Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

June 2016

Evaluation of Innovative Practices

Process and Methods Guide

In support of advancing a Health Links approach

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Contents

Introduction

About Health Quality Ontario

Health Quality Ontario is a partner and leader in transforming Ontario's health care system to deliver better care, better outcomes, and better value for money for people in Ontario. Health Quality Ontario's legislated mandate under the 2010 *Excellent Care for All* Act is to:

- Evaluate the effectiveness of new health care technologies and services;
- Report to the public on the quality of the health care system;
- Support quality improvement activities; and
- Make evidence-based recommendations on health care funding.

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single minded purpose: *Better health for all Ontarians*.

Quality Improvement at Health Quality Ontario

The Quality Improvement Team at Health Quality Ontario employs systematic and rigorous methods to identify, understand, assess, spread, and learn from existing evidence-informed practices and innovations from the field. Our work aims to bridge the gap to allow us to move from current practice to best practice by fostering a culture of continuous improvement. We work in partnership with Local Health Integration Networks (LHINs), health care providers, patients, and stakeholders from across the system, to help initiate substantial and sustainable change to the province's complex health system.

Working to Support Health Links

During the initial phases of Health Links, the "low rules" approach fostered an environment that enabled healthcare teams to develop new and better ways to integrate healthcare delivery for the people in Ontario who live with complex chronic illness. With the transition to the Advanced Health Links Model, LHINs, and Health Links needed a way to learn from one another and translate innovations into scalable practices.

To meet that need, HQO has developed a systematic approach to the identification, assessment, selection and dissemination of innovative practices in order to:

- Champion effective local innovation among Health Links;
- Enable performance improvements among all Health Links based on evidence-informed and experience-based practices; and
- Provide information on *how to* implement innovative practices and connect communities with similar priorities.

Through this process, we contribute to the Advanced Health Links Model in its efforts to:

- Enable coordinated care at scale;
- Promote quality care across the continuum and across sectors, and an improved patient/provider experience;
- Drive sustainability of the Health Links' approach;
- Drive broader health system integration.

Purpose of this Guide

The purpose of this guide is to describe the principles, processes, methods, and roles involved in identifying and selecting, reviewing and implementing Health Quality Ontario's Innovative Practices Evaluation Framework for topics of focus in support of Health Links.

Innovative Practices Evaluation Framework

Figure 1: Innovative Practices Evaluation Framework Process Overview

1.0 Topic Prioritization and Selection

1.1 Overview and Principles for Selecting Topics of Focus

Priority topics have been selected with an emphasis on areas that are key to improving the quality of care and service delivery for patients supported by a Health Link approach. Upcoming topics of focus include:

a) Coordinated Care Management
Coordinated Care Management is central to improving care for patients with complex needs in Ontario. Greater collaboration and coordination between patients' health care providers and circle of care, as well as the development of personalized care plans, are core to improving service delivery.

b) Transitions of Care
An important part of providing coordinated care to patients is improving patient transitions within the system to help ensure patients receive more responsive care that addresses their specific needs. For the purposes of this work, the scope has been narrowed to address transitions between hospital (in-patient unit) and home, where "home" also includes shelters. Transitions between hospitals and long-term care homes have been excluded at this stage, but will be addressed in a later phase.

c) Palliative and End of Life Care
Consultation and experience with Health Links has identified that, to date, up to 40% of Health Links patients were likely to need to high-quality palliative and end of life care. With the launch of the *Ontario Palliative Care Network (OPCN)* in March 2016, Health Quality Ontario will partner with the OPCN to identify opportunities to create linkages with regional palliative care networks and spread standards and best practices to support high-quality palliative care.

d) Mental Health and Addictions
Scoping for this important population is planned for September 2016.

2.0 Topic Scoping

Once a topic has been identified and prioritized for focus, the first phase of work is the development process, which includes topic scoping in consultation with the Clinical Reference Group.

