CFHI’s Open Call for Innovations in Palliative and End-of-Life Care

Monday, February 27, 2017, 1:00PM-2:00PM ET
TODAY’S WEBINAR OBJECTIVES...

- Introduce and explain CFHI’s open call process
- Explore the benefits of the open call on palliative care innovations
- Help innovators assess their readiness to submit an application
- Learn more about how CFHI is working to help transform palliative care in Canada
WITH US ON THE CALL TODAY:

Maria Judd (Host)
Senior Director, CFHI

Dr. Jose Pereira
Professor, University of Ottawa and McMaster University
Palliative Care physician at The William Osler Hospital
Director of Research at the College of Family Physicians of Canada
Scientific Director and co-founder of Pallium Canada

Anya Humphrey
Patient-Family Advisor
Anya Humphrey
CFHI’s Open Call for Innovations in Palliative and End-of-Life Care

Why CFHI?
Why is this different?

fuel the innovation conversation
CALL FOR INNOVATIONS
IN PALLIATIVE & END OF LIFE CARE:

A palliative approach to care across the continuum: right care, right place, right time

February 8, 2017
Submissions due April 5, 2017

For more information: Jessie Checkley at Jessie.Checkley@cfhi-fcass.ca or 613-728-2238 (356).
The Canadian Foundation for **Healthcare Improvement**

A quick overview of our strategy 2016 - 2021

**Our aim**
Accelerate healthcare improvement.

**Our focus**
Provide on the ground support to spread and scale proven innovations in priority areas.

**What we do**
We work shoulder-to-shoulder with creative energy on the front lines of healthcare.

- Build leadership and skill capacity
- Enable patient, family and community engagement
- Apply improvement methodology and coaching
- Create collaboratives to spread evidence-informed improvement
CFHI Improvement Approach

**SHORT TERM**

**CFHI**
- Provides
  - Tailored learning
  - Improvement facilitation and coaching
- Builds
  - Leaders’ competency to:
    - Assess the problem using evidence
    - Design innovative solutions
    - Implement the change
    - Evaluate the difference it makes
  - Healthcare leaders knowledge and skills to carry out healthcare improvement
  - Healthcare system performance
    - Value for money
    - Patient and family experience of care
    - Patient outcomes

**MEDIUM TERM**

**Organizational Commitment and Collaborative Leadership**
- Builds leadership and skill capacity
- Enables patient, family and community engagement
- Applies improvement methodologies
- Creates collaboratives to spread evidence-informed improvement
- Improves
  - Improvement competencies
  - Best practices within and across organizations, regions and provinces/territories
  - The health of Canadians
    - Population Health

**LONG TERM**

**IMPROVEMENT PRINCIPLES**

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

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

**ACTION LEVERS TO ACCELERATE HEALTHCARE IMPROVEMENT**

Improvement in healthcare requires initiative in the following six areas:

- Promoting evidence-informed decision-making
- Engaging patients and citizens
- Building organizational capacity
- Creating supportive policies and incentives
- Engaging healthcare executives, providers and managers in creating an improvement culture
- Focusing on population health needs
Palliative Care Innovation:

- a 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

- can be a new way of delivering care that shows promising results for patients and families or one that outperforms current practice.
<table>
<thead>
<tr>
<th>Type of Innovation</th>
<th>Innovation example</th>
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<tbody>
<tr>
<td>Tool</td>
<td>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. <a href="http://www.cfhi-fcass.ca/WhatWeDo/preview-ed">http://www.cfhi-fcass.ca/WhatWeDo/preview-ed</a></td>
</tr>
<tr>
<td>Model of care</td>
<td>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. <a href="http://www.cfhi-fcass.ca/WhatWeDo/inspired-approaches-to-copd">http://www.cfhi-fcass.ca/WhatWeDo/inspired-approaches-to-copd</a></td>
</tr>
<tr>
<td>System transformation</td>
<td>Supporting and measuring the impact of enablers to health system transformation <a href="http://www.cfhi-fcass.ca/PublicationsAndResources/ResearchReports/ArticleView/11-10-26/0d3e9041-a834-4511-9f95-7c37ba287a79.aspx">http://www.cfhi-fcass.ca/PublicationsAndResources/ResearchReports/ArticleView/11-10-26/0d3e9041-a834-4511-9f95-7c37ba287a79.aspx</a></td>
</tr>
<tr>
<td>Capacity building for change</td>
<td>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 <a href="http://www.cfhi-fcass.ca/WhatWeDo/recent-programs/partnering-with-patients-and-families-collaborative">http://www.cfhi-fcass.ca/WhatWeDo/recent-programs/partnering-with-patients-and-families-collaborative</a></td>
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</tbody>
</table>
PREVIEW-ED© is an innovative screening tool, developed by Marilyn El Bestawi through CFHI’s Executive Training program: EXTRA.

