Building Operational Excellence

Home-Based Palliative Care

FRAMEWORK & USER GUIDE FOR IMPLEMENTING INNOVATIVE PRACTICES

Canadian Home Care
Association
canadienne de soins
et services à domicile

ABOUT THE OPERATIONAL EXCELLENCE IN HOME-BASED PALLIATIVE CARE PROJECT

Operational Excellence in Home-Based Palliative Care is a 19-month project that builds on The Way Forward: An Integrated Palliative Approach to Care. The goal is to identify innovative operational practices that address specific service gaps and improve the quality, efficiency and accessibility of home and community palliative care. The project is a catalyst to improve operational infrastructure in home-based palliative care and enhance access to better home care as outlined in the Common Statement of Principles on Shared Health Priorities for federal, provincial and territorial governments. Visit https://cdnhomecare.ca/operational-excellence-in-home-based-palliative-care/ for more information.

ABOUT THE CANADIAN HOME CARE ASSOCIATION

Established in 1990, the Canadian Home Care Association (CHCA) is a national non-profit membership association dedicated to advancing excellence in home and community care. Through our diverse membership base, the CHCA represents public and private organizations that fund, manage and provide services and products in the home and community. In partnership with our members, the CHCA advances initiatives that address national priorities in home and community care. As a recognized authority, the CHCA facilitates knowledge sharing, creates connections, informs policy and practices, and advocates for integrated home and community care for all Canadians.

Contents

About the Framework and User Guide

The Framework and User Guide is a how-to resource to successfully implement innovative practices in home and community care. The recommendations and resources have been drawn from the Canadian Home Care Association's (CHCA) experience facilitating the adoption of Whole Community Palliative Rounds (WCPR) in partnership with 11 practice teams from across the country. The user guide provides a step-by-step overview of how to move from "what we know" to "what we do." It is designed to make the valuable lessons learned from the SPRINT-WCPR Collaborative participants and implementation coaches available to a wider audience.

Target Audience

This user guide is designed for policy planners, administrators and health care professionals in the home and community care sector. It helps users develop tangible goals and actions to modify and adopt an innovation to achieve desired outcomes. An explanation of each step, along with helpful tips and real-life examples, are provided to further support the user experience.

HOW TO USE THIS FRAMEWORK AND USER GUIDE

THE IMPLEMENTATION FRAMEWORK consists of four elements related to quality improvement, evidence-informed clinical practice, implementation science and collaborative engagement. Each of these elements plays a critical role in successfully adapting and implementing a leading practice or innovation. The CHCA developed the framework in collaboration with senior home and community care administrators and frontline providers from across the country.

THE USER GUIDE summarizes the steps for successfully adapting and implementing a leading practice. Experience and examples from the SPRINT-WCPR Collaborative reinforce the practical steps. Recommendations and resources have been sourced and created by the CHCA, the Interior Health Palliative Care team and the 11 practice teams engaged through the SPRINT-WCPR Collaborative.

The CHCA has chosen tools and checklists and provided tips to reinforce key concepts in the guide. We recognize that organizations and practice teams using this guide will adapt and create tools based on their local context and requirements. The goal of the guide is to support home and community care providers to better understand the most effective ways to facilitate successful implementation, adoption and spread of evidenced-informed practices.

User-friendly icons located throughout the guide denote various information and resources.

TIP	TOOLS	RESOURCES	CHECKLISTS	TEMPLATES/ SAMPLES

IMPLEMENTATION FRAMEWORK

The CHCA SPRINT Implementation Collaborative™ (SPRINT Collaborative) was created to address the need for a rapid approach to testing and adopting evidence-informed practices in home and community care.

The design and approach of the SPRINT Collaborative is based on the Institute for Healthcare Improvement Collaborative Model for Achieving Breakthrough Improvement[1] and the evidence-based system for innovation support.[2] The SPRINT Collaborative integrates elements of quality improvement, implementation science and collaborative learning. Over a seven-month timeframe, practice teams apply evidence-based strategies to effectively transition from "what is known" (learning, information) to "what is done" (testing, application).

The framework is based on the premise that a focused and coordinated approach can be used to rapidly introduce and sustain changes in the home and community care sector. Participants using the framework will realize value in several ways, including increased knowledge of quality improvement and greater understanding of how to facilitate sustainable behaviour change.

The strategies include:

Quality Improvement: Testing for knowledge
Using rapid "plan-do-study-act" (PDSA) cycles to design, adapt and implement practice changes.
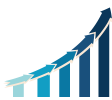
Application of implementation science theory
Applying the COM-B[3] behavioural change model to facilitate change in three key domains: capacity (skills, knowledge), opportunity (processes, practice) and motivation (inspiration, desire).

Guidance from leading practice experts
Providing lived experience in specific practice changes, and encouraging role modelling and access to processes and tools.

Engaging in a collaborative process
Bringing together practice teams from across the country to participate in structured learning and exchange of ideas both virtually (via phone, webinars) and face-to-face.

SPRINT Implementation Collaborative™

- Shared learning
- Teamwork
- Interactiveness
- Relationships

- Testing for knowledge
- Rapid PDSA (plan-do-study-act)
- Action-orientated learning
- Adaptive change

COLLABORATIVE PROCESS

QUALITY IMPROVEMENT

WHAT WE **KNOW**

UPTAKE OF EVIDENCE- INFORMED PRACTICES

WHAT WE **DO**

IMPLEMENTATION SCIENCE

LEADING PRACTICE EXPERTS

- Capabilities
- Opportunities
- Motivation
- Behavioural change

- Clinical experience
- Practical application
- Operational know-how
- Validation

USER GUIDE

The steps for successfully adapting and implementing a leading practice. Experiences from the SPRINT-WCPR Collaborative.

