



Name: _____

Bringing Vital Services to Canadians

All-Team Collaborative Workshop
September 17, 2019
Museum of Human Rights, Winnipeg MB



AGENDA

PARAMEDICS AND PALLIATIVE CARE ALL-TEAM COLLABORATIVE WORKSHOP

Museum of Human Rights | MTS Conference Room | 85 Israel Asper Way, Winnipeg, MB

SEPTEMBER 16, 2019		
TIME	ACTIVITY	APPROACH
18:00 - 21:00	Welcome Reception <i>BLAZE Restaurant and Lounge</i> 350 St. Mary Avenue, Winnipeg, MB	Canadian Foundation for Healthcare Improvement

SEPTEMBER 17, 2019		
TIME	ACTIVITY	APPROACH
08:00 - 08:30	Registration and Breakfast	
08:30 - 08:50	Welcome and Introductions Road Map for the Day What Has Been Achieved	Canadian Foundation for Healthcare Improvement Canadian Partnership Against Cancer Manitoba Paramedics Association
09:00 - 10:30	Team Forum	Team presentations, peer-to-peer sharing, coaching facilitation
10:30 - 10:45	Break	
10:45 - 12:45	Team Forum	Team presentations, peer to peer sharing, coaching facilitation
12:45 - 13:30	Lunch and Networking	
13:30 - 14:30	Keynote Speaker <i>Resilient Mindset - Deri Latimer</i> Introduction of Grief Modules - Shelly Cory	Keynote presentation
14:30 - 14:45	Break	
14:45 - 15:45	Implementation Support <i>Care in the last 10-12 hours of life</i>	Case Studies
15:50 - 16:45	Implementation Support <i>Concurrent Breakout Sessions: Conducting Family Experience Interviews</i> <i>Concurrent Breakout Sessions: Developing a Customized Readiness for Spread and Scale Assessment</i>	Panel Presentations and team tasks
16:45 - 17:00	Summary	All

RECOGNITION AND DISCLAIMER

The Canadian Foundation for Healthcare Improvement (CFHI) is a not-for-profit organization funded by Health Canada. CFHI identifies proven innovations and accelerates their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money.

The views expressed herein do not necessarily represent the views of Health Canada.

