

Carol Annett ~ CEO & President, VHA Home HealthCare

The holiday season isn't just upon us—so is end of year! It's a time when many of us are busy wrapping gifts, tying up any loose ends from 2011 and starting to set our 2012 plans into action. Careful review of our three-year strategic plan this fall revealed we're well on our way to meeting our goals defined by the strategic pillars of *More Independence*, *More Outstanding Care* and *More Talent and Innovation*.



One of our targets under *More Independence* was to improve client experience. Our work with Toronto Central CCAC on the *Changing the Conversation* pilot project (see, *It's the Little Things* on page two) certainly moved this along. We look forward to sharing what we've learned, continuing our work with the CCACs in rolling out this project and fine tuning other client experience initiatives underway. *More Outstanding Care* has come a long way over the past year too, both in the integration of services we deliver and in our backroom operations.



In fact, we've just "flipped the switch" on our GoldCare integration project—a technological initiative that brings all our electronic client records and scheduling under one platform. (Rehabilitation had been on a separate system.) This launch supports our strategic pillar of *More Talent and Innovation*, allows us to move on with more point-of-care technology pilots and also helps ready our process flow for next year's accreditation survey—the first we've done that's included our rehabilitation division.

The success of our Hoarding Symposium highlighted in this edition, has also pushed the innovation envelope a little further, giving VHA a chance to share its hoarding expertise and exchange ideas with those working in the community.

Beyond our walls the provincial election has come and gone and in its wake the government faces great economic challenges. A third term minority Liberal government launches with a response to the *Don Drummond Report* on Broader Public Sector Reform expected in January. We take heart that the government's stated strategy is to protect the health budget and shift resources more "upstream" – from acute care and illness to home/community care and chronic conditions. How this will be done, however, without negatively impacting programs that affect health such as childcare, housing and social support services is a looming concern. Given the status quo in health care cannot be sustained, we are at a tipping point. The challenge for all of us in the health care system is to put aside our own agendas, come to the table with open, creative minds and truly engage our clients and their families so together we're able to determine what we can do to make it better for everyone.

Despite the economic realities locally and globally, we look to 2012 with enthusiasm, optimism and determination to be part of the solution. **Happy New Year!**

Newsletter brought to you by

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The Enormous Impact of the “Little” Things

“We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make which, over time, add up to big differences that we often cannot foresee.”

-- Marian Wright Edelman

Leading organizations often credit their success to their unwavering focus on the “big picture.” They ensure that every step they take—whether it relates to process, service delivery or fiscal matters—reflects their vision, mission and beliefs. The irony, though, is that real success or failure usually hinges on the “little” things—elements that on first glance seem insignificant, but that ultimately can have an incredible impact.

Such was the case for a humble client experience improvement pilot project Toronto Central Community Care Access Centre (CCAC) undertook collaboratively with service providers, including VHA Home HealthCare who co-lead the project and CBI who helped with the pilot. The pilot ran from April to August of 2011 and involved 40-50 clients and three palliative care teams. These teams included 90 Personal Support Workers (PSWs), their supervisors and three CCAC Care Co-ordinators. The goals of the project were straightforward: to create a better client experience, improve client satisfaction and reduce client complaints.

What’s most important to you?

Client responses to this question helped form the base for the new direction of conversations with clients. Not surprisingly, people (and their families) receiving home care desire what most of us ultimately crave: they want to feel heard, understood, well cared for and treated with courtesy and respect.

Of course care teams were already doing this, but the practical need to complete tasks would sometimes preoccupy workers as they dealt with the realities of a long “to do” list and a limited amount of time.

From “Tasks First” to “Talk First”

Toronto Central CCAC and their contracted service provider organizations began seeking out ways to improve client experience within their existing

resources. They examined results from other health care initiatives that aimed to improve patient satisfaction without any changes to time or funding, including a study from Sherbrooke with some fairly impressive results. The focus was on asking patients what they needed so they could offer comfort or empathy when called for.

