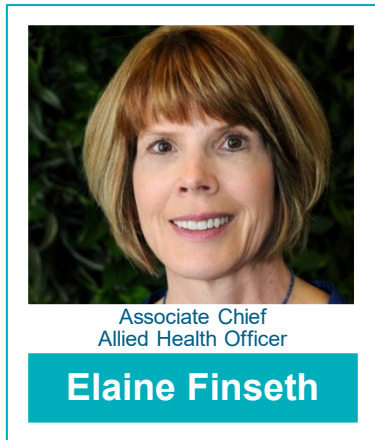


Innovation Learning Collaborative Orientation Pediatric Eating And Swallowing Provincial Project

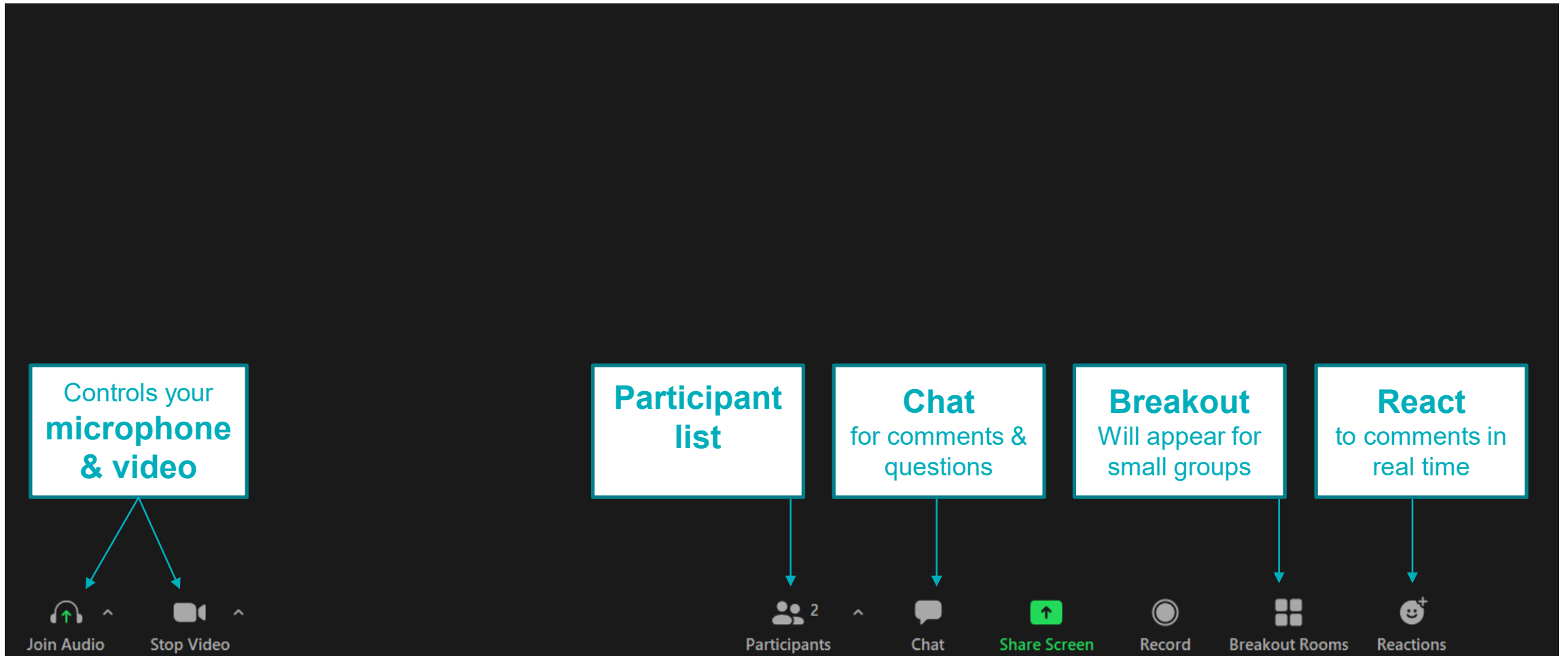


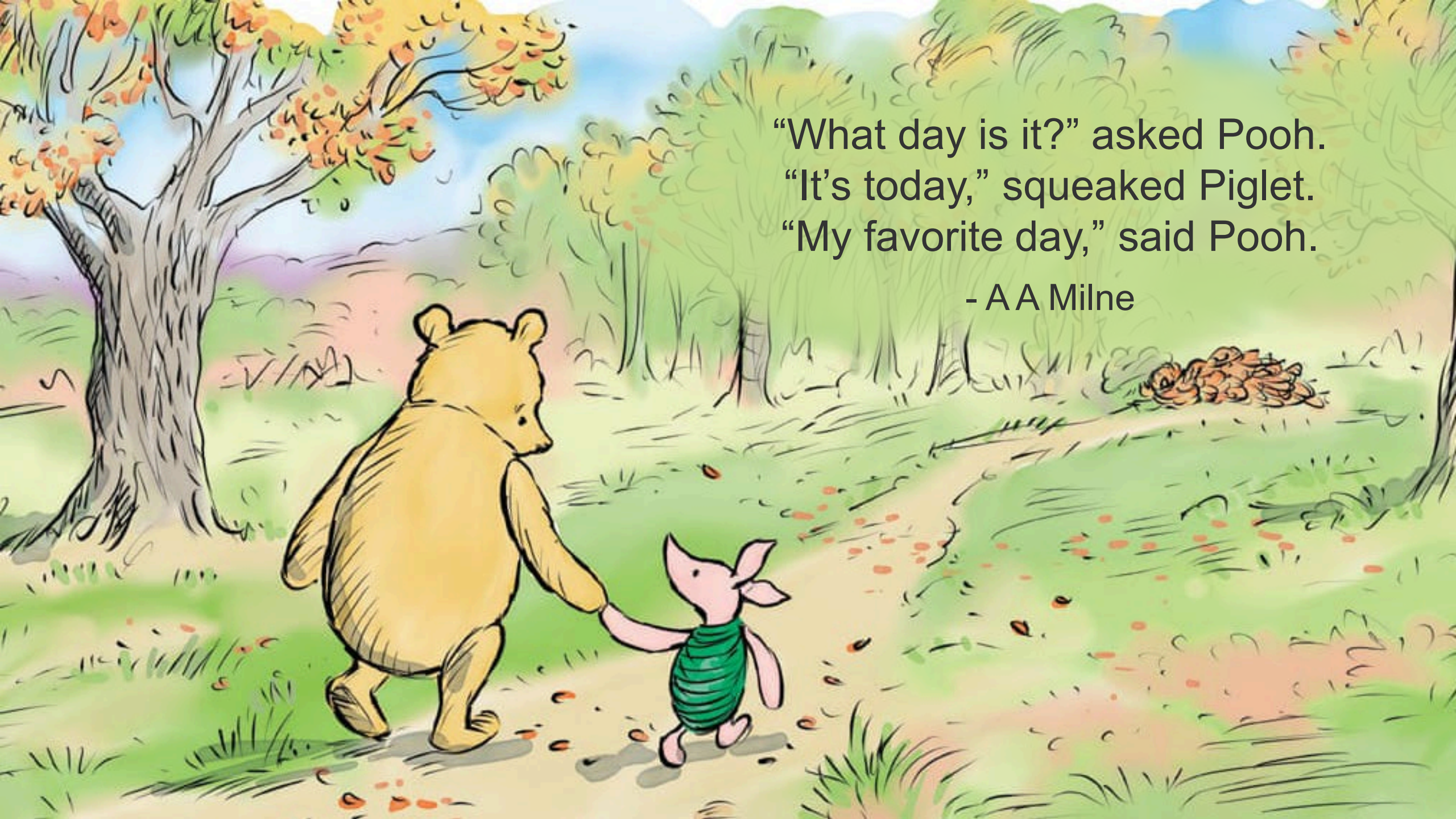
Welcome

- Introductions & Objectives



PEAS Innovation Learning Collaborative Orientation



An illustration of Pooh the bear and Piglet walking along a path in a forest. Pooh is on the left, holding Piglet's hand. Piglet is on the right, wearing a green striped shirt. The forest has green grass, trees with orange and yellow leaves, and a pile of leaves on the ground.

“What day is it?” asked Pooh.
“It’s today,” squeaked Piglet.
“My favorite day,” said Pooh.

- A A Milne

ILC Orientation Session Agenda

- 1:00 pm Welcome & Overview
 - 1:15 pm Family & Provider Story
 - 1:30 pm ILC Methodology
 - 2:00 pm Example Implementation: Adult Community Rehabilitation
 - 2:20 pm Break
 - 2:30 pm Team Charter Overview
 - 2:40 pm Introduce PEAS Facilitators and discuss ILC roles & responsibilities
 - 2:50 pm Small Group Breakout: Team Charter development
 - 3:35 pm Report Out
 - 3:55 pm Wrap-Up & Next Steps
 - 4:00 pm Adjournment
-

PEAS Innovation Learning Collaborative Orientation

Participating Clinics & Services

- Area 1 North Zone
- Area 4 North Zone
- Area 8 North Zone
- Area 9 North Zone (Grande Prairie)
- ACH Eating, Feeding, Swallowing Clinic
- ACH Cleft Palate Clinic
- ACH Home Enteral Nutrition Therapy (HENT)
- ACH Early Childhood Rehabilitation
- ACH Neonatal Follow-up Clinic
- ACH Complex Airway Clinic & Calgary Pediatric Home Care
- Calgary Zone - Pediatric Community Rehabilitation
- Calgary Zone Rural Allied Health
- Central Zone
- Stollery Aspiration Clinic
- Stollery Aerodigestive Clinic
- Stollery Cleft Lip & Palate Clinic
- Stollery Feeding & Swallowing Clinic
- Stollery Home Nutrition Support Program (HNSP)
- Glenrose Feeding & Swallowing Clinic
- Medicine Hat Regional Hospital Pediatric Specialty Clinic
- SW Alberta Children's Eating, Feeding, and Swallowing Services

Other Stakeholders

Representatives from each area to support clinics in continuous quality improvement:

- Family Advisors
- Primary Care
- Public Health
- Ministry & Other Community Partners (FSCD, Children's Services, Health, Education & Social Services)
- Multi-Sectoral Care Providers (health, mental health, community and social services, education)
- ...

PEAS Overview

Project Scope

The Pediatric Eating And Swallowing (PEAS) Project is a provincial **quality improvement** initiative with the purpose of developing a provincial eating, feeding, and swallowing **clinical pathway** to standardize and improve care for children with a **pediatric feeding disorder**.¹

Target population: Patients receiving care from provincial Outpatient Clinics, Home Care, or Community Rehabilitation

¹ Goday PS et al. *Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework*. J Pediatr Gastroenterol Nutr. 2019 Jan;68(1):124-129.