2.1 Principles and process for topic scoping

An important step in the development process is determining the scope. The scope defines the parameters for content to be reviewed, the population(s) and setting(s), and identifies inclusion and exclusion criteria.

In preparation for the consultation with the Clinical Reference Group, the Quality Improvement Program Delivery team will:

- **Conduct a broad, high-level search of:**
    - Existing literature and guidelines;
    - Relevant policy and legislation;
    - Systematic reviews;
    - Health Links Quarterly Reports;
    - Information on current practice, including patient safety and quality issues; and
    - Information on patient/client, family, and caregiver experience.

  The purpose of the broad search is to support the development of the scope (identify key issues and define what will be included and excluded) so the search is high-level in nature.

- Where possible, **consult with stakeholders** (including service providers, and patients/clients, families, and caregivers) to discuss key issues, obtain guidance, and validate the clinical and operational relevance of the proposed scope.

3.0 Environmental Scan and Literature Review

3.1 Methods/Approach

Once scope has been defined, an environmental scan will be conducted using a multi-pronged approach to ensure a comprehensive understanding of innovations that exist around the topic. While only innovations will be assessed and endorsed using the framework, accepted evidence-informed best practices will also be identified and recommended for spread.

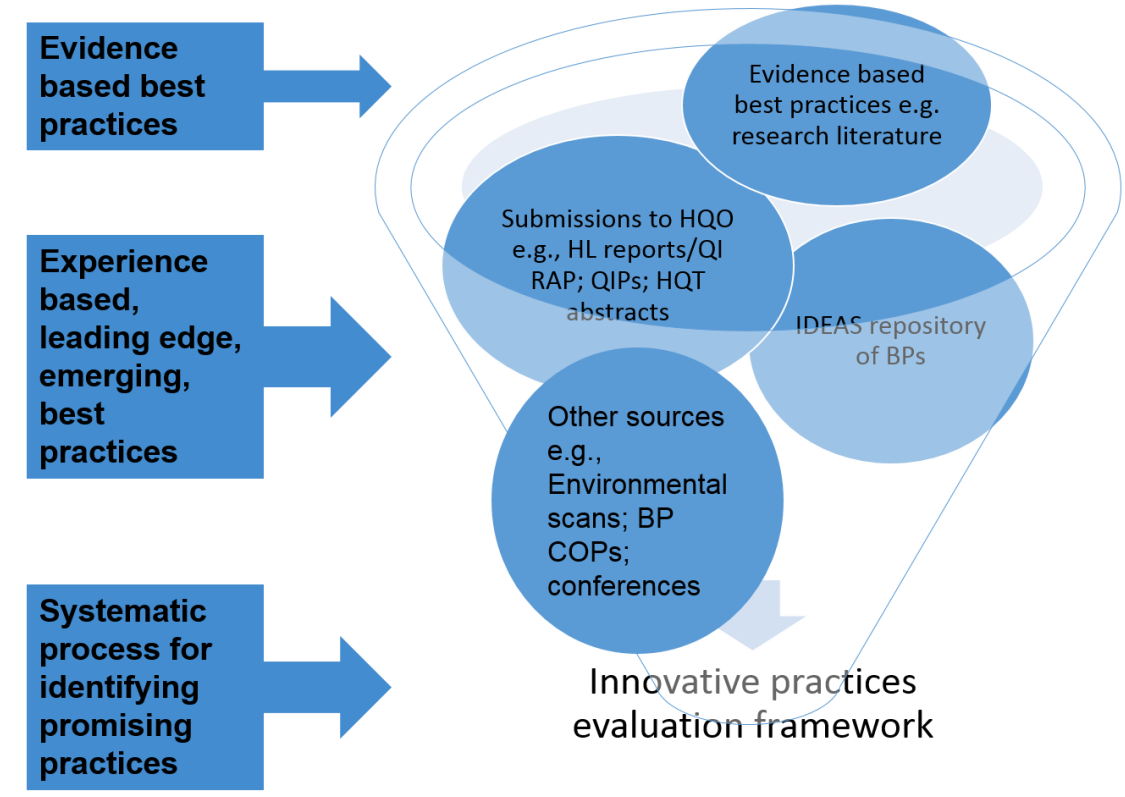

Figure 2: Methods for Best Practices Framework

To gather information, the team will complete the following steps:

