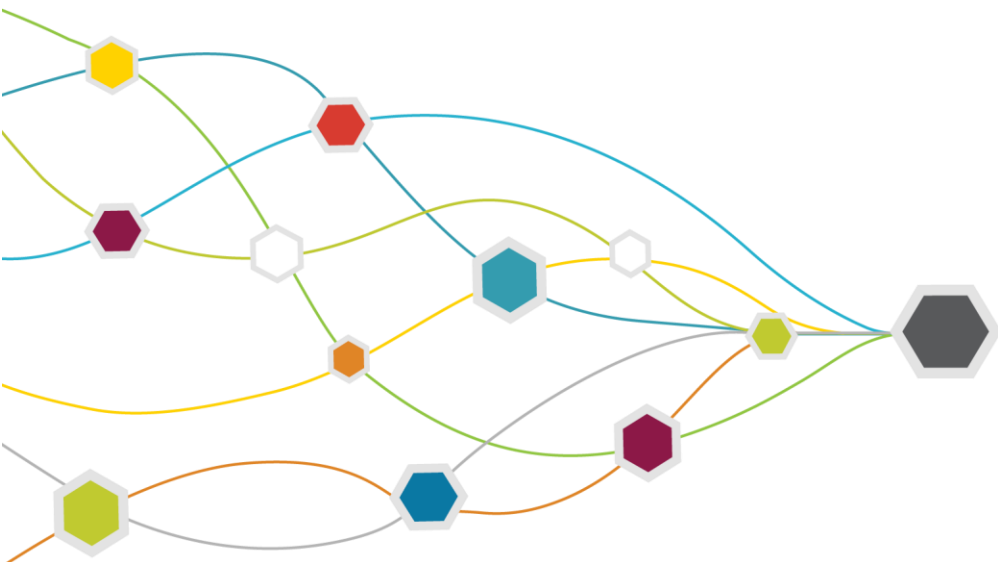




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SPRINT Implementation Collaboratives™

Whole Community Palliative Rounds

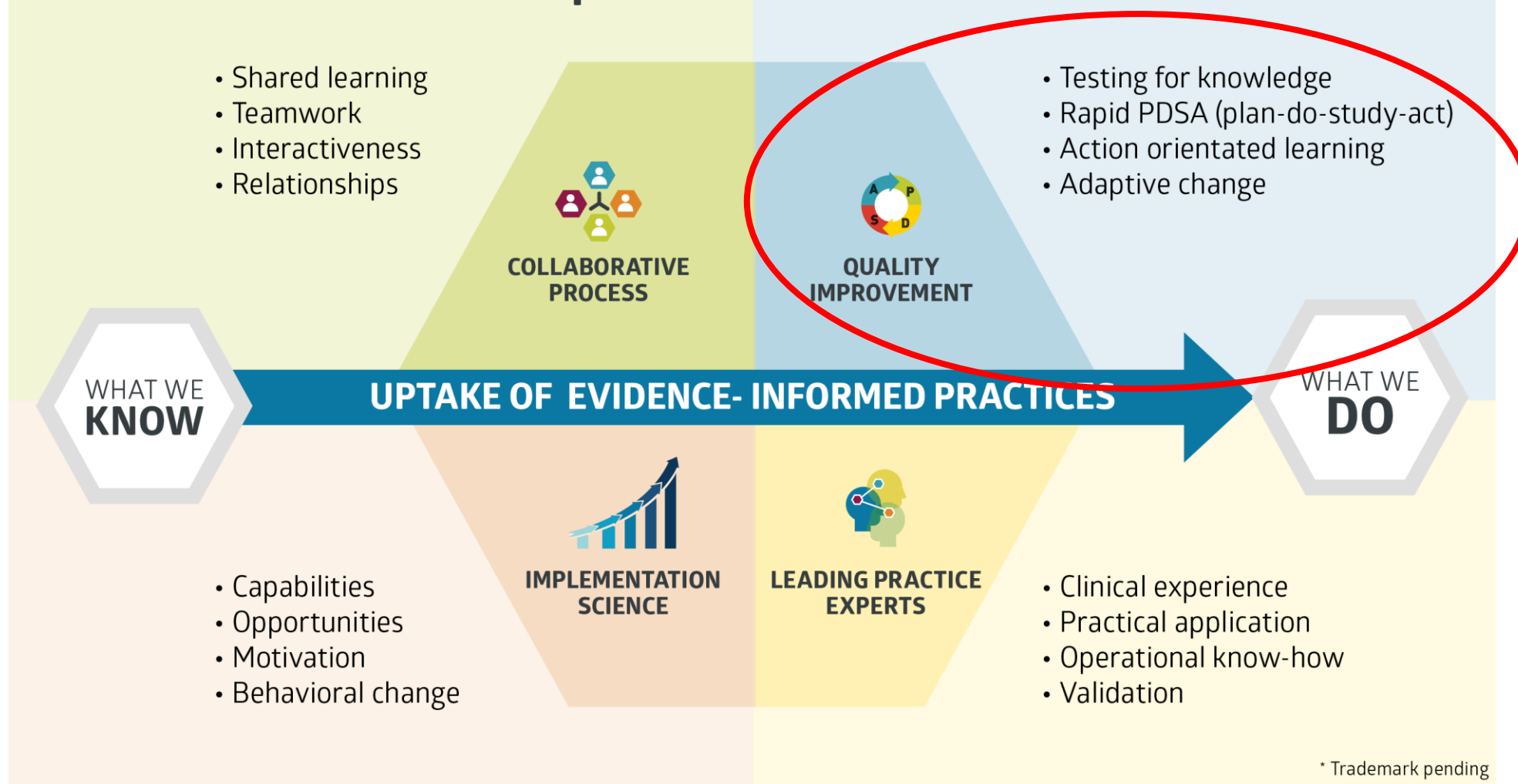
VIRTUAL LEARNING WEBINAR
November 4th, 2019

