Improving Continence Care Collaborative (IC3) in Long Term Care – Phase 5 Closing Congress March 1, 2012

A Community of Practice of the Seniors Health Research Transfer Network (SHRTN)

shrtn collaborative

RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Glengarry Health Care Consulting (GHCC)

Agenda

8:15-8:30a	Welcome and Videoconferencing Set-Up
8:30-9:00a	Introductions & Overview of the Day
9:00-9:30a	Team Sharing #1 - Pre Work
9:30-10:30a	Using Evaluation to Sustain Improvements
10:30-10:45a	Break
10:45-11:15a	Team Sharing #2 - Pre Work
11:15-12:00p	Transitioning from Project to Program - Making your Working Binder Work for You
12:00-12:45p	Lunch
12:45-1:15p	Team Time
1:15-1:45p	Team Sharing #3 - Pre Work
1:45-2:00p	Break
2:00-3:00p	Panel Presentation - To Dip or Not To Dip
3:00-3:30p	Reflections, Closing, Next Steps, Wrap-Up

Using Evaluation to Sustain Improvements

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Today's Objectives

Participants will:

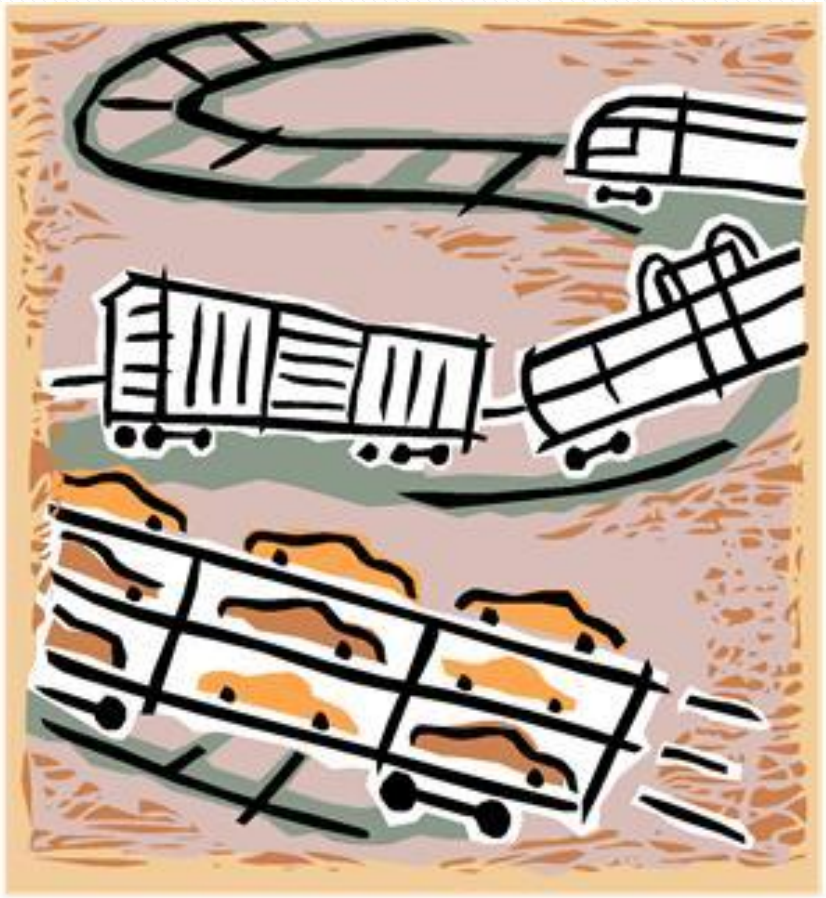
- Understand the importance of evaluation and the links to measurement
- Learn how evaluation can help sustain your continence improvements
- Consider how to develop an evaluation plan
- Review some Evaluation Tools and discuss their Usefulness
- Use a tool to evaluate the effectiveness of your IC3 project for your residents

Why Evaluate?

"Implementation of continence improvements in our home just isn't going smoothly.

My team and I are not exactly sure what the problem is.

We want to pinpoint our issues, correct them and get things back on track"



Why Evaluate?

"The effectiveness of our continence improvements is being questioned. We're sure our program is important. It is already beginning to show results — at least it will if it's given enough time.

Corporate is telling us that it's having an impact. Staff believe the program is really building momentum.

We would like to demonstrate the results our program is having on its residents and the community as a whole"

Why Evaluate?

General Program Requirements, Sec. 30 (LTC Act)

3). The program must be **evaluated and updated at least annually** in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

4). The licensee shall keep a **written record** relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Reasons to Formally Evaluate

- Helps to improve and sustain an existing program, like IC3.
- Gives you a way to:
  - determine the effectiveness of your actions and
  - measure your success in your improving continence projects
- Ensures that you meet the requirements of the Long- Term Care Homes Act (2007)
- Tools help you to manage your work, identify your successes and plan for subsequent changes

Evaluation: Who Does It?