a) **Literature Review**: A comprehensive review of the historical research and scientific literature to identify evidence related to innovations and best practices, frameworks, theories and tactics will be conducted. This review will begin with the selection and documentation of key words and terms around the topic that will be searched. The literature review will be limited to the English and French languages, be published within the last 10-15 years, and be identified through the following potential search engines: PubMed, Google Search, Psychlit, Cochrane Reviews, and other relevant search engine.

In scope:
Key words utilized in scan: LIST ALL

Out-of-scope:
LIST ALL

b) Jurisdictional Review: The scan will also include a review of publications and reports from relevant jurisdictions (e.g., Health Links) and will be conducted by reviewing relevant websites, published resources and documentation, conference proceedings, and grey literature related to these jurisdictions.

c) Review of Quality Improvement Plans: A review of the Quality Improvement Plans (QIPs) submitted to Health Quality Ontario by hospitals, long-term care homes, participating primary care organizations, and community care access centres, will be conducted to identify local and contextually relevant innovations.

d) Review of IDEAS projects database: A review of the Improving and Driving Excellence Across Sectors (IDEAS) projects database will be conducted to identify local and contextually relevant innovations.

e) Review of Health Quality Transformation Abstracts: A review of the abstracts submitted to Health Quality Ontario as possible poster presentations for the Health Quality Transformation (HQT) conference will be conducted to identify local and contextually relevant innovations.

f) Outreach & Consultation: Outreach and consultation with Health Links teams to learn of practices that have been tested, utilized, and implemented will be conducted. If possible, the team will also conduct webinars aimed at sharing innovations and practices used by Health Links (as done in Coordinated Care Management). A key goal of this outreach is to identify practices that are demonstrating success, as well as lessons learned, barriers, and enablers to success.

3.2 Documentation:

Throughout the environmental scan, documentation will include:

- keyword search terms used
- evidence-informed best practices (source)
- innovative practices identified (source)
- ineffective practices

Innovations identified through this process will be considered and evaluated using the Innovation Practice Evaluation Framework (see section 4.0), which looks at a practice against three dimensions (quality of supporting evidence, impact on health system performance, and spread). The overall assessment is meant to offer general guidance on the current maturity and demonstrated efficacy of the practice, all of which should be considered within the local context. This will guide selection of recommended, leading and emerging practices to be taken to the Clinical Reference Group for discussion and endorsement regarding provincial spread.

4.0 Application of the Innovative Practice Evaluation Framework

The Innovative Practices Evaluation Framework ("the Framework"), developed by Health Quality Ontario to assess the implementation of clinical processes, has been adapted from the Innovative Practices Evaluation Framework (Health Council of Canada, http://www.healthcouncilcanada.ca/accord_framework.php), a tool designed to categorize practices based on defined criteria. We have adapted and streamlined the tool to focus on three criteria: evidence, impact, and spread.

Innovative practices are identified through broad consultation with LHINs and Health Links, through analysis of Quality Improvement Plans, IDEAS project work, and Health Quality Transformation Scientific Abstracts. Innovative practices considered for spread are reviewed by the Clinical Reference Group comprised of subject matter experts in Health Links, academia and stakeholders from across the province.

