



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ



3M HEALTH CARE QUALITY TEAM AWARDS

Healthcare Quality
Team Initiatives
Executive Summaries
2021 Submissions





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Dear Dedicated Health Care Team Members,

In these unprecedented times, it has never been more apparent how crucially innovations in healthcare can impact our quality of life.

As always, healthcare professionals are tasked with the need to balance their adoption of new technologies and the need to improve patient outcomes with their obligation to provide the level of personal care that people need and deserve – all while dealing with the now ever-present threats that a global crisis has presented.

For this reason, 3M Canada is once again proud to have partnered with the Canadian College of Health Leaders for over two decades to recognize achievements in maintaining that balance even in times of crisis.

The 3M Health Care Quality Team Awards proudly recognize healthcare programs that improve the delivery of patient care and, by extension, the lives of our fellow Canadians. We thank you for once again letting us be a part of this event. These awards highlight the teams that work together on quality improvement projects resulting in sustained change within their organizations and, as in every previous year, the quality of the award submissions we receive make selecting a winner a difficult task.

Each team that took the time to share their initiatives deserves our congratulations and I want to thank all the nominees and winners for your efforts in moving healthcare in Canada forward. The enclosed booklet includes executive summaries of all the 2021 programs that were submitted for consideration. Despite the extraordinary times we are facing in healthcare, these initiatives prove that creative thinking, sharing best practices, and patient centered approach to care can dramatically improve the delivery of support and care across Canada. It also highlights the incredible partnership between 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.

As a science company, 3M Health Care values our partnerships with customers and industry stakeholders that allow us to provide solutions to health care professionals so they can focus on what is most important: their patients. Thank you for efforts to find ways to reduce complications, improve patient outcomes, and provide people with the care we receive and deserve. We are proud to celebrate you all today.

Sincerely,

Drew McCallum, Division Leader
Medical Solutions Division, 3M Healthcare Business Group



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 2021 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.



2021 3M Health Care Quality Team Awards Recipients

- Quality Improvement Initiative(s) Across a Health System:
Alberta Health Services - *Connect Care*
- Quality Improvement Initiative(s) Within an Organization:
Nova Scotia Health - *Newcomer Health Clinic*

QUALITY TEAM INITIATIVES 2021 - OTHER SUBMISSIONS



Quality Improvement Initiative(s) Across a Health System

- Alberta Health Services - i4 2020 Planning Team
- Canadian Centre on Substance Use and Addiction - Innovative approaches to service delivery through understanding ACEs, Brain Science and Health Outcomes
- Federation of Medical Regulatory Authorities of Canada - FIRMS Standards 2.0
- Island Health - The AED Project Team
- Provincial Health Services Authority - Getting to the Right Place: Implementation of the Provincial Pre-hospital Trauma Triage and Transport Guidelines in the Fraser Health Authority
- Registered Nurses' Association of Ontario - BPSO OHT



Quality Improvement Initiative(s) Within an Organization

- Eastern Health - Cardiac Surgical Care in Newfoundland and Labrador, From Broken Hearts to Silver Linings
- Eastern Health - Remote Patient Monitoring Program - Scale and Spread
- Fraser Health - Access and Flow Coordination Centre (Fraser Health)
- Horizon Health Network - New Brunswick Interprofessional Spine Assessment and Education Clinic (NB-ISAEAC)
- Horizon Health Network - Standardization of Systemic Cancer Therapy Delivery in Horizon Health Network
- Southlake Regional Health Centre - Reducing Procedural Cancellations Through Innovative Health Solutions
- Scarborough Health Network - Dashboards & Analytics to Manage through the Pandemic
- Scarborough Health Network - Using Quality Data to Drive Improvement in Patient Outcomes: Reduction of Post-Surgical UTI rates at Scarborough Health Network
- Scarborough Health Network (SHN) - Supply Cart Redesign and Optimization Project
- Stan Cassidy Centre for Rehabilitation - Enhancing self-management of pain: Interdisciplinary pain education and intervention
- Vancouver Coastal Health

Connect Care

Alberta Health Services

Connect Care is a province-wide initiative, a new paperless way of using and sharing health information, to improve the quality of care provided to our patients. More than 1,300 distinct clinical information systems, many of which do not share data, are being reinvented as a single provincial clinical information system. Planning for this major, transformative event began in the summer of 2017, with the first 'wave' of the system rolled out in November 2019 at the Walter C. McKenzie Campus in Edmonton, which comprises two hospitals (pediatric and adult), a heart institute, and a large ambulatory care centre.

