

# Embedding Quality into Health Care Systems

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# The Quality Challenge

“Over the past 10 years, the English NHS has invested significantly in skills for change. Many impressive gains have been made, for instance, eradicating waiting times for many patients, the biggest reductions in infection rates of any healthcare system in the world and significant improvements in care for people with heart disease and cancer...[But] There is recognition that the thinking and leadership action that has got the system where it is today is probably insufficient for the future. There is a need for big picture, transformational approaches that can be translated into practical changes that deliver quality and productivity benefits for every patient and for the whole country.”

Helen Bevan, 2010

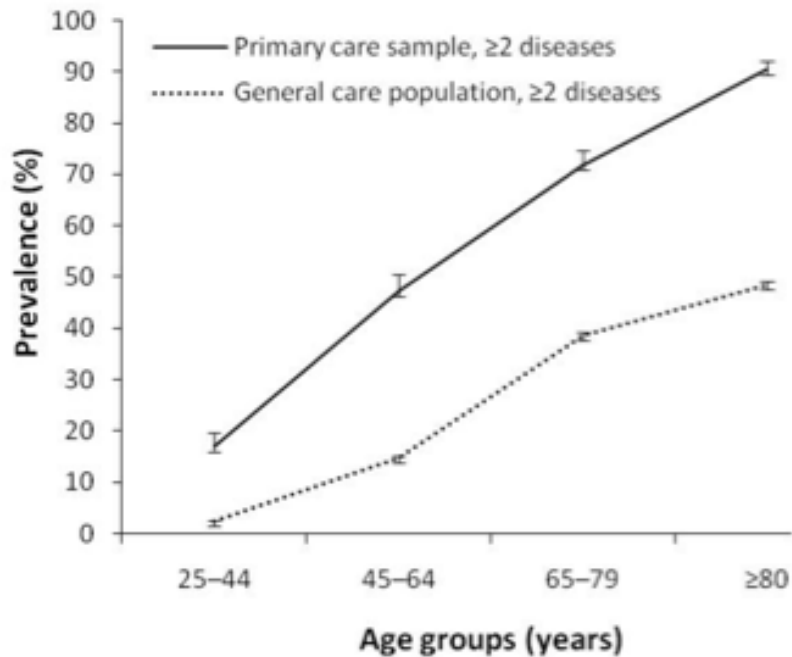
# Key Elements For Addressing the Quality Challenge

- Recognizing the nature of the challenge
- Increasing investment in developing innovative approaches to health services
- Developing an explicit strategy and support for adapting, implementing and scaling up effective approaches to care delivery
- Building capacity and capability of improvement skills across the system

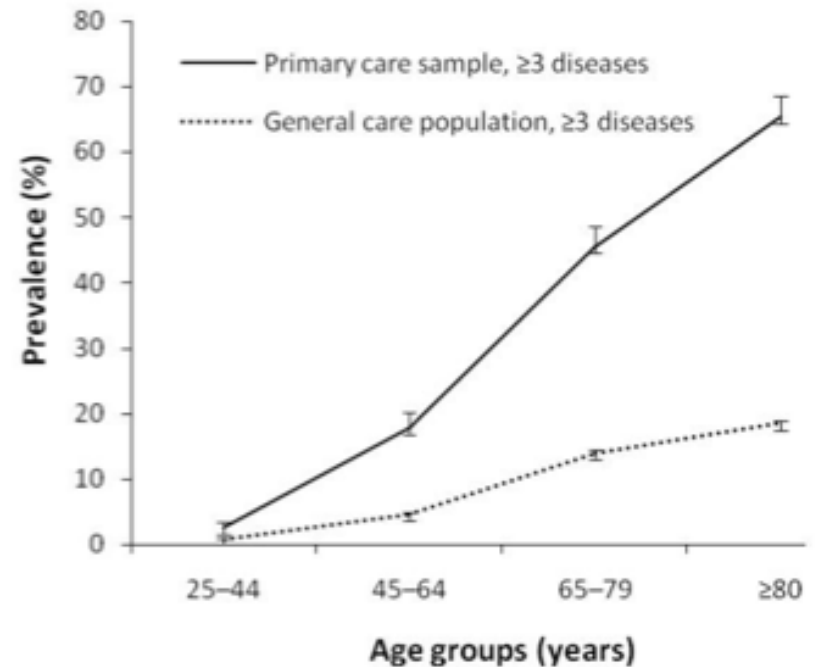


**“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”**

# Multimorbidity in Older Populations



**Figure 1** Age-specific prevalence of multimorbidity and 95% confidence intervals (error bars) for those with  $\geq 2$  diseases.



