

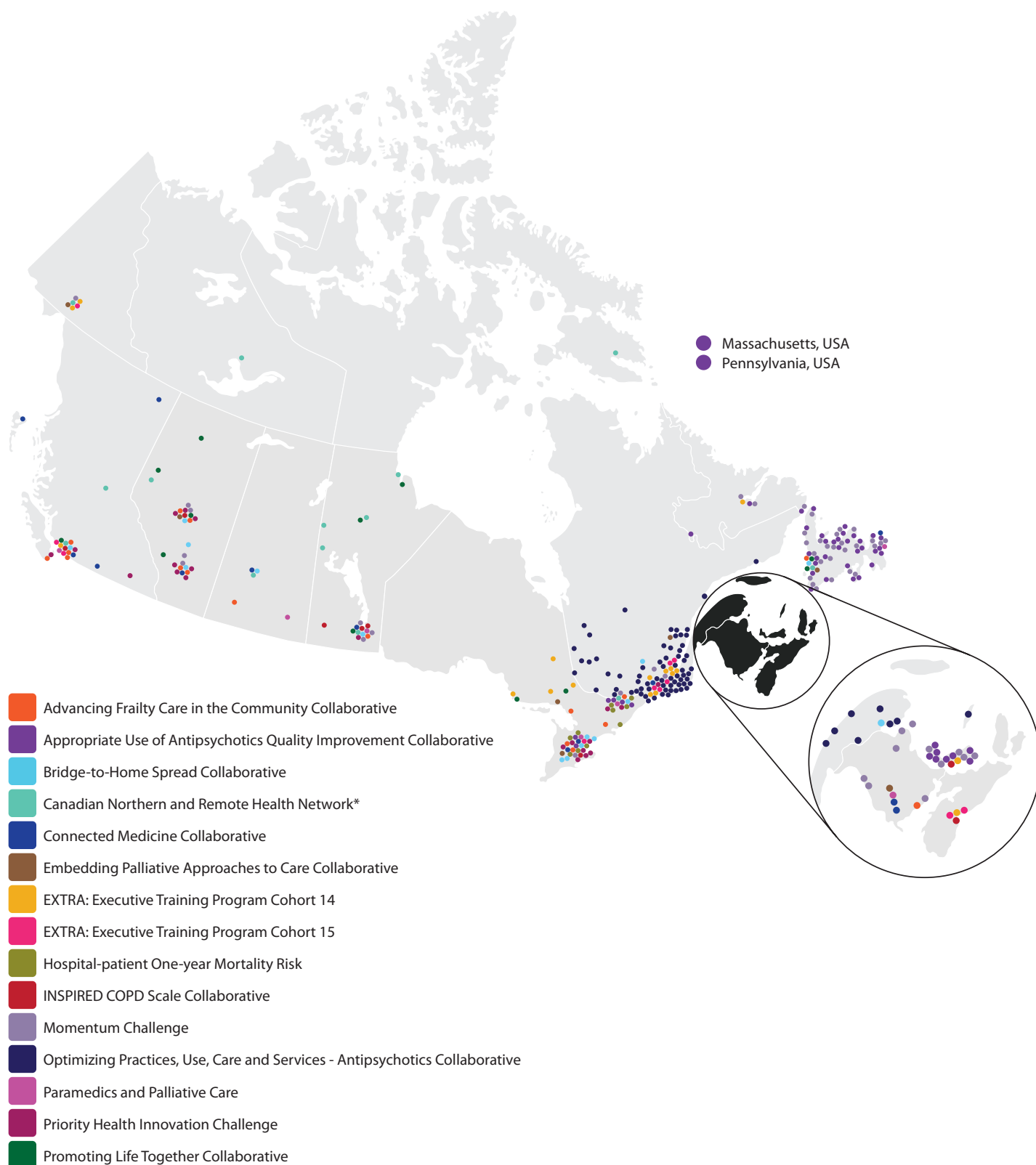
Canadian Foundation for **Healthcare Improvement**

Fondation canadienne pour **l'amélioration des services de santé**



Annual Report 2019-20

Spreading and Scaling Innovation Across Canada



* Dots indicate the location of Network members

Cover Photo: (Left to right) CFHI staff members Ella Adi-Wauran, Kristen Zintel and John Handal in February 2020.

Partnering to Make Change Happen

As we prepare this annual report, the world is grappling with the COVID-19 pandemic. These are tough, trying times, but glimmers of hope come from health systems in Canada and around the world responding to the challenge in creative and innovative ways, and meeting the needs of their communities. In this time of rapid change, the Canadian Foundation for Healthcare Improvement has adapted to meet the needs of our stakeholders by amplifying these solutions. Although the world can seem a very different place today than it did before the pandemic, the importance of innovation and improvement is a common thread that connects 2019-20 to the present day and our future.

We are deeply grateful to those working to ensure the health of everyone in Canada and globally, including CFHI staff with skills needed for immediate pandemic response who have volunteered to support the effort. Even though the timeframe for this annual report focuses mainly on a period before COVID-19, the people behind many of these projects are now responding to the pandemic. Our thoughts are with all those affected.

2019-20 was the first year of the CFHI's refreshed two-year strategy focused on working shoulder-to-shoulder with our partners to deliver more improvement, with and for more people, that lasts. We asked stakeholders across the country about this strategy and heard that it is resonating with them. Throughout this annual report, you can find examples of how we collaborated with people and organizations committed to improvement to advance the goals and objectives in our strategy. We have included tools and resources used by the teams we worked with to help you in your improvement journey.

Improvement is a team sport, and partnerships with hundreds of teams across the country helped to move the dial on better experience, health, value-for-money and work life for healthcare providers. Throughout this annual report, we show alignment with shared health priorities and progress made by the teams in their respective improvement journeys. These relationships can help us be nimble and meet pressing challenges like doubling down to enable better care closer to home and community. Our surveys show that people in Canada want more support closer to home and there is an opportunity to hardwire some of these changes. Examples include use of e-consults, supporting the management of chronic conditions at home to reduce hospital visits, person-centred dementia care, new models of home palliative care, and embedding palliative approaches in long-term care.

