



Health Quality Ontario Home and Community Care Wait Times

Best Practices

Updated on August 28, 2017

"By changing nothing, nothing changes."

Tony Robbins

Wait time for nursing services [<http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Waiting-home-care-services-nursing/EN/>] and wait time for personal support services [<http://indicatorlibrary.hqontario.ca/Indicator/Detailed/Waiting-home-care-services-complex-personal-support-services/EN/>] for complex patients in the home are priority indicators for the QIP. In Ontario [<http://www.hqontario.ca/System-Performance/Home-Care-Performance>] 93.7% of home care patients receive nursing services within the five day target and 85.4% of home care patients with complex needs receive personal support within five days.

Below are best practices for reducing wait time for these home care services. They are graded according to [Type of Evidence](#) [<http://qualitycompass.hqontario.ca/Documents/EN/QualityCompassLevels/Evidence.pdf>]. Evidence-informed best practices are based on quality evidence, they can optimize outcomes and should be implemented into practice where possible.

EVIDENCE-INFORMED BEST PRACTICES

Prioritization, Staffing and Coordination

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Prioritization, Staffing and Scheduling:</p> <p>Improving staffing and scheduling of Health Service Providers and prioritize patients based on condition and need.</p>	<ul style="list-style-type: none"> Identify which patients require urgent care and need to have their first visit on same or next day Introduce joint PSW and care coordinator visits if there are urgent PSW needs. Create a centralized approach to care coordination; adopting a triage model with a dedicated care coordinator in each team to review, prioritize, and assign referrals based on urgency Establish a "one care coordinator" approach with a single point of accountability for a patient's transition of care Consider staff balance and complement of staff when scheduling and spacing visits Consider staff consistency and availability when scheduling nursing and PSW visits Consider geographical factors when staffing (i.e. distance the healthcare provider must travel) Consider implementing a Service Initiation Tool for staff to use at the first visit 	<ul style="list-style-type: none"> Nursing Care Delivery Models and Staff Mix [https://cna-aic.ca/~media/cna/page-content/pdf-en/roundtable_report_evidence_decision_e.pdf?la=en] RN Patient Prioritization [https://www.bhclr.edu/userfiles/pdfs/course-materials/Prioritization.pdf]

Audit and Feedback

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Audit and Feedback:</p> <p>Going through audit and feedback exercises with co-ordinator, staff and service providers</p>	<ul style="list-style-type: none"> Use audit and feedback specifically with staff and service providers that are having difficulty reaching the five day visit target Identify goals and expectations of initial visits Identify barriers to meeting the five day visit and troubleshoot problems Use monthly individualized performance reports for each service provider Compile detailed organizational performance reports to share with staff Perform a root cause analysis of the delays in service provision for those who did not receive their first visit within five days of service approval. 	<ul style="list-style-type: none"> Audit and Feedback Intervention for the Home Care Sector [http://journals.sagepub.com/doi/abs/10.1177/1084822317700883] in Ontario developed using a user centric design. Audit and Feedback: [https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0010582/] Effect on professional practice and patient outcomes WHO Audit & Feedback [http://www.euro.who.int/_data/assets/pdf_file/0003/124419/e94236.pdf] Policy Summary Root Cause Analysis: The 5 Whys Instructions [http://www.hqontario.ca/Portals/0/Documents/qi/qi-5-whys-instruction-sheet-ac-en.pdf] The 5 Whys Worksheet [http://www.hqontario.ca/Portals/0/Documents/qi/qi-5-whys-tool-ac-en.pdf]

