

## The ALC “Flo” Collaborative

# Introduction

Ensuring access to acute care services is a complex issue confronting health care systems world-wide, impacting wait times, clinical outcomes and efficiency. As such, reducing Alternate Level-of-Care (ALC) days is an immediate strategic priority for Ontario. Recently, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced several short-term strategies to relieve pressures in specified Ontario communities related to long waits for appropriate levels of care, and high inpatient occupancy rates. These strategies address issues in three areas: 1) processes of care delivery; 2) policy barriers; and 3) resource/capacity issues.

The Ontario Health Performance Initiative (OHPI) – a joint initiative of the Health System Strategy and Health System Accountability and Performance Divisions of the Ministry of Health and Long-Term Care – is launching a major quality improvement project, entitled the “Flo” Collaborative (“Flo”), to improve transitions from acute care hospitals to subsequent care destinations for all patients, not only those designated as ALC. The project focuses on process improvement, while recognizing the critical importance of complementary longer-term strategies needed to address capacity issues in the system.

In addition to improving the timeliness and effectiveness of transitions for better care, “Flo” is designed to help achieve one of the Performance Initiative’s key goals of building long-term capability for quality improvement in the province.

Lessons from other jurisdictions world-wide demonstrate that effective and sustainable system transformation results from a variety of key drivers, including leadership commitment and support for improvement, knowledge and expertise in applying quality improvement methods, use of information to stimulate and monitor improvements and incentives for improvement. These critical levers for success are integrated into the design and implementation of the “Flo” Collaborative.

Over the next 18 months, OHPI will use an action-based learning series that brings together quality improvement teams working collaboratively towards a common improvement aim, involving senior leaders from Local Health Integration Networks (LHINs), hospitals and Community Care Access Centres (CCACs), as well as clinical leaders, middle managers, and front-line staff who will focus on improving patient transitions from general medicine



**The “Flo” analogy** was developed to tell the story of a real patient experiencing an acute event who requires care in an alternate setting following a hospital stay. Flo is an 85-year

old woman admitted to hospital from her home with multiple co-morbidities. Her frailty and declining cognitive status necessitate transfer to a nursing home. Flo continues to need quality care in the right setting and the system needs to support her and her family in getting there.

The “Flo” Collaborative is intended to help Ontario’s health care system continue to provide the care that Flo, and thousands of other people like her require. The aim is to accomplish this by making transitions from acute hospitals to other settings faster, and with fewer hassles, bottlenecks and irritations to Flo, her family and the staff who care for her.

Participating organizations will work together on improving the effectiveness and timeliness of patient transitions across care settings.

units to subsequent care destinations. In areas of the province where the transition of choice is predominantly complex continuing care or rehabilitation, team members from these sectors will also be invited to participate in addition to long-term care, as appropriate.

Participants in the “Flo” Collaborative will use a systematic method for understanding and improving care, beginning initially on one or two medical units, and later on a broader scale, based on specific strategies for effective spread and sustainability.

Partnerships of acute care hospitals and CCACs are invited to apply to participate in the “Flo” Collaborative, based on data demonstrating high numbers of Alternate Level of Care (ALC) days on general medicine units among patients with ALC lengths of stay between 1-30 days.\* and LHIN identification of organizations that might benefit most. Hospital/CCAC partners that demonstrate the ability to meet all of the requirements for each of three streams of activity outlined in this document will be selected to participate in the Collaborative.

## Additional “Flo” Collaborative Support

OHPI will provide leadership, coordination and content for scheduled “Flo” Collaborative Learning Sessions, conference calls/web casts, and a Quality Congress (designed to celebrate and acknowledge the accomplishments of participating organizations). “Getting Started Kits” will also be developed that will include background materials such as suggested change ideas, self-assessments, and detailed information regarding process and outcome measures. A secure web page will be developed for communication among participating organizations to share successes and challenges and to receive input from experts.