The work at CFHI also reflects our commitment to patient, family and caregiver engagement and partnership – it includes resources such as Engagement Guiding Principles that we hold ourselves accountable to. The importance of these partnerships became more urgent as the pandemic led to rapid changes in policies and practices, and organizations needed to manage what patient-centred (and partnered) care looks like during a pandemic.

Just as important and urgent is our commitment to be guided by the perspectives of First Nations, Inuit and Métis peoples. By fostering shared learning through programs like our Promoting Life Together Collaborative, we can enhance relationships that lead to cultural humility and safety in health systems.

An independent corporate evaluation found that our work aligned with stakeholder priorities and greatly contributed to the acceleration of healthcare improvements in Canada. But also, that there was room to achieve greater improvements in longer term outcomes like the spread and scale of projects beyond their implementation sites.

Recognizing a tremendous opportunity to achieve safer, higher quality and more coordinated patient-partnered healthcare, we announced we are pursuing an amalgamation with the Canadian Patient Safety Institute. We will form a single quality and safety organization with an expanded capacity to improve healthcare for everyone in Canada. This pandemic has highlighted the importance of health systems with a strong focus on quality and safety improvement, and forming a new organization with an expanded capacity to support resilient health systems seems even more relevant today than when we embarked on this journey.

We remain committed to work shoulder-to-shoulder with you – whether virtually or physically. If there is a specific way we can support you, please reach out. We are here for you.

R. Lynn Stevenson, Chair, Board of Directors
Jennifer Zelmer, President and CEO

Results by the Numbers

15

collaboratives and programs,
including 2 EXTRA Cohorts

3,068

healthcare leaders
participated¹

23,920

patients reached

356

improvement teams
supported

Programs and collaboratives reached



1 country outside
Canada³

100%

teams contributed to
improvements in patient
experience of care²

96%

teams contributed
to improvements in
patient health²

97%

teams contributed to
improvements in work
life of providers²

94%

teams contributed
to improvements in
efficiency of care²

¹ 3,068 healthcare leaders participated, including 2,819 leaders as improvement team members.

² Based on end-of-project data submitted by teams that measured against, and aimed to achieve, these outcomes. Further details available in the 2019-20 Performance Measurement Framework Report.

³ St. Andrew's Village, Presbyterian Senior Living Community, Pennsylvania, and Hebrew Senior Living, Roslindale, Massachusetts, USA (Appropriate Use of Antipsychotics).



Health and social service providers, researchers, policy-makers, and patient partners came together in January 2020 in Ottawa, Ontario and discussed how CFHI can continue to support patient- and family-partnered care.

TO OUR PARTNERS, THANK YOU

Improvement is a team sport, and the corporate evaluation and our current corporate strategy reaffirm our commitment to partnerships. We aspire to be an indispensable partner in shaping better healthcare, working shoulder-to-shoulder with you to identify, spread, sustain and scale innovations. Between 2015-16 and 2018-19, 536 organizations across Canada and internationally participated in CFHI collaboratives and similar initiatives.

We are grateful to work with such a diverse range of partners, including: patients, families and caregivers; health and social service providers; researchers and policy-makers; and many other people and organizations – from both the public and private sectors – who share our passion for healthcare improvement. From everyone at CFHI, we thank our partners for their continued dedication and support.

FIVE-YEAR CORPORATE EVALUATION

CFHI commissioned independent evaluators – Bell Browne Molnar & Delicate Consulting Inc. – to conduct an evaluation of our work from 2014-15 to 2018-19, focusing on relevance, efficiency and effectiveness.

The evaluation showed CFHI has greatly contributed to the acceleration of healthcare improvements in Canada and there is strong alignment with the priorities of a diverse range of stakeholders. It also showed CFHI's new strategy and programming have evolved and continued to evolve based on emerging priorities, issues and trends (for example, the addition of the [Promoting Life Together](#) collaborative in 2017 and the [Momentum Challenge](#) in early 2019).

There is room to achieve greater improvements in longer-term outcomes like the spread and scale of projects beyond their implementation sites, and CFHI continues to focus on how we can support organizations and teams facing the challenges of COVID-19. Our website has more information about our [evaluation and performance measurement](#) work.

"There were significant improvements in patient, resident and family experience of care and health outcomes resulting from involvement in CFHI's programs and initiatives."

Bell Browne Molnar & Delicate Consulting Inc.

More Improvement, with and for More People, That Lasts

OUR STRATEGY

Our [corporate strategy for 2019-21](#) focuses on making change happen by delivering more improvement, with and for more people, and making it last, with a renewed emphasis on delivering better care closer to home and the community. In 2019, we asked stakeholders across the country about this strategy and heard that it resonates with them.

OUR GOALS AND OBJECTIVES



Find and promote innovators and innovations

- ▶ Identify promising innovations that deliver better care closer to home and community
- ▶ Broaden awareness of these innovations to catalyze further improvements



Enable improvement-oriented systems

- ▶ Work with teams across Canada to enhance capacity and readiness to implement ongoing sustainable improvements
- ▶ Connect leaders across health systems to share, learn, and improve together



OUR EMPHASIS Drive rapid adoption of proven innovations

- ▶ Lead partnerships to spread and scale proven innovations that deliver better care closer to home and community
- ▶ Co-design, test and share tools for implementing healthcare improvements



Shape the future of healthcare

- ▶ Catalyze improvements in health systems by supporting leaders to share policy insights, identify levers for change and drive implementation
- ▶ Guided by the perspectives of First Nations, Inuit and Métis peoples, foster shared learning and enhanced relationships that enable cultural safety and humility in health systems
- ▶ With other pan-Canadian organizations, advance shared federal, provincial and territorial health priorities

VISION

To be an indispensable partner in shaping better healthcare for everyone in Canada.

MISSION

We work shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven innovations.

IMPACT

Lasting improvement in patient experience, health, work life of healthcare providers and value-for-money.

96% of people in Canada say it is very important or important that the healthcare system makes lasting improvements in the experiences of patients, health outcomes, value-for-money and the work life of healthcare providers.⁴

⁴ Based on 3,506 respondents to an independent public opinion survey conducted in February 2020.

