

Southern Health Santé Sud

**Carman Adult Day Program
Quality Improvement Project
Report Out**

January 2018

LearningToSee



CONSULTING

WHAT IS ADULT DAY PROGRAM?

A Program which provides social and recreational opportunities to clients of the Manitoba Home Care Program to provide relief to caregivers and maximize the client's independence in the community.

7/3/2024

Define

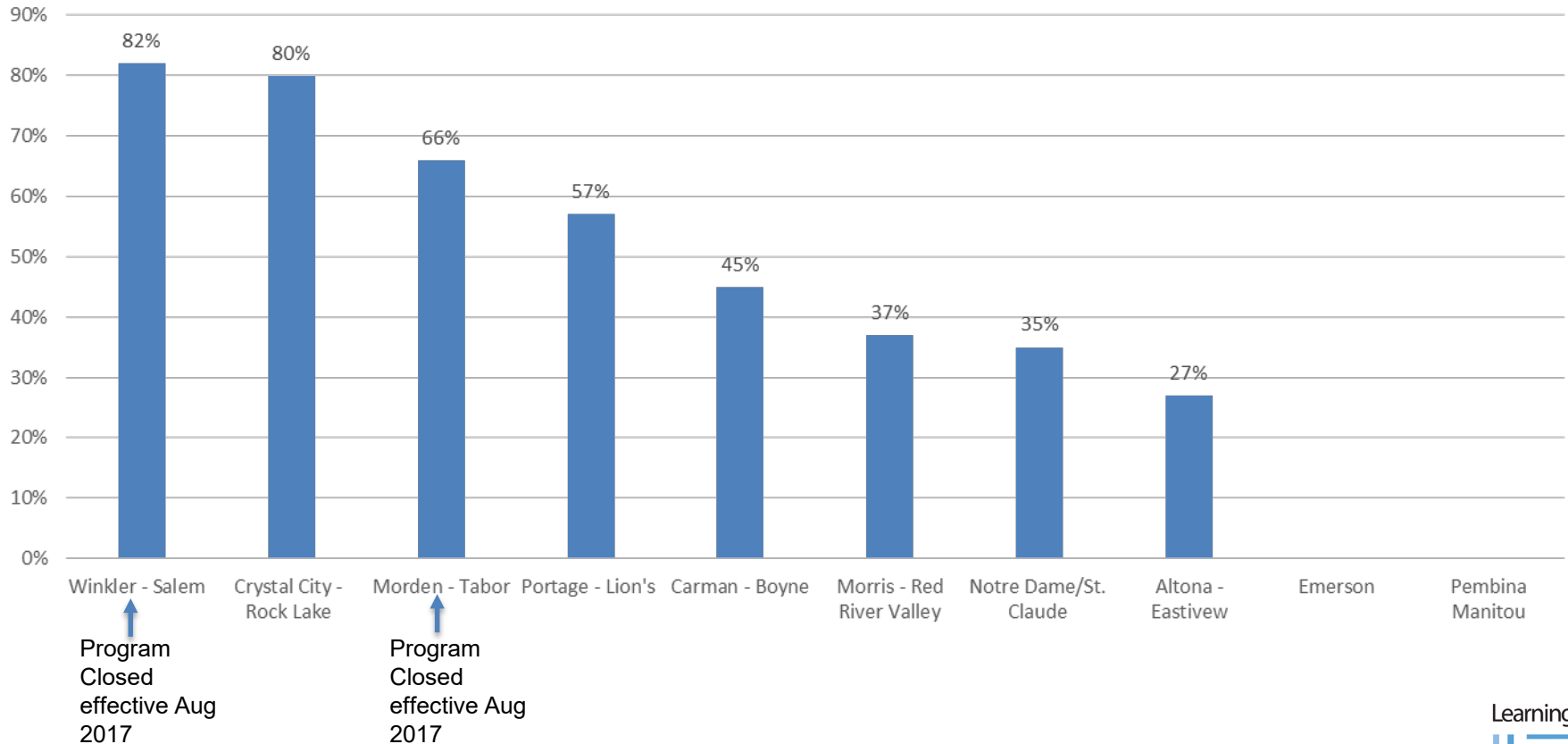
The Carman ADP (Adult Day Program) has non utilized spaces by the intended recipients resulting in missed socialization and respite opportunities by those who could benefit.

There is a lack of referrals due to inadequate advertisement, education and promotion of the program.

There is poor understanding by the target population and their caregivers of the intention and benefit of ADP resulting in customers thinking that ADP is irrelevant and not geared to their needs.

Retrospective Data

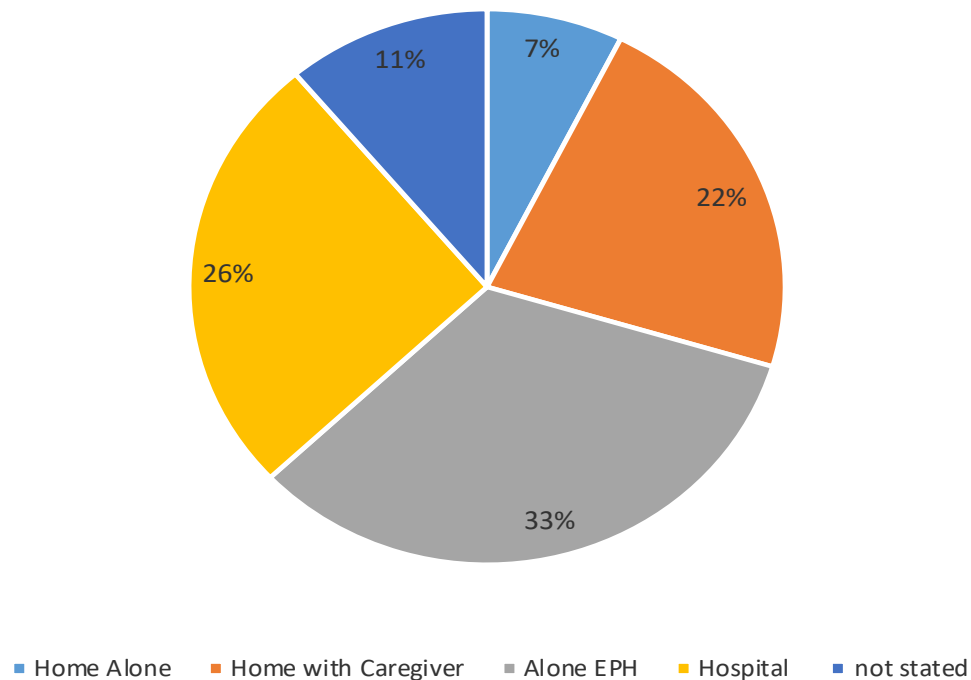
Average ADP Utilization Rates 2016-2017



Carman ADP Demographics

27 clients registered in the program in October 2016

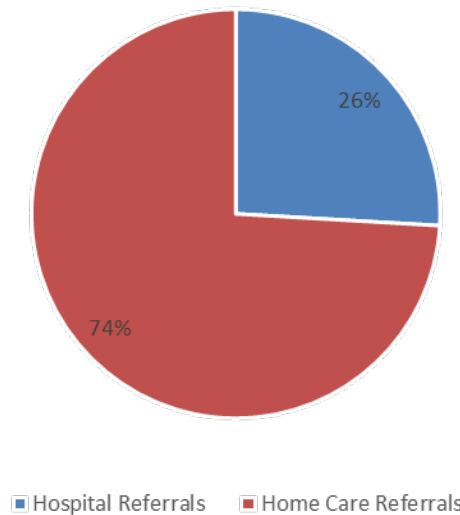
Current Living Situation for ADP Clients



