Process Improvement Charter

Improvement Model

What are we trying to Accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act | Plan
Study | Do
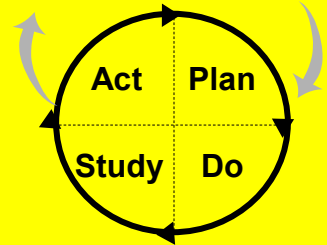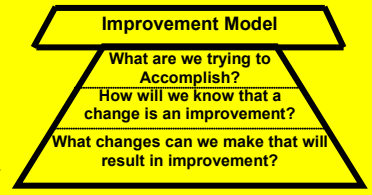
Program Name: Seniors Specialized Care Transformation – Supporting Care Partners using the Modified Caregiver Strain Index

Team Leader: Joanna Harrison, Executive Director, Seniors Specialized Care Transformation

Team Members: Aaron Miller, Susan Labonte, Mona Hazel, Vanda Urban, Shannon Paul-Jost, Heather Schiefke, Becky Marlatt, Patient partners (TBD), Data and Analytics (TBD), Ad hoc: Michelle Smith and Brynn Van Vliets

WHAT ARE WE TRYING TO ACCOMPLISH?

Problem Statement: Care partners are thought to be experiencing the burden and strain of providing care to loved ones, which places themselves, and their loved ones at risk for poor health outcomes.

The following areas of the BC Health Quality Matrix apply:

- Respect – Honoring person's choices, needs and values by providing care partners with a selection of interventions they can chose from to meet their needs
- Accessibility – Easing the process and navigation to seek out wellness services and resources that may be of value to care partners
- Appropriateness – Providing interventions tailored to their specific needs as a care partner
- Equity – The use of technology has a much greater 'reach' to meet care partners than traditional in-person services
- Efficiency – Optimizing the use of technology and putting tools in the hands of care partners themselves may reduce the burden on providers, and provide more time to focus on the interventions of value to the care partners

Aim Statement: The Seniors Specialized Care Transformation team (SSCT) at Interior Health (IH) is going to develop and implement new technology leveraging the Modified Caregiver Strain Index Tool to support and empower the health and wellbeing of care partners by December 31, 2023.

- By 2023-24 Interior Health aims to reduce the "excess caregiver Load" to 25% (baseline 26.8% - Health Sector Information, Analysis & reporting Division (HSIAR))
- By 2023-24 Interior Health aims to reduce the IH Caregiver Strain Index score by x(TBD) from baseline.

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The following aims are:

1) Develop and implement interventions related to the scores on questions answered by the Modified Caregiver Strain Index so that treatment options are tailored and applicable to individual care partners
2) Develop and implement a scoring system for the Modified Caregiver Strain Index tool so that risks and trending of caregiver strain can be monitored/tracked
3) Adjust and implement the modified care giver strain index tool to be user friendly where questions are easily understood
4) To support the health and wellbeing of care partners and empower them to take care of their own wellbeing in the journey of caregiving

Scope and Boundaries:

- This project is limited to scope within Home and Community Care (i.e. Home Health, Assisted Living and Long Term Care homes)
- This project is limited to scope in leveraging the Modified Caregiver Strain Index Tool only
- Scope includes care partners only at this time i.e. excludes staff/providers strain
- Scope includes a paper based and electronic solution to provide information on interventions and to track scoring

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

Outcome Measures:	Current Performance	Goal (prediction)	What is the plan to collect data for this measure:	
Reduce the "excess caregiver Load"	26.8%	25%	Review the annual report from Health Sector Information, analysis & Reporting Division (HSIAR))	
Reduce the overall IH Caregiver Strain Index score	xTBD	xTBD	Built into project to find a way to collect this electronically	
Care partner experience feedback on the tool	N/A	>80% positive feedback	Potnetial to link to client experience survey work with Digital Health	
Process Measures:				
A list of interventions are created for each question	0	100%	All questions will have interventions	
Questions are adjusted to be easy to understand			Evidence of plain language	
A scoring system is created to determine low, medium or high strain	No system	Scoring in place		
The tool is available electronically	Not available	Available		
Care partners can track their own strain levels	Not available	Available		
IH can track strain levels	Not Available	Available		
Balancing Meaures:				
TBD				

CLeAR
Call for Less Antipsychotics in Residential Care

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WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

Change ideas we want to test:

1) Trial the list of interventions in paper format with a select group of clinicians and care partners and get feedback
2) Trial the scoring system with a select group of clinicians and care partners in one community to test reliability and validity
3) Garner feedback and input directly from care partners on the way questions should be constructed when it comes to the modified caregiver strain index tool (include indigenous partners)

Initial planned small tests of change (PDSA cycles):

1) To learn if the interventions are valuable to meet care partners needs
2) To learn if the scoring system is accurate
3) To learn if the care partners understand and can easily navigate the questions being asked

HOW WILL WE MANAGE THE IMPROVEMENT PROJECT?

Roles & Responsibilities of team members:

Name	Role/Responsibilities
Joanna Harrison	Initiative Sponsor
Heather Schiefke	Administration Extraordinaire
TBD	Patient Partner and member
TBD	Patient Partner and member
Brynn Van Vliets	Aboriginal Partnerships Lead and ad hoc member
Michelle Smith	Research/ Grants Lead and ad hoc member
Susan Labonte	Home Health Lead and member
Brandy Antle	Home Health content expert and member
Mona Hazel	Palliative Care lead and member
Vanda Urban	Long Term Care lead and member
Becky Marlatt	Long Term Care content expert and member
Aaron Miller	Home Support lead and member
Shannon Paul-Jost	Gerontology expert and member
TBD	Communications Lead and ad hoc member
TBD	Digital Health Lead - sponsor
TBD	Digital Health Lead - developer
TBD	Digital Health Lead - engineer
TBD	Digital Health Lead - analyst

Adapted from Langley et al, The Improvement Guide (2nd edition), and from the Improvement Associates Ltd.