Communication and Education

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Communication and Education:</p> <p>Continuing professional development and education for staff, co-ordinators, and service providers and specifically education about team building and communication.</p>	<ul style="list-style-type: none"> Educate staff and service providers about teamwork and communication for effective team work Communicate and educate providers and staff about any procedure changes Support staff and providers with corrective actions Host a Lean Kaizen even for service initiation processes in collaboration with service providers and patient care staff Increasing staff and service provider awareness of both indicators is essential to consistent implementation Compile detailed organizational performance reports to share with staff Use dashboards to monitor and share performance with all staff throughout the organization Work with service provider organizations to increase uptake/utilization of information technology portals for even faster service 	<ul style="list-style-type: none"> BOOST Workshops [http://www.ipe.utoronto.ca/professional-development/boost-building-optimal-outcomes-successful-teamwork-workshops] (Building Optimal Outcomes for Successful Teamwork) Collaborative Change Leadership (CCL) [http://www.ipe.utoronto.ca/initiatives/interprofessional-education] programs Kaizen Event Instructions [http://www.hqontario.ca/Portals/0/Documents/qi/qi-kaizen-event-instruction-sheet-en.pdf] Information technology Portals include: <ul style="list-style-type: none"> Integrated Assessment Record [https://www.cim.on.ca/IAR/Default.aspx] Connecting Ontario [https://www.ehealthontario.on.ca/for-healthcare-professionals/connectingontario]

Accuracy of Measurement

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Accuracy of Measurement:</p> <p>Measuring the two indicators accurately to reflect the most precise data available.</p>	<ul style="list-style-type: none"> Explore coding of the indicator (some patients are not available within the five days and should not be considered in the calculation) Modify the indicator to consider client preference in appointment scheduling Populate the service authorization form with service authorization date (on the date the form is signed and locked). 	<ul style="list-style-type: none"> Improving Five-Day Wait Times for Nursing Visits [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Waiting-home-care-services-nursing/EN/] Improving Five-Day Wait Times for Personal Support Worker Visits [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Waiting-home-care-services-complex-personal-support-services/EN/]

References

- Accreditation Canada.
Home Care in Canada: Advancing Quality Improvement and Integrated Care.
Ottawa: Accreditation Canada 2015.
Retrieved from: <https://www.accreditation.ca/sites/default/files/home-care-in-canada-report.pdf> [<https://www.accreditation.ca/sites/default/files/home-care-in-canada-report.pdf>]
- BCNU.
Provincial Nursing Workload Project Final Report.
BC Nurses Union 2010.
Retrieved from: https://www.bcnu.org/Documents/pnwp_report.pdf [https://www.bcnu.org/Documents/pnwp_report.pdf]
- Colquhoun HL., Sattler D., Chan C., Walji T., Palumbo R., Chalmers I., Jokhio I., Ivers N. (2017).
Applying User-Centered Design to Develop an Audit and Feedback Intervention for the Home Care Sector.
Home Health Care Management and Practice, 29 (3): 148 - 160.
- Health Quality Ontario.
Impressions and Observations 2016/17 Quality Improvement Plans.
Toronto: Health Quality Ontario 2017.
Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-home-care-2016-17-en.pdf> [<http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-home-care-2016-17-en.pdf>]
- Health Quality Ontario.
The Common Quality Agenda 2016 Measuring Up A yearly report on how Ontario's health system is performing.
Toronto: Health Quality Ontario 2016.
Retrieved from: <http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-2016-en.pdf> [<http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-2016-en.pdf>]
- Health Quality Ontario.
Community Care access Centres: Impressions and Observations 2015/16 Quality Improvement Plans.
Toronto: Health Quality Ontario 2016.
Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-ccac-2015-en.pdf> [<http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-ccac-2015-en.pdf>]
- Health Quality Ontario.
Community Care access Centres: Impressions and Observations 2014/15 Quality Improvement Plans.
Toronto: Health Quality Ontario 2015.
Retrieved from: <http://www.hqontario.ca/portals/0/Documents/qi/qip/analysis-ccac-en.pdf> [<http://www.hqontario.ca/portals/0/Documents/qi/qip/analysis-ccac-en.pdf>]
- Ivers N, Jamtvedt G, Flottorp S.,
Audit and feedback: effects on professional practice and health care outcomes.
Cochrane Database Syst Rev. 2012;(6).
- Office of the Auditor General of Ontario.
Community Care Access Centres— Financial Operations and Service Delivery.
Toronto: Auditor General's Special Report 2015. Queen's Printer for Ontario 2015.
Retrieved from: http://www.auditor.on.ca/en/content/specialreports/specialreports/CCACs_en.pdf [http://www.auditor.on.ca/en/content/specialreports/specialreports/CCACs_en.pdf]

Measurement

Updated on August 28, 2017

"While all changes do not lead to improvement, all improvement requires change"

Institute for Healthcare Improvement

How do we know if a change is an improvement? Measurement is a critical step in QI to assess the impact of a change. Quality indicators are used in the QIPs to measure how well something is performing. There are three types of quality indicators used to measure QI efforts:

- **Outcome Indicators:** capture clinical outcomes and or system performance,
- **Process Indicators:** track the processes that measure whether the system is working as planned, and
- **Balancing Indicators:** ensure that changing one part of the system does not cause new problems in another.

