

IMPROVING HEALTH, ENRICHING LIVES.







# Enabling Evidence-Informed Decision-Making: CBI Home Health Quality Indicator Scorecard (QIS)

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# Our Services and Interdisciplinary Network



## **Rehabilitation Services**

Community-based rehabilitation including physiotherapy, sports medicine, osteopathic and chiropractic care for timely and effective patient recovery.



#### **Home Health Services**

In-home or in-facility nursing, personal care, rehabilitation and support services for improved patient security, recovery and independence.



### **Neurodevelopmental Services**

Best-practice-based treatment services for individuals with behaviour, communication, learning and motor skills challenges.



### **Transitional & Residential Care**

Independent medical evaluations, disability management and dispute resolution for timely and cost-effective outcomes.



### **Workplace Solutions**

Health and safety services designed to reduce risk and injury and improve workplace productivity.

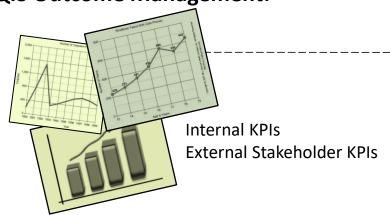


#### **Assessment Services**

Providing patients with the support they need to move from hospitals and other acute healthcare settings to adult lifestyle apartments, assisted living residences and nursing homes.



### **Pre- QIS Outcome Management:**



#### Director

Outcome achievement Outcome 'action planning'

**Program/Location Leadership**Outcome 'action plan sharing'

## **Challenges:**

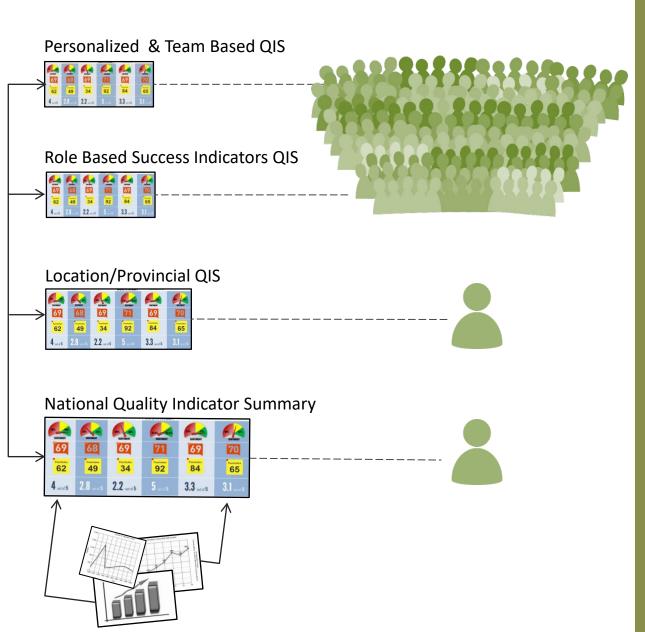
We consistently met or exceeded KPIs, however:

- 'Top down' outcome management decreased opportunity for Direct Care Providers to engage and share accountability.
- Outcome action planning perceived as 'punitive'.
- National Best Practices were challenging to identify.
- Opportunity to increase clarity of focus.

Direct Care Providers & Support Roles
Owned 'action'



# CBI HEALTH GROUP



# CBI Quality Indicator Summary:

Enables efficient, effective quality care by motivating action at a local, regional and national level.

Enables CBI to identify 'who we can learn from and who requires support'.

