Opening minds and hearts for health system transformation:

The unfolding experience from a Canadian province

Bonnie Brossart, CEO
Mary Smillie, Sr. QI Consultant
What we hope to leave you with…

- Is our story of the early days of transforming a provincial health care system which we believe has many similarities to those from other health systems committed to continuous improvement
- Inspiration and/or some ideas you can apply in your work setting.
Saskatchewan’s health care system:

A VERY BRIEF history

1930 - First cancer control agency in Canada

1951 - Saskatchewan the first in the world to use cobalt therapy in the treatment of cancer.
1962   First province to introduce publicly funded health care

Tommy Douglas
1904 - 1986
Our Mission
To accelerate improvement in the quality of health care throughout Saskatchewan.

Our Vision
The highest quality health care for everyone, every time.

Our Values
Responsiveness, Innovation, Collaboration, Focus on Improvement, Knowledge for Action, Transparency, Integrity
Lots of room for improvement
Building QI capacity
“To change the results, we need to change the way we do things.”
Mats Bojestig
Learning from high-performing, innovative systems

- Veteran’s Administration Healthcare (USA)
- Kaiser Permanente (USA)
- Jönköping County (Jönköping, Sweden)
- Southcentral Foundation (Alaska)
- Intermountain Health (Salt Lake City, Utah)
- Virginia Mason Medical Center (Seattle, Washington)
- National Health Service (England)
LEADERSHIP DEVELOPMENT
Quality as a Business Strategy

1. Establish and communicate **purpose** of organization

2. View the organization as a **system**

3. Design & manage system for gathering **info to improve**

4. **Plan for improvement** integrated with business planning

5. **Manage** individual and team **improvement activities**

Learning among peers

October 2008 – December 2010

6 workshops

Action periods supported by HQC Coaches and external experts

Learning from inspirational international leaders from high performing health systems
How can we better meet our purpose?

Is there a need to change the purpose?

Plans to run the system

Analysis of info for improvement

Status of key initiatives

Establish key initiatives

Feedback for improvement

Managing & Enabling Improvement Efforts

Chartered Teams

Model for Improvement

ACT

PLAN

STUDY

DO

Guiding, Learning, Providing Encouragement

Quality as a Business Strategy

Purpose

• Mission
• Vision
• Tenets
• Strategy

Mainstay

System for Obtaining Info (Customer Focus)

System for Obtaining Info

Family of Measures/Scorecards

Financial

Customer

Operations

Employee

Planning for Improvement

• Strategic objectives
• Improvement efforts
• Resources

Design & redesign of processes & products

Systems View of the Organization

Metrics of the system

Status of key initiatives

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For Patients’ Sake
Patient First Review Commissioner’s Report to the Saskatchewan Minister of Health

Tony Dagnone, CM, FCCHSE
Commissioner, Patient First Review

October 2009
Sooner, Safer, Smarter:
A Plan to Transform the Surgical Patient Experience

March 2010
CLINICIAN ENGAGEMENT
Releasing Time to Care™

• Nurse led
• Based on Lean methodologies
• To enable direct care providers
• To improve patient outcomes and overall job satisfaction
• Doing more with the same amount of resources
270 hours, 972,000 steps (or 874 km) per year
SAVED:
~ 13 minutes/shift
~ 158 hours/year
~ 13 nursing shifts/year
Costs for Disposable Oxygen Probes: Ward 3D Pasqua Hospital

<table>
<thead>
<tr>
<th>Month</th>
<th>Jun-09</th>
<th>Jul-09</th>
<th>Aug-09</th>
<th>Sep-09</th>
<th>Oct-09</th>
<th>Nov-09</th>
<th>Dec-09</th>
<th>Jan-10</th>
<th>Feb-10</th>
<th>Mar-10</th>
<th>Apr-10</th>
<th>May-10</th>
<th>Jun-10</th>
</tr>
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<tbody>
<tr>
<td>Serie 1</td>
<td>$1,307</td>
<td>$948</td>
<td>$935</td>
<td>$547</td>
<td>$939</td>
<td>$862</td>
<td>$563</td>
<td>$402</td>
<td>$609</td>
<td>$348</td>
<td>$147</td>
<td>$83</td>
<td>$51</td>
</tr>
</tbody>
</table>
Care is safer in Cypress Health Region