## Benefits of Participation

**The benefits of participating in the “Flo” Collaborative are numerous, and include the opportunity to:**

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Engage with other organizations to achieve improvements in patient flow, measured through key metrics, including the ALC indicator in Accountability Agreements;

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Integrate and coordinate health services within your LHIN, thereby addressing standards required for organizational accreditation;

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Interact with, and learn from, world leaders in quality improvement;

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Gain free Improvement Advisor Certification for an individual in your organization, delivered by the Institute for Healthcare Improvement (IHI) and sponsored by the MOHLTC, providing long-term pay-off to your organization;

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Provide action-based learning opportunities for front-line and management staff who participate in the Improvement Teams;

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Enhance leadership capability for quality improvement through participation in the Leadership Series;

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Receive MOHLTC financial support, allocated by the LHINs, at the outset of the project, with the possibility of a secondary allotment contingent on achieving measurable aims; and

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Receive support from OHPI, including project coordination, exploratory work to gather and synthesize potentially better practices to help teams redesign care processes, and coaching of Improvement Advisors (IAs) using a train-the-trainer model.

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\* ALC lengths of stay greater than 30 days are potentially indicative of capacity issues (e.g., no available long-term care beds), rather than issues that could be amenable to process improvements (e.g., early discharge planning, streamlining referrals to CCACs, eliminating redundancies in care processes, and developing strategies to address specific delays, etc).

# Outline of The “Flo” Collaborative

The design of this large-scale project is based on evidence relating to key drivers of success for performance improvement, drawn from the literature and international case studies. The Collaborative includes three streams of activity – Improvement Teams, supported by Improvement Advisors and Senior Leaders.

## 1) Improvement Teams

The Model for Improvement identifies four key elements of successful process improvement: 1) specific and measurable aims; 2) measures of improvement that can be tracked over time; 3) interventions that will result in desired improvement; and 4) a series of testing “cycles” during which teams learn how to apply key change ideas to their own organizations.

### Improvement Team Goals

The “Flo” Collaborative is designed as an 18-month learning collaborative that brings together a number of teams from partner hospitals and CCACs to improve the transition from medical units to subsequent care destinations using the Model for Improvement. Teams will map current processes to identify delays and bottlenecks, and through their collective wisdom, will select potentially better practices and will redesign, test, embed and spread improved care processes.

### Improvement Team Participants

Hospitals and CCACs must partner together and select a minimum of one, up to a maximum of four, Improvement Teams (depending on the size of the organization, the number of medical units and the availability of resources to support teams).

### Team Composition

- Teams must consist of at least six multi-disciplinary front-line care staff (e.g., hospitalists, unit managers, case managers/placement co-ordinators, discharge planners, nurses, social workers, etc);
- Teams must include staff from the hospital, CCAC, and if applicable, external stakeholders from other organizations to help facilitate the improvement work (e.g., representatives from LTC homes in the region);
- Co-Team Leads (one from the hospital, and one from the CCAC) must be identified to lead the Improvement Team work on a daily basis. Ideally, team leaders will be staff who work on the target unit(s) either in a resource or management capacity and have credibility with, and the respect of, the rest of the Team;
- Each team must have leadership representation (e.g., Director of Medicine, Manager of Client Services) to liaise between the Improvement Team(s) and senior management at each organization, and to remove barriers for the Teams, as required;
- Team leads will need to spend up to a quarter of their time weekly on the “Flo” Collaborative, leading the Team, facilitating Team discussions and leading change.

## Organizational Expectations for Improvement Teams

**In addition to the participant requirements noted on the previous page, each Team is required:**

- To develop a Collaborative Aim Statement and define the measures they will use to assess whether changes are resulting in improvements;
- To meet regularly (e.g., at least weekly) to plan, discuss and monitor improvement efforts and achievements;
- To connect regularly with their Improvement Advisor;
- To report on results for selected measures;
- To attend Learning Sessions (four face-to-face meetings over the course of the Collaborative), with additional members working on improvements during Action Periods between Learning Sessions; and
- To develop and present storyboards illustrating progress and results at each of the four Learning Sessions and at the Quality Congress which will celebrate team achievements at the end of the 18-month period.

### Critical Improvement Team Stream Events and Timeline

| Event              | Participants  | Dates            |
|--------------------|---|------------------|
| Learning Session 1 | Improvement Teams, Improvement Advisors                 | Nov. 7-9, 2007   |
| Learning Session 2 | Improvement Teams, Improvement Advisors                 | Feb. 11-13, 2008 |
| Learning Session 3 | Improvement Teams, Improvement Advisors                 | June 2-4, 2008   |
| Learning Session 4 | Improvement Teams, Improvement Advisors                 | Oct. 1-3, 2008   |
| Quality Congress   | Improvement Teams, Improvement Advisors, Senior Leaders | Jan. 2009        |

Note that monthly conference calls and/or web-casts will also be scheduled by OHPI to support Improvement Teams.