AGENDA

- | | |
|---------------|--|
| 12:00 - 12:05 | Welcome |
| 12:05 - 12:35 | Building Successful Cycles to Test, Adapt and Implement
Mike Hindmarsh, Quality Expert, The Centre for Collaboration, Motivation & Innovation |
| 12:35 – 1:05 | Process and Outcome Measures
Birpreet Saini, Knowledge Implementation Lead, Canadian Home Care Association
Mike Hindmarsh, Quality Expert, The Centre for Collaboration, Motivation & Innovation <ul style="list-style-type: none">• Interactive Discussion |
| 1:05 – 1:25 | Capstone Summit Overview and Logistics |
| 1:25 – 1:30 | Next Steps: November Action Period |



CANADIAN HOME CARE ASSOCIATION
SPRINT Implementation Collaboratives™





The Model for Improvement: Plan-Do-Study-Act

CHCA SPRINT COLLABORATIVE

Nov 4, 2019

Mike Hindmarsh

Centre for Collaboration, Motivation and Innovation

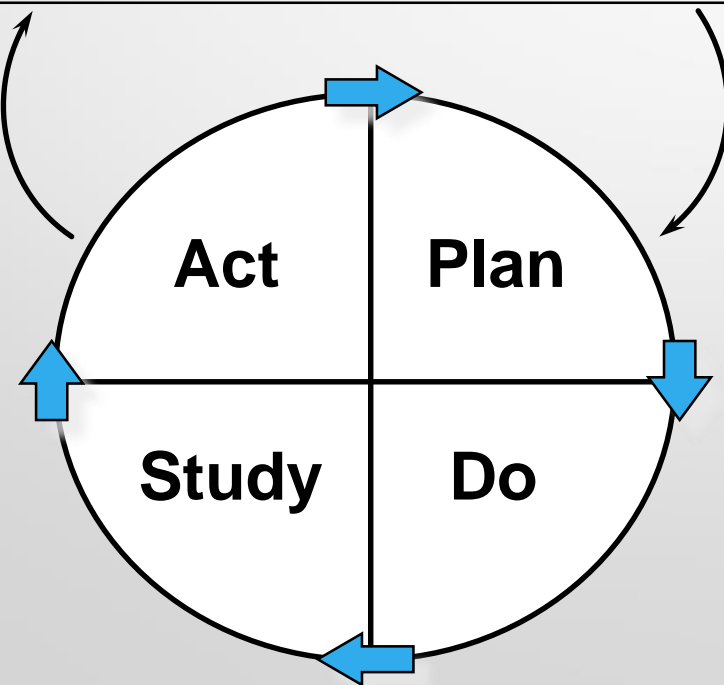
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Model for Improvement

What are we trying to accomplish?

