



**YEAR-END PROGRESS REPORT**

**ON**

**2017 DELIVERABLES**

STRATEGIC PLAN  
2015 - 2020

*February 5, 2018*

Five-Year Strategic Priorities (2015-2020)		Year 3 Deliverables (2017)	Outcome Year End ✓ OR ➤
MORE ATTUNED	<ul style="list-style-type: none"> <li>Engage clients and family caregivers - effectively, meaningfully and appropriately - in all we do to improve the care experience.</li> <li>Specialize in care for children with complex medical needs, people with cognitive impairment and palliative care - growing and sharing our expertise.</li> <li>Keep relentless focus on continuous quality improvement for everything we do in client safety, care delivery and evidenced-based practice.</li> <li>Further develop self-management approaches and integrated service models that create more independence for those living with chronic diseases.</li> </ul>	<b>Improve Client and Caregiver Experience</b>	
		<ul style="list-style-type: none"> <li>Boost 'very good' and 'excellent' 'overall experience' scores in all CCAC contract and service areas by 4% or the difference between baseline score and target, whichever is smaller – without MOE</li> </ul>	➤
		<b>Continue and expand population-based work</b>	
		<ul style="list-style-type: none"> <li>Complete 2017-2020 road map with client/carer input and I.D. of end goals for specialty populations – children with complex medical needs and clients with cognitive impairment</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Plan and implement an enhanced orientation/education program for nurses and SPs caring for children with complex medical needs and PSWs caring for clients with cognitive impairment</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Enhance integration with teams providing palliative care with a focus on team meetings, education, case conferencing and client visits to ensure competitiveness for new contracts</li> </ul>	✓
		<b>Ensure PS Service Sustainability</b>	
		<ul style="list-style-type: none"> <li>Submit Plan to Board by April and implement 2017 tasks by year end</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Find efficiencies across VHA to support PS delivery as part of integrated services</li> </ul>	➤
		<ul style="list-style-type: none"> <li>Generate new revenues via private business opportunities</li> <li>Continue to reduce PSW absenteeism</li> </ul>	✓
MORE CONNECTE	<ul style="list-style-type: none"> <li>Participate in new models of collaborative and integrated care that improve client experiences and outcomes.</li> <li>Make linkages with academic, business and/or health care partners to build new knowledge and innovative services/products that help people remain safely at home.</li> <li>Build our nursing capacity with a focus of expansion in the GTA</li> <li>Expand our charitable services through new revenue streams and partnerships.</li> </ul>	<b>Ensure internal readiness to respond to sub-LHIN area restructuring</b>	
		<ul style="list-style-type: none"> <li>Work with our CCAC, LHIN and agency partners to restructure and integrate services geographically across the province</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Test back office and service delivery changes required in one or more Toronto Central sub- LHIN areas</li> </ul>	➤
		<b>Continue to increase VHA's visibility in research/innovation, charitable work and partnerships</b>	
		<ul style="list-style-type: none"> <li>Transition successfully to UW anchor status or apply for program funding if not awarded</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Seek out new initiatives with hospitals, LHINs, vendors and other strategically important partners (through joint project/funding opportunities)</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Find new charitable partnerships and revenue streams with a focus on supporting caregivers and growing our homelessness prevention initiatives</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Continue to advance VHA's research agenda by establishing two new research partnerships</li> </ul>	✓
MORE INSPIRED SOLUTIONS	<ul style="list-style-type: none"> <li>Engage and inspire staff to drive best practices, service and process improvements to create better care and a better workplace.</li> <li>Boost staff competencies to meet increasingly complex client needs and our populations of focus.</li> <li>Leverage technology to increase productivity, enhance communication and foster service delivery innovation.</li> <li>Improve the collection and use of quality indicator data, including client outcome data, for better decision-making and evidence-based clinical practice.</li> </ul>	<b>Improve productivity and clinical documentation through implementation of CRM and EMRI</b>	
		<ul style="list-style-type: none"> <li>Complete CRM implementation</li> </ul>	➤
		<ul style="list-style-type: none"> <li>Implement EMRI to Paediatric Nurses and SPs</li> </ul>	➤
		<ul style="list-style-type: none"> <li>Launch a client/family portal (Phase 1) to support customer service (part of CRM)</li> </ul>	➤
		<b>Increase Staff engagement</b>	
		<ul style="list-style-type: none"> <li>Improve by 5% the 2016 Work Life Pulse "satisfied in my job" scores in each staff/area grouping</li> </ul>	➤
		<ul style="list-style-type: none"> <li>Research what's important to staff/SPs in 2016 areas scoring low on "satisfied with my job."</li> </ul>	✓
		<ul style="list-style-type: none"> <li>Design and implement engagement plans in priority areas (low scoring areas in 2016 and/or areas impacted by system restructuring and/or PS services changes)</li> <li>Launch a new intranet</li> </ul>	➤