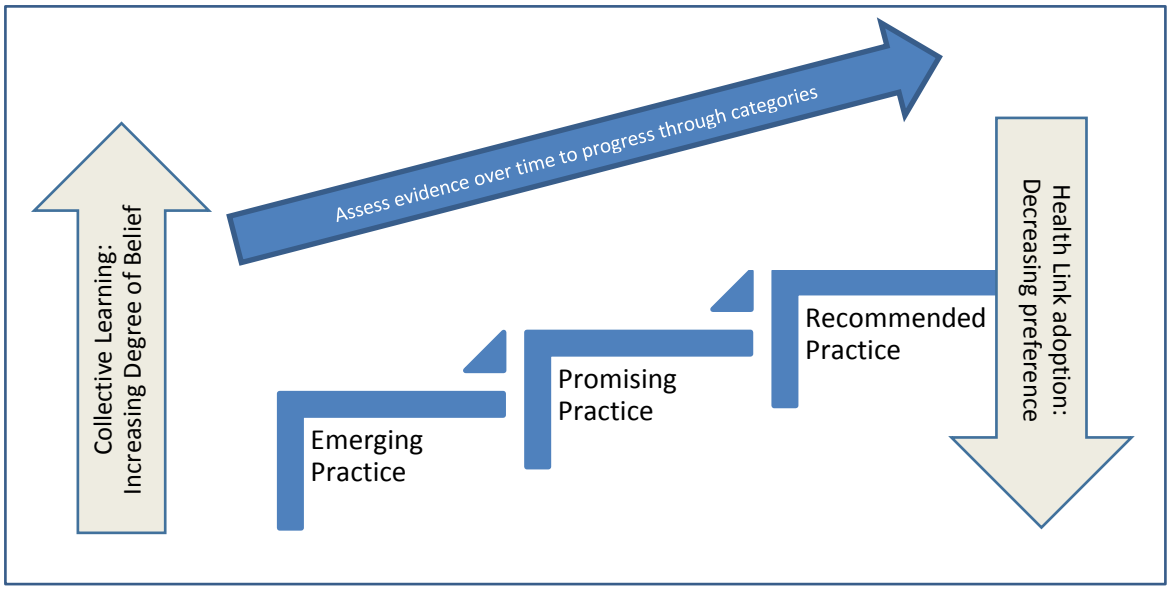

Figure 3: Innovative Practice Progression

Table 1: Innovative Practices Evaluation Framework

	ASSESSMENT CRITERIA		
	Quality of the Evidence ***The extent to which the evaluation of a practice has produced believable evidence.***	**Impact/Results** ***The extent to which a practice demonstrates a positive and measurable impact on health outcomes and/or health system performance.***	**Spread** ***The extent to which the results of a practice have been replicated outside of its original setting.***
Recommended Practice	This practice is supported by moderate or high quality evidence, with consideration for other factors (value for money, contextualization by experts in the field, consideration of patient preferences, etc.) as well as deliberation by an expert advisory group.	Evaluations of the impact consistently produce results that demonstrate improvement on health outcomes or health care system performance.	The practice and its results have been successfully replicated in multiple settings beyond its original site.
Promising Practice	The practice has been evaluated through rigorous Quality Improvement or Implementation Science methodologies and will typically have shown statistically and clinically significant improvement, but there is still considerable residual uncertainty about effectiveness and/or value for money. The practice or theory behind the practice may have been published in a peer-reviewed academic journal or summarized formally and been presented as a peer-reviewed poster presentation at conferences or as part of a formal Learning Collaborative.	Preliminary evaluation through pilot studies, proof of concept or quality improvement methodologies indicates that the practice has made a positive impact on health outcomes or health care system performance. Outcome, process and balancing measures demonstrate statistical improvement over time according to accepted run chart or Shewhart chart rules.	This practice has been implemented in more than one setting outside of its place of origin, though results may vary given context.
Emerging Practice	The practice is being evaluated through quality improvement or implementation science methodologies. Data has been collected from observations, PDSA cycles, with increasing refinements. Early data may have been shared informally through Communities of Practice. Formal Quality Improvement evaluation is ongoing.	Results are emerging and reveal that the practice might have a positive impact on project-specific measures, cohort/ population outcomes, health-system processes or performance. Outcome, process, and balancing measures demonstrate early signals of improvement according to accepted run chart or Shewhart chart rules.	The practice has been implemented only in the original setting. It has not yet been attempted in other settings but could theoretically be adopted in other settings.
Ineffective Practice	Available evidence does not support this practice or finds it ineffective.	The practice has made either no impact or has had a negative impact on health outcome or health care system performance.	The practice is not effective in any setting.