- **Senior manager**
  - understands the purpose of the program and the evaluation, and knows of available resources
  - knows the evaluation process and has expertise with specific methodologies
- **Program staff**
  - have experience with the program's activities and their target groups
- **Health care providers – inter-professional staff**
  - Know the impact at the point of care. e.g. RN/ RPN/ PSW / Dietary / Housekeeping, etc.
- **Existing continuous quality improvement (CQI) committee or individuals (RAI coordinators)** with experience in program evaluation

Transitioning IC3 from Project to Program

- Your IC3 work can continue on and transform into your homes' Bowel/Bladder Program
- Once continence best practices become 'habits' or the 'way-it-is' on one unit, spreading and embedding them across your home is the next step
- Now is a good time to transition your IC3 work into a Bowel and Bladder program that meets the LTC Homes Act requirements

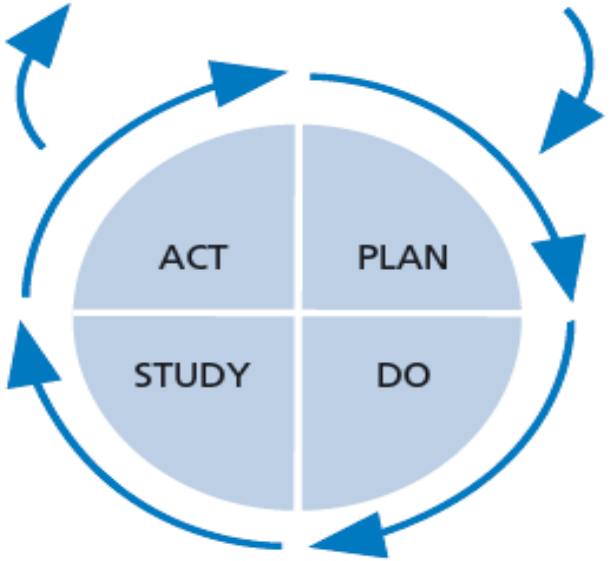
IC3 Foundation – Model for Improvement

AIM → What are we trying to accomplish?

MEASURE → How will we know if a change is an improvement?

CHANGE → What changes can we make that will result in improvement?

RAPID CYCLE IMPROVEMENT →



Review: Process vs Outcome Measures

- Tests of change: Number of staff who have attended a training session on the prompted voiding approach ***(process measure)***
- Aim: increase the number of continent residents in your home ***(intermediate outcome)***
- A long-term outcome: Decrease the number of residents requiring hospitalization for Urinary Tract Infections ***(final outcome)***

Adapted from: Bean, J. 2010. **Quality Improvement: Project Charters, Measurement.** Presentation to NW Fall Prevention Coalition Learning Session. Feb. 17, 2010.

Review: RAI-MDS Continence Measures

Outcome Measure

1. Percentage of residents with frequent urinary incontinence in the previous month
2. Percentage of residents with worsening bladder control compared to the previous month (Exclude level 4, comatose, and end of life)

Process Measure

1. Percentage of residents with frequent urinary incontinence who had a documented toileting plan in the previous month
2. Percentage of new resident admissions who had a urinary incontinence assessment (comprehensive assessment) completed in the previous month

Balancing Measure

1. Percentage of frequently incontinent residents with treated urinary tract infection (UTI) in the previous month. Note: RAI-MDS exclusions are residents who are comatose or have an indwelling catheter

Review: Resident First Tracking TOOL

Data for the month of: _____ Organization/Unit Name: _____

Continence Measures Tracking Document B:				
Column 1	Column 2	Column 3	Column 4	Column 5
Name of each resident in the LTC home on the last day of the month	Worsening urinary control compared to previous month Yes/ No	Frequently incontinent residents who have document toileting plan Yes/ No	Residents admitted to the LTC home during the month who have a comprehensive urinary assessment completed Yes/ No	Residents with a recent bladder infection during the month Yes/ No

http://www.residentsfirst.ca/qi_resources

Review: Resident's First Tracking TOOL

Organization/ Unit Name: _____

Data for the month of:	Number of residents who are frequently incontinent of urine who have a documented toileting plan (From Tracking Document B; Column 3)	Total number of residents who are frequently incontinent of urine (From Tracking Document A; Column 4)
March 1-31, 2010 Baseline (If not previously measured)		
April 1-30, 2010		
May 1-31, 2010		
June 1-30, 2010		
July 1-31, 2010		
August 1-31, 2010		
September 1-30, 2010		
October 1-31, 2010		

DRAFT

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Evaluation and Sustainability

- Turning measures into ongoing evaluation will help to sustain your Bowel/Bladder Program
- **Process Evaluation** uses audits to measure the consistency of implementation with the program plan
- **Outcome evaluation** uses annotative run charts to display the indicator rates
- **Program Evaluation**: gives “The Big Picture” and quality assurance or continuous quality improvement

