

Capacity Building Initiative

Central Community Support Services Network

Overall Self-Assessment Agency Results:

General Service Delivery Best Practices Guidelines

Self-Assessment Completed By the Following Agencies:

- Alzheimer Society of York Region
- Baycrest
- Better Living Health and Community Services
- Carefirst Seniors
- Community Home Assistance to Seniors (CHATS)
- Circle of Care
- Downsview Services to Seniors
- Etobicoke Services for Seniors
- Friuli Benevolent Corp.
- North York Seniors Centre
- St. Clair West Services for Seniors
- The York-Durham Aphasia Centre
- Unionville Home Society
- Villa Colombo Services for Seniors
- Yee Hong Centre for Geriatric Care
- York West Senior Citizens Centre

Assessment Completed March 1 – 25, 2009

General Service Delivery Best Practices

Definition:

The Provincial Sector Code definition is “Programs and services to assist people and target groups, directly or indirectly, to live in their communities with a higher degree of independence. The goals are to promote and maintain health, well-being, safety, independence and prevent premature institutionalization.” [Ontario Healthcare Reporting Standards, 2008 Provincial Sector Code]

Sources Cited:

AC	Accreditation Canada
BoC	Balance of Care
BPAG	Best Practice Advisory Group
CARF	Commission on Accreditation of Rehabilitation Facilities
CHATS	Community House Assistance to Seniors
CLHIN	Central Local Health Integrated Network
CSCI	Commission for Social Care Inspection
CTRA	Canadian Therapeutic Recreation Association
VDA	Department of Aging, Virginia [US]
DSHS	Washington State Department of Social & Health Services
DWTC	Doorways to Care
interRAI CHA	Resident Assessment Instrument for Community Health Assessment
MOHLTC	Ministry of Health Long-Term Care
NADSA	National Adult Day Services Association [US]
OACCAC	Ontario Association of Community Care Access Centres [PSW Schedule 2007]
OCSA	Ontario Community Support Association
OHRS	Ontario Healthcare Reporting Standards
ONPEA	Ontario Network for the Prevention of Elder Abuse
PSNO	Personal Support Network of Ontario
SCIE	Social Care Institute for Excellence [UK]
TPH	Toronto Public Health
TR	Toronto Ride
WHMIS	Workplace Hazardous Material Information System [Health Canada]

Quality: related to values and client expectations. It requires consistent performance of a uniform product and denotes achievement or excellence in the eyes of the beholder. Operationally, it is an ongoing process of building and sustaining relationships by assessing, anticipating, and fulfilling stated and implied needs. Implementation of a quality culture requires up-front identification and definition of stakeholders' needs (CLHIN: Making a Difference, 2008).

Practice	Criteria	Met	Source
<p>Agency has a written policy and process for defining and handling emergency situations</p>	<p>Health and Safety policy to include:</p> <ul style="list-style-type: none"> • Clearly documented process to inform clients about how their safety and wellbeing will be protected, and any actions they are required to take or not take while using the service • Strategies are in place to minimize and promptly respond to aggressive behavior or physical threat • Prominent listing of emergency numbers • The availability of first aid kits and staff trained in first aid • Staff and volunteers (if applicable) trained in Lift and Transfer training • Procedures for maintaining good hygiene and dealing with infectious illnesses <p>Agency has policy in place for documented incident reporting (See Best Practice)</p> <p>Policy includes:</p> <ul style="list-style-type: none"> • Who to call and time frame • What they can and cannot do • Training required • Policy addresses risk including: • Infection control [Illness/flu] • Health conditions of clients • Client Refusal • Aggressive clients • Weather • Car accidents <p>Agency has a documented policy on dealing with Suicide (see Best Practice)</p>	<p>81%</p> <p>100%</p> <p>31%</p>	<p>OCSA, Accreditation Canada, CARF, CSCI, NADSA</p>
<p>Agency has a process to handle complaints that is open, transparent, and easy for clients/caregivers to raise issues or concerns</p>	<p>Process and time frames for each step of the complaint process, including a final appeal to the Board of Directors</p> <p>Responses to participants' complaints/concerns are made in writing</p>	<p>88%</p> <p>88%</p>	<p>CARF, OCSA, Accreditation Canada, CHATS</p>

Practice	Criteria	Met	Source
	A written record is kept on each complaint	100%	
	Written procedure policy in place to respond to complaints (see Best Practice)	100%	
Agency has a confidential client record management system which meets applicable legislation for protecting privacy and confidentiality of clients	<p>Records to include:</p> <ul style="list-style-type: none"> • intake information • individual Service Plan • emergency contacts • client consent forms • documentation on refusal or termination of service • medical form (at intake) • Power of Attorney if applicable • completed Antimicrobial Resistant Organism form (see Best Practice) • the client's declaration on Do Not Resuscitate (see Best Practice) <p>Provider conducts a random audit every six quarter of its client records to ensure they are complete, reliable and accurate</p>	80%	OCSA, Accreditation Canada, Balance of Care, NADSA
Client Records are retained and accessible post-discharge for the period of time required by current legislation and funder requirements	<p>Records and information management procedures are followed including:</p> <ul style="list-style-type: none"> • Nightly back-up information systems • Pass codes changed according to agency policy to prevent loss of or unauthorized access to client, employee or organizational information • Client records are secure 	100%	OCSA
Agency has a process for continuous quality improvement	<p>Client is contacted within one month of service to determine level of client satisfaction</p> <p>A client satisfaction survey is completed annually. A caregiver satisfaction survey is completed as applicable.</p> <p>All agency staff/drivers must be subject to a yearly performance review</p>	75%	OCSA, Department. of Aging, Virginia, CARF, Accreditation Canada, OACCAC, DWTC, OCSA, NADSA
		88%	
		100%	
The service provider has processes, policies and procedures to promote safety and to manage risks to clients, staff, the environment, funders and the organization	<p>Employees receive injury prevention training during orientation and are provided a review annually or more often if indicated</p>	88%	OCSA, OACCAC, WHMIS

