

Initiative Charter

Final Version 3.0

January 9, 2006

Project: Provincial Surgical Collaborative Elective Joints	Approved By Project Executive Sponsor:	
Co-Chairs: Martha Grypma, Ken Hughes, Phyllis Hunt, Bas Masri, Graham Pate Project Lead: Valerie MacDonald	Project Support: Terri Ellis	Approved Date: _____

Revision Log

Revision Number	Date	Revision Description
Version 1.0	August 10, 2005	First draft
Version 2.0	August 12, 2005	Second draft
Version 3.0	January 9, 2006	Final draft

Goal Statement

Population growth in the elderly, the prevalence of joint disease, and long wait lists for joint replacement surgery are placing unprecedented demands on the health care system. Therefore, developing focused, streamlined programs that improve recovery, access and contain costs for patients requiring hip and knee replacement surgery is a provincial imperative. The Provincial Arthroplasty Collaborative is being formed to bring teams together to learn and implement best practice using quality improvement methodology.

The intent is to coordinate the interplay of multiple services and providers throughout the province to improve best practices and update/streamline/standardize pathway guidelines for the purposes of improving clinical outcomes and thereby patient flow and access to services. The aim of a collaborative is to close the gap between potential and actual performance as they pertain to a particular clinical problem or issue.

Participating sites will gain the knowledge and tools to:

- Conduct a baseline audit to identify gaps in care and service. Conduct periodic audits of selected outcomes to monitor progress in addressing gaps.
- Develop and implement clinical pathways/ preprinted orders that facilitate prevention, detection and evidence based management of core issues known to delay recovery.
- Provide access to programs to build patient and family capacity to optimize outcomes.
- Identify resources required to achieve best practice.
- Reduce the average length of stay to no more than 4 days for primary hips and knees.

Project Objectives

1. To educate and implement best practice and quality improvement methodology throughout the province, with a focus to improve services, flow and increase access for elective hip and knee joint surgery patients.

Principles

The work of this project will be based on the collaborative model. Collaboration involves:

1. Participation of multidisciplinary site teams with a commitment to improving service within a specific subject area;
2. Measurable targets (i.e. improving care and decreasing length of stay for arthroplasty patients);
3. Use of a change testing method (the rapid cycle improvement method) to plan, implement and evaluate many small changes in quick succession;
4. The periodic coming together of teams for workshops, reporting and action planning.

Project Interdependencies

1. Relationship to the Provincial Surgical Services Project: Orthopaedic Working Group.
2. First Ministers' 10 year plan.

Deliverables In Scope

1. Establishment of a provincial steering committee, collaborative faculty and site working teams across the continuum of care.
2. Development of an arthroplasty audit tool to identify core issues and gaps at each site for baseline and to monitor progress on an ongoing basis.
3. Four learning sessions focusing on best practice and improvement methodology.
4. Increased decision support capacity for best practice through education, evidenced based tools and coaching.
5. Increased capacity to complete quality improvement activities through coaching, education and tools.
6. Development of a website with best practice and quality improvement tools.
7. Introduction of a proactive model to prevent, detect, and manage issues that delay or impede recovery.
8. Development of proactive, outcome oriented pathways.
9. Development of patient education programs.
10. Establishment and measurement of desired outcomes.
11. Provide a forum for bench marking among sites.
12. A midterm and final evaluation of the collaborative.

Out of Scope

1. This initiative will identify and make recommendations regarding best practices, but does not include implementation and sustainability of those improvements. (e.g. Increases to baseline budgets)
2. Increasing OR capacity.
3. Individual performance review.
4. Increasing resources. (e.g. New FTE, equipment, etc.)

Constraints

1. Decision Support resources and access to required data.
2. Time for teams to participate in collaborative meetings and quality improvement work.
3. Cost.

Critical Success Factors

1. Administrative commitment to provide resources to enable teams to attend collaborative meetings and do the quality improvement work.
2. Teams following through on the agreed upon collaborative objectives.

