

ACUTE CARE FOR ELDERLY (ACE) COLLABORATIVE 12-MONTH QUALITY IMPROVEMENT COLLABORATIVE

Frequently Asked Questions

About the ACE collaborative

The [Canadian Foundation for Healthcare Improvement](#) (CFHI), in partnership with the [Technology Evaluation in the Elderly Network](#) (TVN), is providing improvement teams with funding, coaching, educational materials and tools in a 12-month quality improvement collaborative aimed at supporting the spread of [Mount Sinai Hospital's](#) ACE Strategy elder-friendly practices to local contexts.

1. Is my organization required to have implemented components of the Mount Sinai ACE Strategy at a minimum to qualify as an applicant?

Yes. Applying organizations are required to have implemented two or more of the Mount Sinai ACE Strategy components (or some variation) to be included in the pool of applicants. Please see **Table 1 (pg. 5)** in the Prospectus for a comprehensive list of these components to see if your organization qualifies.

2. How can my organization demonstrate readiness to implement based on CFHI's criteria?

Using the guidelines outlined in the ACE collaborative [Prospectus](#) and following the [Expression of Commitment](#), organizations can demonstrate readiness to implement at least one additional ACE Strategy component. Applying organizations should have experience in carrying out quality improvement work, with support and involvement from senior leadership to dedicate time and resources to this initiative, as well as a well-rounded, interprofessional team containing:

- A team lead
- An evaluation and measurement lead
- Physician champion(s)
- Nurse champion(s)
- A patient and family caregiver advisor

To maximize results, participation in the collaborative should be recognized as a priority by each organization. Successful teams will have connections across acute- and community-care settings, as well as strong measurement skills.

3. Does my team need to have previous experience related to quality improvement?

Yes. Teams will be able to demonstrate previous quality improvement experience within their Expression of Commitment, including strong improvement capabilities at the team level and at the organizational, system, or population level. This means highlighting skills in setting improvement aims and carrying out well-designed quality improvement initiatives and achieving any patient and/or system outcomes.

4. What is the time commitment required of my team to participate fully in this collaborative?

The collaborative consists of an intense period of instruction and learning taking place from March 2016 to March 2017, with pre-work starting in February 2016. Therefore, dedicated resources must be in place and teams must be committed to fully participate in the collaborative. Teams will be required to actively participate in both content and measurement webinars (approximately 26 hours altogether), a two-day in-person workshop, as well as the preparation and submission of collaborative worksheets, progress updates, and evaluation surveys. Please note that CFHI funds can be allocated towards release of staff time or to hire additional staff to backfill a position.

5. What does the curriculum entail?

The ACE collaborative will support and deliver curriculum designed to build the capacity of participating organizations to better meet the complex needs of acutely ill older adults through implementation of elder-friendly care components. More specifically, CFHI faculty and staff, with input from the collaborative team members, will design content and facilitate exchange on key topics for implementing elder-friendly practices including:

- Development of a collaborative working plan, implementation and measurement
- Elder-friendly best practices
- Stakeholder engagement (patients, families and caregivers, front-line providers and organizational leaders)
- Leadership and change management
- Sustaining and further spreading the change
- Data collection, analysis and visualization
- Communication and fundraising strategies

6. What are the requirements around evaluation and measurement?

As outlined in question 3, teams are required to have an Evaluation and Measurement Lead who will track results over time. This person will be accountable for the design and implementation of the common balanced scorecard to support quality improvement and performance monitoring. This involves coordinating/supervising data analysis; regularly communicating results to healthcare teams via brief quarterly reports and through meetings with management, physicians, and the larger multi-disciplinary staff; participating in all activities related to process and outcome measurement. Throughout the collaborative, CFHI will convene measurement leads from each team via regular coaching calls to discuss common measurement challenges and approaches. Teams will also contribute to ongoing surveys for data collection, as well as contribute to the overall collaborative evaluation.

7. How involved do senior leaders in my organization need to be?

The CEO (or most senior leader within the organization) will be required to sign-off on the memorandum of understanding, acknowledging that the improvement team has regularly scheduled access to the senior executive team, protected time for the work and support for, and active engagement in, the organizational dimensions. Participating sites will be making elder-friendly care a core organizational priority and focus, where executive support is key to achieving this.

8. What opportunity will this collaborative create to spread and scale this across my organization and/or region?

ACE is the third collaborative in CFHI's Spreading Health Innovations Initiative, which responds to the needs of healthcare organizations to kick-start sustainable improvement. As part of the curriculum, CFHI staff and faculty will deliver webinars on sustainability, scale-up and spread and offer hands-on coaching support to teams in these areas. In addition, participating sites will develop their own organizational collaborative peer-to-peer capacity to position each participating site as a leader in the dissemination of elder-friendly care practices within their respective region, drawing connections from acute- to community-care settings.

9. What is the purpose of the policy-leadership working group?

The policy-leadership working group will be struck in conjunction with the ACE collaborative to consider the necessary management, governance, financing and policy factors to support readiness, implementation, sustainability and scale-up of elder-friendly models of care and practices. The group will convene members of senior management from participating teams and other key experts.

For more information about CFHI and the ACE collaborative, please contact:

Claudia Amar, Senior Improvement Lead, CFHI

Claudia.amar@cfhi-fcass.ca

613-728-2238 (292)

For more information about TVN, please contact:

Jackie St. Pierre, Partnerships & Development, TVN

jackie@tvn-nce.ca

613-549-6666 (6210)