<sup>1</sup> ✓ = Met | ➤ = Progress made but not met; carried forward to 2018

## MORE ATTUNED

Five-Year Strategic Priorities (2015-2020)	Year 3 Deliverables (2017)	Year End Outcome ✓OR ➤
<ul style="list-style-type: none"> <li>• Engage clients and family caregivers - effectively, meaningfully and appropriately - in all we do to improve the care experience.</li> <li>• Specialize in care for children with complex medical needs and people with cognitive impairment - growing and sharing our expertise.</li> <li>• Keep relentless focus on continuous quality improvement for everything we do in client safety, care delivery and evidenced-based practice.</li> <li>• Further develop self-management approaches and integrated service models that create more independence for those living with chronic diseases.</li> </ul>	<b>Improve Client and Caregiver Experience</b>	
	<ul style="list-style-type: none"> <li>▪ Boost ‘very good’ and ‘excellent’ ‘overall experience’ scores in all CCAC contract and service areas by 4%, or the difference between baseline score and target whichever is smaller – without MOE</li> </ul>	➤
	<b>Continue and Expand Population-based Work</b>	
	<ul style="list-style-type: none"> <li>▪ Complete 2017-2020 road map with client/carer input and I.D. of end goals for specialty populations – children with complex medical needs and clients with cognitive impairment</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Plan and implement an enhanced orientation/education program for nurses and SPs caring for children with complex medical needs and PSWs caring for clients with cognitive impairment</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Enhance integration with teams providing palliative care with a focus on team meetings, education, case conferencing and client visits to ensure competitiveness for new contracts</li> </ul>	✓
	<b>Ensure PS Service Sustainability</b>	
	<ul style="list-style-type: none"> <li>▪ Submit Plan to Board by April and implement 2017 tasks by year end</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Find efficiencies across VHA to support PS delivery as part of integrated services</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Generate new revenues via private business opportunities</li> </ul>	✓
<ul style="list-style-type: none"> <li>▪ Continue to reduce PSW absenteeism</li> </ul>	✓	

### HIGHLIGHTS OF RESULTS ACHIEVED

#### ➤ **Improve Client and Caregiver Experience**

All regions continued to focus their efforts on improving the client experience, with the strongest gains noted in our nursing services in Central and Central East, as well as in rehab in Mississauga Halton. Client & Caregiver Experience Evaluation (CCEE) survey results issued by the LHINs for “overall satisfaction” scores, were analyzed by service and region, both without and with margin of error (MOE). Where results were made available and in regions where LHIN targets were set, VHA met the target set for this deliverable in 3 out of 13 (23%) without MOE; and with MOE, met the target in 10 out of 13 (77%). In areas where we are meeting the LHIN target and/or just under the target, we are the same as, or in some cases ahead of, other service providers.

It is important to recognize that the results with MOE are a more accurate reflection of our performance. Surveys are conducted on a “sample” of clients. When a full pool of data cannot be collected (e.g. all clients), a “sample-specific” MOE is calculated to account for variability in the data set (as this “sample” is not a complete, accurate representation of the full sample size) and accompanies all performance scores. LHINs hold service provider organizations accountable for results including MOE, as they cannot ensure accuracy of results without it.

This indicator will be carried forward into 2018 as it is one we can never lose sight of. Action plans to improve the client experience are being updated in Client Services with an emphasis on harmonizing initiatives that have shown success in other regions. As well, acutely aware of the link between staff satisfaction and client satisfaction, we are optimistic that implementing our planned staff experience improvement strategy (‘Valued at VHA’) will help boost client experience.

✓ **Continue and Expand Population-based Work**

Our specialty population-based work has been very successful this year. Road maps to the end of 2020 have been developed for the children with complex medical needs, clients with cognitive impairment and palliative care populations. Education and orientation pathways and programs were also completed for all groups and a responsive behaviours rapid response algorithm was developed for our PS service to assist in quickly resolving unsafe working conditions for PSWs caring for clients exhibiting responsive behaviours.