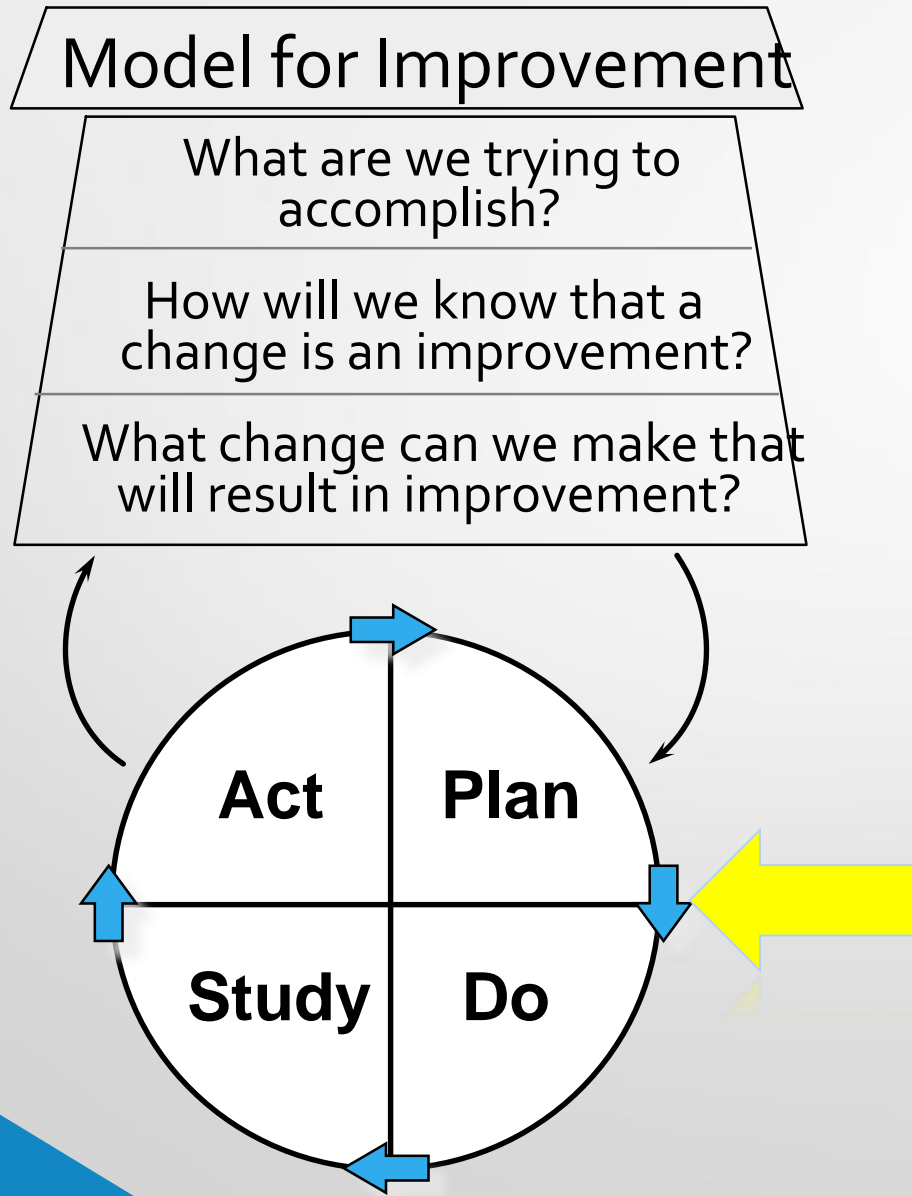
How will we know that a change is an improvement?

What change can we make that will result in improvement?



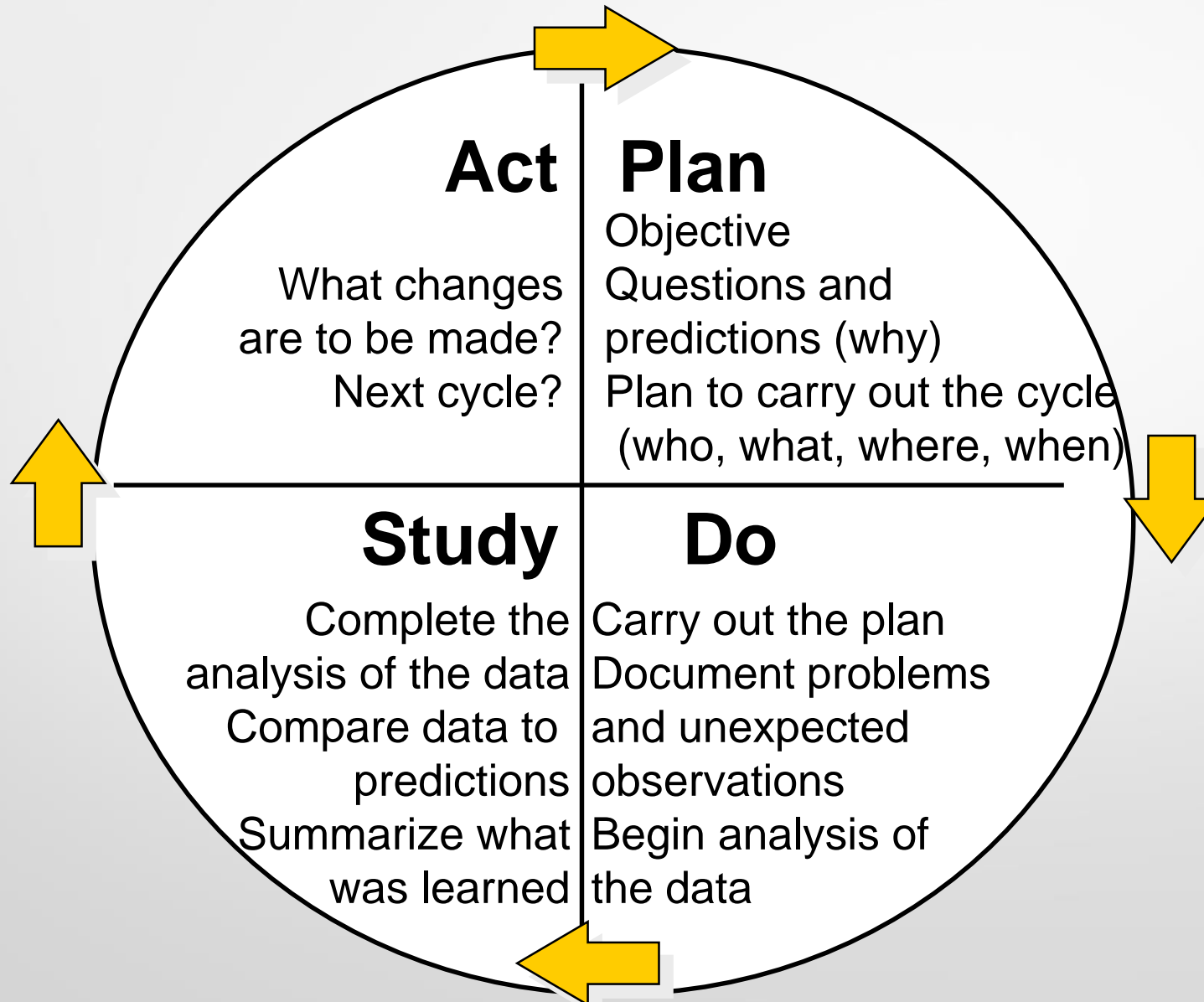
- Simple and practical Framework
- Three questions
- Process for testing (and learning)
 - Plan, Do, Study, Act