Overall Assessment:
A practice is assigned to an Overall Category (Recommended, Promising, Emerging, or Ineffective) if it meets two out of three evaluation criteria (from Quality of the Evidence, Impact/Results, and/or Spread columns). For practices that present with three differing assessment results, it is advised that the practice undergo further testing.

By using an organized process to harvest ideas from the field, in combination with consistent assessment using the Framework, the Clinical Reference Group will endorse innovations for spread, providing guidance to the Health Links and LHINs in their decisions for adoption while at the same time providing a mechanism to increase the evidence and degree of belief in proposed practices. Possible decisions include:

- Not at this time
- Targeted spread within specific contexts
- Provincial spread, with 1 year reassessment using Innovative Practices Evaluation Framework
- Large scale provincial spread

A knowledge translation strategy will be developed for all practices endorsed for spread. The strategy includes: discussion and shared learning in the Health Links Community of Practice; provision of reference materials, tools, and resources; and local support from the regionally based HQO QI Specialists. A complementary measurement plan will be developed to identify potential indicators to evaluate as practices are spread and adapted to meet Health Link goals, providing additional information for future reassessments.

5.0 Endorsement by the Health Links Clinical Reference Group

The Health Links Clinical Reference Group is an action-oriented, functional body designed to assess the quality of evidence, impact, and spread of existing practices within the Health Links for the purposes of identifying suitability and readiness for large scale spread. By consistently and rigorously following the Innovative Practices Evaluation Framework, the Clinical Reference Group will endorse innovations and advise Health Quality Ontario in the creation of implementation packages that will simplify and accelerate uptake in other Health Links that have a similar context and need.

The Clinical Reference Group has been established in collaboration with Health Quality Ontario and the LHINs, and serves as a mechanism to formalize and standardize proven practices for implementation across relevant Health Links, while continuing to build ever-increasing refinements and improvements in our health care system. The Clinical Reference Group advises the LHIN-HQO Partnership Table on assessment of practices that support large scale, system level improvement in areas of strategic interest. The focus of the Clinical Reference Group is practices and processes related to the work of Health Links. Evaluation of specific products or technology is out of scope.

5.1 Objectives

The purpose of the Clinical Reference Group is to assess innovative practices arising from Health Links, and:

- Endorsing spread by Health Links under broad or specific conditions as appropriate;
- Suggesting further field testing; or
- Advising continued testing in the current context.

The Clinical Reference Group will conduct a systematic assessment of the quality of the evidence, impact, and spread to categorize practices into one of the following classifications:

- **RECOMMENDED PRACTICE**—A practice that has consistently produced results demonstrating improvement on health outcomes or health care system performance is considered a *Leading Practice*. These practices are supported by moderate or high quality evidence, with considerations for other factors (value for money, contextualization by experts in the field, patient preferences, etc.) as well as deliberation by an expert advisory group. The practice produces results that have been successfully replicated in multiple settings beyond the original site.

- **PROMISING PRACTICE**—A practice that that has been evaluated through rigorous Quality Improvement or Implementation Science methods and will typically have shown statistical and clinically significant improvement (but may have residual questions about effectiveness or value for money) is considered a *Promising Practice*. These practices may be published in peer review journals or presented as peer reviewed poster presentations at conferences or Learning Collaborative, with preliminary evaluation indicating a positive impact on health outcomes, or health system performance. This practice has been implemented in more than one setting outside of its place of origin, though results may vary given context.

