Healthcare Excellence Canada | Excellence en santé Canada

Frequently Asked Questions for Applicants

1. How do I calculate the potential reach of my project?

Potential reach is used to calculate the potential impact of your work while participating in a HEC program. Potential reach includes the reach from all teams' sites to provide a total number. The calculation for potential reach is dependent on your project. Please use the decision tree (Figure 1) on the following page to determine how to calculate your potential reach. Examples are provided below.

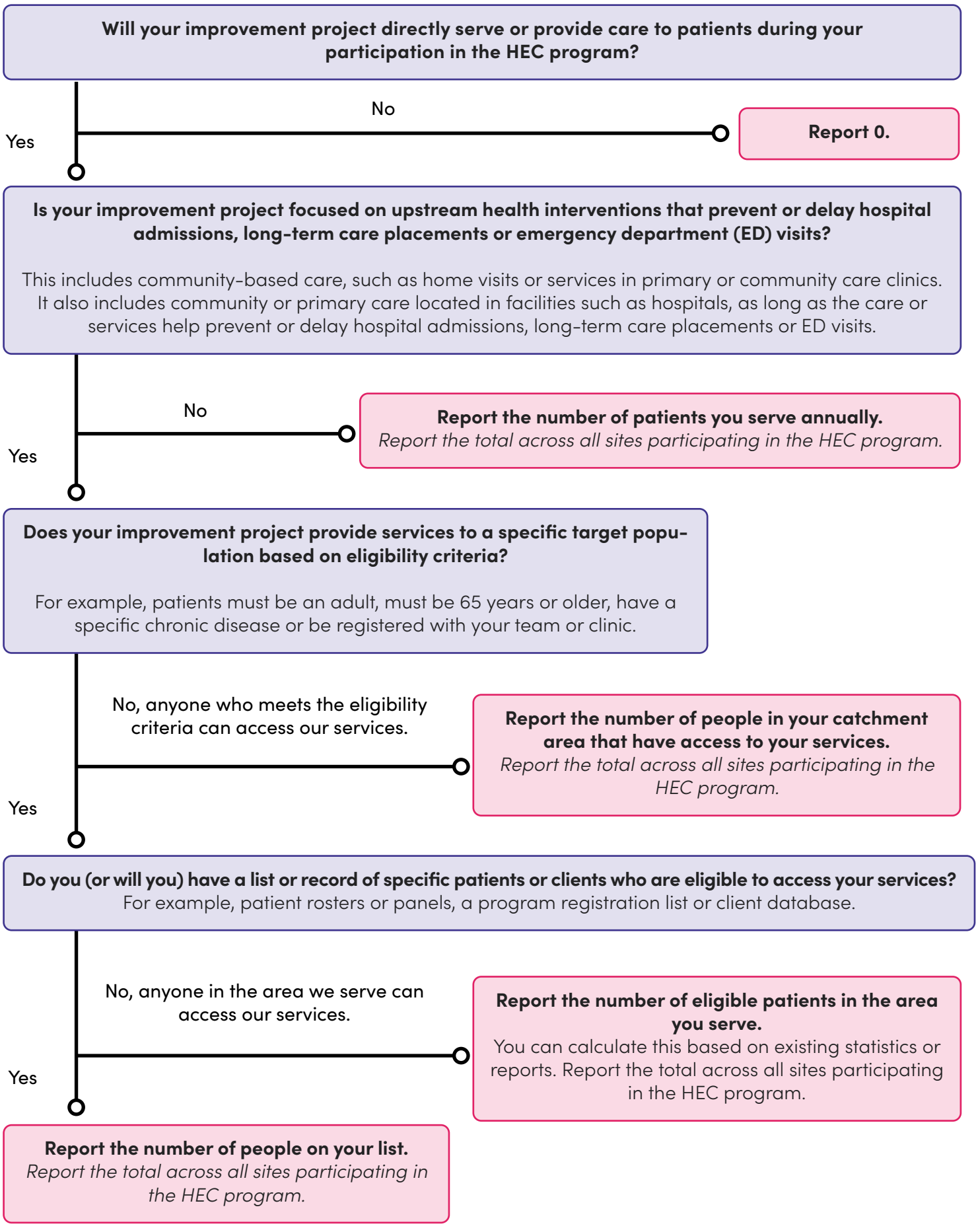
Example 1: Community care and home care services
Meddest Community Care Center (MCCC) runs a care transition program for recently discharged older adult patients. They plan to add after-hours primary care for those aged 65 and older. Last year, 1,400 people were enrolled in the program, with 915 (65 percent) being 65 or older. The team would input 915 for potential reach.

Example 2: Primary Health Care Clinics
Sunburst Health Authority's two primary care clinics plan to add a Registered Nurse to improve access. Clinic A has a panel of 10,500 patients, and Clinic B serves 12,300. As only registered patients can access care through the clinics, potential reach would be the number of patients on both panels, 22,800 (10,500+12,300).