Testing ideas from change concepts or change packages

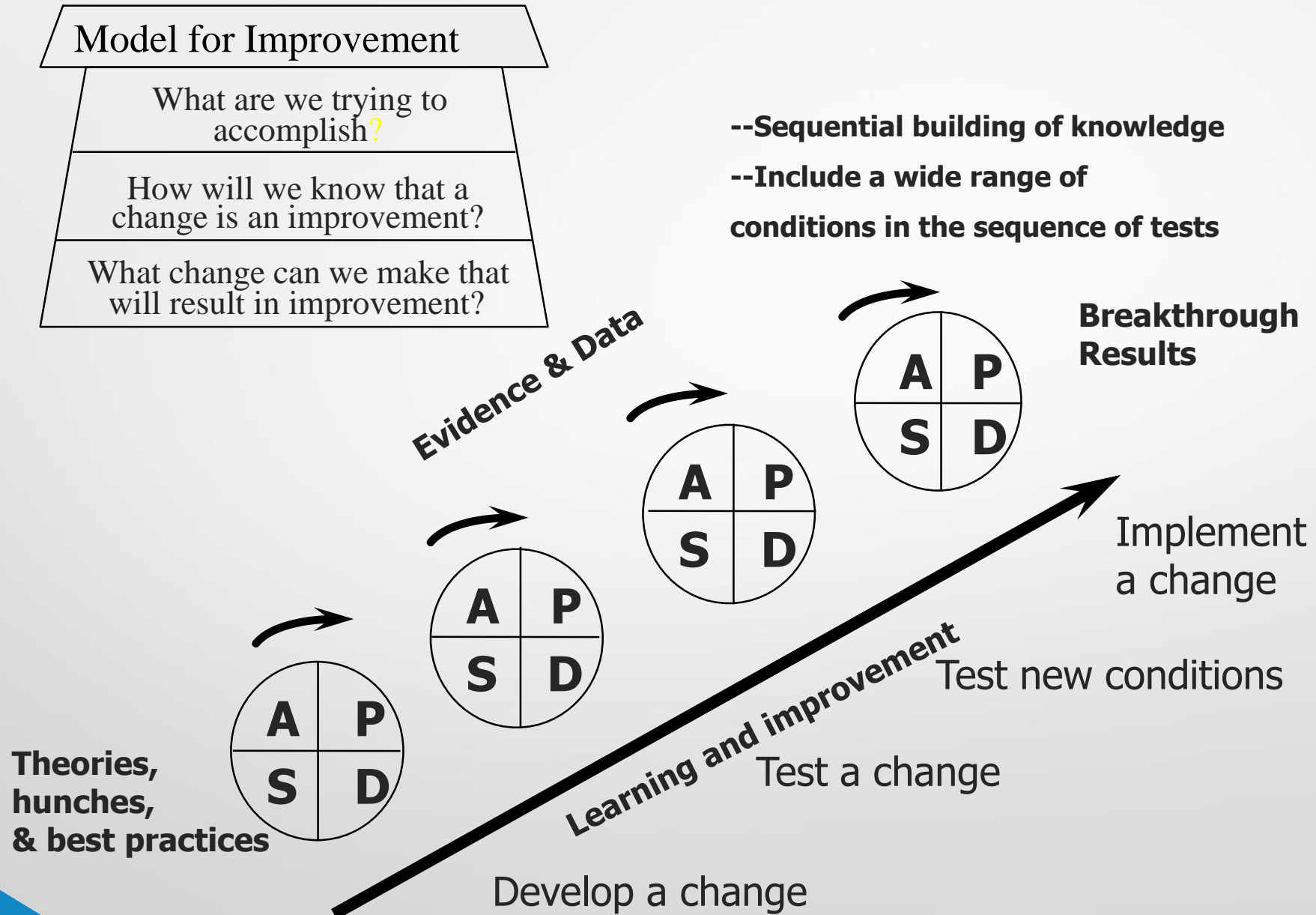


The Plan-Do-Study-Act cycle. A mechanism for rapid cycle testing to accelerate learning and improvement.

