

Just Clean Your Hands in LTCHs Coaching Project

**MHICN Wrap-up
March 31, 2011**



Presentation Outline

- Look What We Did!
- Next Steps – Survey Completion and Evaluation
- Survey Updates
- Lessons Learned

What We Did...

Included in our work plan

- Materials Development
- Human Resources, Orientation and Training
- ABHR Procurement
- Program Delivery

- Reporting
- Communications
- Program Coordination
- Logistics
- Evaluation



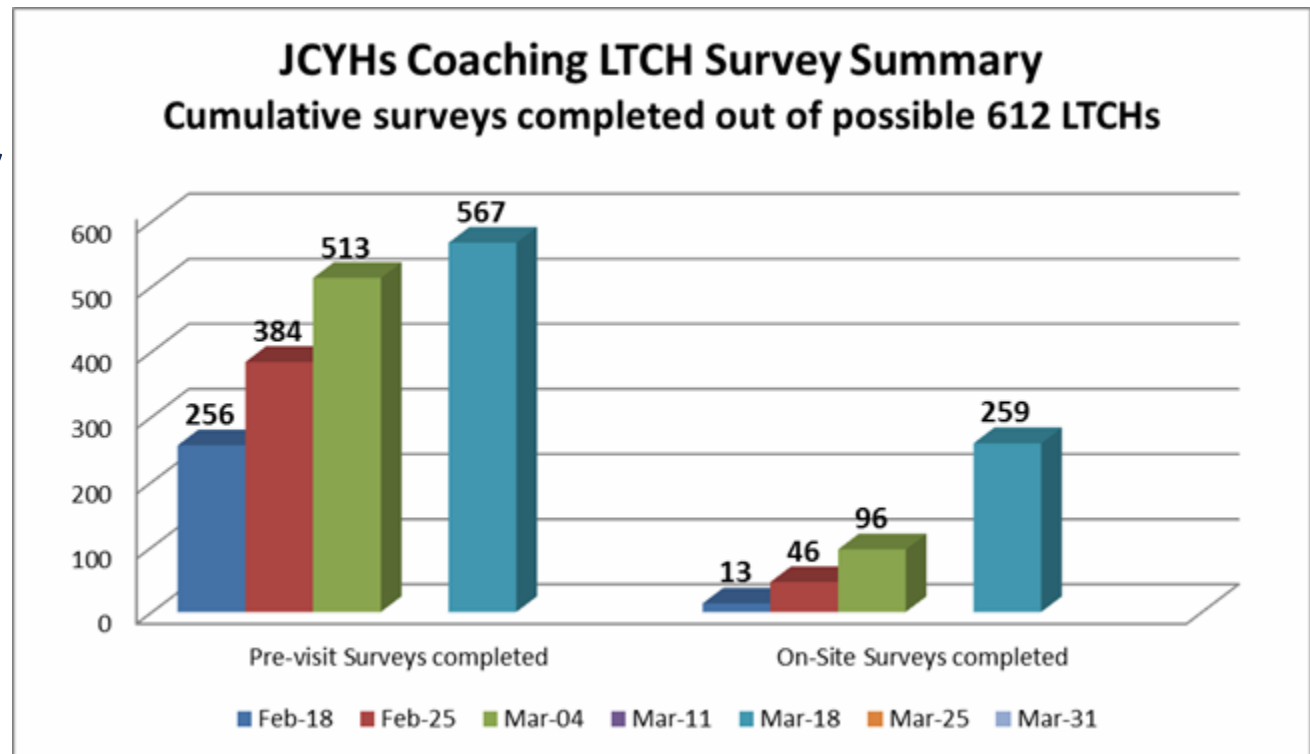


Program Delivery

- The basic elements of our program delivery preparation have been completed
- Reports continue to come in and we are now at...
 - 93% of LTCHs (567) have been contacted for the previsit survey
 - 42% (259) have had on-site visits completed
 - Still collecting data on the training sessions that have been offered to the LTCHs for JCYHs (2010-2011)

Reporting

- Pre-Visit Survey Status (93%)
- On-Site Survey Status (42%)
- Readiness Survey
- Education



Communications

- Initial communications to stakeholders and partners
- Coach FAQs
- RICN JCYH Update/Status Reports
- 2 - LTCH/ partner JCYH Flyers – one more planned
- RICN newsletter article
- Website updates
- News bulletin updates

Evaluation

Short timelines = decrease chance of completing surveys and, therefore, unable to complete evaluation by end of project period.