Example 3: Community Paramedicine
Northwest Paramedicine Services (NPS) supports 911 callers from three counties with a combined population of 790,000. They plan to introduce social prescriptions for callers who could benefit. As anyone can access the social prescription service by calling 911, NPS would report potential reach as the total population of their catchment area, 790,000.

Example 4: Long-term Care Homes
Melody Manor Homes (MMH) provides palliative and end-of-life care at three locations: Robin's Place (100 residents), Suncrest Home (1,100 residents), and Creekside Manor (300 residents). The Family and Resident Council plans to start a weekly peer support program for residents to discuss joyful topics. As Melody Manor (MMH) is not an upstream health intervention focusing on delaying hospital admissions, long-term care placements or ED visits, potential reach would be the number of patients they serve annually, 1500 (100+1100+300).

Figure 1. Potential Reach Decision Tree



2. What kind of data do I have to report?

All programs, except the Right Care Challenge, require teams to report:

- how many patients, clients or residents were directly reached during each quarter of participation
- results from a patient survey* and/or administrative data

*The patient survey is given to a group of patients who receive care or support through a team's project with HEC. It can be given on paper, digitally or verbally. Depending on the specific HEC offering, the patient survey includes one or two multiple choice questions focused on emergency department (ED) usage—specifically, whether the patient avoided visiting the ED, because they got access elsewhere, and whether their most recent ED visit was avoidable. Participating teams are asked to submit to HEC the number of "Yes," "No," and "Not Sure" responses received for each survey question. Participating teams will receive data collection instructions, including templates, survey customization steps, administration guidelines, and analysis/reporting dates shortly after joining the HEC offering.

3. What kind of data do I have to report if I am participating in the Right Care Challenge?

Teams are encouraged to participate in all the award opportunities. To be eligible for some of the awards, teams will be required to collect and share simple metrics with HEC.

4. How do I record and track how many patients, clients or residents were directly reached during each quarter?

Teams may choose their method to record or track direct patient reach. They can use existing data or create a tally system to count patients. Teams must count individual patients, not visits or interactions, to avoid duplication. Note that direct reach is reported separately from data collected via the patient survey or administrative data.

5. How do I calculate direct reach while participating in the program?

Reach is the total number of patients, clients or residents who received care or support across all of a team's participating sites.

6. What is included in the patient survey?

Survey templates and instructions will be provided to teams. The patient surveys include two questions and can be asked verbally, on paper or electronically.

7. When do I have to give the patient survey to patients?

The patient survey will be administered using a sampling method on a schedule provided by HEC.

8. What data do I report to HEC from the patient survey?

HEC can only receive aggregate data and not individual responses. Teams will report how many surveys were completed and the total number of “yes”, “no” and “not sure” responses received for each of the two survey questions.

9. What is administrative data?

Administrative data refers to data that is collected and reported in databases or other records. This includes Electronic Medical Records (EMR), paper patient charts or the National Ambulatory Care Reporting System (NACRS), which is used to collect information on emergency department (ED) visits. For HEC, this data is the number of ED visits made for specific conditions.

10. What is required to pull administrative data?

The process for obtaining administrative data may vary depending on the local context and available resources. Guidance for obtaining this data is being finalized with our partners and will be provided to teams prior to launch.

11. Do I have to collect data using the patient survey and administrative data?

No, only one ED data collection method is needed. You can choose to collect administrative data or patient survey data.

12. Do I have to collect baseline data?

Yes, baseline data is required for the patient survey and administrative data. For the patient survey, baseline data is collected at the beginning of the HEC program. Baseline administrative data is to be pulled for a period before joining the HEC program. Teams will be provided with instructions on collecting baseline data.

13. When do I report data to HEC?

Teams will report ED and reach data at specific points in time. A high-level summary is provided below, and teams will be given exact dates after joining the program.

Data	Reported
Baseline administrative data	Shortly after joining the HEC program
Baseline survey data	First quarter – on a scheduled date following the first quarter of data collection
Survey and administrative data collected after baseline while participating in the program	Quarterly – on a scheduled date following each quarter of data collection
Final survey and administrative data	Final quarter – on a scheduled date following the final quarter of data collection

14. My community does not have access to an emergency department. What data do I report?

HEC invites applicants from communities without access to a local emergency department in northern, rural and remote areas. For this context, participants will be required to identify and report on an alternative measure aimed at evaluating improved access to local primary and community care, potentially reducing the need to travel outside their communities for this care.

15. What other reporting is required?

In addition to the reporting listed above, each team member will be asked to complete a brief survey to measure the impact of participating in the HEC program. A sustainability survey will also be provided for teams to complete six months after the end of their participation.