Carman ADP Demographics

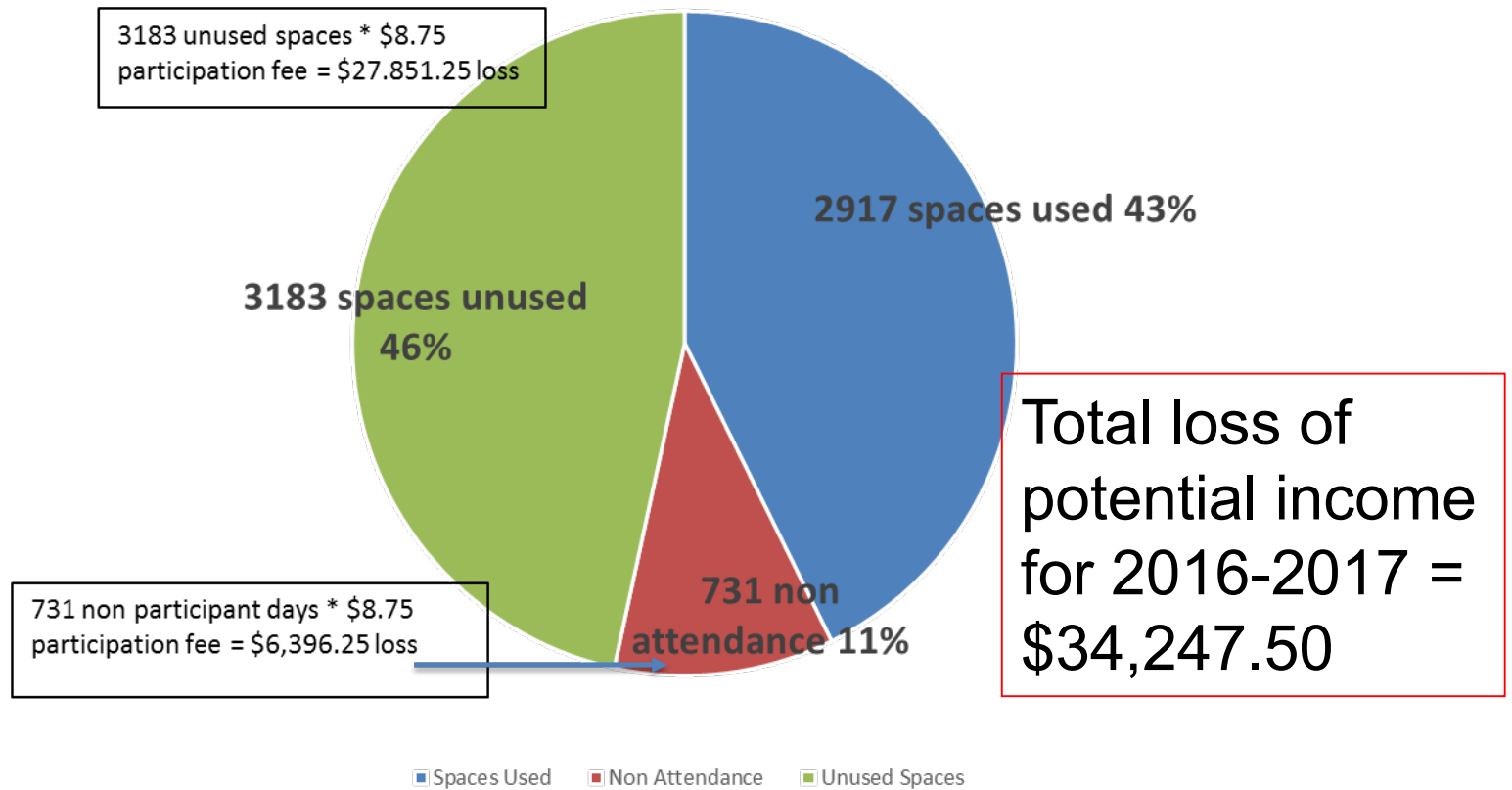
Out of 27 participants currently attending the program: 7 were referred from Hospital and 20 from Home Care

Referral Source



Potential Income Loss

Total Carman Adult Day Program Spaces 2016-2017



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Home Care Measurements

From Nov 21st – Dec 23rd, the Carman Home Care Case Coordinators measured all clients that were being assessed or reassessed:

- Who would qualify and be interested in ADP
- Reasons why client would decline or not be appropriate
- What other services clients were receiving

Results of Home Care Measurements

- 7 Clients were assessed/reassessed and were identified to qualify for ADP

Yes to Program	No to Program + Why	Other
1	1 – high risk wandering	1 – said maybe, wanted to see calendar first
	1 – from Roland, attends Winkler ADP and prefers “home” community	
	1 – too tired, needs afternoon nap	
	1 – too ill, in facility waiting placement	
	1 – moved into EPH prefers to see what activities are offered on site first	

7/3/2024 **Hindsight: We should have continued to measure!**

Improve

Aim statement

By September 2017, the Carman ADP Utilization rates should hit 60%

Improve

PDSA 1

The Movers and Shakers will be going on an advertising blitz to get the word out about the program. This includes: having monthly calendars distributed in the community, creating an ADP brochure for the public, and engaging with local groups to explain what ADP is and who may benefit from the program.

Date Implemented: May 1 2017

Improve Carman ADP Brochure

Carman Adult Day Program

The Program offers an opportunity for rest and recovery for caregivers while giving participants social experiences in a safe, supportive environment aimed at maximizing their independence.

For under \$10 per day, the Adult Day Program provides the opportunity to meet with friends, take part in activities, and benefit from the pleasure and joy of eating a meal together around the table.



Hours of Operation:

Monday to Friday (days):
9:45 am - 3:30 pm or
2:30 pm - 7:30 pm
Location: **Boyne Lodge**

Clients wishing to attend partial days may be accommodated if alternate transportation can be arranged by caregiver. The daily fee still applies.

For more information, please contact:
Valerie Hildebrand
Outreach Supervisor
Box 910, 120E – 4th Ave SW, Carman
MB

T 204-745-6715 ext 3
F 204-745-6152

E-mail: vhildebrand@southernhealth.ca



To attend, contact your local Case Coordinator – Home Care or Adult Day Program. Transportation to and from the program is provided by: **Boyne Lodge Handi-Van**

Program Activities & Services are tailored to the needs and interests of the individual and group. This may include but is not limited to:

Supporting individuals and

Improve

PDSA 2

The Team will be reviewing the current referral process. The functional assessment may be modified to reflect a better understanding of the present day clientele entering the ADP. Guidelines will be developed to clarify who should be considered for the program and the standardized process for registering a client.

Date implemented: June 5 2017

Improve

- A Standardized Admission Process was developed and is to be included with the newly developed ADP Guidelines.
- After discussion with the Home Care Leadership and Seniors Consult Leadership, It has been identified that Home Care Case Coordinators should continue to be the only service providers to be using the assessment and registering clients into the program.
- The Functional Assessment Form was altered slightly to show where more discussion may need to take place between Home Care Case Coordinator and ADP Intake Coordinator if client is requiring significant support. As well, staff to client ratios were defined with the functional levels.

Improve: Functional Assessment Form

A. SH SS 2017 Adult Day Program Functional Assessment1MB Health.doc [Compatibility Mode] - Word

5.	Potential for occasional angry outbursts
4.	Hallucinations/delusions may occur
3.	Verbally and/or physically disruptive or abusive behaviour
12. Socialization	
0	Socially appropriate, enjoys social interactions
1.	Occasionally withdrawn, usually socializes
2.	Prefers not to socialize, loner, benefits from passive observation
3.	Requires lots of motivation to participate, but will try
4.	Reclusive behaviour, avoids being with others, benefits with one to one stimulation
5.	Refuses to socialize at all, very resistant and negative to others
13. Verbal Skills	
0	Able to communicate
1.	Able to converse, but occasional difficulty staying on topic
2.	Problems with speech mechanisms, hearing (i.e. expressive aphasia) or language barriers (cultural)
3.	Problems with delayed responses, word finding, maintaining topic
4.	Conversation - rambling and irrelevant
5.	Conversation not possible, no verbal ability

Score:

- 0 is considered high functioning and 5 is considered low functioning.
- Only check off one response per question

Categories based on Total Scoring:

- 0 to 26 points – High Functioning – Staff to Participant Ratio = 1:5
- 27 to 40 points – Medium Functioning – Staff to Participant Ratio = 1:3
- 41 to 65 points – Low Functioning

Should client fall below requirement in certain categories, Home Care Case Coordinator and ADP Sponsor can discuss if client will be safe enough to attend program given the existing resources available.