VHA ran a successful second Playdate program for 15 participants in the spring and developed a sponsorship package to support fundraising for future iterations of the program. An inaugural interprofessional paediatric forum was held in October with 50 participants (PSWs, nurses, rehab therapists, leaders) in attendance. An interprofessional panel presented on a variety of topics relevant across disciplines and services.

As well, a story-boarding/mapping process day was held with strong client partner participation to identify an “ideal” palliative care continuum, resulting in many improvement items to take action on going forward as we continue to build this specialty program. Of note, VHA was selected to be one of 3 integrated palliative care providers in the Central LHIN, effective January 2018, which will allow us to build on foundational work done in this area in Central East.

✓ **Ensure PS Service Sustainability**

The senior management team developed a PS Sustainability plan in early 2017 and presented it to the board in April. The plan included action items required for PS to break even by 2020. An update on the plan was provided to the board in October. 2017 action items from the plan were completed. These items included, but were not limited to, eliminating the payment for services no longer needed (internal NRC Picker client surveys), surveying staff re: appreciation events with a view to increase participation, satisfaction and cost savings; setting the stage for more e-learning; reduction in lease costs and growing private services. 2018 action items were built into the 2018 budget and the senior management team continues to work on all items that are scheduled to take place up to and including 2020.

Private business growth was significant in 2017 with a 14% increase in revenues.

We continued to see significant improvement in our quarterly PS absenteeism results, with almost a 20% improvement in sick leave alone as compared to 2016. Final 2017 results for both sick leave and unplanned absence show an improvement of just under 13%. From 2015 to date we have reclaimed 4.94 days of lost time per worker. These results are primarily attributed to proactive management of absenteeism, connecting staff to resources as appropriate (childcare, EAP, etc.), and creating appropriate modified work arrangements.

## MORE CONNECTED

Five-Year Strategic Priorities (2015-2020)	Year 3 Deliverables (2017)	Year End Outcome ✓ OR ➤
<ul style="list-style-type: none"> <li>• Participate in new models of collaborative and integrated care that improve client experiences and outcomes.</li> <li>• Make linkages with academic, business and/or health care partners to build new knowledge and innovative services/products that help people remain safely at home.</li> <li>• Build our nursing capacity with a focus of expansion in the GTA</li> <li>• Expand our charitable services through new revenue streams and partnerships.</li> </ul>	<b>Ensure Internal Readiness to Respond to Sub-LHIN Area Restructuring</b>	
	<ul style="list-style-type: none"> <li>▪ Work with our CCAC, LHIN and agency partners to restructure and integrate services geographically across the province</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Test back office and service delivery changes required in one or more Toronto Central sub- LHIN areas</li> </ul>	➤
	<b>Continue to Increase VHA's Visibility in Research/Innovation, Charitable Work and Partnerships</b>	
	<ul style="list-style-type: none"> <li>▪ Transition successfully to UW anchor status or apply for program funding if not awarded</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Seek out new initiatives with hospitals, LHINs, vendors and other strategically important partners (through joint project/funding opportunities)</li> </ul>	✓
	<ul style="list-style-type: none"> <li>▪ Find new charitable partnerships and revenue streams with a focus on supporting caregivers and growing our homelessness prevention initiatives</li> </ul>	✓
<ul style="list-style-type: none"> <li>▪ Continue to advance VHA's research agenda by establishing two new research partnerships</li> </ul>	✓	

### HIGHLIGHTS OF RESULTS ACHIEVED

#### ➤ **Ensure Internal Readiness to Respond to Sub-LHIN Area Restructuring**

The 7 LHIN regions in which VHA operates are in the very early stages of their sub-LHIN area work and the majority have done very little to date. Throughout the year we worked on raising our presence within the LHINs, maintaining existing/building new relationships and using the transition of the CCACs into the LHINs mid-year as a springboard for this activity.

In late 2017, we began integrated coordination in one Toronto Central sub-LHIN. The coordinator became a vital asset in transitioning VON nursing clients to VHA in Q4 and VHA received positive feedback from clients and from the LHIN on the transition. The project will continue into 2018 with a focus on creating an integrated team to provide service and will be strengthened by the addition of an integrated client services supervisor. Determining appropriate integrated team caseloads and work processes will require additional information, which will be gathered in early 2018.

