Dear Dedicated Health Care Team Members,

For 21 years, the 3M Health Care Quality Team Awards has worked together with all of you to introduce and instill health care 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 2015 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 2015 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 2015 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,
Matt Pepe
Vice-President, Health Care Business
3M Canada Company
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: **St. Paul’s Hospital, Providence Health Care** - *Evolving Care Systems: The hemodialysis renewal project, a co-location model for change* in the Programs and Processes in Acute Care Hospital Environment category and **Capital Health** - *My Care My Voice: ICCS initiative to improve care for complex patients by providing a “Voice to the Patient”* in the Programs and Processes in a Non-Acute Environment category, the 2015 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.

### 2015 3M Health Care Quality Team Awards Recipients

- **Programs and Processes in an Acute Hospital Environment:**
  - **St. Paul’s Hospital, Providence Health Care** - *Evolving Care Systems: The hemodialysis renewal project, a co-location model for change*

- **Programs and Processes in a Non-Acute Environment:**
  - **Capital Health** - *My Care My Voice: ICCS initiative to improve care for complex patients by providing a “Voice to the Patient”*
QUALITY TEAM INITIATIVES 2015 - OTHER SUBMISSIONS

Programs and Processes in an Acute Care Hospital Environment

- A Sustained Significant Reduction in Alternate Level of Care Days at Winchester District Memorial Hospital – A Team Approach to Success
- Fostering a Culture of Accountability to the PARTNERS in Care Service Standards at TGH
- Integrative Care Collaborative for Hips and Knee Surgery
- Research Challenge Advisory Committee
- Safe Surgery Checklist: Alberta Provincial Implementation
- Transfusion Error Surveillance System

Programs and Processes in a Non-Acute Care Environment

- Alberta Health Services Edmonton Zone Triple Aim Initiative
- Alberta Health Services Improvement Way (AIW)
- Chart Review of Fixed-Wing Medevac Patients Who Landed at the Edmonton International Airport
- Depression/Distress Screening and Management in Diabetes
- Home Care Service Delivery Redesign
- Inter-Professional Spine Assessment and Education Clinics (ISAEC)
- South Shore Collaborative Breastfeeding Network
- Toronto Central ICCP Leadership Team
- Transforming Mental Healthcare at St. Joseph’s Health Care London
- Triple Aim Improvement Community at Women’s College Hospital
- Weaving a Mosaic of Support – Caregiver Respite in the Mississauga Halton LHIN
Evolving Care Systems: The hemodialysis renewal project and co-location model for change

St. Paul’s Hospital, Providence Health Care

St. Paul’s Hospital, a teaching facility within Providence Health Care (PHC), Vancouver, houses a 46-station hemodialysis (HD) unit serving 300 patients, on average, three times per week. The unit undertook a transformational care model redesign which improved outcomes and reduced costs.

Enhanced patient and family centred care, self-care behaviours, uptake of independent renal replacement modalities and fiscal sustainability were primary drivers of change. To achieve these goals, we stratified the unit into smaller clusters based upon an acuity scale to co-locate patients with like needs and allow a better deployment of staff.

Staff on the unit were invested in creating and sustaining this change which lent to opportunities for leadership roles. For example, patients and staff were key to authoring an educational intervention called The Bridge curriculum to enhance patient autonomy. The team experienced improved collaboration, role clarity and support.

Outcomes indicated increased self-care behaviours using the Self Care for Adults on Dialysis (SCAD) tool. Significant improvements were noted in several domains such as patients’ self-reported monitoring of their vascular access which went from 48% to 70% over the course of one year.

A decrease in Emergency Department visits and hospital admissions for patients in the Involved Care Unit went from a median visit rate of 0.20 per patient to 0.12 from 2012 to 2013 and has been sustained to date.

Lastly, the initiative resulted in a combined cost savings of $688,242.80 from staffing efficiencies and cost avoidance related to a reduction in overtime spending.