Evaluation and Sustainability: Themes

1. Change Factor
2. Organizational Factors
3. Implementation Factors
4. Leaders
5. Passion

When sustained, homes are more likely to expand the use of BPG's (more units, more partners, other BPG's and QI initiatives)

(SURE Research Study- Davies et al)

Evaluation & Sustainability Factors

Barriers

- Staffing / Structure
- Workload, limited time
- Limited staff Development
- Resistance
- Competing priorities
- Inadequate buy-in
- Guidelines not embedded into P & P

Facilitators

- Leadership by Champions
- Management Support
- Ongoing Staff Development
- Integrated into P & P
- Equipment / Resources
- Staff buy-in and ownership
- Embedding researchers with Clinicians
- Open climate, clear vision

(SURE Research Study- Davies et al)

Unit Level Factors

Strategies

- Identification of Champions
- Leadership Role Modeling
- Healthy competition (contests) to ↑ engagement
- Rounds
- Interactive Learning
- Nurse Managers do BP's with staff
- RNs orient new RNs with BP's
- Mini case studies (5-7 min)
- Audit & regular feedback posted
- Updates – at shift report
- Standing agendas for meetings
- Unit Nurse Manager discussions
- Posters, pocket tools, lanyards, etc.

Outcomes

- Champions supported
- Staff say: open forum for discussions
- Huddles
- Speaker/coach strategies
- learn & support from NM
- Reviews include knowledge, skills, engagement
- Progress (audits) posted &
- discussed regularly
- Staff input for program development
- Work as team
- Clinical decision making
- "Speaking the same language"

Resident & Family Factors

Strategies

- Communication of current Practice within Home
- Family and resident as member on committee meetings
- Posted progress
- Regular Feedback
- Clear vision and strategic direction
- Questionnaires and surveys prior to implementation

Outcomes

- Improved Resident/ Family satisfaction survey results
- Cohesive culture of evidence based practice with staff, residents, families and stakeholders
- Resident and family engagement along with staff

Organizational Level Factors

Strategies

- Align objectives with corporate goals
- Audits
- Infrastructure support, dedicated
- project leader & ongoing facilitation
- Survey staff: perceived organizational support
- Regular presentations to Board
- Business case for equipment & educ.
- Evidence-based discussions at
- leadership meetings
- Funds via government, research, Foundations

Outcomes

- Good data→ "staff knowledge & skills"
- Compliant with REGS
- Staff appreciation and recognition as leader in care
- Progress reports at Facility and corporate meetings
- Positive reputation
- Improved morale
- Staff retention
- Recruitment as employer of choice
- Recruitment for clients and residence of choice
- Decreased sick time, WSIB, etc.
- Accreditation ready

Planning an Evaluation

- Integral part of program management
- Ideally, build your overall program plan prior to its actual launch
- Plan your evaluation as early as you can
- Early planning ensures that you will be able to gather the right data at the right time
- This is especially important for outcome evaluation
- It is never too late to evaluate a program!

Evaluation Strategies

- Can range from simple questions to sophisticated tools

- Consider using what process/tool your Home uses for other program evaluations for consistency

- Evaluation is an ongoing process that is built into your home's overall Quality Improvement program, using RAI/MDS and/or other indicators

Simple Evaluation

Three Basic Questions

- What went well?
- What didn't go well?
- What needs to be changed and/or improved?

Program Evaluation

- What was our aim/goal for the program?
- Did we succeed?
- Were our aims/goals resident-focused?
- What were the timelines set and met?
- What was the response from the staff, residents, families, other stakeholders?
- Did you follow through with sufficient interventions, such as trials, education?
- What work still needs to be done?
- What are your next steps?

Program Evaluation Questions – RNAO BPGs

Objectives

1. What are the objectives of the implementation program?
2. What are the imposed timelines for achievement of objectives/interim goals?

Program Administration

1. Is there sufficient budget in place to cover expenses of the program? What time period is covered by funds?
2. What are the major costs? What are the capital/start-up/maintenance expenses?
3. What is the "per patient" cost of the program?
4. Are there contractual obligations in implementing the program? Will they be met?
5. What costs associated with the program will be borne by the facility's operating budget?
6. What are the internal/external reporting relationships associated with the program?
7. Will there be interim reviews of the program's effectiveness? What resources will be required?
8. Has an individual/committee been tasked with ongoing oversight of the program?

Evaluation Questions – RNAO BPGs

Program Staff

1. How many clinical/administrative/support staff will be required to implement the program?
2. Has staff been provided with a clear description of their roles/responsibilities?
3. What specialty staff is required?
4. What resources are required to train staff?
5. How will adequacy of training be evaluated?
6. What is staff turnover like on the unit? Has succession planning been considered in the work plan?
7. Are any external resources required to support the program?