- **EMERGING PRACTICE**—A practice with emerging results that reveal a potential for positive impact on project-specific measures, cohort/population outcomes, or health care system performance is considered an *Emerging Practice*. The practice is being evaluated through quality improvement or implementation science methodologies with data collected from observations, PDSA cycles, with increasing refinements. Early data may have been shared informally through Communities of Practice and formal Quality Improvement evaluation is ongoing. These practices have been implemented only in the original setting and not attempted in other settings yet.

- **INEFFECTIVE PRACTICE**—A practice for which available evidence does not support the practice, or finds its impact to be ineffective, is considered an *Ineffective Practice*.

5.2 Accountability/Reporting Relationship

The Clinical Reference Group will be co-chaired by the Vice President (VP), Quality Improvement, Health Quality Ontario, and a LHIN Chief Executive Officer selected by the LHIN CEO Table. The Clinical Reference Group is accountable to the LHIN-HQO Partnership Table.

Health Quality Ontario will ensure ongoing communications with the Ministry of Health and Long-Term Care (MOHLTC) and other stakeholders about the work of the panel.

5.3 Roles of Clinical Reference Group Members

The primary roles of the members are to:

- Review and endorse a common framework for assessing proposed practices;
- Review and validate the assessment of the proposed practices; and
- Advise Health Quality Ontario on the endorsement of innovative practices and supports for Health Links implementation.

5.4 Endorsements and Validation

The endorsements will be driven by materials and evidence that are assessed by the Clinical Reference Group using the Innovative Practices Evaluation Framework, then validated using existing evidence, analytics and previous Clinical Reference Group decisions. Decisions will be made through consensus, and will range from "not at this time" through to "targeted spread within specific contexts" and ultimately "large scale provincial spread" as appropriate.

Outputs of the Innovative Practices Evaluation Framework will be contextualized to a variety of circumstances. Health Quality Ontario, in partnership with other organizations, will develop knowledge translation practices and materials targeted to meet the needs of the intended audience. Responsibility for implementation, including issues related to cost, rests with the LHINs.

To ensure that innovations prioritized for use are implemented consistently (recognizing there may be need for contextual adaptation), each innovation promoted with the LHINs and Health Links will include specific operational definitions for the innovative practice and detailed measurement parameters.

Through consistent application and standard testing, the experiences and data collected will contribute to the body of knowledge such that the innovation can systematically progress in its degree of belief from emerging to promising to recommended practices. Recommended practices may be considered for additional analysis by the Evidence and Standards Development Branch (EDS) of HQO.

5.5 Membership

The Clinical Reference is composed of 10-14 members. Individuals were recruited for a blend of Quality Improvement science, research, academic and clinical expertise combined with a balance of sector and geographical experience. Members and Chair are appointed by Health Quality Ontario, in consultation with the MOHLTC.

5.6 Members

- Co-Chairs – VP, Quality Improvement at Health Quality Ontario and LHIN CEO
- Quality Improvement Science and/or evidence review experts (1-2 members)
- Clinical leaders from established Health Links (2-3 members)
- Research expertise on integration of care
- LHIN Clinical Lead
- Health Link team members who have responsibility for coordination of care. Members will be selected to represent Health Links at various stages of development (e.g., established, newly formed) and will include a representative from community support services
- Evaluation experts
- Member(s) of the public (patient perspectives)
- Ex officio members: Staff from MOHLTC, LHIN and Health Quality Ontario

5.7 Health Quality Ontario Support

Health Quality Ontario is responsible for the:

- Identification of practices identified by Health Links for review using the Innovative Practices Evaluation Framework, compilation of associated data from sources including QIPs, HQT Abstract Reviews, and ShareIDEAS;
- Creation of materials that translate knowledge to action in response to practices endorsed for spread;
- Dissemination of materials to LHINs and Health Links;
- Completion of risk assessment and risk mitigation strategies;
- Preparation of information to support the Clinical Reference Group, including agendas, minutes, records of proceedings and reports (created in consultation with Co-Chairs);
- Evaluation of efficiency and effectiveness of the Clinical Reference Group review and approval process.