SPRINT-WCPR COLLABORATIVE™

The goal of the SPRINT-WCPR Collaborative is to provide practice teams with tools, training, coaching and technical assistance to implement the five practice changes required to effectively establish Whole Community Palliative Rounds (WCPR).
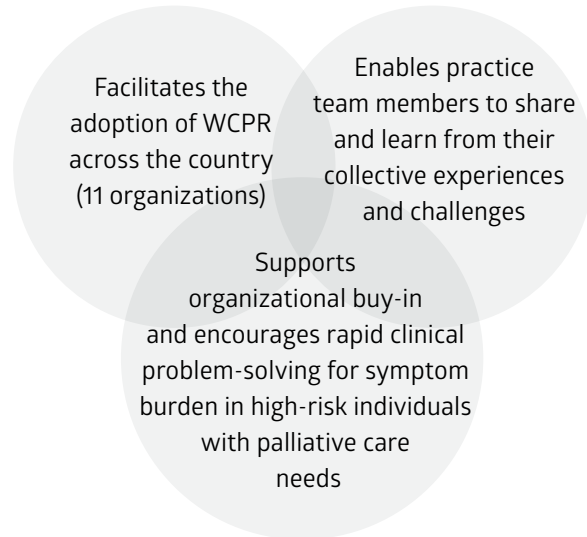
The SPRINT-WCPR Collaborative IS

a model that:

✅ Focuses on adopting best practices in home and community palliative care

✅ Leverages the value and impact of collaboration and shared learning

✅ Requires practice teams to engage and interact over a seven-month timeframe

✅ Uses evidence-informed methods to facilitate sustainable change

a collaborative process that:

Includes the following components:

- Two in-person workshops (on-boarding and capstone event)
- Four virtual learning sessions featuring subject matter experts
- One-on-one coaching sessions with practice teams
- Tools and resources to support behaviour change and rapid testing
- An online resource HUB for easy access to shared resources

Facilitates the adoption of WCPR across the country (11 organizations)

Enables practice team members to share and learn from their collective experiences and challenges

Supports organizational buy-in and encourages rapid clinical problem-solving for symptom burden in high-risk individuals with palliative care needs

The SPRINT-WCPR Collaborative IS NOT

❌ A single or one-time training on WCPR

❌ A research model to develop new care models in home and community palliative care

❌ An evaluation approach to measure the impact and outcomes of WCPR

❌ A system for continuous quality improvement within organizations

10 STEPS to a SUCCESSFUL IMPLEMENTATION COLLABORATIVE

1 **SELECT A LEADING PRACTICE**
WCPR addresses gaps in communication and shared decision-making.

2 **CREATE A CHANGE PACKAGE**
Identify core practice changes and key messages.

3 **IDENTIFY SUBJECT MATTER EXPERTS**
Clinical leaders and frontline professionals bring experience in implementing the leading practice

4 **CHOOSE QUALITY IMPROVEMENT APPROACH**
Identify a testing approach.

5 **APPLY IMPLEMENTATION SCIENCE THEORY**
Select a behavioural change model.

6 **SELECT PRACTICE TEAMS**
Choose practice teams based on key criteria for successful implementation of the leading practice.

7 **ENGAGE AND SUPPORT PRACTICE TEAMS**

ON-BOARDING WORKSHOP
Create knowledge tools.

VIRTUAL LEARNING SESSIONS
Customize learning approach.

COACHING CALLS & ONLINE RESOURCE HUB
Provide tailored coaching and technical tools.

8 **PLAN-DO-STUDY-ACT**
Rapid tests of change.

9 **FACILITATE COLLABORATION**
Share successes, challenges and learnings.

10 **PLAN FOR SUSTAINABLE CHANGE**
Create a sustainability plan and business case.

SELECT A LEADING PRACTICE

Choosing a leading practice that has application across widely varying contexts can be challenging. Ensuring a clear understanding of why the practice was chosen is important. Some practices are chosen based on the available evidence, while others are selected because they address a recognized gap even though a rigorous evaluation of the practice may not be available.

Teams should understand why the practice was chosen and what they can expect from implementing it. According to the Canadian Foundation for Healthcare Improvement, the following considerations should be evaluated:

✓ **Does the practice accomplish performance objectives?**
- Outcomes
- Evidence and achievability

✓ **Does the practice work?**
- Processes and workflow
- Organization enablers
- Risks and barriers

✓ **Does the practice work elsewhere?**
- Reliability and adaptability

✓ **Will the practice spread?**
- Simplicity
- Clear business case
- Implementation tools and supports

The Institute for Healthcare Improvement recommends being able to articulate the basis and criteria for your topic selection in any of the following categories:
- Closes the gap between science and practice.
- Is an example of best performance that has been accomplished in other settings.
- Improves operational outcomes, positively impact patients and makes financial sense.

Readiness to Spread Assessment from the Canadian Foundation for Healthcare Improvement

Leading Practices in Home and Community Palliative Care

To support the adoption of a leading practice in home and community palliative care, the CHCA created the following selection criteria:

Application and relevance–The practice addresses a recognized operational gap in the following areas of home-based palliative care: assessment and care planning; inclusion of advance care plans into care delivery; and effective communication strategies and tactics.

Evidence-informed–The practice is based on evidence (e.g., reflects research evidence, clinical expertise and patients' experiences).

Stakeholder engagement–A broad range of stakeholders (e.g., policy makers, providers, patients and caregivers) are actively engaged in the practice (e.g. co-design, active part of program).

Impact–The practice is evaluated and has clearly documented outcomes (i.e., qualitative and quantitative measurements).

Sustainability–The operational practice demonstrates or has the potential to spread beyond its current site, across sectors and/or care settings.

SPRINT-WCPR COLLABORATIVE EXPERIENCE

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

The practice selected for the SPRINT-WCPR Collaborate addressed an identified gap in communication. Experiences shared through CHCA national consultations revealed that more and more health care providers are involved in home-based palliative care (e.g., therapists, social workers, spiritual care providers and community paramedics). This expansion poses new communication challenges and often it is not clear who to communicate with or how an additional information is often routinely incomplete or inconsistent.

Whole Community Palliative Rounds High Impact Practice

CREATE A CHANGE PACKAGE

Change packages include user-friendly guides and tools to support practice teams to better understand the practice that will be implemented; to increase their competency in quality improvement; and to gain familiarity with implementation science and strategies to facilitate sustainable behaviour change. Core elements of the change package should be created at the beginning of the collaborative to provide a reference for both practice teams and coaches.

Practice Changes

Identify specific changes required to implement an intervention

Knowing the core changes required to successfully adopt the leading practice sets the foundation for collaboration and guides the work for all the practice teams. It is important to identify broad practice changes that enable teams to adapt and modify during the collaborative. The following should be considered:

✓ **Practice changes are clearly articulated.**
A clear understanding of the practice change is essential for teams to be able to recognize how the change can be implemented within their context and what they need to test and modify.

✓ **Practice changes are actionable.**
The practice change should be defined a way that makes it easy to identify the tasks necessary to implement it. Practice changes should describe WHAT people need to do differently.