Contact:
Michele Trask
Operations Leader
St. Paul’s Hospital, Providence Health Care
1081 Burrard Street
Vancouver, BC V6Z 1Y6
Tel: 604-806-9337
Fax: 604-806-8449
mtrask@providencehealth.bc.ca
My Care My Voice: ICCS initiative to improve care for complex patients by providing a “Voice to the Patient”

Capital Health

My Care My Voice is a customer value-based initiative to remove wait times, improve early engagement, and enhance health outcomes for patients with complex chronic conditions and multimorbidities in Capital Health, Nova Scotia. These patients require a range of health services that often result in higher costs and poor care experiences associated with lack of timely and relevant access to care. The My Care My Voice model and methodology was developed to address these problems in chronic disease management.

Integrated Chronic Care Service, a program in Primary Care, Capital Health treats individuals with complex chronic conditions and multimorbidities with over 8,000 annual visits. Referrals are received from within Nova Scotia, across Canada, and internationally. Recognizing the impact of their long wait times for new patients (> 24 months in 2002), the care team developed and applied a customer value-based approach and methodology – value stream mapping – to reduce wait times and improve care experiences.

Wait times were reduced to two months in 2014, with no wait times to care anticipated in 2015. Increased patient engagement and satisfaction as well as significant improvements in functional health are also outcomes of this initiative. The transformations and implementation resulted in resource efficiencies without increase in costs. This successful initiative has created a guiding model to improve quality of care for individuals with chronic conditions. It is being applied to other service areas in the organization and is contributing to primary care’s strategic priority of improving care to vulnerable and hard to reach patients.

Contact:
Dr. Tara Sampalli
Associate Director of Research, Primary Healthcare
Capital Health
Mumford Professional Centre
Halifax, NS  B3L 4P1
Tel: 902-240-4890
Fax: 902-860-2046
tara.sampalli@cdha.nshealth.ca
A Sustained Significant Reduction in Alternate Level of Care Days at Winchester District Memorial Hospital – A Team Approach to Success

Winchester District Memorial Hospital

A successful team collaboration at Winchester District Memorial Hospital (WDMH) is helping to solve one of the key challenges in Canadian healthcare. In the past, WDMH has experienced high Alternative Level of Care (ALC) patient rates. Today, these rates have been almost completely eliminated, as a result of our team effort.

This issue is a local, regional and province-wide challenge and WDMH has identified it as a priority quality and safety issue. The learnings and developed processes have also been applied to address the issues of high unplanned readmission rates and high Emergency Department (ER) revisit rates.

Over the past three years, a dynamic and dedicated multi-disciplinary team at WDMH has been working closely with several partners to address this issue. In particular, the hospital, local physicians, and the Champlain Community Care Access Centre (CCAC) have worked together to plan and implement a solution. Patients and families have played a key role as well.

The result is a sustained significant reduction in the number of ALC patients, reduced unplanned readmissions rates and fewer ER revisits. Most importantly, patients and families are feeling supported and cared for by the entire team working together.

WDMH ‘tested the waters’ in identifying ways to reduce ALC census days in its acute care setting. It has turned a test pilot into a well-executed strategy with sustained results. WDMH has maintained near-zero alternative level of care census days for three consecutive years by focusing on partnerships and community relationship-building, staff and physician engagement, and maintaining a circle of care with patients and families.

This initiative does not require additional resources. It can be easily transferred to other units, hospitals, or regions for adoption. It is a team solution.

Contact:
Lynn Hall
Senior Vice President, Clinical Services
Winchester District Memorial Hospital
566 Louise Street
Winchester, ON K0C 2K0
Tel: 613-774-2422 ext. 6351
Fax: 613-774-0453
lhall@wdmh.on.ca
Fostering a Culture of Accountability to the PARTNERS in Care Service Standards at TGH

Toronto General Hospital, University Health Network

The PARTNERS in Care Service Standards, a University Health Network (UHN) initiative to improve customer service and patient experience, is comprised of service standards and behaviours. Staff and leaders use the service standards when interacting with patients, families, and each other. Developed by Toronto General Hospital (TGH) staff and leaders in 2011, the process of building awareness and ensuring adherence to the service standards transformed into a Certification of Excellence Program.

Launched in 2014 by the TGH Goals and Objectives Planning Team, the certification program supported a deeper accountability and commitment to the service standards. Leaders, managers, and frontline staff from various units, clinics, and departments participated in the certification process with the planning team monitoring and following up on requests to participate.

