

Excellent Care for All Act: How Can Legislation Translate to Better Front-Line Care for the Elderly?

**AGM, Regional Geriatrics Program of Eastern Ontario
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Key components of ECFAA

Requirement for health care organizations, starting first with **hospitals**, to:

- Establish **quality committees**, which would report to the board on quality-related issues
- Develop annual **quality improvement plans** and make the plan available to the public
- Ensure that **executive compensation** is linked to achievement of the performance improvement targets set out in the annual quality plan
- Carry out **patient, client, and caregiver surveys**
- Carry out **employee / care provider surveys**
- Have a **patient relations process** and make information about the process available to the public
- Produce a **patient declaration of values** after consultation with the public



Excellent Care for All Act & HQO Role

- Public reporting (existing)
- Support continuous quality improvement (existing)
- Recommendations on clinical practice guidelines and tools
- Recommendations on funding of health care services & medical devices
- Quality improvement plans submitted to HQO in format determined by Council

Public Reporting: A Results-Oriented Health Care System

- Reporting across all sectors & all quality dimensions
- Reporting by institution, organization
- Real-time information

Readmissions

Readmissions for any reason:

- Congestive heart failure (age \geq 45)
- COPD (age \geq 45)
- Gastrointestinal conditions (all ages)
- Diabetes (all ages)
- Cardiac conditions (age \geq 40)
- Pneumonia (all ages)
- Stroke (age \geq 45)

-readmissions still very common – especially CHF, COPD

Poor Transitions of Care

Percentage of patients who knew:
Danger signals to watch for after going home

■ Hospital

■ ED

Purpose of medications

■ Hospital

How to take medications

■ ED

Side effects of medications to watch for

■ Hospital

■ ED

When to resume usual activities

■ Hospital

Whom to call if they needed help

■ Hospital

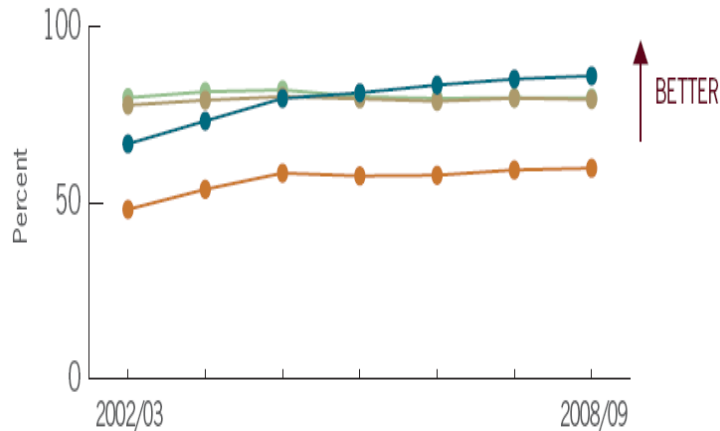
■ ED



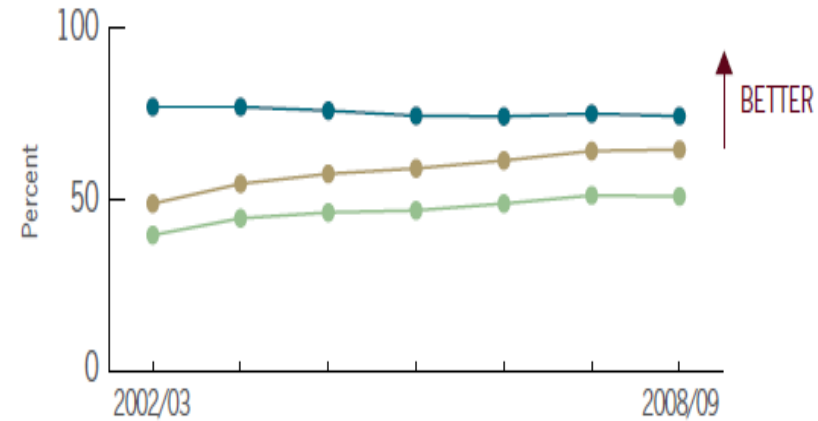
Many patients don't get the information they need upon leaving the hospital or ED.

Evidence-Based Practices

- Lots of existing guidelines... are they being followed?

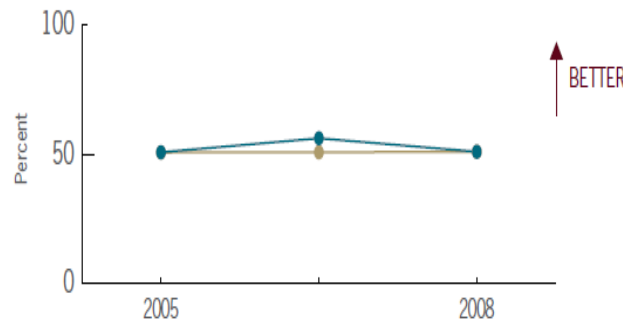


Right Drugs After Heart Attack



Right Drugs for Diabetes

Right Monitoring
for Diabetes



Translating Research into Evidence

The lag between publication of landmark clinical trials and application in practice (to 50% use) is unnecessarily long, in the range of about 15 to 20 years.

Balas and Boren, 2000

Clinical Procedure	Landmark Trial	Current Rate of Use
Flu vaccination	1968	55%
Thrombolytic therapy	1971	20%
Pneumococcal vaccination	1977	36%
Diabetic eye exam	1981	38%
Beta blockers after MI	1982	62%
Mammography	1982	70%
Cholesterol screening	1984	65%
Fecal occult blood test	1986	17%
Diabetic foot care	1993	20%

Balas, Boren 2000

A Typical Case Example?