The PDSA Cycle for Learning and Improvement



PDSAs Build on Each Other





for success

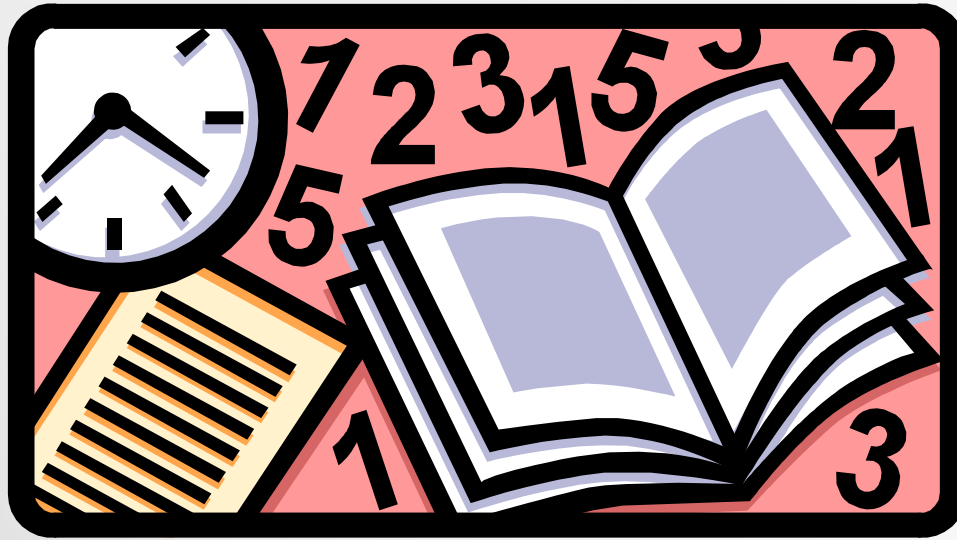
- Improvement occurs in small steps
- Repeated attempts are needed to test and implement new ideas
- Assess regularly to improve plan
- Start with changes that are easy to test
- **Failed changes = learning opportunities:** Test fast, fail fast, adjust fast
- Test to understand the impact and unintended consequences.....
- **Recognize the difference between testing and tasking!**

What's the Difference?

- A **test** is when you have an idea about how things can be different, and you are interested in seeing what happens when you try it in the real world
- A **task** is an activity that is necessary to carry out in order to get ready to test an idea.



Tasking



Gathering/reading background materials



Making inquiries/gathering information



Conducting planning or approval meetings



Collecting and analyzing data

Testing Versus Tasking

Some things need to be done prior to executing a test.....these are TASKS!

Which are tasks versus tests in the list below?

- ☐ Developing a referral form (task)
- ☐ Using the referral form for two weeks to see if appropriate referrals are generated (test)
- ☐ Training a round facilitator (task)
- ☐ Facilitator runs a round (test)
- ☐ Teleconference site visit to observe WPCR in British Columbia (task)
- ☐ Setting case review time maximum when running next round (test)

PDSA?

PLAN		DO	STUDY	ACT
What are you testing?	What do you expect?	DO THE LEARNING TEST	What happened?	What will you do next?
Circle of Care well developed and provincial legislation broad enough to allow for future enhancements.	Possibility of expanding circle of care if/when we are able to initiate an enhanced referral process at some point in the future.		No changes to circle of care at this time.	

PDSA?

PLAN		DO	STUDY	ACT
What are you testing?	What do you expect?	DO THE LEARNING TEST	What happened?	What will you do next?
Presenting overview of WCPR vision, purpose and outcomes with Senior's House Calls, North Network and Palliative Home Care Team at huddles (Tammy T/Sara J).	Teams will be interested and open to participation and have a good understanding of the project.		<i>Teams were very engaged and had a lot of questions. They were able to identify clients that may be appropriate for presentation to WCPR's.</i>	<i>Teams were a bit apprehensive about the process. We may want to consider inviting them all to run through a mock process prior to having real submissions?</i>
Presenting overview of WCPR vision, purpose and outcomes with Directors and Managers in Primary Health Care (Sara)	Leadership will be supportive of the initiative.		<i>Lots of engagement and support from Executive Director, Directors and Managers (Sara).</i>	<i>WCPR is something that fits with the PHC vision and is a necessary practice to ensure high quality transitions for our patients (Sara).</i>

PDSA?

PLAN		DO	STUDY	ACT
What are you testing?	What do you expect?	DO THE LEARNING TEST	What happened?	What will you do next?
Privacy legislation in regards to enhancing the circle of care.	Able to increase circle of care to regulated healthcare professionals and other staff involved directly in care provision.		CP Privacy Officer confirmed there were no concerns with circle of care privacy legislation as suggested for this project.	We will obtain each patient's express consent, via our existing consent form as we always do. PHIPA does not define the circle of care, however there is a guidance document provided by the Office of the Privacy Commissioner of Ontario (IPC) that speaks to the generally accepted interpretation and application of the term https://www.ipc.on.ca/wp-content/uploads/resources/circle-of-care.pdf .

