



HEALTHCARE IMPROVEMENT PLANNER

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About The Canadian Foundation for Healthcare Improvement

CFHI works shoulder-to-shoulder with partners to accelerate the identification, spread and scale of proven healthcare innovations. Together, we are delivering lasting improvement in patient experience, work life of healthcare providers, value for money and the health of everyone in Canada.

CFHI is recognized as a leader in patient, family and caregiver engagement. Since 2010, we have led collaboratives and championed partnerships with patients and families to improve quality across the continuum of care.

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HEALTHCARE IMPROVEMENT PLANNER

This Healthcare Improvement Planner will help you document plans and actions to implement a healthcare improvement initiative to create lasting improvement in patient, family, and/or caregiver experience, health, and/or worklife of providers.

Review the questions and information in this planner at the initial stage of planning a healthcare improvement initiative. Discuss the information and answer the questions in the Planner with the team who will be responsible for leading the improvement initiative, including patient, family, caregiver partners and staff who will be impacted by or who can influence the change. With the team, revisit the Planner regularly and update it as needed to guide your healthcare improvement efforts.

Sections of the Healthcare Improvement Planner include:

- **Problem and Aim Statements** to help you document what you want to improve, for whom **and** by when.
- **Create a Team** to help lead your improvement efforts.
- **Engagement** to help guide and communicate your improvement efforts.
- **Measurement** to help you choose a family of measures to track and monitor your progress against your aim(s).
- **Challenges and Opportunities** to overcome and build on to improve the chance of early and long-term success.
- **Sustainability and Long-Term Success** planning which is important during all phases of an improvement journey, including in the planning & early implementation phases.
- **Spread** planning to help expand the reach of a practice, policy or program to benefit more people, with the same or better results.
- **Action Plan** template to create an overall action plan, documenting plans and actions to implement the improvement initiative to create lasting improvement.
- **Additional Tools and Resources** that can support planning of healthcare improvement initiatives.



PROBLEM AND AIM STATEMENTS

Problem Statement – what you want to improve.

Explain what you want to improve in 4–5 sentences (i.e. what is the gap in quality, or what is the ‘burning platform’)? Where possible, include reference to the following information in your problem statement:

- Baseline data and/or information (e.g., current satisfaction; numerical data)
- The source of information about the problem/burning platform (i.e. do patients, families and/or caregivers and staff see this as a problem?).

How will you learn more about what is causing the problem you want to improve (e.g., interviews with staff, patients, families and caregivers who experience the process)?

Aim Statement – what measurable improvements you expect.

Specify how much improvement you are aiming to achieve, for whom and by when (i.e., what improvements will be made to the gap in quality)?



CREATE A TEAM

Convene a team and empower them with the time, resources and accountability to help lead the improvement initiative. The team should include people with diverse skills, professional backgrounds, cultures and perspectives to promote shared understanding of the opportunity for improvement, including:

Patients, families and caregiver partners, who can (for example):

- Bring perspective on how the healthcare improvement initiative will improve their personal experience and the experience of others¹
- Advise on education, evaluation, and strategies to promote sustainability and long-term success planning and adaptations over time
- Fulfill leadership roles, such as on governance committees or as evaluation leads to identify how change should be assessed and monitored
- Help to ensure a diverse set of lived-experience perspectives are consulted and considered (e.g., people of different ages, and from different cultures and different socio-economic backgrounds)
- Serve as champions for other patients, families and staff to ensure the lived experience perspectives are fully considered and incorporated

Senior leaders, who can (for example):

- Ensure the initiative is, and remains, a strategic organizational priority (this will justify associated staffing and budget allocations, and can increase the chance it will sustain through competing priorities)
- Support culture change, to identify how people feel about the initiative and ensure it is introduced in a way that acknowledges and responds to the concerns of everyone affected
- Champion, role model and set expectations for partnership with people with lived experience (including providing fair compensation and removing barriers for participation)
- Ensure staff have the time, resources and infrastructure to support the change
- Champion the initiative with staff, board members, and other stakeholders
- Create/inform and support processes to ensure appropriate oversight and monitoring

In addition, team members should include:

- **A team lead** who has time, resources and accountability to coordinate and oversee the day-to-day activities, serve as a key coordinator and motivator of the team and ensure regular and ongoing communication with staff, patients, caregivers and relevant committees/councils.
- **An evaluation and measurement lead** who has time, resources and accountability to support the tracking and reporting of results over time, support the team to understand and interpret data over time to inform whether changes are leading to improvement.
- **Staff from all departments** and **external stakeholders** who will be impacted by and/or who can influence the change.



