



Project: Hospice Residence

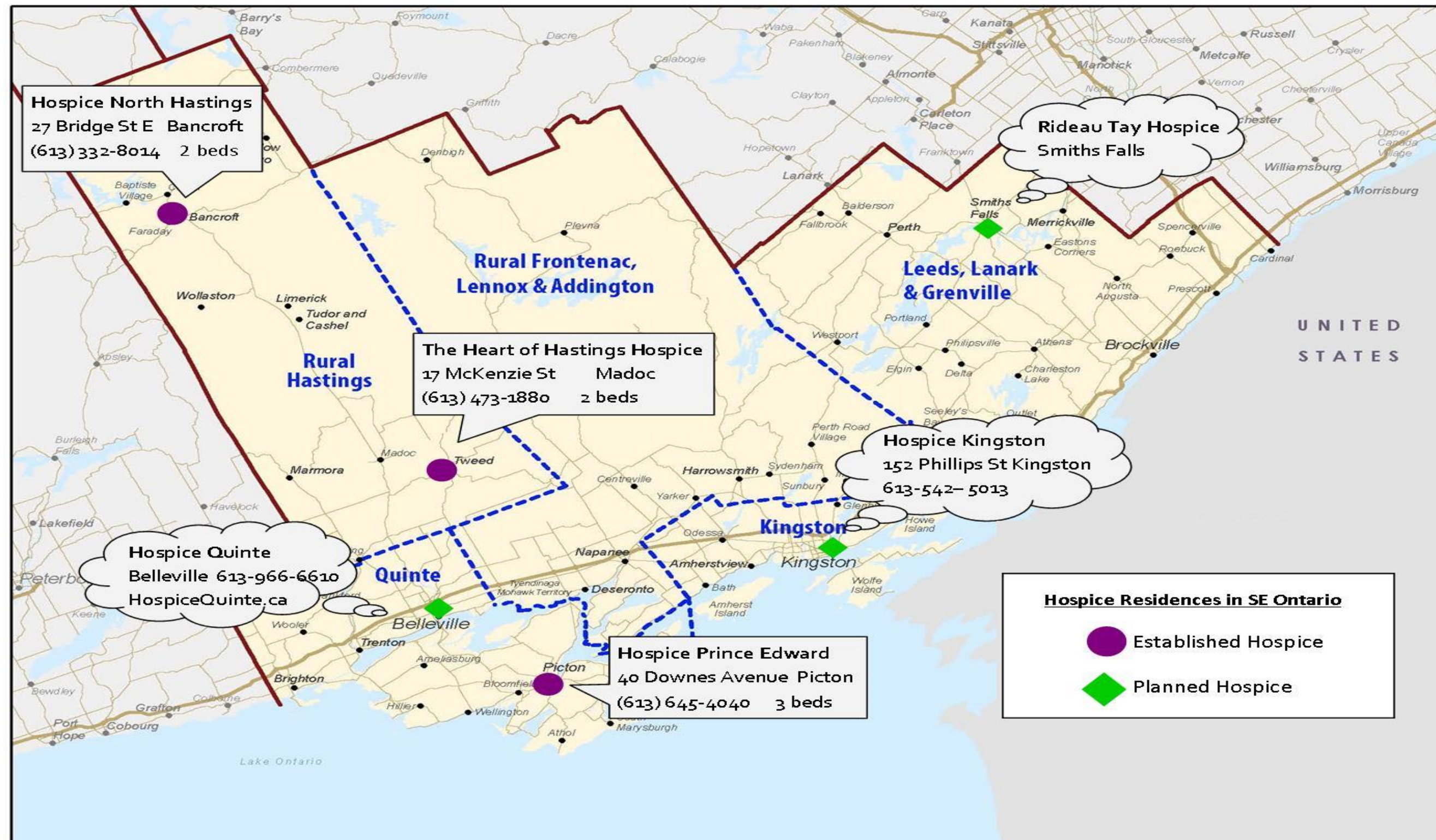
Region: SE LHIN

Executive Sponsor: Allen Prowse

Team Lead: Maggie George

Master deck- March 31, 2019

South East Regional
Palliative Care
Network

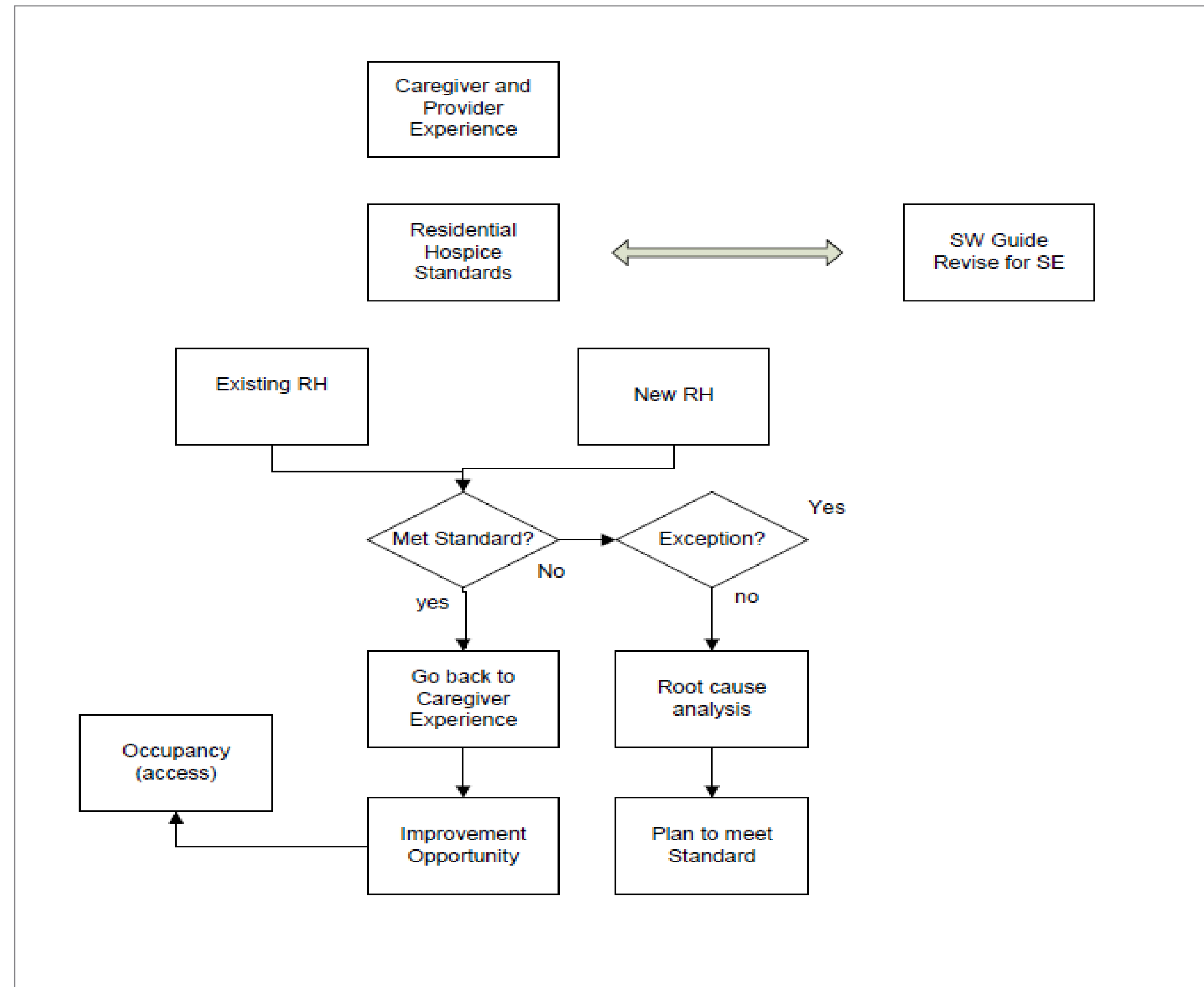


Formation of Team & Development of Charter (October -November 2017 – charter updated quarterly)

<p>Title: Hospice Residence</p>	<p>Scope/Boundaries:</p> <p>In scope:</p> <ul style="list-style-type: none"> • Patient/caregiver and provider experience related to access to and quality of services for existing HRs • Standards for existing and future RHs • SE LHIN RH Guiding Document for future HR bed allocation <p>Out of scope:</p> <ul style="list-style-type: none"> • Funding models for RHs
<p>Team</p> <p>Executive Sponsor: Allen Prowse</p> <p>Team Lead/Process Owner: Maggie George</p> <p>Improvement Advisor: Ruth Dimopoulos</p> <p>Team Members: Juli Heney (Home & Community Care), Christine Knott (Hospice Kingston), Deb MacDonald (Hospice Prince Edward), Heidi Griffith (Heart of Hastings Hospice), Linda Lysne (community repr.), Jennifer May Anderson (Hospice Quinte)</p> <p>Prior members included: Joanna Michalski (Hospice Kingston), Brian Klooster (Hospice Kingston), Karen Moore (Hospice Prince Edward)</p>	<p>Problem Statement/Reason for Improvement:</p> <ul style="list-style-type: none"> • Lack of coordinated and standardized processes for the operation of existing and new HRs recognizing there may be differences based on location • Low and varying occupancy rates in existing RHs • Variations in quality of care • Lack of a SE LHIN Hospice Residence document to assist with the future allocation of hospice residence beds
<p>Aim Statement:</p> <p>By March 31, 2019, patients and caregivers choosing HR can expect improved access to quality HR services through standardized and coordinated processes and care delivery based on provincial HPCO RH standards as measured by a 10% increase in occupancy rate at Heart of Hastings Hospice and Hospice Prince Edward and maintain caregiver satisfaction with timely access to hospice..</p>	<p>Measures – Outcome and Balancing</p> <p>Outcome Measures:</p> <ul style="list-style-type: none"> • HR Occupancy Rate • Caregiver Satisfaction with timely access to hospice <p>Balancing Measures:</p> <ul style="list-style-type: none"> • Non-death discharges from RH • Length of stay (too low or too high compared to provincial average) • Wait list • Monitoring costs through HCC

Root Causes of the Problem:		Change Ideas:	Process Measures:
<ul style="list-style-type: none">• PPS decreases between referral and admission to hospice• No admissions on week-end• Some Health Care Professionals referring to hospice may not be aware of referral process and admission criteria• Variable experience & knowledge of PSWs and RNs (out of scope)		<ul style="list-style-type: none">• Referral PPS increase from 30% to 40%• Admissions available on week-ends• Development of materials to increase awareness of hospice residence beds for patients and caregivers and for health care providers information on the referral and admission process• Flagged with HCC – additional education required for agency staff	<ul style="list-style-type: none">• #referrals to hospice/% increase in referrals• Time between referral and admission• # admissions outside Mon.-Fri. 9 – 5 to be monitored before action taken• # presentations to key partners• Feedback from providers related to confidence in competency of RNs and PSWs
In addition to the QI project, the HR team conducted a gap analysis related to the % of HPCO standards met . Almost all standards were met by HHH and HPE. Outstanding issues : 24/7 professional staff on site. (potential to add 4 hrs. at HHH); RN response time , interdisciplinary team; competency of RNs and PSWs. Conducted a review of MOHLTC Program Design Standards and Infection Prevention and Control guidelines. 99.9% met.			
HR team to review SW document and provide recommendations relevant to the SE. Team lead met with Network Lead and HCC Manager; however, there remain s issues to be clarified at the LHIN level.			
Anticipated Barriers and Mitigation Strategies: Funding model and decision needed on exception to HPCO standards.		Anticipated Timeline Key Milestones	
Resources Required:		Signatures: Executive Sponsor: _____ Process Owner: _____ Version Nov.6/18	

Residential Hospice Project Diagram



Hospice Residence Project Workflow

Develop and Implement caregiver satisfaction survey as part of understanding the patient caregiver perspective

Interview health care providers to identify challenges and opportunities in service delivery

Review HRs against HPCO HR standards, MOHLTC Capital Program Design Standards & Infection Prevention & Control Guidelines Identify Gaps and Opportunities

