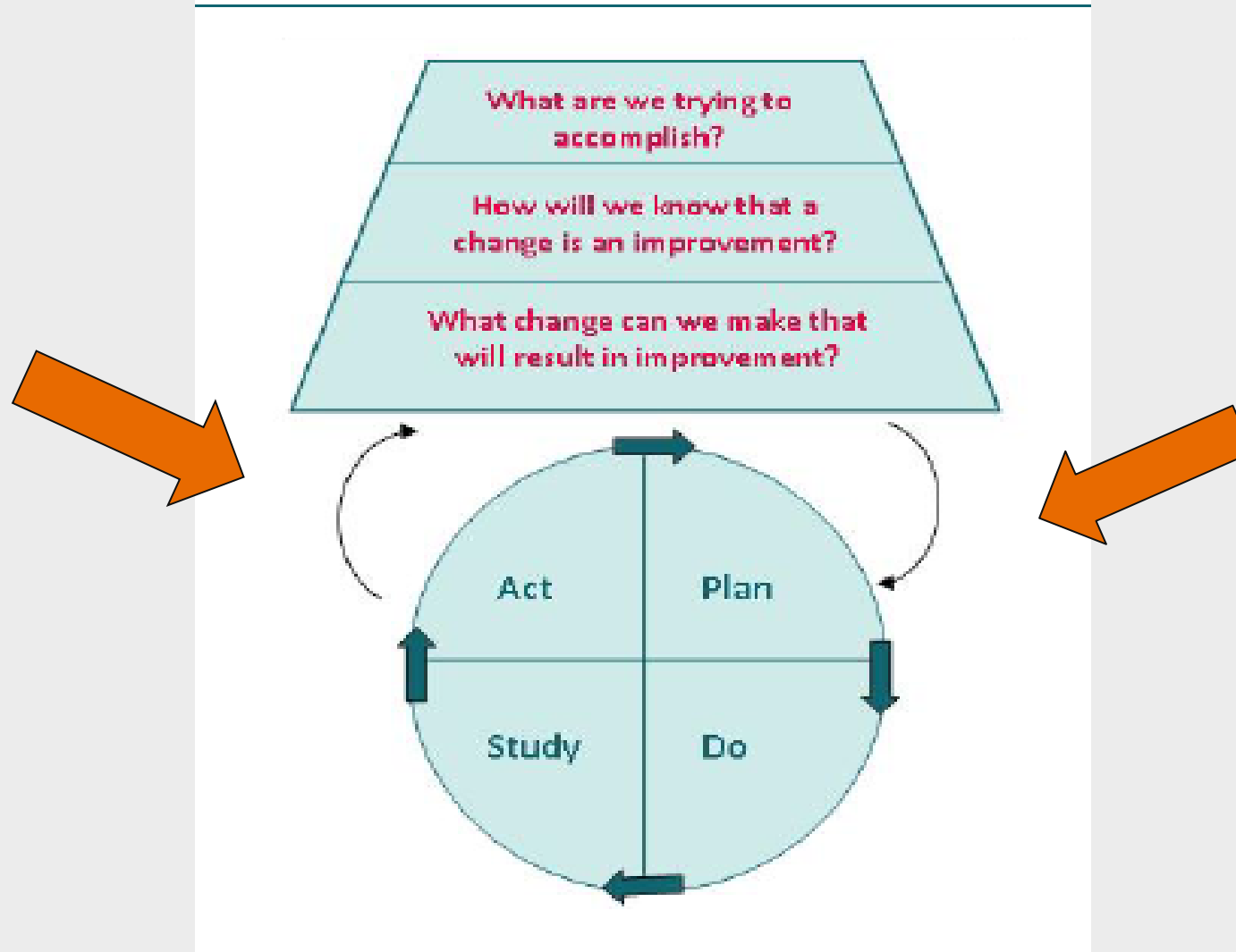
Spread and adaptation of existing knowledge to multiple settings to accomplish a common purpose

