

Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

June 20, 2016

Champlain LHIN Regional Quality Session

Summary



Ontario

Health Quality Ontario

Qualité des services
de santé Ontario



Ontario

Champlain Local Health
Integration Network

Réseau local d'intégration
des services de santé
de Champlain

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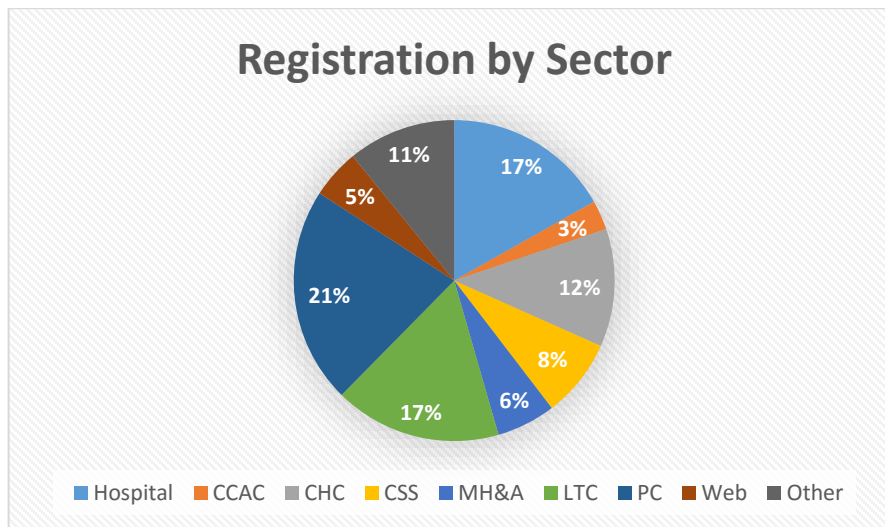
Champlain Quality Improvement ... Bringing Quality into Focus!

Summary

The Champlain Local Health Integration Network (LHIN) and Health Quality Ontario partnered to deliver a successful regional quality forum in Ottawa on June 20, 2016. The purpose of the day was to strengthen the quality focus of health care in the Champlain region. Objectives for the day were to:

- Connect with regional leaders in quality improvement to support cross-sector collaboration
- Integrate coroner recommendations into quality improvement across the health care system
- Learn how to best communicate and use data to improve quality
- Leverage relationships for integrated care to improve quality for complex patients
- Explore best practices using quality improvement plans (QIPs) to improve care.

The 101 health service providers who registered represented all sectors and geographical regions in the Champlain LHIN. There was also an option to attend via webinar (11 sites registered).



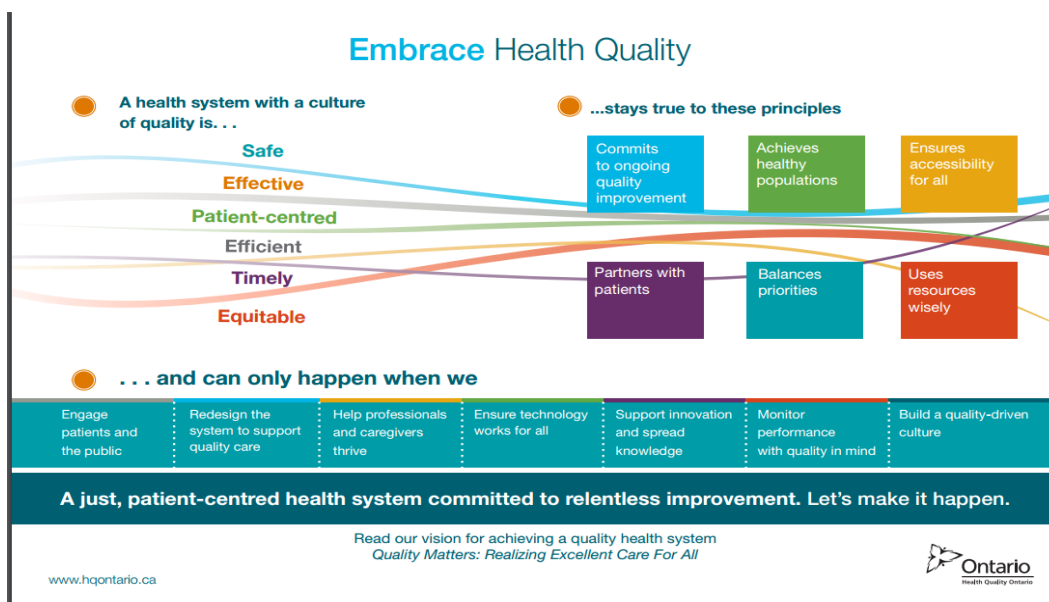
Abbreviations: CCAC, Community Care Access Centre; CHC, Community Health Centre; CSS, Community Support Services; MH&A, Mental Health and Addictions ; LTC, Long-term Care ; PC, Primary Care Web, webinar.