If ADP Sponsor determines client is not suitable for program, a discussion will take place with the Home Care Case Coordinator before informing client. A Reason for Refusal into Adult Day Program form will be completed and sent to Home Care Case Coordinator.

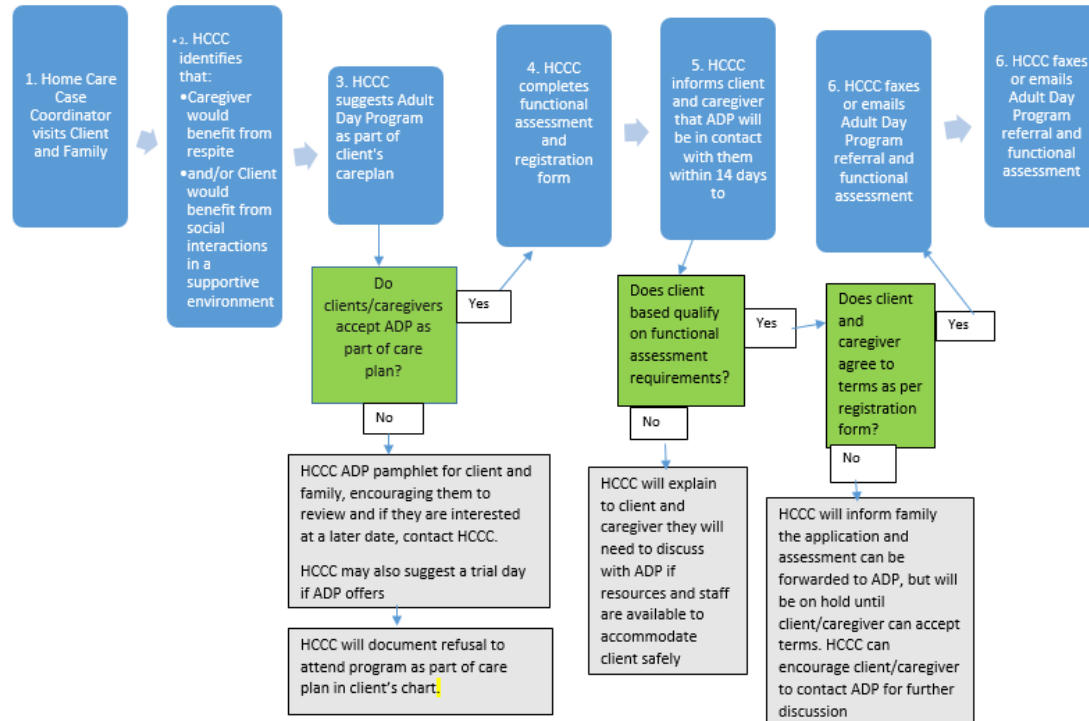
January 2017 3

PAGE 3 OF 3 90%

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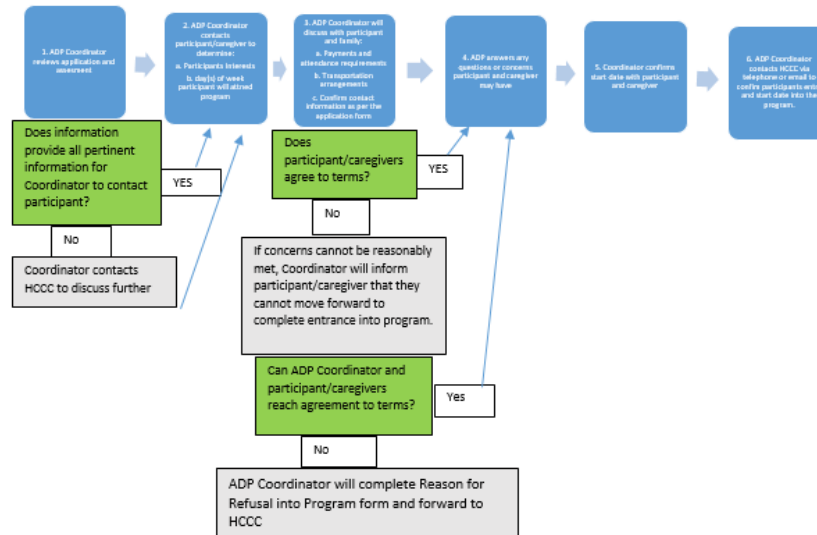
Improve: Standardized Admission Process Step 1

Step 1: Home Care Case Coordinator Assessment/Reassessment with Client and Family



Improve: Standardized Admission Process Step 2

Step 2: ADP Coordinator Intake and Communication with Participant and Caregivers



Improve

PDSA 3

We will be assessing whether the current staff to client ratio of 3:18 (days) and 2:9 (evenings) is appropriate for the Carman ADP. If the current ratio is not appropriate, we will make changes to the staffing levels.

Date implemented: July 4 2017

Improve

The number of clients that were considered to be Low, Medium and High Functioning were reviewed.

It was determined that the staff to client ratio should decrease the number of clients to staff person, to better accommodate the lower-medium functioning clients

7/3/2024

Review of Current Client Functioning Levels

Current ADP Levels of Care Carman.xlsx - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW

New Table Pictures Online Screenshot Photo Shapes SmartArt Chart Store My Apps Hyperlink Action Comment Text Header WordArt Date & Slide Object Equation Symbol Video Audio Screen

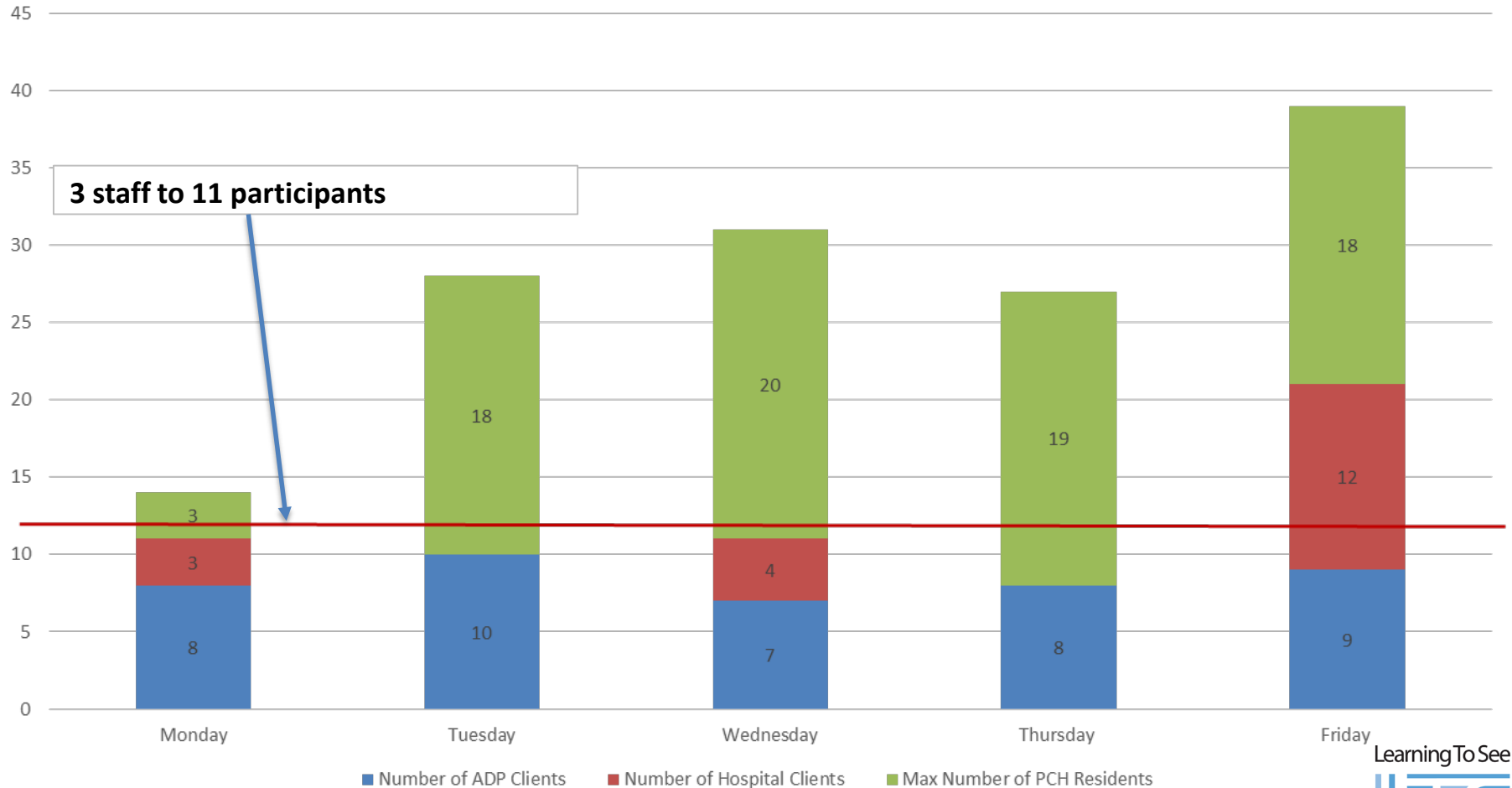
Carman ADP Function Levels and Staff Ratios July 2017								
1								
2	Day Time:	Current: 3 staff to 18 clients	Current Participation and Levels of Functioning					
3		Proposed staff to client ratio:	Level:	Mon	Tues	Wed	Thurs	Fri
4		1 staff to 5 high functioning participants	High	3	3	2	1	3
5		1 to 3 (2 staff to 6 medium functioning participants)	Medium	5	3	4	3	5
6			Low	1				
7		Total: 3 Staff to 11 participants	Totals:	9	6	6	4	8
8		Expected Utilization With Proposed Ratios:		82%	55%	55%	36%	73%
9						Availability to accommodate more in this category		
10								
11								
12								
13			Current Participation and Levels of Functioning					
14	Evening:	Current: 2 staff to 9 clients	Level:	Mon	Tues	Wed	Thurs	Fri
15		Proposed staff to client ratio:	High	2	3	2	3	2
16		2 staff to 6 medium functioning participants	Medium	3	3	3	3	3
17		Total: 2 staff to 6 participants	Low					
18			Totals:	5	6	5	6	5
19		Expected Utilization With Proposed Ratios:		83%	100%	83%	100%	83%
20								
21								
22								