**Figure 2** Age-specific prevalence of multimorbidity and 95% confidence intervals (error bars) for those with  $\geq 3$  diseases.

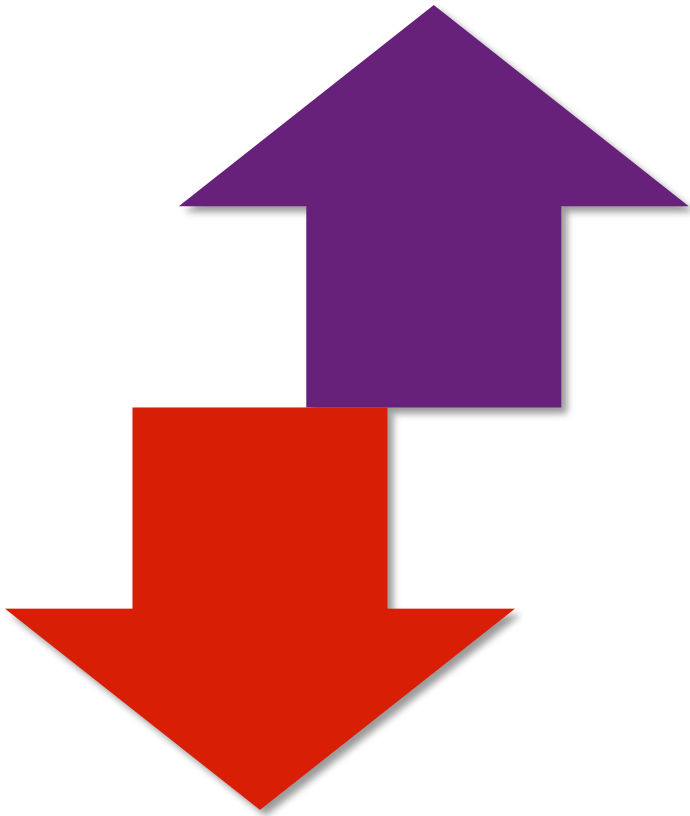
# Complex Problems Require Complex Solutions

*Table 2. Interventions Tested Among Studies Selected*

Study, Year (Reference)	Predischarge Interventions				Postdischarge Interventions		
	Patient Education	Discharge Planning	Medication Reconciliation	Appointment Scheduled Before Discharge	Timely PCP Communication	Timely Clinic Follow-up	Follow-up Telephone Call
<b>Randomized, controlled trials</b>							
Balaban et al, 2008 (12)					✓		✓
Braun et al, 2009 (13)							✓
Coleman et al, 2006 (14)							✓
Dudas et al, 2001 (15)							✓
Dunn et al, 1994 (16)							
Evans and Hendricks, 1993 (17)		✓					
Forster et al, 2005 (18)		✓					
Jaarsma et al, 1999 (19)	✓						✓
Jack et al, 2009 (20)	✓	✓	✓		✓		✓
Koehler et al, 2009 (21)	✓	✓	✓		✓		✓
Kwok et al, 2004 (22)							
McDonald et al, 2001 (23)	✓						✓
Naylor et al, 1994 (24)	✓	✓					✓
Parry et al, 2009 (25)	✓		✓			✓	✓
Rainville, 1999 (26)	✓						
Wong et al, 2008 (27)							