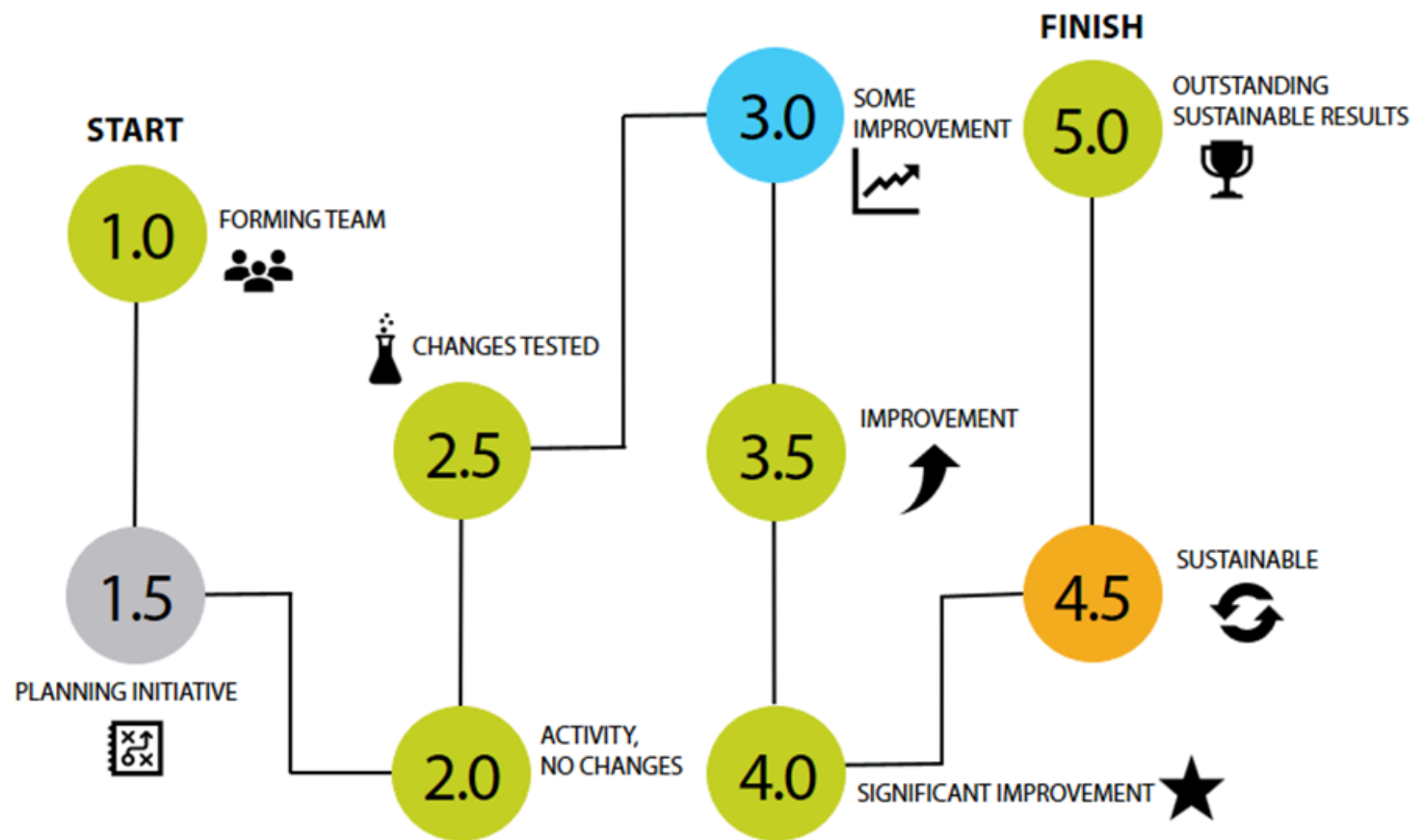
COLLABORATIVE ASSESSMENT SCALE

The following scale has been adapted from the Institute for Healthcare Improvement (IHI) and enables you to reflect on where your team is currently with regards to the collaboration and how you progress through the stages of the collaborative over time.

Please select the stage you feel best reflects where your team is at currently. To determine your stage, please check off each of the boxes in the right-hand column of activities that have been completed or describe current work underway. Once you have checked off all relevant activities, use your judgment to circle the score in the left-hand column which best reflects your accomplishments to date.

Note: This scale is intended to follow progress over time. Teams will be provided with an opportunity to complete the scale six-months and one year after the end of the collaborative to continue to track their progress past the formal end of the program.

Mapping the Quality Improvement Journey



COLLABORATIVE ASSESSMENT SCALE

STEP	ACTIVITY
1.0. Forming the Team	<input type="checkbox"/> Team has been formed <input type="checkbox"/> Roles have been assigned <input type="checkbox"/> Focus of the initiative has been established
1.5. Planning for the Initiative has Begun	<input type="checkbox"/> Team is meeting and discussion is occurring <input type="checkbox"/> An aim statement has been formalized with: <ul style="list-style-type: none"> <input type="checkbox"/> A defined target group/population (For WHOM) <input type="checkbox"/> An outcome (improve WHAT) <input type="checkbox"/> A time frame (by WHEN) <input type="checkbox"/> An implementation or spread plan has been completed <input type="checkbox"/> A measurement plan has been completed and key measures (at least one process, one outcome and one balancing measure) have been defined <input type="checkbox"/> Stakeholders have been identified
2.0. Activity but No Changes	<input type="checkbox"/> Team is actively engaged in developing strategies to implement their initiative <input type="checkbox"/> Appropriate engagement or training of key stakeholders (e.g. families, patients, staff, senior leadership, communities) is underway <input type="checkbox"/> Data is being collected
2.5. Changes are Being Tested but No Evidence of Improvement in Key Measures	<input type="checkbox"/> New strategies are being implemented and tested <input type="checkbox"/> Team can articulate what they have learned from testing the change <input type="checkbox"/> Team has more than one time point of process, outcome and balancing data <input type="checkbox"/> No evidence of improvement in outcome measures
3.0. Some Improvement	<input type="checkbox"/> Evidence of improvement in at least one process measure (e.g. improvement as evidenced by a shift or trend on a run chart, or special cause variation if using a control chart) <input type="checkbox"/> The new strategies continue to be implemented <input type="checkbox"/> Stakeholders (e.g. families, patients, staff, senior leadership, communities) are kept informed



3.5. Improvement

- Process measures continue to improve or are at target
- Evidence in improvement in at least one outcome measure
- Process and outcome measures are linked to balancing measures and analysis of effect is underway
- Team can articulate what they have learned and what changes they plan to implement
- Stakeholders (e.g. families, patients, staff, senior leadership, communities) are knowledgeable about the initiative