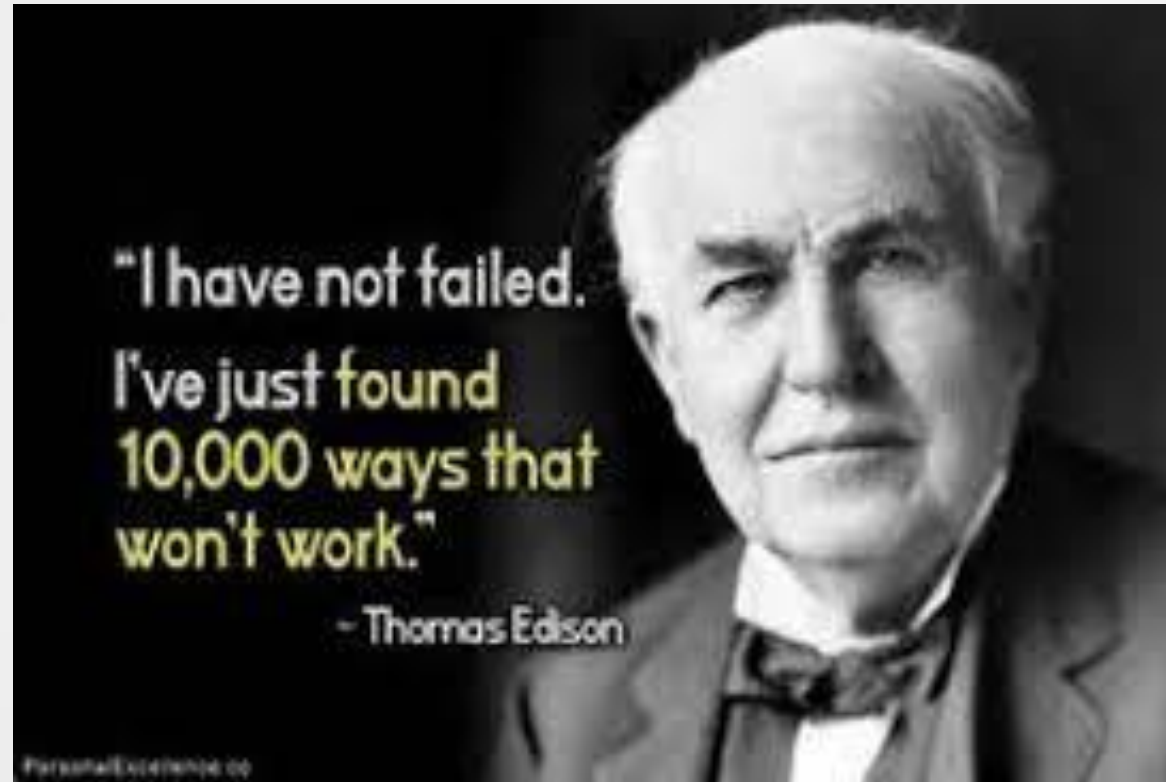
PDSA?

PLAN		DO	STUDY	ACT
What are you testing?	What do you expect?	DO THE LEARNING TEST	What happened?	What will you do next?
Letter that was created by the palliative physician to inform family physicians on WCPR program and benefits	Buy in from family physicians		<ul style="list-style-type: none"> •to date only letter has been sent out •have not heard back on program acceptance 	Is further follow up needed? By palliative physician at a face to face meeting to ensure letter was received and understood.
In order to test the effectiveness of the WCPR referral form and process, WCPR team members will be asked to complete a referral (real case or “mock”) and send it to WCPR intake.	We expect team members will have meaningful feedback on both the referral form and the process.		4 referrals were received for the Sept 24 th meeting (3 mock and 1 real). Minimal feedback was received on the referral form or process.	Feedback received has been incorporated into the referral form. The process to have the form approved through the local forms committee will now be initiated.

Reflections

- There is lots of set up (tasks) needed before testing (e.g., privacy concerns, buy-in, etc.)
- Test more often and faster.
- Don't worry about failure.
- Lots of work being done. Congratulations!!





- FOR MORE INFORMATION PLEASE FEEL FREE TO EMAIL ME AT:

Mike.hindmarsh@centrecmi.ca



Process and Outcome Measures

Birpreet Saini and Mike Hindmarsh





Measurement does not have to be difficult
or time consuming.

Important things to consider

- Gather “just enough” data
- A few good measures are better than lots of ‘just in case’ measures!
- Make sure that your team understands what to measure and how to collect data

Remember you are collecting data for improvement not research.



Outcome and Process Measures

Outcome Measures	Process Measures
What are the outcomes of the WCPR?	How are you moving toward implementing WCPR ? Are the parts/steps performing as planned?
These are the “voice of the patient or customer” and capture system performance.	These are the “voice of the workings of the system.”

Outcomes are about where you want to go, and processes are about how you get there.



Some examples for your consideration

Practice Changes	Process measures (measuring implementation work)
Enhancing the Circle of Care - Defining community partners	# of rounds where all appropriate (or needed) members attended
WCPR Facilitator - “Who and how” - Selecting a lead, facilitating the discussion at rounds	# of cases discussed at rounds Length of rounds
Referrals to WCPR - Clinicians refer patients/clients to rounds	↑ # of weekly referrals for the rounds # of appropriate referrals # disciplines making referrals # of successful use of referral form # of patients referred that are reviewed within 7 days



Some examples for your consideration

Practice Changes	Process measures (measuring implementation work)
Partners at the WCPR - Getting appropriate clinicians to attend and participate at rounds	# new participants that join and attend rounds # participants invited vs attended the rounds # participants that attend rounds regularly
Actions from the WCPR - Clinicians communicate and act on recommendations from the rounds	% of communication back to Most Responsible Provider (MRP) within 24 hours of the rounds # of successful use of tracking sheet



Some examples for your consideration

Outcome measures (measuring impact of WCPR)



↑ Health care
provider satisfaction



↑ Client/caregiver
satisfaction



↓ distress score



Closing Thoughts

“Seek usefulness, not perfection”



Nelson et al., Building Measurement and Data Collection into Medical Practice; Annals of Internal Medicine; 15 March 1998; Volume 128 Issue 6; Pages 460-466.