When introducing a new practice, it is important to consider the "who, what, where, why, and how" of the change. Always begin with the "why" and a rational for the change. Share the vision of what is going to happen, how individuals can be involved, and how the new practice will impact their practice and the patients.

💡 **Consider the perspectives of patients, providers, administrators and funders when defining practice changes.**

Quality Improvement

The change package should include a reference to which type of quality improvement model will be used in the collaborative. While there are several approaches to quality improvement (e.g., business process re-engineering, experience-based co-design, LEAN, Six Sigma, statistical process control), the approach selected for the SPRINT-WCPR Collaborative was The Model of Improvement. **Section 4** provides more detail on the quality improvement approach.

Implementation Science

An important part of the change package is an educational piece on implementation science and how to use knowledge-to-action as an underlying process model. To ensure a clear understanding of this approach, the CHCA, in collaboration with the Centre for Implementation, outlined key considerations for implementation approaches and suggested ways in which these considerations should guide both modification and adoption of WCPR.

The concepts of evidence-based practice and implementation strategy and why how they differ were also included in the change package. **Section 5** provides more detail on the implementation strategy model used in the SPRINT-WCPR Collaborative.

SPRINT-WCPR COLLABORATIVE EXPERIENCE

Practice Changes for WCPR

The CHCA SPRINT team reviewed WCPR and identified five core practice changes that are critical for implementation, regardless of context or application. These practice changes created a common foundation for practice teams to develop their implementation plans and share their experiences and successes. The five practice changes for WCPR are:

1 Enhancing the circle of care
Defining community partners

2 WCPR facilitation
Selecting a facilitator lead and managing the discussion at rounds

3 Referrals to WCPR
Ensuring clinicians refer patients/clients to rounds

4 Partners at the WCPR
Ensuring appropriate clinicians to attend and participate in rounds

5 Actions from the WCPR
Encouraging communication and actionable recommendations from the rounds

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An evidence-based practice describes WHAT you want someone to do differently, while an implementation strategy describes HOW a person/organization/system makes necessary changes.

IDENTIFY SUBJECT MATTER EXPERTS

The success in adapting and implementing a leading practice is often contingent upon access to expertise and experience provided by subject matter experts (SMEs). SMEs possess in-depth knowledge of clinical and/or operational elements and what is required to successfully support the leading practice. They provide know-how and lived experience.

SMEs in the SPRINT-WCPR Collaborative

SMEs from the Interior Health Authority were invited to participate in the SPRINT-WCPR Collaborative. Elisabeth Antifeau and Vicki Kennedy, Regional Palliative Clinical Nurse Specialists, were instrumental in the development and expansion of WCPR throughout the Interior Health Authority. Karyn Morash, Director, IH Palliative and End-of-Life Care, brought the experience of senior leadership.

Throughout the SPRINT-WCPR Collaborative, the SMEs provided:

- ✓ Advice on strategic considerations and goals for WCPR

- ✓ In-depth details on the process and operational considerations for WCPR, including:
  - Context for implementing WCPRs; model and philosophy; re-defining the circle of care and understanding whole community; creating a hub-and-spoke approach
  - Clinical decision-making tools; strategies for physician engagement; practical approaches to hosting a WCPR session

- ✓ Role modelling on hosting and facilitating a round, including typical discussions and decision points

- ✓ Recommendations for selecting and training WCPR facilitators

- ✓ Strategies to engage senior leaders using key messages and targeted actions that reinforce strategic priorities

- ✓ Considerations when implementing WCPR in various operational contexts and geographical regions

- ✓ Advice on who should attend WCPR and how to manage time, facilitate discussions and actions, and ensure correct documentation

- ✓ Identifying frontline health care professionals from the Interior Health Authority to share their lived experiences of WCPR and value to the clients

SPRINT-WCPR COLLABORATIVE EXPERIENCE

SMEs were involved in:

- On-boarding workshop and the introduction of WCPR, including in-depth discussions on the practice changes
- Virtual learning sessions (webinars) to answer questions and address practice teams' immediate concerns
- Sharing their internal operational processes and tools and collaborating with the CHCA to adapt and modify tools to meet specific practice teams' needs (e.g., elements of the SBAR referral form, facilitation process)
- Messaging and encouragement for the next steps of establishing outcome measurements for WCPR
- Informal conversations that impacted the practice teams

SMEs shared their experiences and approaches on different aspects of implementation and helped practice teams gain a comprehensive understanding of the practice changes. They reviewed tools, answered questions and provided lived experience and advice to team members.

When supporting multiple practice teams, it is important to recognize competing demands and time constraints for SMEs by managing requests and facilitating access.

ELISABETH ANTIFEAU,
RN, MScN, GNC(C), CHPCN(C), CNS-C

Elisabeth currently works as the Regional Clinical Nurse Specialist for Palliative Care in Interior Health and is a Master Facilitator and Coach for Pallium Canada. Elisabeth graduated from VGH School of Nursing in 1979, and her professional credentials include a Bachelor of Science in Nursing (UVic, 1986), Master of Science in Nursing (UBC, 1997) and two national specialty certifications in Gerontological Nursing and Hospice Palliative Care Nursing. She has 40 years of frontline clinical, education and management experience working in acute, community and residential settings.

VICKI KENNEDY,
RN, BN, MN, CRE, CHPCN(c)

Vicki is a Regional Clinical Nurse Specialist for Palliative Care, Interior Health. Vicki graduated as a Registered Comprehensive Nurse in New Zealand in 1990. In 2002, Vicki moved to Canada and became a Certified Respiratory Educator and obtained her Master of Nursing from the University of Saskatchewan. She worked in acute care, followed by chronic disease management as a COPD Nurse Clinician with the Saskatoon Health Region Live Well COPD Program for 10 years, before moving to Lake Country, BC in 2014. She has most recently become a CNA certified Hospice Palliative Care nurse.

CHOOSE A QUALITY IMPROVEMENT APPROACH

The Model for Improvement developed by Associates in Process Improvement[4] provides a way to adapt and improve processes and health care delivery, just as the scientific method helps with learning new knowledge. It was developed by experts who studied organizations that have successfully implemented changes.
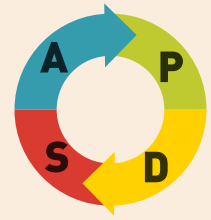
The Model of Improvement includes a number of key action steps:

1 **Set a goal.** 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?"

4 **Test your ideas using plan-do-study-act (PDSA) cycles.** This rapid process involves testing ideas that can result in improvement, but the testing is done on a small scale.

