3M HEALTH CARE QUALITY TEAM AWARDS

Healthcare Quality Team Initiatives Executive Summaries 2017 Submissions
Dear Dedicated Health Care Team Members,

For over two decades, the 3M Health Care Quality Team Awards has worked together with all of you to introduce and instill healthcare programs that improve our fellow Canadians’ lives. This is an incredible realization and achievement. Today, I offer my thanks, both personally and professionally; 3M takes great pride in being part of this Award.

The Awards are intended to draw attention to the teams that work together on quality improvement projects resulting in sustained change within their organizations. Every year the quality of the award submissions we receive make selecting a winner extremely difficult. To all the teams that took the time to share their initiatives, thank you for all your efforts. And of course, congratulations to all the nominees and winners.

The enclosed booklet includes executive summaries of all the 2017 programs that were submitted for consideration. Despite the continuing challenges we all face in healthcare, these initiatives prove that creative thinking, best practice and execution can dramatically improve the delivery of support and care across our nation. It also highlights the incredible partnership of 3M Canada and The Canadian College of Health Leaders. The 3M Health Care Quality Team Awards provide a forum for all of us to celebrate these amazing accomplishments with the hope of creating systematic change.

Finally, I would like to share with you the focus for 2017 within the 3M Health Care Medical Group: ‘The Continuum of Care’. I strongly believe in the value of this focus and recognize that the achievements of our 2017 award recipients fall very much in line with our focus and create a wonderful synergy for all.

I would like to thank you for your commitment and promise to a healthier tomorrow for all Canadians!

Sincerely,

3M CANADA COMPANY

Matt Pepe
Vice-President, Health Care Business
In 1994, the Canadian College of Health Leaders and 3M Canada Company launched the 3M Health Care Quality Team Awards to encourage and recognize innovation in health services by linking two important concepts: quality and teams. Although two submissions were selected for special recognition, the 2017 competition included many important quality improvement efforts. We are pleased to share a brief overview of the submissions and hope this document will encourage wider use of quality planning methods and tools in Canadian health services.

**2017 3M Health Care Quality Team Awards Recipients**

- Quality Improvement Initiative(s) Across a Health System:  
  **London Health Sciences Centre** - *Connecting Care to Home (CC2H)*
- Quality Improvement Initiative(s) Within an Organization:  
  **UHN Quality Improvement Plan Discharge Summary Program**
QUALITY TEAM INITIATIVES 2017 - OTHER SUBMISSIONS

Quality Improvement Initiative(s) Across a Health System

• PoET (Prevention of Error-based Transfers)
• Transgender Health Services in BC

Quality Improvement Initiative(s) Within an Organization

• Ahead Program – Orthopaedics
• Annual Satisfaction Survey: Making the Resident Voice the Cornerstone of our DNA
• Breaking Down First Person Patient and Provider Narrative into Authentic Quality Improvement Strategies as the Foundation of a Patient Experience Charter
• Checklist to Meet Ethical & Legal Obligations (ChELO) in Critical Care at End of Life
• Horizon Health Network
• Medication Reconciliation (MedRec)
• Novel Automated Real-Time Red Blood Cell Inventory Ordering Algorithm
• Using a Team-Based Approach Improving Cancer Screening Rates
Connecting Care to Home (CC2H)

London Health Sciences Centre

Connecting Care to Home (CC2H) is an integrated, multi-disciplinary team approach across care settings (hospital, community and primary care), developed to support patients with chronic diseases. It was selected by MOH-LTC to better integrate care for specific cohorts that experience higher rates of ED/readmission following a hospital stay. CC2H focuses on patients admitted to hospital where the patient experience could be improved, the disease trajectory could be positively affected and care returned to the lowest cost setting: patient self-management.

Literature shows that integrated multi-disciplinary team-based care improves patient experience, clinical outcomes, and lowers overall healthcare costs. CC2H has delivered all these outcomes by successfully integrating key success factors, including patient involvement and education, leading practice care pathways, physician leadership and participation, integrated care teams across care settings, clinical patient data, executive leadership, a 24/7 live support line, and supported self-care initiatives.

The project receives strong executive leadership from LHSC and South West CCAC, where CEOs/VPs are active participants. Strategic objectives are well articulated and owned by all team members, as is a broad understanding of leading quality improvement methodology. The result is a highly integrated cross-organizational team empowered to develop, test, and refine effective, sustainable patient solutions.

