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Early Adopter LHIN Exchange November 25, 2011

Executive Summary

The purpose of this report is to provide an overview of activities and outcomes of the Early Adopter Local Health Integration Network's in person knowledge exchange that took place on November 25, 2011 in Toronto.

Background:

The aim of this exchange was to support the sharing of knowledge within and between the four early adopter LHINs in order to continue to inform and connect the LHIN-based quality improvement work with the knowledge and experience from other LHINs, key stakeholders and provincial BSO partners to further enhance BSO planning and implementation endeavors.

Objectives:

- Continue to foster timely and constructive inter-early adopter LHIN exchange
- Connect and advance the BSO collaborative initiatives
- Share lessons learned as they relate to the quality improvement work to-date.
- Discuss and refine the role of the early adopter LHINs in the "Buddy LHIN" exchanges
- Discuss strategies for meaningful engagement of key stakeholders
- Debrief and discuss next steps for HHR and capacity building
- Consolidate and apply learnings

Participants:

- Hosted by the Alzheimer Knowledge Exchange
- Facilitated by Sheila Cook and Megan Harris
- Representatives from four early adopter LHINs: North Simcoe Muskoka, Hamilton/Niagara/Haldimand/Brant, South East and Central East
- Provincial Resource Team
- Knowledge Exchange Work Group
- Data and Evaluation Work Group
- Health Human Resources Work Group
- Coordination and Reporting Office
- Provincial BSO Project Partner including Health Quality Ontario

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Discussion:

This exchange gave an opportunity for participants to hear from project leads and reflect on the BSO project from the early adopter perspective. Participants were able to identify strategies that have been successful thus far, tools required to move into the implementation phase and where focus and improvement is needed as the other 10 LHINs move forward.

Agenda items included:

A discussion on collaborative opportunities for participants to identify where collaboration is needed in regards to standardization, access to integrated health records, support for primary care providers and "mobile behavioural treatment teams." Participants also considered how to incorporate quality improvement and service redesign, systems support and management as well as capacity enhancement and service learning into plans for collaboration initiatives. From this exercise participants created guiding principles for standardization, collaboration and transition. Current accomplishments were also identified. A model approach was provided by Sarah Clark which links capacity, processes/protocols and partnerships in system management which can be utilized in this collaboration process (Refer to Appendix A for details).

Engaging with the 10 LHINs was a key topic of the day which included an activity on how LHIN engagement can be enhanced and how to refine the roles of early adopters and the "Buddy LHIN" exchanges. Notes from participants on how to involve the other 10 LHINs can be found in Appendix B.

An activity on health human resources and capacity building was carried out using the PARHIS model focusing on context, content and facilitation. Participants were assigned specific roles and settings and generated ideas about what is needed in order for health professionals to be successful in their role. Roles outlined were PSWs in the community, RPNs in long term care and mobile teams (Refer to Appendix C for responses).

Another exercise focused on identifying topics of interest that participants have questions about and require more information. Topics included recruiting, capacity building and retention as well as suggestions for next steps and knowledge exchange (Refer to Appendix D for content).

Overall evaluations of the knowledge exchange event are included in this report. Comments demonstrate that there is value in face to face events, and knowledge exchange allowing participants to see this project as a true collaborative as they all plan together and work through barriers. Due to this event, the majority of respondents state they made progress in advancing the BSO collaborative change initiatives and have a better understanding of next steps (Refer to Appendix E for data).

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Appendices

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Appendix A

LHIN Collaborative Opportunities

The purpose of this section was to further discussions and develop next steps for BSO collaborative initiatives.

The following previously identified topics were open for discussion during a facilitated session.

1. Standardized Access and Assessment
   - Triage/Central Intake Roles, Protocols and Processes
   - Risk assessment, assessment & screening tools, and reports

2. Access to integrated health records/portal (to facilitate interprofessional / intersectoral communication)
3. Support for and access to Primary Care providers
4. "Mobile Behavioural Treatment Teams"

During the updates and discussions, participants were encouraged to consider how to integrate the Triad for Transformation into collaborative efforts.

1. Quality improvement and service redesign
2. Systems support and management
3. Capacity enhancement and service learning

Discussion Questions

1. What's been accomplished so far? Local and Provincial Outcomes (focus on the what not the how)
2. What lessons have we learned? Is the objective/desired outcome still relevant?
3. What needs to be done next?
4. How might/should/will it be done?
5. What supports are required?