Baseline surveys conducted by participating teams incorporated survey questions aligned to service standards and behaviours, National Research Corporation (NRC) Picker – Patient Satisfaction Survey and UHN Balanced Scorecard (BSC). A total of 1,835 surveys were completed in seven months with 778 patients, 224 clients (in non-patient care areas), and 883 healthcare team members participating. Survey responses formed the baseline for teams to address gaps in where they were already achieving service excellence. Overall accountability for the service standards improved as units, clinics, and departments became aware of their interactions and impact on patient experience. The planning team used the results to determine service standards, and behaviours of respect and relationships between staff would be the focus of the 2015 TGH Goals and Objectives Planning Retreat.

Contact:
Sharon Roberts
Project Manager
Toronto General Hospital, University Health Network
TGH Management Team – LPMB 119B 585
University Avenue
Toronto, ON M5G 2N2
Tel: 416-340-4800 ext. 7825
Fax: 416-340-5054
sharon.roberts@uhn.ca

Integrative Care Collaborative for Hips and Knee Surgery

North York General Hospital

Imagine improving patient care and erasing barriers between the hospital and other arms of the healthcare system, all while saving money. This dream is now a reality at North York General Hospital (NYGH), where the Integrated Care Collaborative (ICC) program for hip and knee replacement surgery offers patient- and family-centered care in a coordinated fashion from the moment a patient is referred to a specialist through the hospital stay to recovery. With the leadership of a patient navigator – a clinical nurse-specialist who manages pre-identified patients from referral to rehabilitation – patients are ensured excellent patient experience and outcomes through seamless, integrated hip and knee replacement care.

Adapted from an evidence-based model created by Michael Porter of Harvard University, the Hip and Knee ICC program involves collaboration amongst the inter-professional team of physicians, nurses, allied health, other health professionals, administrators and community partners who partner with the patients and their families to streamline their surgical experience and ensure that they receive the best, most comprehensive care from diagnosis to rehabilitation.

The ICC program is one of NYGH’s proudest achievements, one that is changing the way care is delivered elsewhere in the hospital. This innovative endeavour has enabled us to improve on all provincial targets and decrease our costs, saving more than $933,000 since the inception of the program. We have sustained those results for more than two years while staying focused and centred on our patients and their families. Our patients have voiced their satisfaction through our NRCC Picker surveys, where the satisfaction for overall care received is rated at 96%, a 6% improvement since the ICC’s debut.

None of this innovation would have been possible without the collaboration amongst diverse healthcare professionals at NYGH, its community partners, and patients and their families, proving that innovation, motivation, and teamwork can be combined to provide quality, patient- and family-centred care.
Research Challenge Advisory Committee
Providence Health Care

The sustained change brought about by the implementation of the Providence Health Care Practice-based Research Challenge is an awareness of an increase in evidence-based practice at all levels in the organization.

The Research Challenge is an innovative program that supports teams of nurses and allied health clinicians to conduct small-scale research projects in their practice settings with support from research mentors. The Research Challenge Advisory Committee (comprised of academics, professional practice leaders, researchers and patient partners) locates funding, assigns mentors, leads research methods workshops, selects teams to receive funding, and leads the ongoing evaluation of the program.

In four years, the Research Challenge has funded 46 teams whose projects have led to 62 conference presentations, seven peer-reviewed publications, multiple quality awards, and numerous practice changes. Two projects used their Research Challenge project findings to successfully apply for larger external funding awards, including a CIHR award. The Research Challenge program has been recognized as a leading practice by Accreditation Canada, and leadership at Providence has committed to continuing the program as a permanent offering for point-of-care clinicians.

The rigorous evaluation of the Research Challenge showed significant improvement in research methods knowledge and abilities among participants, as well as an increase in evidence-based practice. The unique partnership on the Research Challenge Advisory Committee has led to a strong team who developed the Research Challenge, oversaw the evaluation of the program, and are committed to sustaining the program.

Contact:
Agnes Black
Research Leader, Professional Practice
Providence Health Care
1190 Hornby Street, Suite 409G
Vancouver, BC V6Z 2K5
Tel: 604-682-2344 ext. 66124
Fax: 604-806-9315
ablack@providencehealth.bc.ca
Safe Surgery Checklist: Alberta Provincial Implementation

Alberta Health Services

Alberta Health Services (AHS) approved a policy to ensure that the Safe Surgery Checklist (SSC) is used for every patient undergoing a surgical procedure in any operating theatre in Alberta. This quality improvement project was undertaken to achieve uniform provincial compliance. Accreditation Canada has identified the SSC as a Required Organizational Practice (ROP) by 2015; therefore, demonstrating measured achievement of this standard across all zones and surgical facilities within Alberta is critical. The Surgery Strategic Clinical Network (SSCN), in collaboration with zones leadership, sites leadership, physicians, staff, and patients lead an implementation plan that improved compliance from less than 50% to 91%.