More than 750 ambulatory departments, at multiple sites across the Edmonton metropolitan area, were also included in this flagship implementation. A second wave in October 2020 brought more facilities online across the region. Seven additional 'waves' will take place before fall 2023 across all of Alberta. Connect Care is a top priority for our entire organization, as empowers the whole healthcare team, including patients, with the best possible information throughout the care journey. Early evidence shows improvements are being realized across the entire care continuum — and between AHS, Alberta Health and our partners in healthcare.

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2021 3M HEALTH CARE QUALITY TEAM AWARD RECIPIENT: QUALITY IMPROVEMENT INITIATIVE(S) WITHIN AN ORGANIZATION

Newcomer Health Clinic

Nova Scotia Health

Newcomer Health Clinic (NHC) began with physicians working with donated resources and space. Through partnership with Nova Scotia Health (NS Health), and application of an internationally recognized model (Primary Care Amplification model), NHC developed a unique model to support refugee health across Nova Scotia, published in the International Journal of Health Policy and Management (2018). NHC received the inaugural (2020) Making Waves: Outstanding Contribution Award from NS Health, recognizing exemplary efforts and contributions advancing the vision, mission, values and strategic directions of NS Health. NHC received NS Health's 2020 Health Care Quality Team Award for redesigned integrated care pathways supporting the newcomer population in Nova Scotia, and the inaugural NS Health Award for Excellence in Diversity and Inclusion.

In 2015, NHC received the Immigrant Services Association of Nova Scotia (ISANS) award recognizing a community group demonstrating exceptional, innovative efforts welcoming immigrants to Nova Scotia and supporting community integration. NHC received the ISANS award again in 2016, recognizing the team's rapid adaptations and response providing care with a large rapid influx of refugee arrivals from Syria. NHC physician Dr. Mandi Irwin received NS College of Physicians and Surgeons' Gold-Headed Cane Award (2015) recognizing professionalism in service to patients, community and the medical profession. In 2019 Drs. Navi Bal and Jocelyn Stairs earned the Dr. TJ (Jock) Murray Resident Award for Leadership in Global Health, awarded to residents demonstrating commitment to global health, advocating for marginalized populations, and exploring new ways to engage in clinical service, education and research in underserved populations.

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i4 2020 Planning Team

Alberta Health Services

When COVID-19 took the world by surprise in early 2020, planning for the upcoming health and care conference, i42020, was well underway. Faced with extended management of the pandemic and the continuous drain of resources, many conferences were understandably delayed or cancelled altogether.

Had it not been for the nimble work of the i4 planning team, i42020 would not have happened. This small team, numbering only nine, quickly pivoted and encouraged the i4 Committee as well as the AHS Executive Leadership Team to move the conference to a virtual platform, mitigating the risk of hosting the conference during a time of necessary social distancing measures and possible future lockdowns. Leadership was fully supportive of the switch.

Defying skeptics who asserted that a virtual platform would be ill-attended, and quickly upskilling in areas far outside their job descriptions, the i4 planning team used human-centred design to create an experience for patients, families, staff and volunteers far exceeding expectations. The conference was so well planned, and so well received, that AHS leadership has happily renewed the virtual conference for the upcoming year – and probably more after that.

Reviewed by participants as engaging, entertaining, bold and relevant, i4 2020 has become the marker for measure in AHS for all future conferences. The tools and techniques that the i4 planning team introduced to speakers, audiences and community partners has changed the way that our organization approaches problems and potential solutions, engages with the public and health partners, and works together cross-department.

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Innovative approaches to service delivery through understanding ACEs, Brain Science and Health Outcomes

Canadian Centre on Substance Use and Addiction

Improving the health system's response to those with adverse childhood experiences (ACEs) at a national level, spanning the spectrum from prevention to treatment and involving multiple sectors, is an ambitious undertaking. ACEs, defined as negative, traumatizing events that occur before age 18, can influence brain development and thereby increase the risk for negative health outcomes, including substance use disorders (SUD) later in life. This knowledge is a key competency for people working to prevent and address negative health outcomes, yet this critical knowledge is often not communicated to service providers or applied to policies and practice.

