

CFHI Response to KPMG's 5 Year Evaluation – September 2014

KPMG conducted an independent 5-Year Evaluation of the work carried out by the Canadian Foundation for Health Care Improvement (CFHI) from 2009-2014. The following are the recommendations in the KPMG report and CFHI's response to each of them.

KPMG Recommendation 1: Leverage key differentiators to maintain niche position and increase awareness of the CFHI brand.

CFHI's Response:

This recommendation has implications for both CFHI's programming and communications. On the programming side, the report indicates that healthcare quality improvement (QI) is a crowded space that may grow more crowded in the future.

Where CFHI sees the space is particularly crowded is with regards to leadership and leadership development for QI (e.g., Lean training initiatives across provinces and territories (PTs), the LEADS in a Caring Environment (LEADS) framework, IDEAS in Ontario and other leadership development initiatives). It is noteworthy, however, that a minority of provinces and territories (5/13) have a provincial health quality council and that no single pan-Canadian agency is bringing together teams focused on quality improvement from healthcare delivery organizations across regions, provinces and territories in the way that CFHI does with its collaboratives.

CFHI also supports the involvement of patients and family caregivers as part of the improvement effort. As CFHI continues its work, it will focus on its unique pan-Canadian position to broker spread of improvement across provinces and territories as well as involving patients and families in the spread efforts.

From a communications perspective, the development of programming that consists of implementing quality improvement initiatives, collaborating across regions and jurisdictions, partnering with patients and families for quality improvement, and performance measurement that demonstrates results 'on the ground,' provides a solid platform to delineate our niche. Although certain programming elements have been in place for some time, it is important to note that a great deal of this programming is new, particularly the focus on collaboration across jurisdictions and spreading promising practices and proven innovations. With the implementation of CFHI's new programming now in place, communicating the niche is underway and will continue.

As the evaluation took place from Oct. 2013-July 2014, it captures a time when leveraging these key differentiators and increasing awareness of the CFHI brand was accelerating. In February 2014, the communications team undertook market research to establish a baseline awareness of CFHI and better understand our stakeholders/audiences. Although the baseline awareness was relatively low, management anticipated this given the rebranding from CHSRF to CFHI that took place only in November 2012. Reassuringly however, the research also showed positive impressions of CFHI among those who were aware of the organization and similarly positive impressions among those who learned about our work for the first time. One of the benefits of the exercise is that we now have established baseline awareness against which we can measure progress as we intensify our programming, communications and marketing efforts.

Anticipating low awareness and the need to market programming, management set aside significant funds in the 2014 budget to market CFHI. We anticipate that awareness will have risen after the significant marketing undertaken in support of the calls for expressions of commitment for the Spreading Healthcare Innovations and Patient and Family Engagement for Quality Improvement collaboratives and the announcement of funded teams for these collaboratives. The digital advertising alone for the calls for expressions of commitment to the antipsychotic, INSPIRED and patient/family engagement collaboratives drove over 6300 visits to CFHI's website, of which 91 percent were new visitors. Awareness will continue to grow in late-2014 as we launch the next phase of marketing CFHI, focused on brand marketing rather than any specific initiative. The market research will be repeated again in 2015 to compare awareness levels.

KPMG Recommendation 2: Increasing its activities in relation to “spreading” best practice innovations

CFHI's Response:

In the spring of 2014, CFHI announced the launch of its Spreading Healthcare Innovations and Patient and Family Engagement for Quality Improvement collaboratives. CFHI launched the Reducing Antipsychotic Medication Use in Long-Term Care pan-Canadian spread collaborative, in March and by mid-April had approved 15 inter-professional teams from healthcare organizations in seven Canadian provinces and territories (Newfoundland, Nova Scotia, New Brunswick, Ontario, Saskatchewan, Alberta, British Columbia and the Yukon). The Collaborative aims to reduce inappropriate antipsychotic medication use in long-term care for patients diagnosed with dementia. The 15 teams in the Collaboration are adapting and implementing an improvement initiative previously supported through CFHI's EXTRA program. Through the Collaborative, CFHI is providing teams with funding, coaching, educational materials and tools, forums for sharing with other innovators and other support.

The Collaborative curriculum has been developed and all dates for interactive learning opportunities (including 13 webinars and two face-to-face meetings) over the 16-month course of the collaborative have been confirmed. Between May and September 2014, CFHI has hosted five interactive webinars focused on practical elements of the approach to reduce inappropriate use of antipsychotic medications (e.g. medication discontinuation techniques, physician and staff engagement) and measurement requirements (e.g. target population, core collaborative measures, progress reporting, and data reporting through a standardized measurement template). Teams and faculty are actively participating in an online learning community, an electronic space for teams to ask questions of other teams or faculty, and share and receive practical healthcare improvement focused resources.

CFHI is also working closely with representatives from the Canadian Institute for Health Information (CIHI), who are providing interRAI-MDS (data) resources and advice to the teams. CIHI representatives from the Home and Continuing Care Clinical Team have also served as guest speakers on the webinars and are actively contributing to the online learning community and data reporting discussions. CFHI is currently initiating the design of a comparative interRAI outcome analysis among the CFHI collaborative sites and regional/provincial/national sites that are not in our collaborative.

Nineteen teams from across Canada are participating in CFHI's quality improvement collaborative, *INSPIRED Approaches to COPD: Improving Care and Creating Value*. The collaborative began in September 2014.

