

## Chapter 36

# Prince Albert Parkland Regional Health Authority— Providing Timely and Appropriate Home-Care Services

### 1.0 MAIN POINTS

*The Regional Health Services Act* makes each Regional Health Authority (RHA) responsible for delivering home-care services to people with healthcare needs. Home-care services can prevent or delay admission to hospitals or long-term care facilities, support people discharged from hospitals, and support people with disabilities or chronic conditions to enable them to live independently. Lack of effective processes to provide timely and appropriate home-care services could result in increased healthcare costs and increased risk of poor health outcomes for residents in the region.

This chapter reports that Prince Albert Parkland Regional Health Authority (PA Parkland) had effective processes to provide timely and appropriate home-care services other than it needs to:

- › Provide more direction by having complete policies and a process to identify and monitor home-care services needs and trends
- › Improve its processes to formally assess and plan individuals' home-care needs
- › Ensure clients are receiving the needed services and staff are appropriately trained, assigned, and monitored
- › Track and analyze information about the delivery of home-care services

We encourage other regional health authorities to use the information in this chapter to assess their own processes for providing timely and appropriate home-care services to people with healthcare needs.

### 2.0 INTRODUCTION

In Saskatchewan, under *The Regional Health Services Act*, RHAs are responsible for the planning, organization, delivery, and evaluation of health services (including home-care services for people with health needs) within their respective health regions. Home-care services include health care and support services to help people maintain independence and well-being in the community. Home-care services can prevent or delay admission to acute or long-term care, support people leaving acute care, and support people with disabilities or chronic conditions to enable them to live independently. Home Care provides individuals with healthcare services in their own homes or community setting (in this chapter we will refer to this as “home”) based on their assessed needs.

The Ministry of Health has established the *Saskatchewan Ministry of Health Home Care Policy Manual*. It includes policies and guidelines that RHAs must follow for providing home-care services.



This chapter sets out the results of our audit of PA Parkland's processes to provide timely and appropriate home-care services.

## 2.1 Background—Provision of Home-Care Services

Delivery of home-care services to meet individuals' needs in a home involves different professionals. Ideally, integrated home-care services encompass health promotion and teaching, end-of-life care, rehabilitation support and maintenance, social adaptation, and support for family caregivers.<sup>1</sup>

Home-care services are an integral component of a healthcare system because the services enable individuals with health needs to live independently in their own homes. These services help relieve pressures placed on other parts of the healthcare system such as the need for acute and long-term care.<sup>2</sup> Generally, in Canada, 73% of home-care clients have been discharged from an acute care setting.<sup>3</sup>

The 2013 National Study by the Patient Safety Institute<sup>4</sup> found that annually, home-care services had a 10.1% incidence of adverse incidents and that 56% of these incidents could have been avoided. The Patient Safety Institute identified four systemic conditions that contributed to adverse incidents:

- › Inconsistencies in the way care is planned and delivered
- › Lack of integration of home-care teams, lack of care coordination across healthcare sectors, and failures in communication
- › Poor standardization of processes, equipment, and packaging of medication
- › Decisions made by clients and caregivers that may sometimes put their health at risk

In addition to the formal teams of service providers, support of family members and other unpaid caregivers is also needed to support people with health needs to live independently. In 2009, a study by the Canadian Healthcare Association identified that 80% of care-giving is unpaid or informal.<sup>5</sup> In May 2012, the Conference Board of Canada raised concerns about sustainability of the home-care sector due to the heavy reliance on volunteers and unpaid care.<sup>6</sup>

PA Parkland provides various home-care services (see **Figure 1**) through one regional,<sup>7</sup> three rural,<sup>8</sup> and four sub offices<sup>9</sup> located across the region. The region uses approximately 194 staff to deliver services as well as volunteers. Professional services (such as nursing, assessment/case management, or therapies) are provided at no

<sup>1</sup> <http://www.cdnhomecare.ca/content.php?doc=180> (26 April 2014).