Overview

- Maternal Newborn Child & Youth Strategic Clinical Network sponsorship
 - Grant-funded quality improvement project (spring 2019-22)
-

World Cafés

- Northern & Southern Alberta (Fall 2018)
- ~180 participants:
 - Multidisciplinary Providers
 - Family members
 - Rural and Urban
- ~1300 comments on the barriers & facilitators to care



Sample Feedback from World Cafes (Fall 2018)

“Transitions -
who makes the
next decision
about care?”

“Families are
frustrated and
receive different
messages.”

“The **emotional piece**
for parents needs to be
better acknowledged and
supported.”

“We lack
common **goals**
and a common
purpose.”

“Lack **multidisciplinary**
visits to see the big picture,
usually there isn't a ‘team.’”

“Certain disciplines carve
out their areas and can
create **systemic issues**
and historical roles within
a site or service.”

“**Getting ‘in the door’ is**
challenging. We don't
know who to contact and
the family doctor doesn't
necessarily know what to
do. It's very confusing for
parents.”

“Gaps in **clinical**
knowledge
which is an issue
internationally.”

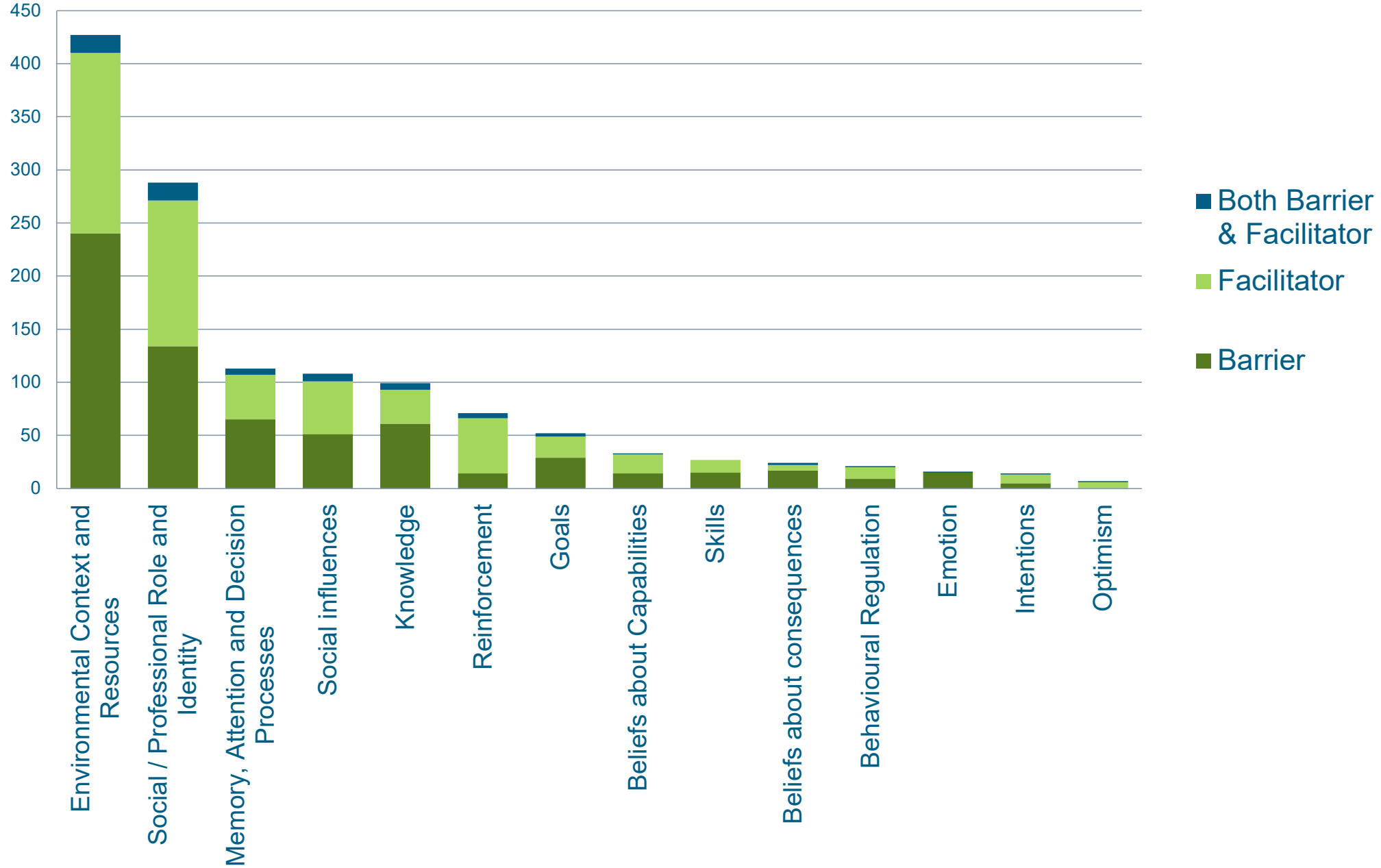
“We need **role**
clarity and
education for
service providers”

“Discussions
happen in
siloed clinics”

“Families don't
know **who**
provides what?”

PEAS Innovation Learning Collaborative Orientation

Major themes across the province were similar



Turning Feedback into Implementation Strategies



So What?

- ✓ Evidence-based process
- ✓ Prioritization
- ✓ Tailor implementation strategies

Find relevant information

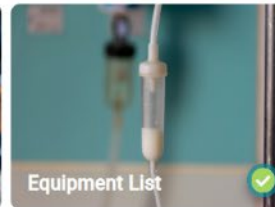
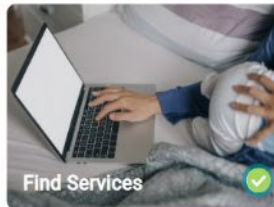
For families and care providers of children with an eating, feeding and swallowing disorder

FOR FAMILIES

FOR PROVIDERS



Popular Resources for Families

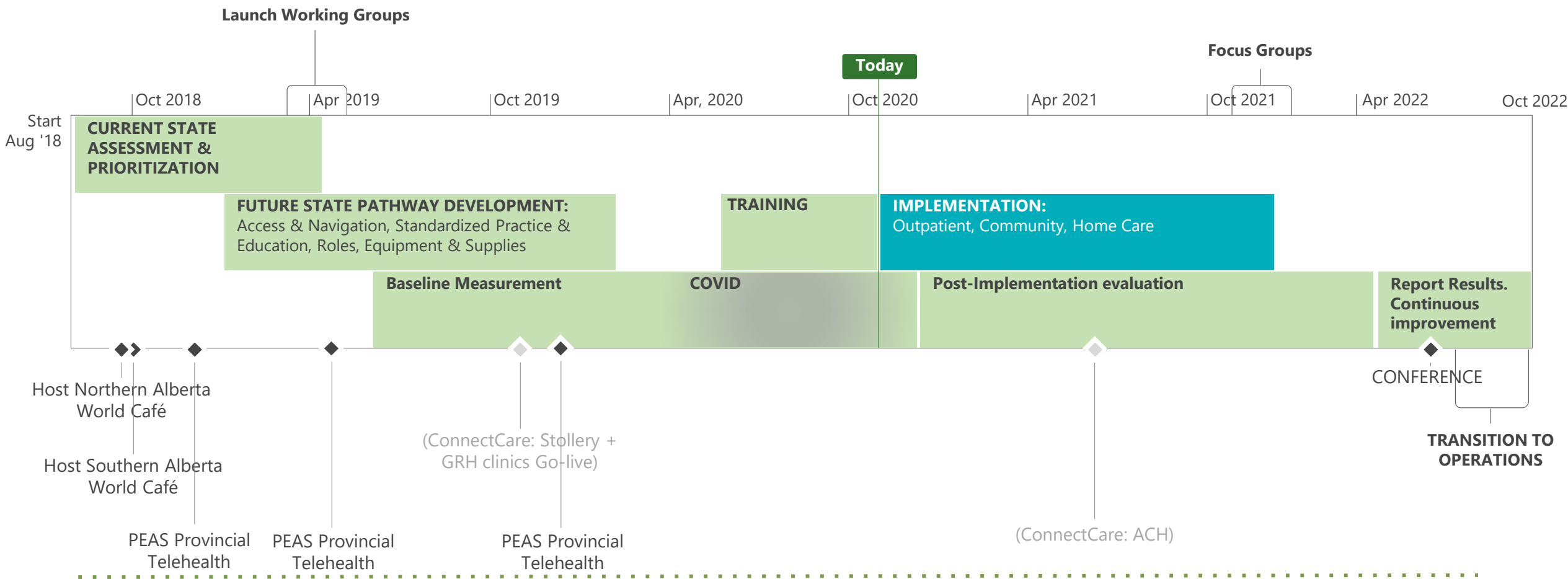


Provider Training

Topic	Audience
Overview & New Tools	Managers & Healthcare Providers
Clinical Practice Guide	Healthcare Providers
Collaborative Practice & Roles	Healthcare Providers
Collaborative Practice & Roles – for managers & practice leaders	Managers & Practice Leaders

- **Online recordings:** <https://peas.albertahealthservices.ca/Page/Index/10176>
-