## 2) Improvement Advisors

Developing a critical mass of individuals with the necessary knowledge and skills to support and sustain improvement efforts will be critical to accelerating quality improvement across Ontario, and sustaining improvements over the long term. Improvement Advisors, trained by faculty from IHI, will support teams throughout the “Flo” Collaborative.

### Improvement Advisor Goals

The aim of the Improvement Advisor Professional Development Program is to expand capability for improvement within participating organizations by developing Improvement Advisors (IAs) effective in facilitating and supporting quality improvement efforts. The curriculum is designed for health care professionals who:

- Are able to dedicate time to improvement projects on a regular basis;
- Are viewed by senior leaders as vital assets for accomplishing strategic organizational goals; and
- Will be leveraged by senior leaders to support quality improvement over the long term within their organizations.

IA training will be reinforced through action-based learning, recognized as an effective educational strategy. This will be achieved by supporting IAs to use their quality improvement training to support Collaborative Improvement Teams in their respective organizations.

### Improvement Advisor Participants

Hospitals and CCACs are requested to nominate one to two individuals to receive IA training. While it would be ideal to nominate one from each partner organization, each IA will be able to support one to two Improvement Teams. If there is only one Improvement Team being established, the hospital and CCAC may: 1) nominate one IA, either from the hospital or CCAC; or 2) nominate one from each organization, and allow the LHIN and OHPI to select the individual. The latter approach would help to ensure capability building in both the hospital and CCAC sectors. Stability in the IA role is very important. The participant should not be contemplating leaving the organization, and the organization should not be contemplating changing the IA role such that they are no longer involved in improvement work. Prospective IAs might be drawn from the current quality management portfolio (e.g., manager, analyst, facilitator), utilization management staff, organizational development staff, etc.

### Organizational Expectations for Improvement Advisors

The selection of prospective IAs will require significant reflection on the part of partner organizations, including consideration of the time commitment required to support the “Flo” Collaborative. Prospective IAs must attend and participate in each of three, 4.5 day Improvement Advisor Training Workshops, in addition to attending the four “Flo” Collaborative Improvement Team Learning Sessions, the Kick-off Event and the Quality Congress. Improvement Advisors must attend all events, and cannot send someone else in their place. It is anticipated that IAs will spend approximately one third of their time on the “Flo” Collaborative. It is expected that trained IAs will be leveraged by participating organizations to support other improvement efforts in the future, making the current investment in time pay off for participating organizations in the months and years to come.

### Critical Improvement Advisor Stream Events and Timeline

| Event                          | Participants  | Dates            |
|--------------------------------|---|------------------|
| Kick-off Event                 | Senior Leaders, Improvement Advisors                    | Sept. 18, 2007   |
| Improvement Advisors Session 1 | Improvement Advisors                                    | Oct. 15-19, 2007 |
| Learning Session 1             | Improvement Teams, Improvement Advisors                 | Nov. 7-9, 2007   |
| Improvement Advisors Session 2 | Improvement Advisors                                    | Jan. 7-11, 2008  |
| Learning Session 2             | Improvement Teams, Improvement Advisors                 | Feb. 11-13, 2008 |
| Improvement Advisors Session 3 | Improvement Advisors                                    | Apr. 21-25, 2008 |
| Learning Session 3             | Improvement Teams, Improvement Advisors                 | June 2-4, 2008   |
| Learning Session 4             | Improvement Teams, Improvement Advisors                 | Oct. 1-3, 2008   |
| Graduation (Webex)             | Improvement Advisors                                    | July 2008        |
| Holding the Gains (report due) | Improvement Advisors                                    | Dec 2008         |
| Holding the Gains (Webex)      | Improvement Advisors                                    | Early Jan. 2009  |
| Quality Congress               | Improvement Teams, Improvement Advisors, Senior Leaders | Jan. 2009        |

Note that monthly conference calls and/or web-casts will also be scheduled by the IHI faculty to support the Improvement Advisors.

### 3) Senior Leadership

One of the key drivers for success is senior executive leadership and commitment to visibly support quality improvement, making the investment in quality improvement a core organizational strategy. System-level improvements can only be realized when participating organizations collectively focus on a strategic initiative, with Improvement Teams working at the front lines of care, actively supported by senior leadership.