Sheet1

READY 100%

ADP Support in PCH

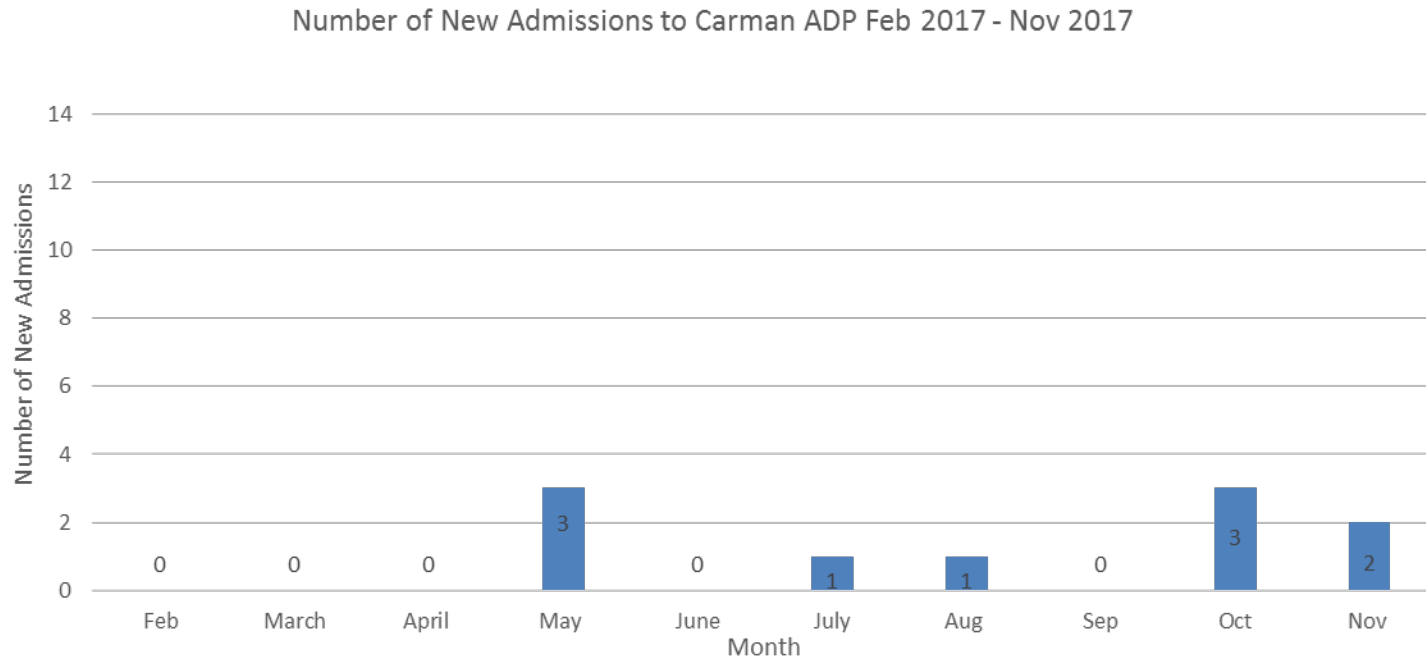
Participants for Week of September 18th - September 22nd 2017



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Improvement

Results from Advertising Blitz:

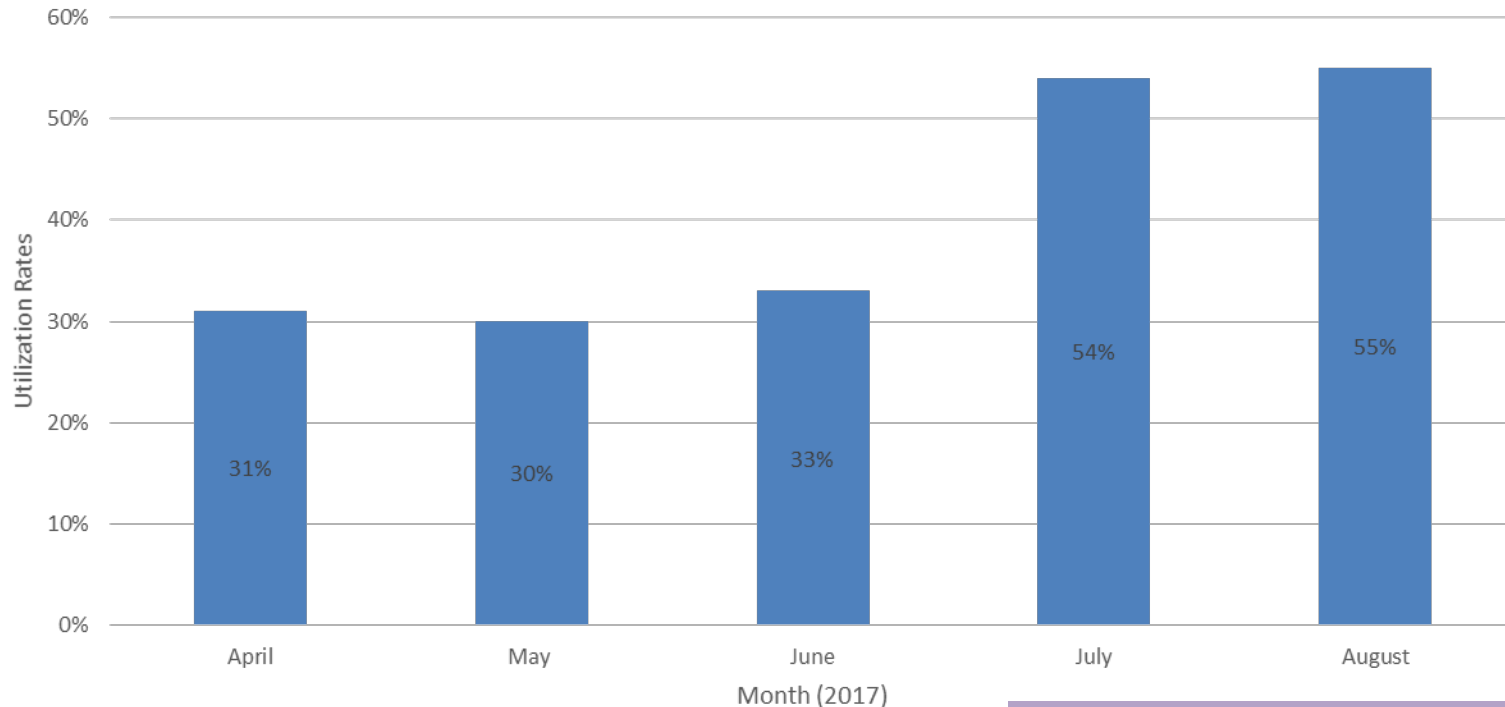


Pre - Advertising

Post – Advertising Initiatives

Utilization Rates: ADP (Day)