5.8 Meeting Frequency, Duration and Quorum

Meetings will take place at least once quarterly. Additional ad hoc meetings may be held, at the call of the Chair, to provide timely advice. Meetings will be held in Toronto, with teleconference available, as required, to facilitate broad geographical representation. Quorum is 50% of members in attendance (in person or virtually).

5.9 Term

The term of the committee initially will be for one (1) year with opportunity for renewal and/or adjustment to the terms of reference (TOR) at that time.

6.0 Knowledge Transfer & Implementation Plans (includes Measurement Plan)

6.1 Knowledge Translation and Exchange Goals

The Knowledge Translation and Exchange (KTE) Plan will be developed for each innovative practice that outlines strategies to support the transfer and exchange of knowledge. The KTE plan is grounded in the Knowledge to Action Framework by Graham et al[1,2] to encourage and support uptake and implementation of these practices across the province. To support the implementation of these practices, many of which are still under ongoing evaluation, a measurement plan will be included with the KTE and Implementation components, in order to support future evaluation of these practices.

KTE goals will be articulated to support Health Links and LHINs to:

1. Understand the definition and scope of the proposed practices to inform their decisions of adoption;
2. Accelerate adoption by supporting end-users to develop the knowledge and skills to deliver practices to all patients/clients reliably and with fidelity;
3. Identify contextual (including regional demographics and service availability) factors, enablers, and barriers to the implementation of these practices; and
4. Plan for collection of relevant, timely and actionable information for provincial testing and measurement:
    a. To implement and evaluate the practices (e.g., measures, reporting tools, evaluation, exchange opportunities); and
    b. Guide sequencing of practices (Evidence based > Recommended > Promising > Emerging).

6.2 Knowledge Transfer & Exchange (KTE) Framework

To facilitate the uptake of knowledge into practice, we use the Knowledge to Action (K2A) Framework[1,2] (Figure 4) to help guide the creation of tools, supports, and products. This framework reflects the continuous cycle of monitoring current knowledge, understanding barriers and facilitators to uptake of knowledge, the development of tailored tools and interventions, and the need for ongoing measurement and adaptation. This framework also helps guide the development of appropriate KTE plans to support the spread and adoption of innovative practices for Health Links.

[1] Graham I, et al. J Contin Educ Health Prof. 2006; 26:1-24.
2 Canadian Institute for Health Research, Knowledge Translation in Health Care: Moving from Evidence to Practice resources; http://www.cihr-irsc.gc.ca/e/40618.html