# New Approaches are Required

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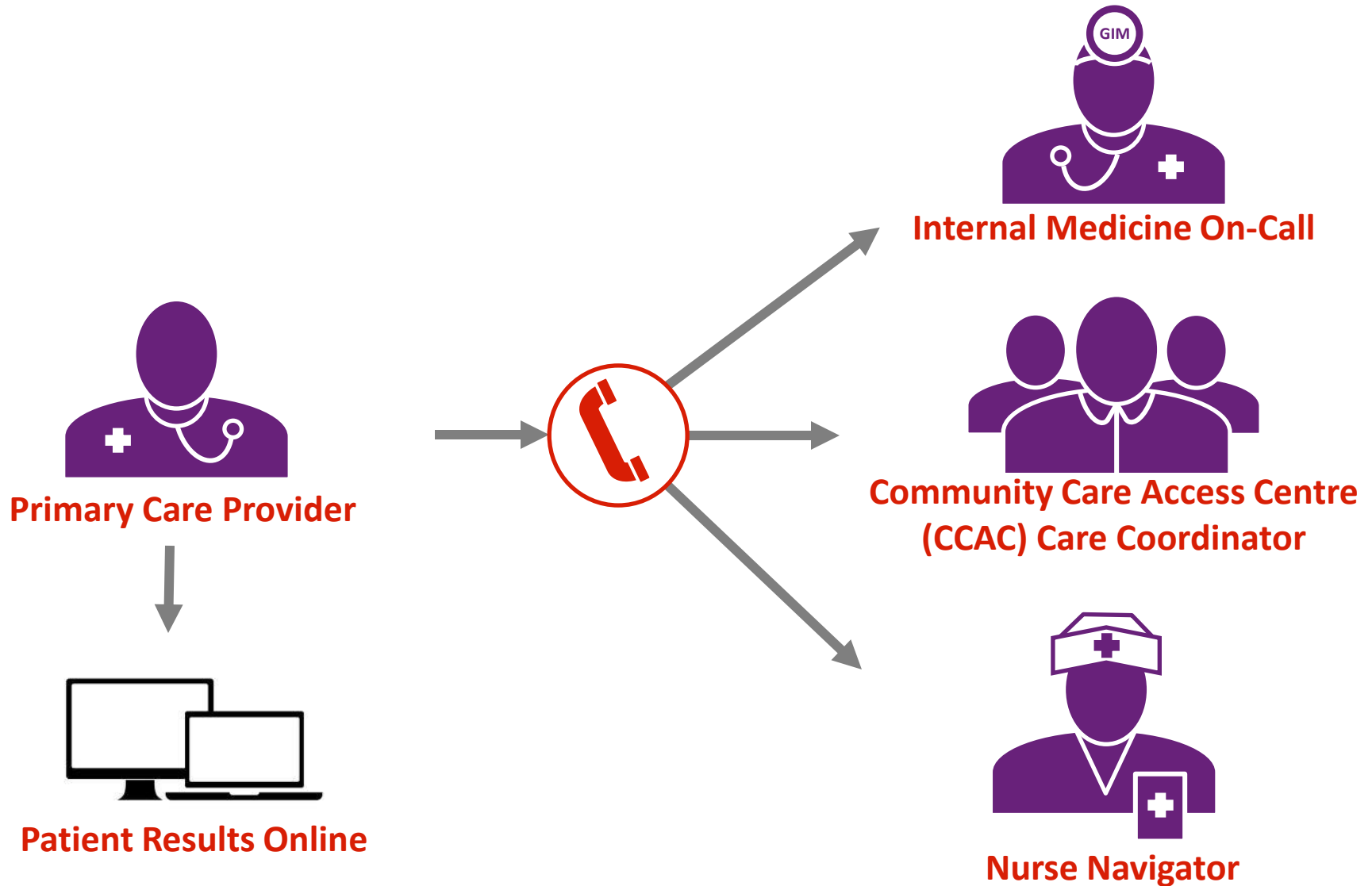


Individuals with complex chronic conditions are at an increased risk for Emergency Department visits and hospitalization

Solo practitioners have difficulty accessing hospital and community resources, some lack infrastructure to respond proactively complex patients' needs