Our Goal: To decrease the incidents of falls to less than ten cases per month by July 31, 2010.
Nurses are spending more time with patients

RN Activity Follow - 3B Pasqua Hospital RQHR

Activity

% time

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jan 09</th>
<th>May 09</th>
<th>Oct 09</th>
<th>Feb-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion</td>
<td>14.2%</td>
<td>12.1%</td>
<td>15.2%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Admin</td>
<td>2.1%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Handovers</td>
<td>4.7%</td>
<td>4.9%</td>
<td>3.1%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Meds</td>
<td>12.6%</td>
<td>15.0%</td>
<td>9.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Discussion</td>
<td>12.4%</td>
<td>14.2%</td>
<td>10.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>4.9%</td>
<td>5.0%</td>
<td>1.5%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Patient Flow</td>
<td>1.8%</td>
<td>10.8%</td>
<td>12.9%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Other</td>
<td>21.9%</td>
<td>12.0%</td>
<td>15.0%</td>
<td>19.4%</td>
</tr>
<tr>
<td>DCT at Bed</td>
<td>26.0%</td>
<td>25.0%</td>
<td>29.0%</td>
<td>41.0%</td>
</tr>
</tbody>
</table>
Patients’ experiences are improving

Question 6:
Were you involved in decisions about your care

[Graph showing percentage of patient responses by month from November 2009 to May 2010, with bars indicating different levels of involvement: All the time, Most of the time, Some of the time, None of the time, and Never used or na.]

- Patients' experiences are improving
Engaging Physicians in QI

- Saskatchewan Medical Association
- College of Physicians and Surgeons of Saskatchewan
- Ministry of Health
- College of Medicine, U of S
- Health Quality Council

= A unique partnership
150 +
IMPROVEMENT
CAPABILITY
MEASUREMENT INFRASTRUCTURE
Quality Insight

Measuring, Learning, Improving Health Care Together

SKATCHEWAN HEALTH QUALITY COUNCIL
Welcome to Quality Insight, a new source of information on the quality of health care in Saskatchewan. It shows where we’re doing well and where we can do better. It’s designed to give everyone – public, providers, managers, and leaders – the information they need to support quality improvement work to make our system better and safer for Saskatchewan residents. More...

Indicators as of March 3rd, 2011

- Patient Experience Survey - Patients’ Rating of their Hospital
- Patient Experience Survey - Communication with Doctors
- Patient Experience Survey - Communication with Nurses
### AGE
- 0-24 years
- 25-64 years
- 65 or over

### GENDER
- Female
- Male

### EDUCATION
- University Degree
- Diploma/Certificate
- High School
- Less than High School
Measurement in the Health System

Adapted: Henriks & Bojestig, Jonkoping CC. Sweden
EARLY SIGNS OF TRANSFORMATION
• Articulation of a common purpose for the entire provincial health care system

• Collaborative approach for establishing strategic priorities, measure, and targets

• Investment in Lean Methodology throughout the province
Purpose

Measurement

Engaging people

Values
Your thoughts?
Opening minds and hearts for health system transformation: The unfolding experience from a Canadian province

The Health Quality Council (HQC) is an independent agency that measures and reports on the quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system.

Saskatchewan’s Health Care Story 1930 to 2003

Saskatchewan is a large province geographically with a small dispersed population found on the Canadian prairies in Western Canada. As a province we have made significant contributions to health care from innovations in cancer treatment to the birthplace of the Canadian system of Medicare: single payer, publicly funded health care system. Saskatchewan people have a great deal of pride in their health care delivery system.

By 2001, however, Saskatchewan was facing many of the challenges health systems across the developed world face today: new medical treatments, rising costs, aging population and shortages of key health professionals. With these conditions in mind, a Commission on Medicare was struck to review the current state and make recommendations. The report recommended, among other things, the creation of a Health Quality Council with a mandate to improve the quality of health services in the province. Commissioner Ken Fyke wrote in his report: “In so doing, Saskatchewan will lead the country in the pursuit of a quality culture that will be the next great revolution in health care”.

