Key Messages
Continuing care in Alberta is a complex system of supports that offers a variety of services for people with post-acute, chronic, palliative or rehabilitative health care needs. It is intended to be a province-wide, person-centered, integrated, service delivery approach providing Albertans with reasonable, timely and appropriate access to publicly-funded quality and safe continuing care services.

The AHS Continuing Care Quality Management Framework represents a shared understanding of how quality of care will be consistently managed, monitored and measured. This means having a way to ensure high quality, highly reliable care and services from the perspectives of: the individual receiving the services as the foundation of the system; of frontline providers; and health system oversight.

The vision to guide the AHS Continuing Care Quality Management Framework journey over the next five years is: Individuals and their families will access and receive quality safe continuing care services from a high performing, highly reliable continuing care system.

In order to implement the now approved framework and the multi-stakeholder Continuing Care Quality Committee, there is a need for consistent engagement and ongoing communications with key stakeholders and the larger public audience to ensure quality and safe care by:

- Putting people and their families at the centre of their health care
- Fostering a culture of trust and respect
- Focusing on wellness and public health
- Enabling decision-making using the best available evidence
- Ensuring equitable access to timely and appropriate care

Goals
- Involve (seek out, engage, solicit, build relationships / coalitions) key stakeholders including the public in the continuing care quality (CCQ) activities
- Provide sufficient and timely updates, and standardized and consistent information to the right audiences at the right time (e.g. CCQ Overview, AHS internal and external websites and reporting, as per governance structure)
- Ground the work of CCQ in person-centred experience
- Establish practice of sharing quality improvement stories

Risks and Challenges
- Sensitivity exists for the public related to the care received by some recipients of continuing care services based on recent incidents and media reports;
- To promote continuous quality improvement in the continuing care system while not stifling innovation already in progress
- Getting our message to the right people and consistently enough to increase general public awareness
- As CCQ communication takes place it is important to ensure that AH and the Minister are included, as a key stakeholder;
• Any communication must be aligned between AHS and AH; and,
• As we move toward reporting information in a Continuing Care Quality Assurance and Risk Management Dashboard, zones and contracted providers’ information will be available in aggregate reports. We anticipate some variation (reporting definitions, procedures) which will make comparison difficult, until resolved.

Target Audiences

A. External
• Patients / clients and their families/caregivers
• Health Advisory Councils
• Health Quality Council of Alberta
• Health Advocate
• Alberta Health
• Minister’s Forum
• Quality in Continuing Care (QuICCC)
• Continuing Care Collaborative
• Contracted / partner service providers and associations
• Covenant Health
• Physicians (external to AHS)
• Community organizations supporting seniors
• General public
• Media

B. AHS Internal
• Executive Leadership Team
• Quality and Safety Executive Committee
• Clinical Operations Executive Committee
• Continuing Care Task Force
• Integrated Continuing Care Steering Committee
• Continuing Care Resolutions Team
• Quality Healthcare Improvement
• Zone Seniors Health team and physician dyads
• Zone QHI staff
• Seniors Health SCN
• Community, Seniors, Addictions and Mental Health team
• Finance
• Contract, Procurement, Supply Management
• Infection Prevention and Control
• Nutrition and Food Service and Linen and Environmental Service
• Data, Information Measurement and Reporting
• Primary Healthcare
• Health Professions Strategy and Practice
• Capital Planning
• Information Systems / Technology
• Internal Audit, Enterprise Risk Management
• Wholly owned subsidiaries: Capital Care, Carewest
• All AHS staff working in the continuing care system
Next Steps that could be completed within current QIPE resources from September to December 2014:

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Date completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop plain language Summary for CCQMF with CCQ Public members</td>
<td>September 2014</td>
<td>Working with AHS communications (Seniors / QHI) we are looking at opportunities to ensure the CCQ communications are aligned and where possible integrated.</td>
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<tr>
<td>Post CCQMF, Plain language Summary on AHS external website</td>
<td>October 2014</td>
<td></td>
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<tr>
<td>Post CCQ communication (eg Overviews, progress reports) for the AHS Insite, External website, and The Continuing Care Desktop.</td>
<td>December 2014 process developed for Insite and the CC Desktop. Docuemtn now posted on Insite</td>
<td>Develop a posting process of who posts, where to post, when to post, what to post, how the hyperlinks will originate from</td>
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<tr>
<td>Develop a identifier and tag line for use on all communications materials</td>
<td>September 2014</td>
<td>Paintbrush graphic used on all out communications “Creating Excellence” was used for the plain language summary</td>
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<tr>
<td>Establish an email address to be put on external website with a process to review and respond</td>
<td>October 2014</td>
<td><a href="mailto:ContinuingCare.Quality@albertahealthservices.ca">ContinuingCare.Quality@albertahealthservices.ca</a></td>
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<tr>
<td>Article into Leadership Matters with link to external page</td>
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<tr>
<td>Article in Apple magazine outlining what the CCQMF means for the public</td>
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<tr>
<td>Video or info-graphic for use on the external website explaining what the CCQMF means for the public</td>
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<tr>
<td>Develop a site on the AHS external website with key messages, contacts and what it means to me (CC leaders, frontline managers, care providers, person and family receiving cc services, the public.</td>
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<tr>
<td>Bookmark style info cards to post on the external website or for handing out at presentations</td>
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<tr>
<td>Task</td>
<td>Start Date</td>
<td>Notes</td>
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<tr>
<td>Offer and provide a presentation with Zone leadership for continuing care audiences where they have prescheduled meetings (time to be requested on these agendas)</td>
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<tr>
<td>Develop Streamlined PP Presentations (Framework and CCQ) for respective audiences that could be used for CCQ members in providing presentations</td>
<td>August 2014, ongoing</td>
<td>Several presentations have been given to various groups, updated provided through CCQ</td>
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<tr>
<td>Develop CCQ meeting overview (summary) for broad circulation by all committee members</td>
<td>June 2014 – present</td>
<td>Overview created and distributed within 7 days following each CCQ meeting, broad distribution</td>
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<tr>
<td>Develop ad hoc status reports</td>
<td>September 2014</td>
<td>QSAC (November 13th presentation)</td>
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<tr>
<td>CCQ will identify, categorize and prioritize issues for improvement that impact quality of care and services or introduce risk within the continuing care system, therefore will need to develop a process for this to happen (as per the work of the CC-QIWG and CC-QWG)</td>
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<tr>
<td>Develop a quarterly provincial quality report template for QSEC including: key initiatives, issues, actions and decisions with attached minutes and overviews</td>
<td>October 2014</td>
<td>Presentation to QSEC November 6th</td>
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<tr>
<td>Develop annual quality improvement in continuing care report to be submitted to QSEC annually</td>
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<tr>
<td>Quality Assurance and Risk Management Dashboard</td>
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