



Canadian Foundation for
**Healthcare
Improvement**



Fondation canadienne pour
**l'amélioration des
services de santé**

Achieving the Triple Aim: Patient Experience – Practice Solutions

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Accelerating healthcare improvement
Accélérer l'amélioration des services de santé

cfhi-fcass.ca

CFHI Vision and Mission

Our Vision

Timely, appropriate and high-quality services that improve the health of Canadians.

Our Mission

The Canadian Foundation for Healthcare Improvement (CFHI) is dedicated to accelerating healthcare improvement and transformation for Canadians. We convert evidence and innovative practices into actionable policies, programs, tools and leadership development.



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Our Goals – *Modified Triple Aim*

Healthcare Efficiency

Maximize value for money in healthcare spending

Patient- and Family-Centred Care

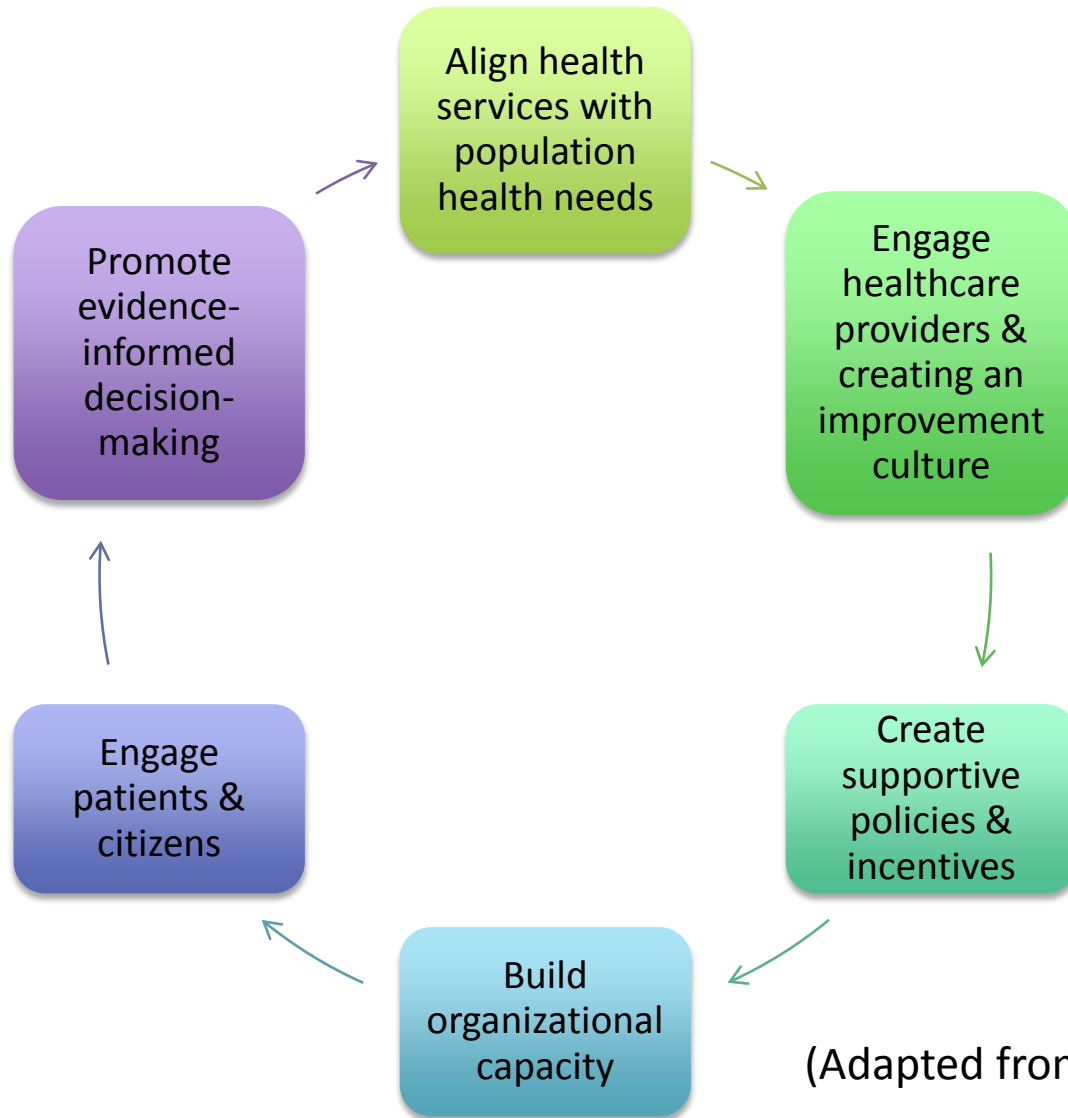
Improve patient and family experience and outcomes

Coordinated Healthcare

Provide a more coordinated approach to complex health needs



Attributes of High Performing Systems



(Adapted from Denis et al., 2011)

What we know about Improvement...

- 1: Improvement can and does occur at many levels of a health system; improving patient experience and care takes synchrony and connections between policy, organizational and clinical/front-line levels
- 2: Political and structural limitations are real; but organizations and front-line workers can significantly improve patient experience and care.