#### Senior Leadership Goals

The Senior Leadership Series aims to engage senior executive leaders, and Boards through CEOs, in action-based learning to facilitate optimal support for their Improvement Teams. The series will bring leaders together in face-to-face sessions under the guidance of content and improvement experts, scheduled between Collaborative action periods. These sessions are deliberately scheduled prior to their Teams' Learning Sessions to ensure that they remain closely connected to the project and "a few steps ahead" to visibly support, communicate with and mobilize resources for teams in a timely and meaningful way.

#### Specific objectives of this series include the following:

- To provide an opportunity for senior executives in LHINs, hospitals, and CCACs to interact with and learn from leaders from high performing health care organizations in Canada, the USA and Europe that have invested strategically in quality improvement and achieved significant outcomes;
- To support Senior Executives and Boards in making quality improvement a strategic imperative, and applying tangible strategies for leading and supporting Improvement Teams to achieve breakthrough performance in the "Flo" Collaborative; and
- To develop a network of leadership for improvement "champions" in Ontario to help to further integrate and spread a strategic focus on quality into policy and service delivery in Ontario.

#### As active participants, senior leaders will:

- Learn about and apply leading-edge ideas and experiences from high performing health care systems related to improving flow and strategically investing in, and achieving improvement;
- Learn about and apply practical strategies and tools for leading and supporting quality improvement (e.g., aligning improvement with their overall strategy and measures, bringing their "boards on board", linking finance and quality to measure return on investment, engaging clinical leaders); and
- Share their progress, and benefit from the ideas and support of peer leaders as they develop and test their leadership skills to support "Flo" Teams, as they work to redesign processes for more timely and effective transitions to the community.

#### Senior Leadership Participants

Each hospital and CCAC team will have a Senior Leader – this is the CEO or Executive Director, or another designate, such as a Vice President or Senior Director – who is a key member of the senior management team and will provide high-level strategic leadership and support for the Collaborative and for quality improvement generally. The Senior Leaders will actively participate in all parts of the Senior

Leadership Series, and will involve Senior Champions, such as the Chief of Medicine, Chief Financial Officer, and a Board Member (e.g., Chair or Chair of Quality Committee) in specific learning sessions and opportunities.

### Organizational Expectations for Senior Leaders and Champions

**In addition to the above noted expectations, senior leaders and champions will also:**

- Actively participate in the Kick-off Event and all face-to-face Senior Leadership Sessions, and engage other leaders and stakeholders based on the content being delivered;
- Assign the right team members, Team Leads and Improvement Advisors to ensure successful implementation and spread for long term sustainability;
- Align the “Flo” project with their organization's strategic aims and measures, and other key organizational practices (e.g., reward and recognition);
- Visibly lead and support Improvement Teams, including setting aims for improvement, regularly monitoring progress, and ensuring two-way communication with Teams throughout the duration of the project;
- Provide and mobilize adequate resources to support teams, especially in the development and application of improvement knowledge and skills;
- Channel attention to the improvement project as part of daily work; and
- Help to celebrate success with their teams.

