Objectives Learn 1-1-1 (and Done):

1. Vision
   - Strategy Map
   - Brand
   - Organization:

1. Vehicle for Change:
   - Service Excellence

1. Quality Improvement Model in action:
   - Client Service Experience Model
About Circle of Care

• Community based non-profit agency serving Toronto area since 1974.
• Fully accredited.
• Serve almost 6500 clients annually
• Approximately 600 staff and 350 volunteers.
• We provide a range of services to support health and independence in the community

Our Vision: To become the best community health organization in Ontario- The Preferred Choice.
Our Brand

We help our clients live healthier, live happier, live longer lives in their homes.
Our Promise

One-Stop-Provider for clients

We:

• Help clients live at home longer.
• Enrich clients’ quality of life.
• Optimize client independence.
• Empower clients and their caregivers.
Our Service Excellence Model

• In response to our strategic plan, our operational goals, and our brand promise we designed a Service Excellence Model.

• The model provides clarity around expectations and accountabilities.

• The model is an integrated framework and aligns our agency to the strategy map.

A vehicle for moving strategy into action and a model for service integration
Our Approach Quality Improvement: PDCA

**Plan**

• We took time to listen, collaborate and plan our improvement.

**Do**

• We will begin the implementation of the plan.

**Check**

• We continually “look back”.
• Gather input and feedback to see opportunities.
• We expect each team member to do the same!

**Act**

• Based on feedback we will make improvements.
Client Service Priorities

A NEW DAY

- Web Phone
- EZ Call Tracking
- Subsidy Calculator
- interRAI CHA
- PSW Automation
- ALC Checklist
- Trapeze
- Incident Mngt. System
The Model in Action

Program Integration

- Family Caregiver Connections
  - Volunteer Supported Services (Hospice, Friendly Visiting)
  - Holocaust Services
  - 8 department intakes to 1 intake
  - Distributed Calls to Call Centre (200,000+ calls/ year)

Assessment Integration

- interRAI CHA
- ALC Checklist
Family Caregiver Connections

- Program started in July 2008
- Funded by the Ministry of Health / Central LHIN - Aging at Home Strategy
- Supporting seniors to remain independent in their own homes
- Partnership of 7 organizations
- Dedicated Social Worker and Coordinator
Partner Agencies

• Baycrest
• Bernard Betel Centre
• Circle of Care
• Chai Tikvah Foundation
• Jewish Family and Child
• Jewish Immigrant Aid Services (JIAS) Toronto
• Reena
Clients Served

• Seniors caring for spouses
• Children caring for parents
• Grandchildren caring for grandparents
• Those caring for relatives, neighbors and friends
• For purposes of this program, either the caregiver or the care recipient must be a senior over the age of 55
Services Offered

• Services
  – Respite Care
  – Transportation
  – KMOW
• Information and Referral
• Individual Counseling & Support
• Support Groups
• Outreach & Education
Outcomes

Opportunities

• Integration into the model
• Increased staff awareness
• Increased client access to the program

Challenges

• Maintenance of partner relationships
• Data Collection
• Standardization – limiting creativity at times
FCC Service Provision Results

<table>
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<th>Total hours/calls/clients</th>
<th>Educational Events</th>
<th>Support Groups</th>
<th>Counseling</th>
<th>Respite</th>
<th>Transportation</th>
<th>Calls</th>
<th>Meals on Wheels</th>
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interRAI CHA
Integrated Assessment Record (IAR)
Background

interRAI Community Health Assessment (CHA)

• A standardized comprehensive tool that helps health professionals identify adults needing supports to prevent or stabilize early functional or health decline.

Integrated Assessment Record (IAR)

• An application that allows assessment information to move with the client from one health service provider to another.

• Health service providers (HSPs) can use the IAR to view timely client assessment information electronically, securely, and accurately.
Goals of Implementation

• To standardize our assessment process
• Assists clients in accessing most appropriate and available services
• Reduces duplication of assessments
• Inform service planning
• Facilitates a comprehensive discussion
• Informs decision-making and planning based on standardized, aggregate data
• Further facilitates inter-agency communication through a common language based on recognized data standards
Outcomes

• Over 300 assessments completed to date.
• Continued progress towards use of standardized assessment tools (interRAI CHA & Screener).
• Staff access to previously completed assessments by other service providers will decrease duplication.
• Aggregate client data assist in client-focused decision-making at an organizational level.
• Using RAI Outputs for a new risk coding system
• Functional use of the RAI is stimulating innovation-staff have driven the development of a needs based subsidy calculator
Unregulated Health Professionals Risk Tool
“ALC Checklist”
Goal

• To decrease client risk/ population risk
• Assist clients to remain healthy and happy in their own homes
• Empower non professional staff to feel confident in their judgment of client risk
Objectives

• To be proactive instead of reactive
• To identify potential risks at the earliest opportunity
• To teach staff to look for/report any subtle changes in client behaviour, appearance or social circumstances.
ALC Checklist

We have organized a quick and easy checklist so staff/volunteers can identify changes in how their client:

- **Acts** - including memory, behaviour, cognition, mood
- **Looks** - including appearance, physical deterioration, abuse
- **Copes** - including dressing, eating, cleaning
Implementation

• Creation of a training DVD

• Sept. 2011: 2 week pilot study engaging 20 Circle of Care PSW’s
  – an overwhelming positive response
  – PSWs were more empowered and felt they were making a difference
  – PSWs were champions for overall roll out and provided feedback on how best to train the remaining staff
• April 2012: Tip card created (attachment to the ID lanyard).
• ALC checklist is now incorporated in mobile device as part of visit safety summary
Results to Date

