IMPROVING HEALTHCARE IN CANADA

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President
Canadian Foundation for Healthcare Improvement
First, could you give an insight into the Canadian Foundation for Healthcare Improvement (CFHI), detailing its predominant goals?

CFHI is a non-profit organisation funded by the Canadian Government, and focused on accelerating healthcare improvement in Canada. We work with organisations across the care continuum and at all levels of Canada’s health systems. These include: hospitals, long-term care facilities, public health organisations, regional health authorities, provincial health departments and others. We support these key players in their efforts to make healthcare more patient- and family-centred, coordinated and efficient. Our approach is firmly rooted in the evidence. We have a 15-year track record of generating and helping apply evidence to the complex and persistent challenges facing Canada’s health systems.

Which Canadian partners do you collaborate with? Do you also work internationally?

Partnership is fundamental to our approach. In 2013, we supported 45 improvement teams within seven collaborations involving 264 healthcare leaders across the country. The Foundation works shoulder-to-shoulder with health leaders on improvement initiatives and sometimes directly with local hospitals or long-term care facilities to bring together many different jurisdictions in addressing common challenges.

Right now we’re working with all four Atlantic provinces, including every health region, to improve chronic disease management and prevention. We also have collaborations uniting northern, rural and remote regions of British Columbia, Alberta, Saskatchewan, Manitoba, Newfoundland and Labrador with a focus on improving primary care and mental health services.

Our international partners include the US Institute for Healthcare Improvement (IHI), with whom we work closely to customise their offerings to the Canadian healthcare landscape. We also partner with the Commonwealth Fund to support the Harkness Fellowship.

What major implementations are needed to face the mammoth task of reshaping Canada’s healthcare landscape?

As in other countries, there are myriad challenges facing Canadian health systems; I’ll focus on just a few. Canada, like all developed nations, faces difficulties in providing care for growing numbers of patients with chronic diseases. Likewise, an ageing population will require better supports to keep seniors out of hospital. These shifts mean changing the way we deliver care from an acute care-focused model to one that favours primary and continuing care. Important changes must be made to the ways in which we pay for and deliver healthcare. One of the greatest challenges we face is in supporting the spread of these leading practices; helping organisations identify, implement and evaluate innovations that improve patient care and value-for-money. Fortunately, there are solutions to these challenges, high-performing systems we can learn from and pockets of excellence in Canada and abroad we can help to spread.

For this reason, CFHI launched the Spreading Healthcare Innovations Initiative in March 2014. The initiative comprises of a series of collaborations, each of which is focused on helping Canadian healthcare organisations implement a practice that has improved patient care in another organisation. The first collaboration focuses on reducing the inappropriate use of antipsychotic medications among long-term care patients with dementia. The second focuses on providing better care for patients with late-stage and end-of-life chronic obstructive pulmonary disease (COPD). Both partnerships include funding for participating teams, as well as coaching from the innovators who have successfully implemented the practice in their organisations, access to respected experts in the field and CFHI’s change management, performance measurement and patient engagement support.

How is the Foundation working to develop and influence healthcare policy in Canada?

Promoting policy dialogue is one of our strategic priorities. We host an annual leadership forum – the focus of the 2014 event was leadership towards the ‘triple aim’ of better healthcare, healthier populations and lower per-capita costs. Our EXTRA programme for healthcare improvement supports both decision makers and policy makers.

One recent improvement project helped the Ontario Ministry of Health develop an evidence-informed definition of appropriate care. This work allowed Ontario to free up an estimated $39 million annually by removing vitamin B12 and blood iron – for which there was no evidence of patient benefit – from the automatic ordering of lab tests. Physicians can still choose to order these tests if they are needed. This definition was also used by the Council of the Federation Health Care Innovation Working Group – a team of Canadian provincial and territorial governments – to focus its work on appropriate care.

A survey identified three Canada-wide priorities for diagnostic imaging appropriateness; for low back pain, minor head trauma and uncomplicated headache. These priorities were accepted by Premiers at the July 2013 Council of the Federation meeting, with a recommendation to increase appropriate use for them through guidelines.
What important lessons can be learnt through engaging patients, families and staff to improve care? Could you provide examples of where this model has been most effective?

We are working towards harnessing the tremendous potential of patient and family engagement to drive quality improvement in healthcare. The Foundation recently launched the Patient and Family Engagement for Quality Improvement collaborative, which will provide funding, coaching and other support to 15 Canadian healthcare organisations to build capacity and drive quality improvement by partnering with patients and families. From 2010 to 2013, CFHI supported 17 teams across Canada through our Patient Engagement Projects.

This work demonstrated that meaningfully engaging patients and families in quality improvement can foster better patient-provider communications, patient experience, access to care, medication safety and work environments. Two examples include:

DIANNE GAFFNEY, CORPORATE LEAD, PROFESSIONAL PRACTICE AT HURON PERTH HEALTHCARE ALLIANCE

Fast-tracking the turnaround time for blood analysis within a chemotherapy unit from a previous average of 2-3 hours, to 15-20 minutes. Her work led to 49 improvement initiatives ranging from communication and education enhancements to relocation and redesign of physical spaces to clinical improvements.

PATTY O’CONNOR, DIRECTOR OF NURSING, MCGILL UNIVERSITY HEALTH CENTRE

Whiteboards help improve communication between staff, patients and families. This led to better care quality, reduced wait times for mental health services from 4.3 hours to 1 hour, a 50 per cent reduction in medication interruptions and a 60 per cent reduction in transcription errors of drugs.

Are you working to develop healthcare strategies with minorities and rural communities in Canada?

Yes, we are developing healthcare strategies with these groups by working alongside several healthcare networks.

Northwest Territories (NWT) collaboration – focuses on the management and prevention of chronic disease through improvement projects that inform a road map for sustainable change. Here we are identifying target areas for improvement projects (IPs) in areas such as diabetes, renal and mental health. The collaboration has led to better self-management and provider confidences, and improved awareness of services and key players, reducing gaps in care (improved continuity of care).

Northern, Rural or Remote (NRoR) Collaboration – involves six healthcare organisations from five provinces working collaboratively to share resources and best practices. The partnership will conduct a roundtable at the end of May to solidify collective goals, identify cross-jurisdictional improvement projects and potentially expand the collaborative to include other provinces and territories.

North Shore Tribal Council (NSTC) extended partnership – helps to build local capacity, developing a primary care model that meets the needs of local residents.

CFHI’S HEALTHCARE FOCUS

CFHI HAS SUPPORTED:

• Patient and family engagement
• Emergency divergence
• Chronic disease management

EDUCATION AND TRAINING TOOLS

On Call Webinars – regularly features policy makers, decision makers and clinicians as they explore evidence and share their improvement stories.

Online Workshops – designed to help members acquire the skills to improve the way healthcare is managed, organised and delivered.

Improvement Workshops – in-person workshops cover a range of topics that support quality improvement, change management, performance measurement, as well as patient and family engagement.

EXTRA – leadership training for healthcare executives in teams implementing projects in their facilities now in its 11th year.

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