Initiative Manager Close-out Report

A. General Information

Initiative Title:	Initiative 3: Provincial Residential Care MSIP		
Sponsor:	Lesley Moss	***Project:***	Health & Safety In Action
Prepared by:	Helen Tam	***Date:***	April 30, 2012

Health Authority Project Leads:

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B. Project Deliverables & Key Work-steps Completed

The following is a list of completed deliverables and associated worksteps accomplished by the initiative manager and project team. Project documents are available by request from the initiative manager or HA project leads.

Deliverable& Key Work-steps	*Details*
1. Project documents & development	
-Charter	
-Business case	
-Budget plan	Included capital allocations & operation needs.
-Workplan	Project level & HA specific.
-Project team created	1 experienced MSIP advisor/ergonomist from each HA.
2.Pilot site selection	
- Selection criteria	
-Site Partnership Agreement	Developed agreement & site director/manager sign-off
-Site kick-off campaigns & communication plans	18 sites (3 FHA, 3 IHA, 3 NHA, 2 PHC, 4 VCH, 3 VIHA)
3.Provincial Safe Resident Handling Standards	
-A review of current practices, programs, & research literature	
-Development & roll-out of provincial stakeholder input plan	Stakeholder included a range of residential clinical workers from pilot and non-pilot sites, family & residential council members, professional associations/committees, WorkSafeBC, residential care JOSH members.
-Identification of target standards & key content	

-Development of provincial standard content, gap analysis & supporting tools	2 foundational decision support tools developed: Point of Care Assessment and Mobility Decision Support Tool.
-Gap analysis completed in all 18 sites.	The tool designed to guide facilities in action planning to fill gaps towards standard implementation.
4.Infrastructure enhancements to support standard implementation: capital equipment	
-Development of ceiling lift criteria	
-Ceiling lift needs assessment completed in all pilot sites	
-Ceiling lift installed in 13 pilot sites.	Total: 495 lifts.
-Development of minor equipment criteria	
-Minor capital equipment purchased in all 18 pilot sites.	Equipment ranged from adaptive clothing to commodes
5. Provincial implementation program developed & delivered at each pilot site	
-A review of current practices, programs & research literature	
- Development of a provincial implementation program	Peer resource team (PRT) implementation model.
-Development of PRTs in all pilot sites.	HA project leads supported site leaders to selecting and developing PRTs.
-Assessment of PRT training needs and training curriculum developed & delivered.	
-Standard implementation underway at all sites.	Completion of standards will require longer than the project 12 month timeline for site implementation.
6. Project Evaluation	
-Development of a project evaluation framework	4 category evaluation framework: injury date, safety climate & teamwork, task audits, and gap analysis.
-Pre-evaluation completed at all pilot sites.	Post-evaluation scheduled Dec. 1, 2012 through to March 8, 2013 (by HA Project Leads). HA specific reports will be prepared by end March 2013.
7. Project Transition to HA Core Business Plan	
-Development of initiative transition plan May to Nov. 2012	Includes: roles, responsibilities, and key steps to project completion.
8.Budget Management Process	
-Development of HA specific reimbursement systems	
-Reimbursement process post April 30, 2012.	To ensure all project costs continue to be reimbursed post the coordinated initiative management phase.

C. Budget Report

The project was successfully completed under budget. The following table is a report on planned and actual costs to date. There are pending invoices for approval and will be calculated into a final budget report available by Georgina Lam at HEABC.

Expenditures as of April 27, 2012 (invoices pending approval by project director)				
Initiative 3	***Budget***	***Actual & Pending for Approval***	***Variance***	***Explanation***
Initiative Manager	179,035	133,439	45,596	
Project Leads	499,518	509,814	(10,296)	
PL Travel & Meeting	21,00	13,146	7,854	
Travel: IH/NH	35,604	18,305	17,299	Invoice expected up to November 30, 2012
Site Training & Implementation	422,450	398,684	23,766	
Provincial Standard Development/Project Evaluation	31,200	16,165	15,035	$14,300 is budgeted for post evaluation expenses.
Capital & Minor Equipment	3,361,193	3,062,963	298,230	PRT minor capital purchases currently on order. Invoices pending.
Total	4,555,000	4,152,515	397,485	Invoices still pending. Project will be under budget.