Project Timeline



Family & Provider Story

Deanna Strinja & Nancy Whelan



<https://youtu.be/4U8dnsDIYxo>

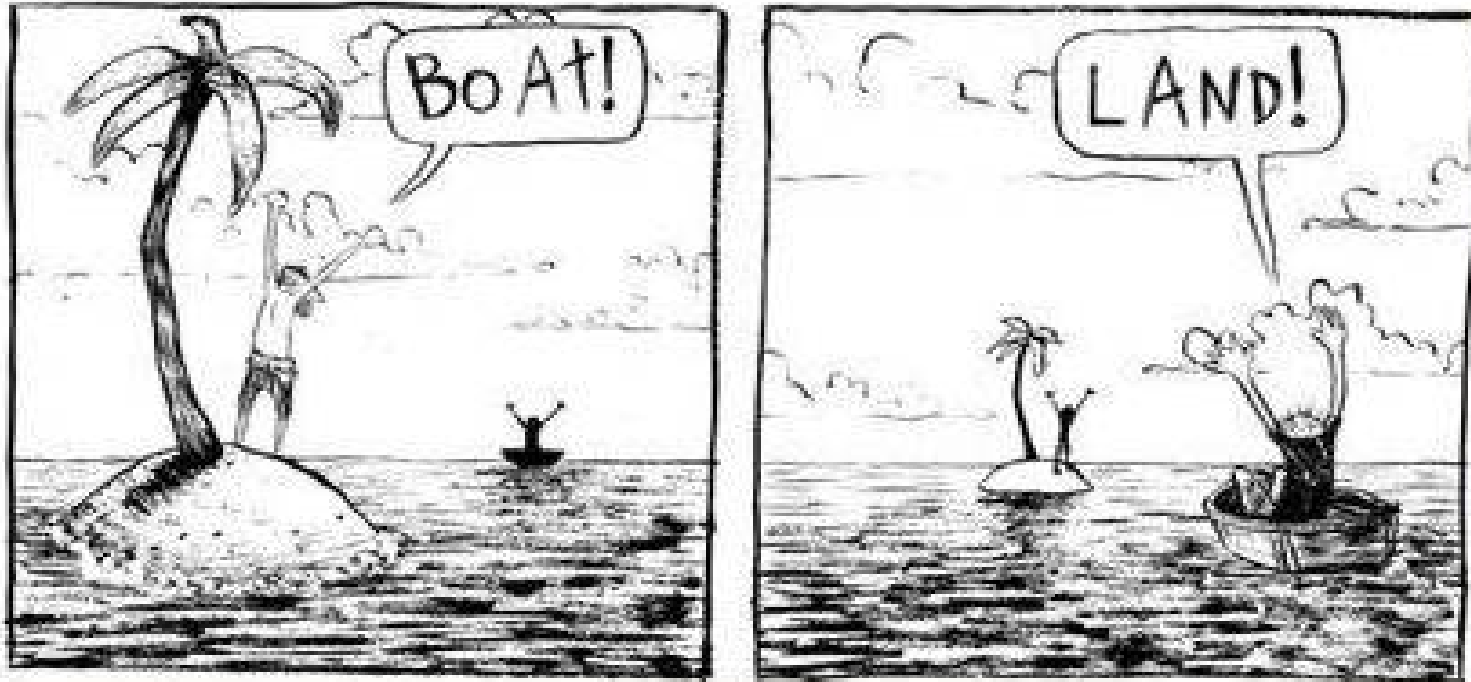
Family & Provider Story

Deanna Strinja & Nancy Whelan

ILC Methodology

Tracy Wasylak

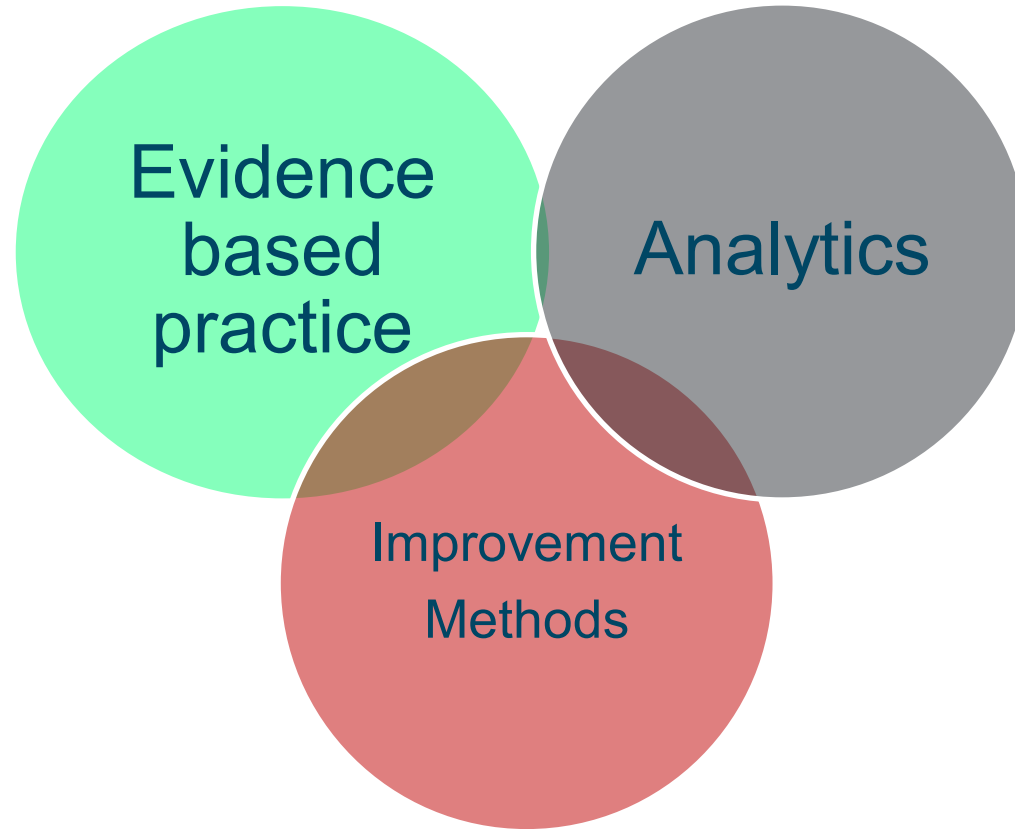
Quality is everyone's business



It's Just a matter of.....

Perspective...

Building a Quality System



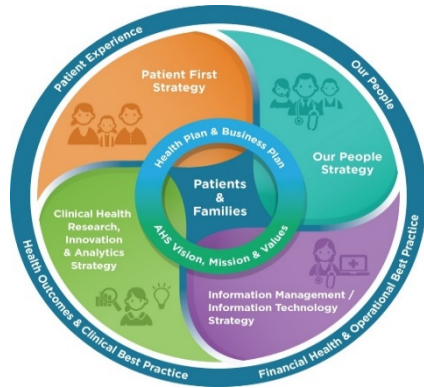
Quality Defined & Targeted



Building a Quality System



High Performing Systems



Create

Share

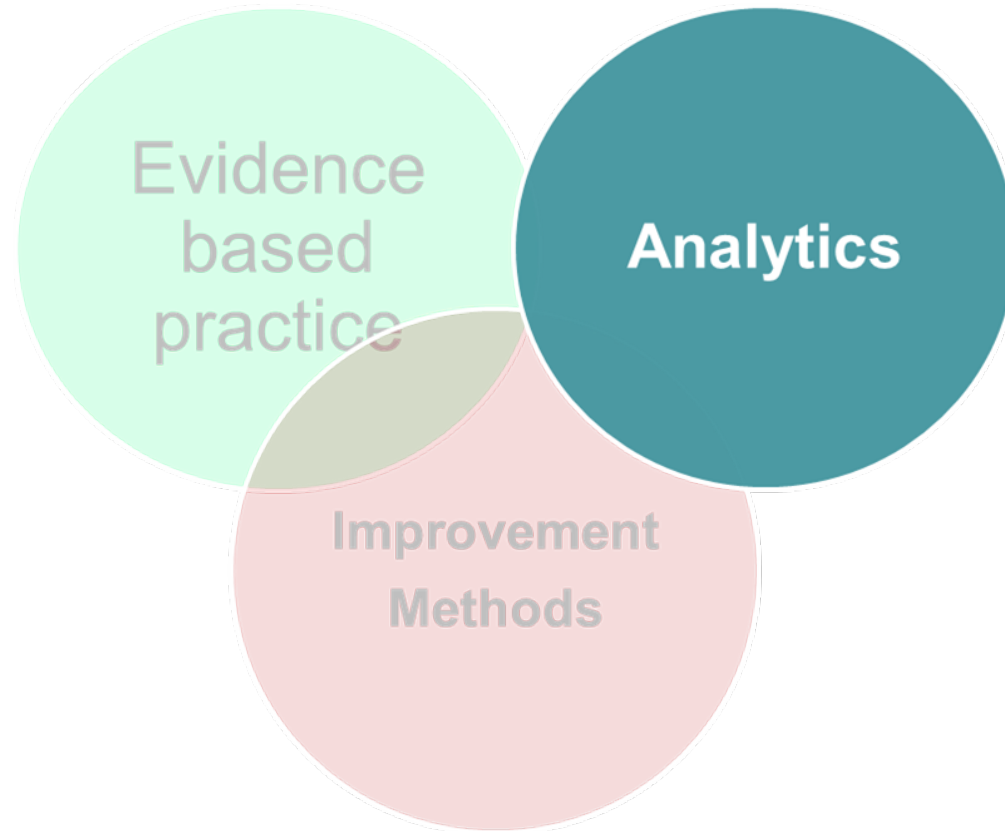
Apply

Evidence

PEAS Innovation Learning Collaborative Orientation



Building a Quality System*



*Health Catalyst, 2014

Use Measurement to Make the Compelling Case for Continuous Improvement

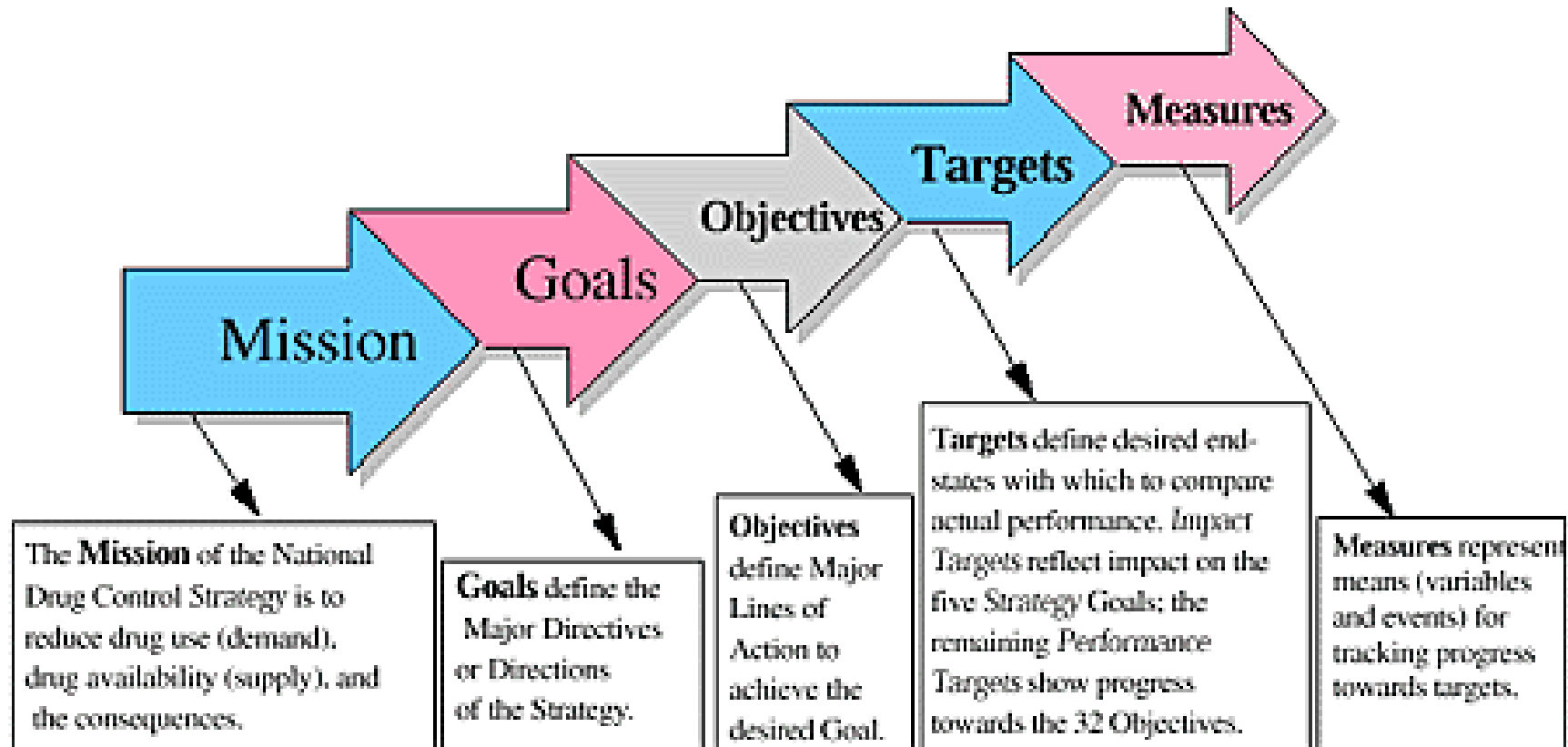
- **Measurement**
 - Provides the means to **guide positive change** for AHS and physicians
 - **Offers ability to customize specific CI strategies** driven by measurement
 - Drives **incentives** for change
- **Incentives** make change **personally relevant**
- **Benchmarks** - set 'the bar' at **world's best**
 - Based on evidence and provincial standards
 - Use key performance indicators to achieve success