Evaluation May 2012- MOW, Transportation and Volunteers

• No increase in likelihood of reporting clients at risk
• Better awareness of the ALC protocol and identification of type of risk (50% no risk classified at baseline vs 12% after)
• Dramatic increase in risk mitigation plans implemented: only 55% baseline had plans vs. 100% after

Unregulated professional reporting adds significant value to risk mitigation in the community
Evolution of Quality Improvement - Co-Design and Staff Engagement

Client Service Experience Project
OUR INSPIRATION for Evolution

• Did you know, between 50-70% of organizational improvement fail?
• And 70% of people follow leaders because of good relationships

“Today’s challenge is to move from islands of excellence to transformational change”

Source: IHI
OUR Aims

Objectives:

• Improve client and staff experience.
• Deliver more integrated, seamless client services through meaningful design
• Have more take hold for longer

28/06/2013
Phase II Service Excellence

April 2012  Client Service Experience Project:

Based on 3 perspectives:
1) Experience Based Co-design engages staff and clients in meaningful ways;
2) Institute for Health Improvement (IHI) Framework for Execution of Strategic Initiatives;
3) The Model for Improvement (AIM +PDSA)
Client Experience Model

ACT
- Establish Core Group
- Collect Staff Experience

STUDY
- Celebrate New Things and Recognize Staff
- QI Leaders
- Project Leaders

DO
- Manage Local Improvement
- Develop Staff Capacity
- Bring People Together “Co-Design” Events
- Collect Client Experience

Date: 28/06/2013
Our Methodology

1. Facilitated Focus Groups
2. Symposium Style Workshops
3. Surveys
4. Focus on Priority Projects staff identify
5. Transparent Communication-
   there are suggestions that we will fly with and some that we can’t but we will tell you why
Leap of Faith? Or Good Practice?

Studied show that companies with a high level of trust in employees also perform the best.

If you ever start performing well, I'll trust you, too.

This didn't go the way I hoped.

What kind of scam are you trying to pull?
Won’t true co-design slow down what I need to get done?
Offset through buy in to change

Kotter on Change Management

1. Establish a Sense of Urgency
2. Create a Guiding Coalition
3. Develop a Vision and Strategy
4. Communicate the Change Vision
5. Empower Action
6. Generate Short-Term Wins
7. Consolidate Gains and Produce More Change
8. Anchor New Approaches in the Culture

28/06/2013
OUR Process

Step 1
- Co-Design Event
- “Perfect” staff and client experience defined
- Biggest and Boldest ideas for change
- Staff Prioritization of 150 improvement ideas into 10 themes

Step 2
- Staff voted on most important
- Staff created aim statements
- Co-design teams formed
Staff Defined: Perfect Client Experience

- 1st call answered, 1st time by live person, who is able to help.
- Polite & friendly help
- Informative
- Deliver clear messages
- Positive attitude
- Recognize client’s name
- Helping solve their problems
Staff Defined: Perfect Employee Experience

- Being able to do my job and have a sense of accomplishment and impact
- Recognition/support
- Give and take between colleagues
- Equitable environment
- Tools are working properly (computer, phone, pen)
- Free coffee machine & Free lunch
- Staff lounge (massage, hair, mani-pedi)
- Wireless ear set
- No rodents!
Key Themes Identified by Staff

Over 150 ideas generated and prioritized by staff
Co Design Success #1

Referral Redesign Project Case Study:

• internal communication from shortened from 0 -2 days to minutes;

• eliminated 3 paper processes; moved referral acceptance KPI rates from 85% to 100%.

• Staff suggesting further improvements
Co-design Success #2

Intake Redesign Case Study:

• reduced 25% of the steps
• Realigned roles
• time to service start reduced from 1 week to 1 day.
• Staff suggesting further improvements (work flow automation)
Co-design Success #3

• Two Caseload Re-distributions (Dec-2012, Apr-2013)

Staff Co-design created
  – Case Mix complexity tools
  – Efficiencies of care (neighborhood based and travel)
  – Supported business case to add caseloads
Challenges

• Education and buy-in
• Cultural barriers and ownership over program
• Length of time to effect change
• Difficult for staff to find time to do project work

Solutions

• Co-design
• Time invested up front creates change efficiencies
Key Points

Engage, engage, engage:

- Staff are closest to their jobs.
- They have a desire to improve processes related to their work.
- They want to be part of the process AND the solution.
- High levels of engagement impact positively on work life surveys and employer of choice ratings.
Lessons Learned

1. Traditional Change management and sustainability barriers are reduced through Co-Design.
2. You don’t need to be experts in QI or change management to try this.
3. Recognize staff for their efforts and celebrate successes when change occurs.
4. Keep momentum, focus on one or two aims, do not get “stuck” on the details.
Final Thoughts

“It has become painfully clear to all those working to improve quality and safety that what organizations require are not quick fixes. They require complete transformation”

Source: Jim Reinertsen, Quality & Patient Safety, Understanding the Role of the Board, OHA, 2008
Our Web Site

Home. It's where you are the happiest.

Circle of Care provides practical support where and when it is needed most.

Knowing where to start.
We help find the right services to meet individual needs.

We make every day easier.
Support makes life more manageable.

Practical support with activities such as dressing.

Contact Us  Events Calendar  Our Service Area  Donate  Français  Русский язык  简体字  A A A

Helping You at Home  Helping Caregivers  Answers to Your Questions  Who We Are
Debbie Taylor

Vice President, Client Services
Circle of Care

dtaylor@circleofcare.com
(416)635-2900 x464

Jamie Arthur

Director Client Services and Quality
jarthur@circleofcare.com

28/06/2013
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- Nolan T. *Execution of Strategic Improvement Initiatives To Produce System- Level Results*. Institute for Health Improvement: 2007