The program is in the third iteration with key results as follows: Hospital length of stay has declined by 59.3%, 30 day readmission has declined by 41.7%, and the total cost per patient to the healthcare system has declined by 47.9%.

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UHN Quality Improvement Plan Discharge Summary Program

University Health Network

University Health Network (UHN) is Canada’s premier academic medical centre. Affiliated with the University of Toronto, UHN includes Toronto General and Toronto Western Hospitals, Princess Margaret Cancer Centre and Toronto Rehabilitation Institute, as well as The Michener Institute for Education at UHN. Representing a collective community of 30,000, including providers, researchers, employees, volunteers, and learners of all types, UHN is driven by a singular purpose: transforming lives and communities through excellence in care, discovery, and learning.

Knowing that the Discharge Summary (DS) is a critical step in a patient’s journey, UHN launched its Quality Improvement Plan (QIP) DS Program to improve timeliness of completion and delivery, and quality of documentation. This has ensured fostering a tight-knit circle of care in the community we serve, communicating a summary of our patient’s hospital stay to community care providers, ensuring timely follow-ups, and preventing adverse events and readmissions for our patients that depend on us for safe and quality care.

Actively engaging patients and primary care has enabled UHN to deliver on its Primary Value – the needs of patients come first – and drive sustainable quality improvement for 4,700 clinicians across 51 Inpatient Units, resulting in a 70% increase in timely completion, 120% increase in timely DS delivery, and 64% of service visits experiencing fewer readmissions.

All this is an example of successful quality improvement with far-reaching impacts on strengthening collaboration with primary care, improving care transitions, and ensuring the needs of patients come first.

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PoET (Prevention of Error-based Transfers)
William Osler Health System

The PoET (Prevention of Error-Based Transfers) project is the result of a multi-year collaboration between long term care (LTC) homes in the Central West Local Health Integration Network (CWLHIN) and William Osler Health System. PoET addresses a specific quality problem: some LTC residents are transferred to hospital because of consent-related errors (e.g. failure to respect the resident’s wishes, or following advance directives completed by substitute decision-makers). A 2012 assessment showed that these errors drive unwanted and non-beneficial transfers (i.e. dying residents undergoing unwanted amputations or being tube-fed despite other wishes), and that they are encouraged by the “Level of Care” (LOC) form. This form is completed upon admission to LTC and reflects the general level of care (which can range from hospital transfer and resuscitation, to comfort care in the home without resuscitation) that then becomes a key component in decision-making.

In collaboration with CWLHIN LTC homes, we designed a new one-page tool called an “Individualized Summary” (IS), which aligns decision-making with provincial consent legislation and clarifies the current treatment plan, and the resident’s wishes, values, and beliefs. The PoET Project (which won the 2015 IDEAS Alumni Award), replaced the LOC form with the IS on admission at participating CWLHIN LTC homes. Between 2012 and 2016, there has been a 56% decrease in the cohort of LTC residents who we anticipated would be most affected by this change: those who die in hospital, and had one or more previous admissions there in the two month period prior to death.

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Transgender Health Services in BC
Provincial Health Services Authority

Healthcare services for the transgender (trans) population in British Columbia have been fragmented with inequities in access to care. Trans individuals face significant barriers compared to other populations: long waits for services specific to gender transition (exceeding benchmarks for some surgeries), a lack of community supports, and limited access to culturally safe healthcare providers. In 2014, the BC Ministry of Health assigned the Provincial Health Services Authority (PHSA) accountability for transgender health services in BC, leading to the development of the Trans Care BC Program in partnership with regional health authorities and community stakeholders.

The foundational work that has happened is ground-breaking, netting a new investment in services and program development in trans health and community supports. Inclusivity guided the program design, and remains central in recruitment, planning, implementation, and quality improvement efforts. Having key health system decision-makers included in the design process alongside community representatives, from the outset, has helped to advance the path forward into uncharted healthcare territory in partnership with this marginalized population.

Trans Care BC was launched in the fall of 2015. In the program’s first year, improvements in priority areas included: initiating care coordination, training new service providers, developing a primary care framework, streamlining surgical referral and assessment processes, and beginning to address surgical quality and access issues. The program is a unique provincial network of person and family-centric services, operationalized through local, regional, and provincial partnerships. A coordinated system of transgender care does not exist anywhere else in Canada, making this innovative, trail-blazing work.