5 **Implement the change.** When you have tested the change in many situations and are sure it is the best solution, the change becomes normal practice.

6 **Spread the new practice** to other settings and locations, which requires more PDSA cycles to determine how to adapt the idea to their practice.

**SPRINT-WCPR COLLABORATIVE EXPERIENCE**

The SPRINT-WCPR Collaborative used the Model for Improvement and rapid PDSA cycles to test and adapt change ideas. **Section 8** provides more detail on the PSDA cycles and change ideas testing conducted by the practice teams.

PDSA cycles build on each other. Each test of a new idea or refinement of an idea leads to changes in care. The measures (in the "DO" step) will let you know if the ideas are working the way you think they will.
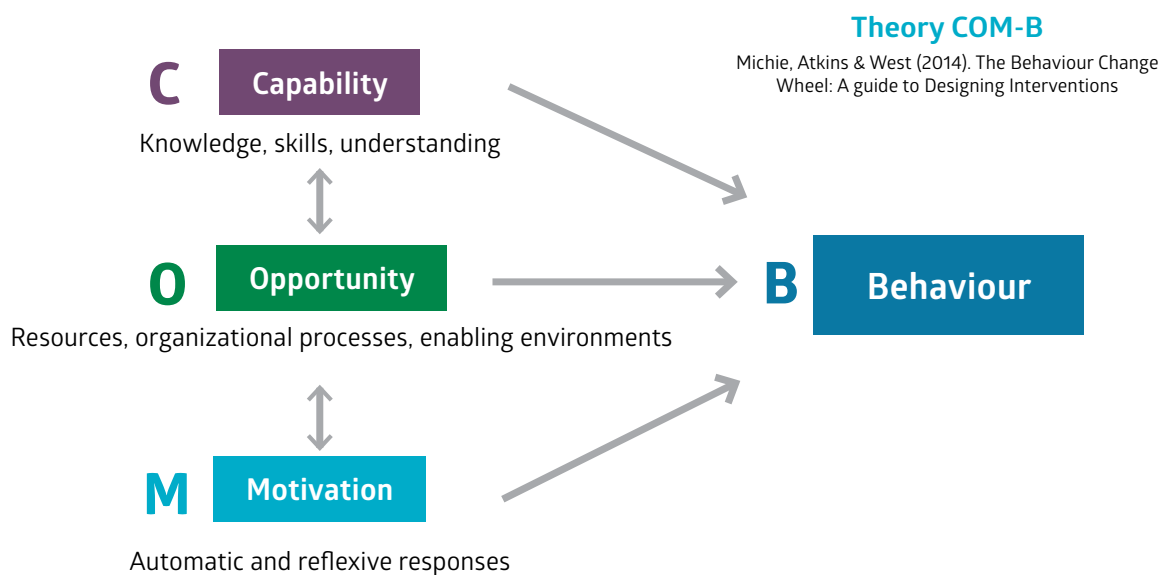
APPLY IMPLEMENTATION SCIENCE THEORY

Implementing new practices requires a combined focus on planning and tactics, along with an understanding of the human side of change management to achieve the desired results. Long-term sustainable change has four characteristics: scale (the change is reflected in standard operating procedures), magnitude (it involves multiple stakeholders and/or departments), duration (it lasts for months, if not years) and strategic importance (it advances organizations goals). This is only achieved when behaviour change occurs at the level of the individual employee/health care provider.
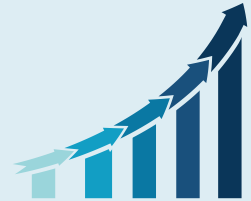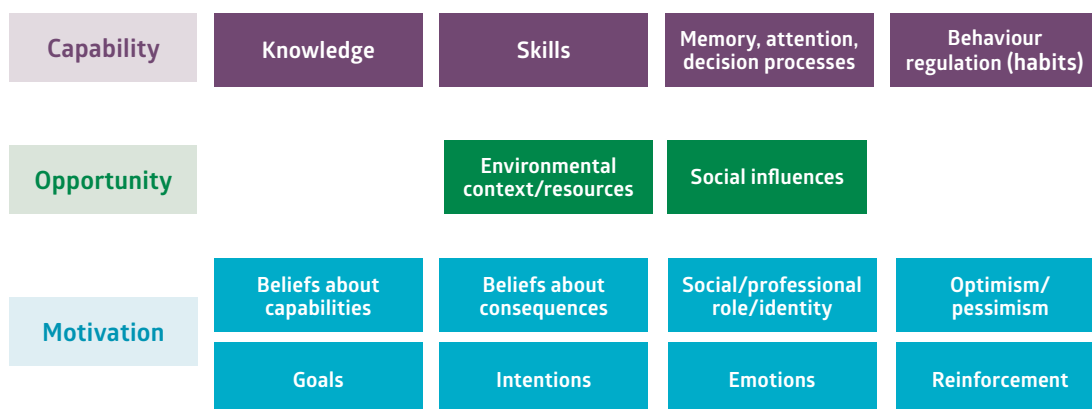
In 2011, Susan Michie and colleagues at University College London introduced a framework to help researchers and practitioners systematically address behavioural change challenges. The COM-B model proposes that changing behaviour depends upon an individual's capability, motivation and opportunity.

SPRINT-WCPR Collaborative practice teams mapped the COM-B domains to the five WCPR practice changes to determine potential barriers and facilitators. Teams then developed targeted interventions to encourage behaviour change.

Theory COM-B
Michie, Atkins & West (2014). The Behaviour Change Wheel: A guide to Designing Interventions

C Capability
Knowledge, skills, understanding

O Opportunity
Resources, organizational processes, enabling environments

M Motivation
Automatic and reflexive responses

B Behaviour

Each factor in the COM-B model is comprised of number of domains that that can potentially influence behaviour. By formulating a behavioural diagnosis (i.e., identifying the influencing factors), an appropriate course of action can be developed. If one or more of the factors are deficit, then it is less likely that behaviour change will occur. Critical to developing an effective intervention is understanding barriers and facilitators and shaping strategies that are most likely to result in change.

Capability	Knowledge	Skills	Memory, attention, decision processes	Behaviour regulation (habits)
Opportunity		Environmental context/resources	Social influences	
Motivation	Beliefs about capabilities	Beliefs about consequences	Social/professional role/identity	Optimism/ pessimism
	Goals	Intentions	Emotions	Reinforcement

Michie, Atkins & West (2014). The Behaviour Change Wheel: A guide to Designing Interventions

Creative ways to use behavioural change strategies

• Put together a YouTube video to share a consistent message to multiple users in remote sites.