Solution:

- Hire someone to develop a Framework
- Review existing data sources
- Review analysis options including survey analysis, interviews, case studies, etc.

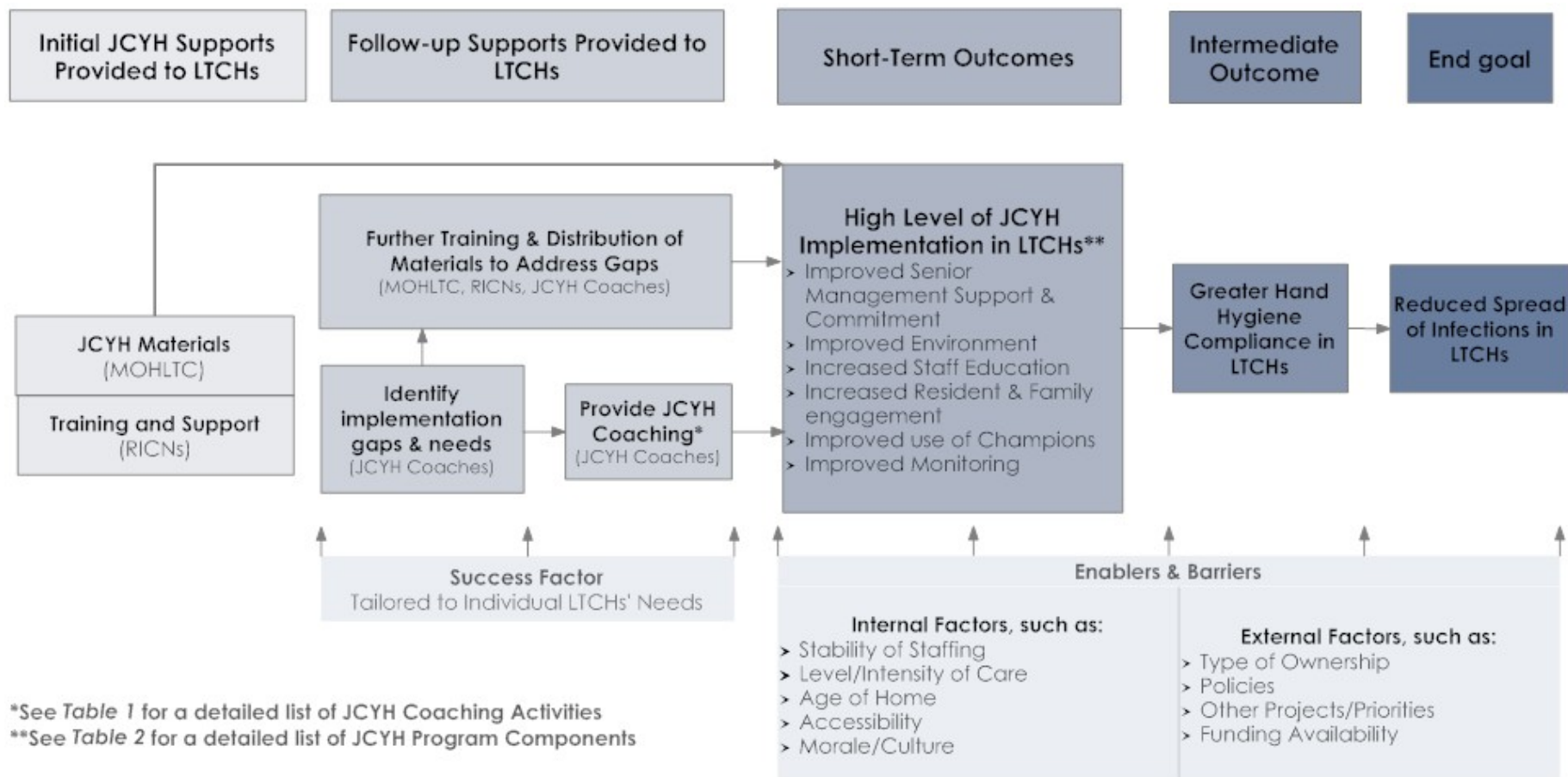
Evaluation will address:

- The **implementation** of the coaching supports by the RICNs, including an assessment of the quality, accessibility and utility of the training services to the LTCHs;
- The **satisfaction** of the LTCHs with the coaching supports; and
- The **impact** of the coaching supports on the implementation of JCYH in the LTCHs and on the knowledge of LTCH staff.

Evaluation Approach

- Ethical: informed consent
- Consultative and Informative: provide updates and seek feedback
- Realistic: maximizes available resources
- Accessible to our French participants and partners
- Adaptable: Approach and Methodology generic enough to apply to other programs delivered in a similar manner

Coaching Project Logic Model



*See Table 1 for a detailed list of JCYH Coaching Activities

**See Table 2 for a detailed list of JCYH Program Components

Data Collection and Analysis Methods

Table 3: Existing and Additional Data Sources

Existing data	Additional data
<ul style="list-style-type: none"> ▪ Documentation and records ▪ Pre-visit phone survey ▪ Coach evaluation form ▪ On-site coaching and debriefing tool 	<ul style="list-style-type: none"> ▪ Key informant interviews (with RICN staff, LTCH administrators) ▪ Post-visit phone survey ▪ Coach exit survey ▪ Coach discussion group ▪ JCYH working group discussion group ▪ Case studies

Data Collection

Documentation and Records

- Background (JCYHs Working group, Advisory Committee, etc.)
- Business case
- JCYHs Coaching Tools
- Financial documents
- Notes, minutes, success stories

Pre and Post Visit Survey

- administer the same survey;
- easier to administer than in-person surveys;
- ensures that the same mode of survey administration is used across the pre and post-survey;
- makes the results more comparable

Data Collection

Coach evaluation forms

- Developed as part of the Coaching tools
- Left at LTCH after visit (approach may have varied by RICN)
- Data entered into RICNAC – LTCH Feedback

On-Site Coaching and Debriefing Tool

- Information collected and entered into RICNAC
- Qualitative and quantitative data



Additional data

- Key informant interviews (with RICN staff and LTCH administrators)
- Coach exit survey
- Coach discussion group responses (20 minutes)
- JCYH working group discussion group
- **Case studies** – 1 per region with focus on learning what works

Senior Management Support


- 👉 99% of facilities surveyed (549/557) indicate they have appointed a JCYHs lead, though on-site surveys indicate 84% (211/251) Sr manager awareness of the JCYHs program
- 👉 63% (349/551) pre-visit survey interviewees indicate that resources have been allocated for JCYHs, though further probing is beginning to show that work is completed with existing resources