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AHEAD Program – Orthopaedics

Niagara Health

At Niagara Health, Orthopaedics is one of the most advanced and successful programs, whereby 13 Orthopaedic Surgeons perform approximately 1,200 elective joint replacement per year. Early in 2014, one of our Orthopaedic Surgeons championed a new innovative hip replacement procedure which was less invasive and utilized a different surgical approach than the traditional technique. A team of dedicated professionals began the planning journey and subsequently named the project “AHEAD Program”, the Anterior Hip Early Ambulation and Discharge. Published evidence on this approach shows proven benefits and is robust in the scientific literature. Although becoming the approach of choice for Surgical Centers focused on minimally invasive surgery, it has not gained widespread adoption in Ontario or Canada as of yet. Our champion was trained extensively on this technique with expert mentors before bringing the program to the Welland Site of Niagara Health. After a trial run in 2014, where a small cohort of patients experienced successful outcomes, we acquired the necessary equipment to begin full implementation in 2015. The standard Hip Replacement Care Pathway was proving to be less relevant, as patients continued to express a desire for an enhanced accelerated mobility plan. Our Surgeon Lead gathered key stakeholders to develop a new pathway, based extensively on published methodology available in the Orthopaedic literature along with references from London Health Sciences. A collaborative effort culminated into the AHEAD Program which has been operational since June 2015, and continues to generate high levels of patient satisfaction and meets all Quality Based Procedure Indicators.

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Annual Satisfaction Survey: Making the Resident Voice the Cornerstone of our DNA

Sienna Senior Living

In June of 2015, Sienna Senior Living took a new direction with its annual Resident Satisfaction Survey, selecting a third party vendor to provide enhanced analysis in determining Resident Satisfaction – a measure that informs every aspect of planning for our business.

Together with our new survey tool, an interdisciplinary team was formed to explore and implement ways to make our survey more accessible to the resident, involve families and their feedback, provide greater support to frontline staff in increasing resident and family participation, and involve team members from the Sienna and PointClickCare corporate offices as volunteers in the provision of facilitated resident interviews. All with the goals of Sienna’s cultural shift toward a more social model of care in mind.

It is understood that improving resident & family engagement drives improved quality outcomes (HQO Improvement Framework). Sienna’s Quality Indicator outcomes continue to meet or exceed provincial and national benchmarks.

Through the provision of facilitated interviews by corporate volunteers, the ongoing and consistent review of our tools and processes toward improvement and innovation, and our eye always on the prize of capturing the resident voice in the ways that work best for each resident, regardless of cognitive ability, Sienna seeks to truly make the Resident Voice the cornerstone of our DNA. By improving processes and making the task of collecting resident and family feedback easier than ever, Sienna is creating sustainable change in care practices and making positive improvements based on this feedback.

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Breaking Down First Person Patient and Provider Narrative into Authentic Quality Improvement Strategies as the Foundation of a Patient Experience Charter

Niagara Health: Walker Family Cancer Centre

At the heart of a positive care experience is a new relationship between staff and users of services, based on partnership. A Patient and Family Advisory Council was developed (PFAC) to co-design a program for patient experience which in turn established a forum for the patient voice. The Walker Family Cancer Centre is a unique ambulatory clinic that operates within the larger organization of Niagara Health. Moving towards a structure of collaborative care requires a cultural change within the organization at the Ambulatory Clinic level from the patient being a passive recipient to a knowledgeable partner in their health care experience.

Cancer Care Ontario implemented an electronic measurement of Patient Experience, known as ePREMS, across Ontario this year. Here at Walker Family Cancer Centre (WFCC), we have explored the idea that we can move towards a cultural change in provider/patient relationships by complementing ePREMs with First Person Narrative collection. We looked for commonalities in the initial first person narratives that were collected by our PFAC. We believe our research will illustrate the added value of behavior based qualitative experiential data to the survey based questionnaire. We explored the idea that a complementary process of authenticating the strategies to be improved will help the survey to be more fluid, and the survey based questions would have the potential to be changed, aligning with true experience based co-design.