Compliance requires completion of all three stages of the SSC and participation of the entire surgical team during these phases. Compliance measurement is undertaken by observational audits conducted in all surgical sites across all zones across Alberta. The observational audit includes documentation of any “good catches” which occur when use of the checklist results in averting a mistake. Since implementation, “good catches” have been identified in about 4% of cases, thereby preventing more than 10,000 errors each year! The SSC is achieving what it intended to achieve – improved surgical team communication, avoiding mistakes, and preventing error within the operating rooms. Some of the strategies that have facilitated this change include:

1. Tools for patients and providers, including a downloadable educational podcast.
2. Regular compliance reporting fed back to providers, leaders, and executive.
3. Engagement of front line providers, physicians, and patients.
4. Amendment of policy to outline expectations and accountabilities more clearly.

Contact:
Tracy Wasylak
Senior Program Officer, Strategic Clinical Networks
Alberta Health Services
10301 Southport Lane, SW
Calgary, AB T2W 1S7
Tel: 403-943-1256
Fax: 403-943-0916
tracy.wasylak@albertahealthservices.ca

Transfusion Error Surveillance System

Island Health

The Island Health Transfusion Error Surveillance System (TESS) team facilitated the creation of a novel information system that is used to monitor and improve quality in the critical clinical discipline of transfusion medicine. Adverse events in transfusion medicine can result in significant negative outcomes including patient harm and valuable product wastage, so the ability to pinpoint the root cause or major contributor to an event can significantly improve system quality. This team collaborated with provincial and federal stakeholders, bringing together medical, technical, and information management expertise to create a suite of software and business intelligence tools that provide meaningful metrics aimed at improving transfusion medicine quality.

The team leveraged already existing information technology infrastructure to create a transfusion medicine specific module within the British Columbia Patient Safety and Learning System (PSLS). They worked with the provincial owners of that software to define the clinical and technical requirements that would result in meaningful data and reports. This required a diverse team that was able to collaborate not only internally, but also with external provincial and federal stakeholders.

The results of their work have facilitated numerous front-line quality improvement projects and have been so successful that they are being seconded by the provincial group to roll out their product to the rest of the health authorities in British Columbia.

Contact:
Scott McCarten
Manager, Standards, Process Improvement & Quality
Island Health
Tel: 250-370-8305
scott.mccarten@viha.ca
**Alberta Health Services Edmonton Zone Triple Aim Initiative**

**Alberta Health Services**

The Edmonton Zone (EZ) Triple Aim team launched in September 2012, as the first Canadian team in the Institute for Healthcare Improvement’s Triple Aim Learning Collaborative, now titled Better Health, Lower Cost. Since September 2013, when the Canadian Foundation for Healthcare Improvement began sponsoring Canadian teams, the Edmonton Zone Triple Aim team has demonstrated leadership among both Alberta and Canadian teams.

The experience of the AHS EZ Triple Aim team echoes the words of Dr. Robert Jensen: “Strategies from the former paradigm won’t build a new paradigm. We learn from the experience of work on grassroots projects with modest immediate goals, what the next steps can be.” The team has experienced the risks and rewards of working outside their comfort zones. They really listen to people who until now may have had good reasons not to trust healthcare providers. They build trusting relationships by helping with things that matter to their patients. Teams are using evidence to drive change. They met the challenge to scale up: from 5 to 1,800 in 2.5 years without additional human resources. Analysis is challenging, but begins to suggest population health impact. There is a suggestion that costs, in terms of acute care utilization, have decreased, with caveats about housing dependencies. The approaches used are spreading in Edmonton and in Alberta. Patients have shown evidence of hope, pride, self-respect and feeling safe.

Teams working in this initiative exemplify the Alberta Health Services strategies of Patients First, High Performing Teams, and Quality Culture.

