

Creating our Quality Improvement Ecosystem

IDEAS Alumni Event
October 13, 2015

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario



The provincial advisor on the quality of health care in Ontario



CONNECTING THE QI COMMUNITY

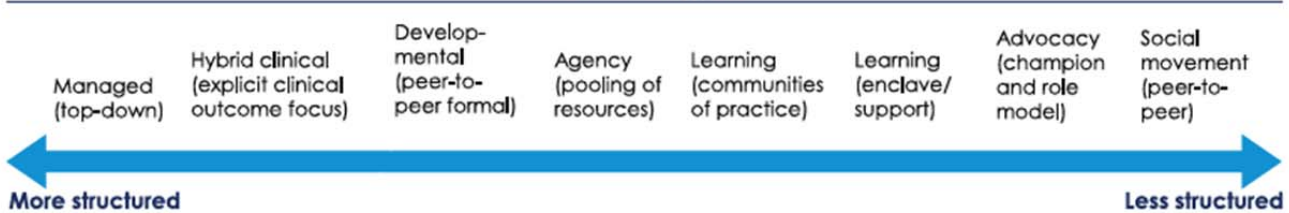
The QI Community

- Excellent quality care is facilitated and conducted every day by the QI community in the field
- In addition, HQO receives many requests from individuals and groups asking for how to work in the QI community

Communities Across the Continuum

Network types

Network effect used to...



Examples of core purpose and activities performed

...align members to reconfigure or transform services across organisational boundaries							
	...nurture and diffuse evidence-based practice and innovation						
		...facilitate broad-spectrum diffusion of knowledge, guidance and influence for members					
			...provide clinical, practical and emotional support				
				...allow healthcare professionals or patients to interact and support each other			
					...rapidly align individuals to achieve a specific purpose		

Adapted from: Malby B, Mervyn K. *Networks – a briefing paper for the Health Foundation*. Centre for Innovation in Health Management, February 2012. Executive summary, pp4-5. www.cihm.leeds.ac.uk/new/wp-content/uploads/2012/07/Brief-literature-Networks.pdf

Table discussion #1:

What are the essential components of a connected community that can best support and bring about meaningful quality improvement?

Report back (2-3 tables):

We invite representatives from any table to come to the microphone to share what was discussed at their table

SHARED ONLINE ENVIRONMENT

Purpose of a Shared Online Environment

To meet the needs of the quality improvement community...

We propose developing a website or an online environment to enable people to easily link to resources, other people, and communities

What could that environment contain?

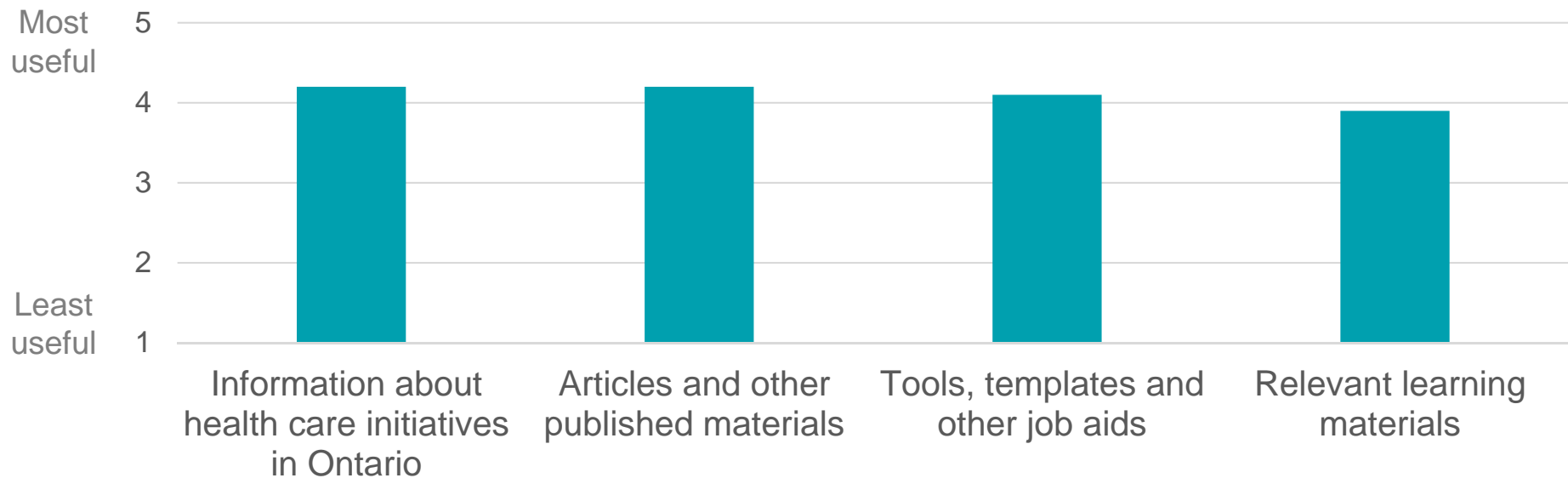
- Based on early focus group sessions with the QI community, here are a sample of the content and features that were discussed:
- **Communities of Practice**
 - “I’m just thinking of our Health Link experience when we talk about implementation of the coordinated care plan - tell me how somebody else has done it and what has worked”
 - “What’s really nice is to be able to connect to someone else who’s going through the same thing that I’m going through and to ask ‘what worked for you, what didn’t work for you? Could we collaborate on something together?’”