#### ✓ **Continue to Increase VHA's Visibility in Research/Innovation, Charitable Work and Partnerships**

2017 was a very productive year on all fronts with VHA's participation in, and leadership of, various initiatives that strengthened our profile and reputation but more importantly had a positive impact for recipients of home and community care.

In Research, we met and exceeded objectives related to partnerships and productivity. VHA co-hosted a symposium on the impact of the Patients First Legislation on home and primary care. Keynote speakers and attendees included many well-known and high profile individuals in the sector including Bob Bell, Josh Tepper and Nancy Naylor. Key partnerships were also created with strategic organizations including Sick Kids, Holland Bloorview, Baycrest,

Women's College Hospital, University Health Network and Sunnybrook Hospital. In 2017 we launched the *VHA Junior Researcher Development Program* to support promising young scientists to contribute to homecare research. The program includes 22 academic trainees and 2 VHA clinicians who were chosen to participate in the UHN/Sunnybrook Innovation Fellowship program, which is an exciting first for VHA. Two of our academic trainees were co-funded graduate students in the areas of clinical and health services excellence & supporting children with medical complexities. This co-funded approach was also a first for VHA. In 2017, VHA was a partner and co-investigator on over \$1 million in grant applications (\$91K awarded to date) with 22 different partner organizations and 88 co-investigators and we had 18 active studies.

In our Charitable Work, we were awarded United Way Anchor status early in 2017 with a new funding agreement confirmed for the fiscal year, starting April 1, 2018. In collaboration with United Way staff and other Anchor agencies we continue to work on how this new role can be leveraged to further the United Way's vision and mission. Fourteen grant submissions were completed with five receiving funding for a total of \$161K. Of note, our hoarding services in Toronto and York Region were successfully expanded to London and Durham.

There is indeed strength in numbers and we are continually working in collaboration with others and developing new partnerships/initiatives in addition to those noted above. In the realm of education, some of our partners included: Holland Bloorview, Sick Kids, George Brown College and Emily's House. To support clinical practice, we also established formal partnerships with two community pharmacists, one family physician and one geriatric psychiatrist.

As well, a major initiative not on our work plan at the outset of the year brought VHA's achievement of its five-year 'More Connected' strategic priorities that much closer. Specifically a partnership with VON to strengthen the nursing care each of us deliver in two regions – Erie St. Clair (VON) and Toronto Central (VHA).

## MORE INSPIRED SOLUTIONS

Five-Year Strategic Priorities (2015-2020)	Year 3 Deliverables (2017)	Year End Outcome ✓ OR ➤
<ul style="list-style-type: none"> <li>• Engage and inspire staff to drive best practices, service and process improvements to create better care and a better workplace.</li> <li>• Boost staff competencies to meet increasingly complex client needs and our populations of focus.</li> <li>• Leverage technology to increase productivity, enhance communication and foster service delivery innovation.</li> <li>• Improve the collection and use of quality indicator data, including client outcome data, for better decision-making and evidence-based clinical practice.</li> </ul>	<b>Improve Productivity and Clinical Documentation Through Implementation of CRM and EMRI</b>	
	▪ Complete CRM implementation	➤
	▪ Implement EMRI to Pediatric Nurses and SPs	➤
	▪ Launch a client/family portal (Phase 1) to support customer service (part of CRM)	➤
	<b>Increase Staff Engagement</b>	
	▪ Improve by 5% the 2016 Work Life Pulse “satisfied in my job” scores in each staff/area grouping	➤
	▪ Research what is most important to staff/SPs in areas scoring low on “satisfied with my job” in 2016 survey	✓
	▪ Design and implement engagement plans in priority areas (low scoring areas in 2016 and/or areas impacted by system restructuring and/or PS services changes)	➤
▪ Launch a new intranet	✓	

### HIGHLIGHTS OF RESULTS ACHIEVED

#### ➤ **Improve Productivity and Clinical Documentation Through Implementation of CRM and EMRI**

VHA achieved significant milestones on the CRM project in 2017. The new CRM was fully deployed in VHA’s Ottawa and London rehab branch offices without any major disruption to our operations – representing the completion of Phase 1. Highly complex, foundational work was completed – including data migration and integrations with other VHA systems (payroll, accounting, EMR). Furthermore, Phase 1 allowed us to gather important lessons learned, end user feedback, and a live operational view of the new CRM software. By year-end, all functional gaps remaining were clarified and an appropriate resolution approach identified to support a roll-out to VHA’s entire rehab practice.