- The latest data on falls has just been released and Shady Grove Health Centre is in the 10th worst percentile. The Board and management decide to make reducing falls a priority. The organization signs on to a regional campaign on falls prevention. Promotional posters on falls prevention are placed in the hallways and entranceways. The management schedules a series of in-services to staff on falls prevention.

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How typical is this?

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What's the chance of success?

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How could this fail?

What Are the Best Practices?

- Risk assessment and tailored prevention plan
- Strength / balance training / rehab
- Avoid certain meds (e.g. benzos)
- High/low beds, crash mats & avoid bed rails
- Incontinence mgt / toileting routine
- Hip protectors, protective equipment
- Bed alarms, faster response to call bell
- Good lighting, remove clutter, safety bars
- Safe footwear
- Corrected vision

New Paradigm: Continuous, Close Conversation Between Evidence-Body & The Front Line



The screenshot shows the Ontario Health Quality Council (OHQC) website. The header includes the OHQC logo and navigation links: "Print Version | Home | Contact Us | About OHQC | News | Public Reporting | Information For the Public | Quality Improvement". The main content area is titled "QI Plan Baycrest Centre For Geriatric Care". It features a "Quality Area" section with the text "Percentage of residents who had a recent fall". Below this is a "Measures and Target Aim(s)" section with a bullet point: "Reduce the percentage of residents who had a recent fall by 20% from 15.55% to 12.45%, to maintain falls-related injury rate below 30% (December 2010)". A "Change Ideas" section follows with three bullet points: "To implement falls best practice to 75% of Apotex (December 2010)", "The findings from the Falls Best Practice pilot initiative will inform the larger organizational roll out beginning January 2010.", and "When we extrapolate falls related data from RAJMDS at the unit level, we will link this data with our internal data on falls, and falls related injury rate. This will allow us to establish strengths and gaps in performance and to target individual units for specific interventions." The final bullet point is partially cut off: "Fully implement a Falls Best Practice approach that aligns with our..."

Build an inventory of:

- Evidence on best clinical practice
- Evidence on typical barriers to implementation
- Evidence-based tools, tips to address barriers

Example: Falls in Frail Elderly, ALC

Root Causes	Change Ideas	Barriers	Tips, Tools

Example: Falls in Frail Elderly, ALC

Root Causes	Change Ideas	Barriers	Tips, Tools
Can't see	Improve lighting		
Trip over bed rails	No bed rails		
Slip on floor	Footwear		
	Remove clutter, hazards		

Example: Falls in Frail Elderly, ALC

Root Causes	Change Ideas	Barriers	Tips, Tools
Can't see	Improve lighting	People turn off lights instinctively Assessments not done	
Trip over bed rails	No bed rails	People forget; staff turnover	
Slip on floor	Footwear	Pt likes his shoes No one checks	
	Remove clutter, hazards	Clutter comes back after cleared	

Example: Falls in Frail Elderly, ALC

Root Causes	Change Ideas	Barriers	Tips, Tools
Can't see	Improve lighting	People turn off lights instinctively Assessments not done	- Periodic safety hazards scan / checklist - Night lights in bathroom
Trip over bed rails	No bed rails	People forget; staff turnover	Safety scans; label on bed rail; disable or tie down rail
Slip on floor	Footwear	Pt likes his shoes No one checks	Footwear protocol Pt, family education tool
	Remove clutter, hazards	Clutter comes back after cleared	- Periodic safety hazards scan / checklist

Why Are Best Practices Not Adopted?

Root Cause	Changes
Providers unaware of how poor performance actually is	
Easy to forget, busy, too complicated, unaware of best practice	
Poor processes, non-standardized	
Lack of skill to perform best practice, or deterioration over time	
Wrong resources, or lack of capacity	
Patients unaware of their role or options, not engaged	
No incentive or motivation to change	

Why Are Best Practices Not Adopted?

Root Cause	Changes
Providers unaware of how poor performance actually is	Measurement and feedback systems
Easy to forget, busy, too complicated, unaware of best practice	Reminder systems, clinical decision supports, checklists, std orders
Poor processes, non-standardized	Redesigned processes
Lack of skill to perform best practice, or deterioration over time	Training AND skills verification, “on-boarding”, specialized staff or team
Wrong resources, or lack of capacity	Targeted investments
Patients unaware of their role or options, not engaged	Patient engagement – education, involvement in design
No incentive or motivation to change	Recognition, rewards, inspiring leadership, accountability, performance comp, “quality guarantee” in funding mechanism

Incentives & Funding

- What are the ways in which incentives support or inhibit quality improvement?
 - In LTC, the more stage 3+ pressure ulcers, the more money you receive
 - Hospital X is penalized in capital redevelopment funding for doing a good job avoiding hospitalizations
 - Physicians at hospital Y are worried that because they've diverted patients from the ED, their AFA payments will drop
- Role for HQO to identify misalignment, suggest options

QI Plans – What’s Their Purpose? Their Potential?

- A best practice for driving quality agenda
 - Limited priorities, set targets & timeframes, identify strategy for improvement, communicate plan
- Tool for learning among organizations
- Preserve public confidence
- Engage the public / users

Public Reporting & QI Plans - LTC

OHQC
Ontario Health
Quality Council

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Individual Home Results by Home

Home Name:
Hillsdale Estates [Quality Improvement Plans]

Profile:

Location	Number of Beds	Ownership
Oshawa	300	Municipal

For more information on the home level measures click here.