<sup>2</sup> [www.cha.ca/wpcontent/uploads/2012/11/Home\\_Care\\_in\\_Canada\\_From\\_the\\_Margins\\_to\\_the\\_Mainstream\\_web.pdf](http://www.cha.ca/wpcontent/uploads/2012/11/Home_Care_in_Canada_From_the_Margins_to_the_Mainstream_web.pdf) (26 April 2014).

<sup>3</sup> [www.patientsafetyinstitute.ca/english/research/commissionedresearch/safetyathome/documents/safety%20at%20home%20care.pdf](http://www.patientsafetyinstitute.ca/english/research/commissionedresearch/safetyathome/documents/safety%20at%20home%20care.pdf) (12 April 2014).

<sup>4</sup> Ibid.

<sup>5</sup> [www.cha.ca/wpcontent/uploads/2012/11/Home\\_Care\\_in\\_Canada\\_From\\_the\\_Margins\\_to\\_the\\_Mainstream\\_web.pdf](http://www.cha.ca/wpcontent/uploads/2012/11/Home_Care_in_Canada_From_the_Margins_to_the_Mainstream_web.pdf) (26 April 2014).

<sup>6</sup> [www.conferenceboard.ca/e-library/abstract.aspx?did=4841](http://www.conferenceboard.ca/e-library/abstract.aspx?did=4841) (14 April 2014).

<sup>7</sup> The regional home-care office is located in Prince Albert.

<sup>8</sup> The rural home-care offices are located in Hafford, Shellbrook, and Spiritwood.

<sup>9</sup> The sub home-care offices are located in Big River, Blaine Lake, Debden, and Leask.

charge. Fees are charged for services like home support (which includes personal care) and meals on wheels.

**Figure 1 – PA Parkland Available Home-Care Services**

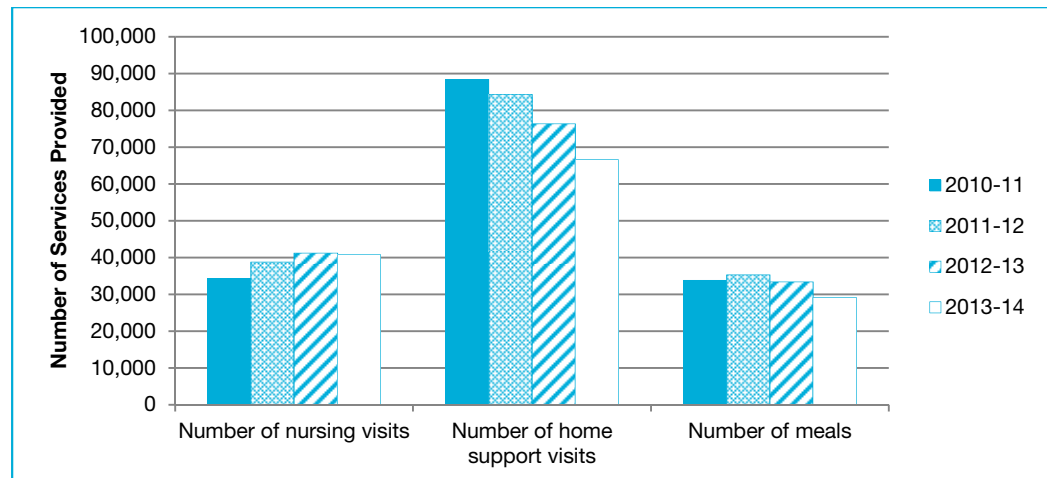
Available Home-Care Services	
Nursing	Home support
Physiotherapy and occupational therapy	End of life care
Assessment	Adult day programs
Community counsellor	Wellness clinics
Case management	Respite

Source: [www.princealbertparklandhealth.com/facilitiesNservices/FacilitiesServicesContent\\_pg.asp?masterTargetPageNumber=&masterkey=2](http://www.princealbertparklandhealth.com/facilitiesNservices/FacilitiesServicesContent_pg.asp?masterTargetPageNumber=&masterkey=2) (28 September 2014).