The Canadian Centre on Substance Use and Addiction (CCSA) undertook the Brain Builders Lab initiative to embed this knowledge on a national scale. Sixty-five 'Brain Builders' across Canada implemented 24 projects to apply brain science and create change in understanding and in policies and practices. CCSA partnered with Palix's Alberta Family Wellness Initiative (AFWI) who had developed the Brain Story Certification Course (BSCC), to ensure that the Brain Builders were certified and could be champions in their communities.

This Initiative resulted in major shifts across organizations, communities, and provinces.

Of the 24 projects:

- 100% reported increased knowledge/awareness
- 50% reported changes in attitudes, 25% explicitly indicating decreased stigma
- 75% changed practices
- 42% recommended or made certification mandatory for staff
- 25% changed policies/programs
- 63% reported improved systems coordination

The Brain Builders Lab resulted in improved community and workforce capacity and cross-sector service delivery that is more trauma-informed, inclusive, equitable and safe for people served.

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FIRMS Standards 2.0

Federation of Medical Regulatory Authorities of Canada

Innovation, team work, healthcare quality, patient and family engagement are cornerstones to this important pan-Canadian safety initiative. FMRAC and HIROC have leveraged their relationship and expertise to identify risks and implement strategies to support Medical Regulatory Authorities (MRAs) to fulfil their public protection mandate in a reliable, standardized and fair manner.

Building on learnings from an earlier initiative, this recent joint quality improvement initiative has accomplished a Canadian first. The FMRAC Integrated Risk Management System (FIRMS) Standards 2.0 initiative has resulted in a rich baseline quality data to support MRAs achieve and sustain medical regulation excellence. Furthermore, this initiative has significant spread and scale-up capability to enable other health professional health regulatory authorities to benefit from the enhanced version of FIRMS.

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The AED Project Team

Island Health

The AED Project – A Team Based Collaborative Patient- Focused Quality Improvement Project – is a frontline driven patient-focused quality improvement initiative. It is a low-cost high-impact system redesign that enabled best patient care, while improving the experience of care providers and frontline first responders.

For Out-of-Hospital-Cardiac Arrest (OHCA) patients, Automatic External Defibrillator (AED) devices contain valuable data about the patient's initial heart rhythm. The data retrieval process was previously without protocol, despite its critical role in the patient journey. The project demonstrates how effective multi-organization collaboration can improve capacity for healthcare teams to make informed decisions about patient care. Through timely access to AED data, details from the AED can have direct integration into clinical decision making. The AED data can spare patients from the risk of unnecessary procedures, decrease workload burden of healthcare staff, and allow for proper utilization of hospital resources.

This project team consists of personal representing the full continuum of care, from multiple organizations (Island Health, BC Emergency Health Services, BC Fire Services, and Heart & Stroke Foundation). A multi-disciplinary team of Physicians, Nurses, Clinical Nurse Leaders, Quality Leads, Supervisors, Front Line Paramedics, Firefighters, and Patient Advisors worked together to bridge organizational silos and collaborate on a team-based patient-focused approach to improve the frequency and timeliness of AED data retrieval for patients who survive OHCA.

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Getting to the Right Place: Implementation of the Provincial Pre-hospital Trauma Triage and Transport Guidelines in the Fraser Health Authority

Provincial Health Services Authority

Patients with major traumatic injuries have better clinical outcomes when treated at a trauma centre. BC Emergency Health Services (BCEHS) in collaboration with Trauma Services BC (TSBC) and the BC Health Authorities, published Provincial Pre-Hospital Trauma Triage and Transport Guidelines in 2019. Four primary drivers were identified to implement the guideline with multiple stakeholders and a large workforce: 1) having a framework for education, 2) an effective strategy for knowledge translation to paramedic practice, 3) a clinical feedback mechanism for continuous improvements, and 4) engagement with key stakeholders.

Focused on five dimensions of quality (safety, accessibility, appropriateness, effectiveness and efficiency), our aim was to improve the percentage of major trauma patients transported to a Trauma Hospital from 53% to 85% in Fraser Health Authority by April 2020.