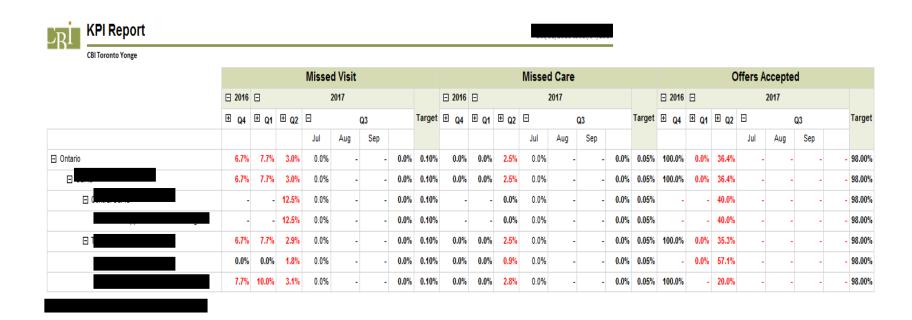


(Office) Employee Engagement Results  2016 Data  2				ı	1		1		
Region   Alberta   Atlantic   British Columbia   ManSask   Ontario		Period	O1 2017						
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People Development	Quality indicators: CBI Home Health								
People Development									
People Development				Dogion	Alborto	Atlantic	British Columbia	ManCack	Ontario
Field   Employee Engagement Results   2016 Data   82%   83.0%   90.0%   85.0%   74.0%   82.0%   84.0%   74.0%   82.0%   84.0%   74.0%   82.0%   84.0%   74.0%   82.0%   84.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   82.0%   83.0%   75.0%   83.0	People Development			Region	Alberta	Atlantic	BITLISH COMMINDIA	IVId113dSK	Ulitalio
2016 Data   8%   83.0%   90.0%   85.0%   74.0%   82.0%   84.0%   80.0%   85.0%   74.0%   82.0%   84.0%   80.0%   87.0%   97.0%   75.0%   82.0%   83.0%   80.0%   87.0%   97.0%   75.0%   82.0%   83.0%   80.0%   87.0%   97.0%   75.0%   82.0%   83.0%   80.	(FILE) Francisco Francisco Decido		?						
Coffice  Employee Engagement Results   2016 Data   82%   89.0%   87.0%   97.0%   75.0%   82.0%   83.0%   75.0%   50.0%   50.0%   50.0%   55.0%   54.8%   58.2%   53.0%   67.0%   57.0%   54.5%   58.2%   53.0%   67.0%   57.0%   54.5%   58.2%   53.0%   67.0%   57.0%   54.5%   58.2%   58.2%   53.0%   67.0%   57.0%   54.5%   58.2%   58.	(Field) Employee Engagement Results	2016 Data	82%	83.0%	90.0%	85.0%	74.0%	82.0%	84.0%
2016   2017   50%   54.8%   58.2%   53.0%   67.0%   57.0%   45.9%   45.1%	(Office) Employee Engagement Desults		?						
P  % of Field Staff as FTE (>25Hrs)	(Office) Employee Engagement Results	2016 Data	82%	89.0%	87.0%	97.0%	75.0%	82.0%	83.0%
Q4 2016			?						
(All) Performance Evaluation (Office Staff)  Q1 2017 85% 51.8% 50.0% 100.0% 58.3% N/A 63.4% 95.2% (All) Performance Evaluation (Field Staff)  Q1 2017 85% 73.0% 81.1% 50.3% 25.0% 78.8% 53.6% 87.0% 87	(P) % of Field Staff as FTE (>25Hrs)	Q1 2017	50%						45.9%
All) Performance Evaluation (Office Staff)		Q4 2016		43.8%	53.2%	32.8%	30.6%	26.9%	45.1%
Q4 2016			-						
Region   Alberta   Atlantic   British Columbia   ManSask   Ontario	(All) Performance Evaluation (Office Staff)		85%						63.4%
(All) Performance Evaluation (Field Staff) Q1 2017 Q1 2016 Q1 2016 Q1 2016 Q1 2017 Region Alberta Atlantic British Columbia ManSask Ontario  Service Delivery  (P,N) Private Intake Conversion Rate Q1 2017 Q1 2016 Q1 2017 Q1 2016 Q1 2017 S50% S1.1% 100.0% S1.8% S9.6% 72.5% S3.6% 72.5% S3.6% 72.5% S3.6% 72.5% S3.6% 72.5% S3.6% PA 2016 Q1 2017 S50% S1.1% S50,6% S1.1% S50,6%		Q4 2016		61.5%	8.1%	50.0%	95.7%	86.4%	95.2%
Q4 2016   62.7%   49.6%   50.8%   50.6%   67.6%   87.0%     Region   Alberta   Atlantic   British Columbia   ManSask   Ontario									
Region   Alberta   Atlantic   British Columbia   ManSask   Ontario	(All) Performance Evaluation (Field Staff)		85%						53.6%
Service Delivery		Q4 2016		62.7%	49.6%	50.8%	5.0%	67.6%	87.0%
Service Delivery									
(P,N) Private Intake Conversion Rate         Q1 2017 50% 51.1% 100.0% 51.8% 59.6% 72.5% 32.0           Q4 2016				Region	Alberta	Atlantic	British Columbia	ManSask	Ontario