Indicator	Percentage of home care patients who received their first nursing visit within five days of service authorization
Topic	Wait Times
Quality Dimension	Timely
Type of Indicator	Process
Measure	Percentage (%)
Data Source	Client Health and Related Information System (CHRIS), Home Care Database (HCD)
Data Collection Instrument	Collected by the Ministry of Health and Long-Term Care (MOHLTC), and Health Shared Services Ontario (formerly the Ontario Association of Community Care Access Centres (OACCAC))
How to Calculate	The percentage is calculated as: (Numerator/Denominator) x 100 Numerator: # of home care patients who received their first nursing service visit within five days of the date they were authorized for nursing services by the CCAC Denominator: # of adult home care patients who received in-home nursing services
Target	Higher is better (Provincial Benchmark is 95%)
Range	0 – 100%
HQO Reporting Tool	Public Reporting, and Quality Improvement Plans (QIPs)

Indicator	Percentage of home care patients with complex needs who received their personal support visit within five days of service authorization
Topic	Wait Times
Quality Dimension	Timely
Type of Indicator	Process
Measure	Percentage (%)
Data Source	Client Health and Related Information System (CHRIS), Home Care Database (HCD)
Data Collection Instrument	Collected by the Ministry of Health and Long-Term Care (MOHLTC), and Health Shared Services Ontario (formerly the Ontario Association of Community Care Access Centres (OACCAC))
How to Calculate	The percentage is calculated as: (Numerator/Denominator) x 100 Numerator: # of complex home care patients who received their first personal support service visit within 5 days of the date they were authorized for personal support services by the CCAC Denominator: # of adult complex home care patients who received in-home personal support services
Target	Higher is better (Provincial Benchmark is 95%)
Range	0 – 100%
HQO Reporting Tool	Public Reporting, and Quality Improvement Plans (QIPs)

This data can be presented using [Run Charts](http://qualitycompass.hqontario.ca/Documents/EN/Interpreting%20Run%20Charts.pdf) to track improvement over time. To read more about general measurement in QI refer to [Measurement for Quality Improvement](http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf) or the [QI Getting Started Section](http://qualitycompass.hqontario.ca/portal/getting-started/#WZvhlTF96Uk)

Tools & Resources

Updated on August 28, 2017

- [Canadian Home Care Association \[http://www.cdnhomecare.ca/\]](http://www.cdnhomecare.ca/)
The Canadian Home Care Association (CHCA) represents its members who are home care providers across Canada.
- [Community Care Information Management \(CCIM\) \[https://www.ccim.on.ca/default.aspx\]](https://www.ccim.on.ca/default.aspx)
CCIM supports the information management needs of the home and community care sectors providing resources and support.
- [Health Shared Services Ontario \[http://hssontario.ca/\]](http://hssontario.ca/)
Health Shared Services Ontario (HSSOntario) is an agency of the Government of Ontario that supports Ontario's 14 Local Health Integration Networks
- [Home Care Ontario \[http://www.homecareontario.ca/\]](http://www.homecareontario.ca/)
Home Care Ontario is a member-based organization representing providers of quality home care services from across Ontario.
- [Ontario PSW Association \(OPSWA\) \[http://www.ontariopsassociation.com/\]](http://www.ontariopsassociation.com/)
The Association of personal support workers in the province of Ontario
- [Ontario Community Support Association \[http://www.ocsa.on.ca/\]](http://www.ocsa.on.ca/)
OCSA is the voice of home and community support, representing hundreds of agencies, 25,000 staff, and 100,000 volunteers across Ontario.
- [RNAO Vision on Home Care \[http://mao.ca/vision/sectors/home-care/\]](http://mao.ca/vision/sectors/home-care/)
The RNAO's vision for home care nursing between now and 2030
- [Quality Improvement Plan Reports \[http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans/Quality-Improvement-Plan-Reports/\]](http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans/Quality-Improvement-Plan-Reports/)
Health Quality Ontario's Quality Improvement Plan Reports specific to each sector