• Share your message through scheduled "roadshows" and presentations.

• Role play your key messages to focus on different stakeholders' perspectives.

• Hold a "mock round" to help stakeholders experience the process and ask questions.

• Design user-friend tools with quick reference scales (e.g., SBAR, PPS and ESAS).

• Conduct a role play for key positions such as the WCPR facilitator.

Provide standardized change interventions but allow for tailoring to the local context and needs.

STRATEGIES TO ENGAGE STAKEHOLDERS

What would you say to engage this person in implementation of WCPR?

Vice President of Clinical Services
"We have limited resources; I am not sure if we can invest in another meeting."

POSSIBLE RESPONSES:

☐ High quality care transitions are a strategic priority, and I believe that the time and energy put into this project will only get us closer to our goals. I would be happy to sit down with you and explain the project in more detail.

☐ While I appreciate your concerns, WCPR ties into the mission of our organization, which is to focus on client-centred care and create efficiencies in our practice. Implementing WCPR through the lens of our corporate mission will contribute to the attainment of the goal.

Key messages on how the WCPR is advancing a national health priority

Family Physician
"I have a very busy practice. I can't attend WCPR."

POSSIBLE RESPONSES:

☐ WCPR are highly efficient in engaging critical members of the team and making a difference in care outcomes for people and families with palliative needs. They save time and resources and may ultimately prevent unneeded admissions to Emergency Department and Acute Care.

☐ WCPR addresses palliative patients with complex symptoms whose care takes up a lot of your time.

Whole Community Palliative Rounds – Value Statements for Physicians/Palliative Care Specialists

Frontline Clinician
"I don't see the value of taking time out of my busy schedule to participate in WCPR."

POSSIBLE RESPONSES:

☐ Participating in WCPR might save you time in the long run because you will not have to track down input from multiple providers at different times.

☐ I understand you are busy, but WCPR will help you be more effective in your visits by providing you with more information. You will learn new techniques to manage your patient(s), which may save you some time in the future.

☐ WCPR has the potential to improve the care you provide to your clients as they will be discussed by an interdisciplinary team.

☐ You are a valuable member of the care team and we believe you can contribute to an improved care plan for our clients. What you see or the non-clinical conversations you have will give us insights that we haven't seen or considered.

Whole Community Palliative Rounds – Value Statements for Frontline Clinicians

SELECT PRACTICE TEAMS

Organizations and their respective team members get the greatest benefits when they clearly understand the level of commitment and resources (i.e., staff, skills, time and financial) required to effectively participate in an implementation collaborative. This understanding is facilitated through the creation of a comprehensive application package that details concise information about team composition (e.g., skills, roles), experience and knowledge, time commitment and expectations.

Practice Team Composition

Typical roles and expertise on a collaborative practice team include:

✓ **Team lead.** Brings experience in project management, quality improvement, communications and ongoing engagement.

✓ **Measurement lead.** Has expertise in developing indicators, collecting and analyzing data, and supporting team members' understanding of measurement.

✓ **Team members.** Provide their individual knowledge, skills, experience and expertise of the practice being implemented.

✓ **Sponsor.** A senior leader with decision-making authority reviews and supports team efforts and has overall responsibility for successful implementation.

SPRINT-WCPR COLLABORATIVE EXPERIENCE

In addition to the roles and expertise listed at the left, the SPRINT-WCPR Collaborative required teams to have expertise in home and community palliative care, specifically in the following areas:

- Policy and service guidelines that support an integrated palliative approach to care
- Experience as a contracted provider or direct-funded provider (part of the government home care program) for home palliative care
- Evidence of inter-professional collaboration to enhance home palliative care
- Linkages with primary care teams, specialized palliative care teams and community programs
- Ability to partner with patients and/or families who have received care from the organization

Practice Team Commitment

Organizations should be prepared to support team members throughout the collaborative. This support includes (but is not limited to):

✓ Supporting the Team lead with tools and resources to access information and undertake actions

✓ Ensuring team members attend all learning sessions (virtual and face-to-face)

✓ Allocating time for team members to participate in coaching calls

✓ Modifying or adapting processes to support the implementation of the chosen practice

SPRINT-WCPR COLLABORATIVE EXPERIENCE

The SPRINT-WCPR Collaborative application process clarified the time and resource commitments for the practice teams, which included:

- Attendance at the two-day on-boarding/ learning forum (June 2019) (Travel expenses covered by the CHCA)
- Participation in four 1.5-hour virtual learning webinars (scheduled July– November 2019)
- Participation in coaching sessions (monthly 1/2-hour conference calls)
- Technology to participate in virtual learning webinars (Adobe Connect)
- Allocated time for planning, implementing and testing of the new practice

- Capacity to develop and produce materials and other resources (where needed) to support the WCPR practice
- Back-filling staff to free up team members to participate in the collaborative
- Attendance at the two-day capstone event in December 2019 (Travel expenses for two team members covered by the CHCA)
- Attendance at the Sustainability Forum approximately 12 months post-Capstone (Travel expenses covered by the CHCA)

Provide information in multiple ways to ensure a clear understanding of the collaborative process and the leading practice being adopted. Information on the SPRINT-WCPR Collaborative was shared through a variety of ways, including the CHCA's website and emails to potential organizations, along with being featured in a CHCA virtual learning webinar and profiled in a CHCA High Impact Practice.

ENGAGE PRACTICE TEAMS

Adopting leading practices in different organizational and geographical contexts requires a continued emphasis on people, processes, knowledge exchange and collaboration. Often the most successful interventions are not solely based on research, but instead are informed by experience and common sense. Recognizing the importance of individual team members' contributions and experience is vital to success.

Engagement strategies should consider both organizational and personnel factors. Numerous opportunities should be provided to enable decision-makers at all levels to acquire new knowledge and share their views on how best to apply this knowledge in a practical setting.

Through a collaborative approach, practice teams gain both explicit knowledge (e.g., quantifiable practice changes, tools, processes) and tacit knowledge (e.g., experiences and situational contexts of individuals and practical wisdom). Using a collaborative process, knowledge is exchanged constantly within and between practice teams through formal and informal mechanisms. When designing and facilitating an implementation collaborative, knowledge exchange opportunities should be presented in a variety of ways to optimize information exchange.