# SCOPE Services

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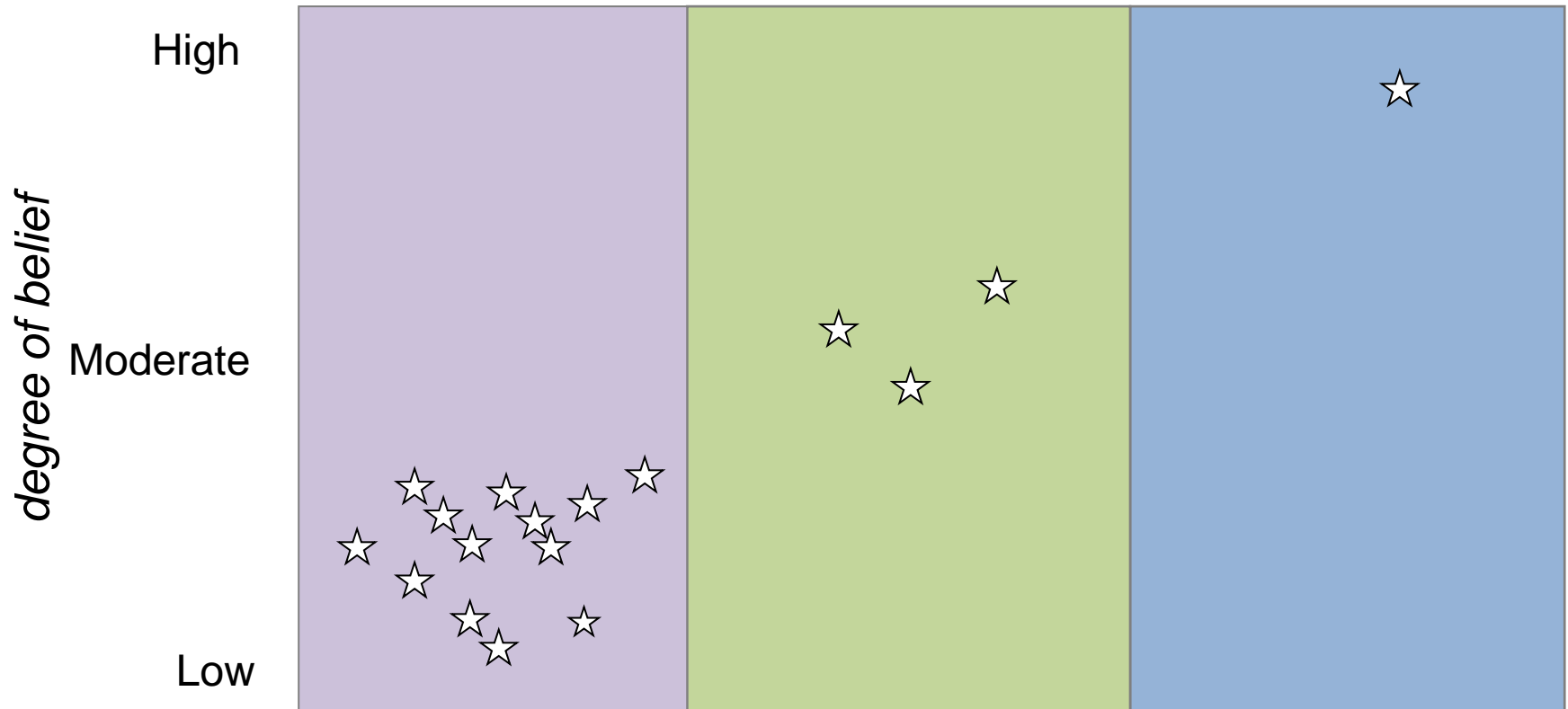


# Behaviors of Innovative Entrepreneurs

- Questioning
- Observing
- Experimenting
- Idea Networking

Dyer, Gregersen and Christensen, 2009. The Innovator's DNA.  
Harvard Business Review

# Degree of Belief in Change Ideas



## Innovation

Generate/discover new models of care with evidence of improvement in a small number of settings.