Program Participants

1. For what population was the program designed (age, patient classification, level of function, etc.)?
2. What is the typical length of stay? Will it provide for sufficient data collection?
3. On what basis are participants selected for recruitment? What resources (clinical assessment, evaluation instruments, etc.) will be required to determine appropriateness for inclusion?
4. How have participants been grouped? I.e., if experimental and controls groups are desired, how are they to be randomized (individually, by room, by unit, etc.)?
5. Are there any systematic differences between experimental and controls groups (e.g., age, co-morbidities, functional capacity, disease state, etc.) that may affect the outcome of the program evaluation?
6. Has a contingency plan been prepared to account for patient drop-out? Poor compliance?
7. Will participants be actively involved in program? If so, how will program goals, and interim results be communicated to participants?

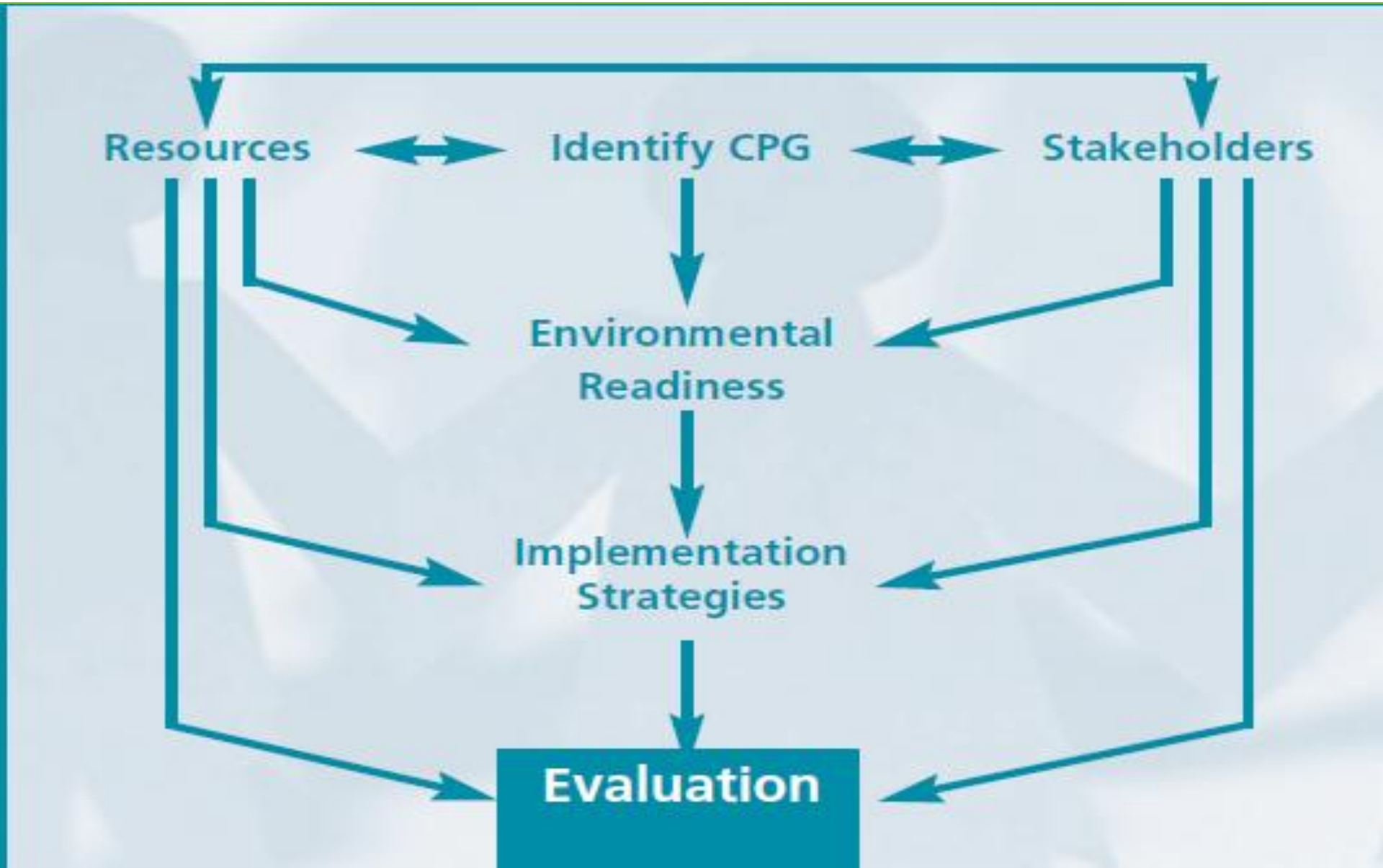
Other Programs

1. What other programs/guidelines have been/will be implemented during the course of the program?
2. What are their objectives?
3. Will programs conflict (i.e., staffing demands, resources)?

