

Chapter 42

Prince Albert Parkland Regional Health Authority— Home-Care Services

1.0 MAIN POINTS

Prince Albert Parkland Regional Health Authority (PA Parkland) is responsible for delivering home-care services to people with healthcare needs. Home-care services include health care and support services to help people maintain independence and well-being in the community. 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.

By September 2016, PA Parkland had made significant improvements to its delivery of home-care services. It had implemented nine of the twelve recommendations we first made in 2014 related to the provision of timely and appropriate home-care services.

PA Parkland needs to do further work in the following areas:

- › Consistently complete the required needs assessments
- › Review and approve home-care plans
- › Prepare and approve work schedules consistent with home-care plans

2.0 INTRODUCTION

In our *2014 Report – Volume 2*, Chapter 36, we assessed PA Parkland's processes to provide timely and appropriate home-care services. 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 in a few identified areas. We made 12 recommendations.

To conduct this review engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate PA Parkland's progress towards meeting our recommendations, we used the relevant criteria from the original audit. PA Parkland's management agreed with the criteria in the original audit.

To perform our follow-up, we discussed actions taken with management and key staff. We reviewed relevant documentation (e.g., policies and procedures, reports, survey and audit results) and sampled home-care client files.¹

¹ Our Office took steps to respect the confidentiality of home-care clients.



3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at September 30, 2016, and PA Parkland's actions up to that date. We found that the PA Parkland had implemented nine of the twelve recommendations.

3.1 Policies and Procedures Maintained; Aligned with Provincial Guidelines

We recommended 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. (2014 Report – Volume 2, p. 261; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

In 2015-16, PA Parkland reviewed and updated its policies and procedures related to care planning for home-care services. It also updated the policies and procedures to align with the Ministry of Health's *2015 Home Care Policy Manual*. For example, PA Parkland established policies and procedures relating to the development of home-care plans and set requirements for reviews and reassessments of its home-care clients to ensure changing needs are being met.

3.2 Needs and Trends Identified

We recommended that Prince Albert Parkland Regional Health Authority establish a process to identify home-care service needs and trends in the region. (2014 Report – Volume 2, p. 262; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

In 2015, PA Parkland developed a report about the needs and trends related to home-care services. The report provided information on demographics within the region, health indicators (e.g., morbid obesity, diabetes), and challenges (financial, technological and social) faced by home-care services.

Management indicated that it expects to update and review this report bi-annually.

3.3 Training Plan Developed

We recommended 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. (2014 Report – Volume 2, p. 263; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

In April 2016, PA Parkland developed an annual training plan (a calendar of training from April 2016 to March 2017) to help manage training needs for staff delivering home-care services. PA Parkland tracks the training that has been taken to date and what additional training is required for each employee. It uses this information to update its training plan on a monthly basis.

3.4 All Needs Assessments Not Completed as Required

We recommended that Prince Albert Parkland Regional Health Authority follow its established policies and procedures and complete the needs assessments as required for home-care services. (2014 Report – Volume 2, p. 264; Public Accounts Committee agreement September 17, 2015)

Status – Partially Implemented

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

- › In-home safety assessment: This assesses the safety of the home for home-care staff delivering the service. A safe-visit plan is completed when a risk is identified during the in-home safety assessment.
- › 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.
- › Falls risk screen: This assesses the client's risk of falling. If the client has fallen in the home, a falls follow-up plan is to be used within 24 hours.
- › TLR (transferring, lifting, repositioning) mobility assessment: This determines the appropriate means of moving—transferring, lifting, and repositioning—the client.
- › Medication risk assessment: This screening tool determines whether the client is at high risk for medication errors.

We found that PA Parkland completed the in-home safety assessment and the fire safety plan 100% of the time for the client files sampled. However, we found that it did



not always complete other required assessments. For example, for the client files sampled:

- ▶ 43% did not have a falls risk assessment completed
- ▶ 29% did not have the TLR mobility assessment completed
- ▶ 14% did not have the medication risk assessment completed

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

3.5 Review and Approval of Home-Care Plans Needed

We recommended that Prince Albert Parkland Regional Health Authority require the review and approval by a supervisor of home-care plans. (2014 Report – Volume 2, p. 265; Public Accounts Committee agreement September 17, 2015)

Status – Partially Implemented

We recommended that Prince Albert Parkland Regional Health Authority prepare and approve work schedules consistent with home-care plans. (2014 Report – Volume 2, p. 265; Public Accounts Committee agreement September 17, 2015)

Status – Partially Implemented

In June 2016, PA Parkland developed a new template for home-care plans. The template includes setting out expected tasks and, for each task, when (e.g., between 7:00 am and 9:30 am) to do the task, and the approximate length of time (e.g., 0.5 hours) it should take. It requires staff to forward the completed home-care plan to its scheduling department.

Management stated a senior scheduler is now in place to oversee scheduling. The senior scheduler makes sure what is in the home-care plan is properly outlined in the work schedule. In July 2016, PA Parkland also developed procedures that require managers to review all services set up in client's homes. It also requires home-care teams to review client care plans at monthly team conferences.

For the client files sampled, we found that 86% of the home-care plans did not set out the estimated time required for each task (e.g., time required for assisting the client with compression stockings). We also found that, in all instances, supervisors did not review and approve home-care plans.

