BUILDING CAPACITY FOR HEALTHCARE QUALITY IMPROVEMENT:

SPREAD, SUSTAINABILITY, SCALE & THE QUADRUPLE AIM

WORKSHOP REPORT

March 1, 2018 – Royal Alexandra Hospital, Edmonton

March 2, 2018 – South Health Campus, Calgary

Alberta Health Services

Alberta Health

Canadian Foundation for Healthcare Improvement

Fondation canadienne pour l'amélioration des services de santé

cfhi-fcass.ca

TABLE OF CONTENTS

CONTEXT

Alberta has a three-pronged approach for quality improvement in healthcare using: i) evidence-informed practice (through its Strategic Clinical Networks, for example); ii) data and analytics (such as through its provincial 'connect care' system); and iii) implementation & adoption. Alberta identified this third area as an opportunity to build knowledge and capacity to better spread, sustain, and scale-up quality improvement (QI) initiatives.

The Canadian Foundation for Healthcare Improvement (CFHI) collaborated with Alberta Health Services (AHS) to develop and deliver a workshop to address this opportunity by leveraging CFHI's expertise and networks.

Drawing on the Quadruple Aim framework (based on the Institute for Healthcare Improvement's (IHI's) Triple Aim Framework), as well as other improvement science methods and tools, the workshop was designed to further support strategic planning for the spread and scale of QI initiatives across AHS and measuring their performance.

FOCUS

The interactive and participatory workshop sessions included local and provincial zone examples, group work and plenary presentations and discussions. Sessions focused on successes and lessons learned in spreading, measuring performance, sustaining, and working towards the scale of QI collaboratives, including the Appropriate Use of Antipsychotics initiative, Stroke Action Plan, Complex High Needs Patients and Populations, and the Partners for Better Health – Community of Practice. Participants were provided with a detailed list of resources and readings in advance of the workshop, focused on spread, sustainability, scale and the Triple/Quadruple Aim.

OBJECTIVES

- To enhance the knowledge and skills of key leaders, clinicians and QI advisors within AHS for spreading, measuring, sustaining and scaling initiatives.
- To understand the time, capacity and resources involved in implementing QI initiatives with built-in mechanisms for spread and sustainability using the highly adoptable improvement framework.
- To engage AHS and AH in an orientation to Triple/Quadruple Aim theory and practice.
- To provide tools and resources for participants to apply to their QI projects.

LOCATION AND DATES

The workshop was delivered:

- March 1, 2018 in Edmonton (Royal Alexandra Hospital)
- March 2, 2018 in Calgary (South Health Campus)

PARTICIPANTS

Each workshop included approximately 100 invited participants from across AHS programs and networks. The majority of participants had some experience and understanding of QI. Some participants were well versed and experienced in approaches to spread, sustainability and scale of QI from having participated in previous CFHI/IHI QI collaboratives or other initiatives.

The workshop included a mix of representatives from:

i) Primary Health Care (i.e. AIM group, QI advisors and staff);

ii) Alberta's 14 Strategic Clinical Networks (SCN);

iii) Alberta Health (AH); and

iv) Quality Healthcare Improvement

ADDITIONAL RESOURCES

- Workshop Resource and Pre-reading List
- Highly Adoptable Improvement Case Study Worksheet
- Readiness for Spread Worksheet
- "The Pig" Exercise Worksheet

APPENDIX A: SESSION DESCRIPTIONS AND KEY MESSAGES

WORKSHOP KICK-OFF AND WELCOME

Maria Judd – Vice-President, Programs, CFHI

Francois Belanger (Calgary) – Vice President, Quality and Chief Medical Officer, AHS

Lynette Lutes (Edmonton) – Senior Program Officer, Quality and Healthcare Improvement, AHS

An introduction to CFHI's collaborative approach and a snapshot of the QI landscape in Alberta was presented.