Approaches to Program Evaluation

- The RNAO Toolkit describes a step-by-step approach to evaluating public health programs
- **Focus the evaluation by determining exactly what you need to know about** your program
- Choose appropriate **methods for answering the evaluation questions.**
- Develop or modify data collection **tools**
- Gather and analyze the **data**
- Use the answers to your evaluation questions to help make **decisions about** your program

Evaluation Plan – RNAO Toolkit



RNAO BPG's – Evaluation Indicators

	Structure	Process	Outcome
Objectives	• To evaluate the supports available in the organization that allow for nurses to provide client centred care.	• To evaluate changes in practice that lead towards improved client centred care.	• To evaluate the impact of implementing the recommendations.
Organization/ Unit	• Review of best practice recommendations by organizational committee(s) responsible for policies/ procedures. • Nurse leaders have been identified to champion the implementation process. • Model of care delivery ensures continuity of care and continuity of caregiver (primary nursing).	• Modification to policies and/or procedures consistent with the values and beliefs of client centred care.	

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RNAO BPG Evaluation Indicators

	Structure	Process	Outcome

Provider	• Percent of nurses attending education sessions (orientation, organization professional development opportunities) on client centred care.
	• Percent of non-nursing staff attending education sessions (orientation, organization professional development opportunities) on client centred care.
		• Nurses' self-assessed knowledge of:
		  • Recognizing the importance of listening to the client;
		  • Using open ended questions to elicit a client's perspective; and
		  • Documenting the client's understanding of a situation, rather than the nurse's judgement of the client.
		• Percent of nurses self-reporting:
		  • Adequate assessment of a client's perceived needs for care
		  • Adequate assessment of a client's goals for care.
		  • Adequate documentation of a client's personal goals for care.
		  • Sharing client's concerns/choices with other members of the health care team.
		  • Discharge teaching guided by the client's goals for managing their care at home.
			There is evidence of the client's/community's view in the plan of care/program plan
			Nurses seek feedback from clients about the quality of nursing care.
			Nurses modify/change practice based on feedback from clients.

Client			• Clients report:
			  • feeling cared about.
			  • feeling that their values and beliefs were respected.
			  • being listened to.
			• Clients feel caregivers value their personal expertise.

Financial costs	• Provision of adequate financial resources for the level of staffing necessary to provide continuity of care and continuity of caregiver (primary nursing).	• Costs for education and other interventions and supports.	• Overall resource utilization.

Potential Indicators for Evaluation of the Implementation of Clinical Practice Guidelines (CPG)

Category	Structure (What you need to have)	Process (How you go about it)	Outcome (What happens)
Objectives	Identify your evaluation objectives		
Organization/ Unit	• Organizational stability • Culture and support for change • Quality assurance mechanisms • Policy/procedures • Nursing care delivery system • Physical facilities • Equipment	• Development/modification of policies and procedures • Charting	• Achievement of targets for patient outcome improvement • Achievement of condition specific goals
Provider	• Number/qualification of staff • Ratio of staff to patients/clients • Roles, responsibilities, multi-disciplinary collaboration • Educational program	• Awareness of/attitude to CPG • Knowledge/skill level	• Attendance at educational program • Adherence to CPG • Number and completeness of assessments done • Number and range of appropriate treatments • Provider satisfaction
Patient/client/ Family	• Patient/client characteristics (Demographics/level of risk) • Patient-centred approach • Involvement in decisions	• Patient awareness of/attitude to CPG • Family, community acceptance • Patient/family knowledge	• Physical, psychological, social, patient/client outcomes • Family health • Satisfaction with care • Access to care
Financial costs	• Costs of additional staff and physical resources required • New equipment	• Costs of implementation strategies • Staff education • Patient/client education	• Incremental costs of innovation, including product and drug costs • Revenue/growth of service • Length of stay • Number of diagnostic tests, interventions

LEADING QUALITY - QUALITY IMPROVEMENT PLAN

LTCH: **DATE:**

AIM		MEASURE							
STRATEGIC AREA	TOPICS FOR IMPROVEMENT	OUTCOME MEASURE	BASELINE	LONG-TERM GOAL	TARGET AIM THIS YEAR	TARGET JUSTIFICATION	EXECUTIVE SPONSOR (TITLE)	TIMEFRAME (dd/mm/yy)	PRIORITY
	1								
	2								
	3								
	4								

CHANGE										
PLANNED IMPROVEMENT	RESOURCES REQUIRED	PROCESS MEASURE	BASELINE	TARGET	RELATIONSHIPS TO MANAGE	BARRIERS TO ADDRESS	INDIVIDUAL ACCOUNTABLE	COMMENTS	TIMEFRAME (dd/mm/yy)	PRIORITY

http://www.residentsfirst.ca/qi_resources

LEADING QUALITY - IMPROVEMENT DASHBOARD

LTCH: **DATE:**

STRATEGIC AREA:

OUTCOME MEASURE	TARGET AIM PROGRESS TO DATE (RUN CHART)	VARIANCES AND ACTION PLAN

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http://www.residentsfirst.ca/qi_resources

Implementation Plan

This tool will guide you in outlining detailed planned improvement activities for each strategic area.