4.0. Significant Improvement

- There is evidence of improvement in all outcome and process measures
- Process and outcome measures are linked to balancing measures and analysis of effect is understood
- The new strategies are being adopted and tested with a larger population
- Stakeholders (e.g. families, patients, staff, senior leadership, communities) endorse the initiative
- Learnings and results from the initiative are being communicated to a broader audience

4.5. Sustainable Improvement

- Evidence of sustained improvement in outcome measures
- Plans for sustaining the improvement are in place (if applicable)
- Plans for spreading the improvement are in place (if applicable)

5.0. Outstanding Sustainable Results (6 month and/or 1 year follow-up)

- The initiative is sustained for six months or longer following the program
- Outcome measures are at benchmark levels for at least 6 data points in a row
- Stakeholders continue to endorse the sustainability of the initiative
- Stakeholders continue to endorse the spread of the initiative to new locations
- Teams are able to demonstrate a neutral or positive return on investment (if applicable)

Society as a whole does not understand palliative care and is scared to talk about it. We all need more education and planning.

WORDS TO *educate*



TEAM PRESENTATION NOTES

Team: _____

Takeaways: _____

Questions: _____



Team: _____

Takeaways: _____

Questions: _____





TEAM PRESENTATION NOTES

Team: _____

Takeaways: _____

Questions: _____



Team: _____

Takeaways: _____

Questions: _____





TEAM PRESENTATION NOTES

Team: _____

Takeaways: _____

Questions: _____



Team: _____

Takeaways: _____

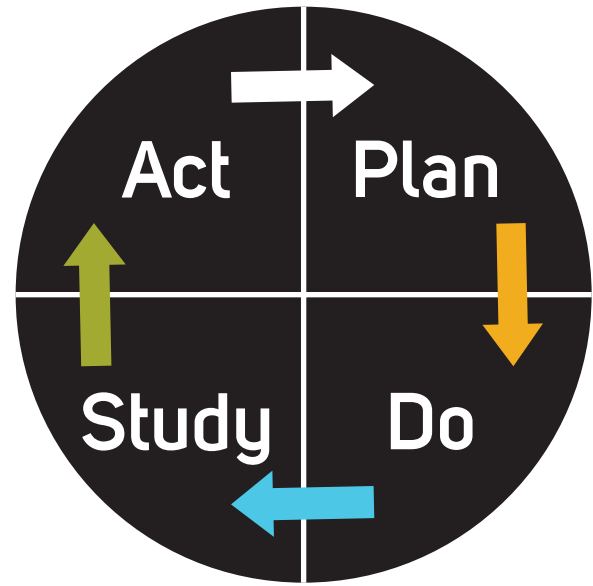
Questions: _____





SUPPORT IN LAST 10-12 HOURS OF LIFE

What gaps exist in your planned approach?



Based on the cases, what needs to change in your current plan?

1. **PLAN:** What is your improvement and how will you implement it?

2. **DO:** Test your improvement on a small scale. Who will do it? With what? By when?

3. **STUDY:** How will you measure the results of your changes?

4. **ACT:** Make any necessary modifications.

I'm truly grateful for the people who made dad's death a beautiful one.