Summary of Discussion

Standardized Access/Assessment Collaborative Access & Transition

Guiding Principles:

- Use language that represents what we're trying to achieve
  - Collaborative access and transition
  - Learned from Mental Health and Addictions – "I open my heart, if I don't find someone who listens and understands, I close the door and go away."
  - Concern about learning a new language and then it switches
- Think of assessment as a series of conversations. How to meaningfully involve families in the assessment process. Build capacity to engage families better.
- Must consider how we engage the person in the collaboration for access to occur

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- Once a person has access to the system, it enables transition to what the person needs now.

- Authentic partnerships
  - All working with client and trying to make his/her life better
- Assessment must consider (or it will not be successful):

1) Concrete tool
2) Human element (e.g. Trust)

- Common assessment Tool
  - Facilitates referrals to other services
  - If the tool is too generic key pieces of information will be lost
- Build on prior assessment
  - Takes trust
  - Without trust, there is repetition of different providers collecting the same information
- Need depth of knowledge from team members
  - Don't lose sight of unique mindsets and skill sets
- Assessment Process
  - Is structured
  - Asking the right questions and how the questions are asked is important

What's been accomplished so far?

Hamilton Niagara Haldimand Brant

- Integrated community lead agency
- Use partnerships with direct service providers
- Late January – run 2 QI cycles in Feb and March
- OACC developed screening tools for behaviours
- Methodology for others to use – project charter – yes – can be shared

South East take the lead

- Create windows for other LHINs to engage
- Form connections
- Share experience
- SE - project charter → partnerships (*share), QI cycles in Feb/March (reportable methodology), identifying tools - what's in "common assessment box"

North Simcoe Muskoka

- In same design phase
- Inventory what tools are out there
- Can we agree as 4 – then roll out to 10?
- Can take leadership role (in how to test); share with and engage other LHINs

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What needs to be done next? How can we make it work?

- Negotiate first – concept there will be a common process/tools
  - May have local nuance
  - Need to hook 2 pieces together
- Structure a group (e.g. like primary care)
- Common assessment makes sense but takes years to develop common assessment – can we do this in the next year?
  - Rethink timeframes
  - Draw boundary around – what's the group? Subset of population
  - Don't have to do everything by March – clarify expectations
  - What are some reasonable deliverables by January and March and long-term achievements?
  - Look for Early gains then how continuously improve the process

- **How can we actually make it work?**
  - Apply new way of thinking:
    - Quality improvement and service redesign – LHIN takes lead
    - Systems support and management – provincial level
    - Capacity enhancement and service learning – authentic partnerships
  - Model: nail down an approach
    - Use what we've got – rather than introducing a new assessment
    - Baseline is common language
- Engage other LHINs earlier rather than later
  - Past successes – standards of care commitment; did by negotiation
    - Children's cancer
    - Pain and Symptom management in Palliative care
  - Explain how testing will work and involve in testing to enhance buy-in
- Reach agreement on:
  - What are we assessing?
  - What do we want at the end of it?
  - What will be standardized? What will be local adapted?
  - What are the key pieces of an assessment tool?
  - What are the expectations?
- QI Process– let's bring people together; what needs to be in the tool; test it
  - Practical set of tools; itemized implementation steps
  - People with depth of knowledge involved
  - Figure out what works and does not work?
  - Where does it work?
- Processes:
  - What do each of us need re: an assessment so we can develop a future assessment – perspective and context when develop more of a authentic partnerships
  - Sectors and then within LHIN
  - Add up to intelligence to share with other LHINs

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- Service Learning Model
  - Show, model and mentor
  - Respect their practical expertise
- LHIN out in front – developing

- Other LHINs sharing
  - Not detailed out
  - Cannot wait for in person events
  - Use KE portal
    - Itemized by subject heading
    - Have content and then pick up the

<u>Overview of Next Steps:</u>

1. Describe principles and approach for collaborate work provincially and locally – immediately
   - HBO has list of principles – foundation for conversation
   - Create 1-pager as a product and circulate broadly
   - Susan – share principles again;
   - Patti – make framework, PRT, Matt and HQO – create 1 –pager pull together in next couple. Draft and send around by next Friday.

