

Call for innovations in PALLIATIVE and END-OF-LIFE CARE

A palliative approach to care across the continuum:
Providing the right care, in the right place, at the right time.

Let's make
change **happen.**

Timeline

February 8, 2017: Open Call for Innovations in Palliative and End-of-Life Care launches

April 5, 2017 (midnight Eastern Time): Applications due

May 10, 2017: Notification of selected applicants

June 21, 2017: Selected applicants present their innovation at the 2017 CFHI CEO Forum (Toronto, Ontario)

Questions about this open call for innovations?

Contact Jessie Checkley,
Senior Improvement Lead at
Jessie.Checkley@cfhi-fcass.ca
or 613-728-2238 (x356).

About CFHI

The [Canadian Foundation for Healthcare Improvement](#) is a not-for-profit organization funded by Health Canada. CFHI identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value for money.

The views expressed herein do not necessarily represent the views of Health Canada.

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Why this call?

Today in Canada, improving access to palliative and end-of-life care and integrating a palliative approach across the continuum of care for people with life-limiting conditions is a priority¹. Of the approximately 220,000 Canadians who die each year, an estimated seventy percent do not have access to palliative care services – and for many a palliative approach or referral is initiated only within the last weeks of life². By identifying palliative care innovations, we can improve access and integrate a palliative approach across health systems. There is widespread acknowledgment that we need to strengthen palliative care resources and services for Canadians³.

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual⁴. It provides the right care, in the right place at the right time - improving people's quality of life and the appropriate utilization and costs of healthcare⁵.

We know that right now, palliative care innovations are happening across Canada.

A palliative care innovation is an emerging or demonstrated model, program, approach and/or tool that is improving, or has the potential to improve, the experience, quality of life and value for money provided by palliative care for people with life-limiting conditions and their families. It can be a new way of delivering care that shows promising results for patients and families or one that outperforms current practice.

Although these innovations exist in Canada and elsewhere, they have not been widely implemented across this country. There is a need to identify and spread integrated approaches to palliative care and better understand their impact on experiences, quality of life, and costs for patients, caregivers, providers and systems. Tell us about innovations that are working well in your area of the country. CFHI wants to spread them, to improve care for all Canadians.

¹ For the purpose of this document 'palliative care' refers to hospice, hospice palliative care and the care required by all patients with life-limiting illness from the point of diagnosis until bereavement.

² Canadian Hospice Palliative Care Association The Palliative Approach: Improving care for Canadians with life-limiting illnesses. Prepared by Bacon J (2012). <http://www.hpcintegration.ca/media/38753/TWF-palliative-approach-report-English-final2.pdf>

³ Report of the Advisory Panel on Healthcare Innovation. UNLEASHING INNOVATION: Excellent Healthcare for Canada. July 2015. Page 54. <http://healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf>

⁴ WHO definition of palliative care. Accessed January 6, 2017 at <http://www.who.int/cancer/palliative/definition/en/>

⁵ Canadian Hospice Palliative Care Association. Policy Brief on Hospice Palliative Care: Quality End-of-Life Care? It Depends on Where you Live ... and Where You Die. June 2010. http://www.chpca.net/media/7682/HPC_Policy_Brief_-_Systems_Approach_-_June_2010.pdf

Why CFHI?



“... pockets of extraordinary creativity and innovation dot the Canadian healthcare landscape. Local, regional & even provincial programs worthy of emulation have simply not been scaled up across the nation. . . CFHI punches above its weight in scaling up innovation. . .”

Federal Advisory Panel on Healthcare Innovation (2015)



CFHI works shoulder-to-shoulder with you to improve health and care for all Canadians. We have developed [an evidence-based approach](#) to support the spread of innovation and improvement, focusing on:

- Building improvement and skill capacity – enhancing organizational capacity to champion and lead improvement;
- Enabling patient, family and community engagement – catalyzing healthcare innovation by involving those who experience and need care as experts in improvement and co-design;
- Applying improvement methodology – using improvement tools and methods to drive measureable results towards better patient care, better health and better value; and
- Creating collaboratives to spread evidence-informed improvement – bringing together coalitions of the willing and supporting these change agents to implement improvement across Canada.

This methodology includes fostering collaborative leadership among managers and providers, setting clear aims within a well-assessed population, developing supportive curriculum in change management, implementation, and performance measurement, and providing peer-to-peer learning and coaching.

Palliative care is a priority for CFHI. Currently five of our [EXTRA teams](#) are focused on palliative care. We are looking for innovations that can be adapted and adopted across the country.

Why you should apply

Are you an individual or part of a team with a demonstrated or emerging innovation in palliative care? Then we want to hear from you! Together we can make change happen.