WHY SPREAD? WHY SUSTAIN? AHS' CURRENT CONTEXT AND QI PROJECT LANDSCAPE

Michael Sidra – Senior Program Director, Improving Health Outcomes Together, Quality and Healthcare Improvement, AHS

A high-level overview of AHS' three-pronged approach was provided to set the context of the current provincial QI landscape, including AHS' Improving Health Outcomes Together model.

KEY MESSAGES:

There are a number of QI-related projects and initiatives underway at AHS and new teams are being developed and deployed to continue to augment existing QI efforts. For example, AHS is just starting the Connect Care project – a large multi-year initiative to implement a common information system with data that can be leveraged for QI work.

Dr. Belanger identifies three key components to move QI forward:

- Evidence-informed practice (e.g. the SCNs)
- Data/analytics platform (e.g. Connect Care)
- Implementation and adoption (e.g. spreading a proven QI throughout the province)

QUALITY IMPROVEMENT SUCCESSES AT AHS

Learnings from QI initiatives that are or have been identified as prime for spreading and scaling across the province were shared.

KEY MESSAGES:

Appropriate Use of Antipsychotics (AUA)

Mollie Cole – Manager, Seniors Health SCN, AHS

- Alberta now has the lowest rates of antipsychotic medication use by seniors in longterm care without a diagnosis of psychosis of any province reporting to the Canadian Institute of Health Information (CIHI).
- Through AUA, 170 longterm care sites were invited to participate in the antipsychotic medication reduction strategies.
- An AUA Toolkit was provided and is accessible online.
- There has been an unexpected ripple effect across the healthcare system, resulting in fewer older adults in community and acute care settings using antipsychotic medications. In terms of working within the community, SCNs have been engaged specifically for reducing medication use in their populations.

Stroke Action Plan (SAP)

Agnes Lehman – Manager, Cardiovascular Health and SCN, AHS

- The SAP team allocated working definitions to their approaches of spread and scale. Spreading meant taking something and doing it over and over again in different places. Scaling meant expanding the service to reach a larger area across a whole jurisdiction.
- The SAP team used the Canadian Best Practice Guidelines as measurable tracking indicators. Data collection should be automated where possible and shared with front-line staff so they can reinforce and optimize best practices operationally at the team level. Where possible, a return on investment (ROI) analysis should be done.

Complex High Needs Patients and Populations (Edmonton)

Stephanie Donaldson – Director, Primary Care and Chronic Disease Management (Edmonton Zone), AHS

- Key learning outcomes revolved around front-line provider and leadership roles.

> *"We don't want people spending any more time on how to solve this if we have it figured out."*

- Leadership change can significantly impact a team in terms of understanding what they're supposed to be doing. For example, leaders can remove some of the perceived "rules" that hinder improvements and an improvement culture by exploring with teams whether rules are truly policies or status quo assumptions. As well, teams can be encouraged to identify, and bring forward, improvement barriers to leadership.
- If the stories of change are compelling, receptivity to spreading/scaling increases.

Partners for Better Health – Community of Practice (Calgary)

Carrie Sauve – Patient Care Manager, Family Care Clinic, AHS

Brenda Ferros – Case Management Lead, Nursing Team Lead, East Calgary Family Clinic, AHS

Saugata Chakraborty – Senior Quality Improvement Consultant, Integrated Quality Management, AHS

- Presenters identified the importance of choosing the most appropriate complex population to work with.
- A Community of Practice (CoP) allows people to meet face-to-face, learn and share, problem solve together and escalate challenges to leadership when necessary.

LEARNING HEALTH SYSTEMS AND FACILITATING SPREAD AND SCALE

Lisa Schilling – Vice President, Quality and Care Delivery Effectiveness, Kaiser Permanente (KP)
Lucy Savitz – Vice President, Health Research, KP Northwest Region and Director, KP Centers for Health Research

Insights into the relationship between learning health systems and successful spread/scale of QI were provided, setting the context for expected outcomes and learnings from the workshop.