Theme	Indicator	Average Results (April '08 - March '09)	Provincial Average
Bladder Function	Percentage of residents with worsening bladder control	18.3%	19.4%
Falls	Percentage of residents who had a recent fall	13.3%	13.4%
Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	2.7%	3.0%
Pressure Ulcers	Percentage of residents with a new pressure ulcer (stage 2 or higher)	2.3%	2.8%

- [Welcome](#)
- [Provincial Results](#)
- [Individual Home Results](#)
- [Questions for Residents & Families to Ask](#)
- [About the Site](#)
- [Tips & Resources](#)
- [FAQs](#)
- [Links](#)

Public Reporting

QI Plans Using Model for Improvement



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QI Plan Baycrest Centre For Geriatric Care

Quality Area:

Percentage of residents who had a recent fall

Measures and Target Aim(s):

- Reduce the percentage of residents who had a recent fall by 20% from 15.55% to 12.45%; to maintain falls-related injury rate below 30% (December 2010).

Change Ideas:

- To implement falls best practice to 75% of Apotex (December 2010)
- The findings from the Falls Best Practice pilot initiative will inform the larger organizational roll out beginning January 2010.
- When we extrapolate falls related data from RAI-MDS at the unit level, we will link this data with our internal data on falls, and falls related injury rate. This will allow us to establish strengths and gaps in performance and to target individual units for specific interventions.
- Fully implement a Falls Best Practice approach that aligns with our policy & procedure, is sustained, and includes: increased staff knowledge about best practice, consistent use of a falls risk screening and/or assessment tool, and implementing interventions that address falls risk factors for individual residents.

Special challenges in our home that we will address:

- The physical lay-out of the home makes it difficult for staff, particularly evening and nights, to physically attend to residents on an ongoing basis.
- Extracting the data at the unit level to optimise our approach.

A Definable Vision With Stretch Goals



*Make no small plans...for
they have not the power to
stir men's blood.*

Niccolo Machiavelli, 1514

Common Approaches to Setting Stretch Targets

- 1: aim for theoretical maximum
 - eg move from 93% to 100% compliance with surgical checklist
- 2: aim for best achieved elsewhere
 - Queensway Carleton: VAP and CLI rate of zero (from .57, .51 respectively)
- 2b: 90th %ile among peers
- 3: cut the defects/waste in half
 - St Mike's: move hand hygiene from 65% to 80%
 - Scarborough General: VAP 1.93 to 0.75 per 1000 vent-days

Developing QI Plans - Power of Learning From Each Other



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OHQC Ontario Health Quality Council

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QI Plan Baycrest Centre For Geriatric Care

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St Michael's – Hand Hygiene

Expand to multiple units	Number of units with unit based hand hygiene QI initiatives	Increase from 2 to 5 units with significant, sustained improvement
Educate current staff via e-learning	% of current staff completing hand hygiene education	70%
Educate new hires via e-learning	% of new hires completing hand hygiene education	80%
Post unit specific compliance feedback on each unit	% of in-patient units with a visible poster per quarter	100%
Test novel HH monitoring technology on one unit	% Compliance on the intervention unit	Improvement in compliance by 10%
Dedicated Intranet space for HH.	A new monthly item on the intranet promoting HH	One new item per month
Awards for units with top or most improved performance	Number of quarters where awards are given out	Award given to 2 units quarterly

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Measures & targets for change ideas articulated

Other Good Ideas

- UHN: install "empty flags" on all sanitizer dispensers
- Southlake: Patient engagement - post new signs in pt rooms - "Remind me to clean my hands , if I have not"

Full Range of Change Ideas - HH

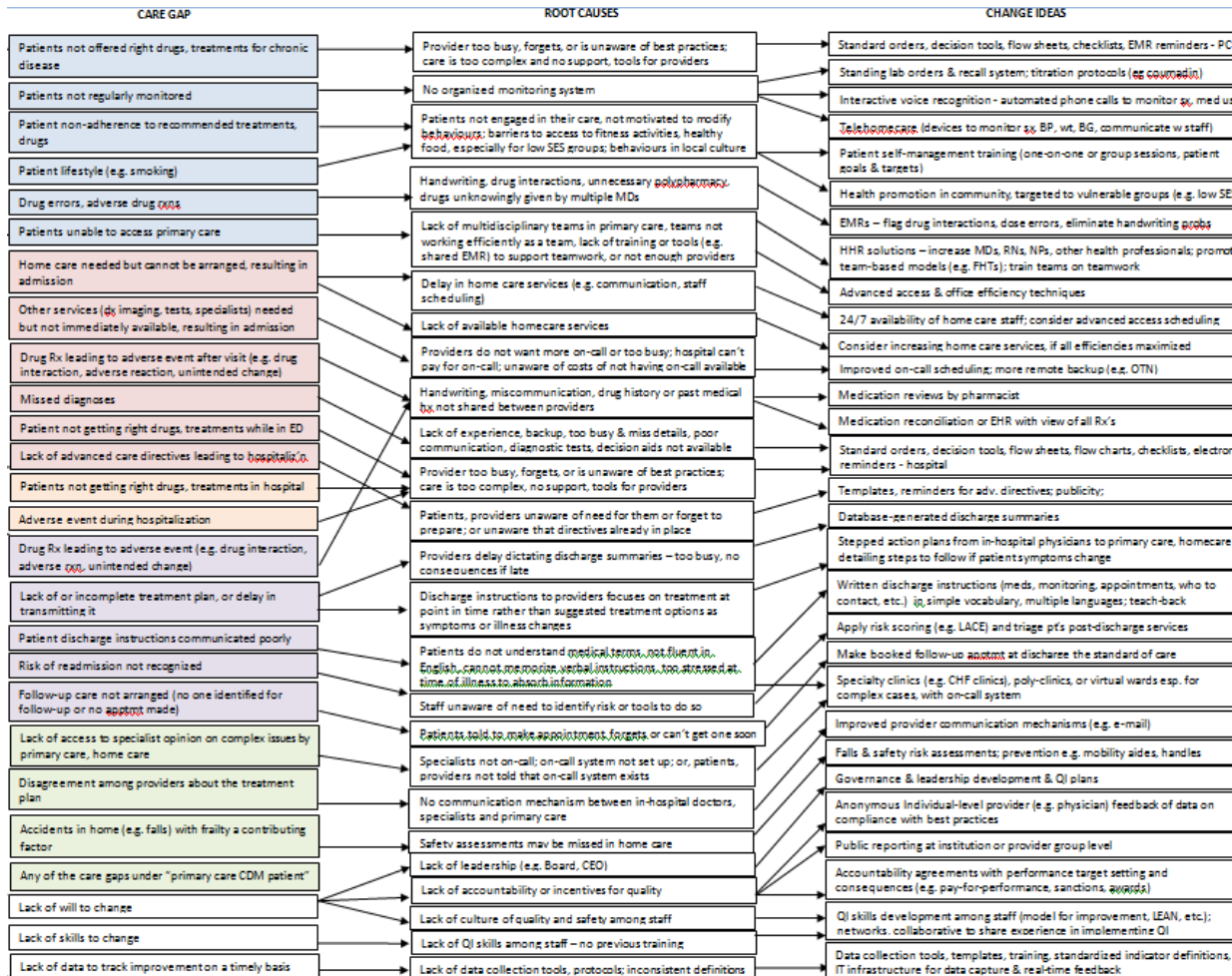
Change Concept	Change Idea
Measurement & feedback	Audit tools Quarterly, monthly or weekly posting of data – by unit and/or provider group
Process improvement	Visual cue – dispenser empty, or protocol to ensure dispensers never empty
Skills development	Staff training (weaker) Verify handwashing skills w/ uv light (stronger)
Reminders	Posters, intranets, screen savers, etc.
Key resources	Dispensers at all key areas
Patient engagement	Patients to remind providers
Incentives/Motivation	Rewards, sanctions for outliers