What could that environment contain?

- **Directory**
 - “I think the most important thing that I would find also helpful is a list of people, organizations, and then the quality people within those organizations”
- **Mentor/Expert Support**
 - “If you’re looking for something, there’s somebody there that you can chat with online”
- **Tools and Resources**
 - “Library of links of other resources ... and maybe the contact person that you could reach out to”
 - “You did this, show me what you did, send me your presentations, send me the actual tools, send me your intake form, and send it to me in a form that I could actually use and adapt it”

What could that environment contain?

- “Improving Quality in Health Care in Ontario” survey was conducted recently by Jean-Marc Guillemette and the University of Ottawa with three cohorts of IDEAS Introductory Quality Improvement Program participants (n=86)
- The top four features in a tool designed to help you perform better at work include access to:



Sample Online Environment

FORUM

Welcome to the Ontario Surgical Quality Improvement Network forum.

This online community can be used to ask and receive answers to questions, share your opinions and experiences, engage in lively discussions and talk about your quality improvement journey.



Navigation: My Settings | My Posts | My Threads | Search | Home

View labels: 3 | 5 | All | All hours | New unread threads

FORUMS	THREADS	POSTS	LAST POST
Discussion			
General	3	5	NSQIP ACS (cont.) 09/05/15 9:48 PM

Directory

Hosted Discussion Forum

Share IDEAS



Health Links Zone

Tools and Resources

Learning Zone

ideas
Improving & Driving Excellence Across Sectors

Home | About | Submissions | IDEAS Website

ShareIDEAS: Health Care Quality Improvement Project Repository

Search

ADVANCED SEARCH

Health Theme	Health Sector	Location	Project Timeline
All	All	All	From: To:
Acute Care	Acute Care	Canada - All	-Month -Year -Month -Year
Appropriate Resources	Public Care	Canada - Central East (USA)	
Chronic Disease	Long-term Care	Canada - Central US/CA	
Efficiency	Mental Health	Canada - Central West (USA)	

*Hold Ctrl key to select multiple items

Apply filters and search

Show all ShareIDEAS projects

Tools and Resources

Search

Sector

Community/Home Care Hospital Care Long Term Care Primary Care

Quality Dimensions

Dimension #1 Dimension #2 Dimension #3 Dimension #4

Initiatives

NSQIP QIRAP Integrated Funding Model ARTIC Health Links Choosing Wisely QIP

Topics

Topic 1 Topic 6

Topic 2 Topic 7

Topic 3 Topic 8

Topic 4 Topic 9

Topic 5 Topic 10

Resources

Resources 1 Resources 5

Resources 2 Resources 6

Resources 3 Resources 7

Resources 4 Resources 8

Filter Search

EVIDENCE-INFORMED IMPROVEMENT PACKAGES

HQO's improvement packages contain evidence-informed innovative practices that will help Health Link communities achieve their goals. These guides, which are described in detail below, focus on transitions of care and transitional care planning, chronic disease management, and supporting health independence.

Transitions of Care

The *Transitions of Care Improvement Package* introduces **change concepts** designed to improve the transitioning of individuals between care professionals and environments. Key concepts described in this package include:



- Health Literacy
- Medication Management
- Risk Assessment and Follow-up Care
- Individualized Care Planning

Many of the guiding principles, change concepts and tools that are presented in this package reference processes originating within an acute care setting, but can also be applied to transitions at any point along the continuum of care.