Our system transformation journey for highest quality of care

From 2003 to 2008, our efforts to achieve the highest quality of care mimicked what other health systems in the developed world have done. During this time, the HQC measured and reported on several health care quality topics and initiated supported several improvement projects attempting to demonstrate that significant improvements in health care quality were both necessary and possible. Our theory was that with enough activity and results, quality improvement would take hold in the hearts and minds of all working in the health system - staff and leaders alike. We, like many systems who have gone before us, realized by 2007 that project-based quality improvement resulted in pockets of excellence that were hard to sustain (and even harder to spread) throughout the province.

By this point, the Health Quality Council was regarded in Saskatchewan as both a constructive agitator as well as a catalyst to improving health care quality. With the realization that we needed a different approach, we scanned the globe looking for how we could address the challenges we were facing in Saskatchewan.

Stealing from top performers

Lucky for us, Pursuing Perfection sponsored by the Institute for Healthcare Improvement was reporting what they were learning about health systems who had achieved the ability to consistently deliver the highest quality of care to their population. We studied these systems and others: Jönköping Sweden, National Health Service UK, Southcentral Foundation Alaska, Intermountain Utah, Virginia Mason in Virginia, Kaiser Permanente USA and The Veterans Administration USA.

What we came to understand was high performing health systems have much in common:

- Impetus for change – burning platform or compelling vision
- Committed leaders
- Engaged staff and providers
- Alignment of improvement goals with resource allocation and actions
- Robust, activated measurement and reporting system
Our perfect storm

In 2007, the realization that we had to think and act differently coincided with a complete change in political leadership as a result of a provincial general election. The new government was looking for a new and innovative approach to resolving the issues that plagued our system – increasing costs coupled with long waits for care, fragmented service and lack of integration. HQC – with dedicated resources – responded by launching its province-wide initiative **Accelerating Excellence: Investing in System Wide Quality Improvement for Saskatchewan**. Based on what we knew were critical for success for transformative change we embarked on multi pronged, system wide approach to change.

Putting the patient first: In November 2008, the Province of Saskatchewan launched the Patient First Review. What made this review a first-of-its kind approach in Canada was its focus on examining the health care system through the eyes of patients. Thousands of citizens contributed their experiences and ideas for what needed to change and what needed to be preserved in our system. Patients and people of Saskatchewan told the Patient First Commissioner (and his team) “that the health system must make patient- and family-centred care the foundation and principal aim of the Saskatchewan health system, through a broad policy framework to be adopted system wide.” Significant system redesign along with fundamental culture change was deemed essential.

Leadership development

Based on Jönköping’s experience, we launched a Quality as a Business Strategy ™ Leadership Learning Collaborative. A ‘made in Saskatchewan’ approach the HQC led to bring health system leaders together to understand how the health system does (or does not) work for the people it serves. From October 2008 to September 2010, over 200 health system executives and board governors from regional health authorities, health professional organizations, unions, and the academic community came together six times. At these six workshops, we learned from inspirational leaders from high-performing health systems and began to talk about the role leaders play in pursing quality. Throughout this learning program it became increasingly clear that achieving excellence across the health system requires leaders to create a core purpose that is compelling for all who work in the system, and to demonstrate unwavering constancy of that purpose. The collaborative unearthed challenging conversations among Saskatchewan’s health leaders. Early results indicate the health system is coming together (for the first time) to collaboratively establish mission, vision and values for the system. The long standing silos that have existed in health system administration are also starting to come down. The health system, as the public knows it, is starting to plan and execute improvement together.

Clinician engagement

Based on National Health Service experience with The Productive Ward, we launched **Releasing Time to Care™** (RTC) an innovative initiative to engage nurses and unit staff to find ways to increase the amount of time they spend directly with patients. RTC is based on Lean methodology and configured to clinical settings. In just a matter of months, the energy and results emerging from the dozens of Saskatchewan nursing units that have embarked on the **Releasing Time to Care™** program has been inspiring. Hundreds of nurses, unit clerks and other ward staff are discovering how to recognize the work processes impeding good care and understand how to redesign care so
they can achieve the highest quality of health care for everyone, every time.

Based on the Institute for Healthcare Improvement recommendations for Physician Engagement we are thoughtfully and deliberately engaging physician champions and leaders throughout the province. Working collaboratively with the provincial medical association, regulatory body, Ministry of Health, and academic leaders, we fund and coordinate opportunities for professional development, physician networks and leadership roles. This collaboration and early efforts are beginning to show early signs of success as evidenced by active participation by physicians throughout the province in a wide variety of Accelerating Excellence strategies.