Complete **Table 1** to list the members of your team, describe their roles and how they will have the time, resources and accountability to fulfill their roles.

Table 1: Team members and Roles

Team member	Role & description of how the person will have the time and resources to fulfill their role



ENGAGEMENT

In planning and implementing an improvement initiative, it is important to regularly seek and consider perspectives of staff, patients, families and any others who may be affected by, and/or who can influence, the change. Ensure you gather perspectives from people with different cultural backgrounds and community groups, and staff from all departments. You should also consider equity, which may include removing barriers for participation such as meeting times and locations, and offering assistance when needed, such as compensation for participation^{2,3,4,5}.

Regularly seek and consider views of people with diverse skills, professional backgrounds, cultures and perspectives who may be affected by or who can influence the change. Broad, inclusive engagement can help inform your improvement plan by:

- Identifying and resolving possible challenges, such as the possibility that staff may not agree the initiative is necessary or the best option; feel other initiatives should take priority; or feel that extra work will be required.
- Providing an open forum to express concerns, such as the possibility that the desired improvement implies criticism about the way things are currently done.
- Bringing perspective on how staff feel the initiative will change/improve their work life and the outcomes for patients and families.
- Helping to establish process for embedding the improvement in the long term (e.g., documentation; education for new and temporary staff; policies and guidelines).
- Creating awareness and excitement about the change.

Collaborative efforts with people with lived experience should include seeking a diverse set of perspectives (that is, people of different ages, and from different cultures and different socio-economic backgrounds) from many individuals, rather than continuously working with the same people. This approach is meant to ensure new ideas are generated and alleviates any potential burden on your lived experience partners in terms of feeling pressured to represent others.⁶

Examples of evidence-informed frameworks and tools to support efforts to engage and partner with patients, families and care partners include the Carmen Framework⁷ and the IAP2 Spectrum of Public Participation.⁸ **Table 2** is an example of one patient, family and caregiver engagement framework – IAP2 Spectrum of public participation⁹ – that provides different goals and promises for methods of engagement.



Table 2: IAP2 Spectrum of Public Participation Goals of Engagement¹⁰

	Inform	Consult	Involve	Collaborate	Empower
Goal	To provide balanced and objective info in a timely manner	To obtain feedback on analysis, issues, alternatives and decisions	To work with the public to make sure outcomes and aspirations are considered and understood	To partner with the public in each aspect of the decision-making	To place final decision-making in the hands of the public
Promise	"We will keep you informed."	"We will listen to and acknowledge your concerns."	"We will work with you to ensure your concerns and aspirations are deeply reflected in the decisions made."	"We will look to you for advice and innovation and incorporate this in decisions as much as possible."	"We will implement what you decide."

Considering the goals of engagement outlined in **Table 2** (inform, consult, involve, collaborate and empower), describe how you will meaningfully engage patients, families and caregivers in your improvement initiative, and your strategies for ensuring meaningful, purposeful engagement.

List and describe any structures in place to enable meaningful partnership with patients, families and caregivers.



What support will you seek from senior leaders to plan, launch, implement and sustain the improvement initiative? How will you ensure their ongoing support?

Use **Table 3** below to build an engagement plan to describe how you will regularly engage and seek and consider views of people with diverse skills, professional backgrounds, cultures and perspectives who may be affected by or who can influence the change. Include internal and external stakeholders.