PA Parkland region has a population of 81,500.<sup>10</sup> Over half of the region's residents live in Prince Albert, and the remaining live in towns, rural municipalities, or First Nations communities. Depending upon location, the population has different access to health services, facilities, and professionals. Distance from services may impact availability and timeliness of home-care services.

In 2013-14, PA Parkland spent \$11.5 million (about 5.1% of PA Parkland's total expenses) on home-care services. In 2013-14, PA Parkland made 40,772 nursing visits, 66,565 home support visits, and 29,120 meals. Its nursing visits increased between 2010 to 2013, dropping slightly in 2014, and its home support visits and meals have decreased over the same time period (see **Figure 2**).

**Figure 2 – PA Parkland RHA Home-Care Services Delivered, 2010-14**



Source: [www.princealbertparklandhealth.com/OnlinePublications/PublicationsOnline\\_pg.asp?masterTargetPageNumber=&masterkey=2](http://www.princealbertparklandhealth.com/OnlinePublications/PublicationsOnline_pg.asp?masterTargetPageNumber=&masterkey=2) (14 April 2014).

A lack of effective processes to provide timely and appropriate home-care service could result in increased healthcare costs and an increased risk of poorer health outcomes for residents of the region.

<sup>10</sup> Prince Albert Parkland Regional Health Authority, 2013-14 Annual Report to the Minister of Health, p.7.



## 3.0 AUDIT OBJECTIVE, SCOPE, CRITERIA, AND CONCLUSION

The objective of this audit was to assess the effectiveness of processes used by PA Parkland to provide timely and appropriate home-care services for the period of August 1, 2013 to July 31, 2014. Our work did not include an assessment of medical decisions.

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate PA Parkland's processes, we used criteria based on our related work, reviews of literature including reports of other auditors, and consultations with management. PA Parkland's management agreed with the criteria (see **Figure 3**).

We examined PA Parkland's policies, procedures, reports, and other relevant documents that relate to the provision of timely and appropriate home-care services. We also visited various home-care offices, interviewed various home-care staff, and tested a sample of individuals' home-care plans.

**Figure 3—Audit Criteria**

To have effective processes to provide timely and appropriate home-care services, PA Parkland should:

- 1. Establish direction for timely and appropriate home-care services in the region**
  - 1.1 Align regional policies for services with provincial guidelines
  - 1.2 Identify service needs and trends in the region
  - 1.3 Develop approach to deliver services to meet needs (e.g., strategy, policy, targets)
  - 1.4 Communicate approach to deliver services in the region (e.g., new and existing clients, staff, and partners)
  - 1.5 Train field staff or engage service providers to provide timely and appropriate services
- 2. Determine an individual's need for home-care services in the region**
  - 2.1 Identify individuals who may require services (e.g., work with patients' discharge services of acute care facilities)
  - 2.2 Assess individual's eligibility within expected timeframe
  - 2.3 Assess an individual's needs
  - 2.4 Develop individual plan based on assessed needs
  - 2.5 Approve individual plan to confirm appropriateness
- 3. Deliver individual home-care plans in a timely and appropriate manner**
  - 3.1 Provide care as set out in individual plans
  - 3.2 Coordinate with other service providers (e.g., community-based organizations, other government services)
  - 3.3 Oversee field staff to ensure delivery of quality services (e.g., staff supervision, case management)
  - 3.4 Regularly reassess individual plans for changing needs
- 4. Assess quality of home-care services**
  - 4.1 Seek feedback from clients
  - 4.2 Track, investigate and resolve complaints in a timely manner
  - 4.3 Collect and analyze data and information to track service delivery performance
  - 4.4 Use analysis to recommend improvements
  - 4.5 Report on service delivery performance

**We concluded that, for the period of August 1, 2013 to July 31, 2014, PA Parkland had effective processes to provide timely and appropriate home-care services except for the following matters.**

**PA Parkland needs to provide more direction by having complete policies and a process to identify and monitor home-care services needs and trends. It should also improve its processes to formally assess and plan individuals' home-care needs. PA Parkland needs to ensure clients are receiving the needed services and**

staff are appropriately trained, assigned, and monitored. In addition, PA Parkland needs to track and analyze information about the delivery of home-care services.