BETTER CARE CLOSER TO HOME AND THE COMMUNITY

CFHI's strategic emphasis is on driving the adoption of innovations that deliver better care closer to home and the community, something we know is important to people in Canada.

[Better care closer to home and the community](#) means better transitions from hospital to home, new models of care that enable healthcare to be delivered outside of hospital and specialty care, supporting the management of chronic conditions at home so people need to visit hospitals less often, person-centred care in long-term care homes, and new models of home palliative care.

In early 2020, CFHI commissioned a survey of 3,500 people in Canada to better understand attitudes about and experiences with healthcare, including shifting care from hospital to home and the community.



86%

feel that where safe and appropriate, healthcare should be provided in the community close to where patients live and are supported in homes, rather than in hospitals or institutions.⁵



77%

would prefer to receive care in their home or community, rather than in a hospital or institution.⁵



92%

feel it is important to have written information provided by a healthcare professional outlining steps that need to be taken to promote healing, manage conditions or facilitate end-of-life care at home.⁵

PATIENT, FAMILY AND CAREGIVER ENGAGEMENT AND PARTNERSHIPS

Engaged patients tend to have better health outcomes and experiences. There is growing evidence that purposeful patient engagement is fundamental to transforming areas of the health system, including policy, care delivery, research and education. It is well recognized that partnering with patients, families and caregivers offers different insights that can lead to improvements in healthcare and health systems that better meet their needs.

CFHI supports initiatives that embed patient engagement and partnerships in the design, delivery and evaluation of health services. The [patient engagement and partnerships portfolio](#) has grown and the ways of working are embedded across all CFHI programming. We have supported more than 350 teams across Canada to develop organizational capacity for patient engagement in quality improvement and system redesign, which is needed for organizations to become “engagement capable environments.”

We co-developed CFHI's [Engagement Guiding Principles](#) with patient partners and staff, to guide how we do our work, and how we hold ourselves accountable through ongoing reflection, conversation and evaluation. During 2019-20, we recruited two patient partners as employees at CFHI who are leading improvement initiatives and helping to improve internal processes related to patient scholarships, contracting and patient recognition.

When referring to patient engagement and patient partnerships, we are referring to the engagement of, and partnerships with, patients, family and caregivers. Family and caregivers (as designated by the patient) are often the people who provide ongoing physical, social and psychological support, assistance and care, often without pay. They are a constant in a patient's life.

Patient partners have diverse lived experiences and bring important perspectives on how to improve a patient's (and others') personal experience, outcomes and/or safety.

⁵ Based on 3,506 respondents to an independent public opinion survey conducted in February 2020.



(Left to right, front row) Jennifer Zelmer (President and CEO, CFHI), Patricia Thomson (President, First Nations Health Managers Association) and Marion Crowe (CEO, First Nations Health Managers Association) signed a partnership agreement in the presence of board and staff members in September 2019 in Ottawa, Ontario.

NORTHERN AND INDIGENOUS HEALTH

First Nations, Inuit and Métis communities continue to face more health challenges than other people in Canada; significant gaps between the availability of health services and quality of care remain. Despite these challenges, some northern Indigenous communities have successful health services outcomes, and CFHI is committed to continue working alongside Indigenous partners to support community health needs and strength-based programming.

We are guided by the perspectives of First Nations, Inuit and Métis peoples to enable cultural safety and humility in health systems. We work alongside provincial-territorial government departments, regional health authorities, and Indigenous organizations and groups to co-develop, implement and evaluate solutions to improve the delivery of culturally appropriate and safe care.

In September 2019, CFHI and the First Nations Health Managers Association renewed a partnership agreement focused on advancing First Nations health, sharing interests in health systems improvement, and developing capacity in First Nations leaders and communities.

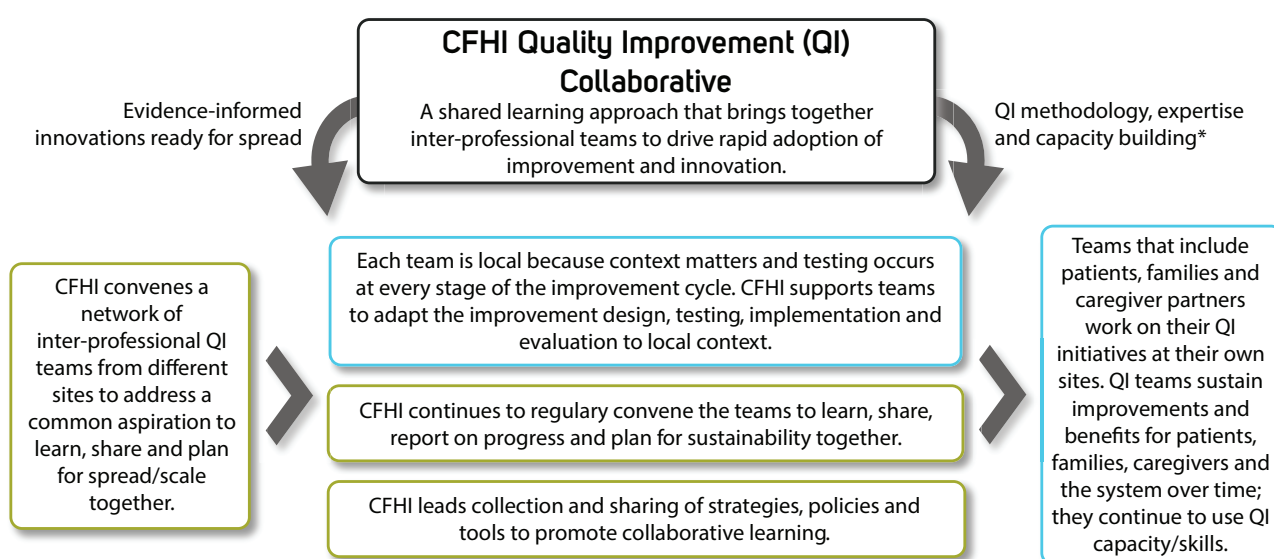
The [Promoting Life Together \(PLT\) Collaborative](#) ended in 2019. The collaborative brought together multi-disciplinary teams from across northern, rural and remote parts of Canada using a shared learning approach. Importantly, the collaborative embraced a paradigm shift from suicide prevention to life promotion, recognizing the need to take a broader and more encompassing approach to address suicide — to consider all aspects of one's life and community wellness. CFHI is developing a knowledge sharing protocol and activities to highlight lessons learned from the PLT Collaborative. See [page 19](#) for more details.