Background

Updated on August 28, 2017

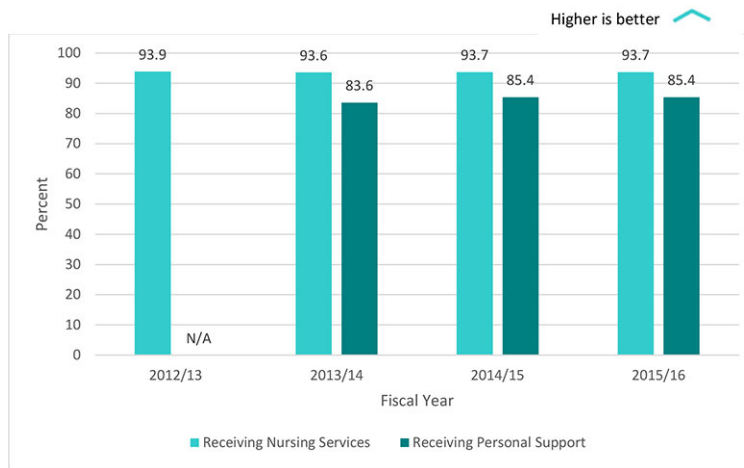
Issue

Providing home care to patients in a timely manner is key to ensuring they receive the right care when they need it. The consequences of delayed access to nursing or personal support worker (PSW) services may include increased confusion and stress for patients and caregivers and potential re-hospitalization (HQO 2016). Wait times in home care are measured using two priority indicators. The first indicator measures the time to first visit to any patient from a nurse. The second indicator measures the time to first visit to complex patients from a personal support worker.

In 2013, Ontario created a five-day target for all patients waiting for nursing service, as well as for all complex patients waiting for personal support service. Complex patients are those who need a high level of care, usually because they have one or more health conditions combined with complicating factors such as physical, cognitive or other limitations (CCAC, 2014). The personal support service they receive may include personal service such as bathing, helping with eating and other activities of daily living (ADL), as well as homemaking and cleaning (HQO 2016).

Ontario provides 6.9 million nursing visits and 28.7 million hours of personal support and homemaking to approximately 650,000 people per year (MOHLTC 2016). In 2015/16 93.7% of home care clients received nursing services within five days of discharge to home care and 85.4% of complex patients received personal support within 5 days of admission to home care (Figure 1). The majority of home care clients receive services within the target period.

FIGURE 1: Percentage of home care patients in Ontario whose first nursing visit and personal support is within five days of authorization, 2012/13 to 2015/16

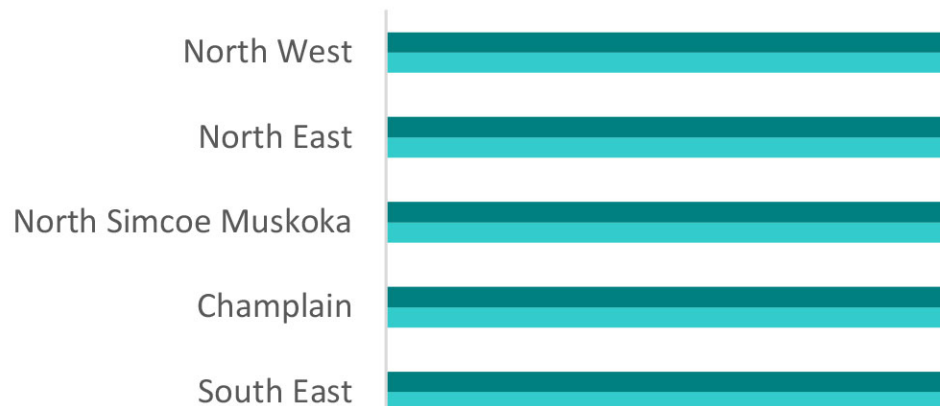


Data source: Home Care Database provided to the Ministry of Health and Long-Term Care by the Ontario Association of Community Care Access Centres