During the course of the day, attendees networked and engaged in meaningful discussions about how their partnerships and efforts to integrate and coordinate care delivery could be improved.

Morning Sessions

During the morning sessions, the room heard some exceptional speakers. **Chantale LeClerc**, Chief Executive Officer of the Champlain LHIN, grounded the audience with an overview of quality and of what “it” is when we say we want to improve it. She reminded us that we are fortunate to have many of the tools we need, and that the opportunity lies in improving organization and coordination. While duplication is a challenge from an economic perspective, she asked everyone to consider the impact on patient experience, as many health care recipients are left unsupported to make sense of myriad services.

Ms. Leclerc’s opening remarks were followed by a presentation from **Lee Fairclough**, Vice President of Quality Improvement at Health Quality Ontario, who focused on “Quality Matters: Five reasons to be encouraged about quality in Ontario.” She began by introducing *Quality Matters*, a Health Quality Ontario framework that outlines a common language of quality and is designed to unite efforts and goals of across the health system. The report [Quality Matters: Realizing Excellent Care for All](#) articulates a vision for health quality in Ontario and offers a definition grounded in six domains of quality. It also highlights six guiding principles to which we as a system need to stay true, and outlines key factors needed to instill quality at the system’s core.



The presentation primarily focused on five reasons to be encouraged about quality:

1. Reflecting on how we are doing is now the norm.
2. So *much* quality improvement is under way.
3. We are starting to “know” what works.
4. The quality community is growing... and it includes patients.
5. Great ideas are spreading, including through collaboration.

The next plenary speaker was **Dr. Louise McNaughton-Filion**, the Regional Supervising Coroner for Eastern Ontario, whose thought-provoking talk was titled “Learning from System Failure—What Can We Learn from the Coroner’s Recommendations?” She spoke of the motto of the Office of the Chief Coroner, “We speak for the dead to protect the living”

www.mcscs.jus.gov.on.ca/english/DeathInvestigations/office_coroner/coroner.html.

She used a case-based approach to highlight some system failures using coroner investigations and recommendations. Examples highlighted key themes across the system: failure of the system to effectively manage chronic conditions, working better together, managing transitions of care, opportunities for improved communication, and, last, dealing with “the cracks” in the system.

Informal table discussions followed Dr. McNaughton-Filion’s presentation, offering participants an opportunity to reflect on two questions:

- How did the session “Learning from System Failure” relate to me?
- What can I and my organization do to address the coroner’s recommendations?

Dr. Alan Forster’s (Chief Quality and Performance Officer, The Ottawa Hospital; Vice Chair, Quality and Clinical Services, Department of Medicine, University of Ottawa) presentation on “Bringing Out the Best in Health Care Providers” focused on creating opportunities for reflective practice in a learning organization. He reported that The Ottawa Hospital contributes to creating this culture through investments in:

- Creating feedback loops
- Defining accountability
- Encouraging a just culture

A just culture was defined as a “system of substantive justice (disciplinary and enforcement action) that reflects what we now know of socio-technical system design, free will, and our inescapable human fallibility.” Dr. Forster challenged the audience to consider the differences in response between human error, at-risk behaviour, and reckless behaviour using both health care (hand washing) and non-health care examples (texting while driving).

Afternoon Sessions and Workshops

Panel Discussion

The afternoon began with a very informative and engaging panel discussion focused on “The Health Equity Lens” with **Dr. Jeffrey Turnbull** (Chief of Clinical Quality at Health Quality Ontario; Chief of Staff at The Ottawa

Hospital), **Simone Thibault** (Executive Director at Centretown Community Health Centre), and **Claude Lurette** (Co-Chair of Patient, Family and Public Advisory Council at Health Quality Ontario). Each presenter shared their expertise or lived experience through a health equity lens, as it is one of the domains of quality.