(P,N) Private Intake Conversion Rate  Q1 2017 50% 51.1% 100.0% 51.8% 59.6% 72.5% 32.00 Q4 2016 56.6% 100.0% 71.2% 58.8% 73.5% 36.72  (P,N) Wait Time for Admission  Q1 2017 85% 87.0% 93.1% N/A N/A N/A N/A N/A S5.00 Q4 2016 69.6% 93.9% N/A N/A N/A N/A N/A S7.00 Q4 2016 63.7% N/A N/A N/A N/A N/A S6.70  (P,N) Continuity  Q1 2017 80% 79.6% 72.6% 76.8% 92.0% 98.0% 80.33 Q4 2016 72.6% 56.8% 77.4% 93.8% 96.7% 86.20  (T) Continuity  Q1 2017 95% 96.7% N/A N/A N/A N/A N/A N/A S6.20  (P, N) Missed Visits  Q1 2017 0.5% 0.15% 0.07% 0.04% 0.88% 0.22% 0.155 Q4 2016 72.6% 76.8% 92.4% 96.6% 90.4% 85.48  (P) Open On Time Visits  Q1 2017 80% 85.0% 82.5% 92.4% 96.6% 90.4% 85.48	Service Delivery	1	2						
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Q4 2016	(D.N.) Wait Time for Admission	01 2017		97.00/	02 19/	N/A	N/A	NI/A	OF 00/
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(T) Wait Time for Admission  Q1 2017 85% 87.0% N/A N/A N/A N/A N/A N/A 87.00 Q4 2016 63.7% N/A		Q4 2010	2			19191919191919191919	10000000000000000000000000000000000000	HILLIAN PARTICIPATION PARTICIP	32-4-/0
Q4 2016         63.7%         N/A         N/A         N/A         N/A         85.7%           (P,N) Continuity         Q1 2017         80%         79.6%         72.6%         76.8%         92.0%         98.0%         80.3           Q4 2016         78.7%         169.8%         77.4%         93.8%         96.7%         80.2           (T) Continuity         Q1 2017         95%         96.7%         N/A         N/A <th>(T) Wait Time for Admission</th> <th>01 2017</th> <th></th> <th>87.0%</th> <th>N/A</th> <th>N/A</th> <th>N/A</th> <th>N/A</th> <th>87.0%</th>	(T) Wait Time for Admission	01 2017		87.0%	N/A	N/A	N/A	N/A	87.0%
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Q4 2016   78.7%   59.8%   77.4%   93.8%   96.7%   80.2	(P.N) Continuity	Q1 2017	-	79.6%	72.6%	76.8%	92.0%	98.0%	80.3%
(T) Continuity 2 212017 95% 96.7% N/A N/A N/A N/A N/A N/A 96.75 Q4 2016 96.9% N/A									80.2%
Q4 2016     96.9%     N/A     N/A     N/A     N/A     96.98       (P, N) Missed Visits     Q1 2017     0.5%     0.15%     0.07%     0.04%     0.88%     0.22%     0.15%       Q4 2016     0.20%     0.10%     0.00%     2.30%     0.30%     0.20%       (P) Open On Time Visits     Q1 2017     80%     85.0%     82.5%     92.4%     96.6%     90.4%     85.4%			?						
Q4 2016     96.9%     N/A     N/A     N/A     N/A     96.93       (P, N) Missed Visits     Q1 2017     0.5%     0.15%     0.07%     0.04%     0.88%     0.22%     0.15%       Q4 2016     0.20%     0.10%     0.00%     2.30%     0.30%     0.20%       (P) Open On Time Visits     Q1 2017     80%     85.0%     82.5%     92.4%     96.6%     90.4%     85.4%	(T) Continuity	Q1 2017	95%	96.7%	N/A	N/A	N/A	N/A	96.7%
(P, N) Missed Visits         Q1 2017         0.5%         0.15%         0.07%         0.04%         0.88%         0.22%         0.15%           Q4 2016         0.20%         0.10%         0.00%         2.30%         0.30%         0.20%           (P) Open On Time Visits         Q1 2017         80%         85.0%         82.5%         92.4%         96.6%         90.4%         85.4%		Q4 2016		96.9%	N/A	N/A	N/A		96.9%
Q4 2016 0.20% 0.10% 0.00% 2.30% 0.30% 0.20% 0.20% (P) Open On Time Visits Q1 2017 80% 85.0% 82.5% 92.4% 96.6% 90.4% 85.4%			?						
(P) Open On Time Visits Q12017 80% 85.0% 82.5% 92.4% 96.6% 90.4% 85.4%	(P, N) Missed Visits	Q1 2017	0.5%	0.15%	0.07%	0.04%	0.88%	0.22%	0.15%
(P) Open On Time Visits Q1 2017 80% 85.0% 82.5% 92.4% 96.6% 90.4% 85.4%		Q4 2016		0.20%	0.10%	0.00%	2.30%	0.30%	0.20%
			?						
04 2016	(P) Open On Time Visits		80%	85.0%	82.5%	92.4%	96.6%	90.4%	85.4%
C4 x 0.10				83.4%	78.7%	92.7%	96,3%	91.7%	85.5%