Organizational improvement capability

Capability is how we describe people and organizations that have the necessary knowledge and skills in Improvement Science as well as the lived experience of success and failure in health care redesign. HQC has created and provides a wide variety of professional development opportunities in Improvement Science and have deliberately designed all of these programs with a strong element of “learn to do by doing”. From the very basic program which fosters understanding and use of the Model for Improvement to our Clinical Practice Redesign Program based on the principles of Advanced Access and Office Efficiency to our Quality Improvement Consulting Program based on W. Edwards Deming’s Theory of Profound Knowledge, HQC has a full range of learning opportunities to meet the learning objectives of leaders, managers, providers and front line staff throughout the system.

Measurement infrastructure

Quality Insight is our emerging measurement and reporting system on the quality of Saskatchewan health care services to support ongoing learning and improvement (www.qualityinsight.ca). The people managing and delivering health care in Saskatchewan - and the people using those services – now have easier access to information about the quality of health care, in greater detail than has been provided to date, and in a format that shows trends over time which is ideal for quality improvement work. Our quest is to elevate data and measures for learning and improvement to a point where data coupled with purpose and values drives decisions. This has been challenging work on many fronts: encouraging decision makers to embrace measurement for improvement; developing data capture and analysis processes with quick turn around time; identifying the questions system decision makers have and identify the key measures that will support their learning, displaying the data in easy to interpret visual displays are a few of our challenges.

Significant results so far:

- The Quality as a Business Strategy ™ Leadership Learning Collaborative fostered a collective understanding among leaders of the need for the articulation of a common purpose – vision, mission and values for our provincial system. “Connecting the Dots” is the name of the effort led by the Ministry of Health to craft the system purpose.

- As part of the ‘Planning to Improve’ activity of QBS, we learned how to plan and execute quality improvement through use of the Balanced Score Card ™ and Strategy Mapping. Since this learning and based on Deming’s principles of management, the Ministry of Health has brought together a Core Team of people representing different geographic areas and different levels of leadership to collaboratively establish the priorities for improvement with goals and targets for the system.

- Based on recommendations from the Patient First Review, political priorities to improve access and reduce waits for elective surgeries, and health system leaders interest to focus and act on transformation as one system, the Saskatchewan Surgical Experience priority was launched. Sooner, Safer, Smarter aims to reduce the time people wait for surgery to less than 3 months by 2013 by focusing on the full value stream of care from primary care to rehabilitation.

- Investment in Lean was first launched in 2008 by the Deputy Minister of Health with the recognition that in order to fundamentally redesign care, providers and staff needed to free up time. Lean methodology offers an accessible approach to identify wasteful work processes and how to redesign services and care around what the patient/customer wants and needs.
What makes our journey unique and worth watching?

- Our transformation involves an entire political jurisdiction covering a geographic area larger than many countries.
- Our province has a legacy of overcoming adversity with resilience, determination and courage.
- Our transformation requires everyone from politicians, bureaucrats, health region leaders, providers and front line staff and citizens to understand and commit to health system redesign around the wants and needs of patients and families.
- The most influential leader in our system is the Deputy Minister of Health. As a senior bureaucrat his role is not the same as CEOs in other health systems. Our transformation will need to be attentive to the opportunities and challenges this unique role brings.

What’s next for us?

- Continued expansion of our measurement and reporting system: Mobilizing and activating our measurement and reporting system (i.e., supporting those working in the health system to understand and embrace measurement) to support learning and improvement is a high priority.
- Constancy of Purpose: Continuing to work with and work from our common expression of purpose for the system – this is a new approach for all of us working in Saskatchewan’s health system, it will take time and practice.
- Values Driven Design: Honour and elevate the values the Patient First Review articulated to the point where they are how decisions and care are delivered.
- Leading well in a complex adaptive system: We need to develop the understanding and skills to lead in complex environments.
- Act our way into a new way of thinking: We need to learn from our current focus on redesigning the surgical stream of care in order to better execute our next focus effort of primary health care redesign.
- Nurture, support and actively engage patients, their families, communities and citizens in every aspect of health care system redesign.