Practice	Criteria	Met	Source
	<p>Employees are provided current policies and procedures related to their positions and are oriented to the contents</p> <p>Agency conducts annual procedure and policy check</p> <p>All employees wear agency identification badges in clients' homes and follow the agency dress code</p> <p>All employees are WHMIS [Workplace Hazardous Materials Information System] trained, and have undergone standard Sensitivity to Diversity Training (see standard practice)</p>	<p>94%</p> <p>75%</p> <p>88%</p> <p>63%</p>	
<p><i>The Service Provider's risk management system emphasizes prevention and promotes safety of clients, staff, the environment, funders and the organization</i></p>	<p>The Service Provider's policies and procedures are reviewed and updated at least every two years and as changes in practice occur</p> <p>The Service Provider has a risk management program which includes:</p> <ul style="list-style-type: none"> • Staff education programs during orientation and annually regarding risk identification, prevention & reduction; • Occurrence reporting and tracking system • Procedures for management and reporting of concerns, complaints and compliments • Accident prevention, reporting and management in compliance with the <i>Occupational Health & Safety Act</i> • Compliance with the service agreement with funders • Insurance coverage that is sufficient to protect the Service Provider from loss or damages and that meet minimum regional standards such as: professional, general & third-party auto liability, E&O and crime insurance 	<p>75%</p> <p>94%</p>	<p>OCSA</p>
<p><i>Agency meets Ontario Healthcare Reporting Standards Reporting Requirements</i></p>	<p>Agency and staff are trained and complying with OHRS reporting (see guidelines)</p>	<p>88%</p>	<p>OHRS</p>

Coordination: defined as “the provision of harmonized services and service policies at the organization/system level and at the client/caregiver level” (CLHIN: Making a Difference, 2008).

Practice	Criteria	Met	Source
<p><i>Agency has a written policy and procedure setting out eligibility and admission criteria</i></p>	<p>Standard format is used to determine eligibility of all clients</p> <p>All clients are required to have an eligibility assessment. Eligibility factors include:</p> <ul style="list-style-type: none"> • Age • Illness • Disability • Financial test • Upper/lower limits of service • Purpose • Frequency • Priority cases <p>Written policy in place for appeal procedure for applicants deemed ineligible (see Best Practice)</p>	<p>88%</p> <p>88%</p> <p>69%</p>	<p>OCSA, OACCAC, DWTC, CHATS</p>
<p><i>Clients that cannot be accommodated are referred for services</i></p>	<p>A written policy is in place regarding the referral of ineligible applicants to other service providers</p> <p>Agency participates in DWTC referral initiative http://www.doorwaystocare.ca/</p> <p>Documentation completed indicating:</p> <ul style="list-style-type: none"> • Information and referral to other programs for which the participant might be eligible • Referring the participant to appropriate services as necessary and providing assistance to the participant in obtaining services 	<p>100%</p> <p>81%</p>	<p>OCSA, Toronto Ride, DWTC</p>

Efficiency: a measure of the value derived from a set of resources to produce a specific result. From an economics perspective, efficiency is a relative measure of the ratio of inputs (resources) to outputs (results) (CLHIN: Making a Difference, 2008).

Practice	Criteria	Met	Source
<i>The provider is responsible for the development and management of the service wait list</i>	Provider updates the wait list weekly	94%	OACCAC
<i>Service Provider procedures promote effective and efficient use of resources</i>	Evaluate effectiveness of staffing model	100%	OACCAC

Access: defined as “the opportunity a consumer has to fully benefit from a necessary specified service, as well as necessary concurrent and follow-up services in a timely way” (CLHIN: Making a Difference, 2008).

Practice	Criteria	Met	Source
<i>Agency has a written policy regarding fee for service</i>	Clients are informed verbally and in writing of fee policy and collection procedure before service begins	94%	OCSA
	Current schedule of the agency’s fee for service is readily available	81%	
<i>The Service Provider has the resources to support easy access to service and is responsive to requests for service</i>	The Service Provider has written policies and procedures for eligibility, intake and scheduling	100%	OCSA, OACCAC, DWTC
	The Service Provider has a mechanism for clients to access agency personnel outside of regular business hours	81%	
<i>The Service Provider provides a timely response to telephone requests for information or service</i>	<p>Service protocols include:</p> <ul style="list-style-type: none"> • The acceptable number of rings before incoming calls are answered, according to agency policy • A maximum length of time for supervisors to return routine calls/messages that does not exceed 24 hours or the next business day • Processes to routinely connect callers in a timely manner to a staff member who has the ability to meet their needs • Field staff check their voice mail a number of times per day • Callers to the Service Provider’s main line can speak to a person during regular business hours 	94%	OCSA, DWTC
<i>Agency has written policy on response time for delivery of service</i>	<p>Policy to include</p> <ul style="list-style-type: none"> • availability • priority services • minimum request times • confirmation time 	69%	Accreditation Canada, CCAC