Throughout the process, we were able to implement many Quality Improvement Strategies as a direct result of the complementary process, and we were able to illustrate a shift towards true person-centered care and experience that not only meets patients’ expectations, but rather, exceeds it.

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Checklist to Meet Ethical & Legal Obligations (ChELO) in Critical Care at End of Life

William Osler Health System

It is common practice in a culture of patient safety that medication or surgical errors are immediately addressed, remedied and reported. It is not as common when it comes to ethical errors. A review of decisions of the Ontario Consent and Capacity Board revealed six common errors in consent process that have serious ramifications on quality of care. (Chidwick 2013; Sibbald, R 2010; Hawryluck 2013). These include: 1. Not documenting incapacity of decision making; 2. Not identifying the legally correct decision maker; 3. Not identifying applicable wishes or advance care planning documents that patients expressed while capable; 4. Not acting on applicable wishes patients made while they were capable; 5. Not identifying values and beliefs; 6. Allowing family members or substitute decision makers (SDM) to direct treatment plans. Preventing these 6 common errors through the use of a checklist called ChELO (Checklist to Meet Ethical & Legal Obligations) has demonstrated improvement in quality of care and patient safety because it is aligned with the wishes, values, and beliefs of the patient and it ensures that patients receive treatments they both want and can benefit from, and they do not receive treatment they do not want and cannot benefit from. It also has shown that length of stay in ICU is decreased and has direct positive impact on system resources.

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Horizon Health Network

The goal of this initiative was two-fold: to reduce congestion in the lobby at the DECRH (which was primarily caused by patient traffic utilizing the specimen collection services), and to reduce the amount of time required for patients to navigate through the specimen collection service (measuring patient arrival time in registration to time out of the phlebotomy chair). The location of the service and congestion caused by the processes resulted in patient, public, and staff being impacted by the traffic jam at the entry of the regional facility. Both formal and informal complaints about the congestion have been noted over the past 24+ years. The service has been studied on multiple occasions, but attempts at resolutions have not been successful.

Using Lean Six Sigma Methodologies, multi-disciplinary teams, data based decisions; voice of the customer and front staff feedback, the project was able to realize a reduction in total process time of 50% (baseline average of 57 minutes, post implementation average of 28.5 minutes). The process saves patients more than 38,000 hours of waiting time per year.

Creating a more consistent and reliable process for the patients helps the specimen collection department deliver exceptional care to every patient, every day.

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Medication Reconciliation (MedRec)

Niagara Health

Niagara Health (NH) recognizes the importance of Medication Reconciliation (MedRec) in reducing adverse drug events and advancing safer medication-related patient care.

Cornerstones of success for implementing our standard MedRec process includes the team of interprofessionals that form the MedRec Steering Committee (MRSC) who are committed to improving the process across all NH sites; the innovative approaches of integrating information from multiple existing systems to ensure the right information is proactively available; the engaged patient care providers and program working groups who ensure the vision for MedRec and safe medication care is met; and the focused efforts placed on patient and community engagement.

The process of gathering an accurate and complete Best Possible Medication History (BPMH) at NH starts in the Emergency Department (ED), with the patient/caregiver as the key participant. A recent patient engagement survey conducted at the St. Catharines site demonstrated that nearly 90% of patient visiting the ED are willing to assist in gathering their medication information. As a result, a variety of patient-friendly resources have been created and traditional media platforms have been engaged such as radio and television, to remind patients of the importance of coming prepared to the hospital.

Through great team work with representatives of Communication Technology and Decision Support, innovative in-house technology was developed for staff to identify in real-time which patients require a BPMH.

In addition, NH is the only Canadian site of 18 selected to participate in the Agency for Healthcare Research & Quality-funded Multicenter MedRec Improvement Study (MARQUIS2).

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Novel Automated Real-Time Red Blood Cell Inventory Ordering Algorithm

Nova Scotia Health Authority

Blood transfusion inventory management is critical to providing patients with life-saving blood products and minimizing the wastage of such scarce and altruistically donated resources. Recognizing increased red blood cell (RBC) unit wastage, a variable product ordering process from the supplier, and the need to standardize processes, the Pathology Informatics Group (PinG) and Blood Transfusion Services (BTS) teams at Nova Scotia Health Authority (NSHA) Central Zone collaborated to solve a problem which had no apparent solution noted in the transfusion-related literature.