Strategic Area:				Topic for Improvement:		
Aim Statement:						
Planned Improvement Activities (Change Ideas)	Priority	Individual Accountable	Process Measures	Timeframe	Resources Required	Relationships to Be Managed

Instruction

Step 1: Identify core priorities for improvement with targets and timeframes for completion.

Step 2: Identify key drivers or activities that need to take place in order to achieve the target.

Step 3: Prioritize the various activities that need to take place.

Step 4: Assign an individual to have primary responsibility for each activity.

http://www.residentsfirst.ca/qi_resources

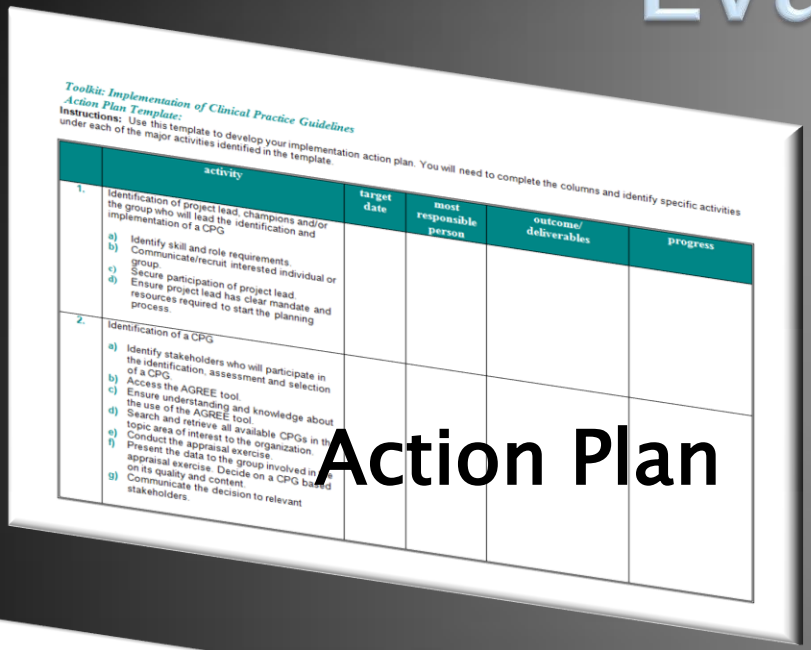
Implementation Plan - Strategic Area A

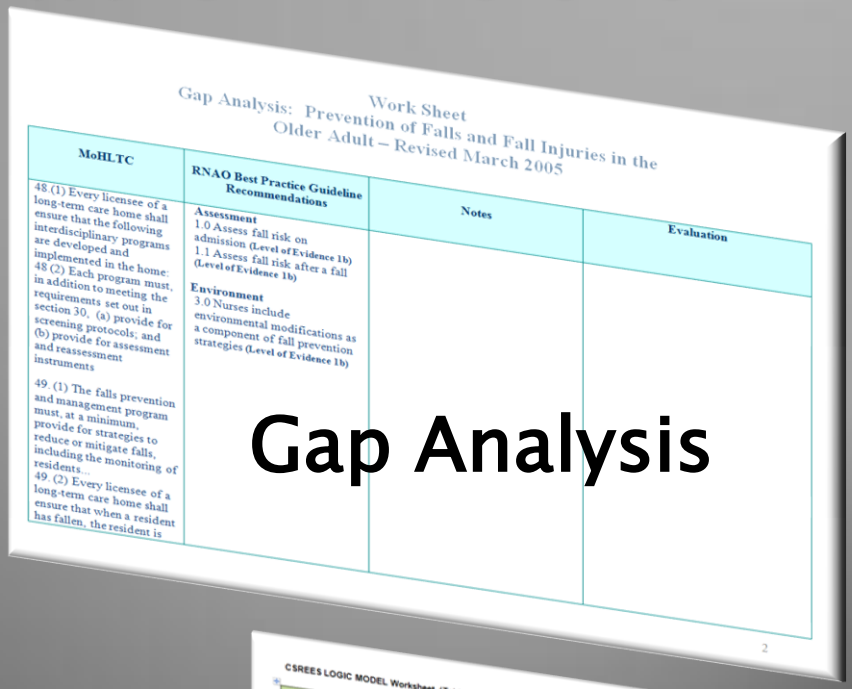
CHANGE

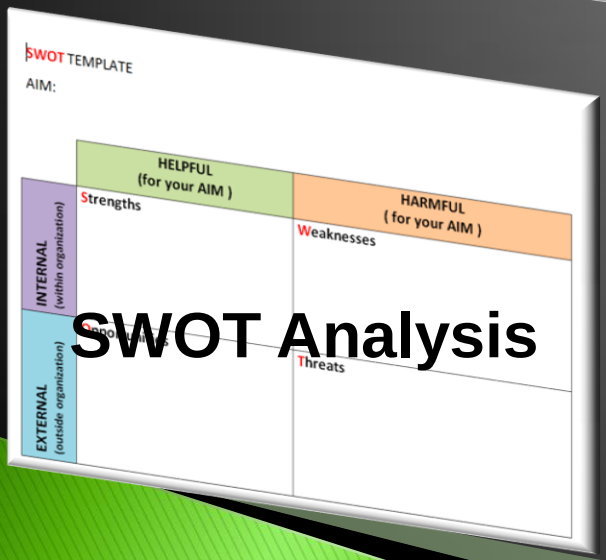