## 4.0 KEY FINDINGS AND RECOMMENDATIONS

In this section, we describe our key findings and recommendations related to the audit criteria in **Figure 3**.

### 4.1 More Direction Needed

#### 4.1.1 Alignment of Regional Policies with Provincial Guidelines Needed

To ensure consistency of home-care services and home-care standards in the province, the Ministry of Health (Ministry) provided all regional health authorities with the revised *Saskatchewan Ministry of Health Home Care Policy Manual* in September 2013.<sup>11</sup>

PA Parkland has set numerous policies and procedures for its home-care services. It developed the majority of its policies and procedures in 2010. PA Parkland could not provide us evidence that it has reviewed its policies since that time to ensure they remain relevant and align with the Ministry's 2013 Manual.

In our review of PA Parkland's policies, we found that the policies generally align with the Ministry's *Home Care Policy Manual*. However, some gaps exist. For example, PA Parkland does not have its own policies for the development of home-care plans for clients and requirements for reassessment/revision of those home-care plans.

Documented policies and processes help ensure duties and services are performed in a consistent manner and staff have an understanding of what is expected of them. Without complete policies, it is difficult to communicate expectations to staff and hold them accountable for the delivery of home-care services.

- 1. We recommend that Prince Albert Parkland Regional Health Authority maintain policies and procedures related to care planning for home-care services that align with the Ministry of Health's Home Care Policy Manual.**

#### 4.1.2 Needs and Trends to be Identified

PA Parkland does not have a formal way to identify home-care service needs and trends in the region (e.g., environmental scan to identify potential demand for services, gaps in the availability of services, and opportunities for new services). For example, PA Parkland does not analyze its home-care client caseloads such as the statistics on the referral source (e.g., acute care, personal).

<sup>11</sup> The manual was initially issued in 2006.



During our audit, we noted that management, during various management meetings, discussed the changing home-care service needs of the region (e.g., increase in mental health referrals). However, management could not provide evidence of amendments made to its home-care services in response to those changing needs.

Without formal analysis of changes in home-care service needs, PA Parkland increases the risk that it may not identify the service needs of its region. Identification of needs provides a foundation for planning for the effective delivery of home-care services when and where they are needed, and enables the appropriate allocation of resources.

**2. We recommend that Prince Albert Parkland Regional Health Authority establish a process to identify home-care service needs and trends in the region.**

PA Parkland follows the priorities, goals, and targets for home-care services set out by the Ministry of Health (e.g., increase the number of higher-need clients in their homes supported by Home Care as long as possible). PA Parkland monitors the progress towards meeting these goals and targets once a month. Each month, a progress report is provided to senior management and the Ministry of Health. If PA Parkland does not meet these targets, the Ministry of Health requires it to develop a corrective action plan.

### 4.1.3 Standard and Formal Training Required

While PA Parkland makes formal training available, it does not provide this training consistently throughout the region.

PA Parkland provides orientation for all new staff. However, each of its home-care location offices has its own orientation. Also, each location has its own orientation checklists for the different positions (e.g., care aides, nurses, schedulers). These checklists differ in detail. For example, in some locations, the nurse orientation checklist includes more details about the client files (e.g., charting, client consent, home-care plans), while checklists from other locations contain very little.

PA Parkland has a clinical educator who is responsible for identifying home-care training needs, and developing and delivering that training. The clinical educator provides, on a regular basis, training (e.g., medication assistance program, hand hygiene, application of compression stockings and garments) to staff, which occurs primarily in the Prince Albert office. In some cases, the clinical educator will also provide training in the rural offices when needed.

PA Parkland has identified some training as mandatory. For mandatory training, such as client transfers, lift, and reposition training, PA Parkland posts training sheets on a bulletin board and lets the staff decide when they wish to sign up for the mandatory training. PA Parkland monitors to ensure all staff have taken the required training within a reasonable time frame.