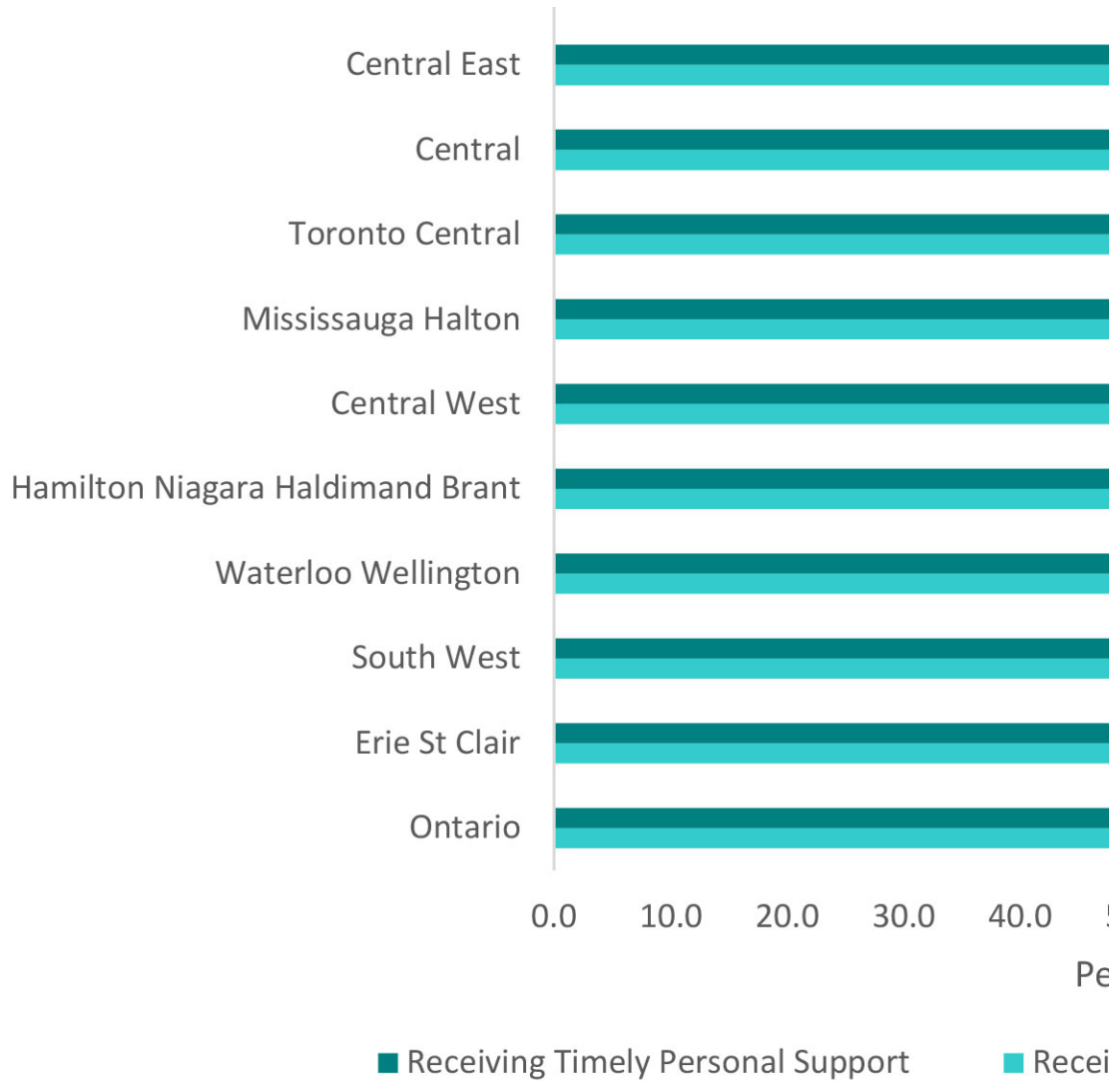
The wait time for service is measured from the date a service is authorized to the date it is first provided. However, before a service is authorized, it must first be applied for by a health care provider, the patient or their caregiver, and a home care coordinator must determine whether the patient is eligible for the service. The time required for the application process and determination of eligibility is not included in the wait time target.

