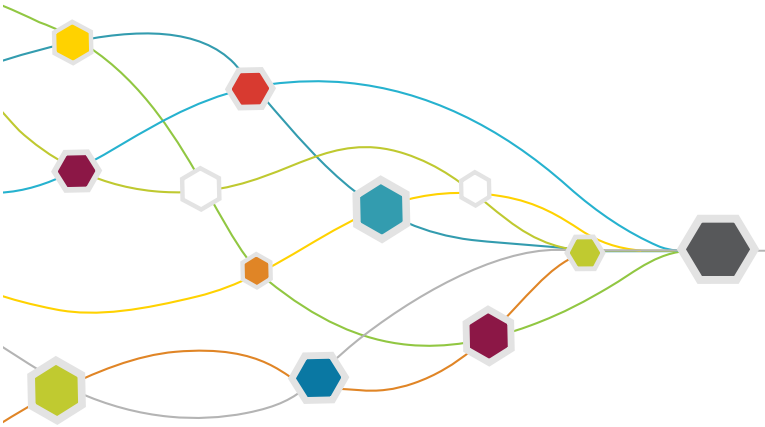
Canadian Home Care Association
canadienne de soins et services à domicile



SPRINT
Implementation Collaboratives

Whole Community Palliative Rounds

On-Boarding and Education Forum– Team Working Sessions

June 25, 2019

WORKBOOK

SPRINT IMPLEMENTATION COLLABORATIVES

SPreading **I**nnovaton in **INT**egrated Home and Community Care

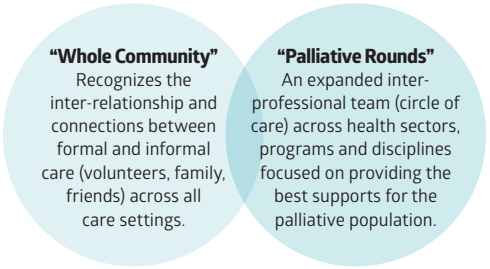
The Canadian Home Care Association (CHCA) SPRINT Implementation Collaboratives are rapid-cycle, evidence-based, methods that facilitate sustainable implementation of leading practices in integrated home and community care across the country. Adapted from the Institute for Healthcare Improvement Collaborative Model for Achieving Breakthrough Improvement[1] and the evidence-based system for innovation support (EBSIS),[2] SPRINT Collaboratives are uniquely designed for home and community care providers. Implementation coaches and subject matter experts provide participating teams with tools, training and coaching in:

- QUALITY IMPROVEMENT: using quality improvement methodology (plan-do-study-act [PDSA])
- IMPLEMENTATION SCIENCE: designing and implementing sustainable change strategies
- COLLABORATIVES: leveraging common experiences and shared learning from colleagues
- LIVED EXPERIENCE: applying systems and clinical perspectives in implementing new practices

WCPR-SPRINT Implementation Collaborative

Profiled as a CHCA High Impact Practice, Whole Community Palliative Rounds (WCPR) enhance the quality and effectiveness of home-based palliative care. Through the WCPR strategy, inter-professional care teams engage in purposeful and timely communication, shared decision-making and collaborative care planning.

Over a seven-month period from June to December 2019, your team will be involved in a national in-person on-boarding and educational forum, online learning sessions, designated action periods and customized coaching sessions.



IMPORTANT DATES FOR YOUR TEAM PARTICIPATION

In-person on-boarding and education forum	June 24 & 25, 2019 (Toronto)
Virtual learning webinars	July 19, 2019 (12:00 - 13:30 EST)
	September 9 (12:00 - 13:30 EST)
	October 9, 2019 (12:00 - 13:30 EST)
	November 4, 2019 (12:00 - 13:30 EST)
Capstone event	December 2 & 3, 2019
Sustainability forum (optional)	November 2 & 3, 2020

PARTICIPANT WORKBOOK

This workbook provides team members with an overview and reference source to test, adapt and implement Whole Community Palliative Rounds within your local context. During the four working sessions you can use this workbook as a guide for your conversations and planning processes for:

1) WCPR – Enabling Structure
2) WCPR – Clinical Elements
3) Quality Improvement Methodology
4) Knowledge Implementation Strategies

1 The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. Available from: www.IHI.org
2 Wandersman A, Chien VH, Katz J. Toward an evidence-based system for innovation support for implementing innovations with quality: tools, training, technical assistance, and quality assurance/quality improvement. Am J Community Psychol. 2012:50(3-4):445-450. doi: 10.1007/s10464-012-9509-7.