Ms. Thibault shared research that concluded: “A sense of belonging has been shown to be more important for isolated seniors than drinking or smoking.” This finding seemed to resonate with the audience in a way that emphasized what is important to focus on. In addition, Ms. Thibault shared some practical tips and examples of how the Centretown Community Health Centre has integrated a health equity lens into its everyday work.

During the question and answer session, one audience member recognized Health Quality Ontario’s introduction of *health equity* to QIPs this year. Another member of the audience suggested that all organizations ought to consider looking at all their data through that equity lens.

Workshops

Three 1-hour workshops followed the panel discussion, on improving quality of care through data, quality of care for complex patients through collaborative relationships, and quality of system-level care through QIPs:

1. Communicating and Using Data to Improve Quality

Speakers:

Brian Schnarch, Director of System Performance and Analysis at Champlain LHIN, introduced the concept and importance of communicating data to inform decisions. He explained how data can be presented in a way that users can readily understand.

Dr. Barry Bruce, Family Practice physician at West Carleton Family Health Team, described the primary care perspective on using data to change practice (an example of quality improvement from West Carleton’s family health team)

Alice Strachan, Quality Improvement Advisor of IDEAS at Health Quality Ontario (Moderator)

Key learnings:

- Know your audience; make sure it includes front-line staff from the start. Pay attention to language and presentation format
- Invest in data; ensure they are clean, and then find ways to use data in your conversations, both positive and negative results, to ensure understanding

2. Leveraging Relationships for Collaborative Care Delivery with Complex Patients

Speaker: Monique LeBrun, Quality Improvement Specialist for Program Delivery at Health Quality Ontario

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Participants were asked to identify what strategies and tactics could support increased communication and collaboration among care providers as well as what might facilitate more care conferencing for complex patients. These suggestions were then applied to an Impact-Effort matrix, where Impact was defined as “needs time or resources to implement” and Effort as “easy to implement.”

<p>Low impact/High effort</p> <p>Shared development of transfer tools</p>	<p>High impact/High effort</p> <ul style="list-style-type: none"> • Use GoToMeeting for care conferences; clarify roles among care coordinators in different organizations • Develop programs and services that bring together natural teams • Clarify roles for clients and providers. Fewer providers that can perform more services may mean that less transitions will occur • Internet access for the poor • Systems for identifying at-risk patients who have no primary care provider • Hospital Report Manager–enabled, so discharge planners can reach out; client can be seen within 7 days • Enhance central intake • Integrated electronic chart owned by patient and not by each organization separately • Common communication site for data sharing
<p>Low impact/Low effort</p> <p>Care coordinators specific to patient groups; disease-specific case managers</p>	<p>High impact/Low effort</p> <ul style="list-style-type: none"> • Memorandum of agreement between organizations to support integrated care plans • Use a standardized care planning document (like Health Links Coordinated Care plan) • Discharge summary quickly and easily accessible to home care after discharge from hospital • Train staff and providers in case conferencing • Use family health team models; develop plan for logistics

Key learnings:

- All complex patients need a “care champion”
- Coordinated care plans should be developed for complex patients who are not part of Health Links as well
- We need capacity-building and skill development for organizations that collaborate to coordinate care

3. Using QIPs to Improve Organization and System-Level Care

Speaker: Sara Clemens, Quality Improvement Specialist for Quality Improvement Plans at Health Quality Ontario

Facilitator: Dana Summers-Laframboise, Quality Improvement Specialist for Program Delivery at Health Quality Ontario

Key learnings:

Participants identified some challenges that restrict cross-sector collaboration and some enablers for the future, including:

- Hospitals to work with primary care on arranging discharge visits at the point of discharge, booking primary care follow-up visits directly at the hospital
- More information is needed upon discharge from hospital to primary care
- E-supports are needed to facilitate transfer of information

Regional Quality Tables

The day concluded with a regional quality table presentation by **Lee Fairclough** of Health Quality Ontario and **Cal Martell**, Senior Director of Health System Integration at Champlain LHIN. They spoke to the dual imperatives of closing the gap between organizational behaviour and the patient experience, and of eliminating waste and inefficiency at a time when wait lists are emerging as important for access to health service delivery. These imperatives require a system-wide approach to quality improvement. Regional quality tables are action-oriented, helping to solve regional quality issues with regional data and coordinated regional and provincial structures. A Clinical Quality Lead will have a dedicated role with dual accountability to the LHIN and Health Quality Ontario. The goal is to establish the tables with some level of consistency and to adapt them as required for regional circumstances. Regional quality tables are developed in partnership with the LHINs and Health Quality Ontario and serve as an important mechanism for leaders to achieve progress and momentum on increased quality.