## Testing

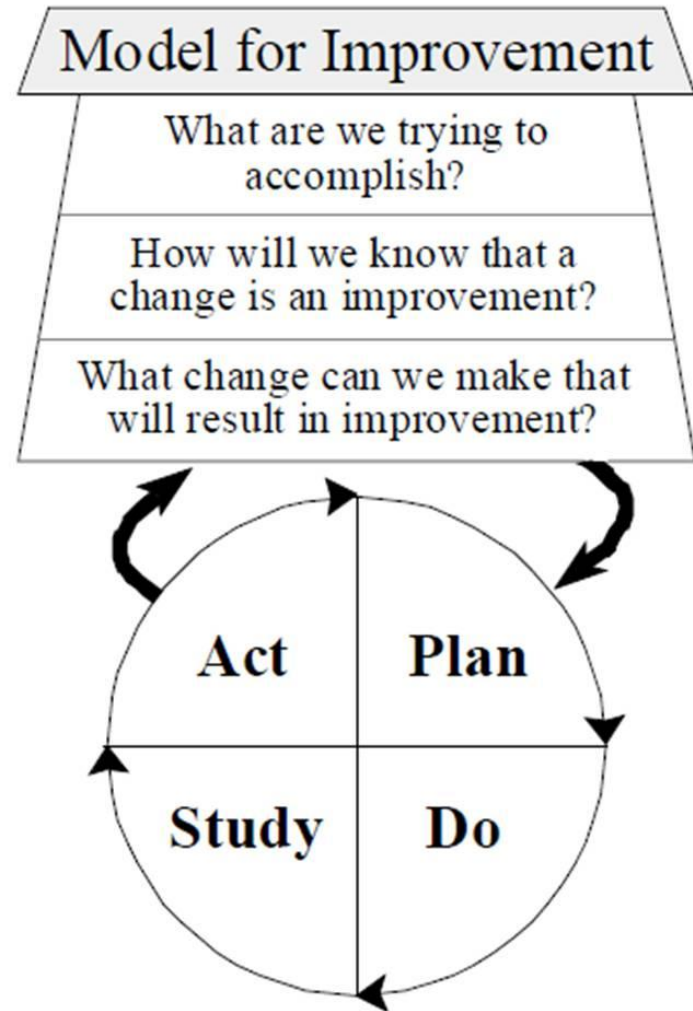
Test whether a model works or can be amended to work in specific contexts.

## Scale up and Spread

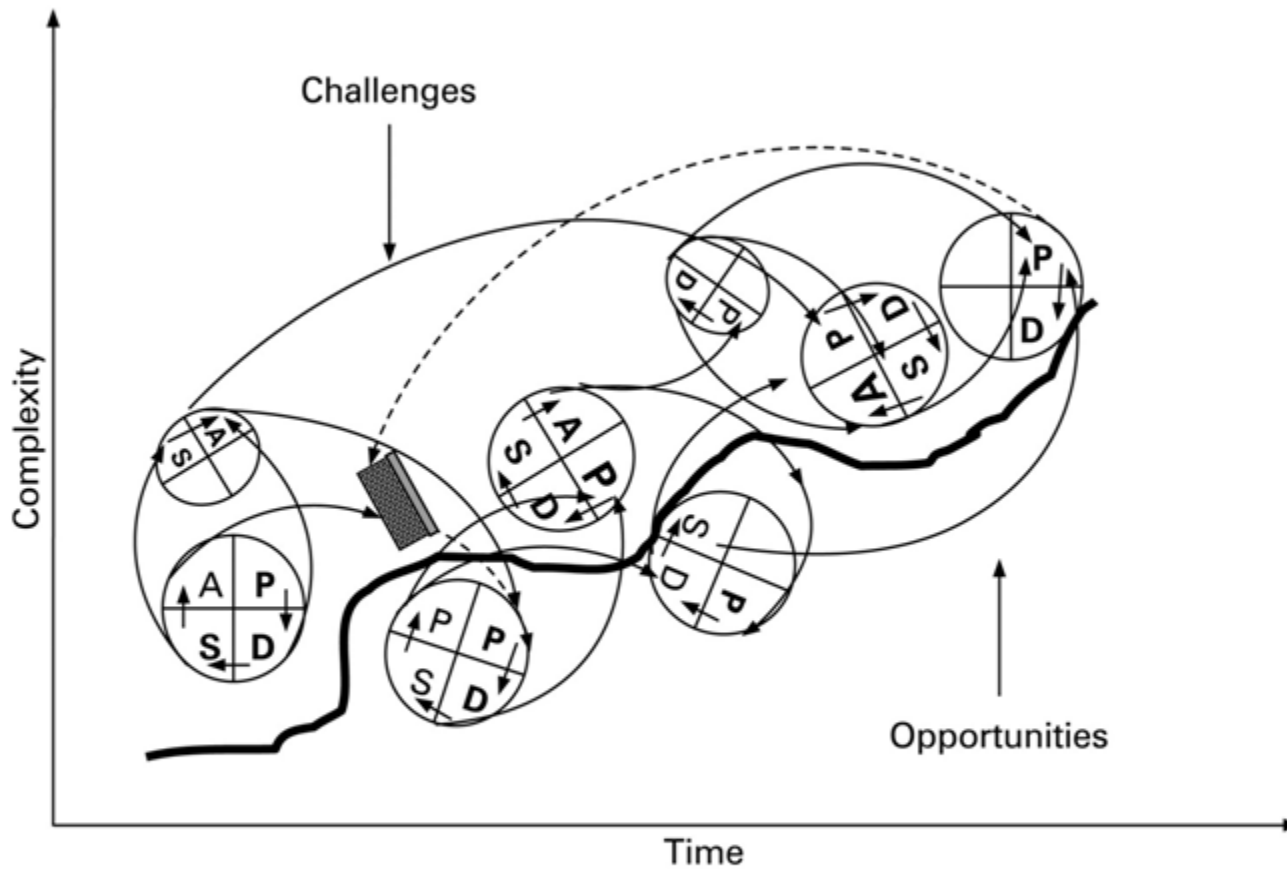
Implementation of models shown to apply in a broad range of contexts.