What we know... (continued)

- 3: Money alone will not improve the patient/care experience.
- 4: Real improvements to the patient experience are those that occur at the delivery/clinical level, resulting in practice change and quality improvement.
- 5: Policy shifts can bring improvement; but overall stability rather than constant reorganizing is necessary for organizations and front-line providers to perform well, optimize the patient experience and achieve improvement.



4 Practice Solutions @ CFHI

1. Atlantic Healthcare Collaboration
2. Patient Engagement Projects
3. EXTRA Program
4. CFHI-IHI Collaboration on the Triple Aim



Practice Solution 1: Atlantic Healthcare Collaboration

What

- Supporting 17 RHAs to improve CDM across the region through our Atlantic Healthcare Collaboration (3 years: June 2012 to June 2015)

Goal

- To improve the health of people living with chronic diseases in Atlantic Canada and their care experience.

Objectives

- To develop a patient and family-centered approach to chronic disease management
- To promote the sustainability of the health system
- To develop and implement improvement projects and enable their spread across Atlantic Canada.



10 Improvement Projects/Teams

By Improvement Area:

- 3 focused on self-management
- 4 on delivery system design, e.g., team models of care
- 2 on decision support and information systems, e.g., CPGs, telehealth
- 1 on strengthening community action, e.g., community-based mental health

By Disease Condition:

- 3 projects aimed at type II diabetes
- 2 on mental health
- 1 on chronic obstructive pulmonary disease (COPD)
- 4 exploring multiple chronic diseases



Practice Solution 2: Patient Engagement

What:

- 17 teams across Cda working to meaningfully engage patients in healthcare improvement (3 years: 2010 to 2013)

Goal:

- Support health leaders across Canada to involve patients in decisions about care (re-)design and delivery and increase patients' capacity for engaging more meaningfully in decision-making.

Objectives:

- Understand how to meaningfully engage Patients in healthcare improvement
- Understand what difference meaningful engagement makes
- Encourage collaboration and cross-learning
- Measure results and share lessons learned
- Move Patient engagement and patient experience beyond satisfaction surveys.



Engaging Patients to Improve Care in Montreal (PEP Project)

- The McGill University Health Centre (MUHC) worked with patients and staff to implement Transforming Care at the Bedside (TCAB).
- Results include:
 - ✓ Thousands of hours saved in nursing time, significant costs
 - ✓ 54% reduction in injuries from falls
 - ✓ 10% increase in responsiveness of care
 - ✓ 8% increase in nurse's time at the bedside
 - ✓ 75% decrease in admission process time for mental health patients from 4 hrs < 1Hr
 - ✓ Improved staff satisfaction & patient experience

***QC govt and others funding spread to more MUHC sites*



Practice Solution 3: EXTRA

What:

- Flagship 14 month program to assess and apply evidence and implement improvements. Faculty, coaching, mentoring support.

Goal:

- Provide teams of health leaders with the skills and knowledge to become change agents in healthcare improvement.

Objectives:

- Understand how to access, assess and apply evidence for system improvement.
- Conduct evidence-informed intervention projects, with the goal of enhancing patient outcomes, quality of care and cost- effectiveness.
- Create new relationships and build a network of change agents across Canada .
- Animate improvements for spread and scale across regions, provinces/territories.
 - *Measure and scale results.*



Reducing Anti-Psychotic Drug Use in Long-Term Care in Winnipeg (EXTRA Project)

- The Winnipeg RHA introduced the Physical, Intellectual, Emotional, Capabilities, Environment, and Social care model (PIECES) tool in one long-term care facility.
- Results tracked with CIHI data over six months included:
 - ✓ reducing the number of antipsychotic prescriptions for residents with dementia;
 - ✓ taking one third of patients off the drugs without adverse results;
 - ✓ saving \$10,000 in medication costs in one site alone.
- ***Manitoba Health is funding expansion to 38 personal care homes in the region.*



Integrated Monitoring for Chronic Conditions in the Laurentian Region, QC (EXTRA Project)

- The CSSS “des Sommets” identified 200 chronically ill patients with complex needs, conducted assessment of pop health and their service utilization patterns, and assigned case managers.
- Results include:
 - ✓ 70% drop in ER visits
 - ✓ 80% drop in hospital stays and 60% drop in number of days in hospital
 - ✓ significant improvements in Quality of Life
 - ✓ 25% increase in use of CLSC primary care services (240% increase for mental health patients)

***Project being expanded across the region and to Montreal*



Practice Solution 4: New CFHI-IHI Collaboration

1. Support up to 10 Canadian Teams in next IHI Triple Aim Learning Community (September13 to March14)
 - Funding, Cdn Faculty, Mentors and Coaches, enhanced Cdn collaboration
 - A Canadian Summit to showcase results, Fall 2014
2. Canadianize/deliver CFHI-IHI workshops in Canada:
 - "Improving Quality and Reducing Cost", Ottawa, October 2013
 - "Canadians Do the Triple Aim", Alberta or BC, Winter 2014
 - IHI and Canadian Faculty, US and Cdn examples, IHI tools with *relevance to the Cdn context* and Cdn follow-up/support



Conclusion

- Understand high performing health systems and aim to get there
- Meaningfully engage patients and families
- Working in and across teams is effective
- Ensure top-level support and change management capacity
- Measure baseline and results for spread and scale:
 - Cost
 - Quality of care, engagement
 - Patient outcomes





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Thank you!

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