KEY MESSAGES:

- Evidence-based medicine (EBM) is a set of principles and methods intended to ensure that to the greatest extent possible, clinical practice guidelines and medical decisions are consistent with the evidence of efficacy, effectiveness, and of overall benefit.
- Organizational efforts can optimize the use of evidence-informed decision-making (e.g. enhancing staff's capacity, establishing ties to researchers and experts outside the organization).
- We need health systems that learn from what works, with a primary aim to get the right care to the right person at the right time.

THE QUADRUPLE AIM: AN OVERVIEW

Chris Hayes – Chief Medical Officer, St. Joseph's Healthcare; Associate Professor, Department of Medicine, McMaster University; CFHI Faculty and Clinical Improvement Advisor

The case for QI was developed through deployment of the Triple Aim (TA) framework, while considering the fundamental fourth Aim: looking at the healthcare providers' experience (finding joy in work) to consider how the Quadruple Aim aligns with, and supports, other improvement approaches, including spread, sustainability and scale.

KEY MESSAGES:

- Achieving the TA requires the simultaneous pursuit of: (1) creating the right foundation for population management; (2) managing services at scale for the population; and (3) establishing a learning system to drive and sustain the work over time.

- With rising burnout and dissatisfaction on the job, the TA cannot be achieved without focusing on the well-being of the healthcare workforce.

HIGHLY ADOPTABLE IMPROVEMENT (HAI)

Chris Hayes – Chief Medical Officer, St. Joseph's Healthcare; Associate Professor, Department of Medicine, McMaster University; CFHI Faculty and Clinical Improvement Advisor

Reflections on project, organizational and system attributes that promote success and sustainability, as well as an understanding of how to create HAI strategies were provided. Time was allocated for workshop participants to apply learnings through an exercise.

KEY MESSAGES:

- Joy in work is a simultaneous pursuit with the other three aims of the Quadruple Aim. People are not passive recipients of change – they evaluate, seek meaning and develop feelings toward change. The key is ensuring that you're not worsening joy while undertaking QI. Responsibilities for managing this lie at different levels of an organization.
- Other resources to explore include the Our People Survey, which has similar approaches and goals to HAI.
- End-user initiation – a project initiated by front-line staff can become a strategic priority for an organization, when good bilateral connection exists between management and senior leadership.

PLANNING FOR SUSTAINABILITY AND SPREAD

Lisa Schilling – Vice President, Quality and Care Delivery Effectiveness, KP

Participants were urged to consider what makes a new practice sustainable, and the role of leaders, with a 'drawing the pig' activity to demonstrate theory through practice. The session aimed to facilitate an understanding among participants of why readiness assessments help leaders succeed with spread of QI. Time was allocated for teams to gather and apply learnings by completing assessments of readiness for spreading or receiving their own local level QI innovations.

KEY MESSAGES:

- In the same way that we never stop learning, we also need to continually learn *how* to learn. This is where simulation training is critical for improvement teams and staff engaged in QI. If it's not adaptable, it won't be sustainable.
- Keeping time/control charts reinforces teams' efforts by demonstrating that what is being undertaken is leading to improvement, and allows them to continuously improve.
- Healthcare transformation efforts can learn from successful business transformations that focus on three key questions:
    - Who are you ultimately trying to serve?
    - What do we need to change to fundamentally deliver care differently? What are the one to three things that are absolutely essential?

- How – use a method or framework (eg. Xcelerating Learning and Spread or XLS Framework), and use it consistently).

- The XLS Framework is a great leadership decision-making roadmap. It often doesn't matter what you use by way of frameworks, just that you use them consistently!

PERFORMANCE MEASUREMENT: EVIDENCE-BASED IMPROVEMENT AND IMPLEMENTATION STRATEGIES

Lucy Savitz, Vice President – Health Research, KP Northwest Region and Director, KP Centers for Health Research

The presenter sought to build an understanding of the relationship between continuous performance measurement and sustainability of improvement projects, and to reflect on contextual considerations for adapting and adopting innovations in new settings.

