Hospice Palliative Care Ontario's Indicators and Targets
for the Volunteer Hospice Visiting Service

Hospice Palliative Care Ontario's Final Draft Indicators and Targets

Introduction

In an effort to ensure consistent quality care throughout the province, the Hospice Palliative Care Ontario (HPCO) and its members developed *Client Service Standards for the Volunteer Hospice Visiting Service*, March 1999. An October 2000 survey of HPCO members indicated that the majority of respondents are in varying stages of implementing the standards.

As a next step HPCO is developing indicators as a method to assist its member agencies to monitor how well they are implementing/meeting the standards and to identify areas for improvement.

Goal for the Project

The goal for the project is to develop indicators and targets to be used as a guide for HPCO member agencies in monitoring how well they are addressing the quality dimensions and meeting the standards in order to assist their quality improvement efforts.

The indicators have been developed based on HPCO's *Client Service Standards for the Volunteer Hospice Visiting Service*.

Criteria for Selection of Indicators

During the process HPCO has taken into account the two cautions received by the Panel on Accountability and Governance in the Voluntary Sector:

- excessively onerous regulations and reporting requirements must be avoided or the spirit of volunteerism itself could be undermined
- the considerable diversity within the sector must be respected and accommodated (e.g. size, budget, funding source)[1]

Examples of criteria used in the selection of indicators are:

- ease in collecting data
- availability of required resources (reasonable cost and time)
- usefulness and relevancy of results
- ability of hospice to improve the situation if a target is not met

As with the development of the standards, HPCO has used an extensive process for the selection of the indicators and targets to ensure that HPCO member agencies agree with them and are able to use them. The steps in the process included:

[1] Panel on Accountability and Governance in the Voluntary Sector. *Building on Strength: Improving Governance and Accountability in Canada's Voluntary Sector.* February 1999, p.2-3.

1. Mary Davies of Mary Davies Consultants who facilitated the development of the Client Service Standards for the Volunteer Hospice Visiting Service developed draft indicators and targets.
2. Janet Napper, Executive Director HPCO and the consultant discussed draft indicators and targets.
3. Members of the Indicators Working Group suggested revisions to the draft indicators and targets. The members included:
    - Barbara Bowie, The Dorothy Ley Hospice
    - Keith Conrad, Hospice Wellington
    - Glenn Dudman, Program Supervisor Long Term Care Division, Central Region, Ministry of Health and Long Term Care
    - Beth Ellis, Dr. Bob Kemp Hospice Foundation
    - Cheryl McLeod, Hospice Durham
    - Janet Napper, Hospice Palliative Care Ontario
4. HPCO member agencies received a copy of the draft indicators and targets for input at regional meetings.
5. Mary Davies and Janet Napper attended five regional meetings to present the draft indicators and targets for feedback.
6. Consultant made revisions to the draft indicators and targets based on the feedback from the regional meetings.
7. HPCO member agencies received a copy of the revised draft indicators and targets for input at HPCO conference.
8. HPCO member agencies faxed/emailed to HPCO their responses to questions for HPCO conference's indicator presentation.
9. Mary Davies and Janet Napper presented the revised indicators and targets at the HPCO conference for final comment.
10. Consultant made revisions to the draft indicators and targets based on the feedback from HPCO conference.
11. HPCO member agencies received a copy of the final draft indicators and targets.

Sources of Information

The standards included in the document are from HPCO's *Client Service Standards for the Volunteer Hospice Visiting Service.* Some of the standards are directly quoted or adapted with permission from the Ontario Community Support Association's standards. These are identified throughout the document by an *.

The format and content for the indicators and targets are based on the work of others including:

- Benson, D. *Measuring Outcomes in Ambulatory Care*. Chicago: American Hospital Publishing Co., 1992.
- Halton-Peel District Health Council. *Guidebook for the Evaluation of the Quality of Services provide by Community-Based Long-Term Care Agencies*. Mississauga: Halton-Peel District Health Council, 1999.

- Ontario Community Support. *Standards and Indicators for Community Support Services: the Guide to Quality Care*. Toronto: Ontario Community Support Association, 1999.