# New Ideas Must Be Prototyped and Tested

- Fidelity of the intervention must be assured before assessment
- Small scale testing of change is essential for before implementation



## Revised conceptual model of rapid cycle change.



P = Plan	D = Do	 = Barrier	— = Direct flow of impact
S = Study	A = Act	----- = Lingering background impact	↔ = Feedback or feedforward
Different sizes of letters and cycles and bold letters = denotes differences in importance/impact			

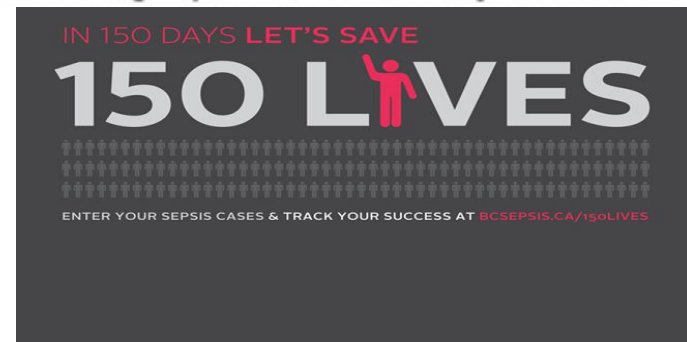
# Limited Quality Capacity

- A study of quality improvement directors in Ontario hospitals in 2007 examined the resources and activities undertaken to support QI in those facilities
- Of 97 hospitals responding, 12 had no manager responsible for quality, 19 held senior roles which include responsibility for quality (including CEO) and 44 had a title which focused on quality
- Most of the individuals responsible for quality held other positions; most had no full time staff support

Gagliardi, Majewski, Victor, Baker, 2010

# Growing QI Resources in Canada

- Quality councils
- Growing success with QI methods
  - Safer Healthcare Now!
  - Provincial collaboratives and initiatives
- Growing investments in QI capacity and capability



# SK Lean Implementation

- Building improvement capability among Saskatchewan leaders and health care workforce (40,000 strong)
  - Over 600 leaders (CEOs, VP, Directors, physicians and improvement staff) currently in Lean Leader Certification
    - 2017 target is 880 leaders certified
    - 18 certified to date (as of September 2013)
    - Over 40 physicians in training
  - Over 10,000 staff have completed 1-day Kaizen Basics course (on track to reaching all 40,000 by 2017)

# Building capacity in quality improvement and change management.

[ideasontario.ca](http://ideasontario.ca)