Lack of review and approval of home-care plans increases the risk of errors in the home-care plans and the schedules that could result in harm to clients.

3.6 Co-ordination with Other Service Providers Improved

We recommended that Prince Albert Parkland Regional Health Authority implement a process to co-ordinate and communicate home-care needs of clients with other service providers in the region. (2014 Report – Volume 2, p. 266; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

We recommended that Prince Albert Parkland Regional Health Authority work with the Ministry of Health and other regional health authorities for co-ordination and communication of home-care needs of its clients. (2014 Report – Volume 2, p. 266; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

In 2015, PA Parkland standardized its communication process to initiate home-care services prior to discharge from acute care. Staff are to use emails to communicate between acute care and home care (e.g., send an email when admitting an existing client). PA Parkland also developed procedures for staff to assist with discharging clients from acute care. Staff go to the hospital to assess the client's anticipated needs and develop a home-care plan based on the anticipated discharge date.

PA Parkland, through a quality improvement program, is measuring if appropriate home-care services are scheduled in a safe and timely manner for patients in acute care waiting for discharge. For example, one measure is the time from when hospital staff call for assessment until the home-care assessor visits. PA Parkland has set targets and monitors if the targets are met in its progress reports. If targets are not met, the progress reports notes the issues or barriers, along with action items.

In early 2016, the Health Quality Council provided the RHAs with a reference guide for RHA staff. The reference guide outlines principles and processes relating to transferring patients within (intra-regional) or between regions (inter-regional). It sets out sample standardized processes and documents to support the transfer process. Management indicated that the Provincial Stakeholders Advisory Group² is planning to review both intra- and inter-regional transitions.

The Ministry of Health also established the Supportive Services Committee. The Committee is comprised of Ministry staff, and directors of home care and long-term care. It meets twice a year. This Committee provides information, shares ideas, and contributes to ongoing improvement to home care services. It also presents an opportunity for its members to network, discuss challenges, and learn from each other.

² The Provincial Stakeholders Advisory Group consists of members from Health Quality Council and Regional Directors and Vice Presidents of health regions across the province.



3.7 Home-care Files Regularly Reviewed

We recommended that Prince Albert Parkland Regional Health Authority regularly review home-care client files as part of monitoring staff performance. (2014 Report – Volume 2, p. 266; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

In 2016, PA Parkland developed procedures for auditing client records for quality improvement (i.e., chart audits). PA Parkland uses these chart audits to determine what is done and what can be done better. For example, the chart audits measure the number of required needs and safety assessments completed on admission to home care and the number of times contact was made with the client within 24 hours of referral. We found that PA Parkland is completing chart audits on a monthly basis.

Management indicated meetings between staff and supervisors take place when deviations and performance issues are noticed during a chart audit.

3.8 Regular, Written Feedback Obtained

We recommended 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. (2014 Report – Volume 2, p. 267; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Since our 2014 audit, PA Parkland has developed and completed regional surveys for the following clients:

- › Discharged clients (i.e., client experience survey)
- › Treatment room clients (i.e., clients receiving care at the regional office)
- › Clients receiving meals on wheels

PA Parkland conducts the client experience survey monthly and reports the results quarterly, treatment room client surveys are done as new clients come in, and the clients receiving meals on wheels survey is done once every two years.

We found that all the surveys include questions that relate to timeliness and appropriateness of home-care services.

3.9 Complaints Tracked and Analyzed

We recommended that Prince Albert Parkland Regional Health Authority implement a process to track and analyze complaints related to home-care services. (2014 Report – Volume 2, p. 268; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

In June 2016, PA Parkland developed concern-handling forms. Staff document the complaint/concern, the client involved, who initiated the complaint, how the complaint was received (e.g., written, telephone, in person), and how the complaint was resolved. Staff also determine the type of concern (e.g., staff performance, miscommunication, service delivery). PA Parkland tracks this information, for each of the concerns, in an excel spreadsheet.

PA Parkland uses this spreadsheet to review the numbers and types of concerns to look for trends and to make improvements where necessary. Starting in September 2016, PA Parkland analyzed the concerns by type of concern, the root cause, and the corrective action required. This analysis was discussed at the monthly management meeting. Management indicated they plan to have this type of analysis and discussions at each month's management meeting.

3.10 Key Information Identified and Collected

We recommended that Prince Albert Parkland Regional Health Authority identify and collect key information to analyze the quality of its home-care services. (2014 Report – Volume 2, p. 268; Public Accounts Committee agreement September 17, 2015)

Status – Implemented

Since our audit in 2014, PA Parkland has done good work to identify and collect key information to analyze the quality of its home-care services. For example, PA Parkland has:

- › Developed a report about the needs and trends related to home-care services (see **Section 3.2**)
- › Implemented monthly chart audits for quality improvement (see **Section 3.7**)
- › Expanded its client satisfaction surveys to have feedback from both current and past home-care clients (see **Section 3.8**)

PA Parkland has set targets and continues to track, 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

PA Parkland monitors progress towards achieving service delivery targets as part of visual wall walks.³

The Medication Assistance Program has also undergone revision due to medication errors highlighted by tracking and analyzing events, and relevant standard work practices have been revised.

³ A visual wall walk is a short, stand-up meeting which brings an area manager and staff together at the same time each day or week. The manager reviews the team's progress towards achieving regional or unit targets displayed on the area's visibility wall.