VHA and its CRM software vendor also spent considerable effort in 2017 working towards innovative approaches to homecare scheduling – representing one of the most pressing and complex challenges in our sector. Our efforts were recognized through a series of grants from MaRS’ Innovation Partnership: Procurement by Co-Design program – culminating in a 2<sup>nd</sup> place finish in a competitive program that included participation from high-profile healthcare organizations from across the GTA.

VHA made significant progress with its Electronic Medical Record Initiative (EMRI) in 2017. Five distinct projects were completed to support automated reporting and ordering with the LHINs. All VHA Rehab Service Providers in the Central East, Central West, South West and Champlain LHINs began using EMRI for the first time in 2017 as a result of the successful completion of these projects. This work represented substantial undertakings with our LHIN and software vendor partners – and has ultimately established an important foundation for the introduction of EMRI for all rehab clinical documentation in 2018.

VHA also completed all the requirements analyses and software development necessary to extend EMRI for our Rehab – Adult Occupational Therapy (OT) practice – in full consultation with a strong and engaged working group represented by VHA OTs from across Ontario. This work has well positioned us to fully transition to a paper-less clinical environment in our OT practice in 2018. A Physiotherapy working group with cross regional representation was also established at the end of 2017 and a requirements analysis was initiated.

In addition, we completed all the requirements analyses, software development and testing to transition our paediatric nursing practice to EMRI. Tablet devices were given and associated training was completed with all VHA paediatric nurses – and application training was completed with our visiting and school nurses in preparation for an early 2018 go-live. In addition, paediatric nursing champions have been identified and trained on EMRI to support their peers in the upcoming transition.

Although we did do some work this year to prepare for a client and family portal (e.g. identifying the requirements, clinical information to be made available, preferences of clients/caregivers) we are unable to move forward with this feature for all users of our service until our CRM software is fully implemented. We will however be launching online access to clinical documentation to family members within our paediatric practice as part of our EMRI paediatric go-live early in 2018.

### ➤ **Increase Staff Engagement**

To better understand the pain points for staff engagement identified in the 2016 ‘Worklife Pulse’ survey, we set up ‘Deep Dive’ focus groups with staff and SPs. Key findings indicated a culture where the client experience is prized and protected. Employees and service providers get the most satisfaction from their one-on-one time with clients and their families. But at VHA, people feel the client experience sometimes happens at the expense of the employee/SP experience. Many of the pain points have been around for a long time (issues such as scheduling and travel for PSW staff). We also heard that there is disparity in the quality of the employee /service provider experience across VHA. Key issues included: some staff feeling burned out, expectation to do more without any/little change in compensation, communication between the office and the field, amount of overtime required in the Customer Service Centre (CSC), lack of adequate support with technology. In response, we did a number of things, including but not limited to aggressively recruiting additional staff to meet our growing service demands (801 hires in 2017), implementing charting by exception for nurses and rehab service providers, adding staffing resources to CSC, significantly reducing mandatory overtime, introducing CSC team huddles, increasing the number of staff working from home, delivering additional training to our PSW coaches, creating resource materials for PayZone and enhancing IT coverage after hours.

Communication and keeping staff engaged and connected is especially challenging with a large remote workforce. An easily accessible, user friendly intranet is a key factor in not only improving day-to-day work efficiencies but in creating a greater sense of community. VHA’s new intranet – ‘The Loop’ – was successfully launched in May with positive feedback on the software and site as the “go-to” place to find needed information and resources. By year end we had over 75% of our workforce logging into the ‘The Loop’.

In December 2017, we conducted a mini ‘Worklife Pulse’ survey to check-in on four key questions. Unfortunately, despite our best efforts, our overall results have slipped. Instead of meeting the 5% improvement target for the question, ‘how satisfied are you with your job?’, we experienced a decrease. One ray of light is that 96% of staff would still recommend VHA to friends and family who require care. Through 2018, we will continue to address the staff shortages and high volumes compounding job burnout, as well as work with the leadership team and staff to identify and share winning strategies.