### Critical Senior Leadership Stream Events and Timeline

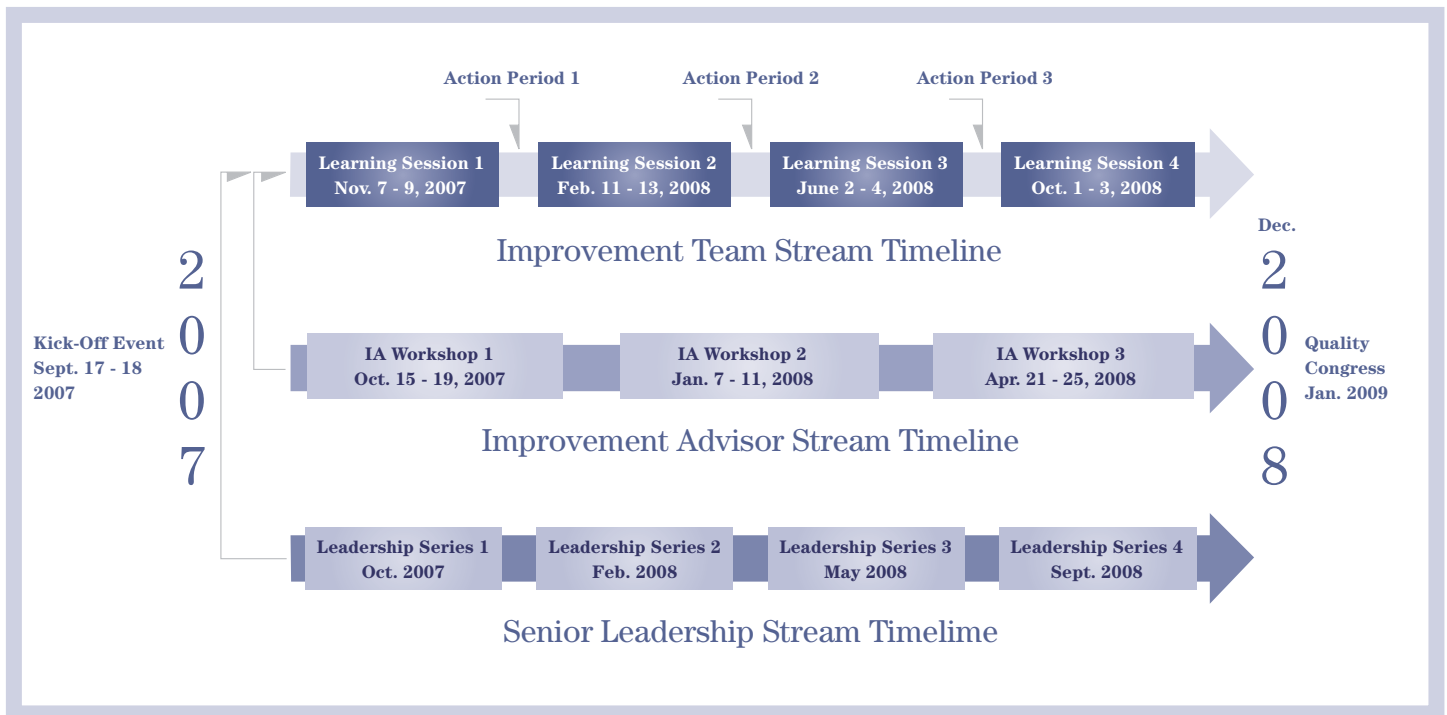
| Event            | Participants  | Dates   |
|------------------|---|---|
| Kick-off Event   | Senior Leaders  | Sept. 17/07 (Dinner) and Sept 18/07 (1/2 day) |
| Leadership 1     | Senior Leaders  | Oct. 2007                                     |
| Leadership 2     | Senior Leaders  | Feb. 2008                                     |
| Leadership 3     | Senior Leaders  | May 2008                                      |
| Leadership 4     | Senior Leaders  | Sept. 2008                                    |
| Quality Congress | Improvement Teams, Improvement Advisors, Senior Leaders | Jan. 2009                                     |

Note that these sessions will be scheduled as either half or full day sessions dependent on the topic to be covered. As well, regular conference calls and/or web-casts may be scheduled to support senior leader involvement with the Improvement Teams.

## Costs

Hospitals and CCACs are responsible for all travel and accommodation expenses incurred by team members to attend Learning Sessions, and for providing dedicated staff time to implement changes determined necessary to reach desired outcomes. OHPI will provide funding to help defray in-kind costs (ranging from \$60,000 to \$65,000 per partnership to be allocated by the LHIN) at the beginning of the project, with the possibility of a secondary allotment contingent on achieving measurable aims. In addition, OHPI will fund the IA training provided by IHI and all required training materials.

## The Flo Collaborative Timelines



### About Us

The **Ontario Health Performance Initiative (OHPI)** – a joint initiative of the Health System Strategy and Health System Accountability and Performance Divisions of the Ministry of Health and Long-Term Care - aims to accelerate quality improvement in Ontario to improve system level outcomes in areas of provincial strategic priority. OHPI will accomplish this by working with senior health care leaders to build the case for improvement as a business strategy, by initiating and coordinating improvement projects, and by strengthening capability for improvement among leaders and providers in the system. Using action-based learning, the Network will focus its work within large-scale improvement initiatives that are aligned with strategic areas of priority for the province.

If you have further questions based on the information in this package, please contact:

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**Health Performance Initiative**

*Accelerating Improvement in Health Care*