We established a Quality Improvement (QI) working group with stakeholders from all organizations, including patient and indigenous representation. We surveyed front-line paramedics to inform our education and communication strategies that utilized a mix of digital technology and in-person interactions. In collaboration with TSBC, we conducted multiple PDSA cycles to link pre-hospital data from BCEHS to the BC Trauma Registry.

Between April 1, 2019 and March 31, 2020, 503 major trauma patients were successfully linked (92.6% linkage rate). Paramedic guideline compliance was 88.5% and, 81.1% major trauma patients were transported directly to a trauma hospital.

This evaluation strategy facilitated clinical reviews to improve patient safety and optimize system resource utilization and, is being spread provincially. Sustainment leverages existing resources creating additional QI capacity.

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BPSO OHT

Registered Nurses' Association of Ontario

The Registered Nurses' Association of Ontario (RNAO), in collaboration with the first cohort of Best Practice Spotlight Organization® (BPSO®)-Ontario Health Teams (OHT), has designed a new model to scale up and spread best practices within integrated systems of care. The BPSO OHT is built on the decades of success of RNAO's Best Practice Guidelines (BPG) Program and its BPSO model at home and abroad.

Using implementation science and social movement methodologies, BPSO OHT Champions supported by RNAO, are actively advancing evidence-based practice and engaging frontline providers to fortify person-centred and co-ordinated care across public health, primary care, mental health and social service organizations, home care, hospital care and long-term care.

Starting with the first foundational best practice guideline (BPG), Person- and Family-Centred Care (2015), BPSO OHTs develop expertise and build the relationships and infrastructure required to implement and sustain best practices across their region.

The COVID-19 pandemic accelerated the need for an integrated health system to effectively serve persons and families. During this time of uncertainty and fear, BPSO OHTs have been a source of energy and motivation as they work together to deliver care that is truly person- and family-centred; as well as engaging of their front-line staff.

The successes, innovations and learnings from BPSO OHT teams in Cohort 1 are profound, and already influencing the uptake of BPSO OHTs second cohort, now in progress. This novel program is nested within RNAO's larger BPSO global network of 1,000 organizations in 15 countries—all offered free of charge.

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Cardiac Surgical Care in Newfoundland and Labrador, From Broken Hearts to Silver Linings

Eastern Health

In October 2017 the Canadian Institute of Health Information (CIHI), in partnership with the Canadian Cardiovascular Society released its first public Cardiac Care Quality Indicator Report.

In comparison to other cardiac centers, this report revealed that Eastern Health had the highest risk-adjusted mortality rates in all three cardiac surgery indicators. In partnership with the Department of Health and Community Services, we completed an in depth review of data collection and reporting system. This report launched a diverse team into a journey of verifying and understanding their data quality and in pursuit of excellence in cardiac care, it directed them to review processes of care delivery throughout a health care system.

Embracing a Lean culture, focusing on client centered care, the goal was to create a culture of continuous quality improvement through multi-system transformation. In consultation with internal and external partners, they took an in depth look at data, focusing on documentation and coding process, guiding to a robust quality improvement work.

Through medical and executive leadership the intent was set to narrow gaps, improve quality of care, and improve patient outcomes. Through embracing Lean leadership and Eastern Health's mission and values including the very valuable inclusion of patients and families.

Data was used to understand current state and to guide decision making and improvements. This led to engaging a multitude of key stakeholders to developing coalitions and achieving results through system transformation that has a focus on sustainability. Sustainability has been evident in both data and systems, as they have progressively shown consistent improvements in patient outcomes as reported in CIHI data October 2017 to August 2020.

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Remote Patient Monitoring Program - Scale and Spread

Eastern Health

The Remote Patient Monitoring (RPM) Expansion Project was initiated in 2017 to further support Eastern Health's vision of Healthy People, Healthy Communities and to support its strategic plan. Access to care and Population Health are just two of the strategic priorities which the RPM program addresses.

The RPM team created a patient-centric model of care which utilizes innovative technology to support patients with chronic disease in their self-management journeys. By partnering with patients in goal setting, and providing coaching, education and monitoring, patients are empowered and become experts in their own care – regardless of their geographical location.

In building the RPM program, clinicians were engaged in providing input into building content using evidence-based practice. As a core stakeholder to the RPM Program, the patient perspective was collected through interviews and focus groups. Ongoing feedback is elicited from patients and used in quality improvements. A Patient Safety and Quality Forum was held to enhance this involvement and a there is a patient partner involved fully with the project.