Topic for Improvement Projects	Planned Improvement Activities (Change ideas)	Process Measure(s)	Baseline	Individual Accountable	Resources Required	Barriers to Address	Relationships to Manage	Comments
A1								
A2								
A3								
A4								

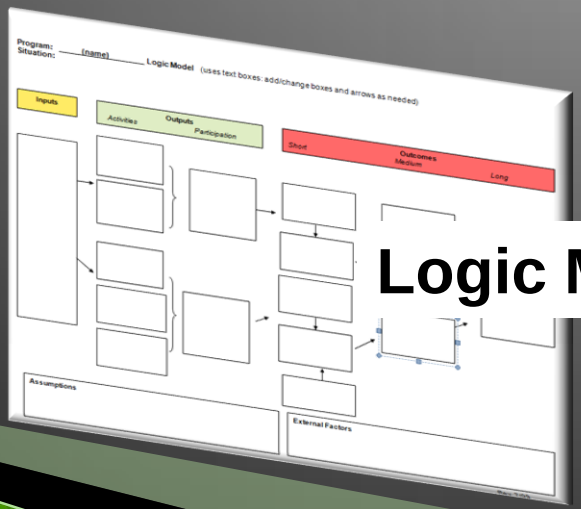
http://www.residentsfirst.ca/qi_resources

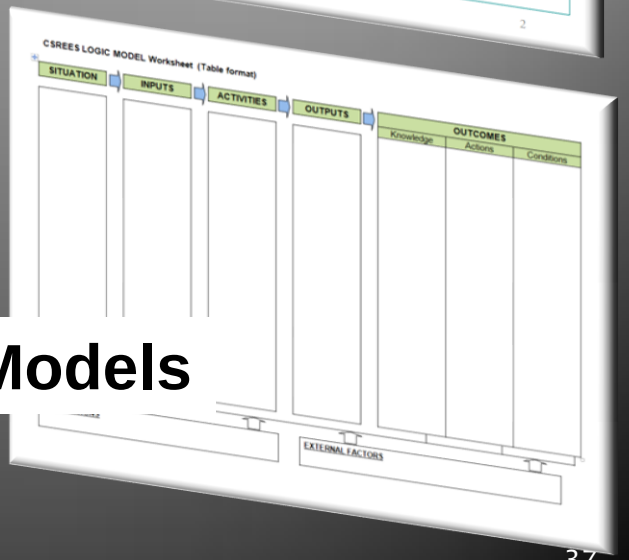
Evaluation Tools



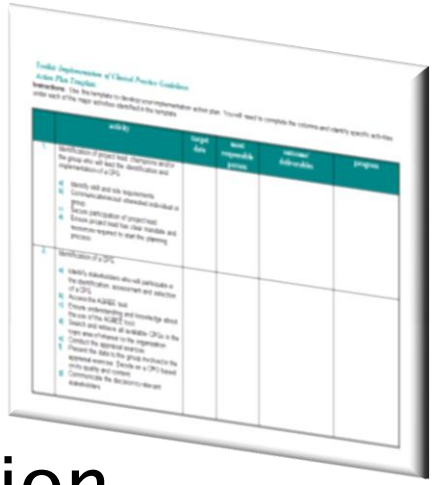








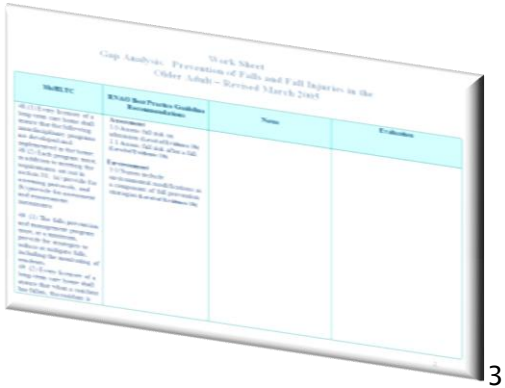
Tools – RNAO Action Plan



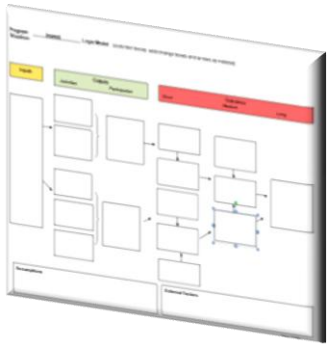
- Use worksheet from beginning of
- your program implementation
- Identify early required implementation resources:
  - dedicated time for leading, planning and implementing the project,
  - education time, etc.
- Use the worksheets at each stage to identify budget implications
- Continue review through the planning process
- Revise your program worksheet regularly