Definitions of Terms

Criteria: They are steps taken to promote the achievement of a standard.[2]

Indicator: For this project, it is defined as a measurement tool used as a guide to monitor how well a hospice agency has addressed the quality dimensions and met the HPCO standards in order to improve the quality of the Volunteer Hospice Visiting Service.[3]

Quality Dimensions: They are measurable components of the service examined to determine if the agency is providing a quality service.[4] HPCO standards have been grouped according to the following quality dimensions:[5]

> **Accessibility:** the community being knowledgeable about the service and the service being accessible to all major groups within the community.
>
> **Client Perspective:** clients and caregivers being involved in the decision making concerning their care and being satisfied with the care they received.
>
> **Competence:** the volunteers having the appropriate knowledge and skill level to provide the hospice palliative care.
>
> **Continuity:** the service being coordinated with other service providers.
>
> **Safety:** the service to the client/caregiver being provided in a "safe" manner.

Standard: It is the desired and achievable level of performance against which actual performance can be compared.[6]

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[2] Canadian Council on Health Services Accreditation. *Standards for Home Care Organizations: A Client-centred Approach*. Ottawa: Canadian Council on Health Services Accreditation, 1997, p.31.

[3] Based on Halton-Peel District Health Council's *Guidebook for the Evaluation of the Quality of Services Provided by Community-Based Long-Term Care Agencies.* Mississauga: Halton-Peel District Health Council, April 1999, G-1 and Canadian Council on Health Services Accreditation. *Indicators and the AIM Accreditation Program.* Ottawa: Canadian Council on Health Services Accreditation, 2001, p.1.

[4] Based on the work of the Joint Commission on Accreditation of Healthcare Organizations. *Primer on Indicator Development and Application.* Oakbrook Terrace: Joint Commission on Accreditation of Healthcare Organizations, 1990, p.8.

[5] Except for competence, these are some of the dimensions of quality adapted from the Ministry of Health's *Provincial Requirements for the Request for Proposal Process for the Provision of In-Home Services, Supplies and Equipment*. May 1996 which sources Donabedian, A. *The role of outcomes in quality assessment and assurance.* Quality Review Bulletin 1992: 18(ii), 356-60 and Macdonald, M. and Boulianne, R. *Governance for quality, getting to the heart of it.* Healthcare Management Forum 1995, 8 (iii), 46.

Target: It is an achievable goal that a hospice aims to reach. It is compatible with current knowledge and provides a stretch for the hospice to accomplish. The target can be increased once the original target is achieved.[7]

Use of the Indicator Chart

An indicator chart has been designed to assist a hospice in its quality improvement process. Unless otherwise stated, the charts are to be completed yearly.

Each chart includes the following completed information

1. Quality Dimension being examined
2. Standard and if applicable criterion being monitored
3. Indicator being used to monitor how well the standard and if applicable criterion is being met
4. Target setting the goal the hospice is trying to achieve

Suggestions are provided for:

1. Methods to collect information
2. Methods for analysis

A hospice may decide to use other methods to collect information or to analyze the results.

Each hospice will need to complete:

1. *Result.* This box shows the result a specific hospice achieved based on its analysis. This will vary by hospice.
2. *Factors affecting achievement of target.* If a hospice does not achieve a specific target, this box provides an opportunity for the hospice to list the reasons. This is beneficial for a number of reasons including identification of key areas for improvement, and/or information to provide for additional funding requests.
3. *Quality improvement strategies.* The ultimate reason for creating indicators and targets is to identify areas for improvement. If a specific target is not achieved, the hospice should outline approaches it will use to achieve the target.

Indicators have not been developed for all standards. As noted at the bottom of the charts, some indicators also relate to other quality dimensions and standards.

Next Steps

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[6] Canadian Council on Health Services Accreditation. *Standards for Home Care Organizations: A Client-centred Approach.* Ottawa: Canadian Council on Health Services Accreditation, 1997, p.41.

[7] Based on work of Benson, D. *Measuring Outcomes in Ambulatory Care*. Chicago: American Hospital Publishing Co., 1992.