A key component of the success of the program was the strong and enthusiastic team dynamic which drove success and positive patient outcomes. Each team member had a valuable role in achieving the positive outcomes realized by the program - including high patient satisfaction, and reduced hospital utilization.

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Access and Flow Coordination Centre

Fraser Health

Fraser Health serves over 1.8 million clients and is one of the largest integrated health regions in Canada. A rise in populations accessing our services, (coupled with a rise in both the acuity and age of patients), has resulted in a pattern of constant overcapacity at our regional and community hospitals.

Ensuring our patients receive quality care, in the right place, at the right time is crucial to their health outcomes and experience. Providing access for our patients to acute care services has been one of the most challenging areas to achieve success, with persistent patterns of overcrowding, overcapacity, and subsequent hospital acquired adverse events. Add to this a global pandemic, and the need for systemic change becomes magnified.

This submission details how the newly formed Access and Flow Coordination Centre was able to shift patterns that were once deemed 'unsolvable'. From regular regional occupancies over 100%, Fraser Health has been able to consistently sustain 90% or lower occupancy rates with fully-operational surgical slates during a global pandemic.

This structural change, combined with the development of a live occupancy dashboard, has contributed to numerous health system improvements in the delivery of access and flow. These outcomes will be detailed in the submission. Ultimately, the structural changes have provided the organization the ability to access information and work systemically to conduct real time escalations of daily barriers to flow (with improved collaboration between site leadership). This has led to improved patient and provider experiences in the process.

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New Brunswick Interprofessional Spine Assessment and Education Clinic (NB-ISAEC)

Horizon Health Network

The New Brunswick Inter-Professional Spine Assessment and Education Clinics (NB-ISAEC) low back pain triage has had a successful pilot in Saint John and Moncton and is now expanded permanently across Horizon. The NB-ISAEC is a program designed to help patients with low back pain and related symptoms. It uses a shared care model that requires referral from a patient's primary care provider. It is a rapid assessment clinic with a goal to get patients seen by a physiotherapist for a thorough assessment within two weeks of receipt of referral. The NB – ISAEC program provides low back pain patients with timely access to assessment and treatment plan emphasizing patient education and self-management strategies.

The program reduced prevalence of unmanageable chronic low back pain and provides the primary care provider with an integrated referral alternative for their low back pain patients. Furthermore, NB – ISAEC decreases MRIs and unnecessary diagnostic imaging. The program provides low back pain patients with more streamlined access to specialists and diagnostic imaging services when indicated. The project team was influential in the progress of this service and the outcomes of the patient was their primary focus from start to finish.

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Standardization of Systemic Cancer Therapy Delivery in Horizon Health Network

Horizon Health Network

The Standardization of Systemic Cancer Therapy Delivery project created a sustainable and interdisciplinary process for review of practice standards in cancer care to ensure that our staff's knowledge, training and service delivery is up-to-date and driven by current practice. Brenda led a knowledgeable and dedicated team using innovative methods which drove prioritized future actions guided by areas of challenge in standardized chemotherapy delivery. The project team consisted of members from all across the organization, with constant stakeholder feedback which optimized continued progress. Brenda and the team achieved their goal of 100% of drug infused 100% of the time.

The multi-faceted approach surrounding the scope of the project, allowed the team to achieve this goal in systemic cancer therapy. Furthermore, the utilization of patient experience advisors was instrumental throughout the entire process, particularly when choosing the appropriate closed-system-transfer device (CSTD). The work accomplished by the team under Brenda's leadership has equipped the team with a method to undertake the task of looking at complex and clinical best practice standards for any clinical group, and apply a logical, systematic methodology to ensure the client is receiving the highest quality of care.

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Reducing Procedural Cancellations Through Innovative Health Solutions

Southlake Regional Health Centre

Southlake Regional Health Centre is the fourth largest Regional Cardiac Care Program (RCCP) in Ontario and provides leading-edge innovative procedures for cardiac patients. Within the RCCP, admission and recovery of patients are completed in the Cardiac Short Stay Unit (CSSU) which was challenged with bottlenecks and bay capacity issues.