SPRINT-WCPR COLLABORATIVE EXPERIENCE

Ways in which practice teams ensured effective collaboration:

Technology– Teams set up mechanisms to share their documents and access tools and resources

Protected time– Scheduled meeting times for virtual learning sessions, coaching calls and team updates

Creative spaces– Face-to-face meetings were effectively used to brainstorm ideas and plan next steps

Regular communication– Teams set up regular milestone checks to monitor their progress and update the team sponsor

💡 **Use multiple methods of communication to build the practice team network, including online and telephone coaching and learning sessions.**

On-Boarding Workshop

A team-based face-to-face on-boarding workshop creates an environment for individuals to share their expertise and experiences on the selected practices and builds a foundation of collaborative information sharing.

Virtual Learning Sessions

Organized and structured learning sessions that include follow-up coaching calls help practice team members stay focused and achieve their goals.

SPRINT-WCPR COLLABORATIVE EXPERIENCE

The virtual learning sessions provided an opportunity for all practice teams to learn new approaches and strategies to advance and support their unique goals. Accessed through a user-friend platform (Adobe Connect) and supported through a phone conferencing system, session topics included the following:
- Reviewing key messages and value statements
- Identifying approaches and actions for rapid testing (PDSA)
- Introducing tactical tools and resources specifically for WCPR practice changes
- Sharing progress updates from practice teams
- Reinforcing implementation science and ways to facilitate sustainable behaviour change
- Role playing WCPR and addressing practice team questions

Learning session content should be flexible and address common challenges practice teams are experiencing. Recommendations and suggestions from subject matter experts (e.g., clinical, quality improvement and behaviour change) are essential to effectively support teams.

Coaching Calls

A key success factor for collaboratives is tailored coaching calls to address local needs. The relationship that is built between practice team members and their coaches enables a quick resolution to challenges. By understanding the unique needs of practice teams, coaches can customize and access resources and subject matter experts in a more effective way. In addition, because coaches work collaboratively, they share common challenges identified by various practice teams, seek solutions and address these during the virtual learning sessions.

Online Resource HUB

A number of resources were created, shared and adapted during the implementation collaborative. A successful way to enhance communication and leverage the collective knowledge of the practice teams is to design and host an online resource HUB. The SPRINT-WCPR Collaborative employed a secure website to post communication tools, practice change processes and documentation, applicable scans, reports and guidelines for measurement and sustainability.

PRACTICE TEAM COACHES SKILLS AND FUNCTION

SKILLS
Consider these skills and functions when designing your approach to coaching:

- ☐ Communication
- ☐ Presentation skills
- ☐ Conflict resolution
- ☐ Group process/team building
- ☐ Effective meeting skills
- ☐ Ability to ask clarifying questions
- ☐ Ability to give feedback

FUNCTION
Coaches support practice teams by:

- ☐ Helping teams set realistic goals
- ☐ Facilitating discussions about change ideas
- ☐ Accessing subject matter experts
- ☐ Sourcing resources and modifying tools as required
- ☐ Sharing team successes

Check out the SPRINT-WCPR Collaborative Resource Hub (public version).

PLAN-DO-STUDY-ACT

The foundation of the Model for Improvement used in the implementation collaborative is the plan-do-study-act (PDSA) approach. During each PDSA cycle, practice teams target specific change ideas and quickly test their applicability and suitability. Teams identify the successes and challenges they experience and share them through the collaborative to enhance learning for the entire group.
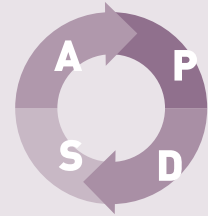
Use the following steps to successfully apply the Model for Improvement practice:

STEP 1: Create a goal statement

A goal statement is a clear, explicit summary of what the practice team hopes to achieve over a specific amount of time, including the magnitude of change that will be achieved. To develop a goal statement, practice team members should review the following questions:

WHAT do you hope to accomplish by implementing this new practice (outcome and process)?

WHO will benefit (target population)?

WHEN will the change be implemented (date and timeframe)?

HOW MUCH will be achieved (measurable terms such as number or percentage)?

SPRINT-WCPR COLLABORATIVE EXPERIENCE

PRACTICE TEAM GOAL STATEMENT

WHAT
Improve support and symptom management by formalizing the referral process to rounds, having focused discussions and providing timely written feedback to the most responsible provider (MRP).

WHO
Patients with palliative care needs and their families/caregivers within the XYZ area

WHEN
December 2019

HOW MUCH
75% of referrals reviewed at WCPR

FULL GOAL STATEMENT: We will improve support and symptom management for patients with palliative needs and their families/caregivers within the XYZ area by formalizing the referral process to rounds, having focused discussions and providing timely written feedback to MRP. By December 2019, 75% of referrals will be reviewed at scheduled WCPR.

STEP 2: Decide what to measure

To assess whether progress is being made in achieving the practice team's goal statement, it is important to establish a set of measures to track over time. When developing measurements, practice teams should consider:

- What will be measured?
- How often will it be measured?
- Who will be responsible for measurement?
- How will the measurements be shared with the team and leadership?
- Is baseline data available?
- Is it easy to find new data sources?

In implementation collaboratives, measurement is used for knowledge, not research. Metrics should provide meaningful and useful feedback to practice teams to demonstrate their progress, including potential barriers and enablers to successful implementation.

Outcome metrics	**Process metrics**	**Balancing metrics**
Follow directly from the collaborative's primary goal(s).	Focus on changes in systems and procedures that may require improvement	Assess what impact new initiative is having elsewhere in the system

Whenever possible, practice teams should develop metrics that reflect data that are already being collected. If the metric is too complex to define and the data are not currently being collected, it will be exceedingly difficult to collect measurements on a consistent basis. All measures should include an operational definition—a description of what to measure and the procedures to follow in order to collect the data consistently. Selected metrics should be practical and meaningful so that those collecting the data are clear on how to collect it and the reasons behind this.[5]

💡 **While it is important to have quantitative measures (outcome and process measures), qualitative data including stories/testimonials from staff, patients and caregivers are also valuable.**

OUTCOME AND PROCESS MEASURES USED IN SPRINT-WCPR COLLABORATIVE

PRACTICE CHANGES	PROCESS MEASURES (Measuring Implementation)	OUTCOME MEASURES (Measuring Impact)
Enhancing the Circle of Care Defining community partners	# of rounds where all appropriate (or needed) members attended	↑ Health care provider satisfaction ↑ Client/caregiver satisfaction ↓ Distress score
WCPR Facilitator Selecting a lead and 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 x days	
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 x hours of the rounds # of successful use of tracking sheet	

STEP 3: Identify change ideas

Change ideas are specific, actionable steps for changing a process that will lead to the adaption and implementation of the new intervention. Change ideas can be identified by reviewing the specific practice changes associated with the chosen intervention. When considering change ideas, discuss the following:

- Will the change impact a required practice for the new intervention?
- Is the change idea specific enough?
- Can the team describe what will happen when the change occurs?
- How will the change idea be put into practice? Who is responsible and when will it happen?
- Is the change idea feasible? Can it be implemented with available resources?