A Typical Challenge

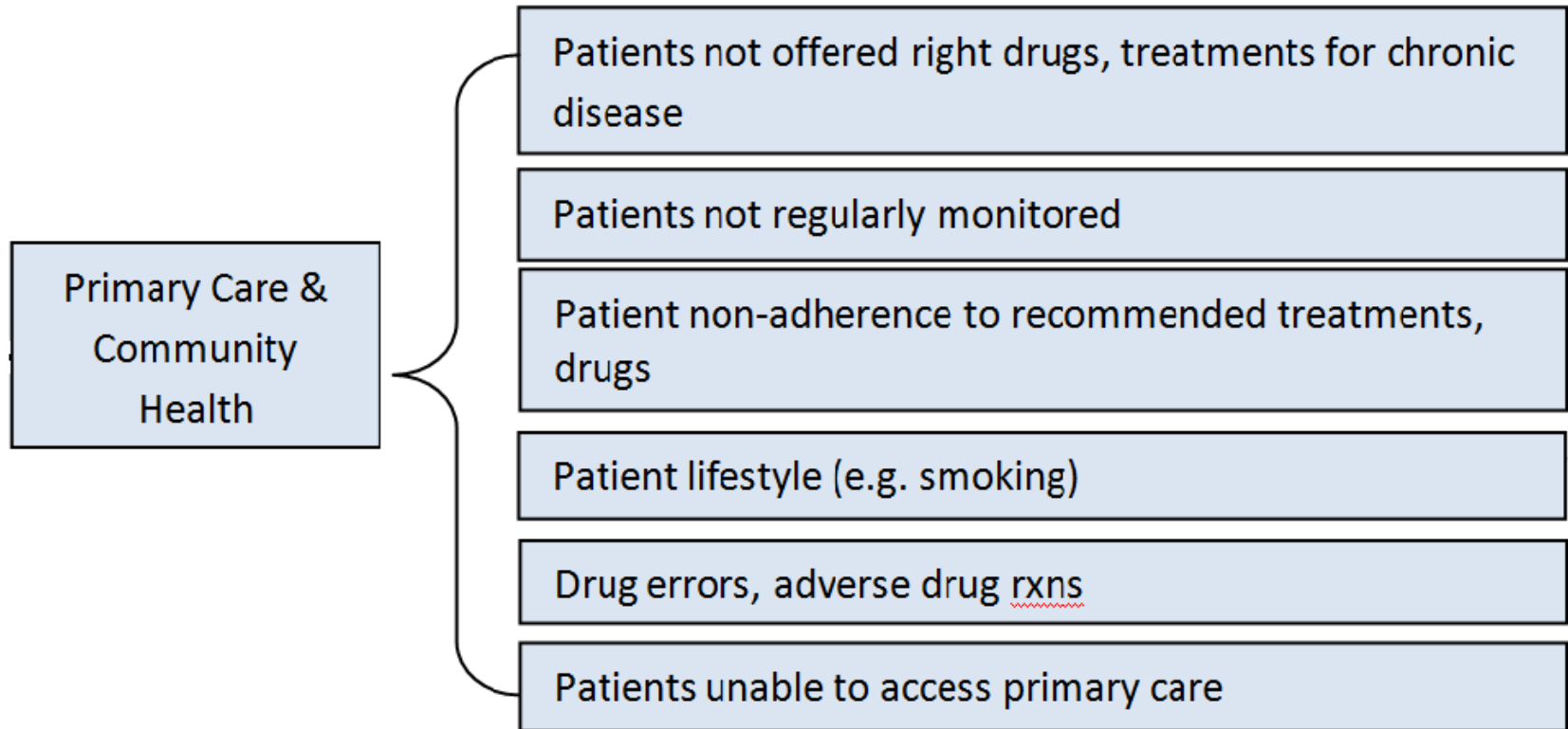
Mrs. Jones is an 82 year old widow who lives at home, with type II DM, CHF, hypertension, CAD & 3 past AMIs, peripheral vascular disease, osteoarthritis, stage 3 pressure ulcer, cataracts, obesity. She is on 14 medications (including metformin, diabetin, lasix, enalapril, ASA, plavix, metoprolol...)