The tool helps staff in LTC detect early health decline among residents related to four conditions: pneumonia, urinary tract infections, dehydration and congestive heart failure (CHF).
Just in Time
Development of a Tool to Predict Decline in Institutional Elderly

THE PROBLEM

In Ontario, 75,000 people aged 65+ live in LTC facilities
Up to 48% of hospital admissions of LTC residents are potentially preventable

THE INNOVATION

PREVIEW-ED© Practical Routine Elder Variants Indicate Early Warning for ED
Scoring system measures 9 indicators (e.g. food/fluid)
Tool takes 8-15 seconds to complete
May result in health system savings

THE RESULTS

57% reduction in transfers to ED
Personal support workers became more engaged
Provincial annual savings estimated at $6.25 million

ADVICE

LTC has limited resources
Historical data is not readily available
LTC focus is on compliance so other initiatives get less attention
Figure 1.
INSPIRED COPD Outreach Program™ for patients with advanced COPD and their families

Key Terms
RT: Respiratory Therapist
PCP: Primary Healthcare Provider

Hospital
- Consent
- Optimize treatments
- Link with staff
- Action plan reviewed
- Early discharge support
- Pre- + post-evaluation

Community
- Home visits (4) every 2 wks
- Individualized action plan, self-care and psychosocial/spiritual care support
- Ongoing communication and support
- Access to telephone help line
- Advanced Care Plan, where appropriate
Spreading INSPIRED Approaches to COPD Care Collaborative

19 teams | 214 healthcare professionals | 78 healthcare sites

670+ patients enrolled
The Specialist is Always In: BETTER PATIENT CARE THROUGH REMOTE CONSULTATION

Call for applications: March 7, 2017

Learn more: cfhi-fcass.ca/ACCESS
Are you an individual or part of a team with an emerging or demonstrated innovation in palliative care?

Then we want to hear from you!

cfhi-fcass.ca/palliative
Emerging and Demonstrated Innovations

**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.

COMMON QUESTIONS

• Who should apply?
• Why apply?
• How will the innovations be selected?
• How is this “call” part of CFHI’s programing?
• What are the timelines?
• Who do I contact to learn more?
Who 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.

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
- Allied healthcare professionals
- Consultants
- Hospice volunteers
- Nurses
- Personal support workers
- Patients or family members
- Physicians
- Policy advisors/analysts
- Researchers
- Quality improvement leads
- Others
Why apply? Selected innovators will have an opportunity to:

- Receive a 2017 CFHI Innovation Award and be recognized as an innovator

- Present your innovation (panel or storyboard) to health system leaders from across the country @ the CEO Forum (June 21, 2017 in Toronto)

- Benefit from CFHI support to identify opportunities to spread your innovation.
Merit Review Process and Final Selection

Each application will be

• reviewed for eligibility by CFHI staff and validated by the Chair of the Merit Review Panel
• reviewed independently by at least two external peer reviewers. (CFHI requires that all reviewers declare conflicts of interest when participating in the merit review process).
• discussed and receive final review and rating during a meeting of Merit Review Panel members and CFHI staff

Merit Review Panel members will

• be identified by peers as leaders in palliative care
• arrive at a consensus rating for each application

Recipients

• will be invited to present at the 2017 CEO Forum (panel sessions or storyboard presentations), as determined by CFHI., receive a CFHI innovation award
Themes

- 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.
Criteria for Spread Readiness

- How clear and well defined the innovation is
- The extent to which the innovation accomplishes performance objectives
- The extent to which the innovation can be applied to other settings
- The likelihood of successful spread
CALL FOR INNOVATIONS IN PALLIATIVE CARE & THE 2017 CEO FORUM

The next 12 months....

Ongoing
Input from organizations playing a key role in palliative and end-of-life care

February 27, 2017
Call for Innovations Info Webinar for Applicants

April 13-28, 2017
Merit Review Period

June 21, 2017
Innovators present at CEO Forum

Oct 2017 - Dec 2017
Design Spread Collaborative in Palliative Care

CFHI Call for Innovations in Palliative Care Launch Date
February 8, 2017

Call for Innovations Application Due Date
April 5, 2017

Selected innovations notified of acceptance
May 10, 2017

CFHI CEO Forum
June 21, 2017
2017 CEO FORUM: Let’s make change happen
June 21, 2017 | Toronto, ON
By invitation | RSVP to CEO.Forum.PDG@cfhi-fcass.ca

2017 theme: palliative care
OPEN call for innovations in PALLIATIVE and END-OF-LIFE CARE

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).
http://www.cfhi-fcass.ca/WhatWeDo/palliative-care
Let’s make change happen.

CFHI works shoulder-to-shoulder with you to improve health and care for all Canadians.
Learn More...


Questions?

Please submit your questions/comments electronically using the “Chat Box” on the bottom of your webinar screen.
Upcoming Webinars

March 8th: The Specialist is Always In: Better patient care through remote consultation

April 12th: Creating Engagement – capable Environments in Healthcare for Innovation and Improvement

May 31st: Using Canadian Studies to Improve Healthcare for Inner City and Marginalized Populations

REGISTER NOW
Thank you!