When considered by LHIN (Figure 2) there is quite a bit of variability in timeliness of personal support services for complex patients. Timely nursing services remains fairly constant across LHINs and there may be a ceiling effect being encountered for this indicator.

FIGURE 1: Percentage of home care patients by Local Health Integration Network (LHIN) whose first nursing visit and personal support is within five days of authorization, 2012/13 to 2015/16



LHFI



Data source: Home Care Database provided to the Ministry of Health and Long-Term Care by the Ontario Association of Community Care Access Centres

Call to Action

Ontario was the first province to provide home care related wait times, and there have not been substantial changes since 2013/14 (HQO2016; WTA 2015). For personal support services the percentage who receive care within five days has slowly increased to 85% over the past three years. The median current performance on this indicator is 85% (range of 74% to 92%). For in-home nursing the percentage has been steady at 93%. The median performance is 94% (range 88% to 96%) which is approaching the provincial benchmark of 95%.

While performance on nursing visits is high which we are looking to maintain, there remains room for improvement for the personal support services. With appropriate supports, many individuals of all ages can remain in their homes, return home more quickly from hospital, or delay or even avoid the need for admission to a hospital or long-term care home (Home and Community Care Expert Panel 2015).

References

- Central Community Care Access Centre. Central Community Care Access Centre Strategic Plan (2014-2017) 2014. Retrieved from: <http://healthcareathome.ca/central/en/who/Documents/Strategic%20Plan%202014%202017%20EN.pdf> [<http://healthcareathome.ca/central/en/who/Documents/Strategic%20Plan%202014%202017%20EN.pdf>]
- Health Quality Ontario. Impressions and Observations 2016/17 Quality Improvement Plans. Toronto: Health Quality Ontario 2017. Retrieved from: <http://www.hqontario.ca/Portals/0/Documents/qi/qip-analysis-for-improvement-2012-en.pdf> [<http://www.hqontario.ca/Portals/0/Documents/qi/qip-analysis-for-improvement-2012-en.pdf>]
- Health Quality Ontario. The Common Quality Agenda 2016 Measuring Up A yearly report on how Ontario's health system is performing. Toronto: Health Quality Ontario 2016. Retrieved from: <http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-2016-en.pdf> [<http://www.hqontario.ca/portals/0/Documents/pr/measuring-up-2016-en.pdf>]
- Health Quality Ontario. Community Care access Centres: Impressions and Observations 2015/16 Quality Improvement Plans. Toronto: Health Quality Ontario 2016. Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/qip-analysis-ccac-2015-en.pdf> [<http://www.hqontario.ca/Portals/0/documents/qi/qip-analysis-ccac-2015-en.pdf>]
- Home and Community Care Expert Panel. (2015) Bringing Care Home.

Toronto, Ontario: Donner G., Fooks C., McReynolds J., Smith K., Sinha S., Thomson D.
Retrieved from: http://health.gov.on.ca/en/public/programs/lhin/docs/hcc_report.pdf [http://health.gov.on.ca/en/public/programs/lhin/docs/hcc_report.pdf]

6. Ministry of Health and Long-Term Care.

Ontario investing an additional \$100 million this year in home and community care.

News release, July 19, 2016.

Retrieved from: <https://news.ontario.ca/mohltc/en/2016/07/ontario-investing-an-additional-100-million-this-year-in-home-and-community-care.html>
[<https://news.ontario.ca/mohltc/en/2016/07/ontario-investing-an-additional-100-million-this-year-in-home-and-community-care.html>]

7. Wait Times Alliance (WTA). (2015).

Eliminating Code Gridlock in Canada's Health Care System 2015 Wait Times Alliance Report Card.

Canada 2015.

Retrieved from: http://www.waittimealliance.ca/wp-content/uploads/2015/12/EN-FINAL-2015-WTA-Report-Card_REV.pdf [http://www.waittimealliance.ca/wp-content/uploads/2015/12/EN-FINAL-2015-WTA-Report-Card_REV.pdf]