DOWNLOAD PDF (1 MB)

Table discussion #2:

What would encourage using this feature,
and what would discourage using this
feature?

Report back (2-3 tables):

We invite representatives from any table to come to the microphone to share what was discussed at their table

Thank you!

To help us connect the QI community, please share more of your thoughts by participating in a short, 5-minute survey at:

fluidsurveys.com/s/onlineEN

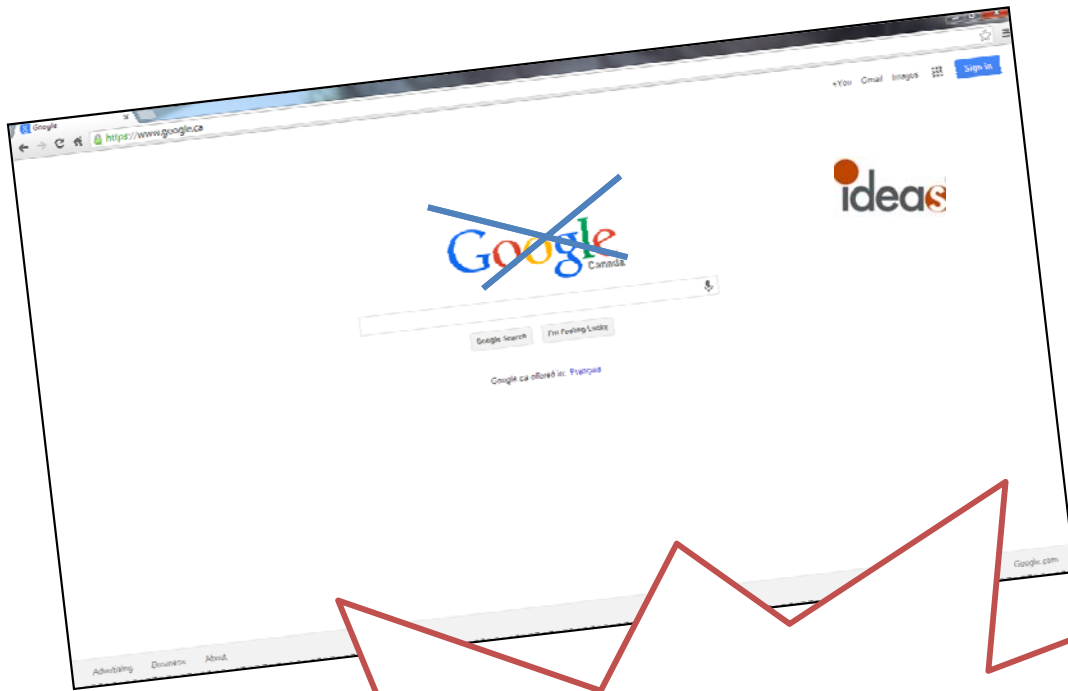
shareideas^s online



Gillian Ritcey
Knowledge Translation Project Manager
University of Toronto

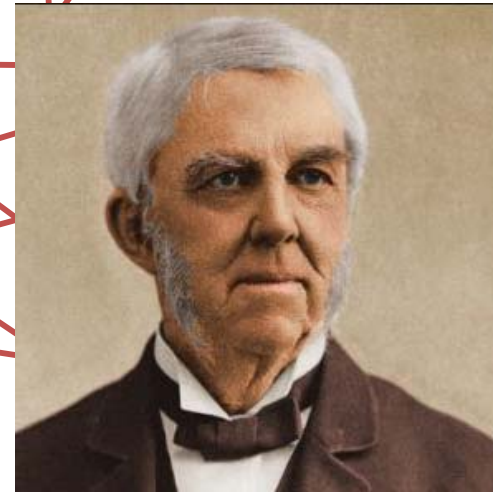


Jim Handyside
IDEAS Curriculum Lead
University of Toronto

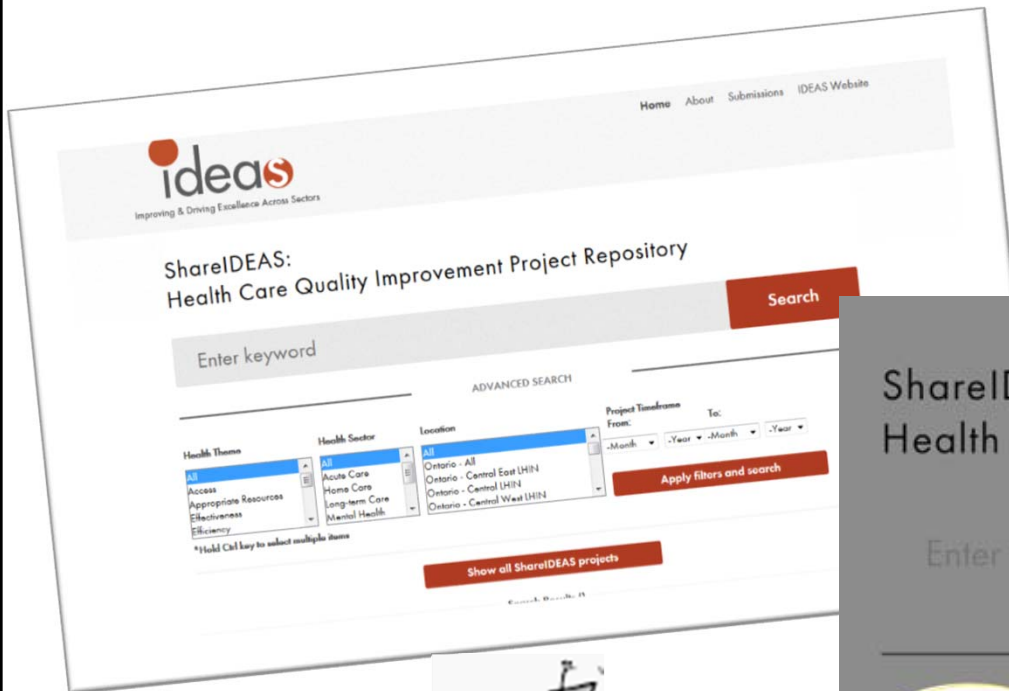


The Google of QI

“Many ideas grow better when transplanted into another mind than the one where they sprang up.”



www.shareideas.ca



This is exciting!
- Anonymous IDEAS alumni





Explore the six components in our IDEAS framework.

Click card to view topic details.



QI Project Planning
and Management

Interprofessional
Collaboration and
Teamwork

Managing
Innovation

Highly Adoptable
Improvement

Story and
Narrative

Looking for inspiration for your Quality Improvement Project?

Select a card that best represent your project status and we will provide some resources to get you moving.

Need an improvement?

Start up, get organized.

Show Path

What's the current state?

Find out what's going on.

Show Path

We have change ideas.

Test and develop change.

Show Path

People are resisting.

Engage them in change.

Show Path

Is this an improvement?

The data can tell you.

Hide Path

Examine the data, ask the customers...

- [Data for Improvement](#)
- [Patient and Family Engagement](#)
- [Shewhart Control Charts](#)

Change is not working.

What are you learning?

Show Path

More than a problem to solve.

Innovate and transform.

It's a complex situation.

Patients need one system.

Show Path

These changes work!

Sustain the gains.

Show Path

milestones

[Teamwork and Project Management](#)

Highly Adoptable Improvement

This consensus framework guides improvement teams to strategize quality improvement and design changes that are adopted and sustained.