On Saturday home care nurse comes in for a dressing change & routine assessment. Mrs. Jones has had much worse shortness of breath and increasing peripheral edema. She admits to having had too much kung pao chicken two nights ago. She is very short of breath on assessment.

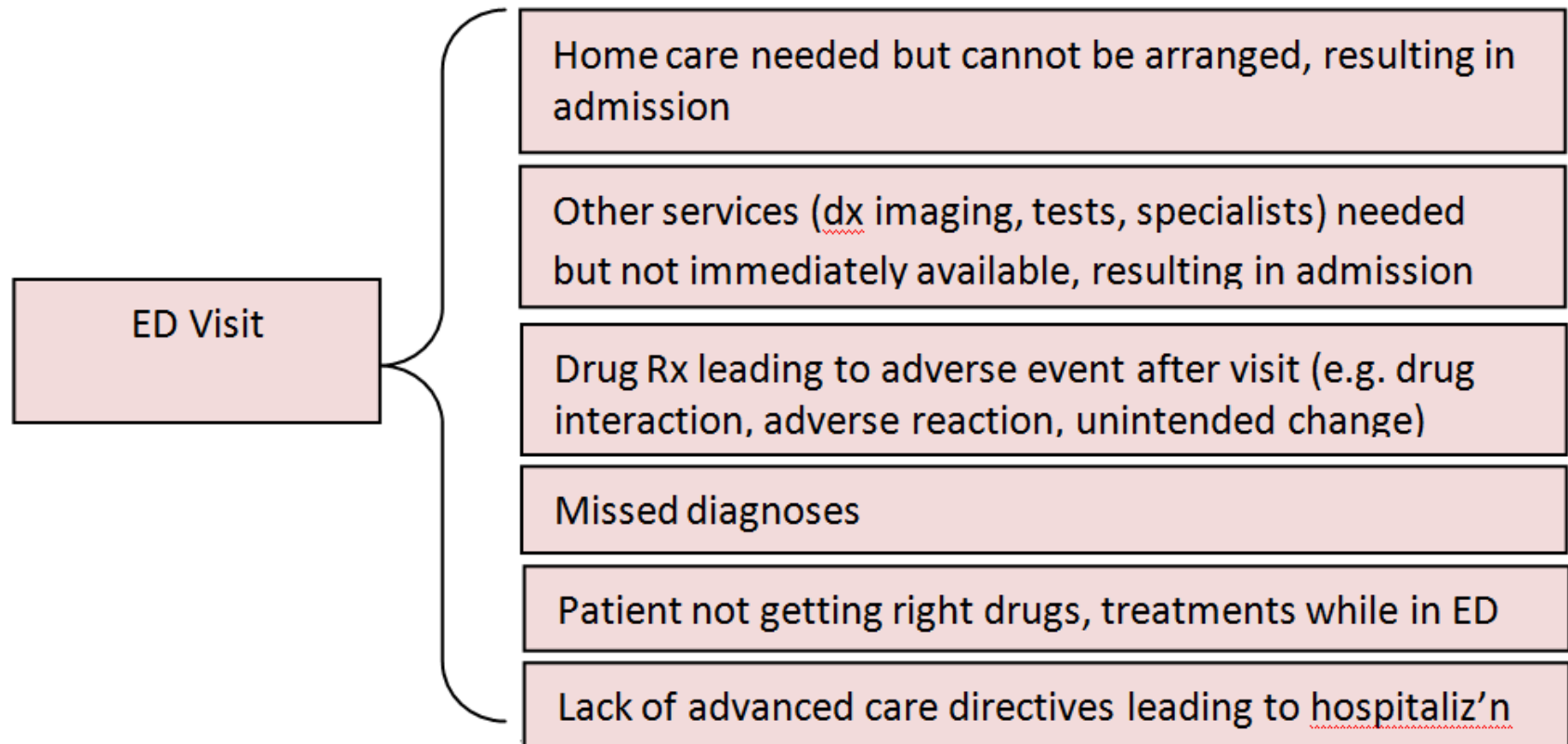
Avoidable Hospitalizations



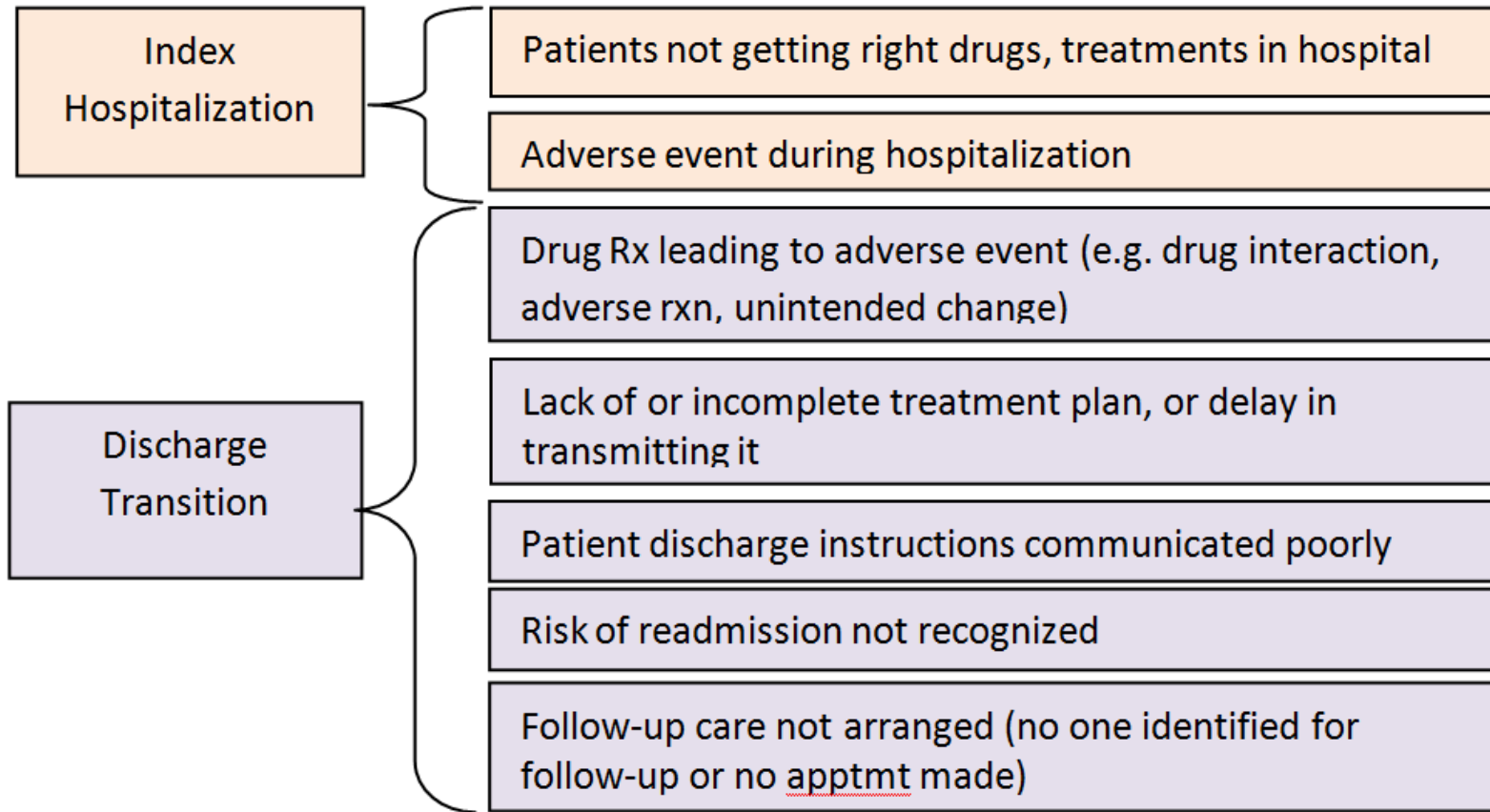
Care Gaps