HPCO is developing a proposal for funding to further test and implement the draft indicators. This will assist in:

- developing province wide tools (e.g. satisfaction surveys, incident and complaint forms and an indicator audit tool for client and volunteer records)
- further refining the indicators and targets
- analyzing and presenting the province-wide and region-wide results for each indicator
- identifying difficulties in data collection
- identifying areas where HPCO member agencies might require further assistance

Expectations of the Agencies with the Indicators and Targets

Once the testing is completed, it is expected that the agencies will strive to use the indicators and targets in order to monitor how well they are meeting the standards and quality dimensions and to assist them in identifying where improvements can be made in their Volunteer Hospice Visiting Service.

Final Draft Indicators and Targets

Quality Dimension: *Accessibility* - the community being knowledgeable about the service and the service being accessible to all major groups within the community.				
Standard 1.1 : The hospice has an ongoing process for informing the public and other service providers of its service.				
Criteria: All (see standards document, p.5-6)				
Indicator 1.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Number of referrals	Annual increases, amount varies with hospice	Review data base	Count of number of referrals	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension: *Accessibility* - the community being knowledgeable about the service and the service being accessible to all major groups within the community.				
Standard 1.1: The hospice has an ongoing process for informing the public and other service providers of its service.				
Criteria: All (see standards document, p. 5-6)				
Indicator 2.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Number of referrals by source	Referrals from at least three different sources (e.g. CCAC, hospital, physician, self-referral, previous clients/caregivers)	Review sources of referral annually	Count of total referrals from each source	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension: *Accessibility* - the community being knowledgeable about the service and the service being accessible to all major groups within the community.				
Standard 1.1: The hospice has an ongoing process for informing the public and other service providers of its service.				
Criteria: All (see standards document p.5-6)				
Indicator 3.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of clients served by: a) Age group b) Gender c) Geographic area d) Diagnosis e) Language	Varies with individual hospice	Review of data base	Example for gender: # of females x100 total # of clients	
Factors affecting achievement of target:				
Quality improvement strategies:				

Note:

1. Age group categories are:
   - 0 to 19
   - 20 to 49
   - 50 to 74
   - 75+
2. Geographic area refers to areas specified/identified by individual hospices
3. Diagnosis includes the following categories:
   - cancer
   - AIDS
   - circulatory system diseases
   - diseases of the respiratory system
   - other
4. Language refers to primary/first language spoken at home

Quality Dimension 1: *Accessibility* - the community being knowledgeable about the service and the service being accessible to all major groups within the community.				
Standard 1.2: The hospice provides services based upon the client's/caregiver's needs and the parameters of the service.*				
Criterion D: The service is initiated in a timely manner.				
Indicator 4.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Number of days before client receives contact concerning assessment or service	80% receive contact within 2 working days	Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number)	# of clients contacted within 2 working days / 50 x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 1: *Accessibility* - the community being knowledgeable about the service and the service being accessible to all major groups within the community.				
Standard 1.2: The hospice provides services based upon the client's/caregiver's needs and the parameters of the service.*				
Criterion: No specific one.				
Indicator 5.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of primary caregivers satisfied with service client received	90% satisfied	Survey of a minimum of 50 primary caregivers of deceased clients (or 50% of the total depending which is the smaller number)	# satisfied / # of respondents x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Note: Primary caregiver is defined as the person who provides the majority of care to the client such as a family member, friend, or neighbor. The person does not include paid staff and hospice volunteers.

Primary caregivers to be surveyed between three and six months after client died.

Also relates to:

Quality Dimension: Client Perspective

Standard: 2.1

Quality Dimension 1: *Accessibility* - the community being knowledgeable about the service and the service being accessible to all major groups within the community.				
Standard 1.2: The hospice provides services based upon the client's/caregiver's needs and the parameters of the service.*				
Criterion: No specific one.				
Indicator 6.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of primary caregivers satisfied with service they received	90% satisfied	Survey of a minimum of 50 primary caregivers of deceased clients (or 50% of the total depending which is the smaller number)	# satisfied / # of respondents x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Note: Primary caregiver is defined as the person who provides the majority of care to the client such as a family member, friend, or neighbour. The person does not include paid staff and hospice volunteers.