SESSION 1:
Whole Community Palliative Rounds: Enabling Structure

Whole Community Palliative Rounds (WCPR) is a strategy to enable rapid clinical problem-solving for symptom burden in high-risk individuals, purposeful and timely communication, shared decision-making and collaborative care planning among members of an inter-professional care team.

The goal of WCPR is for the palliative team (defined locally as the circle of care) to work collaboratively to review the current goals of care, discuss any difficult physical or biopsychosocial/spiritual presenting symptoms, and to make recommendations about care management approaches, care plan revisions designed to improve quality of care and decrease suffering in alignment with the individual's goals of care. Timely communication back to principle and primary health providers (if not in direct attendance during rounds) is essential.

GROUP ACTIVITY

PURPOSE: The Interior Health WCPR subject matter expert will review the key operational considerations during this working session. This session will provide teams with an opportunity to explore the core operational elements of the WCPR and learn from the Interior Health Authority's experiences.

INSTRUCTIONS: Capture your ideas and the key points that will inform the implementation of WCPR within your context.

MODEL AND STRUCTURE CONSIDERATIONS

VALUE OF WCPR

Articulating the difference between WCPR and "other rounds"/case conferences

Whole Community Palliative Rounds	Other rounds/Case Conferences

WCPR LOGISTICS

Coordinating and organizing WCPR (e.g. physical location, minute-taking, technology)

WCPR HUB & SPOKE

Nuances of hub and spoke adapted to local geography, programming, agency

PEOPLE

PALLIATIVE CARE TEAM
Composition, size and relationship (generalist vs. specialist, program, policy)

LEAD ROLE: WCPR FACILITATOR
Consideration for WCPR facilitator (role, knowledge, facilitation skills)

WHOLE COMMUNITY PARNERS
Engaging external health partners (outreach and attendance strategies, confidentiality concerns)

ENGAGING PHYISICANS AND NURSE PRACTITIONERS
Communication and inclusion strategies

CHAMPIONS
Who are the local Palliative Champions that will support WCPR (role, development, participation)

OTHER CONSIDERATIONS

RISKS & MITIGATION STRATEGIES
Risk of starting a WCPR

SESSION 2:
Whole Community Palliative Rounds: Clinical Elements

Whole Community Palliative Rounds (WCPR) is a strategy to enable rapid clinical problem-solving for symptom burden in high-risk individuals, purposeful and timely communication, shared decision-making and collaborative care planning among members of an inter-professional care team.

All WCPR participants are expected to participate in the active discussions by bringing their professional lens, current and relevant information to inform the team and plan of care, and take round outcomes back to their workplace setting for follow-up, care planning and action.

GROUP ACTIVITY

PURPOSE: The Interior Health WCPR subject matter expert will review key clinical elements during this working session. This session will provide teams with an opportunity to explore clinical decision-making tools and guidelines, inter-professional team approaches for rapid clinical problem solving and care-planning, as well as consideration for clinical excellence that contributes to effective symptom relief and quality of life.

INSTRUCTIONS: Capture your ideas and the key points that will inform the implementation of WCPR within your context.

RESOURCES AND TOOLS

ENHANCED CIRCLE OF CARE
Redefining the Circle of Care (existing policy and guiding legislation, creating a common understanding of circle of care)

CLIENT REFERRALS
Identification and referral of clients (criteria/process/integration with usual work)

CLINICAL TOOLS
Clinical problem-solving tools (assessment, guidelines) that are applicable for WCPR

ADMINISTRATION TOOLS
Tactical support tools (communication sheet, tracking record, referral form, creating a local palliative registry to pull from)

VALUE OF WCPR
Promoting a shared understanding of the purpose and expectations of WCPR

PRACTICAL APPROACH TO HOSTING WCPR SESSION

WCPR SESSION
Structure and format in facilitating rapid clinical problem solving and care planning (e.g. 14-18 cases in 1.5 hours)

ACTIONS AND OUTCOMES
Turning discussions into actions and person/family centred outcomes that support symptom relief and quality of life