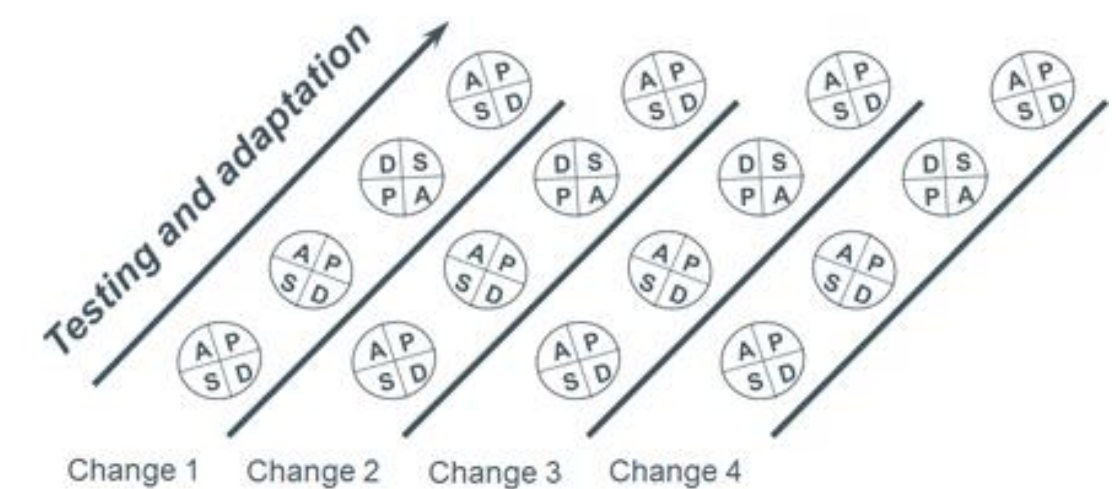
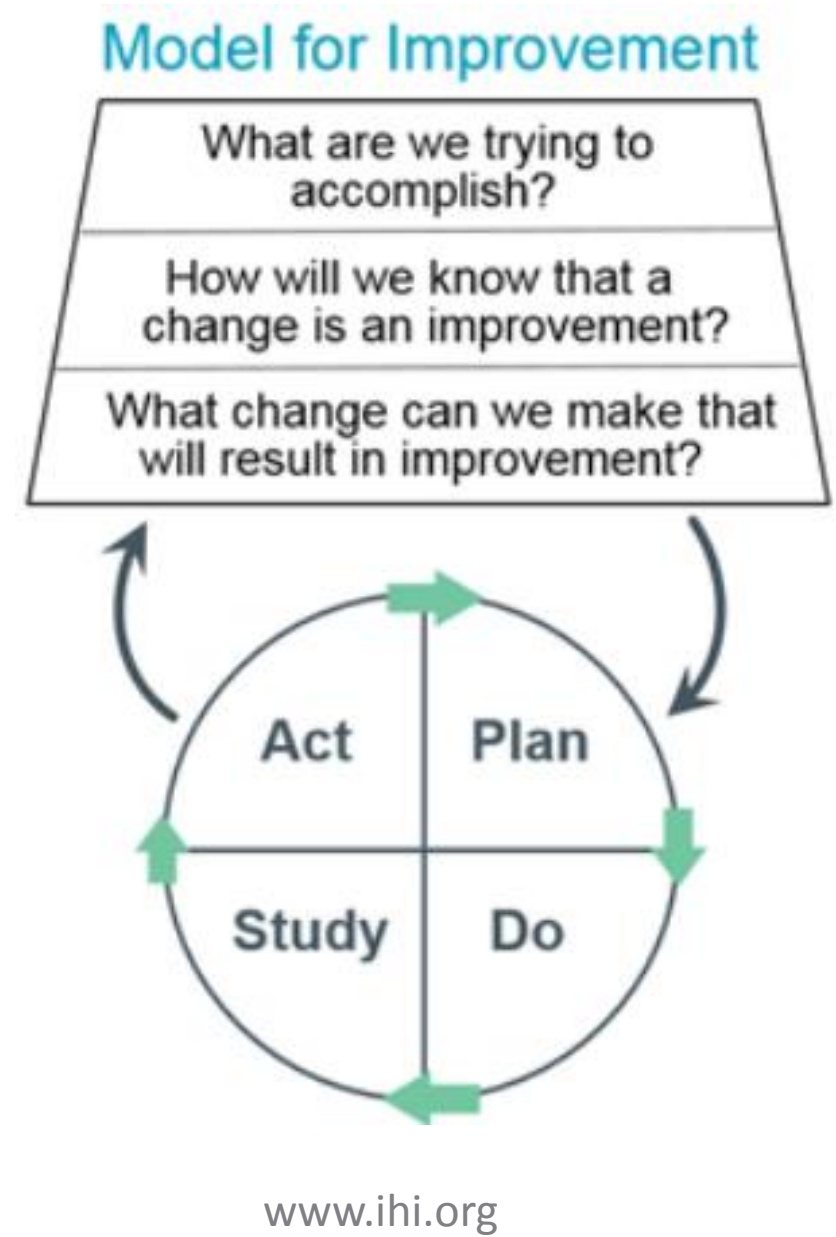
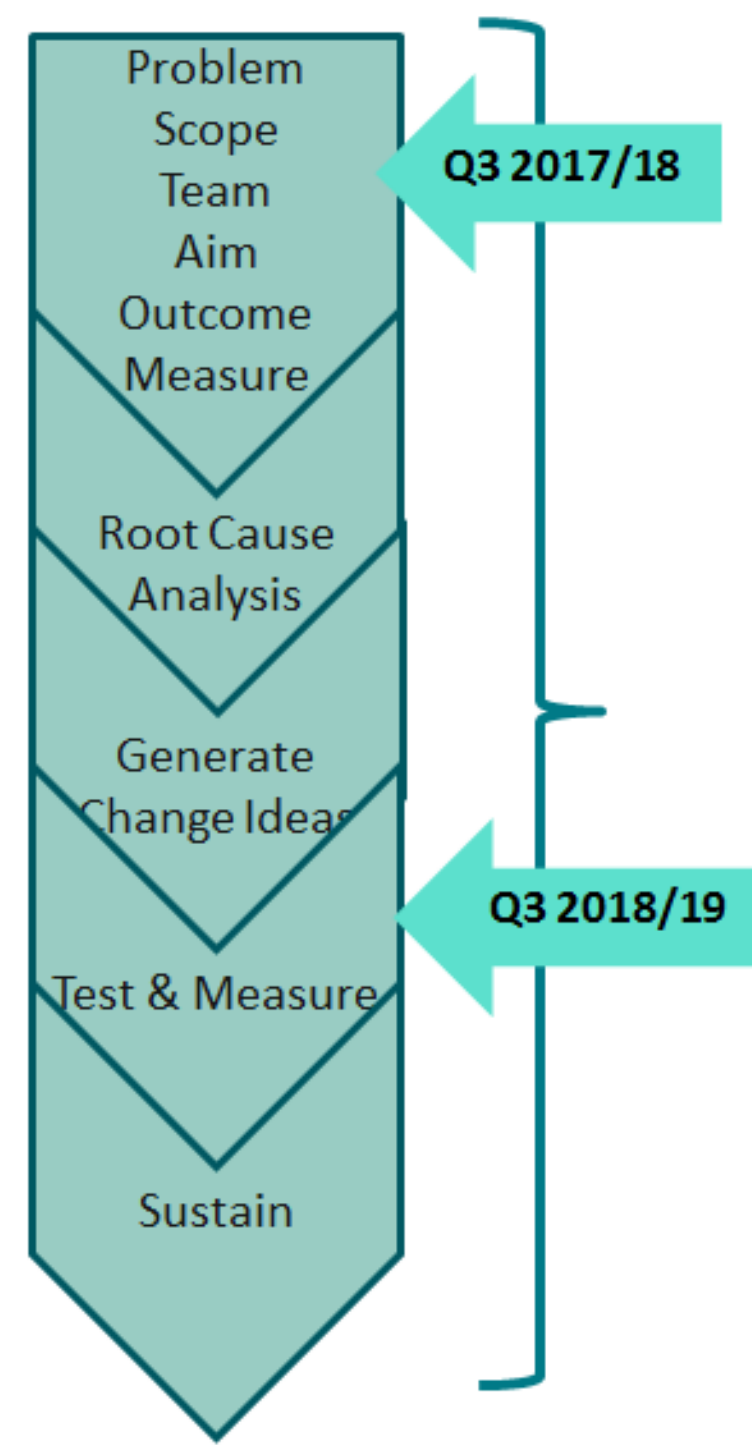
Hospice Residence Bed Planning Process and Recommendation

Based on SWLHIN Model

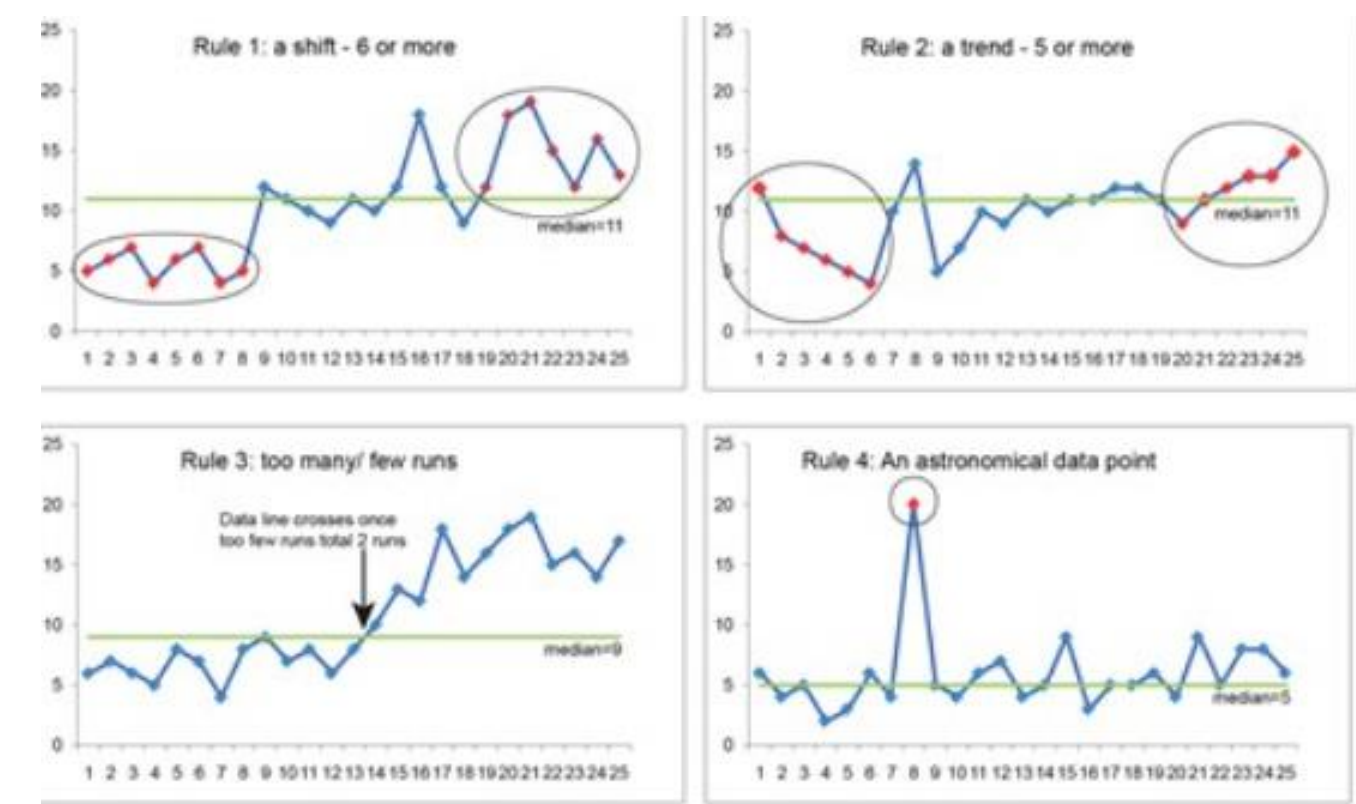
Actions :

- Key issues identified by caregivers and HCPs. QI approach used to address gaps, etc.
- HPCO Standards not met identified & strategies recommended.
- Review MOHLTC Capital Program Standards & Infection Prevention & Control Guidelines)
- Modify SW bed allocation document for the SE

Quality Improvement Approach to SE RPCN Priority Projects



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Diagnostics- Root Cause Analysis (November 2017- March 2018)

Root Cause Tools & Analysis

☐ Caregiver Survey

- Supplementary to Voices Survey
- Adapted to Survey Monkey for ease of data collection
- June 4, 2018 data collection begins again (coincides with PDSA start)

☐ Health Care Provider Interviews

- Interviewed 17 Health Care Providers using Experience Based Design
- Plan to interview HC Providers again to determine if improvements are perceived to have made a difference