Communication Plan Within Each Authority	What	How	Frequency
Communication to			
Executive Sponsor for each Health Authority	Urgent Issue	Telephone	As required
	Progress	Status report teleconference	Weekly
Operations leaders: Surgical Directors and Managers	Progress	Presentation & report.	At the beginning, mid way and at the end of the collaborative
Collaborative Action Leaders Team (CALT) (from each Authority)	Urgent	Teleconference	As required
	Progress	Reports via e-mail and at scheduled meetings & teleconferences	Monthly
Site teams	Urgent	Meetings with CALT and project leader	As required
	Progress	Reports, quarterly meetings	Monthly

WORKING STRUCTURE:

Key Teams and Players	Role	Expectations
PHSA Brian Schmidt and senior leaders from each Authority.	Provincial coordination and administration.	<ul style="list-style-type: none"> • Administers the budget. • Coordinates meetings with provincial leadership team. • Reviews progress reports provided by the project core team and provides direction as indicated.
Provincial Leader- Valerie MacDonald	Accountable overall for the project.	<ul style="list-style-type: none"> • Chair Faculty and Provincial Steering meetings. • Ensure business decisions for the initiative are made in a timely manner. • Continuous awareness of initiative status and reporting to the Executive Sponsor on regular bases. • Participating as the change agent in the change management plan. • Ensuring appropriate communications with all

		<p>stakeholders.</p> <ul style="list-style-type: none"> • Ensuring deliveries, acceptance, and sign-offs. • Helping team members resolve issues and changes or escalating them to the Executive Sponsor for resolution.
<p>Collaborative Faculty Clinical experts /quality improvement leaders</p>	<p>Leadership team for the collaborative. Develops tools, teaching sessions. Serve as coaches to authority site teams.</p>	<ul style="list-style-type: none"> • Develop audit tools. • Provide best practice resources and methods for process improvement. • Provide feedback and coaching to the teams. • Provide a website where tools and resources will be posted. • Plan and implement 4 learning sessions • Prepare evaluations.
<p>Provincial Steering Committee Representatives from Authority Collaborative Action Leadership Teams</p>	<p>Advises faculty and leads re regional progress and barriers to completing the improvement work.</p>	<ul style="list-style-type: none"> • Meets at each learning session with teleconferences scheduled on an adhoc basis. • Reports on the progress of teams and barriers encountered. • Provides feedback and direction to the faculty regarding support, education and tools provided. • Makes recommendation on issues related to services, flow and access.
<p>Health Authority CEO</p>	<p>Support s the Collaborative.</p>	<ul style="list-style-type: none"> • Provide an executive sponsor to actively monitor and support the teams. • Provide a Collaborative Action Team including: Surgeon, Clinical Nurse Specialist, or Program Leader.
<p>Health Authority Executive Sponsor</p>	<p>Champion and support for the collaborative Action Leadership Teams.</p>	<ul style="list-style-type: none"> • Approves the project charter. • Reviews progress updates / provides direction to the leads as necessary. • Ensures that Senior Executive Team is provided with updates on the project. • Ensures that resources are provided to support the work.
<p>Operations Leadership Team Senior executive, arthroplasty directors and managers</p>	<p>Support the improvement teams and ensure that resources are in place to do the work.</p>	<ul style="list-style-type: none"> • Meet with key leaders at the beginning, mid way and end of the project and on an adhoc basis. • Review goals, progress and barriers to improvement work. • Identify and provide means to overcome barriers and support the work.
<p>Authority Collaborative Action Leadership Team Surgeon leader /Program leader with strong clinical background / Quality improvement leader.</p>	<p>Provides direction, coaching and support to site teams within the Authority.</p>	<ul style="list-style-type: none"> • Leadership role within the authority. Provides support and guidance to site teams. Identifies and addresses barriers. • Reports on the progress/barriers of the teams to the Authority executive sponsor.
<p>Site teams Manager/ clinical leader surgeon, RN, OT & PT</p>	<p>Responsible for testing and implementing improvements at each site.</p>	<ul style="list-style-type: none"> • All core team members participate in each learning session. • Conduct baseline and follow up audits. • Utilize Plan Do Study Act (PDSA) cycles to meet the targeted performance measure. • Create story boards for presentation at each learning session. • Submit monthly reports to the collaborative faculty, identifying progress and PDSA.