CBI
Quality Indicator Summary:
Original View



# **KPI Interactive Report**

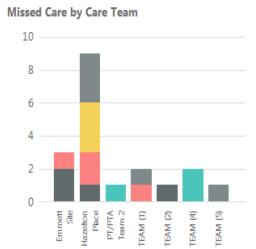


# Missed Care Dashboard

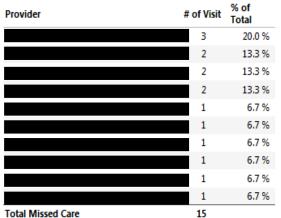
Province: Ontario Total Missed Care: 19

#### Missed Care by Reason





#### Top 10 Providers by Missed Care Count

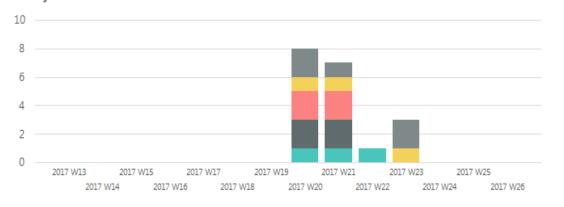


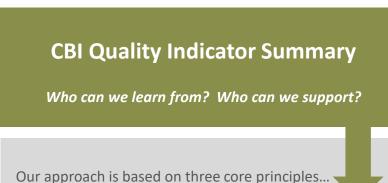
System Error

Personnel No Show
Internal Administrative Error
Inclement Weather

CBI Unable to Staff / Schedule

#### Missed Care by Date









Real and Lasting Value

Our QIS framework is simple, practical and fosters engagement and accountability.



Our integration plan calls on the CBI network and the individual at the right time.....









#### Define what matters

#### Identify:

- Domains, indicators and targets that are relevant nationally.
- Conversations that can have impact.
- Inspire collaboration and risk taking.

**Empower Action** 

Incorporate feedback.

 Foster team sharing and celebrate successes.

Share

Transition

Sustain

ownership to direct care providers.

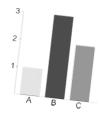
\*\*Adapted from Berkley Partnership Framework for Change Management





#### **Role Based Key Accountabilities**

- Define the value of a role.
- Clear focus no more than 3-4 accountabilities.