☐ Gap Analysis - HPCO Standards

- Actions were identified regarding standards that were not met or partially met

Root Cause Tools Analysis

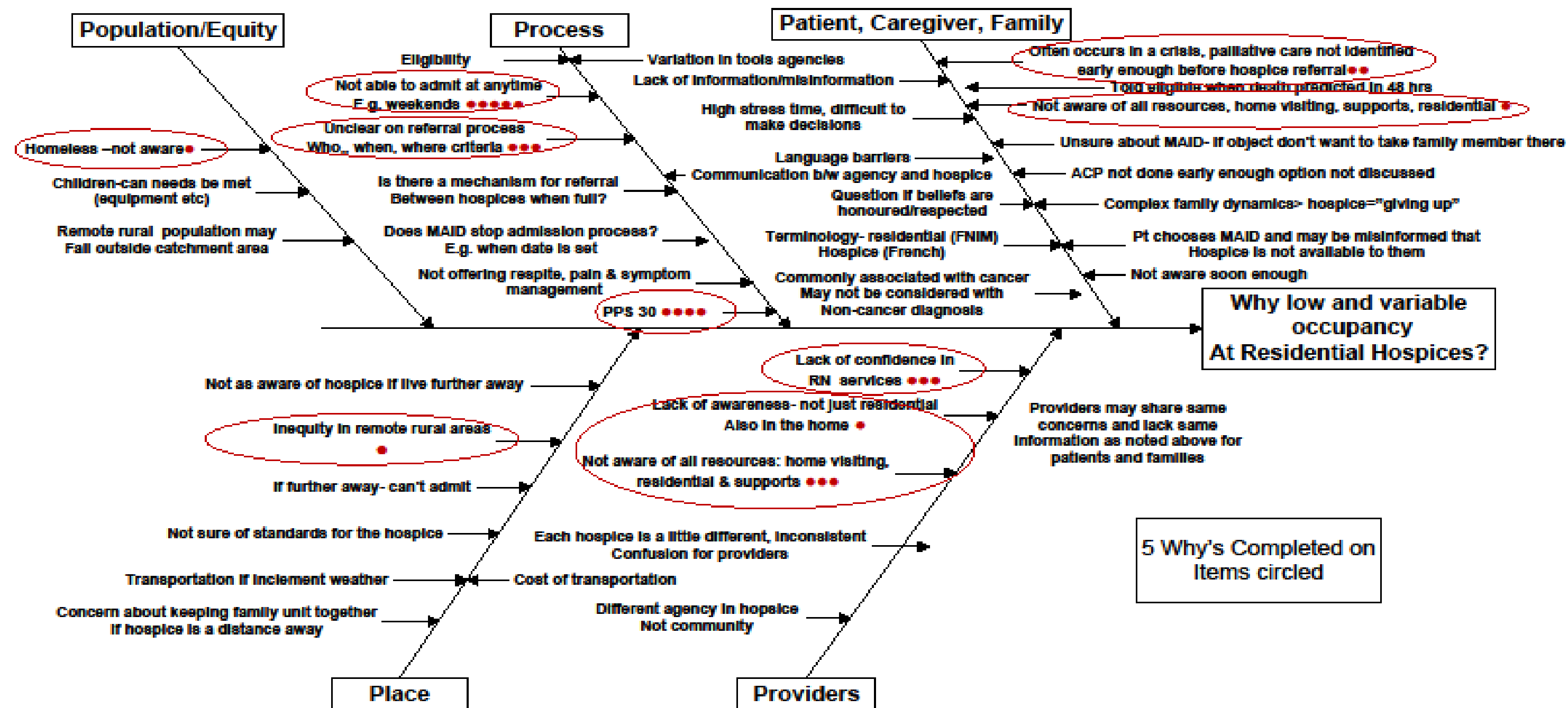
Caregiver Interviews / Survey

- Caregiver Satisfaction Surveys and Interviews were conducted
- Surveys will be used on an on-going basis in addition to the Voices Survey to assist HRs in evaluating their services
- The majority (n=8) felt that it was the appropriate time for admission, while it was felt to be too late in a couple of cases (n=2)
- All respondents were very pleased with the care and support received, except in the case where the patient died one hour after arrival and another complaint regarding a RN
- Emotional support was identified as being excellent in all situations as were bereavement services where the caregiver requested the service
- The overall experience was felt to be excellent (n=8), good (n=1), satisfactory (n=1) – satisfactory due to late admission
- All respondents indicated that they would recommend HR
- “Don’t know what we would have done without hospice” Caregiver

Root Cause Tools Used

Health Care Provider Interviews

- A cross-section of HC providers were interviewed e.g. Hospice staff, MDs, NPs, HCC Care Coordinators, hospital discharge planners, PPSMCs, FHT staff, etc.
- The main issues identified included:
 - Competency of RNs & PSWs - variable knowledge & expertise in PC - chronic shortage of RNs and PSWs
 - Friday referrals problematic as no admissions over the week-end
 - 30% PPS admission criteria is too low and should be increased
 - Need to streamline referral/admission process
 - Timeliness and cost of transfer services (double over holidays)
 - Inequities in services between hospices – HHH 12 hr. PSW shift, 1 nsg. visit; HPE 24/7 PSW shift, 1 nsg. visit. In both cases, more visits if required.
 - Role of volunteers differs between HRs regarding the provision of personal care
 - Distance between home and hospice can be a barrier
- “Set ourselves up to fail” Health Care Provider





Example of 5 Whys - prioritized causes on fishbone

PPS is a barrier:

- too late to move> **PPS drops too quickly**
- variation in interpretation by nurses > **lack of experience or training**
- caregivers not aware of PPS and what it means

Providers and Patients/Caregivers/ Families not aware of range of hospice services

- **not getting the information, especially about range of services**

Lack of confidence in the RN Service

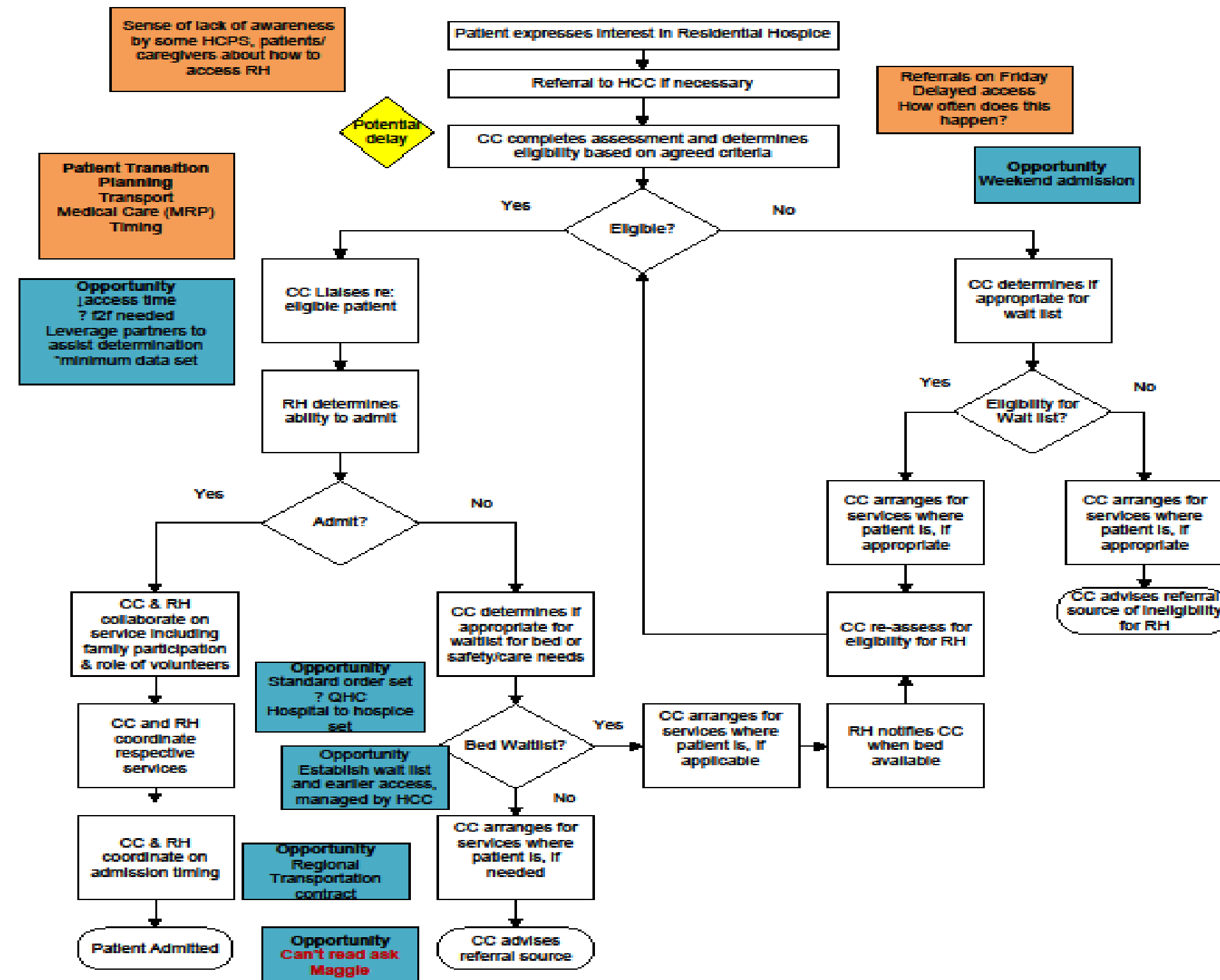
- variation in competency and training> **don't have control over training and competency**
- Issues not addressed despite complaint and documentation
- **lots of turnover**
- **negative experiences shared in community**

Move to hospice often occurs in a crisis

- PPS (see above)
- Late awareness of services

Referral Process (who, how, when, criteria)

- Confusing, many people involved, variation in how handled
- Decision is owned outside the hospice
- **Hospice not part of process, receive referral once through process – misinformation about criteria**



RH Referral and Admission
June 27, 2018 draft

Process Mapping Review

➤ Process Mapping Review of Referral and Admission Process

☐ Highlights

- Lack of awareness by some HCPs and patients/caregivers about how to access HR
- When Pts. arrive from outside the area, there can be a delay in assessment
- Transportation to HR is expensive and at times not timely
- Referrals on Friday delay admission to HR
- There is currently no official wait list

Opportunities:

- Raise awareness of HRs
- Decrease time for an assessment by leveraging partners' expertise in communication with CCs.

Process Mapping Review

Opportunities (cont'd):

- CCs for HPE and HHH can work with CCs in other areas to expedite assessment of patients transferring into the region for care
- Share the QHC hospital to hospice checklist with other hospitals
- Develop process for weekend admissions
- Explore transportation issues with companies and consider a regional transportation plan/contract
- Continue to refer patients from outside the region to the PEFHT for medical coverage (HPE)
- Establish a waitlist in collaboration with HCC

5 why's Exercise for:

Lack of understanding of Admission Criteria for Residential Hospice

So many people/players involved

Key person not known

**Dealing with many different diagnoses
and departments**

**Difficult to identify who is involved
in palliative care**

**Disease trajectory clearer with
some diagnoses**

Not on provider radar

Trust

**Competency
Concerns**

Awareness

**Don't know how
to find**

**No go to place to
find RH**

**Not available
previously**

**Not regionally
defined**



RH Hospice Comparison with HPCO Standards

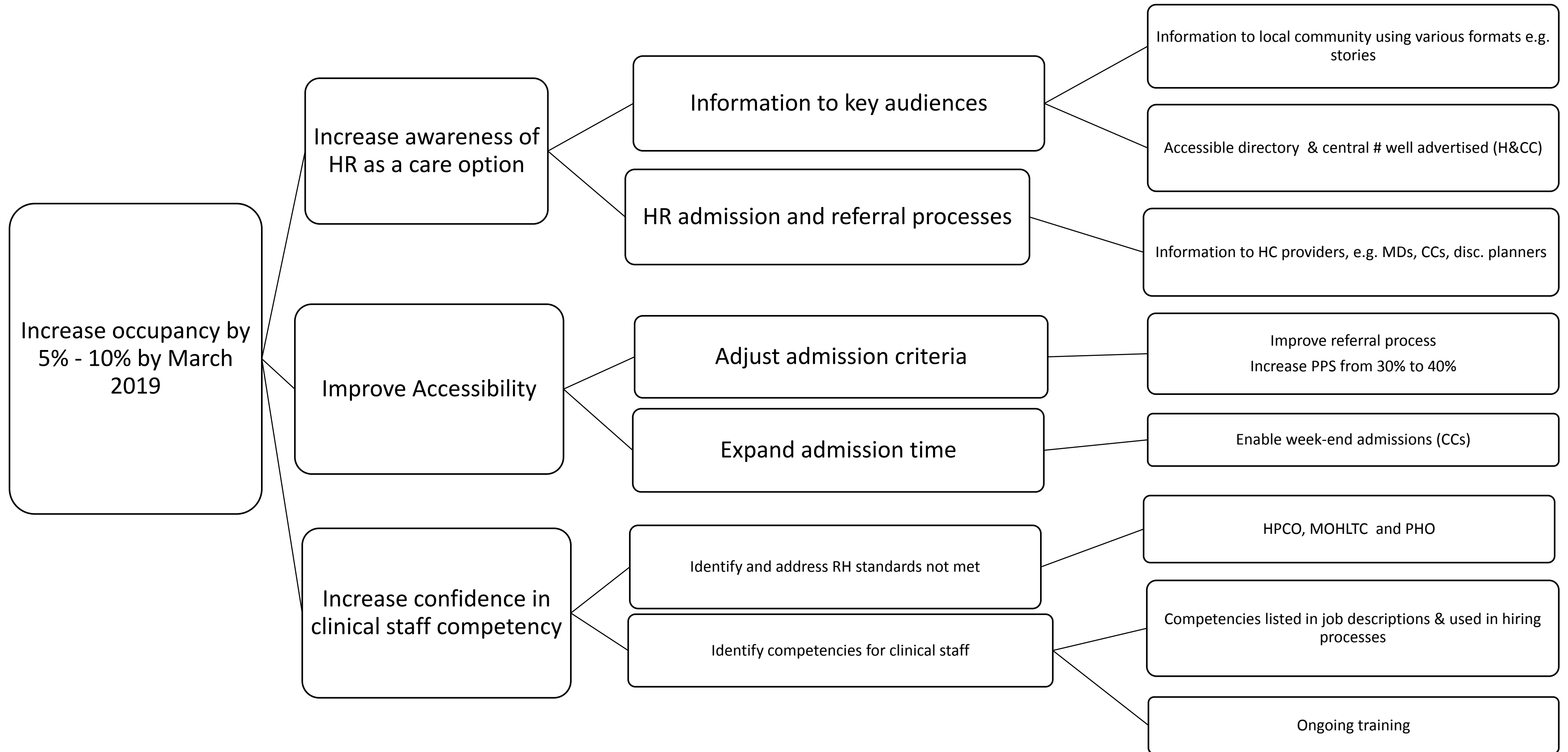
- ☐ Comprehensive review with HHH & HPE regarding HPCO Service Standards for HRs
- ☐ 8 Standard statements and 50 criteria
- ☐ Gap analysis document developed for each hospice
- ☐ Summary gap analysis document developed
- ☐ Initial Findings: For both hospices 94% of the criteria met or partially met, 6% not met