The first area of focus for the partnership was improving the admission process in CSSU. Both inpatients and outpatients were assigned to the CSSU's bays to await their upcoming procedure. This approach filled the bed capacity early in the day, resulting in an inability to achieve the targeted procedure volume for the day.

To improve the efficiency of the CSSU, several innovative modifications to the current process were proposed and these solutions were evaluated by building a digital replica of the CSSU through simulation. The solutions that were deemed to be the most effective were to modify the bed allocation process, improve the triage and booking system and create a Radial Access Recovery Area which enabled the department to recover a higher volume of patients within the current physical space, existing budget and staffing resources.

The proposed changes were implemented and continuously evaluated using a Return on Investment (ROI) value tracker which tracked key metrics and reported the results to the working group. A year post improvement, the CSSU hasn't had to cancel a single procedure because of recovery capacity issues. The commitment from the Southlake team and the transparent approach to change management contributed to superior outcomes for the department.

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Dashboards & Analytics to Manage through the Pandemic

Scarborough Health Network

This submission is non-traditional in that it doesn't relate to a specific quality improvement project but rather efforts to provide key information to stakeholders to effectively plan for and manage through the pandemic. The dashboards developed and analytics done to support the organization's planning and management of the pandemic were a significant improvement over what was available pre-pandemic. The work was integral to leaders in making effective decisions related to the management of COVID-19 at SHN and being able to advise system level players in a coordinated approach to pandemic management.

Scarborough Health Network (SHN) has experienced the highest COVID burden in the province during the COVID-19 pandemic with high community burden in Scarborough neighbourhoods, which have lower income, higher marginalization and ethnic concentrations than City of Toronto rates, all known risk factors COVID-19. SHN executive leadership and its Emergency Operations Committee needed real-time and multi-faceted information in one place for decision making.

SHN's newly formed Enterprise Analytics department was able to meet this need by developing key live dashboards that were used multiple times a day, as well as advanced analytics to plan ahead for bed and staffing requirements.

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Using Quality Data to Drive Improvement in Patient Outcomes: Reduction of Post-Surgical UTI rates

Scarborough Health Network

Scarborough Health Network (SHN) is comprised of three hospitals and eight satellite sites; providing care to over 600,000 Scarborough residents – a vibrant and multicultural community.

SHN is committed to providing excellent care to our patients. In 2017, SHN invested in the National Quality Surgical Improvement Program (NSQIP) from the American College of Surgeons. NSQIP allows SHN to track surgical outcomes for patient's under-going Vascular and General surgical procedures at SHNs General hospital. NSQIP provides peer comparator data at the local, national and international level, through the Ontario Surgical Quality Improvement Network.

In 2017, it became apparent that SHNs post-operative Urinary Tract Infection (UTI) rates needed to be improved. A UTI team was assembled and a two-day Rapid Improvement Event was scheduled; engaging multiple stakeholders and care providers across the surgical program in a Root Cause Analysis to identify areas of improvement. The multi-pronged approach included: improving post-operative order sets, updating medical directives, improving catheter use communications, care and removal along the patient care pathway, as well as ensuring up to date education for all health care staff and providers involved.

Between 2017 and FY 2019-20, the General/Vascular UTI rate decreased from 2.24% to 0.32%, enabling SHN to become one of the leaders amongst their peer comparators. Also, SHN was able to reduce catheter utilization in their target population by 9% (29% to 20%). SHN is proud of the sustained rate reductions, demonstrating commitment to continuous improvement in the quality of care we provide to the Scarborough community.

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Supply Cart Redesign and Optimization Project

Scarborough Health Network

Scarborough Health Network (SHN) is composed of three hospitals in the Greater Toronto Area. We place great importance on the future of care and using teamwork to accomplish our vision of Transforming the Health Experience for our patients and our staff. At SHN, the department of Supply Chain does not only serve the purpose of purchasing and distribution of supplies to the hospital network; our team actively works on multiple interdisciplinary projects. We are constantly looking for improvement opportunities and create innovative ways to increase the efficiency of our supply chain in order to allow clinical staff to focus on improving the quality of care. Of the major projects we have led, a key project includes the Supply Cart Redesign and Optimization Project that was structured by the Creation and Implementation of a standardized operating procedure.