WORDS TO *inspire*

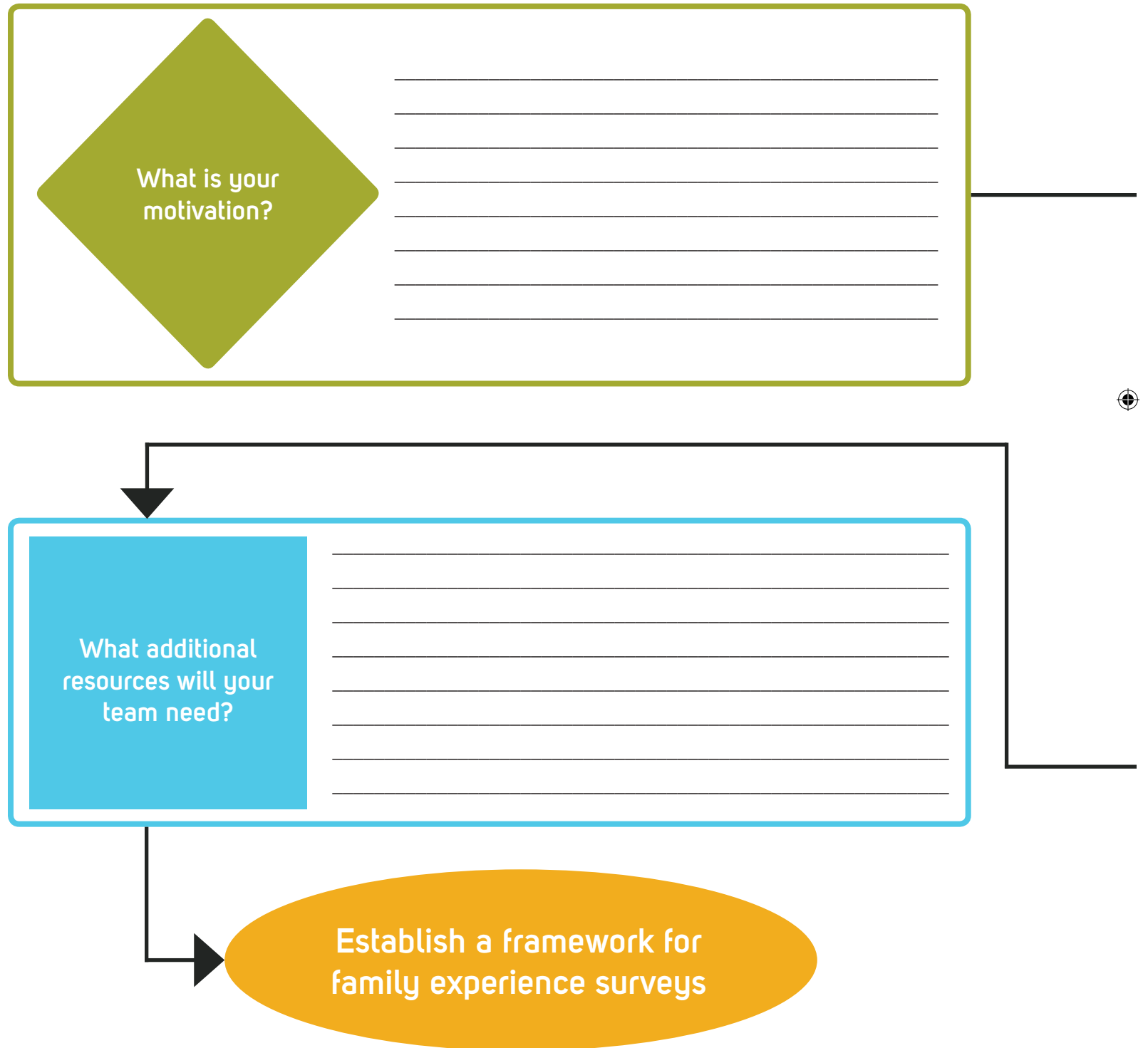




FAMILY EXPERIENCE SURVEYS

This process map outlines key considerations for collecting patient/family experience information. Use the brainstorming areas that follow to guide your discussions.

Family Experience Survey Process Map





How are you going to use the information?

How will you know if the interviews are going well?

Are there partnerships that you could explore to support this task?



DEFINITIONS

Spread

The transfer of a best practice from one site to another (from best to common practice). Spread goes beyond diffusion to actual implementation.

Sustain

Holding the gains or cementing the improvements. It's not about the same things - it's about building upon existing improvements to continue to realize gains in health, care and value for money - well into the future.

Scale

Expanding the reach to all who stand to benefit (patients, providers) in a defined jurisdiction. Some might say we spread our way to scale. Doing so requires creating an enabling environment - beyond delivery to policy and system attributes that support optimizing reach.

READINESS ASSESSMENT TOOL

1. What are the new processes and roles you've created for the project?
 - a. Do these processes and roles need to change for the project to spread and scale? In what way?
2. Have there been any unintended consequences or significant risks in your work so far?
 - a. If no, what do you think could happen?
 - b. How will you manage unintended consequences and risks as the project spreads and scales?
3. Considering your region, resources and strategies are required to support the transfer? What is needed to ensure that the transfer is successful and is it available?
4. What important enablers have emerged?
 - a. Will they be the same in the regions where spread and scale will occur?
 - b. Are new enablers needed? What are they?

I feel if he had been set up sooner with the "palliative approach" we would have had a plan, we would have been more prepared.

WORDS TO *guide improvement*



Canadian Foundation for **Healthcare Improvement**
Fondation canadienne pour l'**amélioration des services de santé**