- ☐ Key issues:
 - 15 min. response time for arrival of nurse not met
 - 24/7 coverage – staffing model not met for one hospice
 - Role of volunteers differs between HRs
 - Definition of Interdisciplinary team not met due to funding model
 - 2 charts – hospice and nursing agency
 - Training and competency of nursing staff variable

- ☐ Positive consequences of gap analysis

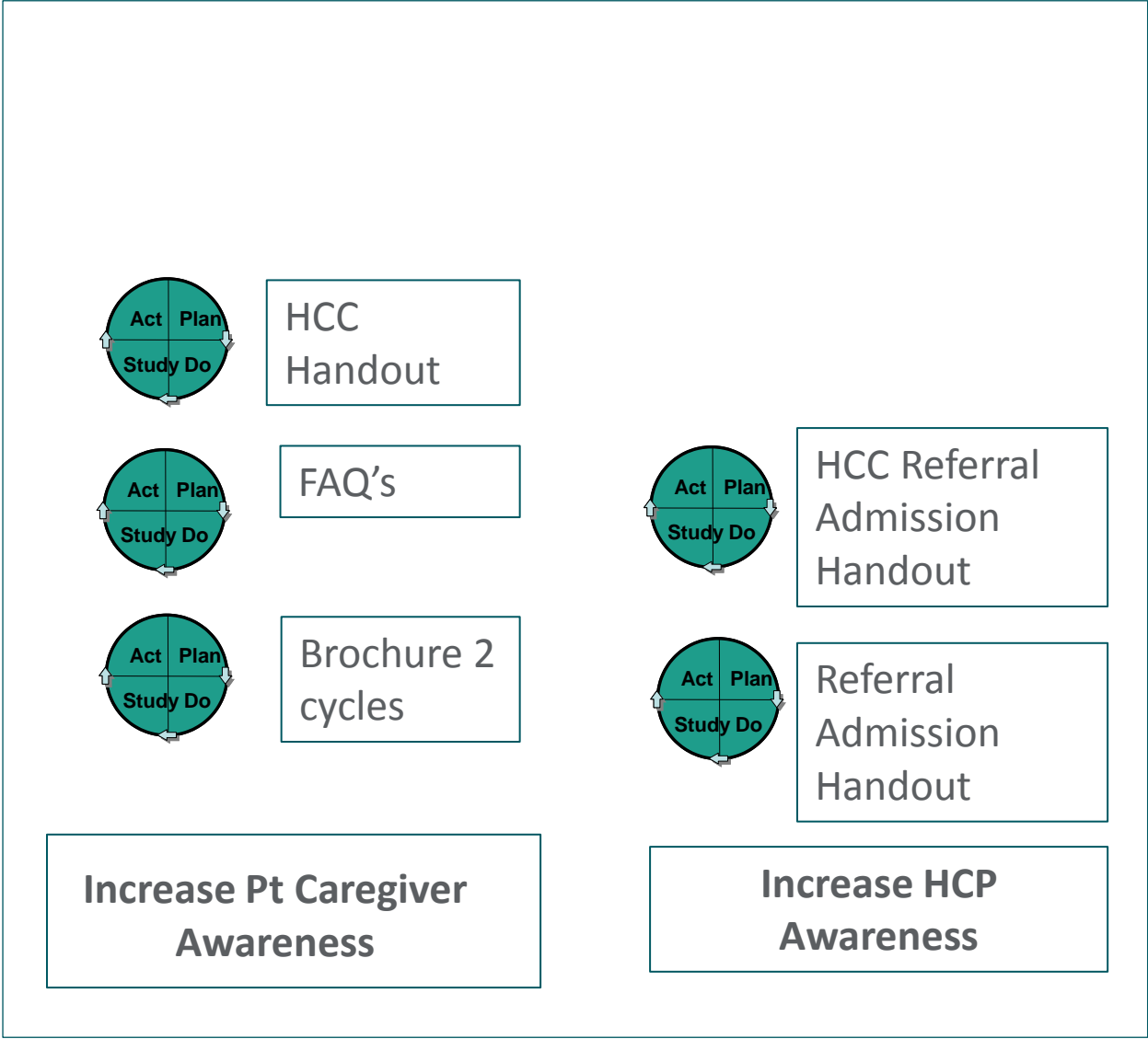
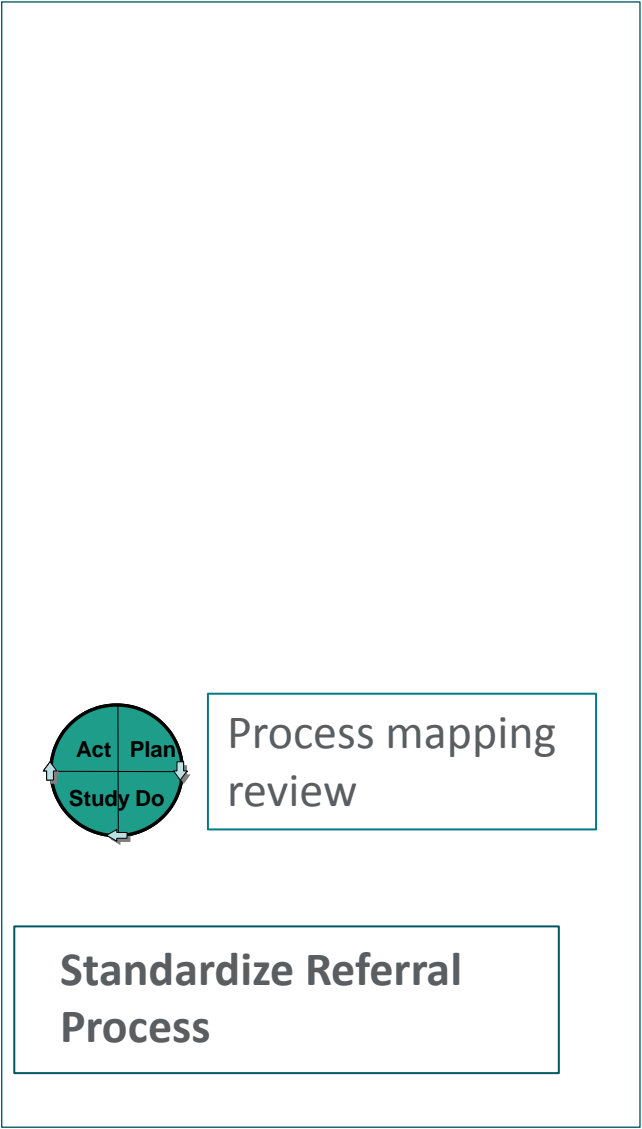
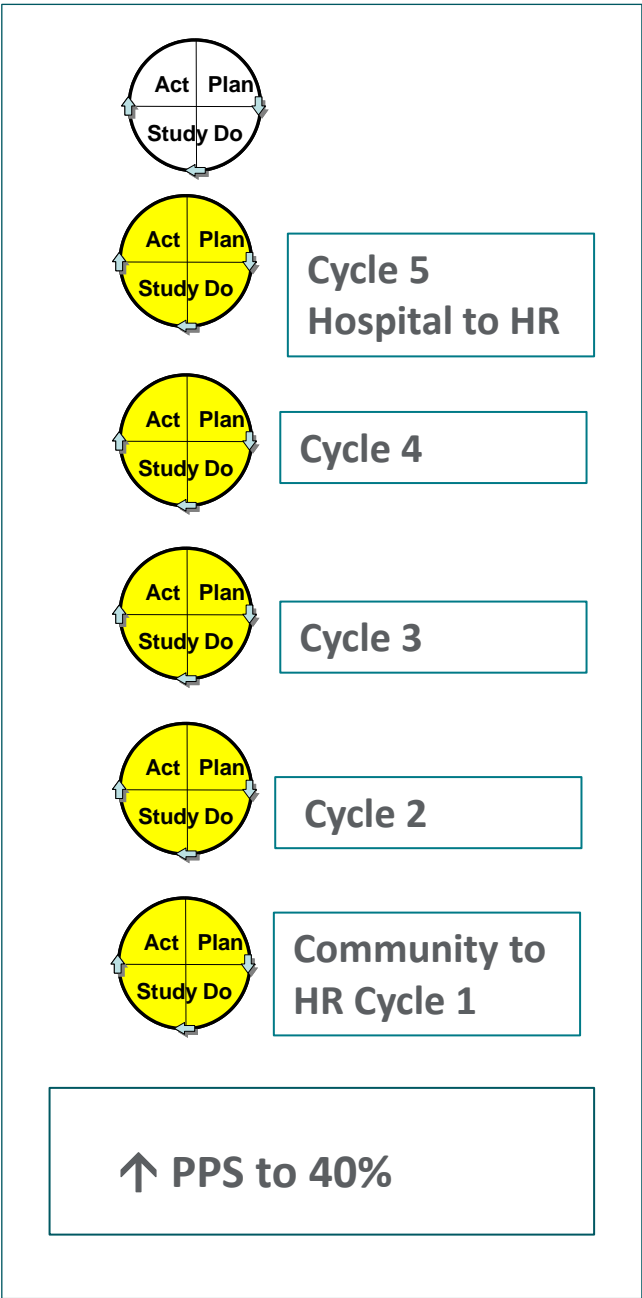
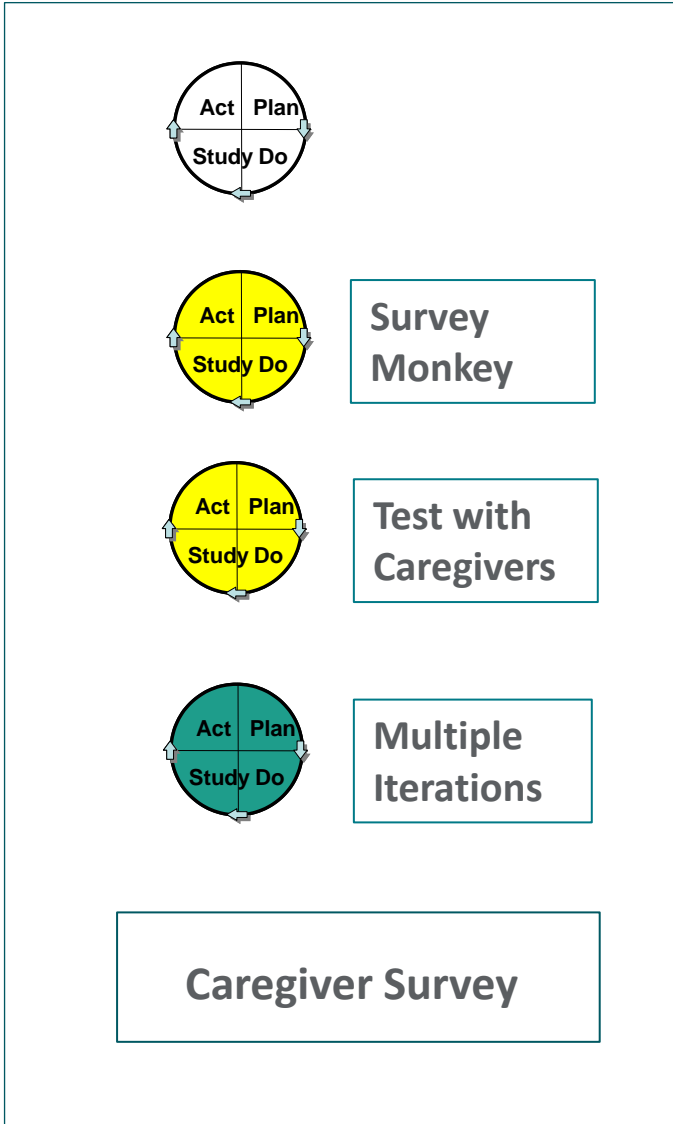
Development of Change Ideas (February- March 2018)