Primary caregivers to be surveyed between three and six months after client died.

Also relates to:

Quality Dimension: Client Perspective

Standard: 2.1

Quality Dimension 2: *Client Perspective* - clients and caregivers being involved in the decision making concerning their care and Being satisfied with the care they receive.				
Standard 2.1: An individualized assessment is completed to determine the client's/caregiver's specific needs.*				
Criterion A: See standards document, p. 8-9				
Indicator 7.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of client records with documented individualized assessment	100% of client records with documented individualized assessment	Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number)	# of client records with individualized assessment / 50 x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Also relates to:

Quality Dimension: Accessibility

Standard: 1.4

Quality Dimension 2: *Client Perspective* - clients and caregivers being involved in the decision making concerning their care and being satisfied with the care they receive.				
Standard 2.2: Clients and caregivers are respected as individuals and involved as appropriate in all aspects of their individual program plans as developed by a qualified coordinator at the Volunteer Hospice Visiting Service.*				
Criterion: No specific one.				
Indicator 8.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of caregivers who report being involved in deciding service received e.g. • emotional support (i.e. anticipatory grief, bereavement support) • relief from caregiving • referral resource information (e.g. power of attorney, wills, funeral arrangements, other resources) • advocacy	80% report being involved in deciding service received	Survey a minimum of 50 caregivers (or 50% of the total depending which is the smaller number)	# reporting being involved in deciding service received x100 # of respondents	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.1:	A qualified coordinator conducts ongoing intensive screening of all volunteers who visit clients/caregivers.*			
Criterion C:	Each volunteer must submit a current (i.e. dated no earlier than the date of the volunteer's interview with the qualified coordinator) police records check report, which the volunteer should seek from the police service in whose jurisdiction the volunteer currently resides. (If the person has moved in the last five years, the individual should identify this fact to the police service when applying for the police records check. In some regions, the police will make a request of other police services for information from local records).[8]			
Indicator 9.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of volunteers who have submitted an acceptable current police records check report prior to client contact	100% of the volunteers have submitted an acceptable current police records check report prior to client contact	Audit a minimum of 50 volunteer records (or 50% of the total depending which is the smaller number)	$\frac{\text{\# of completed forms}}{50} \times 100$	
Factors affecting achievement of target:				
Quality improvement strategies:				

[8] Each police service determines what it will and will not include in a police records check, and how and to whom it will release police records check information, whether to the individual applicant or to the organization seeking the information. The agency should check with its local or regional police service or the OPP where it provides regional police services, to understand what its police records check includes and does not include (See Appendix A of HPCO's *Client Service Standards for the Volunteer Hospice Visiting Service,* March 1999 for further information).

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.1: A qualified coordinator conducts ongoing intensive screening of all volunteers who visit clients/caregivers.*				
Criterion: No specific one				
Indicator 10.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of volunteers who have documentation of ongoing supervisory contact	100% have ongoing supervisory contact documented	Varies with individual hospice's methods of documentation e.g. volunteer record, client record. Audit a minimum of 50 records (or 50% of the total depending which is the smaller number)	# of volunteers with documentation of ongoing supervisory contact / 50 x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.

Standard 3.2: The hospice has a process for informing volunteers of their roles and limitations.

Criterion A: The agency has written policies and procedures known to the volunteers outlining:
- assistance with medications and medical equipment e.g. oxygen
- provision of transportation to clients
- prevention and reduction of risk
- response to emergency situations
- response to abuse/harassment
- acceptance of gifts or gratuities
- lines of communication e.g. who to contact, when and what type of information to provide
- report of unusual incidents e.g. theft, client fall
- conflict of interest
- do not resuscitate orders
- extent of physical care e.g. emptying urine bag
- response to an unexpected change in the client's condition or an unexpected death of a client