Environmental changes

Pre-visit survey

 100% of ABHR is alcohol based

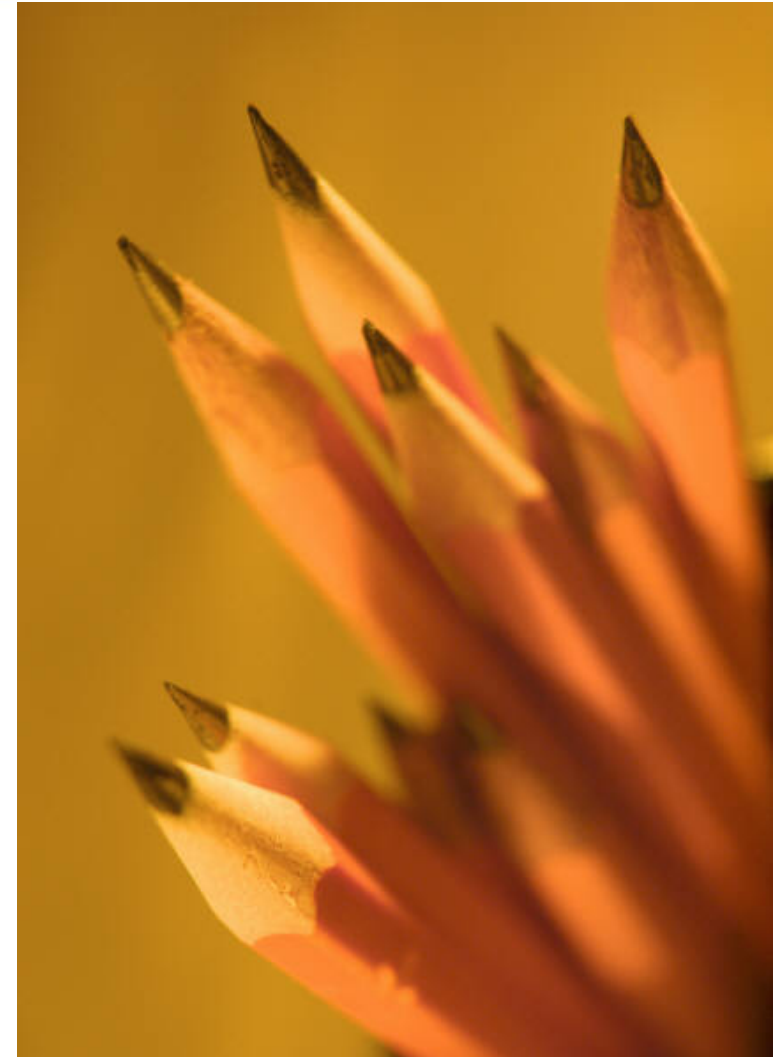
 70% (387/550) previsit, 69% (168/245) on-site - indicate placement in resident's room

- On-site visits so far indicate 33% (81/244) have ABHR at resident's bedside

 88% have ABHR in shared areas (115/245)

Education

- Previsit surveys indicate 87% (481/552) staff attended initial implementation TTT; 76% (418/548) had staff who attended the Observation and Monitoring TTT
- On-site surveys indicate: 53% (131/248) direct care staff trained, 56% (138/247) all shifts, 44% (109/247) all non-direct care
- On-site survey: 66% (161/243) have a person designated to deal with hand care - 22% (54/242) have intact skin policy



Resident and Family Engagement

👋 63% (347/550 in pre-visit survey) share information with residents; 50% (124/246 in on-site visit educate residents)

👋 58% (318/549) shared information with family; on-site - 51% (127/248) educate family

👋 33% (181/548) have included Resident Council in JCYH implementation; on-site indicates that 50% (125/248) educate Resident Council

👋 26% (144/548) have included Family Councils in JCYH implementation; 46% (113/248) present to Family Council in on-site

Ongoing Monitoring and Observation


- 64% (350/546) of observers were trained in the 4 Moments; 70% (172/246) on-site
- 59% (284/479) are using the JCYHs audit tool (to document compliance in pre-visit)
- 50% (144/290) who use the JCYHs tools, analyze data (pre-visit)
- 33% of those who analyze their data (47/144) are using the MOHLTC analysis tools
- 19% (28/144) use a facility spreadsheet; 27% (39/144) use other tools
- 23% (65/284) of those who use the JCYHs audit tools are using the on-the-spot feedback form (56/129 – 43% on-site)


Lessons learned...


- Coach Training
- understanding of the 4 Moments for HH in LTCHs
- Reports in RICNAC
- Reaching the LTCH's
 - phone call attempts
 - reception to coaches
- 'When' is important
- Ensure supplies are secured
- Pilot whenever you can!



Success Stories

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Facility had done all their data collection and presented it at an open house - and had HCP come to see. They offered treats and prizes while the presentation was running
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In a LTCH recently visited, one resident is reported to be involved in consistently squirting ABHR on all residents' hands pre & post meals on one of the floors – I understand this was since last year. Apparently, there have been outbreaks on other floors but, there have been no outbreaks on that floor.
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One resident was very adamant about ABHR use and thanks ADOC daily for having it available to him. Resident feels that because he has ABHR available, he is more aware of washing his hands & using the hand rub and that he has not gotten sick with pneumonia. Staff are very pleased following placement of ABHR in every resident room as now more available & easier to access.



It seems insufficient but...

Thank you!