INDICATORS AND OUTCOMES

MEASUREMENTS
Measures to stay grounded in best practice

SESSION 3:
Quality Improvement Methodology

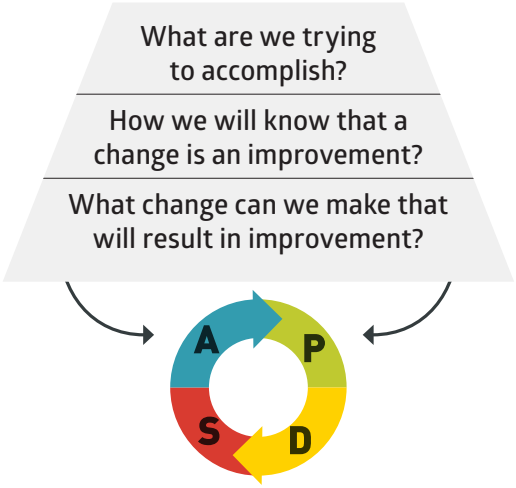
The **Model for Improvement** provides a way to improve care just like the scientific method helps with learning new knowledge. It has been developed by experts who studied organizations that successfully made changes. It is a simple way to approach any aspect of care from big system issues to individual care between a health care professional and a patient.

1) Set an aim: Answer the question, "What are we trying to accomplish?"

2) Decide how to measure what you want to accomplish. Answer the question, "How will we know that a change is an improvement?"

3) Select some new ideas to try. Answer the question: "What change can we make that will result in improvement?" Consider ideas from your knowledge implementation strategies.

4) Test your ideas using PDSA cycles. PDSA stands for Plan-Do-Study-Act. It is rapid process for testing ideas that can result in improvement; but testing on a small scale (refer to your knowledge implementation strategy plans).



PROJECT CHARTER AND WHEN TO USE IT

A quality improvement project charter is a short document that makes explicit the aim of your implementation effort. It provides a roadmap for your current and extended team members to implement the WCPR and to agreed-upon roles and responsibilities and actions according to a structured QI approach.

Charter is a useful reference to keep teams focused on the implementation aim. They are the first document that your team members will develop and reflect the implementation strategies agreed upon.

GROUP ACTIVITY

PURPOSE: This activity assists the project team in creating a succinct overview of WCPR implementation.

INSTRUCTIONS: Review the sections of the project charter and as a group discuss specifics for your AIM statement and potential outcomes.

PROJECT CHARTER

Project title: Organization or site:

Executive Sponsor: Team Lead(s):

Team members:

WHAT ARE WE TRYING TO ACCOMPLISH BY IMPLEMENTING WCPR? (IMPROVEMENT AIMS & OBJECTIVES)

PROBLEM STATEMENT: What's the current gap in inter-professional communication and shared decision-making? Describe the existing condition you hope to improve and why the current approach/process needs improvement .

AIM STATEMENTS: What is the team trying to accomplish? What measurable outcome are you hoping to accomplish? Specify how good, for whom, and by when — i.e., by what exact date.

EXPECTATIONS: Why have you chosen the WCPR strategy? Explain, in specific terms, what you believe will be the beneficial outcomes of testing and adapting this new strategy.

HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT? (IMPROVEMENT MEASUREMENT SYSTEM)

OUTCOME MEASURES:

PROCESS MEASURES:

BALANCING MEASURES:

WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

CHANGE IDEAS: What can we do that will result in improvement? Consider the knowledge implementation strategies from PART D in your workbook.

SESSION 4:
Knowledge Implementation Strategies

The Knowledge Implementation approach chosen for the SPRINT-WCPR Collaborative uses Knowledge-to-Action (KTA) as the underlying process model. In order to support practical application of the concept and model, the CHCA, in collaboration with the Center for Implementation, has set out the overarching steps in implementation and the ways in which they guide both development and implementation of the WCPR.

In order to understand the approach taken in this Guide, it is important to be familiar with the difference between an **evidence-based practice** and an **implementation strategy**.

- An *evidence-based practice* describes **WHAT** you want someone to do differently, preferably clarifying **WHO** needs to change and **WHAT** changes they need to make.
- An *implementation strategy* describes **HOW** a person/organization/system changes. It outlines the strategies we use to change someone's behaviour.

PRACTICE CHANGES

WCPR is an evidence-based practice. It describes the changes in behaviour you are attempting to achieve. In healthcare, we are almost always working with evidence-based practices. WCPR involves 4 major practice changes:

- A facilitator leads and facilitates the discussion at rounds
- Frontline staff submit patients/clients to rounds
- Relevant frontline staff participate and attend rounds
- Frontline staff perform actions identified at rounds

These practice changes describe **WHAT** people need to do differently – for this practice change one of the big challenging elements is identifying **WHO** these people should be.