No Analytics? Welcome to the HIPPO*



*Highest Paid Person's Opinion

Developing a Measurement Framework



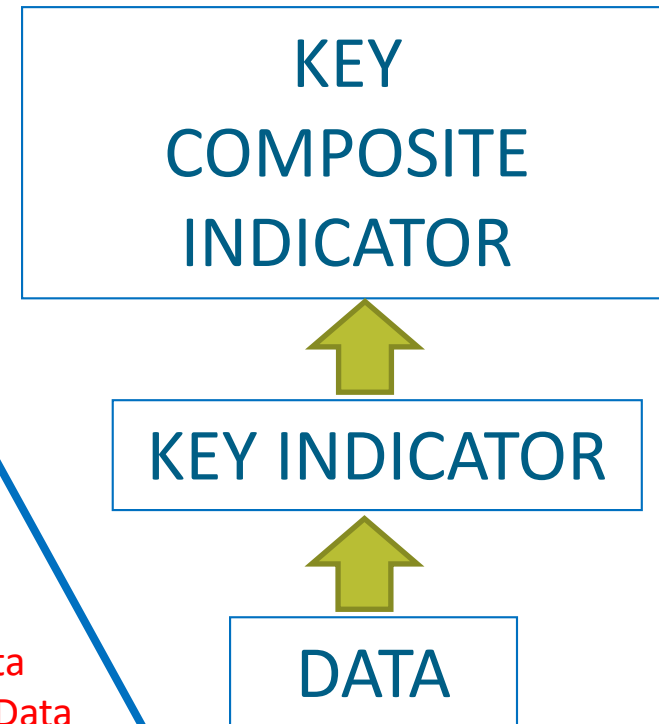
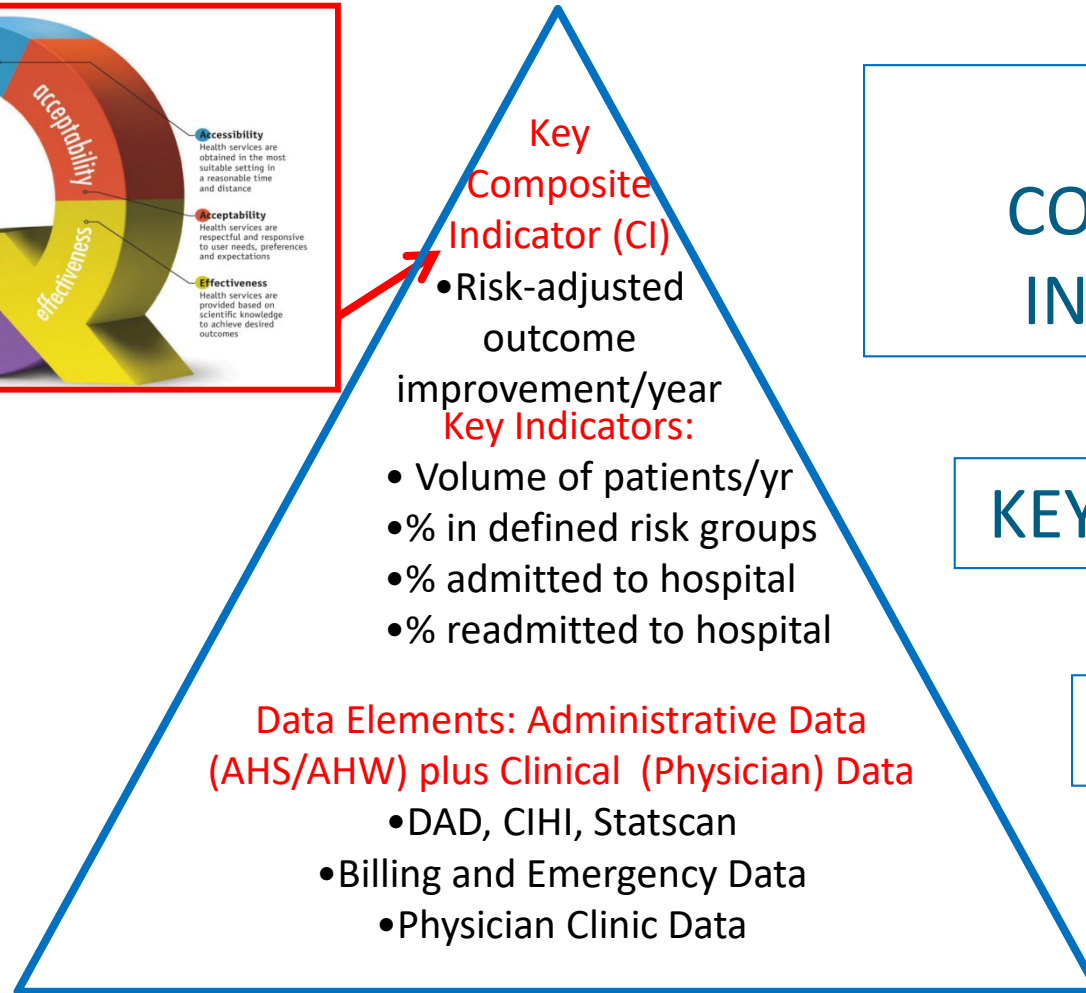
Goals of Measurement

	Quality Improvement	Research
Aim	To bring new knowledge into daily practice	To discover new knowledge
Tests	Many sequential, observable tests	One large blind test
Bias	Accept consistent bias	Design to eliminate bias
Sample Size	Gather “just enough” data to learn & complete another cycle	Gather as much data as possible, “just in case”
Measuring Improvement	Run charts, Shewhart control charts	Hypothesis, stat tests (t-test, F-test, chi square), p-values
Confidentiality	Data used only by those involved	Subjects’ identities protected

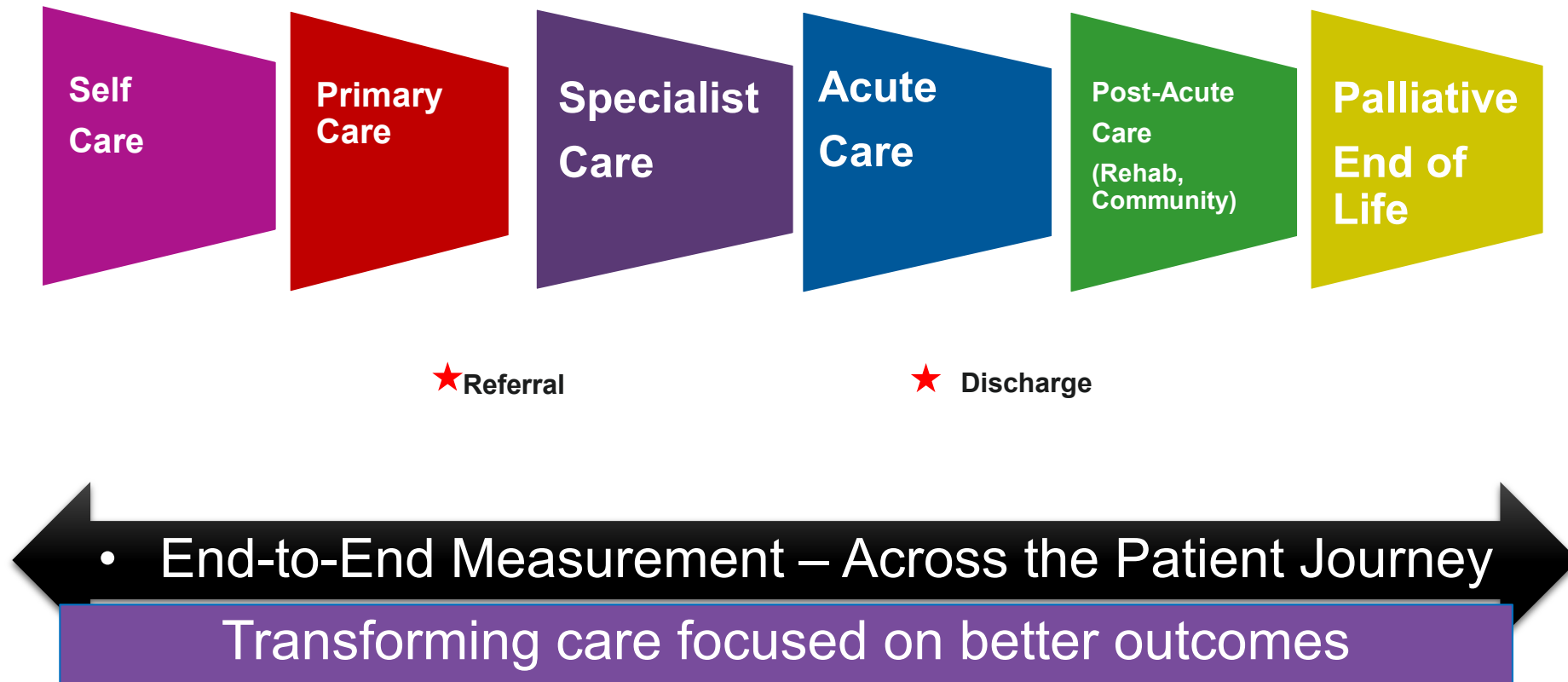
PEAS Innovation Learning Collaborative Orientation