The mandate of regional quality tables includes:

- Developing and implementing an integrated regional quality plan
- Aligning the regional quality plan
- Engaging providers in a culture of quality care
- Improving partnerships
- Fostering innovation
- Building capacity
- Enhancing reciprocal communication and knowledge exchange

Conclusion

Integration and collaboration are key to driving a system-wide quality agenda in the Champlain LHIN. With more of a focus on equity, this will serve to improve access and patient experience for those being served. The Champlain LHIN reiterated its commitment to align the work of regional quality tables with the emerging approach designed to support a more integrated and coordinated approach to population health at the sub-region level, as proposed in *Patients First*.

Next Steps

After such a thoughtful and inspiring day of cross-sector collaboration and learning, Champlain LHIN is committed to exploring the opportunities for a regional quality table. This could include a review of existing LHIN quality committees or tables to see where alignment might be achieved and an open competition for recruitment of a Clinical Quality Lead.

Appendix

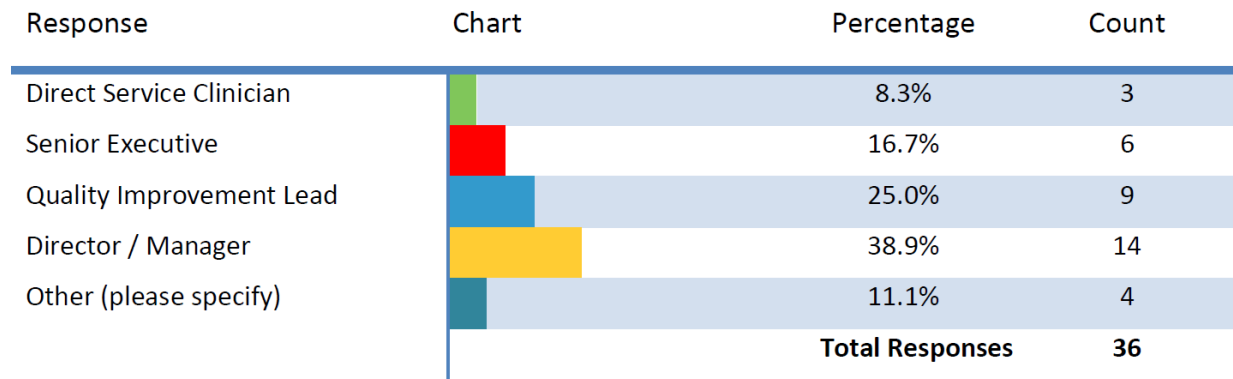
Agenda

8:00 am	Registration
8:30 am	Welcome
8:40 am	Opening Remarks Chantale LeClerc, CEO of Champlain LHIN
9:00 am	“Quality Matters! Five reasons to be encouraged about quality in Ontario” Lee Fairclough, Vice President of Quality Improvement at Health Quality Ontario
9:45 am	“Learning from System Failure—What Can We Learn from the Coroner’s Recommendations?” Louise McNaughton-Filion, MD, CM, FCFP(EM), CCPE, Regional Supervising Coroner
10:30 am	An Opportunity to Reflect and Discuss
10:45 am	Break
11:00 am	“Bringing Out the Best in Health Care Providers” Alan Forster, MD, FRCPC , Ottawa Hospital
12:00 pm	Lunch/Networking
1:00 pm	The Health Equity Lens: A Panel Discussion <ul style="list-style-type: none"> • Jeffrey Turnbull, MD, FRCPC, Chief of Clinical Quality at Health Quality Ontario and Chief of Staff at The Ottawa Hospital • Simone Thibault, Executive Director at Centretown Community Health Centre • Claude Lurette, Co-Chair of Patient, Family and Public Advisory Council at Health Quality Ontario
2:15 pm	Workshop 1. Communicating and Using Data to Improve Quality Workshop 2. Leveraging Relationships for Collaborative Care Delivery with Complex Patients Workshop 3. Using QIPs to Improve Organization and System-Level Care
3:15 pm	Rapid-Fire Report Back from Workshops
3:30 pm	Regional Quality Table Lee Fairclough, Vice President of Quality Improvement at Health Quality Ontario Cal Martell, Senior Director of Health System Integration at Champlain LHIN
3:45 pm	Closing Remarks