SPRINT-WCPR Capstone Summit

Fairmont Banff Springs Hotel



DAY 1: MONDAY DECEMBER 2 (07:00 – 16:45)

Welcome and Opening Session

Person and Family-Centred Care: Enhancing the Circle of Care

- Team Presentations

Fundamental Practice Changes for Whole Community Palliative Rounds

Shift and Share Style presentation

- Defining the target population – Referrals to the WCPR (2 Teams)
- Actively engaging partner – Partners at the WCPR (2 Teams)
- Facilitating actions – Shared decision-making through a WCPR (2 Teams)

From Theory to Practice: The SPRINT Implementation Collaborative™ Approach

- Quality Improvement – Testing for Knowledge (Mike & 2 Teams)
- Implementation Science – COM-B Model (Julia & 2 Teams)
- Collaborative Approach – Achieving Success Together (Birpreet & Sask Teams)

Reflection Sessions: Applying the SPRINT Implementation Collaborative™ Approach

- Quality Improvement & Testing for Knowledge (discussant Mike Hindmarsh)
- Implementation Science – Applying the COM-B Model (discussant Julia Moore)

Group Dinner (Fairmont Banff Springs)

DAY 2 TUESDAY DECEMBER 3 (07:15 – 11:30)

Opening Session

SPRINT Collaborative Morning Show: Engaging Senior Leaders in Change Senior leaders (Interior Health and 1 Practice Team)

Practical Ways to Sustain Change

Mike, Julia, Vicki

SPRINT-WCPR Implementation Collaborative™ Team Awards

Closing Remarks

DAY 1 MONDAY DECEMBER 2

Person and Family-Centred Care: Enhancing the Circle of Care

Presenters: 3 Practice teams

- Context
- Composition of your Circle of Care
- Strategies used to promote the value of circle of care and engage partners:
 - Build partners' understanding on and the value of 'Circle of Care' (i.e. clarify privacy legislation)
 - Processes that you had to put in place
 - Ways to influence/motivate partners
- Examples of how your team tested and adapted your ideas based on learnings for improvement for this practice changes



DAY 1 MONDAY DECEMBER 2

Fundamental Practice Changes for Whole Community Palliative Rounds

Shift and Share style presentation

1. Defining the target population – Referrals to the WCPR (2 Teams)

- Referral processes and tools
- Strategies to engage and motivate staff to use new referral criteria, tools and process

2. Actively engaging partners – Partners at the WCPR (2 Teams)

- Build knowledge and value of WCPR
- Create opportunities and clear processes to participate in the rounds
- Engage and motivate partners to attend and participate in rounds

3. Shared decision making through a WCPR- Actions from the WCPR (2 Teams)

- Effective facilitation of rounds
- Clear communication to providers
- Ensure accountability of MRP



DAY 1 MONDAY DECEMBER 2

From Theory to Practice:

The SPRINT Implementation Collaborative™ Approach

Plenary:

Quality Improvement – Testing for Knowledge (Mike & 2 Teams)

Implementation Science – COM-B Model (Julia & 2 Teams)

Collaborative Approach – Achieving Success Together (Birpreet & Sask Teams)

Reflection Sessions:

Quality Improvement & Testing for Knowledge (discussant Mike Hindmarsh)

Implementation Science – Applying the COM-B Model (discussant Julia Moore)



DAY 2 TUESDAY DECEMBER 3 (07:15 – 11:30)

SPRINT Collaborative Morning Show: Engaging Senior Leaders in Change

Senior leaders (Interior Health and 1 Practice Team)