PROJECT TIMELINE:

Task	Responsible person	Target date
PHSA agrees to assume provincial administrative role	Jeff / Brian Schmidt	August 2005
Hire Program Assist	Valerie	August 2005
Appoint faculty	Phyllis, Valerie, Martha	August 2005
Letter to health authorities requesting assignment of funds and the appointment of key leaders from each region.	Valerie & Jeff	August 17 2005
First meeting of Key Leaders	Terri, Phyllis, Valerie, Ken & Jeff	Sept 29 th 2005
Audit draft completed	Task group	Sept 21 st 2005
Meeting with Senior executive & PHSA	Jeff, Brian Schmidt	Sept – Oct 2005
Teams complete Pre-work data collection	Faculty – teams	Oct- Dec 2005
Learning session 1	Faculty	Feb 2006
PDSA cycles	Faculty / Teams	Feb- Apr.
Learning session 2	Faculty / Teams	May 2006
Mid term evaluation – Presentation to PHSA & Senior executive	CALT / Valerie / Brian	June 2006
Learning session 3	Faculty / Teams	Oct 2006
PDSA Cycles	Faculty / Teams	
Learning session 4	Faculty / Teams	Jan 2007
Sustainability phase	Teams	Ongoing
Final evaluation completed	Faculty / Valerie	Apr 2007
Presentation to Senior executive / PHSA	CALT, Valerie / Brian Schmidt	Apr – May 2007

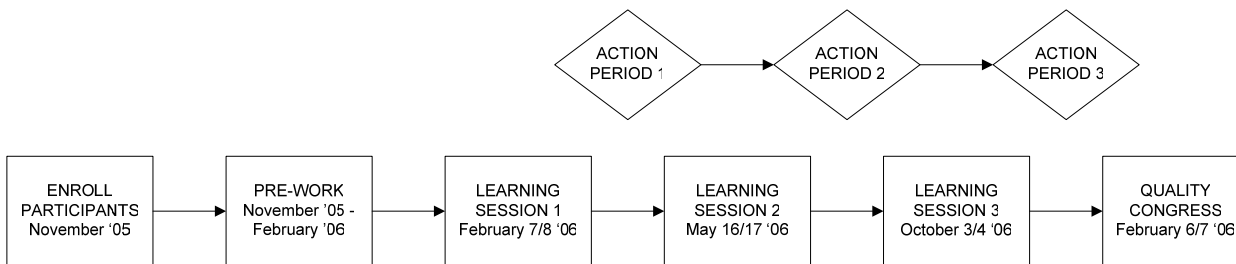
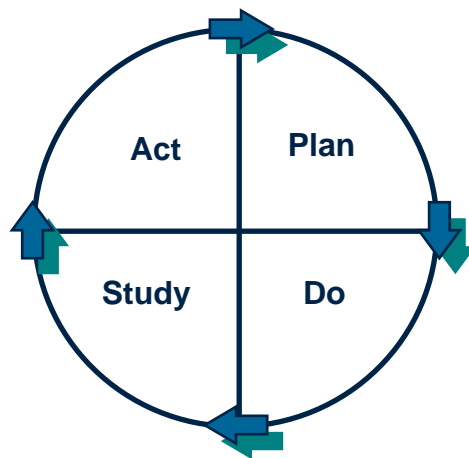
Overview of the Hip & Knee Arthroplasty Improvement Project

Purpose: To improve care & outcomes of patients receiving hip & knee arthroplasty surgery by implementing evidence based standards of care.

Process: Teams will use the Institute for Health Improvement Breakthrough Series Methodology and the Model for Improvement.

Teams will participate in 4 learning sessions over the course of a year. During the action periods between learning sessions they will use the Plan-Do-Study-Act model for improvement to test changes in practice.

Action Periods



Coordination & Collaborative Support

- Regular teleconferences with HA leads & site leads
- QI & clinical evidence-based tools
- Scheduled, systematic reporting of indicators by site teams
- Hip & knee arthroplasty web-site
- Site visits to facilitate & support teams

Leadership provided by expert clinical and quality improvement faculty