PA Parkland needs to provide consistent training in home-care offices across the region. A formal training plan would help ensure that all staff have the necessary training and know best practices for providing timely and appropriate home-care services. Lack of

consistent training increases the risk that home-care clients in all locations may not receive the same level or quality of services.

3. **We recommend that Prince Albert Parkland Regional Health Authority develop a training plan to provide consistent training to its staff delivering home-care services across the region.**

## 4.2 Better Determination of Individuals' Need for Home-Care Services Needed

### 4.2.1 Process for Identifying Individuals Requiring Services Exists

PA Parkland uses the following process to identify individuals requiring services. Any individual can request home-care services. Family members or physicians can refer individuals for home-care services. Acute care and emergency care can also refer clients in need to Home Care. This can be done by patient care coordinators or nurse-to-nurse referrals.

### 4.2.2 Consistent Completion of Required Assessments Needed

As previously noted, individuals, or someone on their behalf (e.g., family member, healthcare provider), can contact one of the Region's home-care offices and request home-care services. One of the Region's intake nurses assesses and screens all new requests for services (by phone, office visit, or home visit). This step determines initial eligibility, services required, or referral to other more appropriate services. Once the initial screening is done, PA Parkland contacts new clients within 24 hours for further needs assessments.

PA Parkland has various assessment policies and uses assessment tools to assess home-care service needs and staff safety. It requires the completion of the following assessments for each client:

- › **Medication risk assessment:** This screening tool determines whether the client is at high risk for medication errors. For example, it determines if the client's medication regimen is simple or complex, if the client is taking the medication as prescribed or if the client has difficulty taking the medication (e.g., impaired cognition, vision, hearing, swallowing), and identifies if the client is on any high-risk medications.
- › **TLR (transferring, lifting, repositioning) mobility assessment:** This determines the appropriate means of moving – transferring, lifting, and repositioning – the client.
- › **In-home safety assessment:** This assesses the safety of the home for home-care staff who deliver the service. It includes such things as client indicators (e.g.,



- physical aggression, verbal abuse, poor general hygiene), environmental indicators (e.g., dangerous stairs/walkways/driveways, hazardous internal home environment such as clutter, litter, infestations), community indicators (e.g., unsafe neighbourhood, isolated residence), and if the client has pets or smokes.
- › **Safe visit plan:** This plan is completed when a risk is identified during the in-home safety assessment. For example, if a pet is an identified risk, the safe visit plan outlines the action plan (e.g., phone the client before the visit to require restraint of the pet).
  - › **Fire safety plan:** The plan sets out what to do in the case of a fire in the client's home. It must list two escape routes, emergency numbers, smoke detector locations, and if the detectors are operational.

PA Parkland has established standard forms that staff must complete when assessing new clients. For example, it requires nursing staff to complete an admission/re-evaluation checklist, indicating the date the various assessments were completed. During our audit, we found that 18% of the client files that we tested did not include the checklist in the client file, and another 24% of the checklists were incomplete.

We also found that the required needs assessments were not always completed. For example, 12% of the client files did not have an in-home safety assessment and 9% of the client files did not have the medication risk assessment.

By not completing all the required needs assessments, clients may not receive all the required services and clients and staff may be at risk of injury.

**4. We recommend that Prince Albert Parkland Regional Health Authority follow its established policies and procedures and complete the needs assessments as required for home-care services.**

### 4.2.3 Individual Home-Care Plans Need Improvements

A client's home-care plan should set out what services PA Parkland's staff must provide (e.g., baths, medication administration, application/removal of compression hosiery), the frequency of that service (e.g., daily, weekly), and the estimated time to complete the service. The plan should also be reviewed and approved by a supervisor to ensure it is appropriate.

PA Parkland uses a database system to collect information on each client to help develop individual home-care plans. Staff enter general information about the client (e.g., referral information, diagnosis, allergies, physician contact information, family contact information, food and nutrition restrictions) and the dates the required assessments were completed. Once the information is entered, the assessors produce individual home-care plans for each client which include what care is to be provided.