Utilization Rates for Carman Adult Day Program (Day)



Before Changes to Staff: Client Ratio

After Changes to Staff: Client Ratio

3 Staff: 18 participants

3 Staff: 11 participants

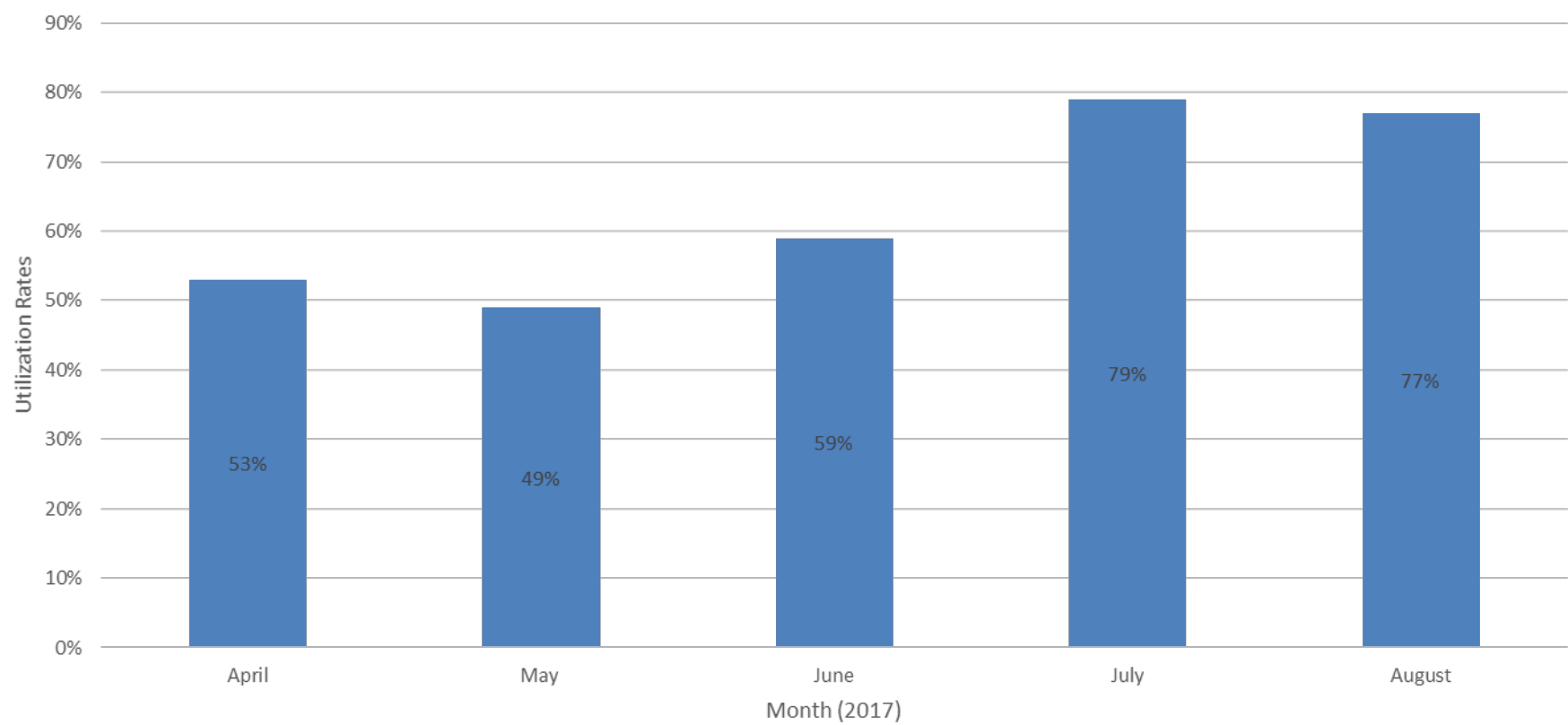
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Participation did not necessarily increase, staffing levels were reduced which resulted in less spaces to fill



Utilizations Rates: ADP (Evening)

Utilization Rates for Carman Adult Day Program (Eve)



Before Changes to Staff: Client Ratio

After Changes to Staff: Client Ratio

7/3/2024

2 Staff: 9 participants

2 Staff: 6 participants

*Participation did not necessarily increase, staffing levels were reduced which resulted in less spaces to fill



Improve

By September 2017, the Carman ADP Utilization rates should hit 60%

Results:

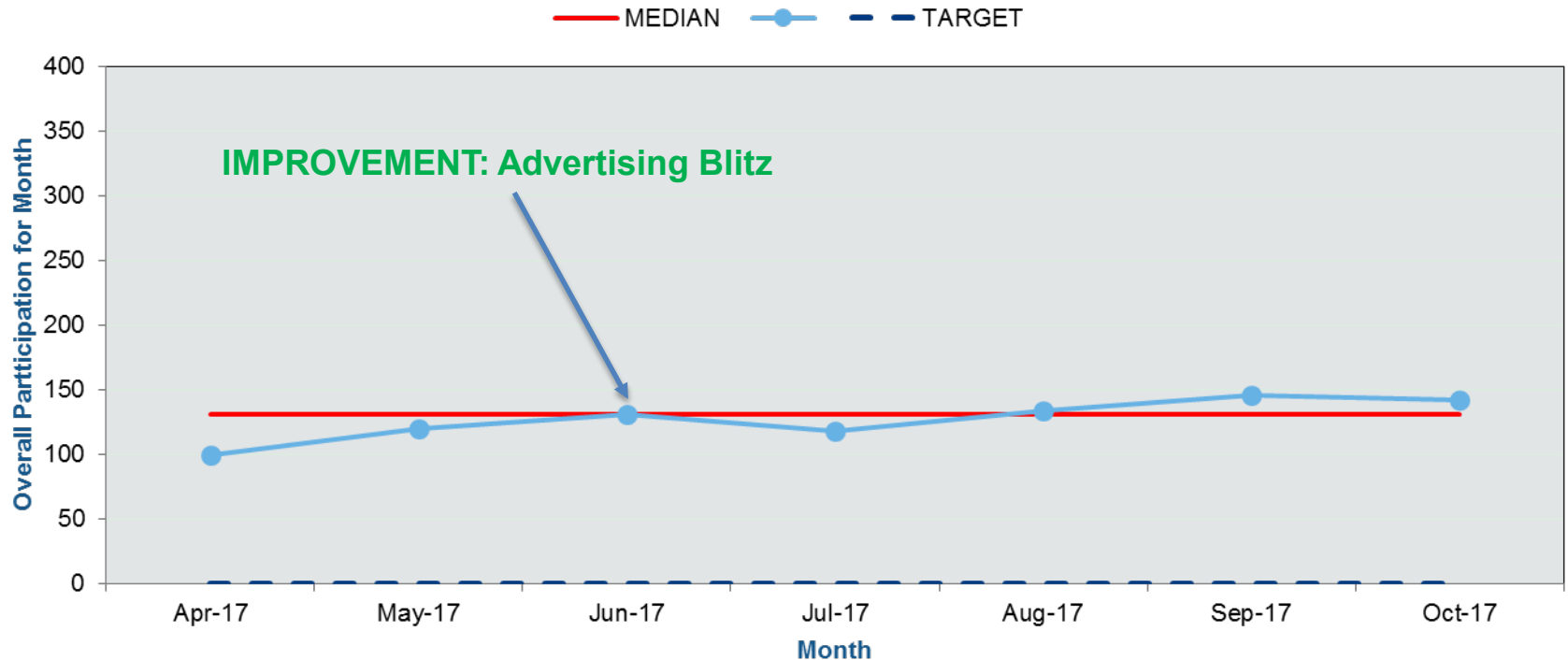
Average Daytime Utilization Rate for July and August: 54.5%

