HOME CARE SAFETY

Improvement Collaborative Series

Working together to reduce preventable harm in the home

Solving Common Challenges in a Complex System

Providing health care services in an unpredictable home setting poses unique challenges to safe and effective care. Many factors contribute to the complexity of patient safety in the home, including ineffective and variable processes, inconsistent patient behaviour, unstable home environments, interdependence among providers, differences in education and experience and numerous other factors.

Solving these multidimensional challenges requires the engagement and active involvement of health care providers, clients and carers. The Home Care Safety Improvement Collaborative is an innovative and effective way for organizations to plan, test, measure and make targeted changes to improve quality and patient safety in the home.

Sponsored by the Canadian Patient Safety Institute (CPSI) and the Canadian Home Care Association (CHCA), this structured learning program facilitates collaboration and knowledge application to reduce preventable harm in the home. The Improvement Collaborative is a key element of both organizations’ strategic initiatives: CPSI’s new program, SHIFT to Safety, along with the National Home Care Safety Action Plan; and CHCA’s Safety at Home Road Map.

Engaging Home Care Providers Across the Country

IMPROVEMENT COLLABORATIVE, WAVE ONE

The inaugural Improvement Collaborative, Wave One, took place in 2015–16 and involved five teams representing health authorities and home care service providers from across the country. The initial program engaged teams over a six-month period in interactive learning, quality improvement activities, instructional coaching and group discussions. Organizations involved in the Quality Improvement Collaborative, Wave One, experienced the following value from their participation:

· Identified local issues and larger system barriers to reducing preventable harm in the home.
· Shed light on current understanding and assumptions about care delivery processes, staff knowledge and patient education resources.
· Engaged system partners (contract providers) in accessing relevant data and collaborative care planning.
· Implemented small changes that resulted in big improvements.
· Involved patients and families in practical and meaningful ways.
· Achieved a better understanding of the time and resources needed to sustain change, and the important role of senior leadership to make this happen.
· Empowered frontline staff and brought awareness to their role in creating and sustaining change.

IMPROVEMENT COLLABORATIVE, WAVE TWO

The next phase of the Improvement Collaborative series, Wave Two, will begin in February 2017, through an open call for applications. The new fourteen-month program includes the following:

· A structured approach to learning improvement techniques and approaches (Learning Sessions) and testing and implementing change concepts (Action Periods)
· Access to coaching from experts in data collection, interpretation and development of change ideas; teamwork; and communication
· New and emerging evidence presented by recognized experts in home care, falls prevention, medication safety and quality improvement
· Opportunities to collaborate with and learn from diverse teams across the country

Modeled after the Institute for Healthcare Improvement Breakthrough Series®, the Collaborative will support participating teams to:

· increase understanding and application of quality improvement methodology;
· learn measurement techniques to evaluate the organization’s current state and how to track success;
· develop effective strategies to engage patients and carers in improvement initiatives;
· build effective communication strategies and high functioning teams;
· engage senior leadership and reinforce safety as a strategic priority; and
· implement standardized practices—every patient, every time.
Quality Improvement Collaborative, Wave Two Milestones

- **Open Call for Participation (November 29–December 20, 2016).** The open call for participation and application process will provide an opportunity for home care organizations to determine if they have the core qualifications to participate in the Improvement Collaborative. A detailed Expression of Commitment will help organizations identify teams that will conduct small-scale tests of change and ensure successful changes become standard practices. Determination of a senior leader champion within the organization to provide guidance, support and resources will also be part of this review.

- **Identification and Onboarding of Teams (January 14 – February 14, 2017).** A team orientation session in early February will provide new teams with an opportunity to become acquainted with the Collaborative process. The sponsor organizations (CPSI and CHCA) will conduct pre-work conference calls with team members to clarify the learning structure, roles and expectations of organization leaders and team members.

- **Learning Sessions and Action Periods (February 2017–March 2018).** Core content and curriculum will be provided through a series of monthly two-hour virtual Learning Sessions that cover key topics such as: quality improvement models, tools and techniques; teamwork and communication strategies; approaches to support meaningful engagement of patients and carers; promising practices in patient safety; and other critical information. The Action Periods will enable teams to consider what they have learned about their current state and to plan, test and implement changes in their local settings. Teams will collect data to measure the impact of changes and submit regular progress reports (run charts and change plans) through the online Share HUB. This process will allow teams to learn from each other’s experiences and to share change ideas and successes.

- **Coaching Sessions (February 2017–March 2018).** Teams will meet regularly with coaches to support their quality improvement work and to guide the development of ideas to test within their organization. Coaching will be individualized based on each team’s needs and will cover the following topics: quality improvement, measurement and data collection, teamwork, communication and change management.

- **Safety Share HUB (February 2017–March 2018).** Through the online virtual community, teams will post their progress reports, access learning materials and relevant reports and receive feedback and support from the sponsor organizations and other participating teams. The Share HUB will support the formal Learning Sessions by encouraging discussions on key learning concepts, promoting sharing of practical experiences and fostering an environment of collaboration and joint problem solving.

- **Feature Speaker Series (February 2017–January 2018).** Given by recognized experts in their field, these one hour webinars will provide more information and different perspectives on the Learning Session content.

- **Quality Congress (March 2018).** Collaborative teams will present their results and lessons learned throughout the collaborative. This event will facilitate information exchange and knowledge application and will celebrate team successes.

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1 A carer is a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury, or a chronic life-limiting illness.


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ABOUT THE COLLABORATIVE SPONSORS

The Canadian Home Care Association (CHCA), incorporated in 1990, is a national not-for-profit membership association that advances excellence in home care and continuing care through leadership, awareness, advocacy and knowledge. For more information, go to http://www.cdnhomescare.ca.

The Canadian Patient Safety Institute (CPSI) has over 10 years of experience in safety leadership and implementing programs to enhance safety in every part of the healthcare continuum. For more information, go to http://www.patientsafetyinstitute.ca.