However, as noted in **Section 4.2.2**, we found that the assessments were not always completed as required. Not completing all assessments increases the risk that the care plan may not be appropriate.



For the home-care plans we examined, we found that while the home-care plans included what care was to be provided, an estimate of the time required for each task was not always included in the care plan. Also, the supervisor did not always review or approve the home-care plans to ensure they were appropriate. Lack of review and approval of home-care plans increases the risk of errors in the home-care plans that could result in harm to clients.

- 5. We recommend that Prince Albert Parkland Regional Health Authority require supervisors to review and approve home-care plans.**

## **4.3 Delivery of Home-Care Plans Need Improvement**

### **4.3.1 Confirmation of Alignment of Home-Care Plans with Weekly Schedules Needed**

PA Parkland provides home-care services seven days a week. It uses weekly schedules to help ensure clients receive the care they need (i.e., care as set out in the approved home-care plans).

We found that home-care locations develop weekly schedules for staff but those schedules are not reviewed by a supervisor. In 21% of the files that we tested, the care provided, as set out in the weekly schedule, was not always consistent with the care needed as set out in the home-care plan. For example, a home-care plan noted that a care worker must spend 0.25 hours each day to assist a client with anti-embolism stocking. However, the work schedule showed this care was provided only three times per week.

Schedules should be developed to ensure clients receive the services based on their assessed needs. Management should review these schedules to confirm they are consistent with the home-care plans.

- 6. We recommend that Prince Albert Parkland Regional Health Authority prepare and approve work schedules consistent with home-care plans.**

### **4.3.2 Some Coordination with Other Services Providers but More Needed**

PA Parkland works with other service providers, such as the other RHAs, Ministry of Social Services, Community Living, and the Group Home Society to determine client care. Home Care also coordinates services with other programs in the region (e.g., long-term care). For example, if a client is unable to have a bath safely at home, Home Care will work with long-term care for access to the use of the bathing equipment in a long-term care facility.



However, management indicated that acute transition (i.e., acute client transferring from PA Parkland or other regional health authorities to Home Care) is problematic as acute care departments do not consistently inform Home Care about the discharge of patients from acute care. Without this information, Home Care cannot effectively plan for service delivery.

Also, when nurse-to-nurse referrals from acute care and emergency occur, acute/emergency care nurses submit paper files to the relevant home-care office; however, staff indicated these files are often incomplete.

During our audit, we found that for 25% of the files tested, communication was inadequate. For example, a client requiring home-care services was discharged from acute care but Home Care was not notified.

Effective communication and sharing of information between acute care and Home Care is essential for delivery of timely and appropriate home care.

**7. We recommend that Prince Albert Parkland Regional Health Authority implement a process to coordinate and communicate home-care needs of clients with other service providers in the region.**

**8. We recommend that Prince Albert Parkland Regional Health Authority work with the Ministry of Health and other regional health authorities for coordination and communication of home-care needs of its clients.**

### 4.3.3 More Monitoring Required

Unlike healthcare providers who work in acute care or long-term care facilities, home-care staff provide services to clients primarily in clients' homes and as such, are not directly under the ready supervision of management.

Home-care management indicated that if a care issue was noted or a complaint received, supervisors may attend a home visit to directly supervise home-care staff. Any safety issues that staff may have are also brought forward at the region's weekly meetings and staff are reminded of the appropriate procedures. PA Parkland also monitors staff by conducting annual performance reviews.

PA Parkland does not perform any other systematic review (e.g., completeness of documentation of home-care plans, in-home safety assessment). Management stated that PA Parkland may implement peer auditing of client files.

**9. We recommend Prince Albert Parkland Regional Health Authority regularly review home-care client files as part of monitoring staff performance.**

### 4.3.4 Reassessments Done as Required

PA Parkland's policies on needs assessments set out when reassessments of home-care clients are required. For example, it requires annual in-home safety assessments or when a change in the client's needs occurs, and requires medication risk assessments every six months or at the annual review.

During the audit, for the files we examined, we found that all the reassessments were completed as required.