Average Evening Utilization Rate for July and August: 78%

**Utilization increased more so due to reducing staff to client ratio and therefore reducing number of spaces available*

Improvement

Run Chart for: Carman ADP (daytime) Participation April 2017 - Oct 2017

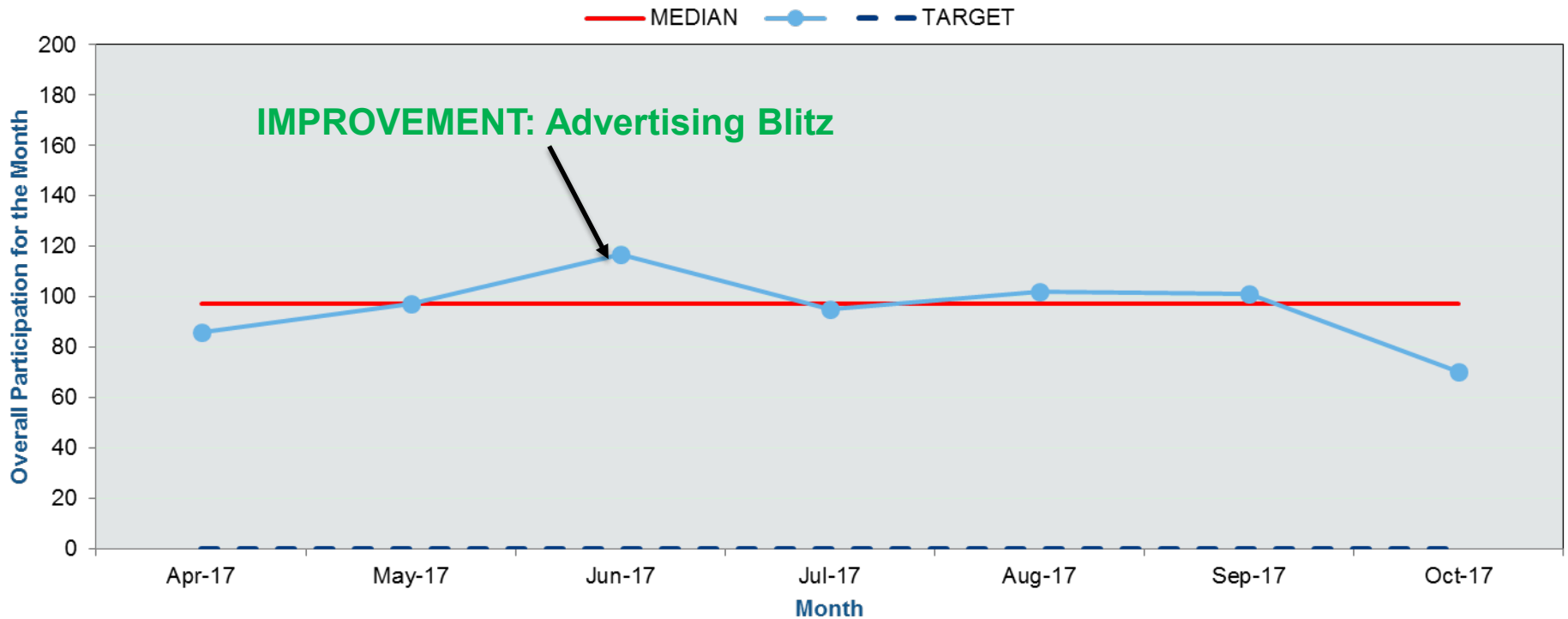


Note: Program could potentially accommodate up to 396 participants for the month with original 3:18 ratio

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Improvement

Run Chart for: Carman ADP (Evening) Participation April 2017 - October 2017



Note: Program could potentially accommodate up to 198 participants for the month with original 2:9 ratio

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Control

What controls have we put in place to ensure that performance does not lapse?

<input type="checkbox"/> Fundamental Change	
<input type="checkbox"/> Error Proofing	
<input type="checkbox"/> Visual Control	The Functional Assessment form has been altered slightly to alert HCCCs if potential participant may have needs above and beyond what ADP can handle. If a participant scores in the red for certain categories, it is suggested the HCCC discuss participant further with the ADP Coordinator before stating participant would be accepted into program.
<input type="checkbox"/> Standard Work	Standard work was developed for advertising the calendar of events monthly to the public. As well, standard work was created within the guidelines to ensure all ADPs across the Region are following a similar process for registering and assessing new participants into the program.
<input type="checkbox"/> Training	
<input type="checkbox"/> Continue to Measure	We will continue to measure the ADP utilization rates on a monthly basis.
<input type="checkbox"/> Audit	
<input type="checkbox"/> Checklist	
<input type="checkbox"/> Policy & Procedure	Guidelines for ADP have been developed and are currently pending approval.
<input type="checkbox"/> Written Sign	

What Else Do we Know?

Home Care Demographics (based on review of caseloads with HCCCs not including: Palliative, Oxygen, Colony, Younger, Equipment Only- January 17, 2017)

Total # of HC Clients in Community that would qualify for ADP: 115

Total # of HC clients living in SSGL: 43

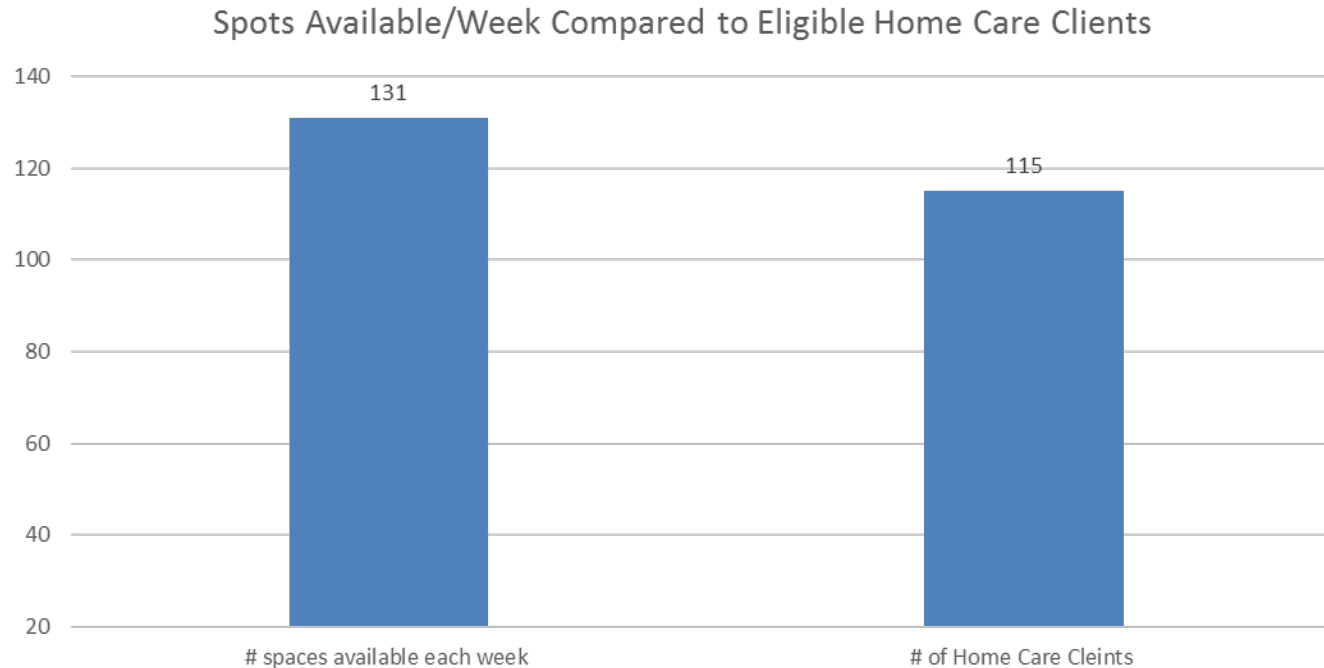
Total #of HC clients living in non SSGL location: 72