Advancing Ontario's health system priorities

## Enhance your skills with IDEAS

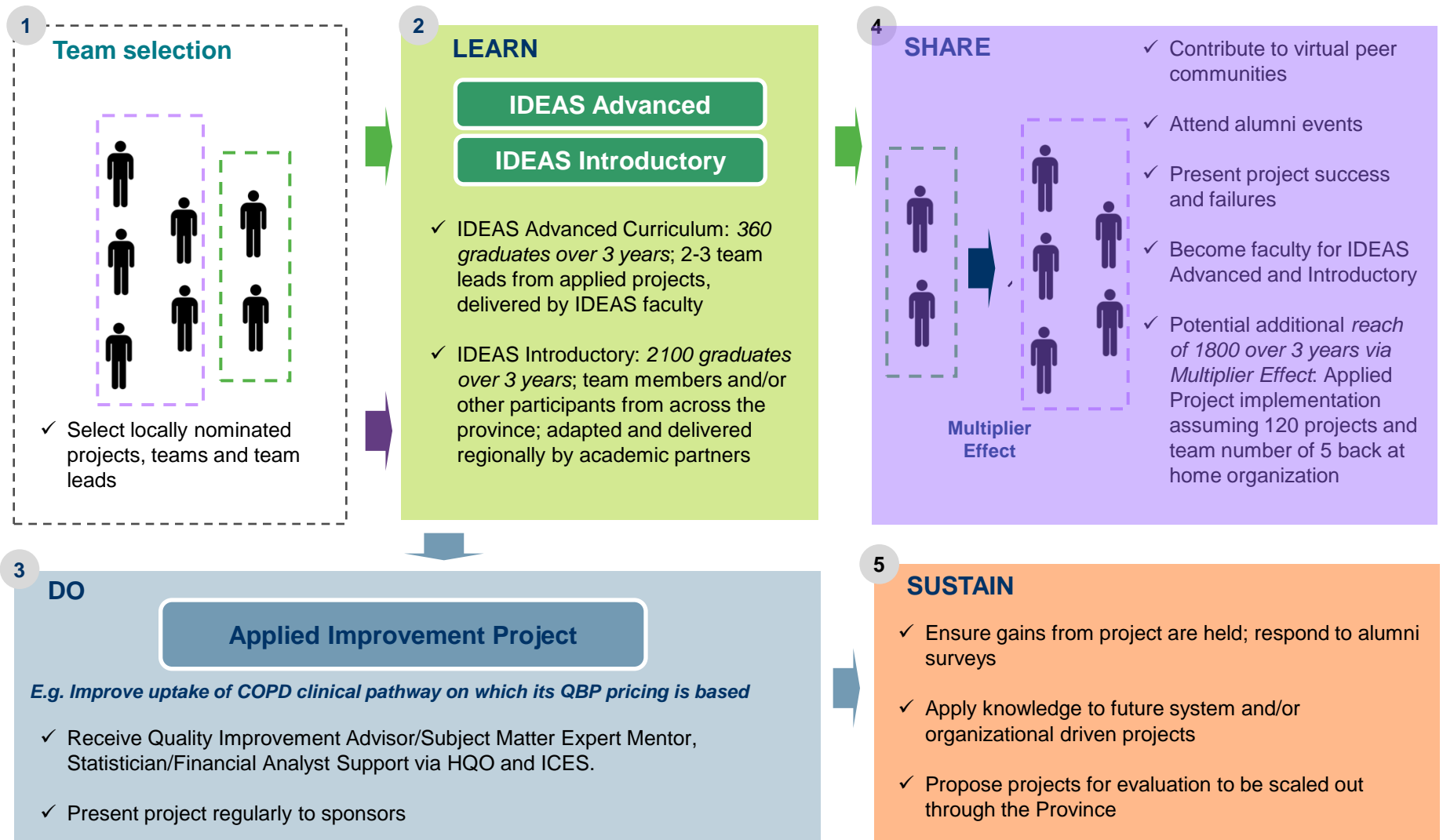
- two-day and nine-day programs
- applied projects supported by expert advisors and analysts
- knowledge and tools in quality improvement, leadership and change management
- interdisciplinary learning for physicians, health care professionals and administrators

Ideas is delivered collaboratively by:





# Key Features of IDEAS



# Conclusions

- Healthcare systems across Canada were designed for a different population than the one currently served
- New approaches that bridge the gaps in care are needed to create more effective, efficient and patient centered care
- Additional funding is needed to create, test and implement innovative models of care within and across sectors