**Contact:**
Stephanie Donaldson
Director, Primary Care and Chronic Disease Management
Alberta Health Services
500-10216 124 Street
Edmonton, AB T5N 4A3
Tel: 780-735-3217
Fax: 780-735-1061
stephaniet.donaldson@albertahealthservices.ca

---

**Alberta Health Services Improvement Way**

**Alberta Health Services**

The challenge of building a sustainable improvement culture in a provincial healthcare organization of over 100,000 employees is daunting. AHS Improvement Way (AIW) was launched in 2010 to create a frontline-driven improvement culture that would lead to sustained improvements in patient care. While the improvement principles and concepts have been borrowed from LEAN, Six Sigma, IHI and others, AIW has created a common improvement language that is solely owned by AHS staff, physicians and other partners.

Within four years, the AIW team has developed an integrated system of training, implementation and certification that is unique in Canada. Over 10,500 AHS staff have been trained in AIW, over 1,000 have obtained certification, and over 200 initiatives have been completed. After some initial support from external consultants, the whole program is now delivered by AHS staff, making AHS one of the few jurisdictions in North America attempting large-scale transformation with a relatively small internal team.

The most remarkable feature of AIW is the high rate of adoption by frontline caregivers and the positive impact it is having on patients and families. The first-phase qualitative survey of an evaluation in 2013/14 showed very high levels of satisfaction with AIW, and the second-phase evaluation showed that AIW initiatives have a positive financial impact in the $250,000 – $400,000 range.

AIW is evolving into a system that creates more improvement capability within AHS, to facilitate an ever-increasing pace of improved patient care, leading to a cultural transformation in this large organization.

**Contact:**
Laurel Taylor
Senior Provincial Director, Performance Improvement
Alberta Health Services
12-123 Seventh Street Plaza, North Tower,
10030-107 Street
Edmonton, AB T5J 3E4
Tel: 780-735-0053
Fax: 780-735-0873
laurel.taylor@alberthealthservices.ca
Chart Review of Fixed-Wing Medevac Patients Who Landed at the Edmonton International Airport

Health Quality Council of Alberta (HQCA)

In follow-up to its 2011 medevac report, the HQCA independently conducted a review of the transport and care provided to fixed-wing medevac patients since the March 2013 closure of the Edmonton City Centre Airport and relocation to the Edmonton International Airport (EIA).

A retrospective chart review of critically-ill and time-sensitive patients was conducted to assess cohort characteristics and time interval metrics. Two-hundred thirty-two (232) patient transports were reviewed, and a priori data elements were extracted. Data was analyzed for basic descriptive statistics, including patient demographics, diagnoses, time intervals, and outcomes.

By conducting this review, Albertans should feel reassured that mitigation strategies from the previous review have been implemented (15 of the 18 recommendations were implemented) and that no evidence of patient safety or care issues that could be directly associated with relocation of medevac services were found. The HQCA made an additional five recommendations to further improve medevac services in Alberta.

Contact:
Andrew Neuner
Chief Executive Officer
Health Quality Council of Alberta
210, 811-14 Street, NW
Calgary, AB T2N 2A4
Tel: 403-297-8250
andrew.neuner@hqca.ca

Depression/Distress Screening and Management in Diabetes

South West Nova District Health Authority

The recent recognition by Accreditation Canada in the South West Nova District Health Authority (SWNDHA) for its Leading Practice submission, ‘Depression and Distress Screening and Management in Diabetes’ has brought much excitement to the organization. Through the leadership of many, from the management level to frontline staff, this practice is an exceptional continuous quality improvement initiative that is helping to lead the way in the field of chronic disease management transformation.

It is commendable what this team has accomplished with no additional resources. From a pilot project based on a clinical practice guideline for diabetes to the development of a consistent practice in an area that many are uncomfortable navigating. Being able to ask questions to address a person’s overall well-being and then taking the necessary steps to provide appropriate interventions is no small task, but one that is providing many benefits from interprofessional staff collaboration to better outcomes for the people being screened.

This team of professionals, who have come together to champion this work, have laid the foundation for other programs and services locally, provincially, and nationally to be better able to help people experiencing depression or distress due to a chronic health condition.