TOPIC PAGES

Can't find what you're looking for?

Let us help you. Request Material



Highly adoptable Improvement



A model and tool to address workload-capacity balance and perceived value amongst quality improvement projects

[Highly Adoptable Improvement Self Assessment Tool](#)

The purpose of the toolkit is for quality improvement teams (those commissioning the teams) to use the Highly Adoptable Improvement model to reflect on, discuss and assess the design of the intervention and the implementation strategy likely to impact workload and perceived value.

and System Integrity

Patient and Family Engagement

...t experience brings unique and necessary insights to the identification of root causes
...e design and implementation of changes. Experience Based Design is a structured
...dology, developed in the UK, that harnesses the experience of patients/families
...h a variety of tools that help to capture and understand patient experience and then
...es them in co-design of ideas for change.

request

Can't find what you're looking for?

Let us help you. Request Material

downloads



Experience Based Design

Guide and toolkit from the NHS (UK)



Improving & Driving Excellence Across Sectors

Patient and Family Engagement
Experience-Based Design



Paula Blackstien-Hirsch



glossary





ShareIDEAS: Health Care Quality Improvement (QI) Project Repository
www.shareideas.ca www.ideasontario.ca

Share on:



QI Project: Transitions to external rehab (Bridgepoint & Providence) for the fractured hip patient at TEGH

Health Theme: Efficiency, Integration
 Health Sector: Rehabilitation Care

Location: Ontario - Toronto Central LHIN
 Project Reframe: Nov 2014

Share with your networks

Summary

The overall objective for Toronto East General Hospital was to reduce both LOS and ALC days for our fractured hip population. Our goal was to improve patient flow from acute care to external rehab at 2 of our main partners, Bridgepoint and Providence. Specifically, we focused on implementing activities that support Health Quality Ontario's fractured hip recommendations that patients should receive active rehabilitation in a non-acute setting commencing by day 6 post-surgery.