(1) The Breakthrough Series IHI's Collaborative Model for Achieving Breakthrough Improvement (2003)
<http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHICollaborativeModelforAchievingBreakthroughImprovement.aspx>

QI Stage & Tools



Plan Do Study Act Model



Applying Improvement Collaborative Model to Home Care

- Modeled after Institute for Healthcare Improvement (IHI) Breakthrough series
- Sponsored by Canadian Patient Safety Institute (CPSI) Canadian Home Care Association (CHCA) & CFHI (Wave 1)
- Involves participating teams representing health authorities and home care providers from across the country
- Goal: collaboration and knowledge application to reduce preventable harm in the home
- Wave 1 : 2015/16 (6 mo.) 5 teams (falls prevention)
- Wave 2 : 2017/18 (14 mo.) 8 teams (different topics)

Achieving Success through the Safety Improvement Collaborative

- Sheds light on current care delivery processes, staff knowledge and patient education resources
- Engages current and new system partners in improvement plans and care delivery
- Implement small changes that yield big improvements
- Patients and family's involvement in practical and meaningful ways
- Better understanding of how to make and sustain positive change in organizations

Wave 2 Home Care Collaborative



The Home Care Wave 2 Collaborative process

- Teams from participating organizations attend **16** virtual learning sessions
 - Learn about ideas for better practice and Quality Improvement (QI) methods
 - Apply new knowledge while implementing change ideas between sessions.
- Teams share experiences and maintain contact with team members and Collaborative leaders between learning sessions, through conference calls and Share HUB.
- Coaches support teams to develop Aim and Charter, conduct PDSA cycles and use measurement to guide improvement and to help facilitate their progress and team building.
- At the final meeting (Congress) teams report on results and lessons learned

Featured Speakers Sessions



- Content
 - Initial content related to QI topics
 - Subsequent sessions on Home Care Harm reduction and improvement methodology
 - Tools and resources on Teamwork and Communication
- Presenters – Topic experts
- Frequency – 1 x / month
- Duration – 90 minutes
- Participation – all team members

Coaching Sessions



- Each team is assigned coaches
- Between the learning sessions coaches connect by phone or Webinar
- Frequent coaching at the outset of collaborative
- As teams develop skills coaching will be as requested
- Anticipated number of QI Coaching Calls - 12 to 20

Action Periods



- Content
 - Simple homework assignment
 - Project focussed activities
- Team activities
- Private online work space on CHCA Knowledge Network – access to resources and tools
- Communication within organization
- Data collection
- Development of change ideas
- Participation – all team members

What we learned from Wave 1

- **Focus: reducing harm from falls**
- **Results:**
 - ✓ total falls in the target sites for VHA, Red Cross and Saint Elizabeth were reduced from 21 to 7 over a 4 mo. period
 - ✓ Successful in helping organizations to identify areas for improvement, scoping of goals, identifying measures, and choosing change strategies
 - ✓ Short duration allowed for some patient and family engagement and showed that this would require sustained effort to enhance this engagement on ongoing basis
 - ✓ Being part of Collaborative allowed teams to initiate work on this key safety issue and was valuable endeavour overall

Progress in Wave 2

- 8 teams working on range of issues including: dementia, end of life conversations, pressure injuries, health associated infections with catheters, falls, and case management
- Teams have completed aim statements and identified change ideas to be tested and currently working on collecting data
- Education sessions ongoing and well attended
- Coaching ongoing as required by teams
- Patient and family advisors starting to be involved in work
- Final symposium in Feb. 2018 – results to be shared with members of CHCA through website etc.
- Challenges: collection of data, changes in organizational structures and management, system issues, time!!

Factors for Success

- Senior management commitment and support
- Teamwork and communication (role clarity)
- Assistance of someone with QI experience
- Coaching support and collaboration
- Process redesign – use change concepts and best evidence to streamline organizational processes
- Address sustainability and spread early on
- Teams working on change concepts with good momentum
- Patient engagement