SPRINT-WCPR COLLABORATIVE EXPERIENCE

CHANGE IDEAS USED BY A PRACTICE TEAM

CHANGE IDEA:
Increase clinicians' understanding of who and when to refer to WCPR.

ACTIONS:
- Conduct a "road show" in the defined catchment area.
- Educate potential referrers with case study examples for acute patients, long-term care residents and community clients.

TASK VERSUS TEST

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 must be carried out in order to get ready to test an idea. Some things need to be done prior to executing a test—these are tasks. Examples of tasks and tests in the context of implementation of WCPR include the following:

- Developing a referral form (task)
- Training a facilitator (task)
- Conducting a teleconference site visit to observe WPCR as implemented by Interior Health (task)
- Using the referral form for two weeks to see if appropriate referrals are generated (test)
- Having the facilitator run a round (test)
- Setting a case review time maximum when running the next round (test)

NHS. (2008). The How-to Guide for Measurement for Improvement.

STEP 4: Test ideas

The Model for Implementation encourages small tests of change that can be conducted rapidly and sequentially, allowing time to measure and analyze results before increasing the size and scope of the improvement process.

CONSIDERATIONS WHEN USING PDSA CYCLES:

- Keep the changes and tests small.
- Review the results of each change idea. Remember that not all changes lead to improvements, and stop testing if the change idea does not work.
- Conduct multiple PDSA cycles at a given time with different change ideas that will support the chosen practice.
- Shorten the time period for testing a change. If you think of testing for weeks, try days.
- Identify ways to measure the impact of the change idea, both qualitative and quantitative.
- Don't worry about change ideas that don't work. Use them as learning opportunities by considering why it didn't work and how it can be modified.
- Test over a wide range of conditions prior to implementing and spreading (e.g., on busy days, with different staff, etc.).
- Document each PDSA cycle to compile a complete picture of the changes and conditions for implementing the chosen practice.

Using PSDA cycles, practice team members focus on:

1. **DO** Test the change on a small scale.

2. **STUDY** Observe, measure and analyze the tests of change

3. **ACT** Refine the change idea and plan the next steps.

Each adjustment and PDSA cycle strengthens the case for why the new idea is effective and why it should become standard practice.

Most change ideas should be tested through multiple PDSA cycles. You may ask, "When can we stop doing PDSA cycles and fully implement a strategy?" A strategy can move from testing to implementation only when there is enough confidence that the strategy is leading to improvement.

NHS. (2010). The Handbook of Quality and Service Improvement Tools

FACILITATE COLLABORATION

Recognition of the progress, outcomes and experiences of the practice teams throughout the collaborative is essential for reinforcing commitment and building shared knowledge. A capstone event provides a forum for practice teams to share their findings, demonstrate their learning acquisition and give an oral presentation to a broad range of policy planners, administrators and health care providers.

The SPRINT-WCPR Collaborative capstone event stimulated dialogue on practical ways to sustain innovations in home and community palliative care. Practice teams presented their experiences in the collaborative and how testing for knowledge and using behavioural change theories resulted in sustainable change. Plenary, small group and facilitated sessions engaged participants in conversations about the necessary steps to implement WCPR, including:

- Strategies to engage senior leadership throughout with targeted and strategic communication
- Recognizing the importance of building trusting relationships and engaging teams
- Facilitating rapid implementation by clarifying what is being sustained, by whom and how
- Making measurement relevant and easy to communicate through PDSA cycles
- Harnessing the power of people by understanding what motivates them using behaviour science theory.

During a capstone event, allocate formal and informal time for practice team members to digest and talk about their learnings and brainstorm ideas for how to apply this information back at home. Create activities that allow participants to engage with other teams and interested stakeholders.

CAPSTONE AGENDA
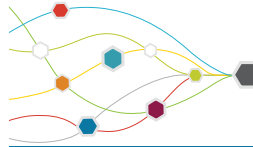
SPRINT
Implementation Collaboratives™

Whole Community Palliative Rounds

Canadian Home Care
Association
canadienne de soins
et services à domicile

MONDAY DEC 2, 2019

BUILDING OPERATIONAL EXCELLENCE IN HOME-BASED PALLIATIVE CARE
An overview of the two-year Health Canada funded project led by the Canadian Home Care Association (CHCA).

PERSON- AND FAMILY-CENTRED CARE: ENHANCING THE CIRCLE OF CARE
The work of three SPRINT-WCPR practice teams—how they defined the circle of care; how it has changed throughout the collaborative; what strategies they used to promote understanding of the value of an enhanced circle of care; the processes they created to facilitate involvement; and how they applied learnings to adapt WCPR to their local contexts.

FUNDAMENTAL PRACTICE CHANGES FOR WHOLE COMMUNITY PALLIATIVE ROUNDS
The practice teams' experiences in implementing key practice changes, followed by an interactive "shift and share" session to enable participants to share strategies and delve deeper into logistics.
· Defining the Target Population: Referrals to the WCPR
· Actively Engaging Partners: Partners at the WCPR
· Facilitating Actions: Shared Decision-Making through a WCPR

TACTICAL ELEMENTS OF THE SPRINT IMPLMENTATION COLLABORATIVE
The teams' experiences and expert advice on how to use the tools and strategies introduced through the SPRINT Implementation Collaborate.
· Quality Improvement: Testing for Knowledge
· Implementation Science: COM-B Model of Behaviour Change
· Collaborative Engagement: Adapting Innovation across a Jurisdiction

REFLECTION SESSIONS
Opportunities for practice teams to reflect on their experiences using these new concepts and how to apply new knowledge to continue to implement and refine WCPR in their area.
· Applying the SPRINT Implementation Collaborative™ Approach
· Quality Improvement: Using the PDSA Approach to Test for Knowledge

TUESDAY DEC 3, 2019

SPRINT COLLABORATIVE MORNING SHOW: ENGAGING SENIOR LEADERS IN CHANGE
An informative talk-show-style presentation profiling ways to engage senior leaders through key messages and targeted actions that reinforce strategic priorities and inspire change.