Driver Diagram



Testing Changes (June 2018 – February 2019)

PDSA Status:



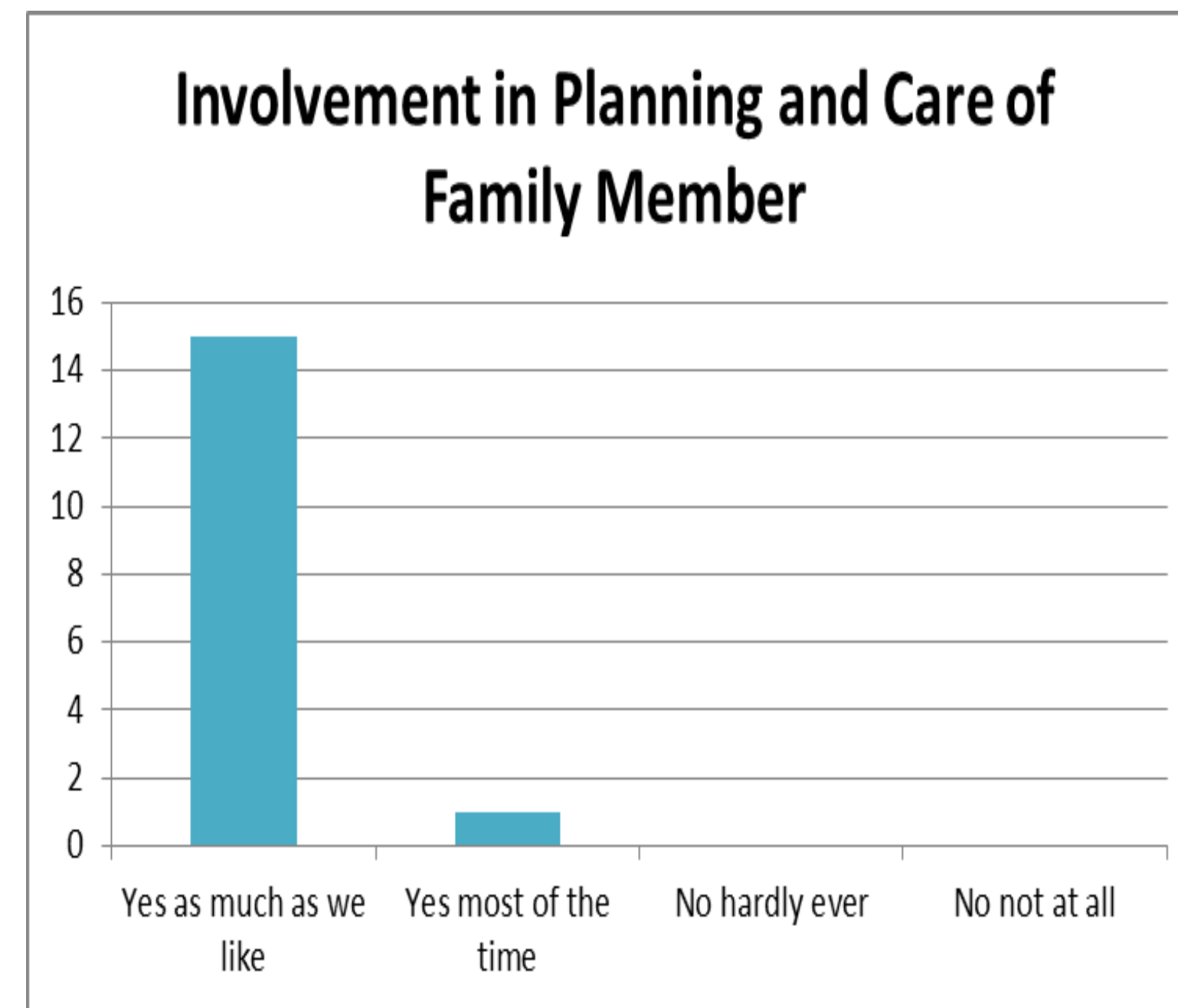
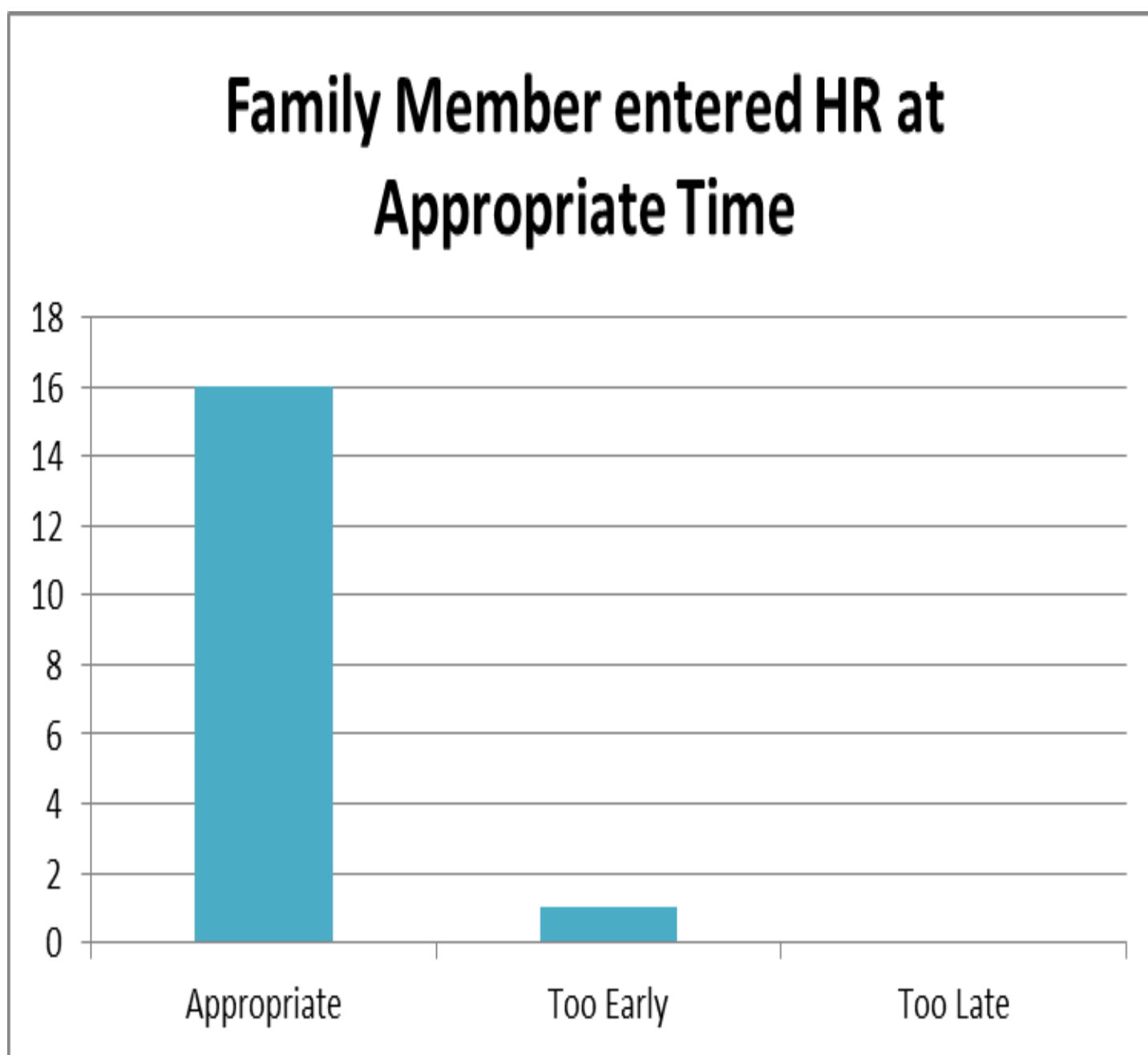
 Developmental  Testing  Implementation

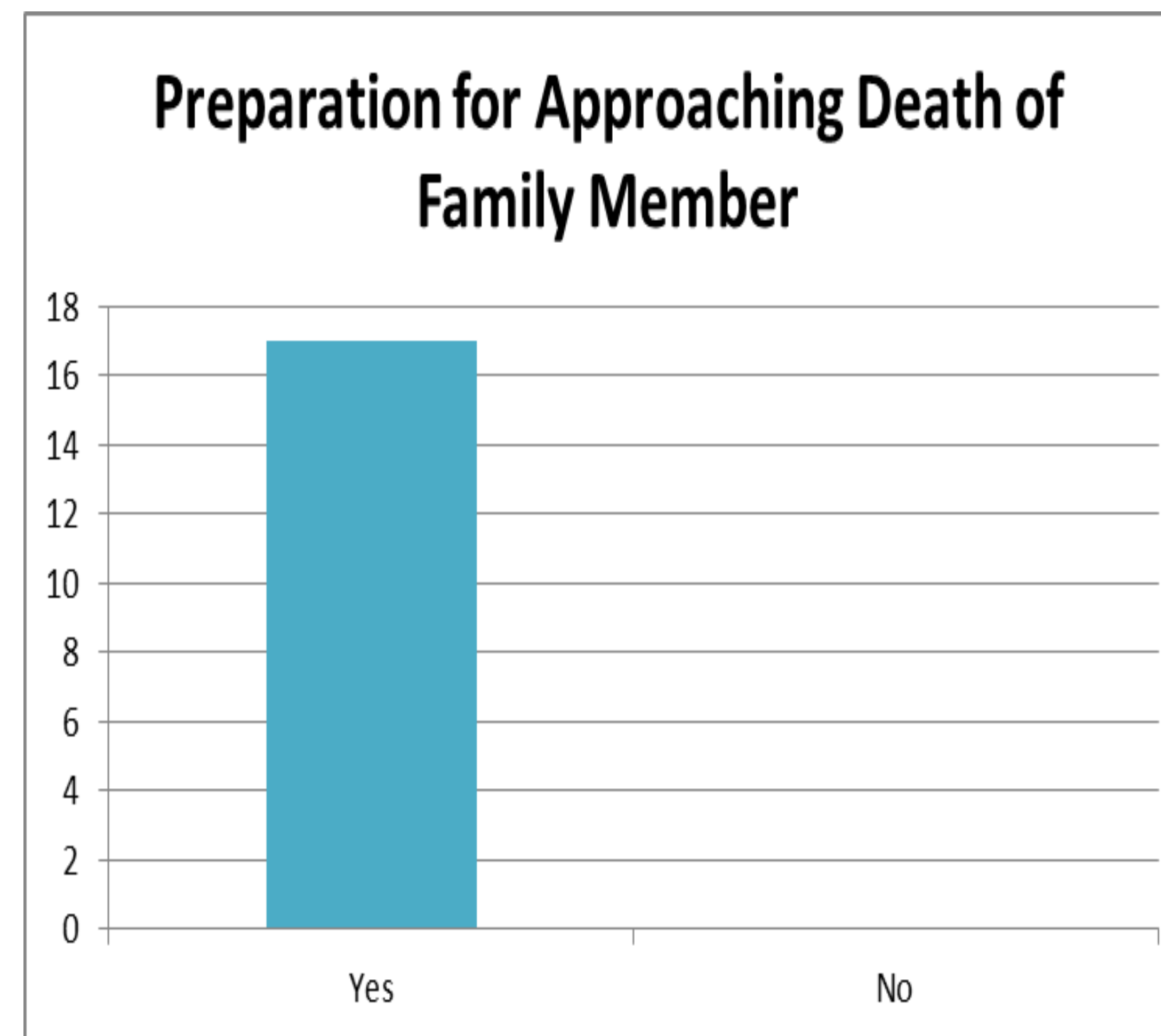
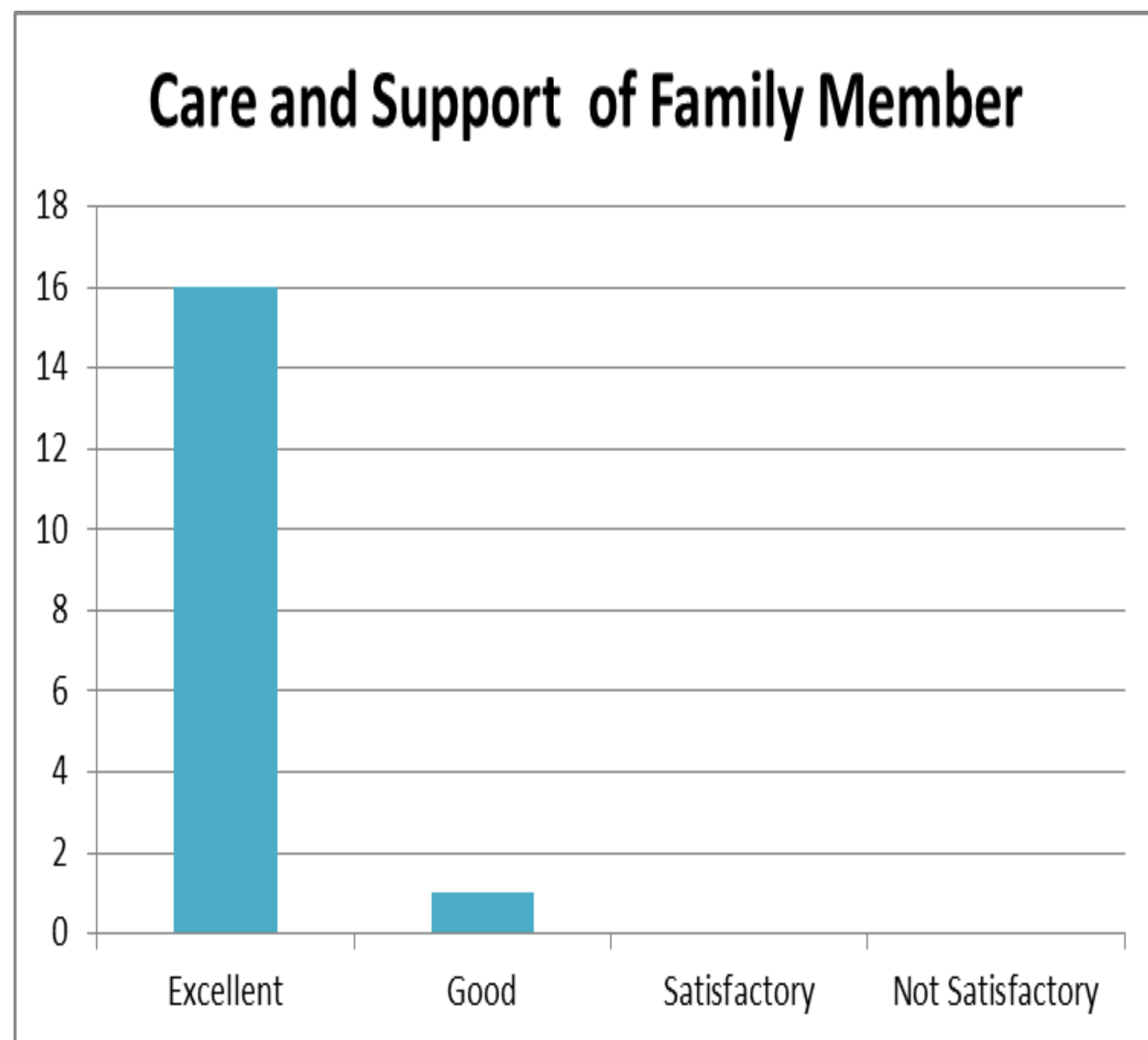
	Develop	Test	Implement	Total # Cycles
Summary	7	7	2	16