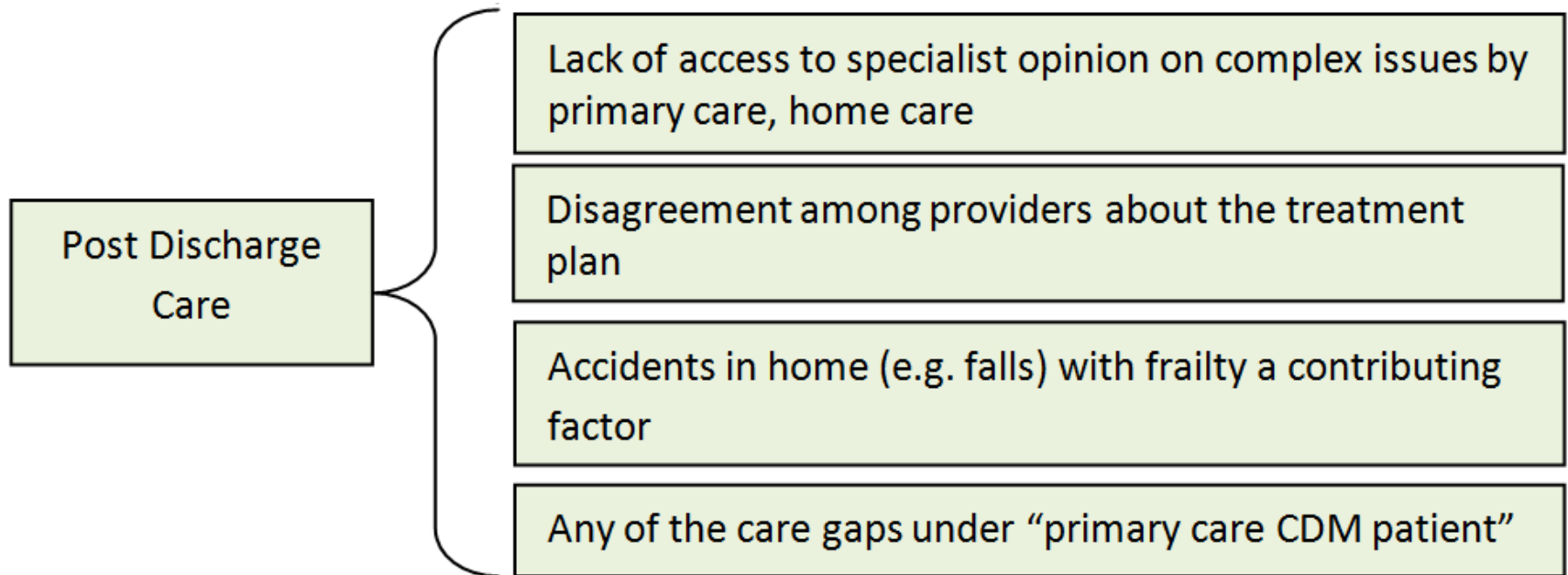
Care Gaps



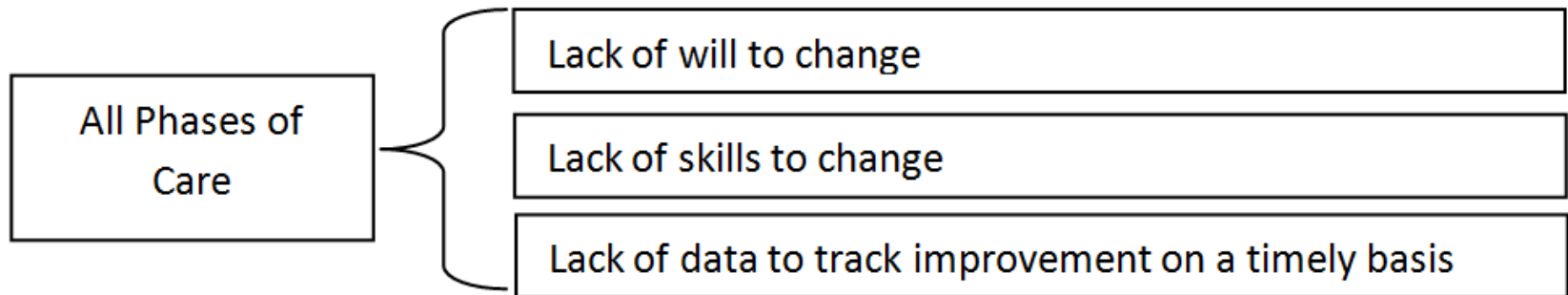
Care Gaps



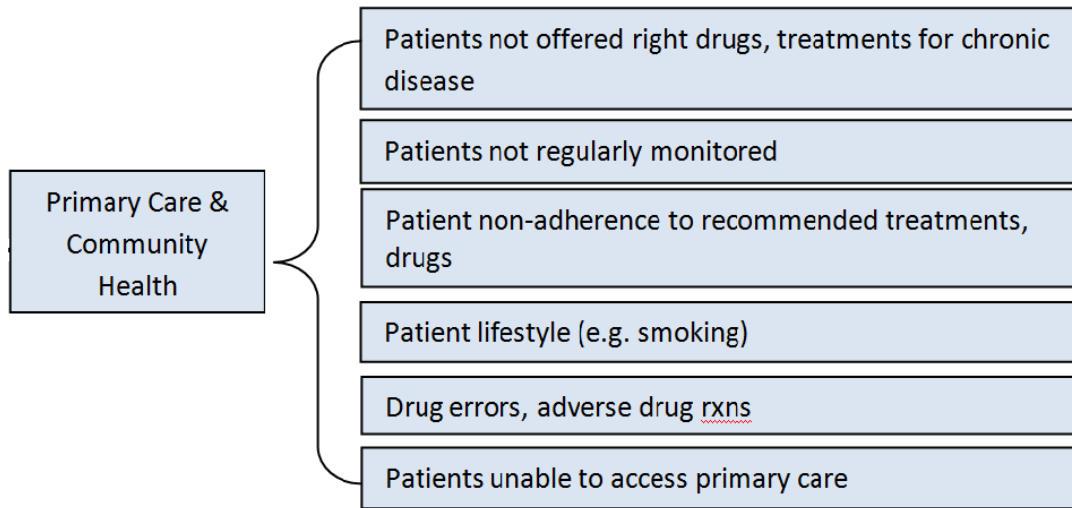
Care Gaps



Care Gaps

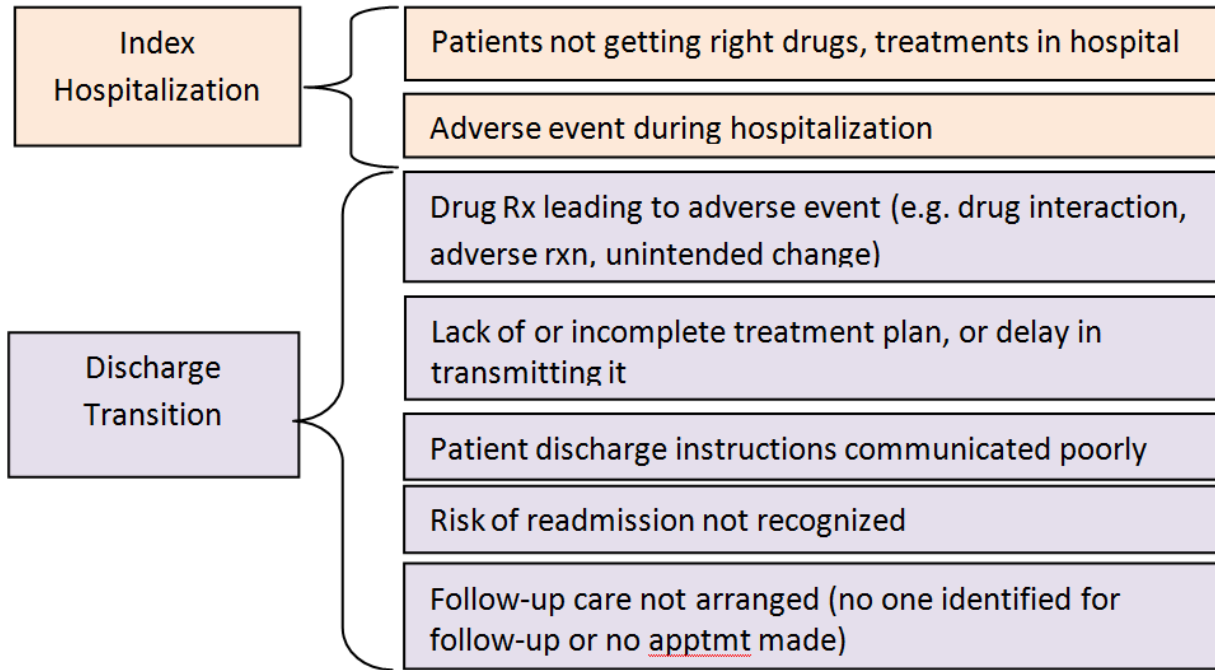


Potential Tools



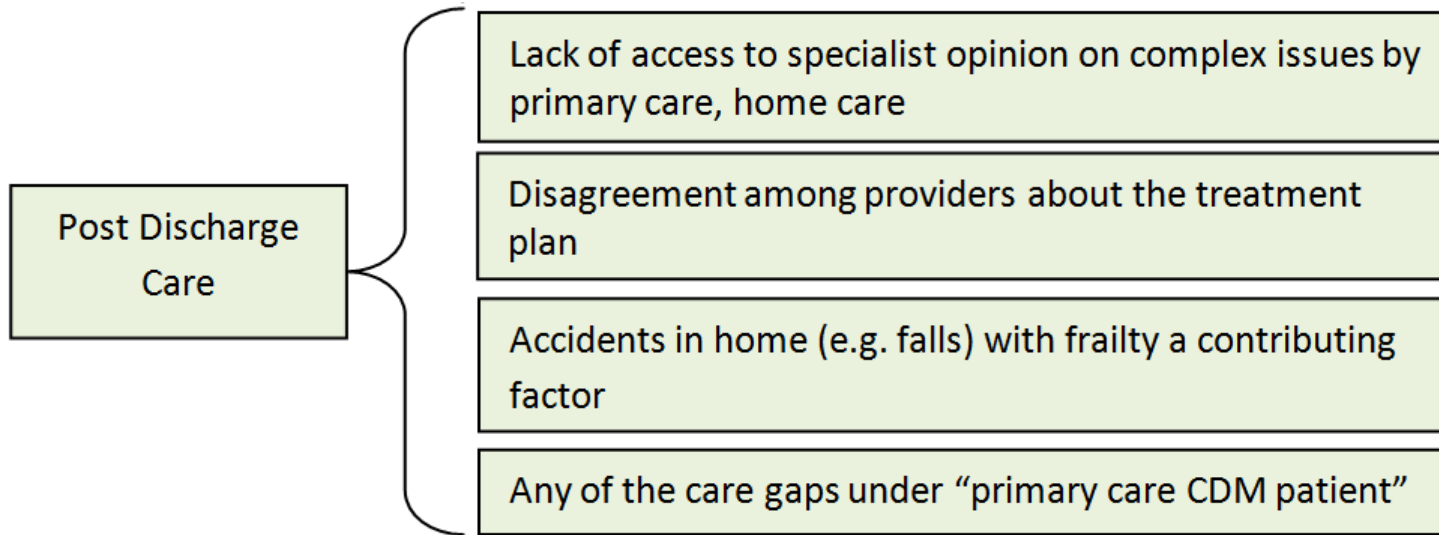
- EMR standards, core indicators
- Checklists, flowsheets, EMR reminders
- Remote monitoring systems
- Titration protocols
- Pt self mgt activities

Care Gaps