Contact:
Michele L. LeBlanc
Chronic Disease Management Coordinator
South West Nova District Health Authority
60 Vancouver Street
Yarmouth, NS B5A 2P5
Tel: 902-742-3542 ext. 1512
Fax: 902-742-3494
leblancm@swndha.nshealth.ca
Home Care Service Delivery Redesign

Victorian Order of Nurses Canada

VON has been one of the major home care providers in Canada for over 118 years, delivering over 296,000 monthly visits by 6,000 plus employees. The complexity of the home care services delivery system, the acuity of the care, and the volume demand has drastically increased in the past five years. The accessibility to home care is becoming a concern. The increase in demand is mainly due to the growing aging population and healthcare models from district authorities are relying heavily on home care across the nation. As a leader of home care providers, VON has adopted LEAN methodologies to evaluate its service delivery process by working collaboratively with our funders to stay ahead of the demand for Canadian home care crisis.

To remain the leader in home care, VON made a commitment in 2012 to overhaul the entire service delivery process by applying LEAN (Whole System Architecture) methodologies to transform its process. By engaging cross functional service delivery employees and by fully understanding customer requirements, VON transformed both the technical as well as social systems of the service delivery process to achieve improvements in client satisfaction, service effectiveness, productivity and other key performance metrics to address customer, funder, and employee related issues. The combined efforts of investing in a LEAN culture (how people work together) and new technology and infrastructure has enabled VON to sustain the gains of over 30% in improved productivity and 17% in improved customer satisfaction.

Contact:
Louisa Yue-Chan
National Director, LEAN Centre of Excellence
Victorian Order of Nurses Canada
301-2150 Islington Avenue
Toronto, ON M9P 3V4
Tel: 647-788-3180 ext. 2311
Fax: 647-788-3176
louisa.yuechan@von.ca

Inter-Professional Spine Assessment and Education Clinics (ISAEC)

University Health Network

For years, part of University Health Network’s (UHN) strategic focus has been to enhance patient care both inside and outside its walls. Without focusing on the continuum of care and the whole patient journey, many challenges a large hospital faces would be insurmountable and would further burden community and post-acute care partners. On occasion, opportunities arise that allow UHN to support and facilitate a program that brings together care providers and experts from across the continuum to make a real difference to patient care, improving both hospital services and community care. The Inter-professional Spine Assessment and Education Clinics (ISAEC) pilot program is one such opportunity.

ISAEC is an inter-professional model of care in which patients are provided with specialized spine assessments, education, and tailored treatment plans emphasizing self-management. When indicated, ISAEC patients are provided with streamlined access to networked specialists and diagnostics. Since commencing operations in November 2012, ISAEC has provided services to over 2,800 patients. Evaluation data indicate very high satisfaction (99%) and improved health outcomes for patients (e.g., a 10 point reduction in disability as measured by the Oswestry Disability Index). In addition, the overall volume of low back pain related imaging tests ordered by primary care physicians involved in the ISAEC program fell by a remarkable 27%.

The ISAEC program has demonstrated an ongoing focus on quality improvement and patient outcomes, unprecedented teamwork, and innovative solutions that span the delivery of care. The success of ISAEC is directly related in part to the team fostering a quality improvement environment that ensures:
1. Solutions are rooted in strong clinical evidence;
2. A system’s view of program management; and
3. The application of continuous PDSA learning methods to drive process change.

Contact:
Paul A. Santaguida
Senior Project Manager, Health Quality Programs
University Health Network
20 Dundas Street, W, 3rd Floor, Suite 331
PO Box 171
Toronto, ON M5G 2C2
Tel: 416-340-4800 ext. 8933
Fax: 416-340-3391
paul.santaguida@uhn.ca

South Shore Collaborative Breastfeeding Network

South Shore Health, Public Health

Breastfeeding is recognized as the best and healthiest way to feed a baby and is the cornerstone to chronic disease prevention. As part of ongoing efforts to promote, protect, and support breastfeeding, South Shore Health (SSH) worked with community partners to develop and implement an innovative model of service delivery that supports families reach their breastfeeding goals and improves breastfeeding rates. The South Shore Collaborative Breastfeeding Network (The Network) is a “one door” process for families and healthcare providers to access consistent, timely, evidence based, family centered support, and information in the hospital and community. This resource supports South Shore Health’s strategic directions of enhancing quality care, enabling healthier communities through partnerships, easing the burden of chronic disease and improving system access and flow.