Activities, Results, Impact and Recommendations

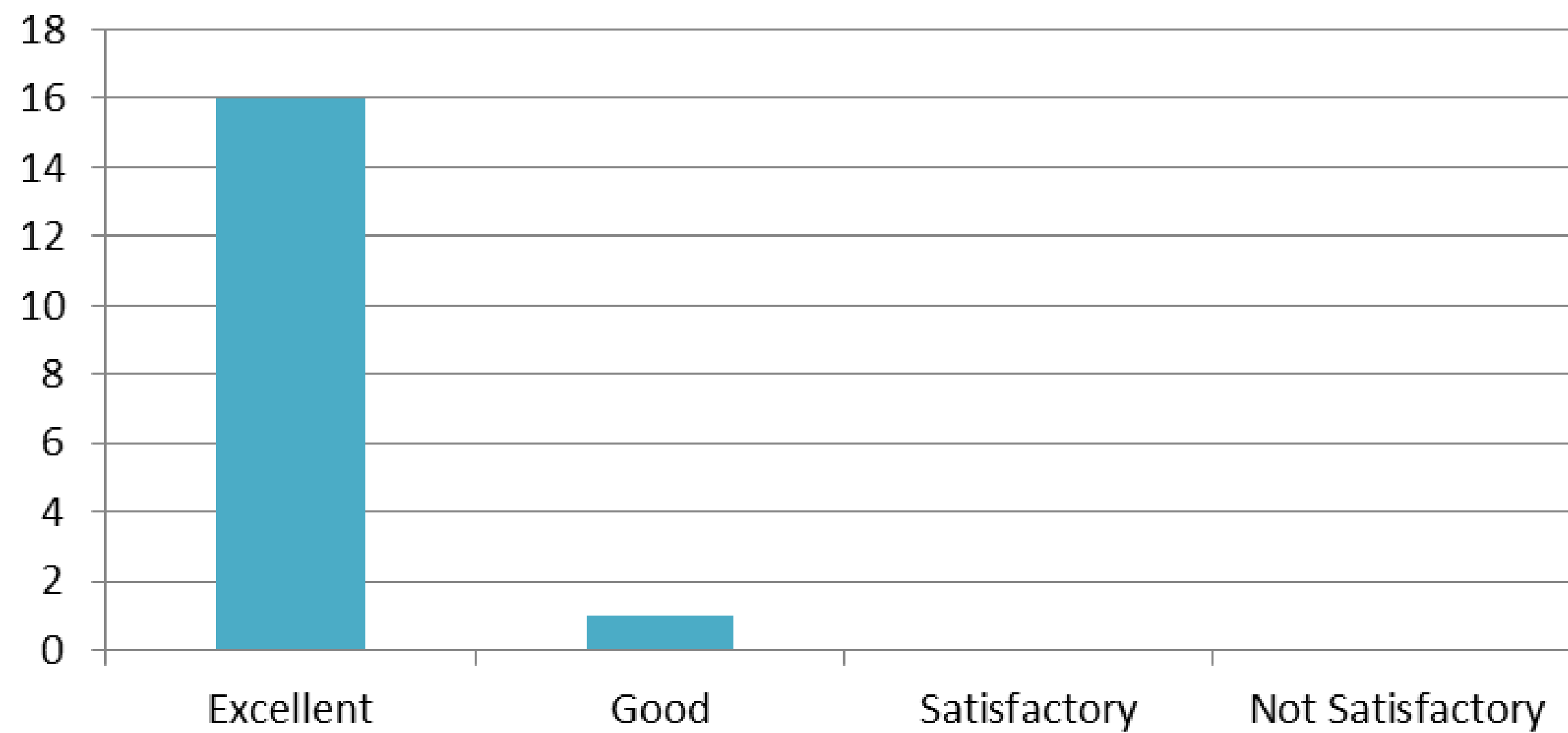
Caregiver Satisfaction Survey Activities

- Development of Caregiver Satisfaction Survey as a Word document
- Testing with caregivers
- Additional cues in written version for telephone interview
- Development of a Survey Monkey version for data collection and report generation
- Examples of questions on survey





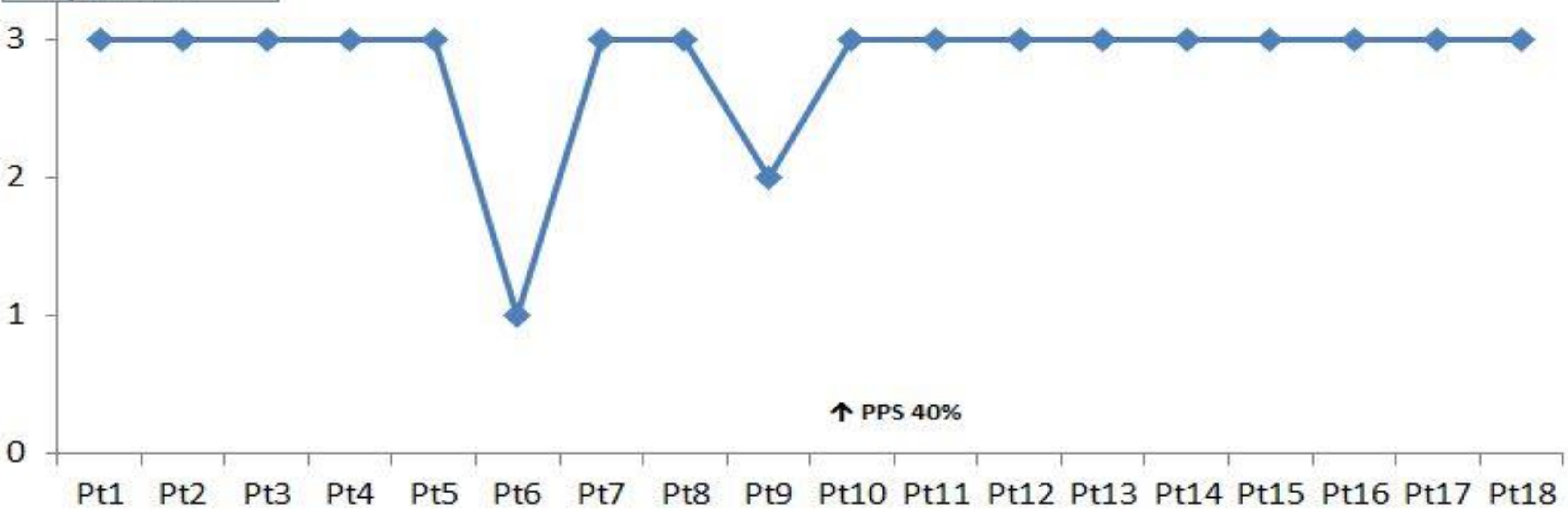
Overall Experience with Hospice Residence



Caregiver Rating of Timely Admission to HPE

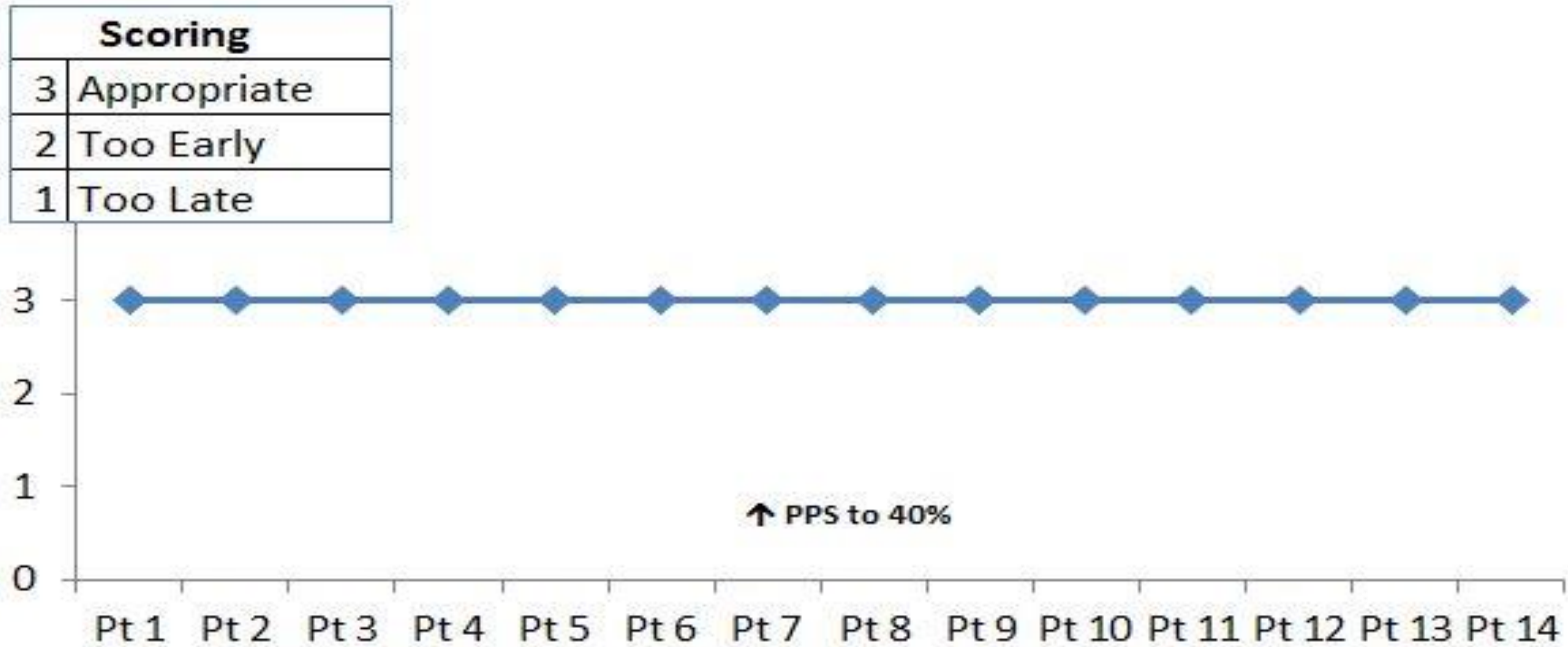
Target: Appropriate

Scoring	
3	appropriate
2	too early
1	too late



Caregiver Rating of Timely Admission to HHH

Target: Appropriate



Caregiver Satisfaction Survey Recommendations & Impact

- Continue with the Caregiver Satisfaction Survey (Ruth is providing education to HRs & Hilary will be the contact for Survey Monkey reports)
- Consider additional information to collect in collaboration with HCC and other HRs as they are established
- SE Collaborative of Hospice EDs could be the group to make decisions and oversee the work
- The impact for patients and caregivers is that their views will be known and HRs will be able to take remedial action if required