As part of the collaborative, each of the 19 teams will receive \$50,000 to adapt and implement the INSPIRED approach to care, which reduced emergency room visits, hospital admissions and days in hospital of COPD patients at the Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia by 60%, lead by respirologist and CFHI Clinical Improvement Advisor, Dr. Graeme Rocker. The INSPIRED COPD Outreach Program™ also helps caregivers of people living with chronic obstructive pulmonary disease (COPD). Working in partnership with Boehringer Ingelheim (Canada) Ltd. (BICL) which provided sponsorship funding of \$600,000 (of the \$1.6 million budget) for this collaborative, CFHI will also provide the healthcare organizations/teams with coaching, educational materials and tools in a quality improvement collaborative aimed at improving the care of patients living with advanced COPD. A series of additional content and measurement webinars are planned from October 2014 through 2015, with the face-to-face workshop taking place on 10-11 February in Vancouver, BC.

Facilitating the spread of proven innovations will be the key focus for CFHI in 2015 and beyond. CFHI will continue to invest considerable resources and attention in encouraging the adoption, spread and scale-up of promising quality improvement initiatives, including: cross-jurisdictional collaborations; multi-site teams; coaching and change management support; webinars and online and face-to-face workshops; and the implementation and measurement of innovations across regions and provinces/territories.

KPMG Recommendation 3: Strengthening CFHI's processes to manage and monitor partnership arrangements.

CFHI's Response:

Just as the organization has changed from research granting as CHSRF to implementing, spreading and evaluating quality improvements as CFHI, so too have our partnerships. In its early years, the former CHSRF produced an annual partnerships report for its Board of Trustees as part of its annual reporting which focused exclusively on the financial contributions of the partners. This report evolved over time as the organization realized that it was important to capture both financial and non-financial contributions from partners (e.g. cash and in-kind support). In 2012, senior management decided that the partnerships information would be merged into CFHI's annual reports. We agree with KPMG LLP that it would be useful to review again the current tracking and monitoring practices at CFHI and incorporate the recommendations from KPMG LLP to ensure a more consistent approach. (A discussion paper and report from KPMG LLP in 2010/2011 was the basis for the current practice.)

KPMG Recommendation 4: Performance Measurement system implementation – continued efforts

CFHI Response:

Over the last year and a half, CFHI has worked to align its new programming and evaluation and performance measurement system with its new mandate of accelerating healthcare improvements and change. Within its work plan, CFHI has undertaken to:

- Develop and finalize its Improvement Model (logic model), a standardized IP database, evaluation plans (including core measures), and evaluation and measurement tools across the programs that align with the improvement model;
- Embed evaluation resources/staff into programs to support ongoing data collection and continuous quality improvement. This includes a focus on two levels:
 - 1) The improvement project level to generate evidence about the changes in leadership improvement capacity, quality (value for money, better coordination of care and patient and family experiences) and clinical outcomes and the context and conditions of spread resulting from each improvement project and collaborative; and
 - 2) The corporate level to identify the value of CFHI's pan-Canadian collaborative methodology and opportunities for continuous improvement in the design and delivery of its programs.
- Develop standardized reporting requirements for improvement projects and collaboration projects to facilitate the tracking of activities and outcomes (short- and medium-term); including standard quarterly progress reports, final report and 'impact stories'.
- Continue to develop the evaluation culture of the organization. Program staff are actively involved in the evaluation and measurement activities of the improvement projects and collaboration projects they lead. Communications staff are involved in collecting and reporting evaluative findings. This includes monitoring progress reports, working with coaches to identify support needs and communicating real-time results with various stakeholders.

Going forward the key questions CFHI aims to have answers for in 2015 are:

- 1) What's the value of CHFI's methodology in approaching pan-Canadian quality improvement?
- 2) What changes to quality results from partnering with patients and families?
- 3) What changes to provider and organizational: a) capacity; b) practices and c) culture, have resulted from CFHI's programs?
- 4) What changes to quality (value for money, better coordination of care and patient and family experience) and clinical outcomes have resulted from CFHI's programs?
- 5) What is the estimated cost-benefit (or return on investment) of each of CFHI's programs?

- 6) What can we learn about the context and conditions for implementing, spreading and sustaining improvement?

Other KPMG Considerations: With regards to CFHI's fulfilment of the federal Funding Agreement Requirements, observes that:

- "...given the evolution of CFHI's priorities, CFHI minimally aligns with the original research objectives that are stated in the Health Canada Comprehensive Funding Agreement." (particularly sections a) and b) of the Endowment Fund Grant).

CFHI's Response:

This is in reference to the original (1996) objects of the corporation, namely, to operate as a charitable public foundation, to administer and employ its property, assets and rights and to maintain a fund or funds, for the purposes of:

- (a) identifying research gaps and needs in the field of health services research and defining priorities;
- (b) the funding of peer-adjudicated research into the management, organization and effectiveness of health services, including research into the outcomes of health-affecting interventions as well as into the organization and management of institutional and non-institutional models of health services delivery; and
- (c) the promotion of best practices of health services delivery and the communication of research outcomes.

We agree that what we are currently doing minimally aligns with (a) and (b). The Foundation has moved away from the health services research component of the objects. It did so to avoid duplication of the research granting function of CIHR's Institute for Health Services and Policy Research. CFHI's healthcare improvement programming still addresses the needs in the field of healthcare, along with identifying priorities; however, the needs and priorities we now identify are the promising areas for supporting improvement. In addition, as this report states, KPMG found that "peer-adjudicated research is still supported and has contributed to health services scientific literature."

CFHI recognizes that it is time to revise and update the corporation's objects in order that they more accurately reflect the organization's evolution and new programming. Upon confirmation of renewed funding and the approval of a new strategic plan in 2015, CFHI will do so.