We recognize to enable cultural safety in health systems, we must also build the cultural capacity of our staff to ensure cultural safety in CFHI's work. Staff are completing Indigenous Cultural Safety (ICS) training and have access to the Fundamentals of OCAP® (ownership, control, access and possession) course. "Towards Reconciliation" sessions provide ongoing opportunities to learn and engage in Indigenous culture and ceremony, as well as gain understanding of Indigenous history, and factors that influence experience and outcomes of healthcare.

Read more about our work on [northern and Indigenous health >](#)

Our Programs and Collaboratives

To drive lasting improvement with and for more people, we focus on pan-Canadian collaborations and quality improvement collaboratives with partners to expand the reach of proven practices, policies and programs that deliver high quality care closer to home and the community. We support teams to turn evidence-informed best practices into common practices, while also enhancing improvement capacity and capability in their organizations or systems.



*Can include: seed funding, clinical and QI resources, learning support and coaching, measurement and evaluation support, and support to create partnerships with patients, families and caregivers.

See how our work aligns with federal, provincial and territorial (FPT) shared health priorities (where applicable) throughout this report.



Innovation/
transformation



Home and community
care (including
palliative care)



Access, affordability
and appropriate use
of prescription drugs



Indigenous
health



Mental health
and addictions

See where our programs are on their improvement journeys at the end of 2019-20 (where applicable) throughout this report.

Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results





Find and Promote Innovators and Innovations

To remain responsive to healthcare priorities, we launch initiatives designed to directly connect us with innovators so we can find and incubate evidence-informed solutions.

In May 2019, we co-hosted the [Empowered Home Care Summit](#) with SE Health and Associated Medical Services (AMS) Healthcare which brought together key system leaders, patients, caregivers and providers. The Summit showcased leading Canadian and international empowered home care innovations, and participants shared knowledge to foster insights about how to effectively implement, spread and scale innovative models in home care focused on self-empowered teams, people and families.

Priority Health Innovation Challenge



In response to the Common Statement of Principles on Shared Health Priorities,⁶ CFHI worked with 20 supporting healthcare organizations and launched the [Priority Health Innovation Challenge](#) (PHIC) to identify and grow promising innovations in improving access to mental health and addictions services, and home and community care.

Between April 2019 and March 2020, 21 teams joined the PHIC with new or existing innovations addressing one of the two priority areas. CFHI supports these innovators to increase the potential impact of their initiatives with opportunities for learning, sharing and funding.

CBI Health Group in Ontario has developed the Care for the Caregiver Program to support caregivers through referral to appropriate services, needs assessment and self-management approach to well-being.

Read more about [CBI Health Group and other Home and Community Care PHIC teams >](#)

Kidthink Children's Mental Health Centre Inc. in Manitoba offers mental health services to young people (under the age of 12) with a focus on improvement of mental health through early prevention and intervention.

Read more about [Kidthink Children's Mental Health Centre Inc. and other Mental Health and Addiction Services PHIC teams >](#)

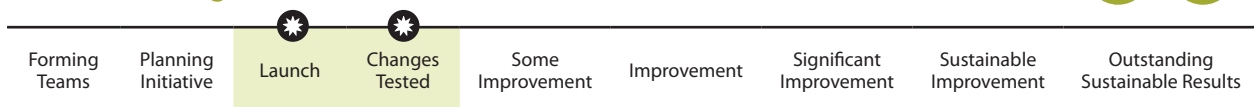
⁶ Government of Canada. (2018). A Common Statement of Principles on Shared Health Priorities. Retrieved from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>



Drive Rapid Adoption of Proven Innovations

In Canadian healthcare, there is no shortage of innovation and creativity focused on achieving lasting improvement in patient experience, health outcomes, value-for-money and improved work life balance for healthcare providers. The challenge often facing those committed to improvement is to spread proven innovations further across the country and scale them, so your postal code does not determine your healthcare.

Advancing Frailty Care in the Community Collaborative

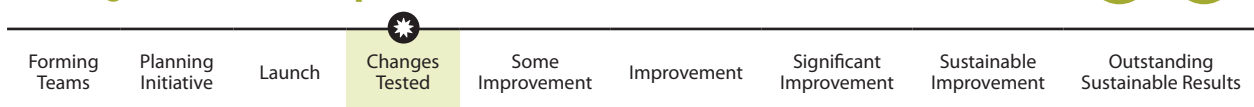


In November 2019, CFHI and the Canadian Frailty Network (CFN) launched the [Advancing Frailty Care in the Community \(AFCC\) Collaborative](#). Through AFCC, 17 healthcare teams across Canada are being supported to adapt and implement evidence-informed innovations to improve the identification, assessment and management of frailty in primary care and home care settings.

CFHI and CFN jointly contributed \$1.2 million seed funding to support teams to adapt elements of four of the top frailty innovations identified in the [2018 CFN Frailty Matters Innovation Showcase](#) and design their own frailty initiatives:

- ▶ [COACH Program](#): Caring for Older Adults in the Community and at Home, developed by Health PEI, Prince Edward Island
- ▶ [CARES Program](#): Community Action and Resources Empowering Seniors, developed by Fraser Health Authority, British Columbia and others
- ▶ [C5-75](#): Case-finding for Complex Chronic Conditions in Persons 75+, developed by the Family Health Team, Centre for Family Medicine, Ontario
- ▶ [Seniors' Community Hub](#): developed in Edmonton, Alberta

Bridge-To-Home Spread Collaborative



CFHI's [Bridge-to-Home Spread Collaborative](#) improves the quality and experience of care for patients, caregivers and providers during transitions from hospital to their homes.