Our novel solution was to create an automated real-time RBC inventory ordering algorithm that combined previous usage patterns with anticipated future demand to streamline the RBC Inventory ordering process from Canadian Blood Services (CBS). The algorithm was implemented on June 1, 2015, and transformed a manual, highly-variable process consuming approximately 1-1.5 hours/day reducing it to a few minutes/day thereby improving RBC outdate rates to <0.5%, improving the RBC handling time by approximately 2 days, and rightsizing the RBC inventory at Central Zone laboratories.

The deployment of the algorithm was accomplished with no external funding and represented an approximate saving to the Province of Nova Scotia of $158,950 from June 2015-December 2016 (compared to the same period 2 years prior). In recognition for their work, the project team won Cerner’s 2016 Advancing Clinical Excellence Award, received coverage in Canadian Blood Services Bloodnotes (September 2016) and in the Canadian Health Care Technology Journal (October 2016).

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Using a Team-Based Approach Improving Cancer Screening Rates

St. Michael’s Hospital Academic Family Health Team

Cancer screening rates are suboptimal with persistent inequities related to patient income. As such, the St. Michael’s Hospital Academic Family Health Team Cancer Screening Working Group aimed to take an interdisciplinary approach to understand the accuracy of various data sources on cancer screening; improve screening rates for cervical, breast, and colorectal cancer; and understand income inequities and variation in screening rates by provider. They combined data from provincial cancer screening registries and from our electronic medical record (EMR) to generate accurate cancer screening data for our practice. By including a data analyst, an EMR administrator, and researchers on the team, they found that neither the provincial registry nor the EMR contained complete information, and developed a system to combine data sources to generate an accurate screening database. They then delivered a multi-faceted quality improvement intervention that included patient recall letters, individualized feedback to physicians around their screening rates, and point-of-care reminders. Three months post-intervention, screening rates rose from 60% to 65% for cervical cancer, 56% to 65% for breast cancer, and 59% to 65% for colorectal cancer. Screening rates have since risen further and increases maintained 22 months post-intervention. There was variation in screening rates between physicians at baseline and the intervention improved screening rates for most physicians, but did not narrow the gap in variation. Income inequity narrowed for colorectal cancer only. Through their intensive team-based approach to improvement, they have sustained these improvements, and are now focusing on understanding and removing barriers to screening for marginalized populations.

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QUALITY TEAM INITIATIVES 2017 – FORMER TEAM AWARD RECIPIENTS

Within an Organization

2016 - Mississauga Halton LHIN
Weaving a Mosaic of Support: Caregiver Respite in Mississauga Halton LHIN.

Across an Health System

2016 - BC Cancer Agency and Provincial Health Services Authority
Get Your Province Together! BC Cancer Agency Emotional Support Transformation

Programs and Processes in an Acute Care Hospital Environment

2015 - St. Paul’s Hospital, Providence Health Care
Evolving Care Systems: The hemodialysis renewal project, a co-location model for change

2014 - Mount Sinai Hospital
The Acute Care for Elders (ACE) Strategy

2013 - Vancouver Coastal Health
iCARE /ITH: One Integrated Model of Care

2012 - North York General Hospital
e-Care Project

2011 - St. Michael’s Hospital
Inspiring Improvement: Working Together for Timely, Quality Patient Care at St. Michael’s Hospital

2010 - IWK Health Centre
Twenty-four Hour Dial for Dining Program

2009 - Trillium Health Centre
Creating Excellence in Spine Care – Re-designing the Continuum

2008 - North York General Hospital
Patient Flow: Improving the Patient Experience

2007 - University Health Network (UHN)
ED-GIM Transformation Project

2006 - Providence Health Care
Improving Sepsis Outcomes

Acute Care Facilities

2005 - St. Paul’s Hospital
Living PHC’s Commitment to Excellence: The “LEAN” Approach to Quality Improvement in the Laboratory

2004 - Providence Health Care
A Multidisciplinary Pathway for Surgical Patients from First Hospital visit to Discharge

2003 - Trillium Health Centre
Driving Performance Excellence at Trillium Health Centre: The Dashboard as a Catalyst for Change

2002 - Trillium Health Centre
Ambulatory Care That Takes Quality To The Extreme

Large/Urban Category

2001 - The Scarborough Hospital
A Change of Heart: Innovative Care Delivery for the CHF Patient