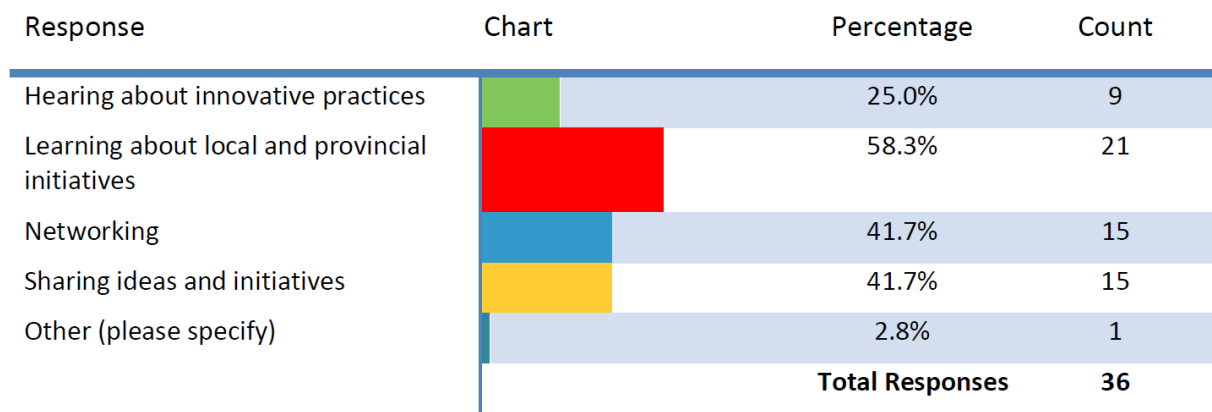
Evaluation

An online evaluation was sent to all registrants after the forum. Thirty-seven responses were received (31% response rate), representing all roles and sectors.

What best describes your role?



What did you like most about the session? You may select more than one option.



Agreement on the following statements included:

Statements (Respondents = 37)	Somewhat (%)	A great deal (%)	No opinion (%)
The content featured was generally of high quality	27.0	62.2	2.7
The content covered the various sectors of the health system well	43.2	21.6	2.7
The content was relevant to me/my organization	32.4	29.7	0.0
There was an opportunity to interact and ask questions	13.5	75.7	5.4
The format was appropriate for knowledge sharing	32.4	54.1	2.7
The session was well organized	13.5	78.4	2.7

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Will you incorporate any of the content you've heard today into your own practice/organization?	43.2	29.7	5.4
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Some participants' comments:

Would love to have more time discussing and interacting, as it's rare you have the opportunity to network across sectors.

To have sessions focussed for the different health care sectors, i.e., hospitals versus long term care

It is always beneficial to get something out of these seminars or conferences in regards to tools. There [were] some great initiatives but no tools provided to implement them in our organizations. It would have been nice to find a common quality measure that all organizations in Champlain could agree to measure to be innovative. Processes need to be simple; some of the workshop presented were really complex to implement into organizations. I really enjoyed the equity part of the seminar; a lot of ideas were given to implement, and they were simple.

Avoir plus de contenu en français et toucher d'avantage le secteur communautaire.

More hands-on, innovative examples of how to get data to front-line staff

Better technology for the webinar participants

Have speakers from LTC discuss their QIPs rather than just hospital and community

To have sessions focused for the different health care sectors, i.e., hospitals versus long-term care

LTC speakers with related topics—success and failures

Perhaps a little more breakout time, though appreciated the discussions that occurred with the larger group

Presentation of identified standard tools, templates, etc., from Health Quality Ontario: How are they being used to identify, review and adapt QI activities through the PDSA cycle [Plan, Do, Study, Act]?