26 out of 72 non SSGL living HC clients are using ADP =

1/3 of community HC clients are using ADP

8 out of 43 EPH HC clients are using ADP

Spots Available Per Week* Compared to # of Home Care Clients**



*Based on the ratio of 1 staff to 6 participants during the day and 2 staff to 9 participants in the evening

**Home Care Clients – Not included in total are: Palliative, Oxygen, Colony, Younger, Equipment Only, Panded waiting placement in Hospital. This data was reviewed with CCs on January 17, 2017)

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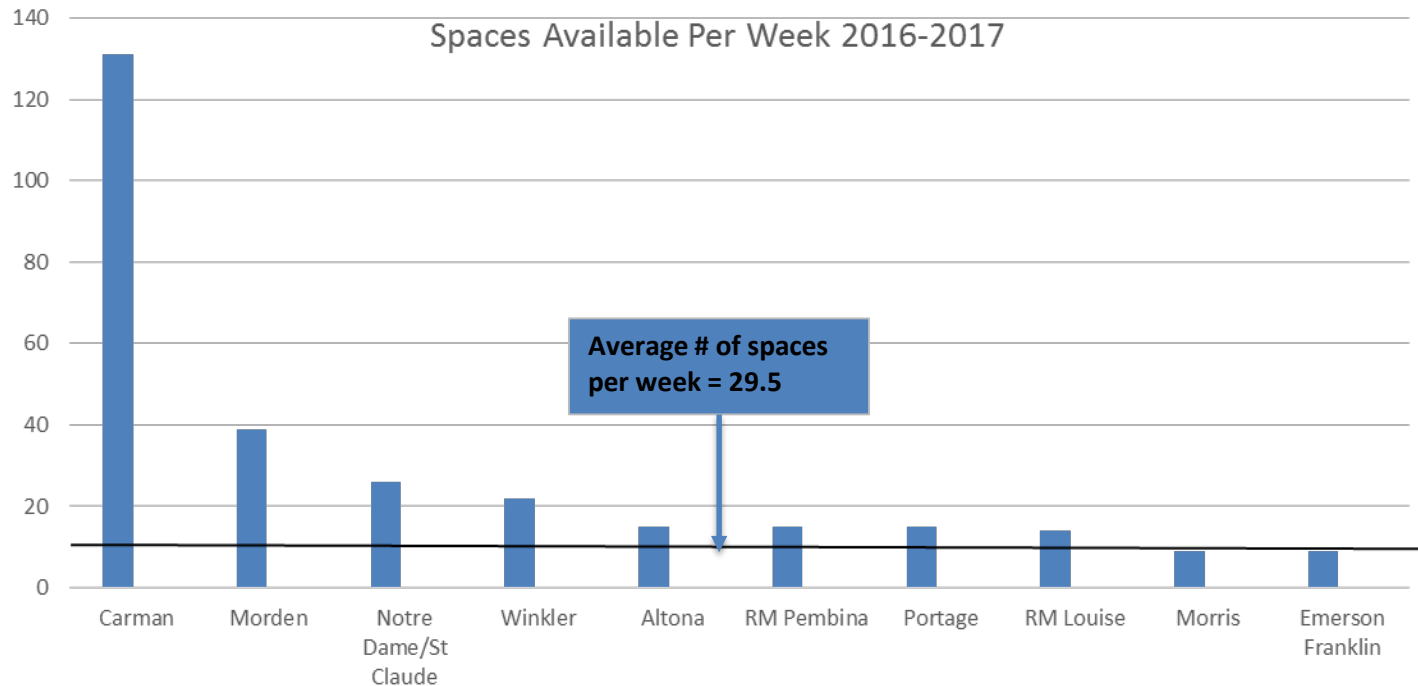
Compare Population to Spaces Available and Utilization

<u>Region</u>	<u>Spaces funded per week (avg)*</u>	<u>Pop 70+**</u>	<u>Utilization for 2016-2017</u>
Winkler (Program closed Aug 2017)	22	1321	82%
RM Louise	14	303	80%
Morden (Program closed Aug 2017)	39	1149	66%
Portage	15	1814	57%
Carman	131	724	45%
Morris	9	241	37%
Notre Dame/St. Claude	26	305	35%
Altona	15	653	27%
Emerson Franklin	9	307	0%
RM Pembina	15	300	0%

*Spaces funded per week = the maximum spaces available to population if individuals attend program once per week. Numbers were derived by taking total spaces for year and dividing by 52(weeks)

** Population 70+ data from 2016. Reports provided by Manager, Planning and Evaluation

Spaces Available Per Week in ADPs in PCHs



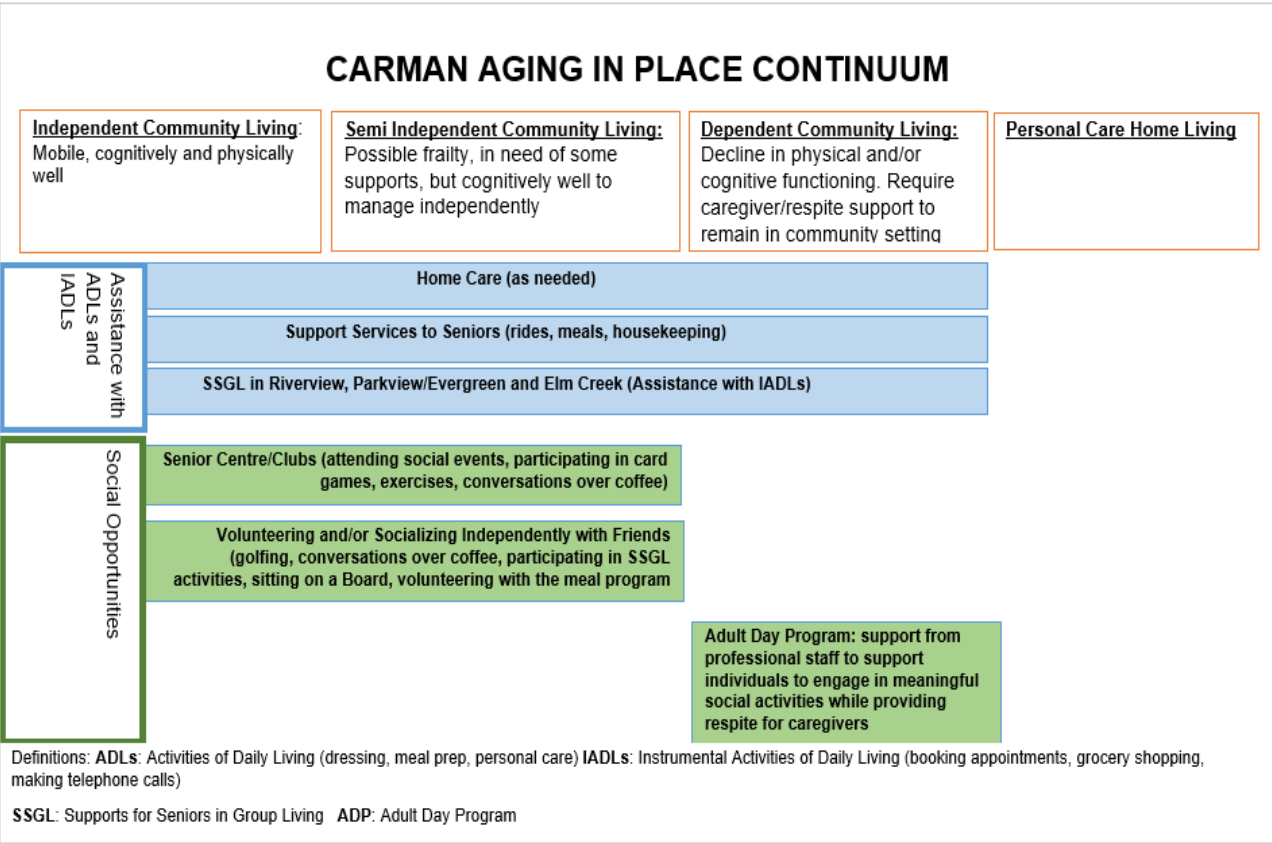
*Morden and Winkler Program closed as of Aug 2017

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The Good News

- Seniors living in Carman have access to a variety of supports and resources that assist with aging independently for as long as possible
- Seniors that require extra support to participate in meaningful social activities and caregivers that require respite are able to access ADP
- ADP remains a vital program to support a specific group of seniors to age in place. The demand will likely increase as the population continues to age.