PDSA Admission PPS from 30% to 40% - Analysis of Results

➤ Assumptions

- ☐ Low and variable occupancy rate (MOHLTC target is 80%)
- ☐ Decline in PPS between assessment at time of referral and admission
- ☐ Friday referrals causing delays in admission
- ☐ Low Average Length of Stay compared to provincial average of 15 – 20 days

➤ Results – N = 27

- ☐ Occupancy rate now meets MOHLTC target
- ☐ 70% of admissions were the same or next day (Hawthorne effect?)
- ☐ 7% of patients had a PPS decline between referral and admission
- ☐ 7% of referrals waited over the weekend (bed availability/patient preference)
- ☐ ALOS PPS admission 40% 32.3 days (2 outliers omitted); PPS 30% 8.8 days, PPS 20% 9.0 days

PDSA – Palliative Performance Score – Increase from 30% to 40%

Data Tracking Checklist

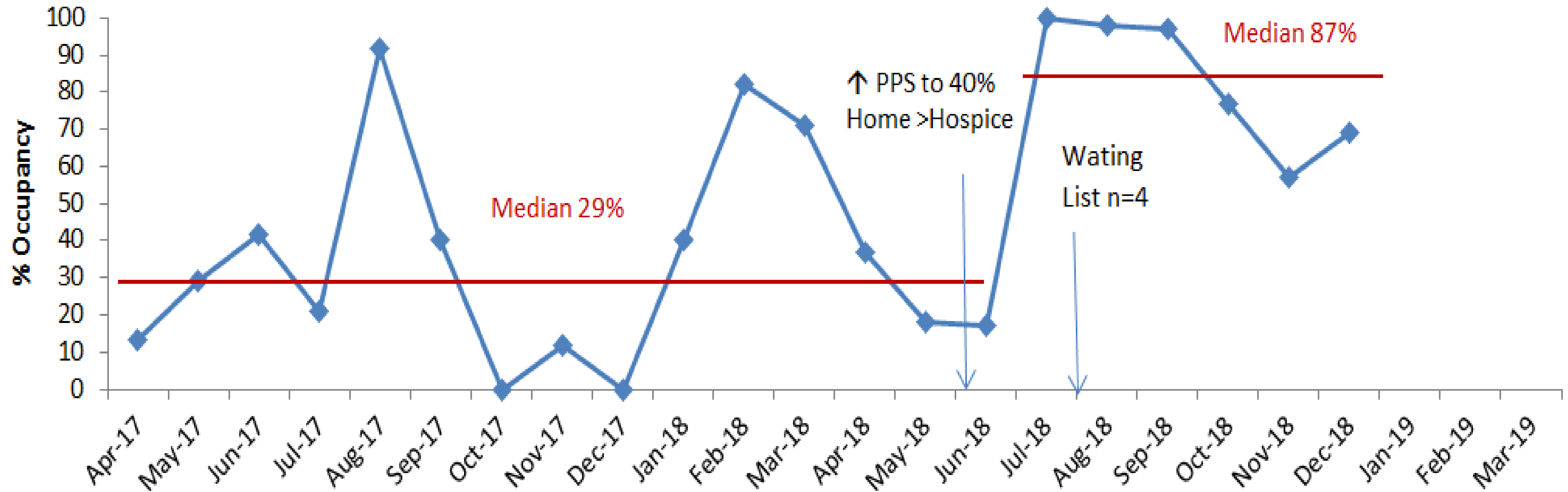
H&CC Care Coordinator

1. Referral source (hosp./home) _____
2. Date & Time of Referral to H&CC: _____
3. Date & Time of Assessment by H&CC: _____
4. PPS at time of Eligibility Assessment: _____

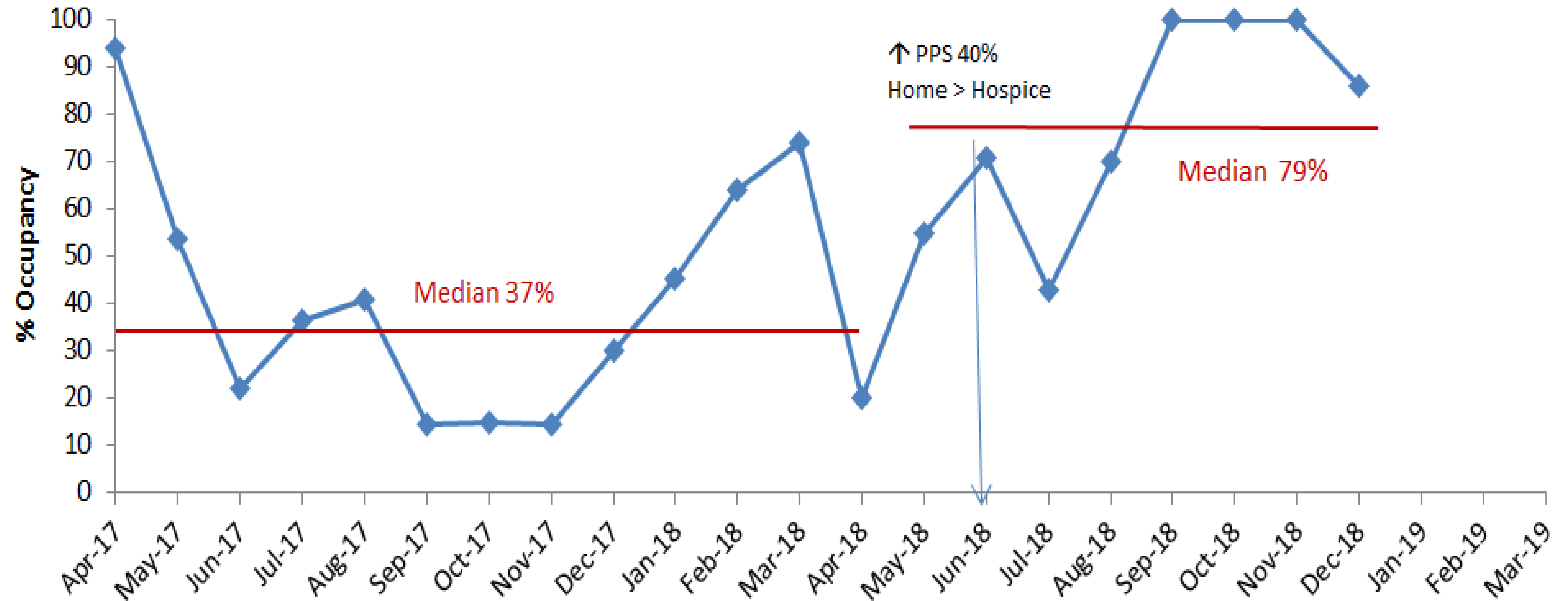
Hospice Residence

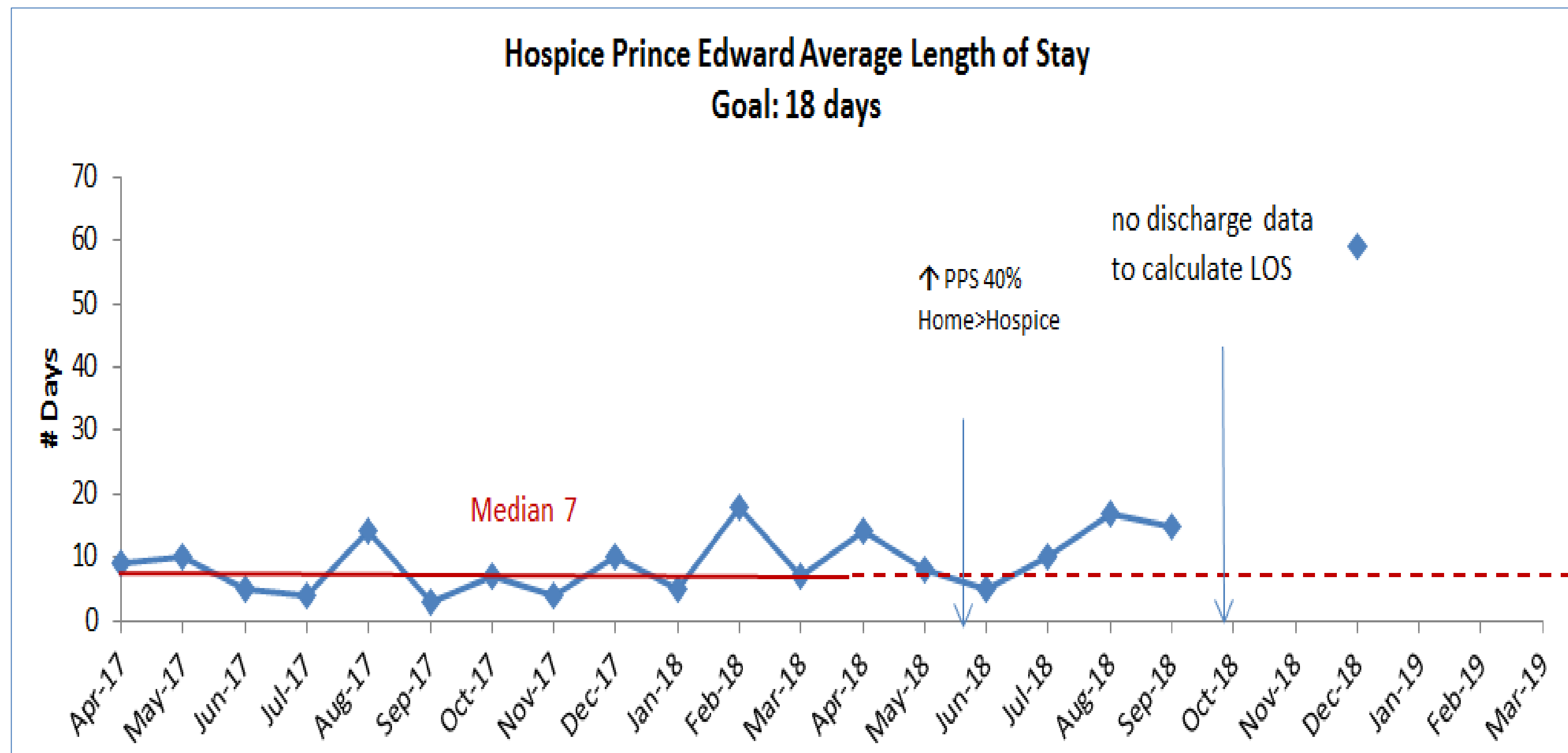
1. Date & Time of Admission to RH: _____
2. PPS at time of Admission: _____
3. Primary Diagnosis at Admission: _____
4. Length of Stay (death same day=1): _____
5. Discharge Disposition: _____