Since its inception in March 2013, there have been 325 referrals to The Network. (Average birth cohort is ~450 per year). Feedback from mothers and healthcare providers has been overwhelmingly positive. There have also been significant improvements in breastfeeding outcomes. Prior to The Network, the rate of South Shore babies receiving “any breast milk” prior to discharge was 72%. In the year following the establishment of The Network, the rate rose to 80%. Similarly, exclusive breastfeeding rates rose from 52% to 66% (source: Nova Scotia Atlee Database).

In addition, The Network’s creative approach has resulted in improved quality of care as mothers and care providers access timely, appropriate support from those most knowledgeable about breastfeeding; improved access through flexibility in regards to the consultations location based on the mother’s needs, and enhanced partnership and collaboration between healthcare providers, community partners, and peer supporters.
Toronto Central ICCP Leadership Team

Toronto Central Community Care Access Centre

Integrated Care for Complex Populations (ICCP) is a unique, highly successful undertaking in Toronto Central LHIN (Local Health Integration Network).

The ICCP Leadership team is made up of representatives from Toronto Central CCAC, primary care, speciality, acute care, complex continuing care, rehabilitation, EMS, social services, and others.

The team has created processes to smooth transitions as clients journey from one sector to another and form one ‘care team’ around each client. Each care team is quarterbacked by a TC CCAC care coordinator, who works with primary care to develop a coordinated care plan based on the priorities of the client and caregivers.

A pilot phase of ICCP was followed by expansion to other complex populations: palliative care clients and children with complex needs. The success of these early tests have already influenced major policy changes in Ontario.

In 2012, ICCP initiated its third generation: its maturity phase, where innovations developed in the pilot and expansion phases have been scaled, reaching thousands of CCAC clients within Toronto Central LHIN. This phase has seen previous successes stabilize: a reduction in demand for ALC (Alternative Level of Care) beds, long-term care beds, emergency medical services and acute care, while improving the satisfaction and comfort of clients and their family members.

Toronto Central’s ICCP Leadership team demonstrates the success that can be achieved when executives have the vision to break down silos to find solutions for the health of their patients and transform our healthcare system for the better.

Contact:
Julia Oosterman
Director, Communications & Stakeholder Relations
Toronto Central Community Care Access Centre
250 Dundas Street, W., 3rd Floor
Toronto, ON M5T 2Z5
Tel: 416-217-3820 ext. 2656
julia.oosterman@toronto.ccac-ont.ca
Transforming Mental Healthcare at St. Joseph’s Health Care London

St. Joseph’s embarked on what became a 17 year journey to transform its tertiary mental healthcare service delivery following directives made by Ontario’s Health Restructuring Commission (HSRC) in 1997. HSRC directed that three tiers of change take place. Tier 1 called for the transfer of governance and management of the then London and St. Thomas Provincial Psychiatric Hospitals to St. Joseph’s Health Care London, Tier 2 for the transfer of 138 beds and related ambulatory services to four partner hospitals in the region as well as the closure of 70 beds, and Tier 3 for investment in building community capacity to enable persons living with serious mental illnesses to achieve successful community living. Finally HSRC also directed the building of two purpose built facilities to replace the aging hospital infrastructure. At the time that the directives were announced all of this was to be achieved by December 31, 1999.

St. Joseph’s senior and MH clinical leadership recognized that management of such tremendous change would require careful attention to a multitude of factors in order to ensure the continued provision of high quality patient care as well as the necessary shift in care culture from one of institutionalization to a recovery oriented care environment.

Outcomes of these initiatives have maintained and improved access to bedded care in tertiary mental healthcare, have supported individuals previously hospitalized for long periods to live successfully in the community.

Contact:
Dr. Deborah Corring
Director, Mental Health Transformation
St. Joseph’s Health Care London
550 Wellington Road
London, ON N6C 0A7
Tel: 519-455-5110 ext. 47820
deb.corring@sjhc.london.on.ca

Triple Aim Improvement Community at Women’s College Hospital

Women’s College Hospital (WCH), an academic ambulatory hospital in Toronto, has demonstrated leadership in the first Canadian Foundation for Healthcare Improvement-sponsored Triple Aim Improvement Community (TAIC). The ‘Triple Aim’ concept entails ambitious quality improvement at all levels, including population health outcomes, patient care experience, and value for money.