BARRIERS AND FACILITATORS TO CHANGE

A key step in developing an intervention is to carry out an assessment of barriers and facilitators. This type of assessment allows us to understand which implementation strategies are most likely to result in change. To assist teams in reviewing and assessing barriers and facilitators specific to implementing WCPR and change initiatives in this context, we will focus on the 4 major practices changes encounter by the Interior Health team in the creation of WCPR. Mapping these to the Theoretical Domains Framework below exposes deeper behavioural components related to the barriers and facilitators, allowing for targeted interventions to encourage change.

THEORETICAL DOMAINS FRAMEWORK: BARRIERS AND ENABLERS

POSSIBLE IMPLEMENTATION STRATEGIES

To facilitate your implementation planning, we have selected several implementation strategies that specifically address the identified barriers and facilitators to change by linking them with the appropriate behaviour change theory. Table 1 presents the list of selected implementation strategies organized by practice change.

Table 1. Implementation strategies for 4 practice changes

PRACTICE CHANGES	POTENTIAL BARRIERS/ ENABLERS	POSSIBLE IMPLEMENTATION STRATEGIES
1. A facilitator leads and facilitates the discussion at rounds	· Capability – knowledge & skills · Motivation – beliefs about capabilities and confidence, role clarity · Opportunity – resources, process tools, space, time	· Education · Modeling · Role playing · Guidelines and clinical support templates
2. Frontline staff submit patients/clients to rounds	· Motivation – beliefs about consequences · Opportunity – tools	· Engaging and motivating staff · Guidelines and clinical support templates
3. Relevant frontline staff and partners participate and attend rounds	· Capability – knowledge, behaviour (habits) · Opportunity - time/space– · Motivation – role/identity, intentions, goals	· Understanding impact of enhanced circle of care · Engaging and motivating staff · Targeted communications (awareness and functional) · Champions
4. Frontline staff perform actions identified at rounds	· Opportunity – guidelines, tools · Motivation – reinforcement, belief about consequences	· Guidelines and clinical support templates (action and follow-up) · Creating intentions to change

Note that several suggested implementation strategies are similar (e.g. guidelines and support templates, engaging and motivating staff) addressing different practice changes. This is because the underlying barriers and facilitators to change are very similar. Therefore, the WCPR includes 4 practices changes and 9 possible implementation strategies:

1. Education
2. Modeling
3. Role playing
4. Guidelines and clinical support templates
5. Engaging and motivating staff
6. Targeted communications (awareness and functional)
7. Champions
8. Creating intentions to change
9. Understanding impact of enhanced circle of care

GROUP ACTIVITY

PURPOSE: This activity assists the project team in further selecting implementation strategies related to their program.

INSTRUCTIONS: Select 2 of the implementation strategies and brainstorm how you will operationalize the strategies.

IMPLEMENTATION STRATEGY NAME: _____

Who is doing what for whom?

Who is the target audience?

Who is delivering the strategy?

How much is being delivered?

How long?

How many?

When is it being delivered?

Is it a one-time strategy?

Is it ongoing?

What barriers are you trying to address?

What resources will you need?

Financial

Staffing

In-kind

How will it be adapted? What do you need to consider?

What is your plan for sustainability?

IMPLEMENTATION STRATEGY NAME: _____

Who is doing what for whom?

Who is the target audience?

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What resources will you need?

Financial

Staffing

In-kind

How will it be adapted? What do you need to consider?

What is your plan for sustainability?

WORKING TOGETHER TO STRENGTHEN INTEGRATED COMMUNITY-BASED CARE

The Canadian Home Care Association's vision is an integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed and sustainable.

The CHCA is a catalyst for advancing excellence in home and continuing care. On behalf of our membership, the CHCA funds and manages projects that address pan-Canadian priorities in the home care sector. As a recognized and respected facilitator, the CHCA builds connections across the country and coordinates sharing of information and promising practices.

Members of the CHCA include representatives from government (federal, provincial and territorial), administration organizations, service providers, researchers, educators and others with an interest in home care. As a national association, the CHCA is a unifying force that amplifies our members' individual voices to influence national policy directions on key professional and political issues. Our work is guided by four strategic pillars:

Advocacy — inform and influence policy and practice
Awareness—increase the understanding of the role and value of home care
Knowledge—build capacity through partnerships and networking
Leadership—initiate conversations that catalyze change

For more information on the SPRINT implementation Collaborative contact:
Catherine Suridjan
Director of Policy and Knowledge Translation
Canadian Home Care Association
csuridjan@cdnhomecare.ca
905-567-7373 x 202

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