SPRINT-WCPR IMPLEMENTATION COLLABORATIVE™ TEAM AWARDS
Recognizing the unique contributions and successes of each of the 11 practice teams.

PRACTICAL WAYS TO SUSTAIN CHANGE
Expert panel presentation on quality improvement, implementation science and WCPR clinical applications to stimulate new ideas on how to maintain early successes and ensure sustainable change.

PLANNING FOR SUSTAINABLE CHANGE
Two targeted workshops on quality improvement and behaviour motivation featuring experts and actions on how to create plans for the next 12-month phase of implementing WCPR.

PLAN FOR SUSTAINABLE CHANGE

Sustainability is "when new ways of working and improved outcomes become the norm." In other words, it is when an improvement has become an integrated and mainstream way of working.[6] Sustainability should not be confused with spread. Sustainability aims to maintain a process within an organization, while spread aims to disseminate the process to other locations or organizations.

All implementation collaboratives should consider the following key elements:

- Encourage and facilitate early engagement of stakeholders to manage resistance and skepticism.
- Ensure clarity on the processes and changes that need to be sustained.
- Consider using project charters and PDSA documentation to keep track of all changes that were tested and the ones that were effective in making improvements.
- Develop a business case to help convince leadership that the improvements advance organizational goals (e.g., Quadruple AIM).
- Reinforce behavioural changes through the COM-B model: training and knowledge (capability), organizational processes (opportunity) and rationale and benefits of the change (motivation).
- Plan for ongoing measurement of process and outcomes metrics and share results widely.
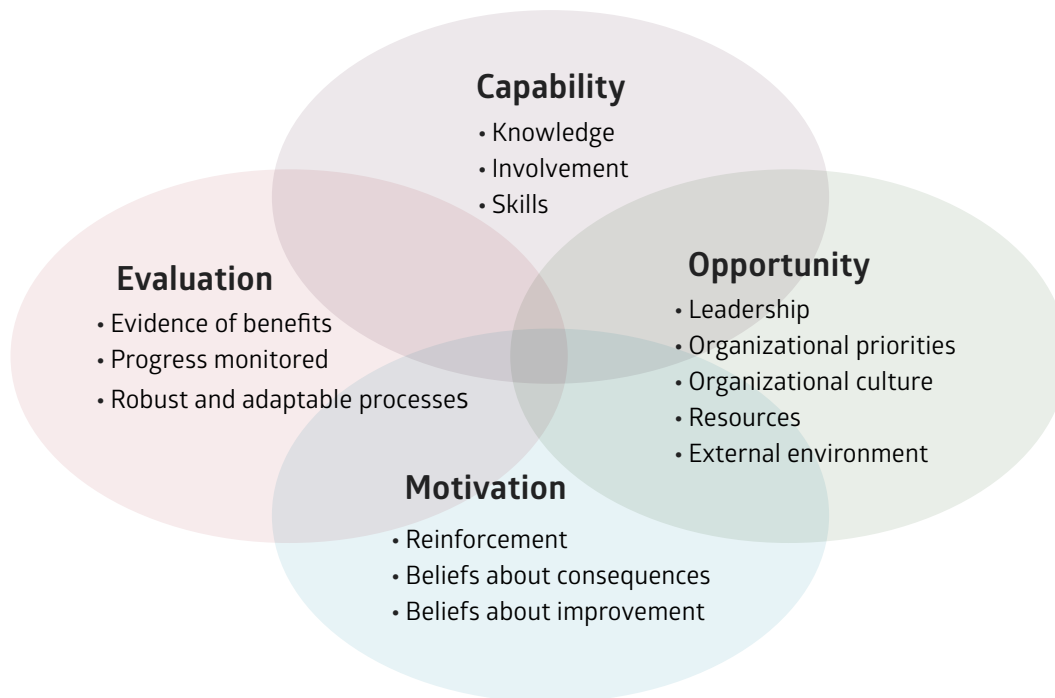
Consider the following when developing a sustainability plan:

1. Define **WHAT** you are sustaining

2. Decide **WHO** needs to be involved in developing the sustainability plan

3. Understand the context for sustainability (**WHERE**)

4. Select sustainability strategies (**HOW**)

5. Conduct ongoing monitoring (**EVALUATE**)

The SPRINT-WCPR Collaborative introduced practice teams to the concepts and tools to support these key elements for sustainability:

- Implementation science theory and the COM-B model for behavioural change include strategies and interventions focused on **C**apabilities, **O**pportunities and **M**otivation.

- The Model for Improvement methodology focused on **E**valuation and the identification of goals, metrics and change ideas through a PDSA approach.

Building on these fundamentals, the CHCA created a sustainability evaluation tool for practice teams based on the widely recognized Long-Term Success Tool (LTST).[7] This tool outlines key factors derived from literature and evidence that may impact long-term success and reflects the fundamental practice changes need to implement WCPR.

Capability
- Knowledge
- Involvement
- Skills

Opportunity
- Leadership
- Organizational priorities
- Organizational culture
- Resources
- External environment

Evaluation
- Evidence of benefits
- Progress monitored
- Robust and adaptable processes

Motivation
- Reinforcement
- Beliefs about consequences
- Beliefs about improvement

Planning for Sustainable Change Tool.

Endnotes

1   Institute for Healthcare Improvement. (2020). *The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement.* IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement. Retrieved from www.IHI.org

2   Wandersman, A., Chien, V.H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology,* 50(3-4), 445-450. doi: 10.1007/s10464-012-9509-7.

3   Mitchie, S., Atkins, L., & West, R. (2014). The Behaviour Change Wheel: A Guide to Designing Interventions. Retrieved from http://www.behaviourchangewheel.com/

4   Associates in Process Improvement. (2020). Model for Improvement. Retrieved from https://www.apiweb.org/index.php

5   Nelson, E.C., Splaine, M.E., Batalden, P.B., & Plume, S.K. (1998). Building measurement and data collection into medical practice. Annals of Internal Medicine, 128(6), 460-466.

6   NHS. (2010). NHS Sustainability: Model and Guide. Retrieved from https://webarchive.nationalarchives.gov.uk/20160805122935/http:/www.nhsiq.nhs.uk/media/2757778/nhs_sustainability_model_-_february_2010_1_.pdf

7   NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRCs). (2019). Long Term Success Tool.