2. Use the portal differently organize by topic areas
   - Share where things are at
   - Baseline about what people are doing
   - Repurpose collaboration space
   - Document consistently process: what is the desired outcome; what the plan is; what we did; what we learned; how we tested; what we learned; next steps – facilitated by HBO

3. Need activity calendar

4. January: Kaizen event in North Simcoe Muskoka

5. Messaging – mutually accountability for communication flow. Share dates for events sooner.

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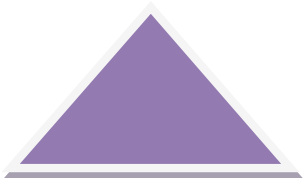
Notes from Sarah Clark's presentation:

- **Model approach** *need all three

Capacity  Partnerships (system management)

- Include other 10 LHINs early for buy-in
- Population/client boundary
- Timetables - early gains with longer term spread
- QI approach - continuous testing
- Build on tools that already work - baseline common language
- Collaborative space - itemize under subject headings to access content and then seek out conversations - need to be consistent responsible for sharing
- Common templates for sharing?
- Clear expectation - standard tool vs. flexible/adaptable from baseline
- High level process measures
- March 31 outcomes:
    - Common language
    - NSM - set up Kaizen event, with others if interested
    - HNHB - doing Kaizen in January (integrated community lead) on this topic
    - Share how you are testing and scope activities with principles
- *Suggestion - local but concurrent Kaizen's - test in December on MTT's - then expand to other topics
- *Meaningfully engage persons/caregivers in processes

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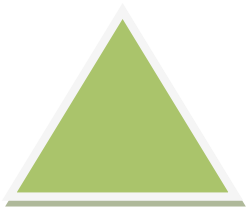
- Next steps - March 31
  - 1. Principles - triangle, engage consumers (build on those from VSM's - one pager)
  - 2. Test Kaizen with MTT
  - 3. Reproduce collaborative space - by topic, activity calendar

QI (Matt, Laurie, HNHB - Patti - first draft)



PRT Patti

- Messaging of the EA LHINs work of dates of events
- Re-energizes & refocuses
  - Developing shared vision across province
  - In it for our profession and people we serve
  - Test phase & not being tested!

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Appendix B

How to engage with the 10 LHINs

The purpose of this section of the agenda was to discuss and refine the role of the EA LHINs in the Buddy LHIN exchanges.

Activity: *Working in small groups, participants wrote, on flipchart notes, ideas about how to enhance LHIN engagement create a list of principles for how to involve 10 LHINs.*

Note: Group A wrote in black marker and Group B added their comments in red.

- Regular opportunities for face to face
- Scheduled recurring meetings (with sensitivity to existing meetings)
- Sharing of lessons learned (put into)
- Robust portal of sharing (eclipse BSO Collaborative Space)
- Invite to Kaizen (at least IF)
- how to connect with other networks
- Offer to review plan prior to submission
- Offer to participate in feedback from PRT
- Copy/Invite to regular local team meetings (process and content)
- Use OTN
- Divide out between organization so one person goes
- Share minutes action items
- Parking Lot
- Provincial Association Communication
- Provide clarity for meeting purpose - ensure correct people are included in distribution
- Create process and follow it

Identify our current understanding of needs of LHINs

- Common purpose
- Equality
- Two way sharing (reciprocal)
- Structure and process to make decisions (including conflict resolution)
- Sharing of rational (how you came to that outcome)
- How new people can join into partnership (ensure context)
- Openness and transparency of culture

Brainstorm ideas about how to put the principles into action and meet the LHIN's needs WHEN resources are stretched.

- Use OTN to other 10 LHINs during work such as Kaizen events (two way share - webcast)
- When planning in-person events - make extra space available
- Use of language - speaks to different contexts - try to ensure language is understood, defined, clear (not jargon) - common language
- Use of portal
- Use PRT as a resource (how?)
- SHRTN
- Provincial PRC

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Appendix C

Coordinating HHR and Capacity Building

***Activity**: Small groups were assigned a scenario (role and setting) and generated ideas about what he/she would need to be successful in the role. Responses were organized according to the PARHIS model:*

- Context
- Content
- Facilitation

1. PSW in Community Home Accessing MBT (community) for Support

Context	Context	Facilitation
• Awareness of how to receive support - protocol to receive support • How PSW connects with primary care, connects caregiver with supports, etc. • Knowledge regarding U-FIRST	• Supportive environment • Simply 1 route access navigation of system exists • Need to be getting support from their own organizations • BSS liaison position is their key contact/support • Access to education • Example: monthly 'surge' learnings/refresh/definitions/etc. - everyday practice has incorporated value of practical support	• Common assessment tools include risk assessment • "Service learning" from mobile team and BSS (just for Ken) • Communication log • Tools/toolkit they can offer to caregiver re: specific behavioural challenges