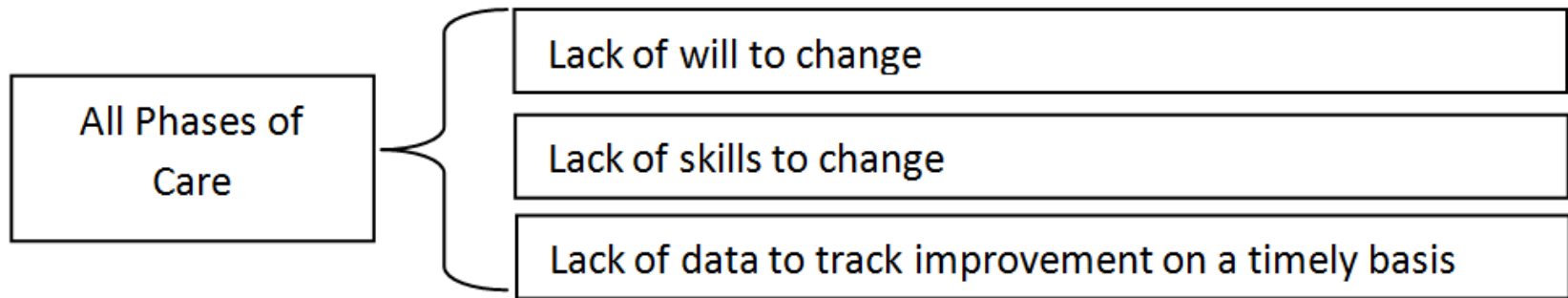
- Discharge checklists, std orders
- Med reconciliation
- teachback
- Risk assessment / LACE tool
- Same day dischg summary
- Rehab adm protocols
- Std follow-up protocols

Care Gaps



- Coordinated treatment plan
- Falls risk assessment

Care Gaps



- New data investments
- Public reporting
- QI skills & leadership development
- Accountability agmts
- Align accreditation ROPs to strategy
- Funding formula changes

Summary

- Legislated push for quality means:
 - Public reporting and accountability for quality
 - Focus on evidence – to drive strategy for improvement
 - QI plans – strong leadership thinking
 - Practical tools, tips and supports to implement best evidence
 - Leadership accountability
 - Funding aligned to quality



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