Through this 17-month collaborative, 16 teams from seven provinces partnered with patients, family members, caregivers and providers to implement a patient-oriented care transition bundle that gives patients and their caregivers the information and confidence they need to transition well from hospital to home. The collaborative ended in 2020 and results will be published later in the year.

The University Health Network's OpenLab co-designed the Patient Oriented Discharge Summary tool with patients and caregivers. It provides patients, families and caregivers with clear information in five areas they deemed important: medications, activity and diet restrictions, follow-up appointments, symptoms to expect, and who to call if there are questions.

Read more about the [Patient Oriented Discharge Summary >](#)



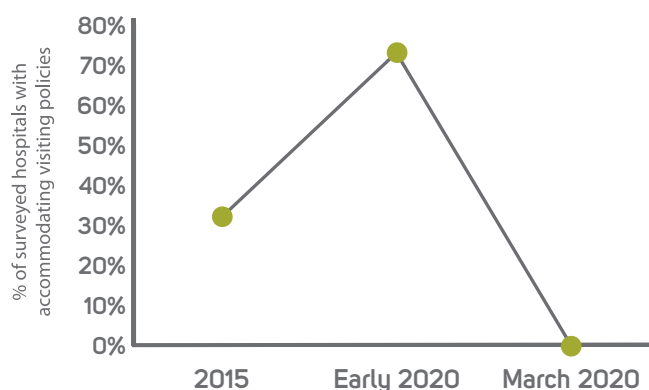
◀ (Left to right) Heather Scott (Corporate Services, CFHI) and Zayna Khayat (Future Strategist, SE Health) in September 2019.

Better Together



Through [Better Together](#), CFHI supported hospitals to adapt and improve family presence policies with a [change package, tools and resources](#). In late 2019, we convened an expert advisory group to build on family presence and patient-partnered policies that further support patients, families and caregivers as partners in care.

In March 2020, as a result of COVID-19, many hospitals across the country reacted quickly and made significant changes to their family presence policies – often instituting blanket visitor restrictions, which also included essential partners in care. We responded by accelerating the [development of materials](#) to support organizations to reintegrate essential partners in care in hospitals across Canada in a time of crisis.



In 2015, 32% of surveyed hospitals had accommodating visiting policies.⁷ By early 2020, this increased to 73%. By March 2020, from a sample of hospitals – all had suspended visitor access.⁸

Essential Partners in Care

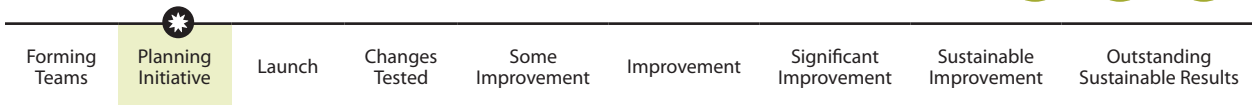
An essential partner in care is a family member, friend, caregiver, or significant other – designated by the patient – to partner in the patient's care. They provide physical, psychological and emotional support, including support in decision-making. There is clear evidence that partners in care improve patient safety and experience of care for both patients and staff, and reduce harm.⁹

⁷ Canadian Foundation for Healthcare Improvement. (2015). *Much More Than Just a Visit: A Review of Visiting Policies in Select Canadian Acute Care Hospitals*. Retrieved from <https://www.cfhi-fcass.ca/innovations-tools-resources/item-detail/2020/05/19/much-more-than-just-a-visit-a-review-of-visiting-policies-in-select-canadian-acute-care-hospitals>

⁸ Canadian Foundation for Healthcare Improvement. (2020). *Much More Than Just A Visitor: An Executive Summary of Policies in Canadian Acute Care Hospitals*. Retrieved from https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/better_together_executive-summary_en.pdf

⁹ Institute for Patient- and Family-Centered Care. "Facts and Figures" About Family Presence and Participation. (n.d.). Retrieved August 12, 2020, from <https://www.ipfcc.org/bestpractices/Better-Together-Facts-and-Figures.pdf>

Community Based Dementia Care and Support

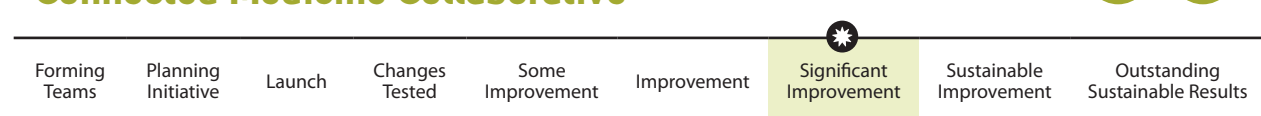


In 2019, CFHI worked with federal, provincial and territorial stakeholders and people with lived experience to explore how we can expand access to innovations that improve the experience of care and access to community support for people living with dementia and care partners in two focus areas:

- ▶ Timely, compassionate dementia diagnosis in primary care
- ▶ Post-diagnostic supports, including coordination and navigation

This work in [Community-Based Dementia Care and Support](#) is aligned with Canada's national dementia strategy, [A Dementia Strategy for Canada: Together We Aspire](#), and the work to identify emerging and promising innovations continues throughout 2020.

Connected Medicine Collaborative



Through [Connected Medicine](#), CFHI partnered with Canada Health Infoway, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada to spread the adoption of two proven innovations that have substantially increased access to primary care specialists:

- ▶ [RACE™ \(Rapid Access to Consultative Expertise\)](#): a telephone advice line and app initially launched at Providence Health Care and Vancouver Coastal Health, British Columbia.
- ▶ [BASE™ \(Building Access to Specialists through eConsultation\)](#): a secure web-based e-consult service which originated with the Champlain Local Health Integration Network (LHIN) in Ontario with primary care physician and clinical scholar Dr. Clare Liddy, and endocrinologist and researcher Dr. Erin Keely.

Eleven teams from seven provinces and one national team participated in this 18-month quality improvement collaborative. In 2019, we [announced results](#) demonstrating a significant improvement in patient access to specialist medical advice in primary care.