Indicator 11.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of volunteers a) comfortable with b) aware of their roles and limitations	80%	Survey minimum of 50 volunteers (or 50% of the total depending which is the smaller number) concerning their a) comfort level b) awareness of their roles and limitations	# a) comfortable with b) aware of their roles and limitations / # respondents x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.4: The hospice has a process for ongoing support/supervision of the volunteers.*				
Criterion: No specific one				
Indicator 12.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of volunteers satisfied with support received	90% satisfied with support received	Survey a minimum of 50 volunteers (or 50% of the total depending which is the smaller number)	# volunteers satisfied with support received x100 # respondents	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.5: The hospice has a risk management process.				
Criteria: All				
Indicator 13.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of reported unusual incidents involving clients as a result of the Hospice Volunteer Visiting Service	0.1% unusual incidents	Count of number of unusual incidents reported for six month period	# of unusual incidents / Total # of hours x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Note: Unusual incident is defined as any event which can result in actual or potential harm to a client. Examples include injuries to clients; abuse of client; and breach of confidentiality.[9]

[9] Adapted from definition of VON Ontario, 1990.

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.5: The hospice has a risk management process.				
Criteria: All				
Indicator 14.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of reported unusual incidents involving volunteers while they provide Hospice Volunteer Visiting Service	0.1% unusual incidents	Count of number of unusual incidents reported for six month period	# of unusual incidents / total # of hours x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Note: Unusual incident is defined as any event which can result in actual or potential harm to a volunteer. Examples include injuries to volunteer and/or abuse of volunteer.[10]

[10] Adapted from definition of VON Ontario, 1990.

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.6: The service has a records management process.				
Criterion A: Adapted from Criterion A				
Indicator 15.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of a) clients who have a client record b) client records that include the following key information: - assessment - program plan - consent for release of information - relevant information from visits (e.g. implementation and evaluation of program plan) - emergency contact numbers	a) 100% exist b) 100% contain information	b) Check a minimum of 50 names on client list with existence of records (or 50% of the total depending which is the smaller number) b) Audit contents	a) # of client records which exist / 50 x100 # of client records which contain key info / 50 x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.6: The service has a records management process.				
Criterion B: Adapted from Criterion B				
Indicator 16.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of: a) volunteers who have a volunteer record b) volunteer records which include the following key information: - application form - training received - results of ongoing screening process - signed confidentiality form	a) 100% exist b) 100% contain information	a) Check a minimum of 50 names on volunteer list with existence of records (or 50% of the total depending which is the smaller number) b) Audit contents	a) # of volunteer records which exist / 50 x100 # of volunteer records which contain key info / 50 x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Also relates to:

Quality Dimension: Safety

Standard: 3.7

Quality Dimension 3: *Safety* - the service to the client/caregiver being provided in a "safe" manner.				
Standard 3.7: The hospice has a process to maintain confidentiality of information.				
Criterion : All				
Indicator 17.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Number of validated complaints from clients/caregivers, other service providers concerning breach of confidentiality	0	Collection of validated complaints received in 6 month period	Count of validated complaints received in 6 month period	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 4: *Competence* - the volunteers having the appropriate knowledge and skill level to provide the hospice palliative care.				
Standard 4.1: The hospice has a process for the ongoing education/training of the volunteers who provide hospice palliative care to clients.*				
Criterion E: It is mandatory that all volunteers have completed the HPCO modules.				
Indicator 18.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of volunteers who have completed the HPCO approved modules	100% of volunteers have completed the HPCO approved modules	• Audit a minimum of 50 volunteer records (or 50% of the total depending which is the smaller number) • Review of attendance at training sessions	# completing approved modules / 50 x100	
Factors affecting achievement of target:				
Quality improvement strategies:				

Quality Dimension 5: *Continuity* - the service being coordinated with other service providers.				
Standard 5.1: The Volunteer Hospice Visiting Service provides the client and caregiver with consistent volunteer/volunteer care team members in order to promote continuity of care.				
Criterion: No specific one				
Indicator 19.	**Target**	**Methods to Collect Information**	**Analysis**	**Results**
Percentage of clients with same volunteer/ volunteer care team	80% of clients have the same volunteer/ volunteer care team	Audit a minimum of 50 client records (or 50% of the total depending which is the smaller number)	# of clients with same volunteer /volunteer care team x100 / 50	
Factors affecting achievement of target:				
Quality improvement strategies:				