Approach

Aim

Decrease the current average ALC days for TEGH fractured hip patients referred to Providence and Bridgepoint from 4.42 days to 3 days by October 1, 2014.

Change Ideas

The goal of the early referral was to enable a faster response and bed offer resulting in discharge to rehab when patient medically stable; reducing the ALC days. Acute care initiates an early referral (complete pre-morbid functional status, social, medical hx including operative information) day 1 post op. Early transition processes implemented in Rehab LTLD (reviewing & offering bed within 24 hours. Test of Change (PDSA) initiated. Monitored Performance Indicators: Average Length of stay (acute care), # of ALC days (acute care), number and percentage of patients that could have had a weekend admission if rehab set up for admissions. Reviewed results and made modifications (communication focus) and started PDSA cycle 2.

Measures

Type	What Measure	How are you measuring?	Goal
Outcome	ALC Days	Average total of ALC days to external rehab for Bridgepoint and Providence	↓ (goal is Less Than Or Equal To 3 Days)

1/3

Results and Learnings

Documented results of the implementation of a QI project's change ideas that include key learnings, experience and insights. These contribute valuable information to others and contribute to overall QI knowledge to support sustainability and spread.

Data Highlights

The key process and outcome results of the project

Introduced initiative to include internal rehab partners at TEGH under the same model of early referral. Promising results as of June - August 2014 ALC LOS 0 - 1 days. Providence results: Pre: 4.5 days Post: 2.7 days ALC; Bridgepoint Pre: 4.6 days Post: 1.20 days

Sustainability

What has been done to sustain improvements since the initial QI project end cycle, or why and how the initial project plan has evolved over time

Stakeholder engagement is key to sustaining the gains we have made so we have plans to host ongoing sessions with Providence, Bridgepoint and TEGH staff. Communication is at the core to any successful collaboration and sustainability; the group plans on continued dialogue regarding future opportunities and process gaps. We continue to send post op day 1 across all three facilities and have experienced success but have had a high number of more complex non weight bearing patients.

Spread

The degree to which the project improvements and learnings have been adopted and adapted by others within the same setting and/or by other settings, or to identify the main target audience for potential spread

As a part of our collaboration with the GTA Rehab Network through the Joint Acute Care and Rehab Cross Sector Hip Fracture Group the plan is to translate the learning's across the Toronto Central LHIN. The introductory meeting occurred October 17, 2014. We initiated the same model of early referral with our internal TEGH rehab partners with similar success to date. Pre implementation 2.8 days ALC and post results 1 day

Setting

The most valuable setting-specific learnings, insights, experiences from the project that will be relevant to the spread to other settings

Resources

The group was able to assess areas of improvement and come to consensus on tackling the ALC wait time

Thanks!

2/3



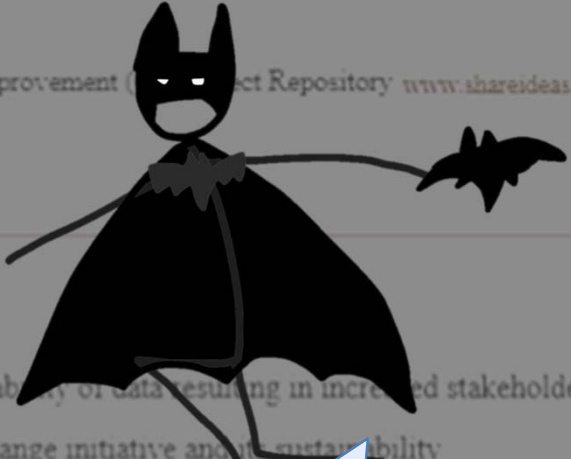
Lessons Learned

Lessons Learned:

1. Data Matters! Projects gain more credibility with the reliability of data resulting in increased stakeholder engagement
2. Collaboration and relationships are foundational to any change initiative and sustainability
3. Teams must be willing to fail, learn, fail again and improve along the way
4. Change improvements can not be "person dependent", they need to be embedded into the key processes.
5. Importance of integrating learning into practice
6. Small, incremental changes can make a big difference
7. Communication is key

Contact Information

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My
superpower? I
call instead of
email!