22,961
consults conducted¹⁰

2,200
primary care practitioners

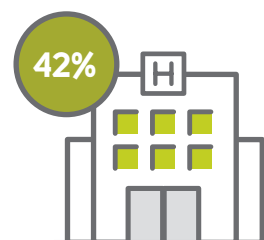
800
specialists



received a response from a specialist within 7 days¹¹



appropriately avoided face-to-face referral¹¹

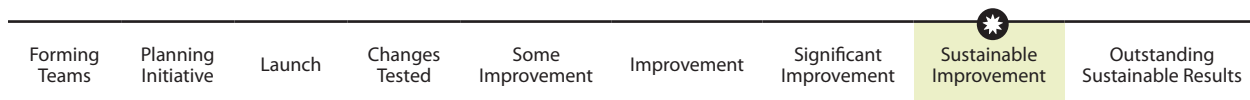


of phone/app consults led to an appropriately avoided ED visit¹¹

¹⁰ Of which 12,380 consults were from the collaborative, and an additional 10,581 consults were from 3 teams that participated in the [Momentum Challenge](#) (data taken as at March 31, 2020).

¹¹ Results from the collaborative that took place from June 2017 to December 2018 with 11 teams.

INSPIRED COPD Scale Collaborative



The INSPIRED COPD Outreach Program™ is a hospital-to-home care model that provides patients with moderate to severe chronic obstructive pulmonary disease (COPD) and their families with the information, tools and support they need to better manage their illness in their home. The [approach to care](#) was originally developed by Dr. Graeme Rocker and his colleagues in Halifax, Nova Scotia with extensive input by patients, as well as their families and caregivers.

From 2017 to 2019, as part of CFHI's [INSPIRED COPD Scale Collaborative](#), six teams were supported to scale their existing INSPIRED-like programs to reach even more providers, organizations and patients within their jurisdictions. Preliminary results show significantly reduced hospital admissions, improved quality of life for patients and better value-for-money for the healthcare system.

Momentum Challenge



The [Momentum Challenge](#) is a by-invitation program that brings together teams from completed CFHI collaboratives. Through the Challenge, we support teams with learning, networking and funding opportunities so they can sustain and spread their improvement projects even further.

Between April 2019 and February 2020, two cohorts comprised of 61 teams from the INSPIRED COPD Scale, Connected Medicine, Appropriate Use of Antipsychotics and Embedding Palliative Approaches to Care collaboratives joined the Momentum Challenge. At the end of November 2019, 93 percent of cohort 1 teams that submitted data had sustained their quality improvement initiatives and 60 percent spread them further to benefit even more people. Results from cohort 2 will be available in late 2020.

APPROPRIATE USE OF ANTIPSYCHOTICS

The [Appropriate Use of Antipsychotics](#) (AUA) is a person-centred approach to dementia care in long-term care that involves developing an individualized care plan tailored to the resident's needs and preferences. Residents have their antipsychotic medications reviewed and appropriately discontinued or reduced if they no longer need it, lowering their risk of negative health outcomes. This approach can also improve their care experiences and lives, and the lives of families, care partners and staff.

Rates of potentially inappropriate antipsychotic use are declining across Canada thanks to collaborative efforts like the AUA approach; in 2013-14, about one in three long-term care residents who did not have a psychosis diagnosis was prescribed an antipsychotic¹² and by 2018-19, that number had dropped to one in five.¹³

CFHI has partnered with the Vancouver Regional Health Authority to spread the AUA approach to 56 long-term care homes in the region in 2020-21.

A longitudinal study published in JAMDA (Journal of American Medical Directors Association) showed the odds of remaining inappropriately on antipsychotic medication were lower in long-term care homes that had participated in the AUA quality improvement collaborative compared to homes that did not.¹⁴ This suggests that substantial improvements in antipsychotic medication use may be achieved through targeted, collaborative quality improvement initiatives in long-term care.

[Read the JAMDA article >](#)

Improving Resident Quality of Life: Newfoundland and Labrador, Prince Edward Island and Seniors Quality Leap Initiative Appropriate Use of Antipsychotics Quality Improvement Collaborative



In collaboration with the governments of Newfoundland and Labrador, and Prince Edward Island, CFHI supported the implementation of AUA to all publicly funded long-term care homes in both provinces, as well as five homes that are part of the Seniors Quality Leap Initiative – a North American network of long-term care organizations focused on improving clinical care and safety for older adults. Final results were [announced](#) in late 2019, showing more than half of participating residents had their medication successfully discontinued or reduced. Most teams joined the [Momentum Challenge](#) to expand the reach of AUA and sustain its impact.

Following the success of the AUA collaborative in Prince Edward Island, we are working with Health PEI to spread the AUA approach across the privately funded long-term care home sector.

¹² Canadian Institute for Health Information. (2016). *Use of Antipsychotics Among Seniors Living in Long-Term Care Facilities, 2014*. Ottawa, ON. Retrieved from https://secure.cihi.ca/free_products/LTC_AiB_v2_19_EN_web.pdf

¹³ Canadian Institute for Health Information [online]. *Potentially Inappropriate Use of Antipsychotics in Long-Term Care*. Retrieved from <https://yourhealthsystem.cihi.ca/hsp/inbrief#!/indicators/008/otentially-inappropriate-use-of-antipsychotics-in-long-term-care;/map-C1;mapLevel2:/>

¹⁴ After adjusting for age, sex, aggressive behaviour and cognition, with no worsening of behavioural symptoms.

Optimizing Practices, Use, Care and Services - Antipsychotics Collaborative



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
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Based on the AUA approach, [Optimizing Practices, Use, Care and Services – Antipsychotics \(OPUS-AP\)](#) is a partnership between CFHI, the Ministry of Health and Social Services in Quebec, l'Institut national d'excellence en santé et en services sociaux (INESSS) and Quebec's leading experts from the four research networks. The aim of OPUS-AP is to improve the quality and experience of care for residents in long-term care centres (CHSLDs) who are living with dementia, as well as for their families, care partners and providers.

During 2019-20, the AUA approach was spread from an initial 24 CHSLDs to an additional 120 CHSLDs in Quebec (and 235 units within those centres).

