

## Innovative Practices Evaluation Framework

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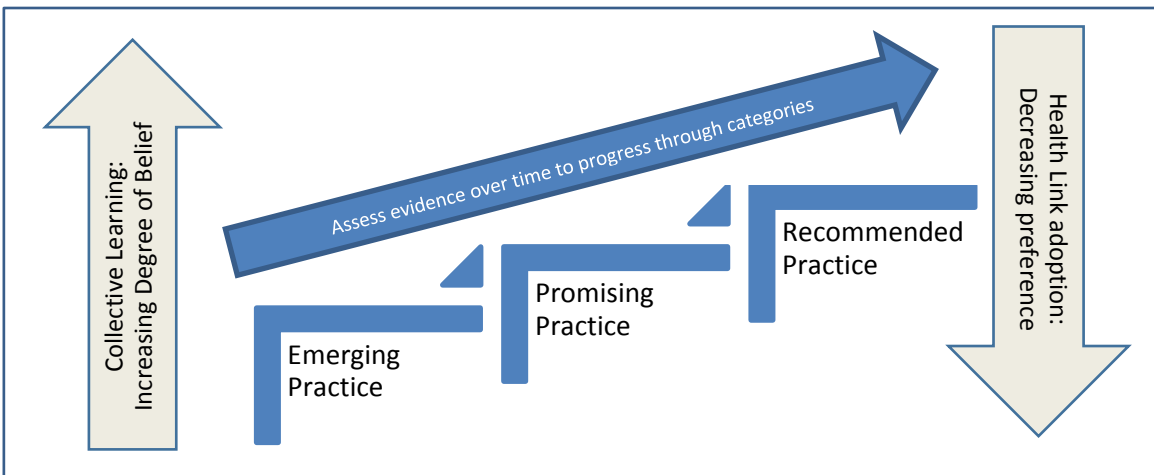
During the initial phases of Health Links, the low rules approach fostered an environment that enabled healthcare teams to develop new and better ways to integrate healthcare delivery for the people in Ontario who live with complex chronic illness. With the transition to the Advanced Health Links Model,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

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](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.

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.

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	ASSESSMENT CRITERIA		
	<b>Quality of the Evidence</b>  <i>The extent to which the evaluation of a practice has produced believable evidence.</i>	<b>Impact/Results</b>  <i>The extent to which a practice demonstrates a positive impact and measurable impact on health outcomes and/or health care system performance.</i>	<b>Spread</b>  <i>The extent to which the results of a practice have been replicated outside of its original setting.</i>
<b>Recommended Practice</b>	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.
<b>Promising Practice</b>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>Outcome, process and balancing measures demonstrate statistical improvement over time according to accepted run chart or Shewhart chart rules.</p>	This practice has been implemented in more than one setting outside of its place of origin, though results may vary given context.
<b>Emerging Practice</b>	<p>The practice is being evaluated through quality improvement or implementation science methodologies.</p> <p>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.</p>	<p>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.</p> <p>Outcome, process and balancing measures demonstrate early signals of improvement according to accepted run chart or Shewhart chart rules.</p>	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.
<b>Ineffective Practice</b>	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.
<p><b>Overall Assessment:</b>            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.</p>			