2. RPN in Long Term Care

Context	Context	Facilitation

• BSO framework
• How her role fits with RN and team
  ○ What is role of RN and PSW
  ○ Her responsibility (perhaps PSW works under her/him)
  ○ Same and different b/w RN
• What other resources (and staff positions) in each LTC in the HUB
• LTCH legislation and policy and procedures locally (each LTCH)
• BSO model of team, expectations, accountability
• Partners with
	• Environment - team in LTCH is part of team - no silos - client to not know any difference
	• hubs - the team will build relationships
	• Readiness of the one LTCH to accept the new roles - system
	• Interconnection with 4 other mobile teams - supportive team environment
	• Continual education/retraining/keeping skills up
	• Uncovering opportunities for growth - professionally and personally
	• right now full time - eventually be open to flexible postings (shared jobs/PT)
		• OTN/shared provincially
		• Job shadowing/mentor (local)
		• Give time to build relationships with colleagues
		• PSW may relieve the PSW who is in crisis if client is more known (or model/mentor)
		• Technology - NLOT - web stored info/record - data
		• Access to point click care - document?
		  ○ Clinical connect use (consults/tests)
		• Aligning resident first and behaviour compliance protocol (12-page document)
		• We need to give the staff what they need
		• How to access information

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CCAC/hospitals/CSS - how to work with them, who to go to, what and within/out of scope in relation to these partners • Mentorship - ability/skills to do the modelling/mentoring • Quality perspective and QI - observe new ways - test • Standardized education program @ orientation for new hires • Web-based CE opportunities and access to research	• Can be a very stressful job - how do we create supports in place/coping mechanisms • Ongoing development of communication skills • Team would not only be internal but also external including other RPN's in other LTCH's • Access to educational funds to attend conferences and workshops • Travel expenses - KMs between LTCH's • Creation of an annual BSO conference to share lessons learned and EBP and other providers • Participation in PAC meeting (professional advisory committee) • Membership in "LTCH behaviour support network"	when on the road • Portal to populate information that's populated o Central - same information (best-practice or orders) • Laptop and full internet access • Requires a quiet room with a door for client/family meetings

3. Mobile Teams

Context	Context	Facilitation
• QI methodology • Mandate of team • Core competencies • Responsibility • Clinical document/communication expectations • Understanding of role and responsibility • Limitations of scope • Opportunities for team building/education opportunities • System perspective • Cluster of LTCH - champions, training, resources • System perspectives/understanding • Interprofessional education • Context, referral, other provider	• Accessible manager • Know where her team fits in with others • Networking across multiple teams (other outreach teams) • Regular team meetings • Celebrating early successes • Weekly reviews/case reviews • Accountability/matrix structure and support • Clear policy and procedures/protocols to support role scope • SHRTN to support CoP's provincially/Mobile Team CoP • Ongoing sharing and case-based learning opportunities • Acknowledge milestones • Continuous positive re-enforcement	• Drivers license (snow tires, fleet vehicles) • Mentorship • Change management • IT - internet, electronic scheduling • Safe driver training • Access to transportation • Team home base location • Communications - cell phones, Blackberries (wireless, real-time, e-doc, encryption) • Access to technology (Blackberry, laptops, ipads) • Knowledge of existing system (client group) • Have a network or sounding board within teams • Working with core partners Geriatric resources, PRC's,

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Appendix D

Discussion Topics of Interest

Activity: *At the end of the Knowledge Exchange event, participants were asked about topics that they had questions about and two groups emerged:*

1) Recruiting, Capacity Building and Retention
2) Suggestions for Next Steps and Knowledge Exchange

Notes from the unstructured conversations may be found below.

1. Recruiting, Capacity Building and Retention

Recruiting and Interviews

- Set context on job descriptions
  - Benefits of BSO
  - Benefits to applicant
- Part of Blueprint - Interview Questions:
  - How would you contribute to vision, values?
  - Share prep question for interviews, pool of scenarios to pull from and question
  - Share evaluation tool
- Rationale: Perception - core things are similar, cohesion
  - People applying to +1 organization/LHIN
  - Applying to an individual organization
  - Some things will be unique
  - Proactive: address perceptions of inequities
  - Apply through 1 portal communication message
- How using BSO?
  - At what level?
  - Is it a service?
  - Or does BSO describe activities?
  - Where use BSO language

Capacity Building

- Will there by a standard curriculum?
  - No – there needs to be a road map
    - Core components of training
  - Determine educational needs assessment tool (on AKE website)
- Performance gap → is training part of the solution (yes)
- Common module for PRC's/facilitators
- Consistent resource across province?
- Address with Buddy LHINs
- Training needs - high performance team components
  - Collaboration
  - Communication