Our team's success comes from our organization's trust in engaging our participation in project planning processes allowing us to share our expertise in creating logistical process flows, lean six sigma-led improvement initiatives and standardized training documentation. Through a collaborative model, SHN is able to combine the strength of clinical experience and innovation with project/business management experience. As a result, in alignment with the strategic plan at SHN: Together we shape the future of care.

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Enhancing self-management of pain: Interdisciplinary pain education and intervention

Stan Cassidy Centre for Rehabilitation

The goal of the "Enhancing Self-Management of Pain" project was to create a sustainable and interdisciplinary process to improve patient understanding of pain science and effective evidence-based self-management strategies. Furthermore, pain science research illustrates that patient-centered interdisciplinary interventions are best practice, following a biopsychosocial approach. Dr. Mills has been part of the SCCR Knowledge Mobilization Network (KMN) site team for the last several years, looking at evidence-based interdisciplinary pain practices.

Since 2017, she and her colleagues have created a program developing and implementing patient education and self-management in a group setting. Dr. Mills led a knowledgeable and dedicated project team who were aiming to bring transformational change to the way in which we ensure optimal pain management. An additional, more recent goal was to develop a virtual/zoom patient management group program for our outpatients. This had been delivered once, successfully, with plans to deliver it again in spring 2021.

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Vancouver Coastal Health

Professional medical interpreting service is an essential component in healthcare. About 25% of the patients / clients who are served by Vancouver Coastal Health have little or no English proficiency. Prior to the Virtual Interpreter initiative, there was very limited ability for clinicians to provide on demand interpretation services to limited English proficiency (LEP) patients.

With the introduction of the innovative virtual interpretation device and application, Vancouver Coastal Health was able to transform the way in which LEP patients have access to medically trained interpreters. This service allows LEP patients to have on-demand access to medically trained interpreters in both audio and video in over 250 languages through the use of a rolling interpretation stand.

The introduction of this transformative service resulted in a significant reduction in length of stay and re-admission rates for acute elderly patients, reduced time to admission in the Emergency Department, and significantly increased patient and provider satisfaction. This initiative has made such an impact that Vancouver Coastal Health has committed to extending this service throughout the organization in 2021.

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**Quality Improvement Initiative(s)
Across a Health System**

2020 – Mackenzie Health

Improving Stroke Outcomes Utilizing Data and Technology

2019 – North York General Hospital

Breast Cancer Integrated Care Collaborative

2018 – Trillium Health Partners

Putting Patients at the Heart: A Seamless Journey for Cardiac Surgery Patients

2017 – London Health Sciences Centre

Connecting Care to Home (CC2H)

2016 – BC Cancer Agency and Provincial Health Services Authority

Get Your Province Together! BC Cancer Agency Emotional Support Transformation

Quality Improvement Initiative(s) Within an Organization

2020 – Island Health

Prevention & Reduction of Open Heart Surgical Site Infections

2019 – Providence Health Care

Megamorphosis: Shifting from an Institutional to a Social Model in Residential (Long-Term) Care

2018 – Primary Health Care

“Getting the Care I Need, When I Need it”: Group Visits Empower Changes in Priority Areas across Primary Health Care System

2017 – University Health Network (UHN)

UHN Quality Improvement Plan Discharge Summary Program

2016 – Mississauga Halton LHIN

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

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

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 County 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 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, please contact:

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Canadian College of Health Leaders

The Canadian College of Health Leaders (CCHL) is a national, member-driven, non-profit association. The College strives to provide the leadership development, tools, knowledge and networks that members need to become high impact leaders in Canadian healthcare.

As defined by the LEADS in a Caring Environment framework, a leader is anyone with the capacity to influence others to work together constructively. The College's LEADS Canada team provides LEADS-based leadership development services, and partners with

organizations, authorities and regions to facilitate not only the adoption of the framework, but a cultural shift required to fully imbed LEADS throughout an organization.

Through LEADS, the CHE designation, credentialing, training, conferences, mentoring and a nationwide careers network, we support health leaders in every sector and region, from every professional background and at any stage of their career.

Located in Ottawa, the College collaborates with 20 chapters across the country and engages with its 4,000 members and 80 corporate members to promote lifelong learning and professional development while recognizing leadership excellence.

Visit www.cchl-ccls.ca for more details. Follow us on Twitter @CCHL_CCLS and on Facebook at <https://www.facebook.com/CCHL.National/>.



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