VHA and CBI worked closely with Toronto Central CCAC to apply this change in focus—from “tasks first” to “talk first”—to a home care setting. The shift was subtle but significant. Throughout the course of their scheduled visit, PSWs had to ask their clients three basic questions:

1. *What’s the most important thing I can help you with today (at the start of the shift)?*
2. *I will be leaving in a few minutes. Is there anything else I can help you with before I go (near the end of the shift)?*
3. *Is there anything you would like me to tell the office, the supervisor or the CCAC (just before leaving)?*



Fears and Cheers

Initially there were concerns about the “open-endedness” of the questions. *Would these questions to clients result in time-consuming tasks not relevant to the PSWs’ work? Would PSWs be asked to do things outside the scope of their job like ironing, banking, big grocery trips and large-scale cleaning?* There was some trepidation about changing the conversation but also some excitement as the focus moved from ticking off all the tasks on the care plan “to-do” list to first helping clients and their families with tasks they perceived as important.

It’s the Thought that Counts

Despite concerns the conversation shift might create requests for tasks not appropriate for PSWs, that didn’t happen. When asked about their priority for the visit (question one), most clients wanted the usual mix of services—personal care, assistance with food/drink, and light housekeeping. The only two “out of scope” requests were for toenail cutting/foot care which can be risky for PSWs to perform.

For question two, (*Is there anything I can help you with before I go?*), 47 per cent of clients were entirely satisfied with the services already provided during the visit and said that they wanted nothing at all. Those clients who did ask for extra help requested comfort or assistance that could easily be provided in the time remaining in the visit - 23 per cent asked for food and drink, 19 per cent requested help moving around, 18 per cent asked for a last housekeeping task and 17 per cent just wanted the PSW to take some time to sit and talk. Examples of client requests included:

- *Can you help me move to the front porch?*
- *Can you help me get ready to go out (e.g., help with earrings, stockings, hair, etc.)*
- *Can you keep me company for a bit; sit and talk with me?*
- *I haven’t been outside; will you take me for a walk?*

Only a few responses didn’t fit easily into the usual categories of service, such as asking the PSW to make a list of needed groceries or move the plants into the sun or help the client organize her jewelry.

While the responses were, for the most part, not out of the ordinary, the shift in approach did make a difference



to the clients’ and families’ overall satisfaction with their personal support service. The average client rating of personal support service in the pilot was **9.3 on a scale of 0 to 10** compared to **7.4 on the same scale** for clients not participating in the pilot.

The pilot approach struck a deep and meaningful chord with clients and their families who often commented on the PSWs’ efficiency and compassion. It’s apparent that even when clients don’t need or want anything special, they appreciate being asked; giving them some choice about how they receive care and having the flexibility to set their own priorities.

Continuing the Conversation

The very positive response from clients, their families, and the PSWs/Supervisors/Care Co-ordinators involved in the pilot was the impetus needed to expand the use of this approach. Toronto Central CCAC and their contracted Service Providers plan to expand this initiative across the entire palliative population, integrate it into Neighbourhood Care Sites in the near future, and then slowly broaden its reach across all client populations and services.

VHA has been so impressed with the outcomes of the pilot that we are exposing all of our PSWs and our other service providers to a modified version of this approach to care. “Changing the Conversation” creates a kinder, more responsive and comforting flow to service that puts client priorities and experience at the centre of care where it should be.



Eye on Quality

VHA's Quality Improvement and Risk Management Department is taking advantage of a multitude of networks and excellent resources available to expand our knowledge and bring "best practice" to the front of our quality improvement efforts.

VHA joined the Quality Healthcare Network (QHN) over 10 years ago and in 2011 took advantage of their many learning opportunities including:

- A Data "Sanity" workshop which looked at how to use control charts to monitor performance and improve quality.
- QHN's Summer Camp for Quality Improvement which explored using the patient experience to drive process improvement.
- A workshop on The Patient Experience with improvement specialists from the UK's National Health System (NHS).
- A series of Lean Learning webinars.
- QHN webinars, co-sponsored with Accreditation Canada and the Institute for Safe Medication Practices Canada (ISMP Canada).

Other networks and associations also help strengthen VHA's quality improvement activities including:

- Accreditation Canada
- Canadian Evaluation Society (CES) and American Evaluation Association (AEA)
- Baptist Leadership Group
- Seniors Health Research Transfer Network
- National Quality Institute
- Safer HealthCare Now! (SHN)
- Canadian Patient Safety Institute (CPSI)

VHA recently joined the Facilitated Falls Learning Series (FFLS) sponsored by the Registered Nurses' Association of Ontario (RNAO), SHN and CPSI. The FFLS is a forum to share falls prevention best practices, strategies and results with other health care organizations with a focus on sustaining improvements. We are certain concentrating on sustainability will help not only in our falls prevention initiatives, but across our many improvement projects.