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- Mandate
- Cluster of homes
- Kick off orientation - create tools
- Team skills
- Relationship-centred care
- Clinical training
- Person grows into role

- Ideas for capacity building
  - Job shadowing of many roles to learn the whole system
  - Spend day with patient as moved through system - see how behaviour changes
  - Staff be the resident/patient
  - Learn about patients, staff, organization
  - Acknowledge take time for team to ramp up
  - Help others in homes understand roles
  - Phased approach to relationship building
  - Negotiate LOA with LTC not providing service right away
  - Orientation package with weekly schedule
  - Occupational health and safety association
  - Non-violent crisis interventions
  - GPA
  - Find the model
- Kaizen: how envision roles for team members, expectations
  - Provincial milestones for deployment
  - Measures must reflect phased in approach

Retention Strategies

- Team-building
  - resiliency
  - supportive environment
  - debrief
  - training
- Ask about personal knowledge gaps and develop individual strategy to close
- Not hierarchy based on role - cultural competencies (check assumptions)
- Communities of practice
  - by roles
  - or areas of interest
  - or mobile teams
- Important to Foster:

- Collaborative work:
  - Relationship
  - Talk about what they want to achieve/learn
  - Be honest regarding challenges and benefits
  - Be accessible

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- Be very forward to engage them in sharing - transparent - over sharing - pull no push

2. Suggestions for Next Steps and Knowledge Exchange

Principles to Action - "How"

- FLEAs - biweekly calls involve 10 other LHINs → to listen and actively participate
  - Phased in approach "listen" in up until and then active Q&A there forward
  - Expectation that LHINs on call (careful with number of participants)
- Please change acronym!
- Weekly meetings with Buddy LHINs (expected)
- Capitalize on existing meetings to share/talk
- Continue to post on KE
- Share willingly item created (e.g., EOI for HHR organization)
- Use the QI model of "Pull" (versus pushing information out and overwhelming the buddy LHINs)
- Ensuring that is a LHIN is not participating, finding out how to pull them in

Information Flow

- Structured time to talk →make a date
- Concern: time spent responding to CRO requests for information regarding buddy LHIN takes away from connection time

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Appendix E

Evaluation

Rating Scale:

1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

1	I have a better understanding of the BSO collaboration change initiatives and next steps	4, 5, 4, 4, 5, 5, 5, 4, 4, 4, 5, 4 *Mean = 4.4*
2	We made progress on advancing the BSO collaborative change initiatives	4, 5, 5, 4, 5, 4, 5, 4, 5, 4, 5, 5 *Mean = 4.6*
3	I am confident we will be able to use effective engagement strategies with the LHIN CEO's	3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 3 *Mean = 3.8*
4	I am confident we will be able to use effective engagement strategies with our buddy LHINs and LHIN Groups	3, 5, 4, 4, 5, 3, 4, 4, 4, 5 *Mean = 4.1*
5	I have a better understanding of the BSO HHR and capacity Building Process	4, 4, 3, 4, 4, 4, 4, 3, 4, 4, 4, 3 *Mean = 3.4*
6	I was able to contribute my ideas to the discussion about HHR and Capacity Building	4, 4, 4, 4, 5, 4, 5, 3, 4, 4, 4, 4 *Mean = 4.1*
7	I understand what our next steps as a LHIN are	4, 4, 4, 4, 5, 4, 4, 4, 4, 4, 4, 4 *Mean = 4.1*
8	The best things about this session were:	• Kaizen discussion with concrete next steps HHR conversation (with David) • Listening to feedback from yesterday. More productive use of the participants. • Clarified the collaborative and how the 4 LHINs are going to move their improvement plans forward and contribute as one project team. • Participation, openness and sharing of all the group. • Real collaboration! Lots of action steps defined today, real progress!

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		• Better dialogue and discussion between PRT and four early LHINs. Able to exchange and test concepts. • A bit more concrete. • Good discussion over the day. • Determining process for all 4 early adoptions. • Planning for Kaizen event! Opportunity for crucial conversations.
9	Comments, suggestions, recommendations	• Thought was important to continue HHR conversation; give David more time as we were having a 'critical' conversation. • Continue to link all work to QI principles and ways to model quality top down (i.e., meeting - ask for feedback). • Face-to-face meeting (8:00am - 2:00pm good timing). • Great sessions, great flexibility on the agenda. • Great day. Let's do another! • Need to be more concrete. • Ensure posting of slides for collaborator site.