## Appendix 2: Wave 2 Collaborative Pilot Project Summaries

<table>
<thead>
<tr>
<th>Organization</th>
<th>Pilot project</th>
<th>Goal</th>
<th>Intervention</th>
<th>Outcomes</th>
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</thead>
</table>
| Beacon Community Services | Dementia Collaborative Client-Centred Care | Improve continuity in dementia care to 75% | • Improved staff training  
• Revised intake/personal history form | • Goal of 75% was not met; sustained improvement in continuity  
• Increase in client/family and care worker satisfaction |
| VHA Home HealthCare | Infection Surveillance and Management of Central/Peripheral Line Sites in Home Care | Reduce the time lag between the identification of central/peripheral line site infection and the required intervention | • Create an updated infusion flow sheet to track signs and symptoms of infection, intervention required and other data  
• Develop additional education  
• Adopt a central documentation location | • Overall better tracking of infusions, symptoms, infections and interventions  
• Adoption of a standardized approach to infection surveillance |
| Central West Local Health Integration Network Home and Community Care | Reducing Negative Impacts from Repeat Patient Falls in the Community | • Capture 100% of patient falls in a fall e-form completed by the care coordinator  
• Decrease the percentage of patients who reported a negative impact from a repeat fall | Develop and implement a falls e-form to:  
• document all falls  
• offer guidance to prevent further falls  
• manage variation by standardizing fall assessments | • Creation of a falls e-form consisting of 4 sections  
• Understanding of the relevance and use of the NHS Sustainability Model and Guide |
| Vancouver Island Health Authority | Improving Documented Intervention for Reported Falls for Long-Term Home Support Clients in Community Health Services (CHS) | Improve documented interventions for reported falls for long-term home support clients of CHS to 100% | • Revise the CHS fall guidelines and existing online support tools, resources and fall audit tools  
• Develop and deliver new educational resources | The percentage of falls with documented intervention increased from 21% to 46% |
| CBI Health Group | Ensuring Safe, Effective and Quality Care to Persons with Dementia: A Balanced Approach to Person-Centred Care, Personnel and Patient Safety | Document responsive behaviours in 75% of patients with dementia | • Survey to determine the comfort level and training of personal support workers regarding working with dementia patients  
• Development of training resources  
• Creation of an individualized identification and communication tool for personal support workers | • Creation of a “cue card for compassionate care”  
• The empowerment and engagement of personal support workers and healthcare team members  
• New insights into front-line care and how to effect improvements |
| Nova Scotia Health Authority | Improving Assessment and Case Management of Clients with Cognitive Impairment | Reduce distress among caregivers of clients with cognitive impairment from 36% to 30% | • Provincial education sessions provided for staff about standardized person-centred case management  
• Best practices in clinical assessment protocols were investigated and applied via designated care coordinators | • Government initiation of software updates  
• New priority placed on case management work |
| Care at Home Services | Advance Care Planning (ACP) | Increase the rate of ACP conversations by 60% for those patients where the surprise question screener tool response was "no" | • Develop surprise question screener tool  
• Develop educational materials and mentorship opportunities to facilitate ACP conversations | • Increase in staff understanding and comfort with ACP conversations  
• 82% of patients had an ACP conversation with their healthcare provider, compared with 50% pre-training  
• Increased satisfaction of clients |