In 2012, CFHI launched the Atlantic Healthcare Collaboration for Innovation and Improvement in Chronic Disease, a three-year pan-provincial collaboration that brought together 17 regional health authorities spanning all four Atlantic Provinces. CFHI supported 11 improvement projects—led by multidisciplinary teams, including front-line clinicians and managers—that have delivered real improvements for people living with mental illness, diabetes, chronic obstructive pulmonary disease (COPD) and multimorbidity.
Key Results:  
A Collaborative Approach to a Chronic Care Problem

Participating organizations faced several common challenges, such as escalating rates of chronic disease among the elderly and fiscal restraint. Teams achieved positive results by prioritizing patient needs and educating healthcare providers on the importance of enabling patients to self-manage their disease.

Key Lessons for Quality Improvement:

1. Changes in the design, delivery and evaluation require a timeframe longer than the length of the collaborative and an ongoing commitment to improvement.

2. Leadership support is essential to aligning provincial, regional or organizational policies with on-the-ground improvement efforts.

3. Organizational improvement readiness assessments help set realistic expectations regarding the time and commitment needed to see a change process through to fruition.

4. Aligning improvement efforts with the organization’s strategic priorities leads to more reliable and ongoing support.

“To be effective, the efforts that the AHC supported must continue, but with more emphasis on improving the population health objective of the Triple Aim. Still, it remains a positive example in the Canadian context that collaboration can and does happen—because when a vision is shared, so too can the agenda required to achieve it.”

— Richard Wedge, CEO, Health PEI and Chair, Atlantic Healthcare Collaboration Executive Committee

“A well run collaborative such as the AHC helps build the case for improvement, increases the motivation to change, exposes participants to proven ideas for improvement, and tries to help participating organizations develop the capacity and culture to test, implement, and spread improvements.”

— Edward Wagner, Director (Emeritus), MacColl Center Senior Investigator, Group Health Research Institute
Horizon Health Network (NB)

Implementing a Community-based Young Adult Mental Health Education and Recovery Initiative – PEER 126

Why it matters: Suicide is among the leading causes of death in 15-24 year old Canadians, second only to accidents.

Success: PEER 126 enhanced the quality of life of young adults living with mental illness, decreasing their use of formal crisis services, which includes visits to the emergency room and use of community mobile mental health services.

Western Health (NL)

Improving Self-management of Diabetes

Why it matters: Newfoundland and Labrador has one of the highest rates of diabetes in the country.

Success: Engaged providers in improving self-management support for patients with type 2 diabetes, as well as in consistently using a tool to screen for depression in this clientele.

Central Health (NL)

Improving Care for Patients Living with COPD

Why it matters: COPD is the leading cause of hospital admissions to Central Health’s hospitals and emergency rooms, and has the longest lengths of stay of all chronic conditions.

Success: Redesigned an asthma outpatient clinic into a new Respiratory Ambulatory Care Centre.

Health PEI

Supporting Realistic Behaviour Change

Why it matters: Escalating rates of chronic disease in Prince Edward Island require a new approach to supporting patients in their behaviour change.

Success: Providers are more actively involving patients in the decision-making and goal-setting surrounding management of their own chronic condition.

Figure 1. Key results:

**Current:**
- 101 healthcare providers completed self-management training

**In 3 years:**
- 1,000+ healthcare providers will be trained

Providers report greater confidence in their self-management ability and likelihood to implement self-management support.

Figure 3. Key results:

**Implemented:**
- Depression-screening tool for people living with type 2 diabetes
- Physician, team and staff self-management education

Patients report:
- Convenient appointments
- Helpful diabetes management plans and education sessions
- Confidence in diabetes self-management

Figure 2. Key results:

Youth report improvement in concerns about:
- Mental health
- Work
- Relationships
- Money

Decrease in:
- Emergency room visits
- Hospital admissions for a mental health diagnosis
- Use of community mental health services

Figure 4. Key results:

Redesigned an asthma outpatient clinic into a Respiratory Ambulatory Care Centre

New standing orders and improved care pathways provide standardized and evidence-informed care

New COPD outreach program uses home-based support to provide:
- Self-management education
- Action plan development
- Psychosocial support
- Advance care planning
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