Table 3: Stakeholder Engagement Planning Template

Stakeholder Group	Description of how each group will be engaged in a meaningful and purposeful way to guide and help lead your improvement initiative. This can include a description of specific roles and accountabilities the stakeholder group will have to plan, implement, evaluate and share information about the initiative.
Patients, Families and/or Caregivers	
Senior Leadership	
Other Staff Representatives (cover all departments/everyone who can benefit from and/or influence the change)	



Stakeholder Group	Description of how each group will be engaged in a meaningful and purposeful way to guide and help lead your improvement initiative. This can include a description of specific roles and accountabilities the stakeholder group will have to plan, implement, evaluate and share information about the initiative.
Other Staff Representatives (cover all departments/everyone who can benefit from and/or influence the change)	
External Partners	



Communication & Ongoing Support

How will you ensure continual learning and promote the sharing of strategies, challenges and solutions and other key learnings?



MEASUREMENT

Tracking Performance – is the Change an Improvement?

Measurement is an essential part of improvement. Measurement informs needed adjustments and provides evidence that supports the case for change, increases engagement and excitement among those involved.

Using **Table 4** below, identify a family of measures you will track to monitor your progress toward your aim(s). Determine your measures in partnership with people who will be impacted by the change, including patient, family and caregiver partners and staff. It will be important to include measures to assess the impact of the improvement initiative across diverse population groups, including populations who struggle to access care generally (e.g., live in rural or remote areas), potentially at-risk or vulnerable populations (e.g., complex medical needs); First Nations, Inuit and Metis communities; immigrants; refugees; LGBTQ2+; Black Canadians; or other minority groups. CFHI's Improvement Resources including the [Healthcare Improvement Planner](#) and the [Measurement for Improvement Resource and Planning Template](#) can be used to help create detailed improvement and measurement plans.

1. List the **outcome measure(s)** you ultimately want to improve.
2. List **process measure(s)** i.e., the activities you are doing to achieve your desired outcomes/aims. Process measures can include, for example, number of staff and patient, family and caregiver partners who receive education to support the initiative.
3. List the **balancing measure(s)** to monitor possible unintended consequences or problems.
4. For each of your measures, identify:
 - a. The **data collection method**, which includes identifying the data source, frequency of collection and who is responsible to collect, track and report the data over time.
 - b. **Baseline data** (if available), to identify the current information on the measures you will use to monitor progress toward your improvement aims; this will allow you to detect changes in the measures over time.
 - c. **Target/expected change** of the measures with a specified time period for your targets/expected changes.



Table 4: Measurement Plan

Measure Name & Operational Definition		Data Collection Method: Sources, Frequency and Who is Responsible	Baseline Data (if available)	Target/Expected Change (specify time period)
Outcome Measures: Main outcomes to improve.				
1				
2				
3				
Process Measures: The activities you are doing to achieve your desired outcomes/aims. (For example, number of staff who received education)				
1				
2				
3				
Balancing Measures: These are to assess for unintended consequences; they should not change or should stay the same				
1				
2				
3				

CHALLENGES AND OPPORTUNITIES

Challenges

What are potential challenges related to implementation of the initiative (i.e. new or improved practice)? How will you overcome these challenges?

Opportunities

What are potential opportunities related to implementation of the initiative? How will you take advantage of these opportunities?

SUSTAINABILITY AND LONG-TERM SUCCESS

Planning for long-term success

Sustainability has been achieved when:¹¹

- New ways of working and improved outcomes have become the norm;
- Work culture has shifted so the change is part of daily practice, rather than the initiative continuing to be a new, “add-on”;
- Gains from the improvement initiative are maintained without reverting to previous ways of doing things and with the initiative continuing to evolve;
- Many people continue to benefit from the improvement.

Planning for sustainability is important during all phases of an improvement journey – including in the planning and early implementation phases. Defining long-term success and sustainability goal(s) at the beginning of an improvement initiative will allow you to assess progress and adapt as your initiative progresses.

With your team, review **Table 5** below to identify what you will aim to sustain in your improvement initiative (check all that apply). CFHI’s Improvement Resource, the [Healthcare Improvement Planner](#) and the [Long-Term Success Tool and Action Planner](#) provides detailed information and reflection questions related to the goals listed in Table 5 and can be used to create detailed sustainability plans, after you have achieved evidence of successful improvement. In addition, CFHI’s [Long Term Success and Sustainability of Healthcare Improvement Guide](#) for example tips for promoting long-term success and sustainability that can help inform your discussion and planning efforts here.