2000 - Rouge Valley Health System
Pediatric Clinical Practice Guidelines: Providing the Best for Our Children

1999 - Sunnybrook & Women’s Health Science Centre
Long-Term Care Work Transformation Project

1998 - Scarborough General Hospital
Orthopaedic Future: Making the Right Investments

1997 - St. Joseph’s Health Centre
Dialyzer Re-use: An Advance in the Cost and Quality in the Canadian Healthcare System of the 1990s

1996 - London Health Sciences Centre
Breathing Easier: An Interdisciplinary Goal-Oriented Approach to Oxygen Therapy Administration

1995 - Tillsonburg District Memorial Hospital

1994 - Renfrew Victoria Hospital
Programs and Processes in a Non Acute Environment

2015 - Capital Health
My Care My Voice: ICCS initiative to improve care for complex patients by providing a “Voice to the Patient”

2014 - Island Health
Better Patient Journeys: Community-Lead Strategies to Improve Hospital Flow

2013 - Capital Health, QEII Health Sciences Centre
Palliative and Therapeutic Harmonization: Optimal Care, Appropriate Spending

2012 - Alberta Health Services
Glenrose Rehabilitation Hospital Services Access Redesign

2011 - Mississauga Halton Local Health Integration Network
Support for Daily Living Program - A Winning Community-based Solution for Addressing ED, ALC and LTC Pressures

2010 - Sunnybrook's Holland Orthopaedic & Arthritic Centre
A Team-based Approach to Chronic Disease Management That Improves Patient Access and Care

2009 - Whitby Mental Health
Whitby Mental Health Metabolic and Weight Management Clinic

2008 - Capital Health
Implementation of Supportive Living Integrated Standards

2007 - Providence Health Care (PHC)
Medication Reconciliation: Reducing the Risk of Medication Errors for Residents Moving in to Residential Care

2006 - Maimonides Geriatric Centre
Minimizing Risk of Injury

Other Facilities/Organizations

2005 - Capital District Health Authority
Organ and Tissue: Innovation in Donation

2004 - Vancouver Island Health Authority
Implementing the Expanded Chronic Care Model in an Integrated Primary Care Network Project

2003 - St. John’s Rehabilitation Hospital, Toronto Rehabilitation Institute
Achieving Clinical Best Practice in Outpatient Rehabilitation: A Joint Hospital-Patient Satisfaction Initiative

2002 - Maimonides Geriatric Centre
Maimonides Restraint Reduction Program

Small/Rural Category

2001 - Woodstock General Hospital
Endoscopic Carpal Tunnel Release: An Example of Patient-Focused Care

2000 - Welland County General Hospital – Niagara Health System
Niagara Health System: Patient-Focused Best Practice Program

1999 - Headwaters Health Care Centre
Teamwork Key to Quality Care: Filmless Digital Imaging System Addresses Quality Issues for Patients, Hospital, Medical Staff and Environment

1998 - Alberta Capital Health Authority
Castle Downs Health Centre

1997 - Brome-Missisquoi-Perkins Hospital
Client-Centred Approach to Care Surgery Program

1996 - Crossroads Regional Health Authority
Pharmacy/Nursing Team Summary

1995 - Centenary Health Centre

1994 - The Freeport Hospital Health Care Village
Summary

Descriptions provided by the entrants indicate that quality teams empower employees by giving them knowledge, motivation and a strong sense of ownership and accountability. Multidisciplinary teams, united for a common purpose, achieve results that no one person, department or service can. By transcending departmental boundaries and learning about each other’s functions, teams found workable solutions to organizational problems. This, in turn, enabled them to function as internal consultants and models for continued improvement. They developed healthy interprofessional relationships among themselves, other departments and the community. By setting up teams, organizations observed that management decision making became team-based decision-making; single assessment and evaluation turned into team assessment and evaluation; a focus on technical skills became a focus on process management skills; a focus on individual skills became a focus on the ability to be on a team; and subjective/intuitive evaluation became objective, evaluative tools.

The College and 3M Health Care are looking forward to receiving many new and innovative team initiatives for consideration for next year’s 3M Health Care Quality Team Awards. The details and the entry form are available on-line at www.cchl-ccls.ca. For further information, or to request a copy of the College’s 2017 National Awards Program brochure, please contact:

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