Plenary: Practical Ways to Sustain Change

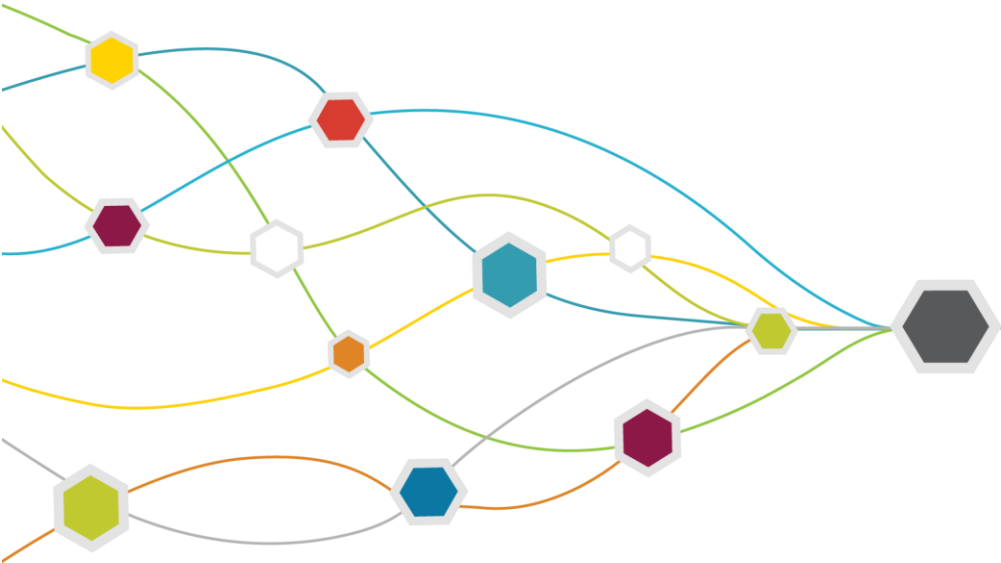
Mike, Julia, Vicki

Panel presentation on how to keep the momentum, scale up and spread the innovation





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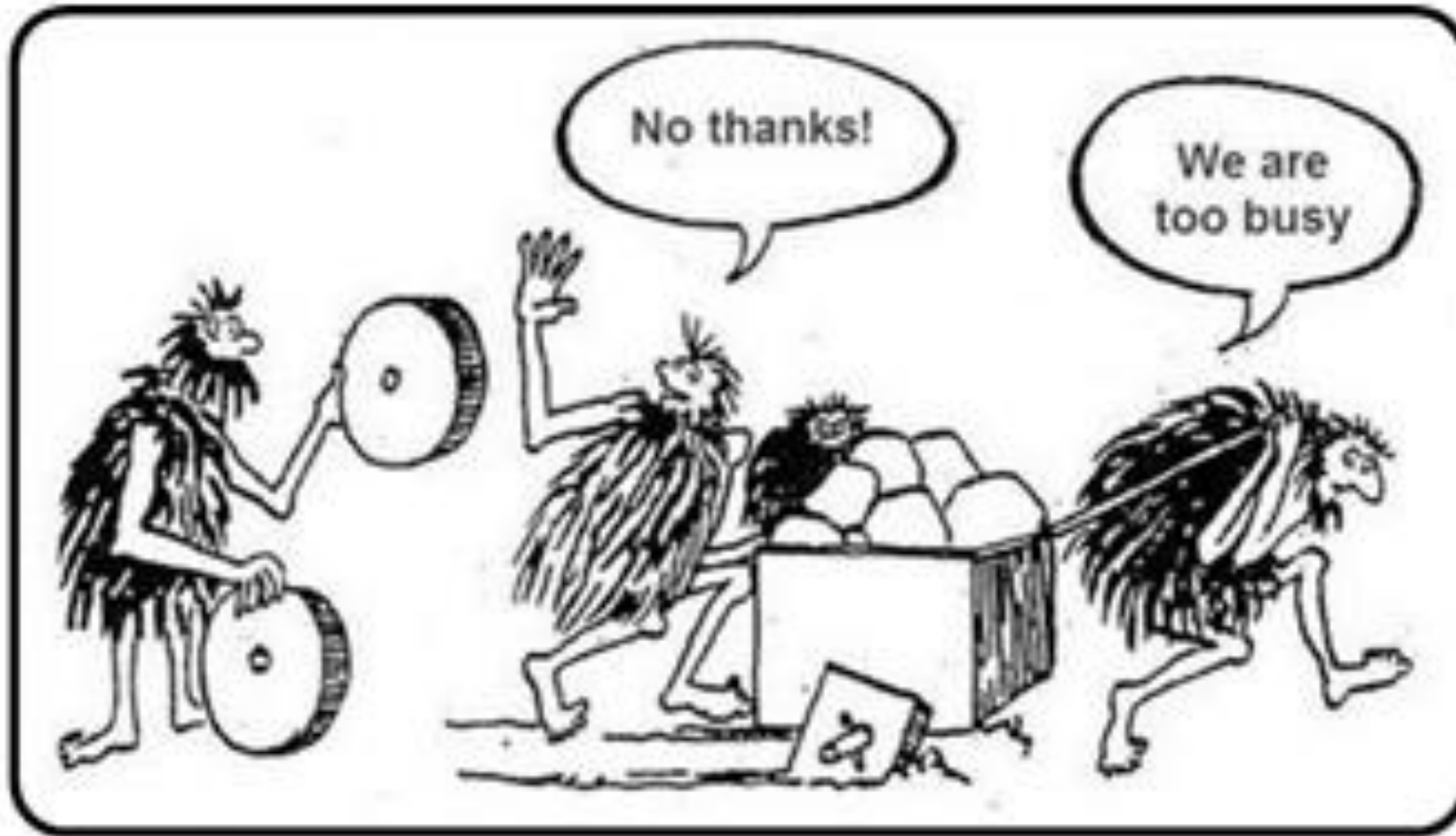


SPRINT Implementation Collaboratives™

Whole Community Palliative Rounds

NEXT STEPS- ACTION PERIOD

Continue to do your PDSAs for rapid cycle improvement!





Work on your team's presentation

Send PPT to your coach by
November 27th





Take a team picture and share your experience:

- What is the value of being in a SPRINT-Collaborative?
- Would you do another SPRINT-Collaborative & Why?

**Send your coach a picture + anecdote
by November 27th**



WE WANT YOUR FEEDBACK!