Measurement – building KCI's

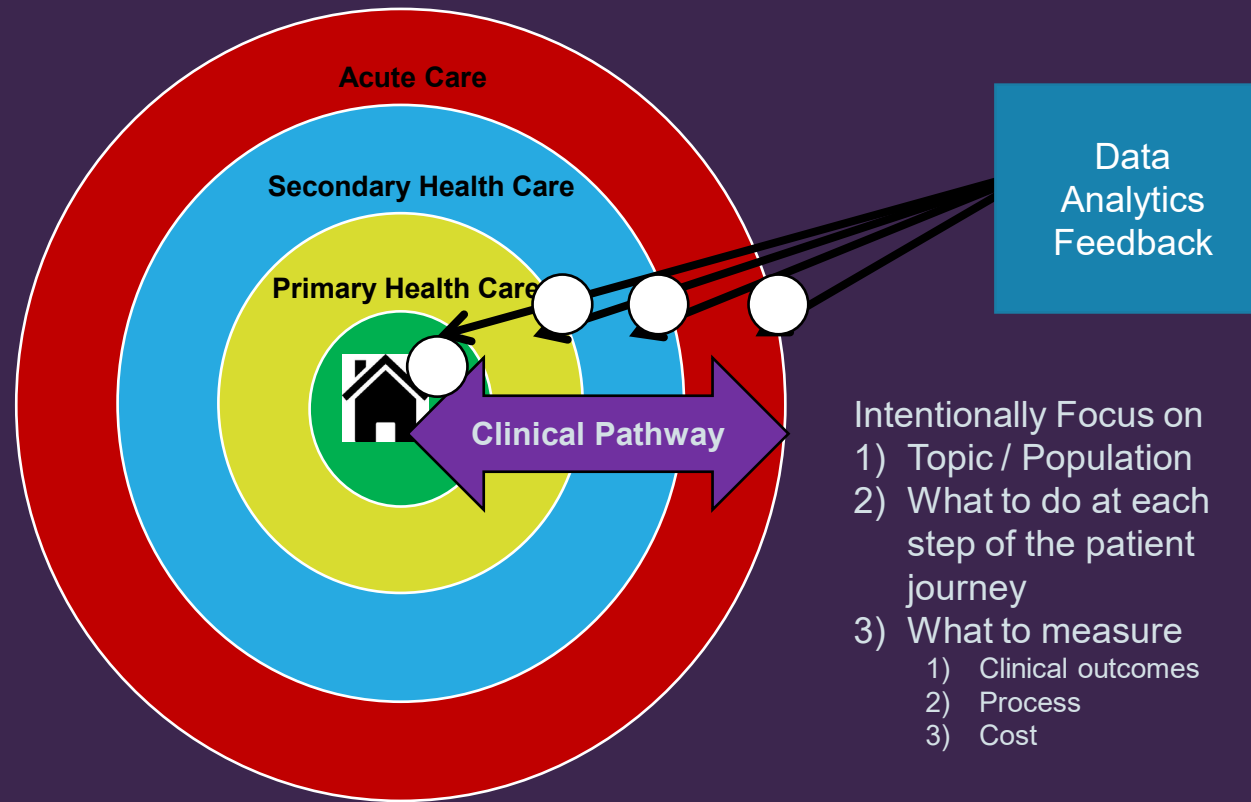


Thinking about the end to end Complex Chronic Pathway



Quality Improvement & Measurement

What's important? How to decide?



Quality Dimension	PEAS Key Performance Indicators (KPIs) Nov 13, 2020 draft
Acceptability	1. % of families who indicate that they are involved as much as they want to be in decisions about their child’s care and treatment. (Target = increase in “Always and Usually” collated %)
Accessibility	2. % of families who indicate that they have to wait too long to access care (Target = reduction in %) 3. Clinic self-reported indicators: <ul style="list-style-type: none"> a. % of urgent patients that are seen within 2 weeks for assessment b. % of routine patients that are seen within 6 weeks for assessment c. (Additional optional indicator: Ability to see follow-up patients in a timely way)
Appropriateness	4. % of patients reporting that they have an EFS Care Plan (Target = increase in %)
Effectiveness	5. Clinic Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway (reporting tool) (Target = increase in performance level) 6. Note: Additional indicator available depending on sample size: % of families with reduction in family impact score (quality of life) (Target = increase in % of families with reduction in FS-IS total score)
Efficiency	7. % of patients admitted to hospital quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)
Safety	8. % of patients seen in an ED quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)

Building a Quality System



The Breakthrough Series Learning Collaborative

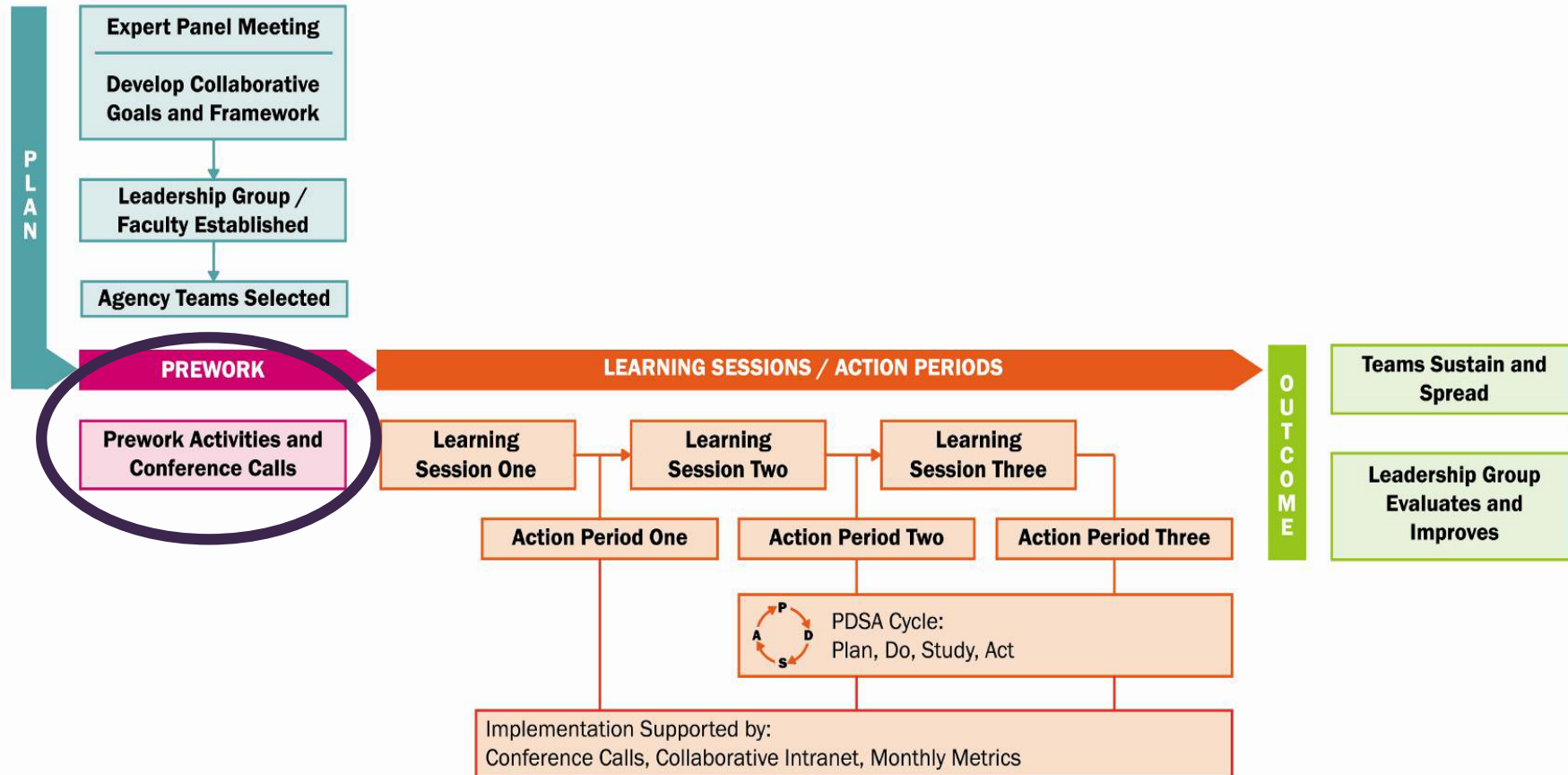


Figure adapted from Institute for Healthcare Improvement (IHI), 2003

Innovation Learning Collaborative Teams

- **Clinician-lead site teams**
 - Physicians
 - Nurses
 - Allied health professionals
 - Operations / Management
- **Work collaboratively**
 - over a period of time
 - on local improvements
 - toward system-wide outcomes.



Improvement: 'Four Fs'

Frontline & Family engagement

Focus on quality

Feedback (measurement)

Finish



Engaging front line site teams
Measuring progress
Changing complex culture

Balanced Scorecard

- Underlying Principles
 - What gets measured gets attention
 - Need common measures
 - “Less is more”
 - Need measures of relevance



PEAS Innovation Learning Collaborative Orientation

Choose SMART (Specific, Measureable, Attainable, Realistic, and Timely)

Tracy's tips:

What Indicators will change behaviors?

Pareto's Principle: The 80/20 Rule, should serve as a daily reminder to focus 80 percent of your time and energy on the 20 percent of you work that is really important. Don't just "work smart", work smart on the right things.

DELIRIUM SCORECARD

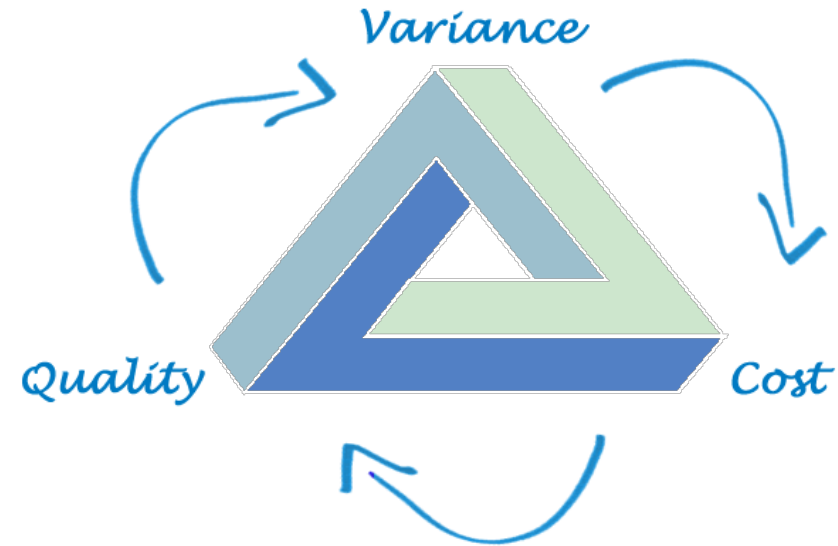
Site:

Date:

QUALITY DIMENSIONS:	APPROPRIATENESS	SAFETY	EFFICIENCY	EFFECTIVENESS	ACCEPTABILITY	ACCESSIBILITY	Data Bonus:
SELECTED MEASURE:	% of time ICU patients are in significant pain (i.e. NRS> or =4, BPS>6, or CPOT > or =3)	% of compliance with documented q4h pain assessment	% of patient days where patients experience delirium in the ICU	% of patients eligible for "out-of-bed" mobility who were mobilized 3 times in 24 hrs	Team chosen KPI	Team chosen KPI	% of compliance with documented q4hr RASS assessment =
PERFORMANCE LEVEL: ▼	Mandatory Measures Ideal target based on what can be realistically achieved in one year - negotiable						
10 (Targeted Ideal)	10%	100%	10%	100%			10
9							9
8							8
7							7
6							6
5							5
4							4
3 ("AS IS" at Start)	Baseline Data						3
2							2
1							1