KEY MESSAGES:

- Evaluation should be directly embedded within the improvement initiative and within the team (e.g. having the evaluator integrated from the outset so he/she can share and learn across all processes).

- We can balance evidence in testing and innovation (e.g. using evidence that is "good enough" so long as the harm to patients in low). Innovation often means moving ahead even when the evidence is not yet robust.

- Building study design into testing and implementation allows you to see the marginal impact (and most critical parts) of an intervention (i.e. What absolutely needs to be done with high fidelity and what doesn't really make a difference?)

- When designing measurement, do what matters and reward/penalise accordingly (e.g. consider the questions you want to answer and determine the correct unit of analysis (i.e. patient, unit, hospital, etc.) from there, knowing it isn't necessary to have a 100% sample size. Finally, assess the data and stop collecting data that is not being used.

Q&A WITH EXPERTS

Chris Hayes, Chief Medical Officer, St. Joseph's Healthcare; Associate Professor, Department of Medicine, McMaster University; CFHI Faculty and Clinical Improvement Advisor

Lisa Schilling, Vice President – Quality and Care Delivery Effectiveness, KP

Lucy Savitz, Vice President – Health Research, KP Northwest Region and Director, KP Centers for Health Research

Francois Belanger, Vice President, Quality and Chief Medical Officer, AHS

Michael Sidra, Senior Program Director, Improving Health Outcomes Together, Quality and Healthcare Improvement, AHS

An open panel session took place in which the workshop participants could bring forward final reflections and questions to the experts.

KEY MESSAGES:

- When choosing from the plethora of QI tools, always start from the basics (e.g. LEAN tools, CFHI improvement model and tools), and then adapt and add more tools as you go. Ensure you match the appropriate approach to the problem you are aiming to solve.
- In reconciling the tension between sustainability and spread with limited resources, invest in team-based collaborative improvement, knowing that a team can learn and improve together.
- In an environment of many one-off initiatives, leaders can maintain the QI momentum by supporting improvers to focus on a small number of joint priorities.
- Standards do not automatically drive excellence. On the journey of healthcare improvement, it's important to support the improvers and build an enabling culture for improvement, and then equip improvers with the appropriate resources.
- Companies moving into the healthcare sector with technological innovations will create new challenges and considerations for healthcare delivery and improvement, such as protecting patient data.

WRAP-UP & NEXT STEPS

Michael Sidra, Senior Program Director, Improving Health Outcomes Together, Quality and Healthcare Improvement, AHS

Reflections on the workshop discussions and learnings were shared, and participants and presenters were thanked for their contributions.

KEY MESSAGE:

- The AHS Quality Safety and Health Outcomes Improvement Executive Committee (QSO) will review the workshop learnings and consider what can be done to better embed QI and spread, sustainability and scale throughout AHS and AH.

APPENDIX B: READINGS AND RESOURCES

1.1 READINGS

Berwick DM, Nolan TW, Whittington J. 2008. The Triple Aim: Care, Health and Cost. Health Affairs; 27(3): 759-769.

Farmanova E, Kirvan C, Verma J, Mukerji G, Akunov N, Phillips K, Samis S. 2016. Triple aim in Canada: Developing capacity to lead to better health, care and cost. International Journal for Quality in Health Care; 28(6):830-837.

Whittington JW, Nolan K, Lewis N, Torres, T. 2015. Pursuing the triple aim: The first 7 years. The Milbank Quarterly; 93(2):263-300.

Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work**.** IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

Stiefel M, Nolan K. A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2012.

1.2 RESOURCES

Canadian Foundation for Healthcare Improvement. (2013). Readiness to Receive Assessment.

Canadian Foundation for Healthcare Improvement. (2013). Readiness to Spread Assessment.

Hayes C. (2015) CFHI Quality Improvement Primer: Highly Adoptable Improvement

Schilling L, Jones J, Harvey P. (December 3, 2017). Keeping Our Promise: Xcelerating Learning & Spread. Powerpoint Presentation at the Institute for Healthcare Improvement Forum.