Name Change for Our Ottawa Location



As of Thursday December 15, 2011, VHA Home HealthCare's Ottawa branch, VHA Rehab Solutions, will become *Champlain Rehab Solutions*. This name change was made to avoid market confusion with another organization in the Ottawa region that VHA Home HealthCare has no affiliation with. For online information regarding this branch please visit

www.champlainrehabolutions.ca. Note: there will be no other changes to our contact information and VHA Home HealthCare will continue to be the name used for contracts and billing.

Although our Champlain office's name may change, its commitment to realizing VHA's mission of *creating more possibilities for independence* for clients is unwavering.

If you require any further information regarding this transition, please do not hesitate to contact Christine Proulx, Regional Manager, Rehab Services at: 613-726-9823 ext. 3002.

Helping Londoners Live With Less Clutter and More Independence

On October 3, 2011, VHA played host to the *Hands-On Help with Hoarding Symposium*—a one-day event at London’s Lamplighter Inn which provided insights and practical strategies to addressing clutter and hoarding in the community.

The event included keynote addresses from Dr. Peggy Richter, Director, Clinic for OCD and Related Disorders, Department of Psychiatry, Sunnybrook Health Sciences Centre and Catherine Chater, an Occupational Therapist with VHA and co-author of *The Community Clutter & Hoarding Toolkit*. A compelling panel discussion followed, offering a range of insights from the community—including James Hind from London Fire Services, Judit Zsoldos team leader of the Seniors Intervention and Support Program at Catholic Family Services (CFS) of Hamilton and developer of Hamilton’s Gatekeeper’s program and the fascinating perspective of someone recovering from hoarding. As one participant noted, “I think the presenter did a wonderful job of linking the idea of trauma/ experience to hoarding.”



Dr. Peggy Richter, Keynote



Catherine Chater, Keynote

“I think the presenter did a wonderful job of linking the idea of trauma/ experience to hoarding.”

The afternoon was devoted to hands-on workshops customized to participants’ interest and level of knowledge. “We really wanted to create an event that gave people practical, tangible tips and strategies they can apply on the job right away,” noted Cheryl Perera, VHA Home HealthCare’s Director, New Ventures and Community Programs.

The symposium clearly struck a chord with many of the participants: “It was really fantastic for understanding why someone hoards and helping them is working with them, not doing a one-time cleanup,” noted one of the symposium attendees.

For more information on scheduling a workplace hoarding workshop, please contact Cheryl Perera at: 416-489-2500 ext. 4610.



The Community Clutter & Hoarding Toolkit



Visit our website at www.vha.ca

All of our services are available in your own home, at school, in hospital or in a long-term care facility.

VHA SERVICES

- Adult and Elder Care
- Child and Family Care
- Respite or Caregiver/Family Relief
- Palliative Care
- Mental Health Support
- Foot Care
- Attendant Care
- Extreme Cleaning
- Information and Referral Services
- Supplementary Staffing in Care Facilities
- Supportive Housing
- Consultation and Education

VHA PROFESSIONAL STAFF/SERVICE PROVIDERS

- Dietitians
- Occupational Therapists
- Personal Support Workers/Homemakers
- Physiotherapists
- Registered Nurses/Registered Practical Nurses
- Social Workers
- Speech-Language Pathologists
- Client Service Coordinators/Supervisors

VHA Home HealthCare is a member agency of United Way Toronto and a contracted provider with Toronto Central, Central, Central East, Central West, South West, Mississauga Halton, Champlain, and Erie St. Clair CCACs, the City of Toronto's Homemakers and Nurses Services program and the Regional Municipality of Durham.

We welcome your support!

Membership

VHA welcomes new associate members and encourages people in the community to get involved with VHA. Our membership fee of \$25 can be waived in special circumstances. Please contact Patricia Triantafilou at 416.489.2500 or patricia@vha.ca.

Donation

Charitable donations to VHA Home HealthCare make a meaningful difference in the lives of people in need. Donations are welcome online, by mail, phone or in person. Our sincerest thanks for your generosity.

Comments or Suggestions? Contact the editor of Community Care Connection

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