D. Scope

Scope Change	*Impact of Scope Change*
Stream 2: Integrated Claims and Case Management Implementation Plan - removed from project scope due to: - Health authorities' limited capacity to take on additional provincial work. - EDMP kicking off in 2011.	Project able to focus all efforts on Stream 1: Primary Prevention and successfully completed the key deliverables of Stream 1.
Provincial standard implementation ongoing. Stringent project timelines and funding only support foundational site set-up and kick-off. Full provincial standard implementation at pilot sites will require more than 12 months accomplishing.	Project post evaluation will measure only the impact implementation efforts underway. The maximum benefit from the provincial standards may not be fully realized until 18-24 months post kick-off.
Definition and management of bariatric residents.	A provincial definition and guiding management of bariatric residents is not available.

E. Project Sustainability

A. Sustainability at pilot sites requires:

- Program support and maintenance is an occupational health and safety core business function in each health authority. This may include:
  - -Safety refresher training & competency development for local-level teams and coach teams (for teams of 10-12 people).
  - -Maintenance costs: $13,000/site.

B. Program spread beyond pilot sites based on selecting sites with 75% or more ceiling lift coverage to maximize HA investments with no additional capital funds required for ceiling lifts.

- Utilize provincial tools/resources developed from year 1 initiative.
- Program roll-out support is an occupational health and safety core business function in each health authority.
- Introduction/initial roll-out cost per site (for teams of 10-12 people):
  - -Initial training: $10,000
  - -First year implementation support: $20,000

C. Future opportunities:

- Apply standard to all residential care and affiliate sites
- Apply current provincial standards across sectors (acute and community care).
- Integrate other high risk causes of MSI into established site Peer Resource Team programs (violence & material handling).

F. Project Resources

The following resources were essential in project delivery and success.

Resource	*Details*
Project Tea:	
-Project Director	
-Project Sponsor	
-Initiative Manager	Dedicated time
-Project Lead from each health authority	Dedicated time
Health Authority Resources:	
-OHS Director	
-Site manager	
-Select frontline workers	Dedicated time.
-Financial Analyst	
-Capital Purchase lead	
Equipment:	
-Laptops	For project team
-Blackberries	For project team

G. Project Documents

The following project documents are available by request from the Initiative Manager or HA Project Leads.

Documents
Project Charter
Business Case
Work-plan
Budget plan
Provincial Safe Resident Handling Standard & Implementation Package
Capital funds allocation and purchase criteria documents
Site selection and information documents
Project Evaluation Framework
Initiative 3, Transition Plan to Core HA Business
Lead Key Steps: May 2012-March 2013

H. Lessons Learned

Statement of Problem	***Discussion***	***Recommendations***
Project schedule: development and planning	8 weeks were scheduled to develop the project framework, project documents, and build a project team. These were extremely tight timelines. Many decisions were made with minimal stakeholder input resulting in issues that may have been avoidable.	Schedule 12 weeks for project development & planning. This allows for better informed planning and gain greater stakeholder buy-in.
Limited project lead time & capacity.	Although project leads were HSIA funded , they maintained some HA responsibilities and duties. This divided their efforts and challenged their ability to meet deliverable time lines.	Project leads are released from their HA duties to focus solely on project work.

I. Dates for Post Evaluation and Project Evaluation Report

Action	***Date***	***Responsible Person***
Post - Project Evaluation	December 1, 2012-March 8, 2013	HA MSIP Advisors/Ergonomic Specialists and Research Team for Teamwork & Safety Climate Surveys
Project Evaluation Report	March 2013	Jeremy Bell & HA MSIP Advisors/Ergonomic Specialists

J. Recommendations

Topic	***Recommendation***
Project Lead Thinkpads	If there are no future HSIA projects, HA MSIP/Ergonomic teams keep the Thinkpads.
HSIA/Project team face-to-face celebration meeting	At the completion of the project (March 2013), a meeting is coordinated to celebrate project completion and successes.

HA and site level success	A significant strength of this project was the provincial collaboration. Learning from and incorporating each HA's best practices have resulted in evidence-informed and foundational standards and a solid implementation framework. An important next step is each HA's capacity to remain committed and continue on the roadmap provided. HAs and sites need to look for operational opportunities to continue the work and apply lessons learned as they move forward.