If your innovation is selected, you will have an opportunity to:

- Receive a 2017 CFHI Innovation Award and be recognized as an innovator;
- Present your innovation at the CFHI CEO Forum (June 21, 2017 in Toronto);
- Benefit from CFHI support to identify opportunities to spread your innovation.

CFHI will cover travel and accommodation costs for innovators selected through this application process to attend the CEO Forum and present their innovations in panel sessions or through storyboards to senior health leaders from across Canada.

Teams and individuals from healthcare organizations (both public and private), community, government, and social service sectors in Canada with a demonstrated or emerging innovation should apply. Innovators can include (but are not limited to):

- Administrators (includes executives, senior leaders, managers, directors and coordinators)
- Allied healthcare professionals (includes paramedic, occupational therapist, physiotherapist, pharmacist, medical assistant, respiratory therapist, spiritual care, social worker, and others)
- Consultants
- Hospice volunteers
- Nurses (includes Registered Nurses (RNs), Registered Practical Nurses (RPNs), Nurse Practitioners (NPs) and specialized nurses)
- Patients or family members (includes patient or family advisors)
- Personal support workers
- Physicians
- Policy advisors/analysts (includes decision support specialist)
- Researchers
- Quality improvement leads
- Others

Eligibility and selection criteria

For the purposes of this call, a palliative care innovation is an emerging or demonstrated model,⁶ program, approach and/or tool (see examples in Appendix A) that is improving, or has the potential to improve, the experience, quality of life and value for money provided by palliative care for people with life-limiting conditions and their families. It can be a new way of delivering care that shows promising results for patients and families or one that outperforms current practice.

The innovation:

- must be focused on improving palliative care in Canada;
- must be aligned with [CFHI's mission](#) to identify proven health system innovations and accelerate their spread across Canada. For example, while recognized as important to improving palliative care, innovations in undergraduate and postgraduate education for healthcare providers are out of scope for this call;

⁶ Adapted from BC PATIENT SAFETY & QUALITY COUNCIL Quality Forum 2016. Accessed January 9 2017: <http://qualityforum.ca/qf2016/call-for-abstracts/>

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- should be anchored in the improvement principles⁷ found in [CFHI's Improvement Approach](#); and
 - must be relevant to the Canadian context and policy-makers, clinical and professional leaders, senior health leaders, and patients and families

Applicants are encouraged to identify particular sub-populations that have benefitted or would benefit from the innovation (e.g. men, women, LGBTQ2+⁸, children, indigenous peoples, marginalized populations, the elderly and official language minority communities).

Eligible innovations can be **emerging** or **demonstrated**.

Emerging Innovations

Emerging innovations are promising practices and emerging ways of improving palliative care that are too new to have results.

This category includes innovations that have been implemented and also evidence-based ideas or conceptual designs for improving palliative care that have not been fully implemented.

Demonstrated Innovations

A demonstrated innovation is one that has been implemented and is showing evaluation results. The innovation may have been spread or scaled up to one or more sites beyond the original pilot site.

⁷ Improvement requires engaging stakeholders in a process of change based on six assumptions.

- 1) Healthcare delivery should be patient-centred and population-based
- 2) Strategy should be informed by evidence and experience
- 3) Design and implementation should engage a wide range of stakeholders
- 4) Design and implementation should take a participative approach
- 5) Large scale improvement can be achieved through an incremental process
- 6) Improvement is a collective learning process that builds on carefully evaluated experimentation and critically assessed potential solutions

⁸ Lesbian, Gay, Bisexual, Trans, Queer/Questioning, two-spirited, and others

Applications will be reviewed by an expert Merit Review Panel, based on the criteria below:

1. To what extent is the innovation relevant to an integrated palliative approach to care?

A palliative care innovation is an emerging or demonstrated model, program, approach and/or tool (see examples in Appendix A) that is improving, or has the potential to improve, the experience, quality of life and value for money provided by palliative care for people with life-limiting conditions and their families. It can be a new way of delivering care that shows promising results for patients and families or one that outperforms current practice.

An innovation may address any among diverse palliative care themes across any delivery level or sector. These may include, but are not limited to:

- System and inter-professional capacity building or continuing education/professional development on providing a palliative care approach;
- Partnerships, models of care or policies that have improved or would improve access to palliative care;
- Effective approaches to identifying palliative care needs at the individual and population levels;
- Best practices in direct care or planning that have improved or would improve the delivery of, or experience with, palliative care;
- Engagement of, and support for, patients, caregivers and/or communities;
- Coordination and provision of care by teams across settings; and
- Use of technology to provide information, support and/or care, or enhance collaboration.