Given WCH’s strategic focus on complex chronic conditions and health system solutions, efforts were directed at improving care for medically complex patients whose healthcare needs may be better met outside EDs and inpatient wards – specifically, linking patients with family practice, providers with outpatient specialists, and enabling timely, appropriate imaging.

Promoting Access to Team-Based Healthcare (PATH) generated team-based intake mechanisms for the WCH Family Health Team to attach complex patients and is being scaled up across the Mid West Toronto Health Link.

Seamless Care Optimizing the Patient Experience (S.C.O.P.E.) 2, a collaboration of WCH, UHN, and CCAC, offers primary care providers access to community resources and specialist care, and has reduced utilization while improving patient experience.

1-800 Imaging created centralized access for primary care providers requiring urgent radiology exams – enabling immediate bi-directional feedback and reducing ED visits.

Individually and collectively these initiatives have had significant impact. Hospital-wide adoption of an evidence-based quality improvement methodology has shifted quality culture and generated capacity across the organization to design, implement, evaluate, and scale up innovative models of care. WCH continues to promote the Triple Aim as an emboldening principle for healthcare and system improvement in Ontario and beyond.
Weaving a Mosaic of Support – Caregiver Respite in the Mississauga Halton LHIN.

Mississauga Halton Local Health Integration Network (MH LHIN)

In 2012, the Mississauga Halton LHIN opened the new Caregiver Respite program. Five services were developed to “wrap around” the caregiver. These services encompass: Emergency respite, out-of-home respite (short stay), adult day respite (day, evening and overnight + bathing service), in-home respite and caregiver counseling, knowledge exchange & support. Caregivers can access all five services. In-home respite hours are awarded on assessed need and can be utilized by the caregiver as the caregiver chooses - providers do not set times or amount of time to be used. The program has one access point through a centralized intake. Once admitted, respite advisors counsel and educate on the services available to the caregiver and coordinate entry into one or more services. A learning centre has been built and educators provide in-class or in-home training to caregivers in areas such as positioning, turning, feeding, and changing dressings to enable caregivers to feel supported in their care. Educators also train respite provider staff in a variety of caring skills for those with dementias, Alzheimer’s, difficult behaviors, customer service, etc.

As part of the development of the respite program, a research study was conducted and an interRAI caregiver survey was piloted. The plan is that further refinement will take place and the caregiver survey will become part of the interRAI standardized assessment system.
QUALITY TEAM INITIATIVES 2015 – FORMER TEAM AWARD RECIPIENTS

**Programs and Processes in an Acute Care Hospital Environment**

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
Inpiring 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
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 National Awards Program brochure, please contact:

Cindy MacBride
Manager, Awards and Sponsorship Programs
Canadian College of Health Leaders
292 Somerset Street West
Ottawa, ON K2P 0J6
Tel: 613-235-7218 ext. 213 or 1-800-363-9056
Fax: 613-235-5451
cmacbride@cchl-ccls.ca

The Canadian College of Health Leaders (CCHL), formerly known as the Canadian College of Health Service Executives (CCHSE), is a national, member-driven, non-profit association dedicated to ensuring that the country’s health system benefits from capable, competent and effective leadership.

College members come from every health sector and region in Canada and are at varying stages of their careers. Members include students, and health leaders who work in a variety of environments including medical companies, health authorities, health consultants, multi-level care facilities, hospitals, public and private health agencies, health charities, the Canadian military and all levels of the Canadian government.

With 21 chapters across the country, representing thousands of individual and corporate members, the College offers capabilities-based credentialling, professional development opportunities, and an extensive career network. Guided by a Code of Ethics and the LEADS in a Caring Environment Framework, the College helps individuals acquire the skills they need to change their own organizations and, ultimately, the health system.

At 3M, science lies at the heart of everything we do. We apply the right science the right way to touch people worldwide—generating breakthroughs that make their lives better, easier and more complete. With $32 billion in sales, 3M employs 90,000 people worldwide and has operations in more than 70 countries. 3M Health Care is committed to supplying reliable products and services that advance the practice, delivery and outcomes in medical, oral care, health information systems, drug delivery systems and food safety. For more information, visit www.3M.com or follow @3MNewsroom on Twitter.