PALLIATIVE AND END-OF-LIFE CARE

Palliative care improves comfort and quality of life for patients with life-threatening illness, and their families. Only 15 percent of people in Canada have early access to palliative home care, yet of those who have a preference, 75 percent would prefer to die in their home.¹⁵ Working with our palliative and end-of-life care partners, CFHI supports spreading and scaling proven innovations that deliver high-quality care closer to people's homes and their communities.

In addition to the [Embedding Approaches to Palliative Care](#), and [Paramedics and Palliative Care](#) collaboratives, in early 2020, we partnered with the Bruyère Research Institute to spread the use of the HOMR (Hospital-patient One-year Mortality Risk) tool with 10 Ontario hospital teams. The tool was developed and evaluated through a research study led by Dr. James Downar and Dr. Pete Wegier with funding from CFHI and the Canadian Frailty Network. HOMR helps teams to identify and address unmet palliative care needs – ensuring patients receive the care they need at the right place and at the right time.

Embedding Palliative Approaches to Care Collaborative



Forming Teams	Planning Initiative	Launch	Changes Tested	Some Improvement	Improvement	Significant Improvement	Sustainable Improvement	Outstanding Sustainable Results
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[Embedding Palliative Approaches to Care \(EPAC\)](#) is a proven innovation that helps staff in long-term care homes identify residents who could benefit from a palliative approach to care. Through EPAC, staff have conversations with residents, their families and caregivers so the resident's palliative care preferences are documented and implemented through a resident-centred care plan honouring the resident's wishes, values and choices.

Working with EPAC innovator Jane Webley (former Regional Lead, End-of-Life Program, Vancouver Coastal Health), CFHI's EPAC spread collaborative supported seven teams from five provinces and one territory. From August 2018 to September 2019, more than 200 healthcare providers from 22 long-term care homes received training and support to implement the EPAC model.

The collaborative increased staff capacity, capability and confidence in having conversations about, and providing, palliative care. Eighty percent of residents died in their homes (rather than hospitals), and teams reported improvements in residents' quality of life. Residents who died at home with no emergency department (ED) visits in the last three months of life had, on average, earlier goals of care conversations compared to residents who died in the hospital with at least one ED visit. More details about the final results of the collaborative will be published in 2020.

¹⁵ Canadian Institute for Health Information. (2018). Access to Palliative Care in Canada. Ottawa, ON. Retrieved from <https://www.cihi.ca/sites/default/files/document/access-palliative-care-2018-en-web.pdf>



Enable Improvement-oriented Systems

We support people from across Canada to learn, share and improve together, developing the skills and expertise needed for continuous improvement within their organizations and across healthcare systems. Our work in this area focuses on increasing capacity and capability among leaders so they have the knowledge, skills and experience to co-design innovative approaches to address complex healthcare and social services problems. Leadership capacity to support and lead change is an essential ingredient to accelerating the spread and scale of evidence-informed improvement.

Canadian Northern and Remote Health Network

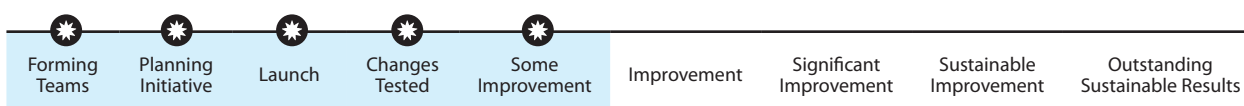


Healthcare leaders and providers working in northern and remote areas of Canada face unique challenges when developing, implementing and evaluating effective and sustainable solutions.

The [Canadian Northern and Remote Health Network \(CNRHN\)](#) brings together senior decision-makers, leaders, policy-makers and practitioners to identify solutions to share success stories, innovative ideas, tools and resources, and identify solutions to improve healthcare in northern and remote areas of Canada. Members also enhance their leadership and improvement skills by sharing learning, innovative ideas, tools and resources.

CFHI has supported CNRHN since 2014 as the secretariat and convenes annual gatherings, as well as roundtables, to discuss shared areas of focus and priorities. In May 2019, CNRHN members came together for a roundtable discussion in Vancouver, British Columbia with a specific focus on primary care. Following the event, CNRHN members were afforded the opportunity to attend the First Nations Primary Care and Mental Health and Wellness Summit: Weaving Holistic Wellness into the Healthcare System, which was hosted by the First Nations Health Authority (FNHA).

EXTRA Executive Training Program



CFHI's [EXTRA: Executive Training Program](#) is a team-based leadership development and quality improvement fellowship. The program is grounded in leading and managing change, and sustaining gains in the reality of today's complex healthcare and social services environments.

In 2019-20, 10 teams in [cohort 14](#) and 11 teams in [cohort 15](#) graduated from the EXTRA program. In addition, cohort 16's selection process and curriculum were strengthened to support teams in considering the perspectives of First Nations, Inuit and Métis communities, engaging with patients, families and caregivers, and focusing on patient safety. Our ambition is to foster leadership qualities where patient-partnered and culturally appropriate and safe care are foundational to how healthcare is delivered. Eleven teams joined [EXTRA cohort 16](#) which will run from 2020 to 2021.



Shape the Future of Healthcare

We connect healthcare leaders from across Canada and support them to share policy insights, identify ways to advance collective change and accelerate the transformation of health systems.

Building on a Value-Based Healthcare Design Day and Summit in 2018, we worked with expert faculty and advisors to develop the [Value-Based Healthcare \(VBHC\) Toolkit](#). VBHC is about linking how much money is spent on healthcare programs or services during a patient's journey to the outcomes that matter most to patients – rather than focusing primarily on the amount of services, or on specific processes or products.

CFHI co-designed and ran the High-Performing Systems Series with Yukon Health and Social Services in Whitehorse from August 2019 to February 2020. Healthcare leaders who participated in the series built skills and understanding around patient and family engagement, and enhancing healthcare quality improvement capacity.

In December 2019, in partnership with Boehringer Ingelheim Canada Ltd., CFHI hosted a workshop on value-based integrated care with teams from the [INSPIRED COPD Scale Collaborative](#) (and others). Participants heard from international experts and discussed how they could apply value-based integrated care to their own work.