Last revised Sept 16, 2013.

Key dates:

October 2022-Jan 2023

Date start	Date end	Milestone	Lead
Oct 2022	Jan 2023	Complete Discovery and Exploration phase	Jo
Jan 2023	Feb 2023	Complete project scope	Jo
Jan 2023	Feb 2023	Complete project charter and application for PVN	Jo
Feb 2023	Mar 2023	Seek potential funding/grant sources	Michelle
Feb 2023	Mar 2023	Develop DRAFT interventions	Aaron, Brandy, Shannon
Feb 2023	Mar 2023	Develop DRAFT scoring system	Susan
Feb 2023	Dec 2023	Implement Working group with Digital Health or external partners as applicable: Explore options Build tool electronically - ?Redcap Build analytics – care partners Build analytics – IH tracking	
Mar 2023	Jun 2023	Adjust the caregiver questions into plain language	Patient partners
Mar 2023	Jun 2023	Test the questions and interventions with select audience (Inc. indigenous partners)	Patient partners & Aboriginal Lead
Jun 2023	Jul 2023	Adjust based on feedback from above	
Jul 2023	Sep 2023	Test electronic tool	
Jul 2023	Sep 2023	Contingency/ break	
Sep 2023	Oct 2023	Plan for launch –Communications/PR etc.	Communications
Oct 2023	Dec 2023	Launch	

Plan to incorporate voice of resident/care giver/indigenous partners:

1) Apply for patient voice via PVN
2) Seek input from client/family councils in LTC
3) Leverage local nation communities through aboriginal health partnerships lead
4) Visit local senior's centres, other Non Government Organizations as suggested by patient partners etc.

Logic Model – Supporting Care Partners using the Modified Caregiver Strain Index

Description: Develop and implement a revised Modified Caregiver Strain Index including scoring and caregiver referrals to appropriate resources

Target Population(s): Care partners of clients receiving Seniors Specialized Care Services within the Interior Health region

Inputs	Activities	Outputs	Immediate Outcomes	Intermediate Outcomes	Long-Term Outcomes
Resources, People, Skills, Knowledge and Tools Used	*Activities, Services, Processes*	*Products of the Activities, Services, or Processes*	*Short-Term Results*	*Medium-Term Results*	*Long-Term Results*
Current Modified Caregiver Strain Index (CSI) tool A list of interventions that will support the questions from the Modified Caregiver Strain Index support care partners Funding sources (e.g. foundations) Care Partners, Clinical Operations, Digital Health, Population Health, Physicians/NP's, Research, and NGO's, Policies (e.g. privacy legislations), risk management Dedicated time for the project work	Develop the project charter Create and implement a communication plan Apply for Patient Voices Network (PVN) representatives Apply for funding/research as applicable Update the Modified Caregiver Strain Index tool to reflect the project scope Complete a pilot/test of the Modified Caregiver Strain Index tool to ensure the updated tool will meet the anticipated outcomes/key performance indicators Develop a series of interventions for each of the Modified Caregiver Strain Index questions Develop scoring system for the Modified Caregiver Strain Index tool Develop standard work/educational framework for Home Health clinicians implementing the Modified Caregiver Strain Index Explore options to create an online Modified Caregiver Strain Index Work with Data Analytics to develop the analytical tools and reporting of the Modified Caregiver Strain Index	A project charter that outlines the project scope, timeline, participants, intended outcomes and key performance indicators and tools for measurement of success Appropriate stakeholders including PVN representatives on the project A communication plan An updated Modified Caregiver Strain Index tool which includes a score to determine low, medium, or high risk for caregiver strain A complete list of interventions for each of the Modified Caregiver Strain Index tool questions Standard work and educational tools for clinicians to use the Modified Caregiver Strain Index tool A data analytical model that includes a visual of trending in scores to the care partner. This also includes a visual of trending in scores to the Home Health clinician (as applicable) An online Modified Caregiver Strain Index tool for care partners that has been user tested to use that provides tailored examples of interventions in real time to care partners	An updated paper based Modified Caregiver Strain Index tool that can be administered by clinicians Standard work for the use of the Modified Caregiver Strain Index tool Outcome scores of the results of the Modified Caregiver Strain Index tool Caregivers report that they are using the suggested interventions based on their Modified Caregiver Strain Index score Increased caregiver engagement and feeling of support by using the Modified Caregiver Strain Index tool	The revised Modified Caregiver Strain Index tool is available online and accessed by either cell phone or other electronic tools. The Modified Caregiver Strain Index provides meaningful and reliable scores for care partners and clinicians There is a reduction of clients admitted to hospital due to caregiver strain. There is reduced Modified Caregiver Strain Index scores for caregivers who have completed the Modified Caregiver Strain Index tool multiple times	Technology and information is leveraged to enable efficient, flexible and innovated service delivery options Care Providers state they feel supported by their IH partners. Care options to support the health and well-being of care partners is easily navigated Care partners experience a reduction in the feelings of burden and strain in providing care to loved ones Care partners are empowered to take care of their own wellbeing in the journey of caregiving

Assumptions/External Factors (if applicable): That this is something of value to care partners, PVN representatives will be available, the technology capabilities exist. Note: There may/may not be a reduction in clinician's workload/time. For example, care partners may be empowered to take on their own journey for wellbeing, but there may also be a corresponding increase in previously under reported/ care provided to care partners experiencing burden/strain.