Tool – Gap Analysis

- Use this word document to identify your AIM
- Use the notes section to meet your program needs – label it evaluation
- Use the tool through the implementation period to document your plan and outcomes.
- May include information about what is already happening in the home as well as things happening at a higher level such as within your LHIN or corporation

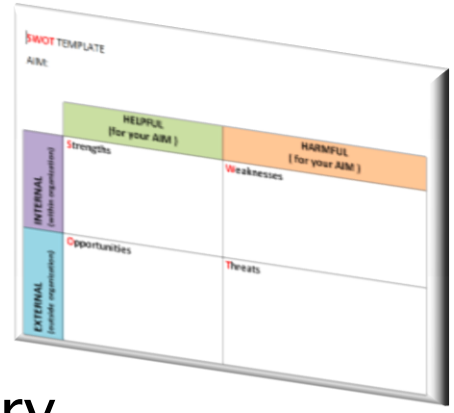


Tool – Logic Model



- Outline your program's main goals
- Objectives can be divided into process and outcome measures
- The activities of your program are the day-to-day functions that keep your program running and help you meet your established objectives.
- Resources needed: are all the materials, staff and funds necessary for the program to operate

Tool – SWOT analysis



Steps

- Establish that your plan has the necessary components to successfully conduct a Strengths, Weakness, Opportunities and Threats (SWOT) analysis (handout)
- Assemble an inter-professional team that will conduct the SWOT
- Set up meeting times
- Distribute/ complete the tool individually
- In the group meeting, combine individual answers. Collaborate on each category. Complete the analysis
- Discuss how to use the information gathered from the SWOT to inform your next steps

Evaluate your success

- **Team Time: 20 minutes exercise**

- **Use any of the tools provided to start your evaluation**

- *Section 30:*
- *3). The program must be **evaluated and updated at least annually** in accordance with evidence- based practices and, if there are none, in accordance with prevailing practices*

Sharing your results

- **Team Time: 10 minute exercise**
- ***Who do you need to include in your evaluation?***
- ***What data are you using for evaluation?***
- Add to your evaluation any additional points

Evaluation Key Points

- Evaluation is a systematic, step-by-step process
- Evaluation can examine all aspects of a program — activities, target groups, and outcomes
- Evaluation produces data to support decision-making about ways to improve programs and how to best use resources

References

1. RNAO LTC Best Practices Toolkit http://ltctoolkit.rnao.ca

2. Implementation Toolkit; Implementation of Clinical Practice Guidelines: http://ltctoolkit.rnao.ca/sites/ltc/files/resources/pressure_ulcer/ImplementationQITools/RNAOToolkit.pdf

3. Planning and Implementation Tools: http://ltctoolkit.rnao.ca/resources/client-centred-care#Planning-Implementation-Tools; http://ltctoolkit.rnao.ca/resources/continence#Planning-Implementation-Tools; http://ltctoolkit.rnao.ca/resources/falls#Planning-Implementation-Tools; http://ltctoolkit.rnao.ca/resources/pain#Planning-Implementation-Tools; http://ltctoolkit.rnao.ca/resources/pressure-ulcer#Planning-Implementation-Tools

References

4. Quality Improvement Tools: http://ltctoolkit.rnao.ca/resources/client-centred-care#Quality-Improvement-Tools; http://ltctoolkit.rnao.ca/resources/continence#Quality-Improvement-Tools; http://ltctoolkit.rnao.ca/resources/falls#Quality-Improvement-Tools; http://ltctoolkit.rnao.ca/resources/pain#Quality-Improvement-Tools; http://ltctoolkit.rnao.ca/resources/pressure-ulcer#Quality-Improvement-Tools http://www.residentsfirst.ca/qi_resources

5. Program Evaluation: http://ltctoolkit.rnao.ca/resources/client-centred-care#Evaluation; http://ltctoolkit.rnao.ca/resources/continence#Evaluation; http://ltctoolkit.rnao.ca/resources/falls#Evaluation; http://ltctoolkit.rnao.ca/resources/pain#Evaluation; http://ltctoolkit.rnao.ca/resources/pressure-ulcer#Evaluation

6. MOHLTC : www.e-laws.gov.on.ca

7. Required Program MOHLTC: *Section 48: required Programs:* http://www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10079_e.htm#BK56