Balanced Scorecard

- Balanced measures recognize
 - Limited resources
 - Operational realities
 - Competing priorities



Selecting Measures

1. Easy to Measure (accessible, timely)
2. Simple to Understand
3. Discrete Number
4. Avoid Ratios (unless appropriate)
5. Wholistic (most representative of continuum)
6. Opportunity for Improvement

In other words, be
SMART

specific

Measurable

Attainable

Realistic

Timely

Balancing Unintended Consequences





Pediatric Eating And Swallowing Provincial Project

Total Optimization Score (out of 1000)

300

Select Clinic

Test CLINIC ▼

Date Range

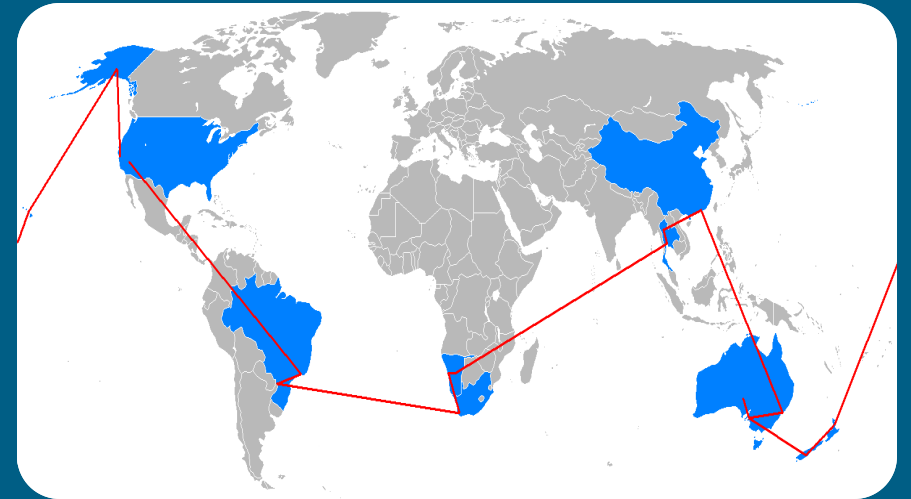
January 19, 2020 - March 20, 2020

Performance Level	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Accessibility % of families who indicate that they have to wait too long to access care	Appropriateness % of patient/family that have an EFS Care Plan	Effectiveness Clinic Self-Reported measure	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)
10	100.00	15.00	100.00	10	10.00	10.00
9	97.73	22.27	92.60	9	18.07	18.07
8	95.33	29.67	85.50	8	26.17	26.17
7	92.93	37.07	78.40	7	34.27	34.27
6	90.53	44.47	71.30	6	42.37	42.37
5	88.13	51.87	64.20	5	50.47	50.47
4	85.73	59.27	57.10	4	58.57	58.57
BASELINE - 3	83.33	66.67	50.00	3	66.67	66.67
2	80.93	74.07	42.90	2	74.77	74.77
1	78.53	81.47	35.80	1	82.87	82.87
Current Performance	0.0	0.0	0.0	0	0.0	0.0
Current Performance Level	0	0	0	0	0	0
Optimization Weights	15	15	15	15	20	20
Optimization Score	0	0	0	0	0	0
Current Numerator	5 Patients	4 Patients	3 Patients	1	4 Patients	4 Patients
Current Denominator	6 Patients	6 Patients	6 Patients	1	6 Patients	6 Patients

Example Implementation

Shayne Berndt

The Innovation Learning Collaborative (ILC) Experience: An Amazing Race



November 24, 2020

What is an ILC?

- Opportunity for groups to work together:
 - to build working knowledge of key concepts
 - to learn from one another's successes & challenges
 - to collaborate to work through those challenges

Rules of ILC Engagement

- Participate by following



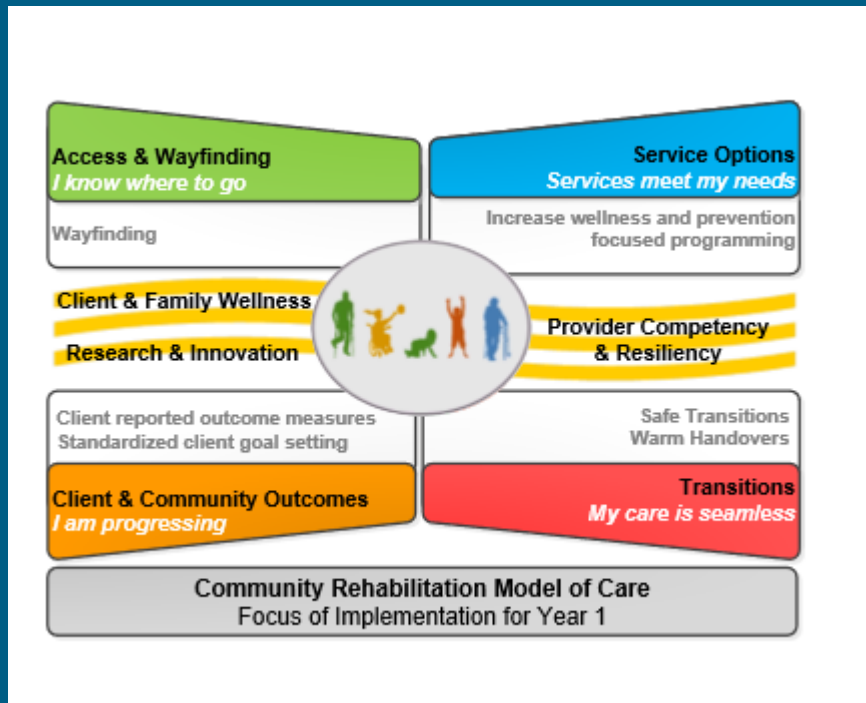
- Share your views to the larger group
- Network to build alliances!



- Help each other avoid:



Our Experience: Adult Community Rehab Model Redesign ILC



Home Rehabilitation Team

HRT provides in-home rehabilitation services for adults with a recent decline in independence, function, and/or mobility who live within Medicine Hat or Lethbridge.

- Sister teams to the Stroke Early Supported Discharge Teams
- Holistic trans-disciplinary team
- Teach strategies and develop skills for clients and families to maintain functional gains.





HRT Route Information

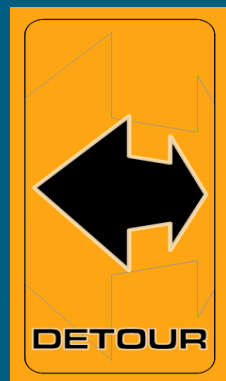
@ Home Site:

- Develop our vision & mission
- Draft team processes: referral to d/c
- Incorporate mandatory measures
- Data collection & scorecarding
- TransD, HCM & COPM training
- Marketing & stakeholder consultation

@ILC Events:

- Community Rehab Redesign Model
- Quality dimensions awareness
- Scorecard development
- Mandatory outcome measures training (EQ-5D-5L, WatLX)
- Opportunities to network (informal & formal)
- Advanced team building

Our Learnings @ILC



- Refined our understanding of the mandatory measures definitions (e.g. client goal setting)
- Alternative ways to present the outcome measures to clients (e.g. EQ-5D-5L)
- Embraced data analysis & quality improvement
- No such thing as failure just chance to fine-tune!
- Brag & steal ideas!

Home Rehabilitation Teams (South Zone)

Early Scorecard

Site:	Home Rehabilitation Team (Medicine Hat)							LEGEND
Time Period:	2018-04-01							Up ▲
Quality Dimensions:	ACCEPTABILITY	APPROPRIATENESS	EFFECTIVENESS	ACCESSIBILITY	ACCESSIBILITY	EFFICIENCY	SAFETY	Same ○
Selected Measure:	WatLX™	COPM®	EQ-5D-5L™	WAIT-TIME	INTENSITY	COPM®	WARM HAND OFFS	Down ▼
Definition:	% of discharged clients w ho rate their experience as positive on the WatLX™	% of discharged adult clients with a functional, client centered goal that has been set collaboratively via the COPM	% of discharged clients w ho report clinical improvement in EQ5DL scores	Median # of days between receipt of referral and intake	Average time (minutes) spent by provider(s) per patient per episode of care	% of discharged clients with COPM Performance score change of ≥2 points	% of discharged clients with a w arm hand off	
Change from Last Period:								
Performance Level:	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
Ideal:	10	90%	100%	90%	5	3000	100%	10
	9	80%	90%	80%	5.5	3150	90%	9
	8	70%	80%	70%	6	3250	80%	8
	7	70%	70%	60%	6.5	3300	70%	7
	6	50%	60%	50%	7	3350	60%	6
	5	40%	50%	40%	7.5	3400	50%	5
	4	40%	40%	30%	8	3450	40%	4
Baseline:	3	0%	0%	0%	8.5	3500	0%	3
	2				9	3600		2
	1				9.5	3700		1
Weighting (%):	20	20	10	5	15	15	15	100%
Optimization Score (Level x Weight):	20	20	10	5	15	15	15	100

Home Rehabilitation Teams (South Zone)

Current Scorecard

Site:		Home Rehabilitation Team (Medicine Hat)					LEGEND	
Time Period:		7/1/2020	2020-09-30		TARGETS	Up ▲		
Quality Dimensions:		ACCEPTABILITY	APPROPRIATENESS	EFFECTIVENESS	APPROPRIATENESS	ACCESSIBILITY	EFFICIENCY	
Selected Measure:		WatLX™	COPM®	EQ-5D-5L™	PROGRAM COMPLETION	INTENSITY	COPM®	
Definition:		% of discharged clients w ho rate their experience as positive on the WatLX™	% of discharged adult clients w ith a functional, client centered goal that has been set collaboratively <u>via the COPM</u>	% of discharged clients w ho report clinical improvement in EQ5DL scores	% of clients that complete the program after Intake	Average time (minutes) spent by provider(s) per patient per episode of care	% of discharged clients w ith COPM Performance score change of ≥2 points	
Change from Last Period:								
Performance Level:		100%	100%	65%	76%	1503.18	100%	
Ideal:	10	90%	100%	90%	100	3000	100%	
	9	80%	90%	80%	90	3150	90%	
	8	70%	80%	70%	80	3250	80%	
	7	70%	70%	60%	70	3300	70%	
	6	50%	60%	50%	60	3350	60%	
	5	40%	50%	40%	50	3400	50%	
	4	40%	40%	30%	40	3450	40%	
Baseline:	3	0%	0%	0%	30	3500	0%	
	2				20	3600		
	1				10	3700		
Weighting (%):		20	20	10	20	15	15	
Optimization Score (Level x Weight):		200	200	70	140	15	105	
Results							#VALUE!	