In February 2020, CFHI and the [Canadian Patient Safety Institute](#) collaborated to undertake a policy lab design day with stakeholders from across the country. Hosted and facilitated by experts from Policy Lab (from the United Kingdom), the design day helped develop the approach to policy design that we will undertake to address future policy challenges.

Canadian Harkness Fellowship



The [Canadian Harkness Fellowship](#) enables some of the best and brightest Canadian thinkers and leaders to participate in the Commonwealth Fund's International Program in Health Policy and Practice Innovations.

CFHI supports the recruitment of Canadian Harkness Fellows and often works with them on Canadian healthcare policy issues following their fellowships. In 2019-20, Mylaine Breton from Quebec and Fredrika Scarth from Ontario undertook their fellowships. Mylaine focused on improving the accessibility and continuity of primary healthcare. Fredrika explored interventions in the United States which have created and sustained accountable care implementations that are most likely to be effective in a single-payer universal healthcare system.



"The Harkness Fellowship is the opportunity of a lifetime to spend a year trading inspiring ideas with prominent healthcare leaders, learning from the long tradition of innovations in the U.S., and forging friendships with other fellows from around the world, from all walks of life. It's a personal and professional challenge unlike any other that will give me the foundations I need to become a credible young leader and influencer of Canadian health policy, poised to share our country's experiences and innovations on the international stage. Thank you for this amazing and truly life-changing gift."

Mylaine Breton

2019-20 Canadian Harkness Fellow

Pan-Canadian Health Organizations Collaboration

There is tremendous potential to enhance the collective impact of the pan-Canadian health organizations (PCHOs) and we have continued to work together to move the dial on shared federal, provincial and territorial health priorities. This includes teaming up with the Canadian Partnership Against Cancer in our Paramedics and Palliative Care program. We also partnered with Canada Health Infoway to spread Connected Medicine and all PCHOs as part of the Priority Health Innovation Challenge.

In March 2020, as a result of COVID-19, CFHI worked with all PCHOs and other pan-Canadian partners to facilitate coordination, information sharing and mutual referral on activities responding to the pandemic.

Jennifer Zelmer, CFHI President and CEO, has continued to co-chair the PCHO/Health Canada Coordinating Table with Deputy Minister Stephen Lucas. Struck in 2019 as a process improvement to enhance the collective impact of the PCHO suite, the PCHO Coordinating Table facilitates stronger collaboration among PCHOs and regular communication with Health Canada on federal priorities.

Recognizing the tremendous opportunity to achieve safer, higher quality, more efficient, coordinated and patient-partnered healthcare, CFHI and CPSI are jointly pursuing an amalgamation that will create a single quality and safety organization with an expanded capacity to improve healthcare for everyone in Canada.

Policy Circle



In 2019, CFHI launched a new initiative – [Policy Circle](#) – which connects mid-career professionals who are committed to improving healthcare policy and practice. This one-year program aims to foster and contribute to the growth of the next generation of healthcare leaders. By building networks with, and learning from, other Canadian healthcare organizations, members develop knowledge and skills to help address federal, provincial and territorial shared health priorities.

In 2019-20, our first cohort of six Policy Circle members explored improving healthcare quality in areas such as primary care and integrated care.



"[Policy Circle] provided an opportunity to connect with diverse individuals and share perspectives, lessons learned, references sources and networks."

Miin Alikhan

2019-20 Alumna
Special Advisor, Ontario Health



▲
Leroy Whitmore (Member, Subarctic Friendship Circle, Promoting Life Together Collaborative team from Churchill, Manitoba) at the Promoting Life Together Collaborative final workshop in October 2019 in Maniwaki, Quebec, which is situated on the territory of the Algonquin Nation near Kitigan Zibi.

Promoting Life Together Collaborative



The [Promoting Life Together \(PLT\) Collaborative](#) modelled a co-designed learning program and brought together six multidisciplinary teams from across northern, rural and remote parts of Canada using a flexible “all teach, all learn” approach. The collaborative aimed to enhance life promotion and community wellness for people living in northern and remote regions of Canada.

In October 2019, a final workshop was held to honour the work that was undertaken by teams in partnership with First Nations and Métis leaders and elders. The gathering was held in Maniwaki, Quebec, which is situated on the territory of the Algonquin Nation near Kitigan Zibi.

The two-day workshop and celebration were designed and delivered by the PLT Collaborative Guidance Group and a planning committee, which included elders from British Columbia, Alberta, Ontario, and Newfoundland and Labrador. It provided an opportunity to spend time together in circle and in ceremony, to celebrate the work that was done in the community, and to acknowledge and showcase the learning and changes that had taken place in the health regions, organizations and communities of participating teams to support life promotion initiatives. This was an opportunity for shared learning and to have initial discussions on sustainability.

While the collaborative formally ended in December 2019, the Guidance Group has renewed its partnership to focus on knowledge sharing and sustainability, beginning with the development of a protocol to lead to potential knowledge sharing resources.

BOARD OF DIRECTORS

CFHI is governed by a voluntary Board of Directors. The board consists of highly respected professionals with diverse experience and expertise drawn from across the country. In 2019-20, we [welcomed Tammie Myles](#) as a new board member.

We thank the board for the support and guidance they have given to CFHI.

- ▶ [R. Lynn Stevenson](#), Chair
- ▶ [Erik Sande](#), Vice-Chair
- ▶ [Martin Beaumont](#)
- ▶ [Deborah DeLancey](#)
- ▶ [Vincent Dumez](#)
- ▶ Abby Hoffman
- ▶ [Fred Horne](#)
- ▶ [Petrina McGrath](#)
- ▶ [Tammie Myles](#)
- ▶ Murray N. Ross
- ▶ [Constance Sugiyama](#)

Canadian Foundation for Healthcare Improvement

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Visit CFHI's website for [additional reporting](#):

- ▶ [Performance Measurement Framework](#)
- ▶ [2019-20 Challenges and Risks](#)
- ▶ [Independent Auditor's Report](#)
- ▶ [Other Reporting](#)

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