2. To what extent does the innovation have the potential for successful spread?

Guided by criteria outlined in [CFHI's Readiness to Spread Assessment](#), reviewers assess, based on information provided in the application, the extent to which an innovation is ripe for successful spread. This includes looking at:

- How clear and well defined the innovation is: Is the logic model clear; are key components well-defined; are processes clearly defined; are key enablers understood; are barriers and risks understood; and are mitigations identified?
- The extent to which the innovation accomplishes performance objectives: For example, comparative performance, improvement in the patient- and family-experience of care, quality of life and value-for-money, strength of attribution and strength of evidence.
- The extent to which the innovation can be applied to other settings: Does the data demonstrate sustainability after the pilot and reliable implementation at spread sites beyond the pilot site? Adaptability to local needs? Negligible unintended consequences?
- The likelihood of successful spread: What level of modification will likely be required for spread? Will there be issues of cultural fit? Is there an existing business case? Are there existing tools to support implementation in other settings?



Additionally, consideration will be given to ensuring that selected innovations collectively:

- include multiple organizations and diverse perspectives
- represent different contexts for palliative care delivery across the country

We want to cast a wide net with this open call and we welcome your questions about eligibility. Please contact Jessie Checkley, Senior Improvement Lead, at Jessie.Checkley@cfhi-fcass.ca or 613-728-2238 (x356).

Merit review process

The core elements of the merit review process for the Open Call for Innovations in Palliative and End-of-Life Care include the following:

- Each application will be reviewed for eligibility by CFHI staff and validated by the Chair of the Merit Review Panel.
- Each eligible application will be reviewed independently by at least two external reviewers. (Note: CFHI requires that all reviewers declare conflicts of interest when participating in the merit review process).
- The final review of eligible applications will be undertaken during a meeting of Merit Review Panel members and CFHI staff.
- Merit Review Panel members will arrive at a consensus rating for each application at the merit review meeting.
- Proceedings, discussions and decisions of the merit review meeting will remain confidential.

Final selection

- Innovations will be selected by CFHI and advisor for CFHI Innovation Awards (Palliative Care) based on the strength of their alignment with selection criteria and the overall composition of the selected innovations in terms of diversity of setting and context.
- Recipients of CFHI Innovation Awards (Palliative Care) will be invited to present at the 2017 CEO Forum through either panel sessions or storyboard presentations, as determined by CFHI.
- Decisions of the Merit Review Panel, once communicated to applicants, are final and cannot be appealed.



CFHI policies

- By completing the application, applicants confirm that they understand and abide by [CFHI's Conflict of Interest Policy](#), including rules regarding eligibility of CFHI employees, directors and agents.
- Applicants must fully disclose any relationship with the current members of the CFHI Board of Directors.

Application instructions/Deadlines/Next steps

- The deadline for submission of the application is April 5, 2017 at midnight Eastern Time.
- Notification of results will be communicated to all applicants **by May 10, 2017**.
- Applicants will be informed of the result of their application as follows:
 - » Recipient of a CFHI Innovation Awards (Palliative Care) and invited to the June 21, 2017 CEO Forum to present either a panel or storyboard presentation;
 - » Application not selected; or
 - » Application not eligible.
- Reviewer comments are not part of the process for this call.
- In the interim, please save the date (June 21, 2017) in case your submission is selected.

Please submit your completed online application and include additional documentation as instructed in the online application.

Questions? Please e-mail or call Jessie Checkley, Senior Improvement Lead at: Jessie.Checkley@cfhi-fcass.ca or 613-728-2238 (x356).

Appendix A

Table 1: Examples of Innovations

These examples illustrate types of innovation that are eligible. (Note: they are not specific palliative innovations)

Type of Innovation	Care of Innovations
Tool	PREVIEW-ED© is a screening tool that empowers personal care workers in long term care to detect early health decline in residents and avoid transfers to the emergency department. http://www.cfhi-fcass.ca/WhatWeDo/preview-ed
Model of care	The INSPIRED COPD Outreach Program™ is a model of care for people with advanced COPD that shifts care for people living with chronic disease from an acute setting to their home. http://www.cfhi-fcass.ca/WhatWeDo/inspired-approaches-to-copd
System transformation	Supporting and measuring the impact of enablers to health system transformation http://www.cfhi-fcass.ca/PublicationsAndResources/ResearchReports/ArticleView/11-10-26/Od3e9041-a834-4511-9f95-7c37ba287a79.aspx
Capacity building for change	Embedding patient and family advisors in quality improvement teams. The Partnering with Patients and Families for Quality Improvement Collaborative built capacity for providers and patient/family advisors to collaborate in the design, implementation and measurement of a quality improvement initiative http://www.cfhi-fcass.ca/WhatWeDo/recent-programs/partnering-with-patients-and-families-collaborative



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