## 4.4 Quality of Home-Care Services Assessed, but More Work Needed

### 4.4.1 More Feedback Needed

PA Parkland does not receive regular, written feedback from current clients and receives limited information from past clients about its delivery of home-care services.

While PA Parkland conducts client exit surveys (utilizing a regional survey tool) of past clients and summarizes the results each quarter, this survey focuses on staff actions (e.g., staff courteous and respectful, staff listened carefully and explained treatment fully, clearly, and in a useful way) rather than on the delivery of services (i.e., timely or appropriate).

Not actively seeking feedback from clients increases the risk that PA Parkland may not have accurate information to assess the quality of its home-care services and whether those services meet the needs of its clients.

**10. We recommend that Prince Albert Parkland Regional Health Authority seek regular, written feedback from current and past home-care clients, including information about the timeliness and appropriateness of home-care services.**

### 4.4.2 Complaint Process Exists But Analysis Needed

PA Parkland provides clients with clear information on how to make complaints. Each client receives a copy of the *Home Care Handbook* upon signing a home-care agreement. This handbook details what clients can do if they have a complaint about the quality of care they receive.

PA Parkland encourages clients to first bring complaints to the attention of the person who provided the service to enable timely corrective action. If the complaint is not resolved, clients are to bring the complaint to the attention of the home-care manager in the related area. PA Parkland's Quality Management Department can also receive complaints related to home-care services or staff (this department has only received an average of 10 complaints annually for the last three years). The Quality Management Department involves home-care staff when it investigates these complaints.



PA Parkland did not track or analyze complaints received directly by home-care staff. We noted that home-care managers documented complaints (e.g., staff forgetting to clean hands before administering medication) and brought them forward to home-care staff meetings. Staff were then reminded of the appropriate procedure.

To be able to address similar complaints and improve the quality of care, all complaints should be tracked and analyzed to identify potential systematic problems and corrective actions. To foster timely and appropriate responses, offices involved in the delivery of service relevant to the complaint should participate in the analysis and development of corrective actions.

**11. We recommend that Prince Albert Parkland Regional Health Authority implement a process to track and analyze complaints related to home-care services.**

#### 4.4.3 More Collection and Analysis of Data Needed

While PA Parkland collects some information to track service delivery performance, it does not collect or analyze information on the quality of home-care services (see **Section 4.4.1** for information collected in client exit surveys). It tracks, on a monthly basis:

- › Nursing hours and the number of visits to understand workloads and caseloads
- › The percentage of medication risk assessments completed on admission to home care, and the percentage of medication reconciliations completed on high-risk clients to improve medication safety for clients

While tracking this information is beneficial, analysis of it is necessary to identify trends, and address the varied rate of compliance with practices.

We found the compliance with medication risk assessment practices fluctuates from month to month. For example, for the medication risk assessments completed on admission to Home Care, the results varied from a low of 50% compliance to a high of 100% compliance. For the medication reconciliations completed on high-risk clients, the results varied from a low of 30% compliance rate to a high of 90%.

Identifying and collecting key information on home-care services along with written analysis would help PA Parkland follow up on trends and recommend improvements to its home-care program. It would also help PA Parkland determine whether its home-care program is achieving its objectives.

**12. We recommend that Prince Albert Parkland Regional Health Authority identify and collect key information to analyze the quality of its home-care services.**

#### 4.4.4 Reporting on Performance Needs Improvement

On a yearly basis, PA Parkland's Board receives a Quality Report on Home-Care Services. This report provides information such as:

- › Results from the client satisfaction survey (based on client exit surveys)
- › Average number of nursing visits per month over the last three years
- › Staff safety training statistics (e.g., the percentage of staff trained on TLR)
- › Number of incidents during the year and the actions taken

The annual report does not describe the trends, risks, or areas for action, or provide any explanation of the results. Investigation and analysis of the results would make the reports more useful and would help identify emerging risks and the required actions to address those risks.

In **Section 4.4.3**, we recommend that PA Parkland identify and collect key information to analyze the quality of its home-care services. Once this information is available, it should be reported to the Board.

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