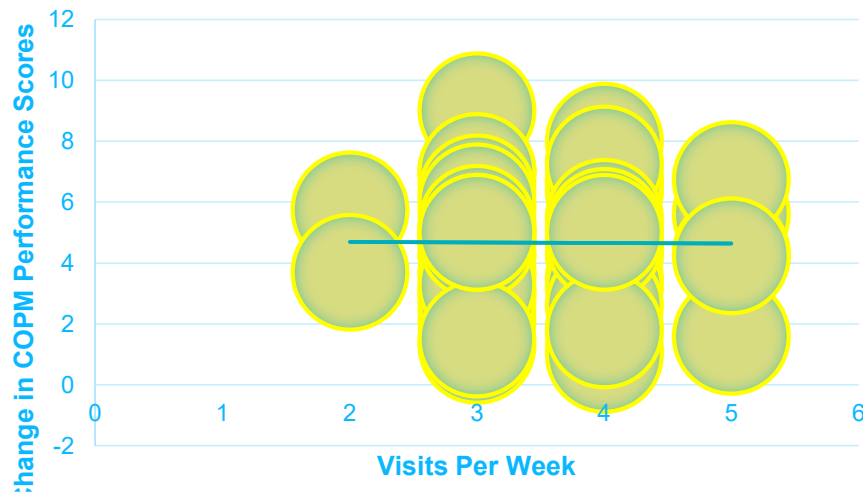
Outcome Measure Collection

- Paper initially
- Evolved to I-pad
- Challenge: HRT population
- Solution: hybrid



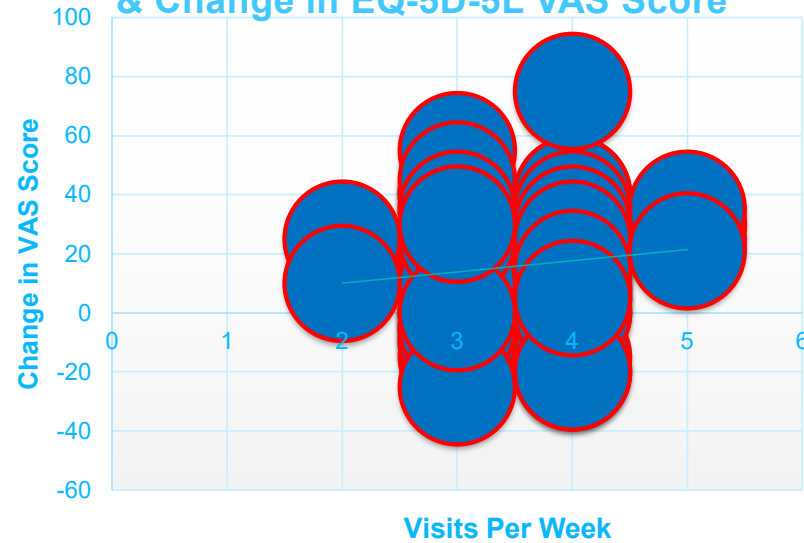
Inquiry: How many days/week therapy achieves HRT client goals?

Correlation Between Visits/Week & Change in COPM Performance Scores



CORRELATION DAYS/WEEK & COPM PERF SCORE	-0.02202
---	----------

Correlation Between Visits/Week & Change in EQ-5D-5L VAS Score



CORRELATION DAYS/WEEK & EQ-5D-5L VAS SCORE CHANGE	0.13907
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Our Challenges @ILC

- Introverted team
- Travel > shut down of team
- Variety of teams at our ILC
- Sharing of info with team members not present





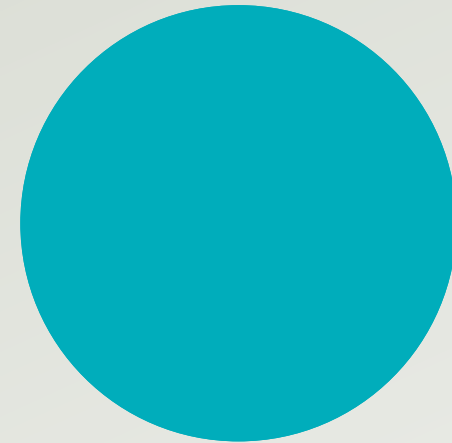
EXTENSION
OF HRT:
Seniors
Independent
Living Facility
Groups &
Education



Shayne Berndt, Manager OT South (East) Zone, Stroke Support Team (SESD) & Home Rehab Team (HRT)

Email: shayne.berndt@ahs.ca

Break
10 minutes



Team Charters



ACH Manager

Melanie Matiisen-Dewar



South Zone Manager

Tricia Miller

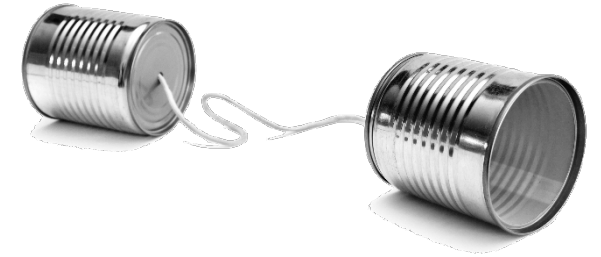


Prov. Project Manager

Vanessa Steinke

Role Clarity & Communication

Sample Feedback from World Cafes (Fall 2018)



“Families don't know **who provides what?**”

“Discussions happen in **siloed** clinics.”

“We lack common **goals** and a common purpose.”

“Transitions - who makes the *next* **decision** about care?”

“Certain disciplines carve out their areas and can create **systemic issues** and historical roles within a site or service.”

“Lack **multidisciplinary visits** to see the big picture, usually there isn't a ‘team.’”

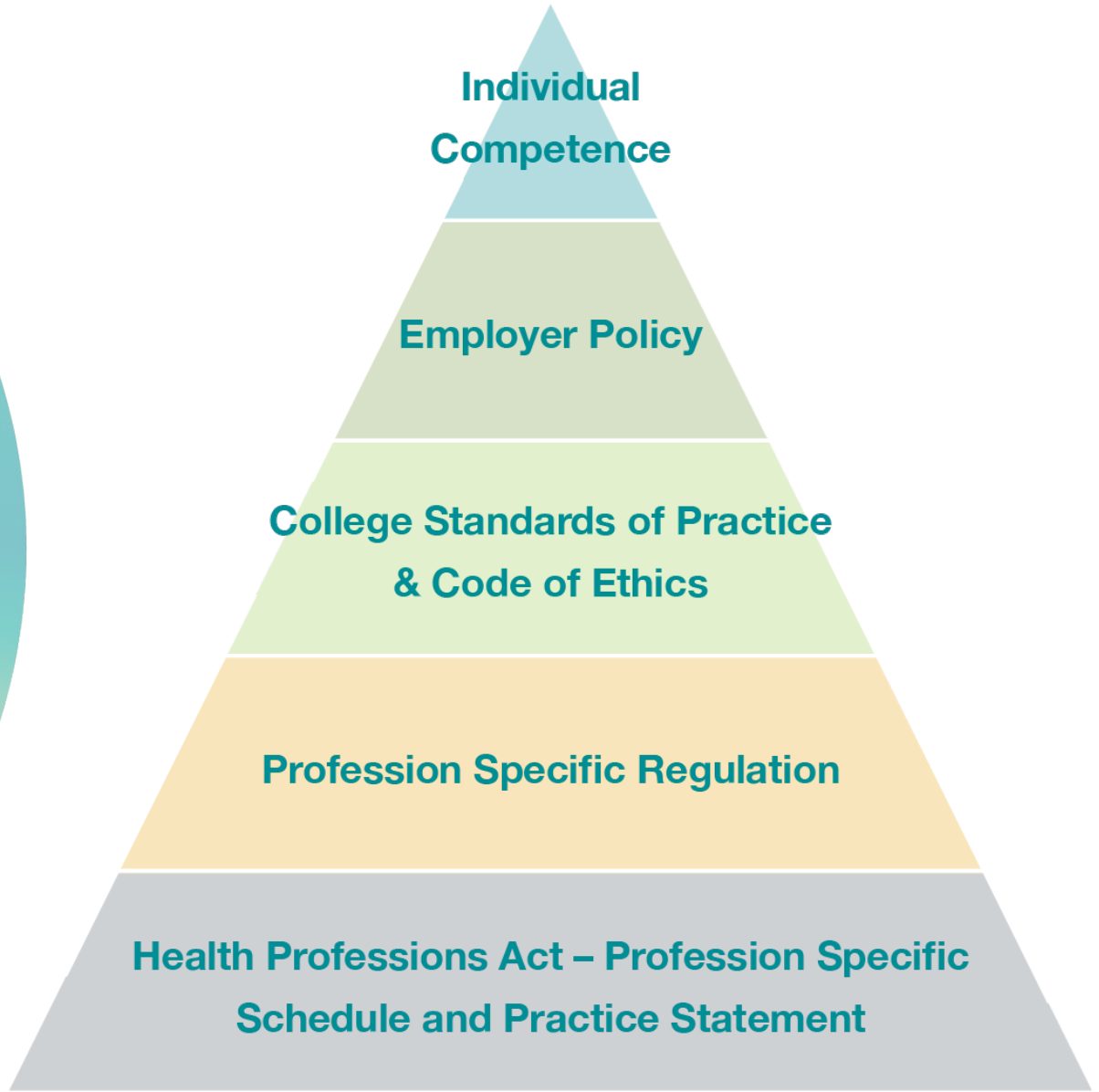
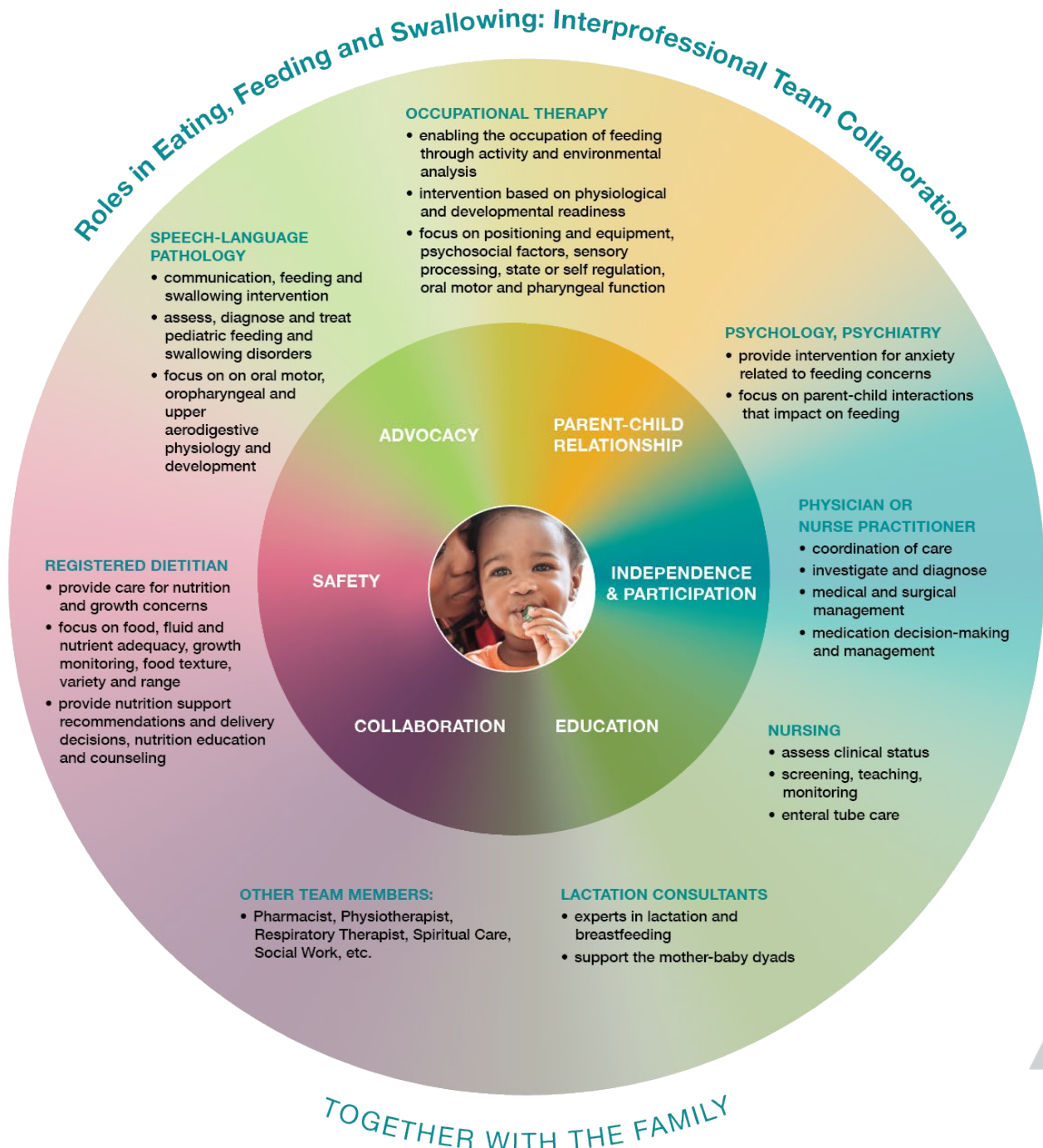