Carman Aging in Place Continuum



Betty's Story

Betty is a retired RN who was caregiving for her husband with Dementia. Betty and her husband lived on a farm outside of Carman. Betty started taking her husband to the ADP once a week so she could have a break from worrying about where he may be. As they were on the farm, Betty was concerned that her husband would either start driving a vehicle or break farm machinery if he was trying to fix something that did not need to be fixed (ie: unscrewing screws from a Combine). Her husband was also at a greater risk for falls which also added to Betty's concerns.

Before Betty's husband moved into a Personal Care Home, he was attending the program 5 days a week as well as one evening a week. This was important as Betty was able to continue some of her commitments in the community and maintain those important social connections. More importantly, she was able to be a loving caregiver as she was able to have a much needed break from the demands of being a full time caregiver.

Betty said the day she enrolled her husband for a second day of ADP for the week, would have been the time she would have had to take him to hospital for failure to cope had ADP not existed.

***Written and shared with permission by Betty, November 6, 2017**

7/3/2024

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Regional Cost Savings

16-17 average wait time in hospital before placement to PCH: 241 days

Cost per bed per day: \$963.00*

1 client X 241 days X \$963.00

Total cost for one client: \$232,083.00

Total cost to run ADP 16-17: \$282,143.00

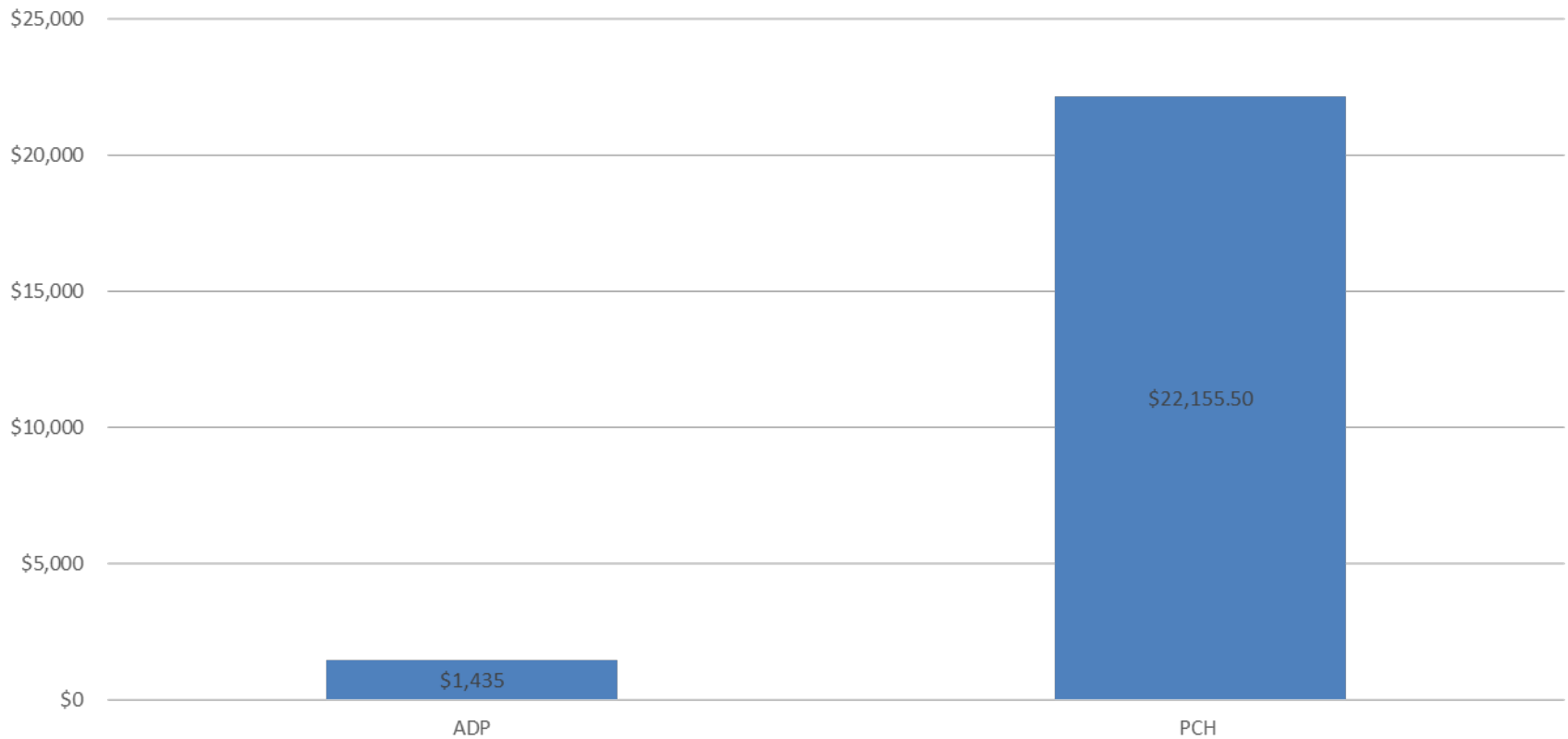
Betty's Husband is likely not the only participant in program that delayed waiting placement for PCH

***Southern Health-Santé Sud Schedule of Charges Acute May 12, 2017**

7/3/2024

Client Savings

3 Days/week in ADP compared to Living in PCH for one year



***Based on median rate of \$60.70 per day Residential Rates and ADP Participant Fee: \$9.20: Southern Health Santé Sud Schedule of Charges Long Term Care Sept 1 2017**

Lessons Learned

We should have continued to measure when we did not have enough data points from Home Care assessments/reassessments.

A better communication plan should have been developed particularly when announcement came to closure of Morden and Winkler program – “Will this affect us because of the project we are doing”?

There are still a lot of questions about use of ADP – Are clients/caregivers reluctant to attend because either client lives alone and forgets to get ready for handi van or are they reluctant to come and this causes caregiver to feel guilty?

Lessons Learned

Appreciated the opportunity to hear what everyone's role is and the “behind to scenes” working of the program

We heard feedback from staff working at the ground level

Client's perspective (caregiver in this instance) was a huge help with understanding barriers that people face with attending the program – and also what is working well with ADP

Surprised at amount of space in Carman compared to other areas in region

Next Steps

- We will continue to monitor the utilization rates for Carman
- Standard ADP brochure to other sites
- Guidelines completed and to be distributed to all sites and Home Care Program once approved
- The data that has been obtained will allow us to do more intentional regional Adult Day Program planning. This has been initiated and work will continue into 2019.

The Team!

Green Belt: Cailin Gagnon, Services to Seniors Program Specialist

Sponsor: Heidi Wiebe, Regional Director – Seniors/Palliative Care

Mentor: Mary Heard, Director Health Services, Carman & Area

Team Members:

Valerie Hildebrand, Boyne Lodge Outreach Supervisor

Maureen Dyck, Home Care Case Coordinator

Betty Park, Community Member

Annie Peters, Activities/Recreation Worker