- All accountabilities have a measurable success indicator.
- At least 1 indicator aligned to the QIS.





 We match our people's talent and motivation to the right role.



#### **Opportunities to Collaborate**

 Engagement and recognition in our collaborative learning environment.



#### **Leadership Development**

- Focus on skills and behaviours that increase collaboration and impact.
- Example: Feedback



# **EQUIP the** individual

Key Accountabilities
Success Indicators
TTI Assessment
Leadership Development
Opportunities to Collaborate



## **Quarterly & Monthly Outcome reviews core tool: Performance COO & Provincial Leaders** Management **Provincial Leaders and Directors Directors and Site Leads Bonus Framework:** Reward **Models** QIS outcome achievement is included in all operational role bonus targets. High Performing or Improved Teams are identified and invited share their strategies on: Collaboration CBI Collaborative Learning Environment via and Learning blogs, forum discussion. Quarterly Open and Share Call – a team shares their outcomes and strategies for improvement.

# INTEGRATE at all levels

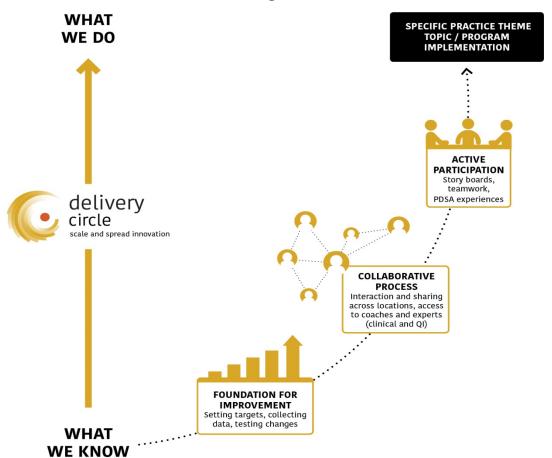
Performance Management Reward Models Collaboration and Learning



## **Adoption the Delivery Circle Framework\***

A systematic approach to:

- Enabling collaboration with teams across the country.
- Completing rapid, small scale tests of change.
- Share successes and challenges related to QIS outcomes.



# **CREATE** real ownership

**Delivery Circle** 

<sup>\*</sup>Modeled after the Institute for Health Care Improvement Breakthrough Series of Improvement Collaboratives.

Location Name:				
Fun Fact about our location:				
Team Members:				
QIS Indicator of Focus:				
AIM	National Aim Statement:			
What are we trying to	Site Goal:			
accomplish?				
MEASURE				
How will we know if a				
change is an				
improvement?				
CHANGE	Change Idea (Identify one	1.		
What changes can we	change idea/hunch/ theory	2.		
make that will result in	per accountability session)	3.		
an improvement?		4.		
		5.		

Location Name: Fun Fact about our location:						
Team Members:						
QIS Indicator of Focu	s:					
Successes	List at list 3 successes your site has had over the past two weeks to bring you closer to your goal.	<ol> <li>1.</li> <li>2.</li> <li>3.</li> </ol>				
Challenges	Does our site need any help? (This may include connecting with other impact sites or identifying a coach).	1. 2. 3.				
Accountability Items	Over the next two weeks identify at least 3 action items needed to implement your change idea.	Action Item  1. 2. 3.	Owners  1. 2. 3.			

## **KEY OUTCOMES:**

LEARNING:
■ No prescriptive way of implementing actions
Transparency doesn't equal knowledge
☐ Inherent defensiveness "the numbers are wrong"
DELIVERY CIRCLE:
☐ Alberta continuity marked improvement by 7% during
DC pilot vs negligible improvement with transparence
only (QIS)
Offity (QIS)
CHALLENGES:
☐ Reacting vs. Responding
☐ Standard CBI data definitions vs. funder definitions
☐ Slow adoption of formal action planning process
☐ Investment in time to onboard to framework

**CBI Quality Indicator Summary:** 

**Key Outcomes**