FIGURE 1: SCOPE OF PRACTICE

“ A **team-based or multidisciplinary** approach to feeding and swallowing assessment in children is **consistently recommended** because of the **complexity of dysphagia** and to ensure care is **coordinated appropriately**. ”

CADTH. (2017) Feeding and swallowing assessment services for pediatric populations in Canada: Service provision, practice models, and assessment tools.

Current State

Teams according to **discipline**



Teams according to **geographic area**



Teams according to **clinical program**



Future State

Collaborative Care Team

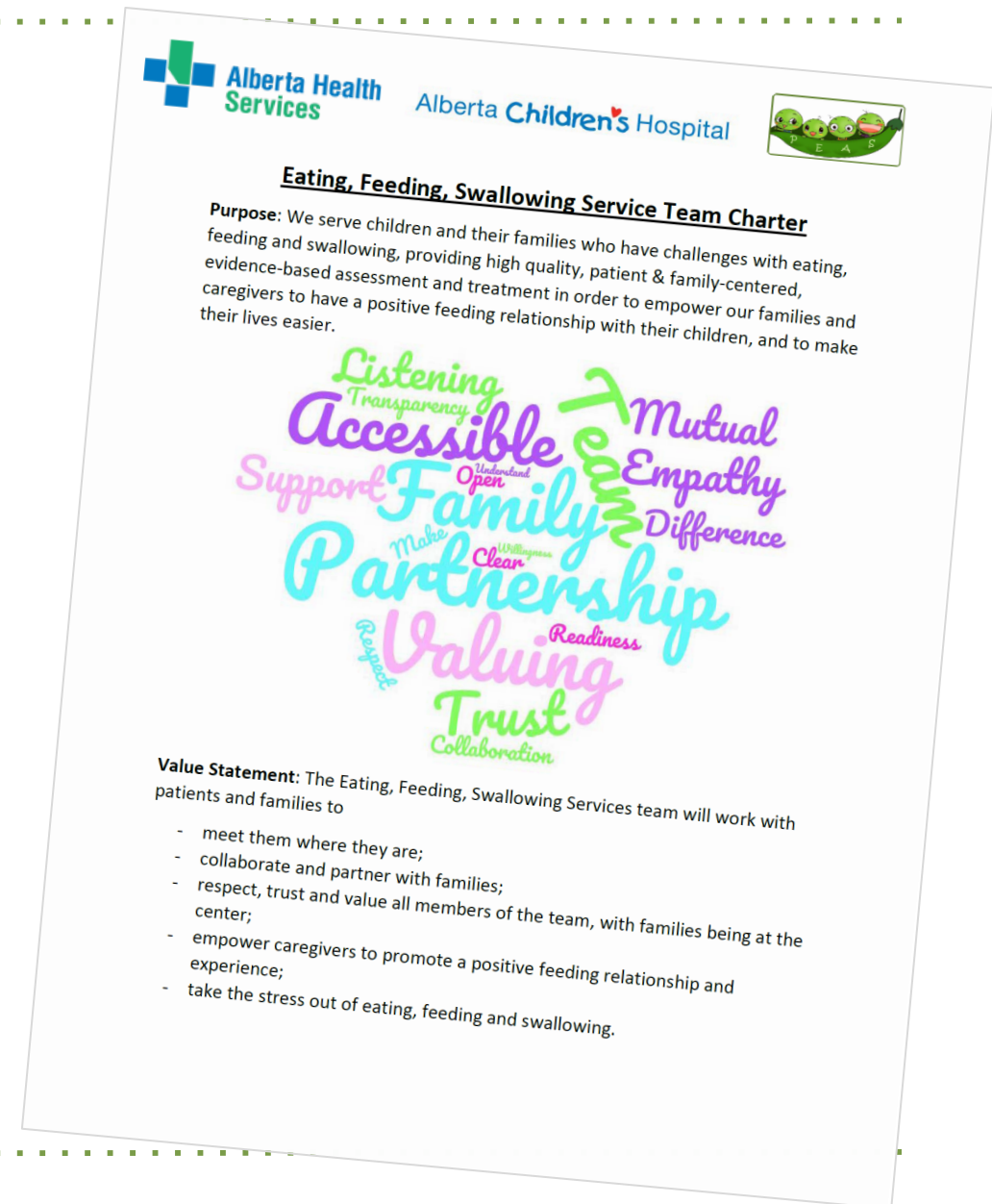


The **care team** is built **around the child and family** and **from their perspective**, rather than by discipline, geographic area, or clinical program.

Team Charter

Key Components include:

- Team Vision or Purpose
- Mutual Expectations
- Team Members Roles and Responsibilities
- 6 National Interprofessional Competencies
- Accountability and Sustainability Agreement
- All members of the Collaborative Care Team sign the Team Charter.



National Interprofessional Competency Framework

- Interprofessional communication
- Patient, client, family, community-centered care
- Role clarification
- Team functioning
- Collaborative leadership
- Interprofessional conflict resolution

Strong “I” + Strong “We”

= *Excellence in Care*

Teams & Co-Facilitators

Team	Co-Facilitator	Co-Facilitator
North Zone	Roberta Dallaire	Cheryl Brown
Glenrose Feeding & Swallowing Clinic	Eileen Keogh	Karen Branicki
Stollery Aspiration Clinic	Shannon O'Blenes	Manisha Patel
Stollery Aerodigestive Clinic		
Stollery Cleft Lip & Palate Clinic		
Stollery Feeding & Swallowing Clinic		
Stollery Home Nutrition Support Program (HNSP)		
Central Zone	Heather Lissel	Shweta Sah
ACH Home Enteral Nutrition Therapy (HENT)	Melissa Lachapelle	Jonathan Snider
ACH Eating, Feeding, Swallowing Clinic	Shauna Langenberger	Jessica Gutierrez
ACH Cleft Palate Clinic		
ACH Early Childhood Development Centre		
ACH Complex Airway Clinic + Calgary Pediatric Home Care		
ACH Neonatal Follow-up Clinic	Christine Manneck	Gloria Hodder
Calgary Zone - Pediatric Community Rehabilitation	Carmen Lazorek	Gillian Catena
Calgary Zone - Rural Allied Health	Allison Johnson	Megan Terrill
Medicine Hat Regional Hospital Pediatric Specialty Clinic	Julie Evans	Juliana Harris
Southwestern Alberta Children's Eating, Feeding, and Swallowing	Shivonne Berger	Louise Reid
	Lisa McIsaac	Vija Doyle

Report Out questions

- What stood out – success or aha moment?
- Where did you have differences / areas you disagreed on?
- What do you want to work on to improve collaborative practice (internal and/or external to your team) and what is one step your team will take in the next 2 weeks?



Ground Rules

- Success depends on everyone's participation
- Focus on what matters
- Contribute your thinking and experience
- Speak from the heart, listen to understand
- Link and connect ideas
- Listen together for deeper themes, insights and questions
- Turn on your camera if you can
- No multi-tasking 😊
- Use the Parking Lot for:
 - unanswered questions
 - out of scope topics
- Have fun!



Breakout Groups

Return at 3:35

Report Out questions (pick 1-2)

Site name

1. What stood out – success or aha moment?
2. Where did you have differences / areas you disagreed on?
3. What do you want to work on to improve collaborative practice (internal and/or external to your team) and what is one step your team will take in the next 2 weeks?



Wrap Up & Next Steps

Implementation Plans

- Virtual ILCs + 1 hr Education sessions

Session	Duration	Date
Orientation + develop Team Charter	3 hrs	Nov 25, 2020 1-4pm
ILC 1: Scorecards & Action Plans	3-4 hrs	Feb 2021
Education Session 1: Clinical	1 hr	Mar / Apr 2021
Education Session 2: Quality Improvement	1 hr	May / Jun 2021
ILC 2: Scorecards & Action Plans	3-4 hrs	Sep / Oct 2021
Education Session 3: Clinical	1 hr	Oct / Nov 2021
Education Session 4: Quality Improvement	1 hr	Jan / Feb 2022
ILC 3: Scorecards & Action Plans	3-4 hrs	Feb / Mar 2022

+ regular team meetings for continuous quality improvement

+ informal collaboration provincially between meetings using Community of Practice, etc.

Next Steps

- Team Charters
 - Refine & share with your teammates
- Team Leader
- Baseline Data collection
- Coaches



Image source: <https://garden.lovetoknow.com/image/252305~bean-cycle.jpg>

Thank You!

- Norah
- Elaine
- Deanna & Nancy
- Tracy
- Shayne
- Melanie, Tricia, Vanessa
- Facilitators
- PEAS Team
- All of YOU!



Thank you!



PEAS provide your feedback & Vote for the next ILC date:

<https://survey.ahs.ca/peas.orientation>