If I only had a...

**Run
chart!**



**QI
coach**

**Data
set!**

**Repository
of QI
projects!**



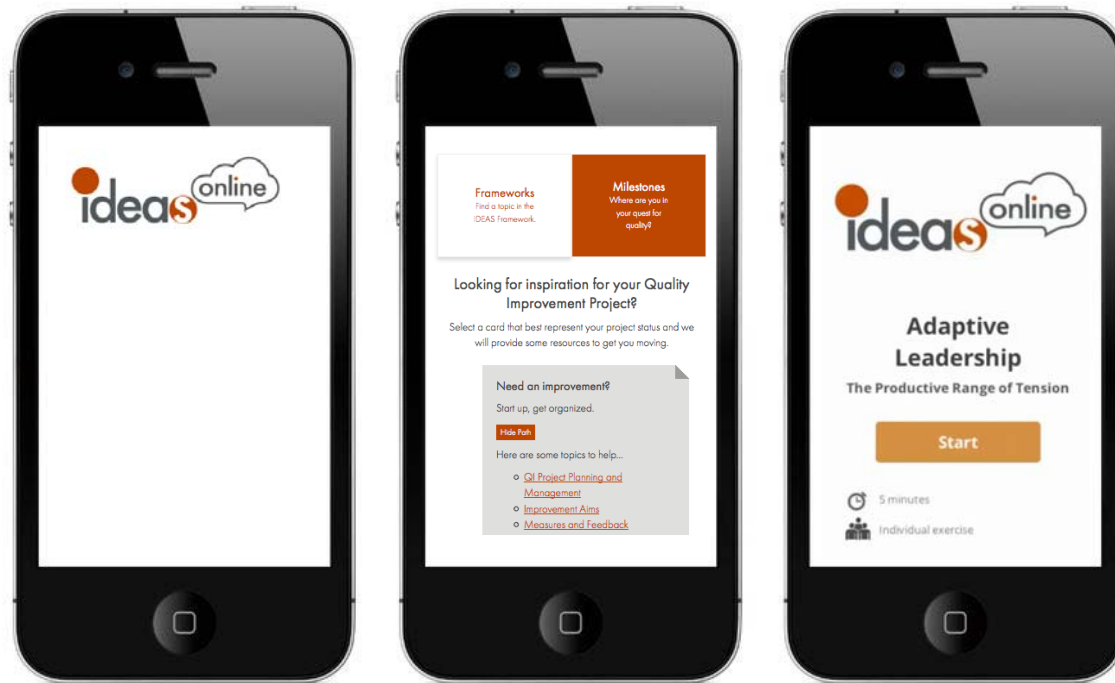
Enable
widespread
sharing!

**Follow the QI yellow brick road
to...**



Avoid
duplication
of effort!

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IDEAS Online Message Box

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[Leave a Message](#)

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blog



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Funding provided by the Government of Ontario



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Alumni Networking Lunch



**Bring your lunch to one of the networking rooms
on the 7th floor between 12:30-1:45pm!**

How to sign up?

1. Go to this link on your smart phone or computer

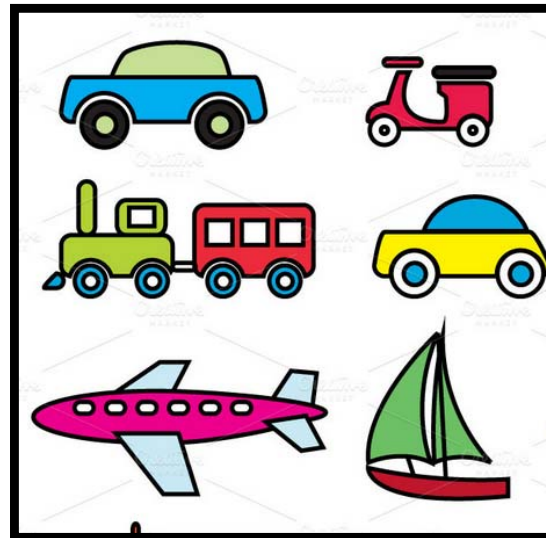
www.ideasontario.ca/networking

OR

2. Go to the IDEAS booth

OR

3. Ask an IDEAS volunteer



Bring your lunch to one of the networking rooms on the 7th floor between 12:30-1:45pm!