Table 5: Example Sustainability Goals for a Healthcare Improvement Initiative Checklist

Example Sustainability Goals for a Healthcare Improvement Initiative	
<ul style="list-style-type: none">❑ Maintain and strengthen partnerships and/or develop new partnerships.❑ Ensure initiative activities continue as common practice and reach more people.❑ Engage staff and people with personal experience as key advisors for the improvement initiative (e.g. help to identify key issues and important improvement outcomes from their perspectives).❑ Improve efficiency (e.g. makes jobs easier; fully embed the new practice into everyday practice so it's no longer perceived as a "new" initiative).❑ Continue or increase the awareness of the problem or issue.❑ Spread the initiative to reach and benefit more people.❑ Expand skills.❑ Other (specify): ❑ Other (specify):	<ul style="list-style-type: none">❑ Improve working relationships with partner organizations, patients, families and caregiver partners and other stakeholders.❑ Maintain continued benefits for patients, families and others with lived experience.❑ Share ongoing experiences for continuous improvement and adaptation of sustainability plans (e.g. updates at staff meetings and visual displays).❑ Spread and embed the improvement in new contexts through continued adaptation.❑ Gain further funds to continue the initiative and maintain improvements.❑ Maintain and strengthen new practices, procedures and/or policies.❑ Engage leadership.❑ Other (specify): ❑ Other (specify):



What ideas do you have to embed the improvement? This can include creating easy to use and accessible checklists, policies and clinical guidelines. New ways of doing things should be built into new employee orientation, job descriptions, policies and process, and old ones discontinued.

What processes will you put in place to ensure you adapt the improvement over time?



SPREAD

Expanding the Reach of an Improvement Initiative to Benefit More People

After an improvement initiative has been implemented and has demonstrated sustained improvement, it may be ready to spread to additional site(s). As defined by CFHI, spread expands the reach of a practice, policy or program to benefit more people, with the aim to achieve the same or better results. Successful spread will entail adaptation as much as adoption from one context or setting to another, and usually involves changes in organizational delivery, policies and resources – all of which require careful planning.¹² Helpful resources to aid in understanding and planning for spread include Health Quality Ontario's [Spread Primer](#) & [Spread Planner](#), and CFHI's [Readiness to Spread Assessment](#) & [Readiness to Receive Assessment](#), and resources that can be found on websites for the [Institute for Healthcare Improvement](#) and the [East London NHS Foundation Trust Quality Improvement Programme Website](#).

While you will develop a fulsome plan for spread following successful and sustained implementation in the initial site(s) and after identification of sites that are ready to receive the new or improved practice, below are some key questions for you to consider at the beginning of a healthcare improvement initiative that will help plan for spread now.

Are you planning to spread the initiative to any new locations beyond the original implementation site? As part of a more fulsome spread plan, it will be important to consider the organizational culture and readiness of the new site(s) to receive the new or improved practice; CFHI's [Readiness to Receive Assessment](#) can help.

Convene a spread team and empower them with the time, resources and accountability to help spread the improvement initiative. The team should include people with diverse skills, professional backgrounds, cultures and perspectives to promote shared understanding of the opportunity for spread. The team should include staff, family, and patient partners; senior leaders; a team lead and evaluation lead; and staff from all departments and external stakeholders who will be impacted by and/or who can influence the change. Refer to the [Creation of a Team](#) section above for more information about the roles the team members can take.

Complete **Table 6** to list the candidates for your spread team, their roles and how they will have the time, resources and accountability to fulfill their roles.



Table 6: Spread Team Members and Roles to Support Spread

Team member	Role & description of how the person will have the time and resources to fulfill their role



ACTION PLAN

Implementation – Who Does What, by When

With reference to the information you have included in this Planner, create an overall action plan to document plans and actions to implement the improvement initiative. **Table 7** below provides an example of an action plan template you can use.

Aims	Action	Who is responsible?	Due date

ENDNOTES



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