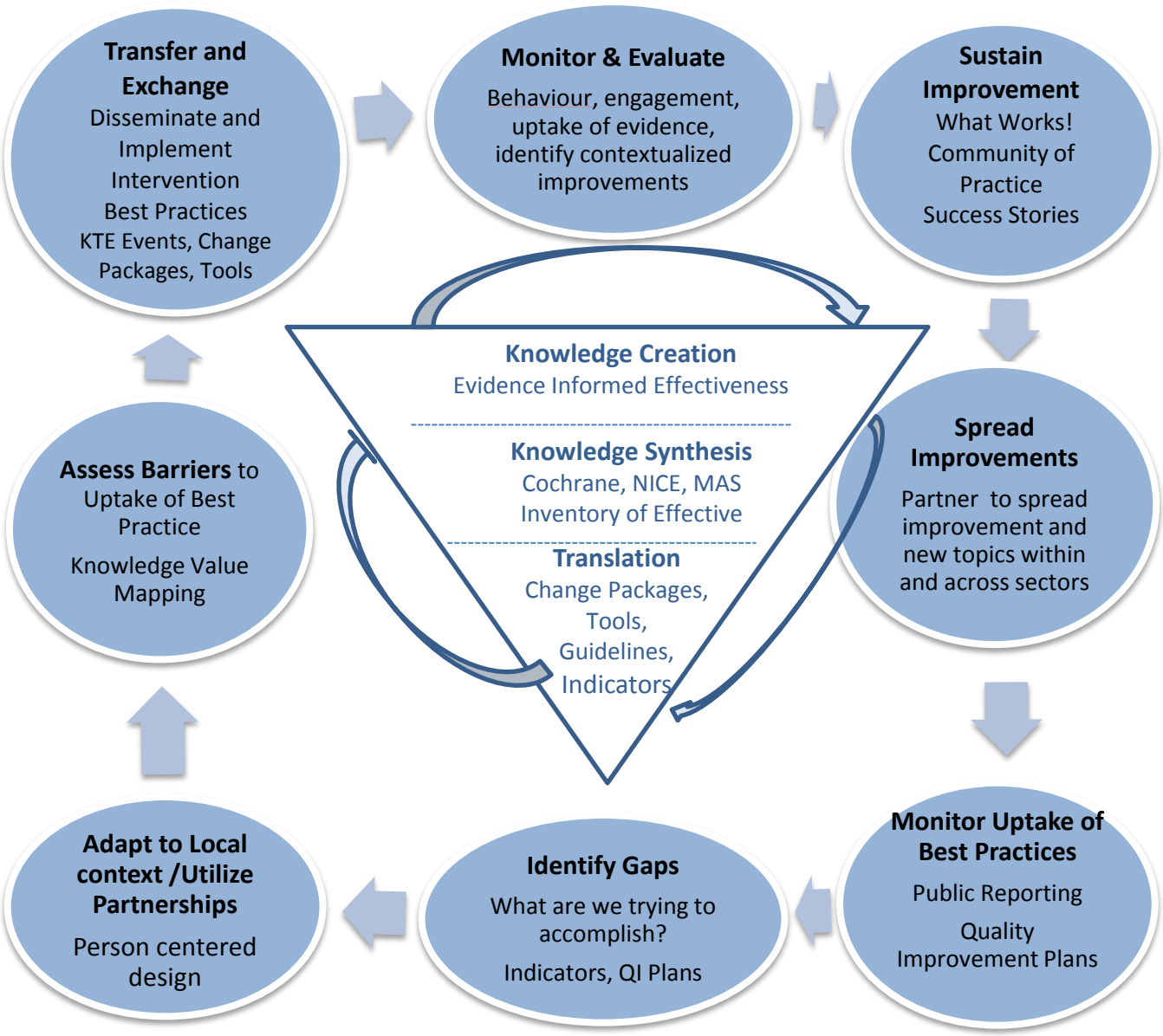

Figure 4: Adapted Knowledge to Action Framework by Graham et al [1]

6.3 Measurement Plan

A Measurement Plan, including technical specifications (operational definitions) will be developed for each practice endorsed for spread.

6.4 Communication Plan

Health Quality Ontario will work with the communications team to identify strategies for raising awareness of the endorsed practices. The KTE plan differs from the Communications' tactics in that the KTE Plan focuses on increasing uptake of the practices rather than exclusively informing others of practices. The KTE plan will include adoption strategies, proposed measurement plan, and timelines for reassessment by the Clinical Reference Group.

Conclusion

The Quality Improvement Team at Health Quality Ontario is working closely with the LHINs and Health Links to improve patient outcomes and experience for Health Links patients. By employing a systematic and rigorous process to identify, understand, spread and learn from innovations from the field and existing evidence-informed practices, our work strives to help the field move from current practice to best practice by fostering a culture of continuous improvement. We will work closely with teams to support the spread of innovative practices to support Health Links.

Materials will be posted on our Health Quality Ontario website http://www.hqontario.ca/Quality-Improvement