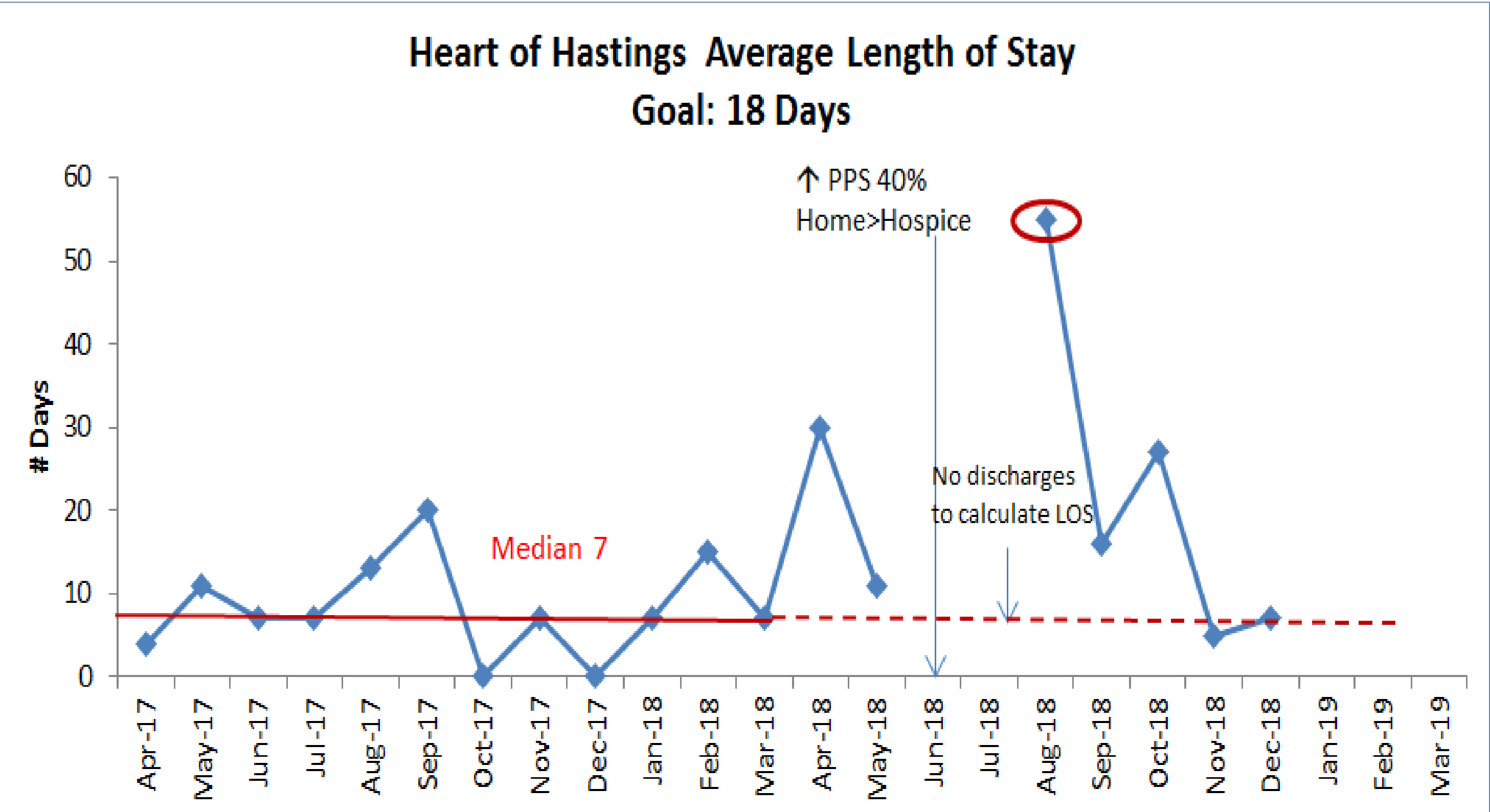
Occupancy Heart of Hastings Hospice Goal 39%



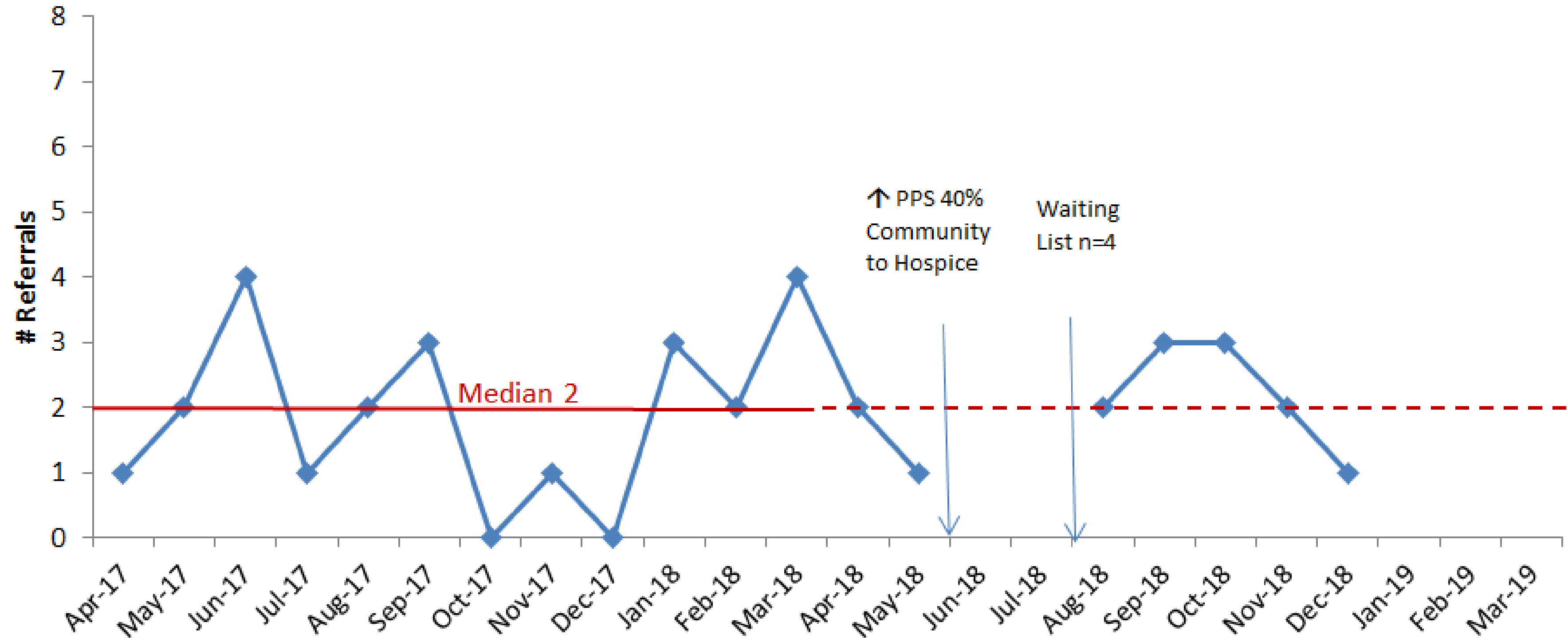
% Occupancy Hospice Prince Edward Target: 47%

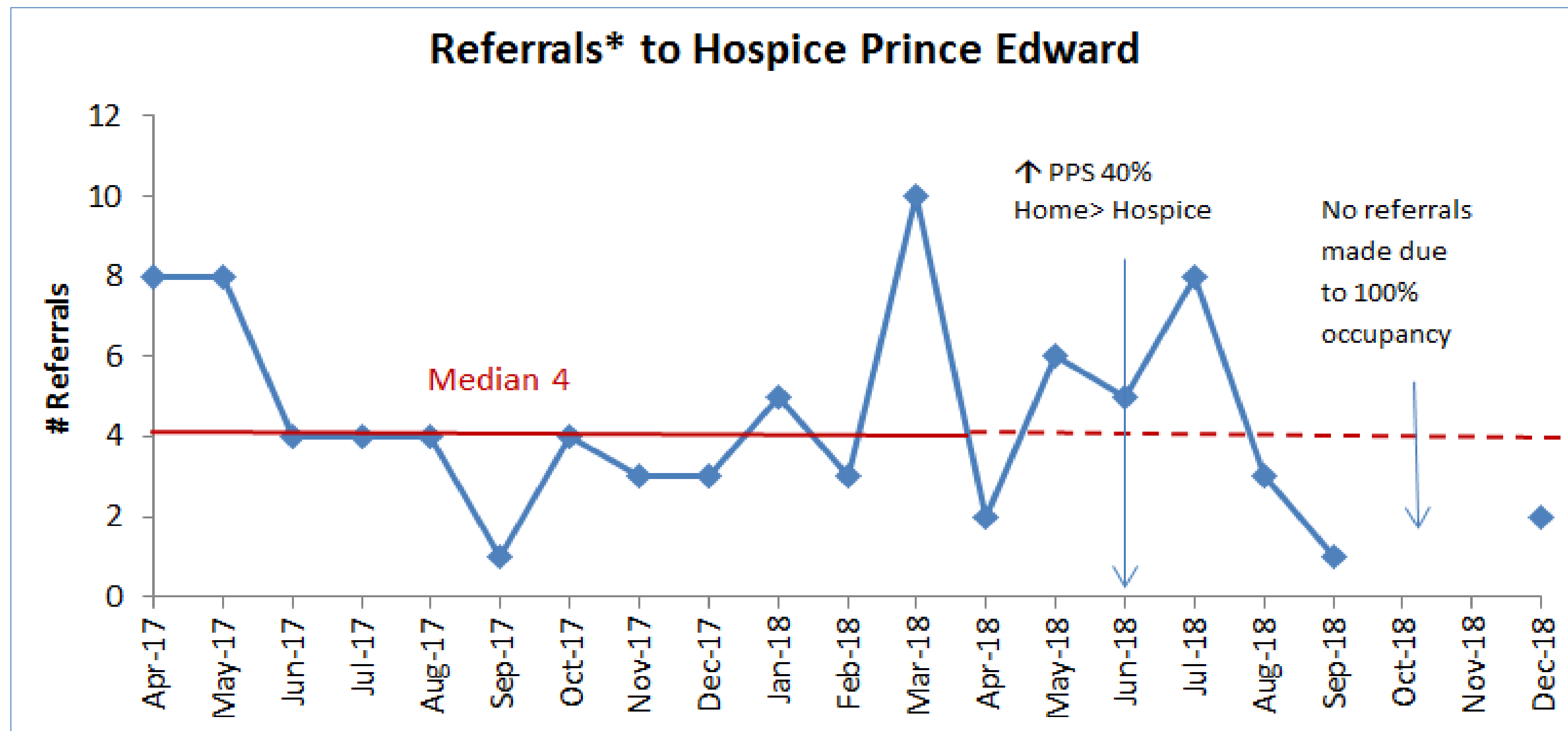






Referrals * to Heart of Hastings Hospice





PDSA Admission PPS 30% to 40% Recommendations & Impact

- Referrals continue at PPS 40% and in conjunction with Gold Standards framework, illness trajectories etc., patients be admitted when appropriate
- Continuing education for CCs and RNs conducting assessments
- Formalize process for admission including more communication with hospitals
- Through collaboration and discussion build trust regarding admission process between HCC, HR and attending MD
- HRs continue to collect checklist data (Ruth providing templates and education for future data capture)
- HRs consider additional information to collect in collaboration with HCC and other HRs as they are established
- The SE Collaborative of Hospice EDs make decisions and oversee the work
- The impact for patients and caregivers is that there is a process to monitor admissions, related occupancy rates and ALOS to maximize the option for HR at EOL

Compliance with Standards – Recommendations & Impact

☐ Standards included:

- Hospice Palliative Care Ontario Standards for Hospice Residences
- MOHLTC Capital Program Design Standards
- Best Practices for Infection Prevention and Control (Public Health Ontario)

☐ Process for all standards review was meetings with HR EDs and review of all standards, criteria and identification of standards not met

☐ HPCO Standards Results – Gap Analysis report

- Since the last report to the SC, HHH has been allocated an additional 4 hrs. of PSW time so the standard of 24/7 HCP on site has been met
- Plans for increased competency of agency staff through nursing agency initiative and HCC including competencies and targets within contracts
- Outstanding issues for both hospices are: 15 min. response time by RN and inter-professional team

Compliance with Standards – Recommendations & Impact (cont'd)

- HRs continue to strive to meet all HPCO standards
 - Within a new funding model, HRs ensure that all staff have adequate training in palliative care and related competencies appropriate for their roles
 - Ongoing education is recommended
 - Impact - The HPCO standards were developed with input from patients, families and health care professionals to ensure the best possible care for patients and their families.
- ❑ MOHLTC Capital Program Design Standards
- Summary report developed
 - Appropriate locked storage for medications now implemented at HPE
 - HHH to consider a barrier free shower/bathing facility for mobile patients
 - Impact – Although indirect, meeting these standards improves patient care and safety

Compliance with Standards – Recommendations & Impact (cont'd)

☐ Best Practices for Infection Prevention and Control (Public Health Ontario)

- Summary report developed
- Process used by HHH with involvement of QHC and then Public Health be adopted by HPE
- Discussion of required vaccines for staff occur with Medical Directors and/or Boards of Directors
- Impact – Although indirect, complying with these best practices improves patient care and safety

Raising Awareness of Hospice Residences – Recommendations and Impact

- Several versions of materials for patients, families/caregivers and health care providers were developed
- Due to the upcoming changes to the health care system proposed by the MOHLTC, this work was put on hold. (Both the process for admission to HR and the role of HCC may change)
- Once new funding model is in place, HRs to decide which versions of materials would best promote HRs
- Draft materials should be tested with caregivers and health care providers
- The SE Collaborative of EDs could be the group to oversee this work
- Important to ensure that all materials to promote HRs have consistent information
- Impact on patients and caregivers is the awareness of HR as an option at the end-of-life and how to access services

South East LHIN Planning document for future HR bed allocations – Recommendations & Impact

- General information was incorporated into a SE document using the SW LHIN Residential Hospice Guiding Document as a guide
- Due to the upcoming changes to the health care system proposed by the MOHLTC, structures and processes will change
- The decision was made to postpone this work until there is clarity at which time this work should resume
- The impact will be a well thought out process which will enable patients and families access to HR beds



Project wrapped up March 31, 2019.

Thank you to the project team all those involved for their dedication and commitment to this work.