Canadian Home Care
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SPRINT
Implementation Collaboratives™

Whole Community Palliative Rounds

Planning for Sustainable Change

W O R K B O O K
December 3, 2019

Throughout the SPRINT-WCPR Implementation Collaborative, practice teams were introduced to fundamental strategies to support the successful testing and implementation of WCPR. 'Implementation Science' theory and the COM-B model of behaviour change included tactics and interventions targeted to **C**apabilities, **O**pportunities and **M**otivation. Quality improvement methodology focused on **E**valuation—identifying goals, measuring success and adapting practice (PDSA).

This tool describes several factors, derived from literature and evidence, that may impact long-term success. The factors have been adapted to reflect the SPRINT-WCPR methodology – categorized by (a) success factors for behaviour change (COM-B) and (b) success factors for evaluation and evidence.

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PLANNING FOR SUSTAINABLE CHANGE

For each of the following factors, rate your overall impression of how you believe WCPR is doing. Use the comment/action section to include any considerations or plans that you want to discuss further with your team when planning for long-term success of WCPR.

CAPABILITY

Knowledge
WCPR partners understand what the practice is trying to achieve and the impact it will have.

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

Involvement
There is wide breadth of involvement from partners who clearly understand their roles within an enhanced circle of care.

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

Skills
Staff have the necessary skills to deliver WCPR:

A. Know who and how to refer to the WCPR

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

B. Understand collaborative participation in the WCPR

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

C. Facilitators ensure focused conversations, sharing of expertise and productive WCPR

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

D. Shared decision making and actions resulting from the WCPR

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

Teamwork
The WCPR Collaborative team is working well together. There are clear responsibilities for individuals and the work is shared across the team and does not rely on particular individuals.

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor ☐ Don't Know ☐ No Opinion

Overall comments/actions:

OPPORTUNITY

Leadership

WCPR has supportive leaders and/or champions who advocate for improvement, communicate the value, and reinforce the process.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Organizational priorities

WCPR is aligned with and contributes to organizational strategic priorities.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Organizational culture

WCPR is supported by organizational policies and procedures.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Resources

Resources are allocated to WCPR to enable the achievement of long term success (i.e. human and financial resources).

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

External environment

WCPR exists in a supportive economic and political environment. The team is aware of external pressures and incentives that may influence WCPR.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Overall comments/actions:

MOTIVATION

Reinforcement
Partners have opportunities to provide input into WCPR and feel a sense of ownership. They are able to express their ideas freely which are openly considered by the team.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Beliefs about consequences
WCPR partners recognize the goal of WCPR and believe this approach will lead to improved processes and outcomes.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Beliefs about improvement
The organization is committed to continuous quality improvement and it is a priority for the staff, partners and patients.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Overall comments/actions:

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EVALUATION

These long-term success factors will be discussed in more detail in Quality Improvement: Measuring and Reporting Success workshop.

*Refer to the draft Whole Community Palliative Rounds Quality Indicators & Data Collection Strategy chart

*Evidence of benefits

A. Relevant process measures are clearly understood and communicated

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

B. Clearly defined outcome measures show the benefits of WCPR. The evidence is regularly communicated and visible to staff, partners and patients.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

*Progress monitored

A monitoring system is in place that allows the team to collect, manage and regularly review data. Feedback from the project is shared with the WCPR Collaborative team on a regular basis.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Robust and adaptable processes

There is the opportunity to adapt WCPR to reflect changing needs, different setting and emerging evidence. Adaptations are documented and the successes and failures of changes are reported.

☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ Very Poor   ☐ Don't Know   ☐ No Opinion

Overall comments/actions:

QUALITY IMPROVEMENT: MEASURING AND REPORTING SUCCESS
Whole Community Palliative Rounds Quality Indicators & Data Collection Strategy (Interior Health – DRAFT WORKING COPY)

This chart will assist the project team in selecting shared quality indicators that SPRINT-WCPR teams can easily measure, track trends and report on. Consider the proposed quality indicators identified by Interior Health and select the top 5 quality indicators that will support building evidence of the benefits of WCPR.

EVIDENCE OF BENEFITS		PROGRESS MONITORED		
Measure	**Operational definition**	**Data source**	**Sample size**	**Frequency**
OUTCOME MEASURES				
Care Team Experience	☐ % of care providers who had a positive experience with working as a team at WCPR ☐ % of care providers who report WCPR has made a positive difference to their clients care	Survey	All care team members that participated in WCPRs (minimum of 2 WCPRs?)	Baseline & 6 months following?
Presenting Symptom Distress	☐ % of persons presented with physical symptoms (+ ESAS score) requiring care planning ☐ % of persons presented with psychosocial/emotional symptoms requiring care planning ☐ % of persons presented with multi-symptom distress (#of symptoms addressed in WCPR care-planning)	Survey		Baseline & 6 months following?
Outcomes of Care	☐ % of clients who have been reviewed 2 or more times at a WCPR for the same symptom	Data Tracking Tool		
Emergency Department Visits	☐ # of ED visits for clients reviewed at WCPR ☐ % of WCPR clients who had 2+ ED visits since WCPR	Data Tracking Tool		
Location of Death	☐ % of clients reviewed in WCPR who have a goal of home based death, and then die in their home	Manual-Meditech	10 clients? Too small a sample?	Baseline then quarterly?
PROCESS MEASURES				
Symptom Assessment	☐ % ESAS completed on all clients referred to WCPR	Data Tracking Tool	10 clients? Too small. Need to do this 3 weeks in a row on a quarterly basis	Baseline then quarterly
Palliative PPS	☐ % of PPS completed on all clients referred to WCPR	Data Tracking Tool	As above	
Care Team Participation	☐ % of the whole care team present at the WCPR (Circle of Care) ☐ # of inter-professional representation (and list of roles) ☐ # of cross sector participation (and list of sectors)	Data Tracking Tool	As above	
Spoke Community Participation	☐ % of WCPR where spoke communities call in			
Communication to MRP	☐ % of communication back to Most Responsible Provider (MRP) within 24 hours of the rounds	Data Tracking Tool		
BALANCING MEASURES				

☐ % of care providers who had a negative experience with working as a team at WCPR   ☐ Nursing time
☐ % of care providers who report WCPR has made a negative difference to their clients care   ☐ Reduction in Case Management time
☐ Physician Sessional Use   ☐ Increase workload