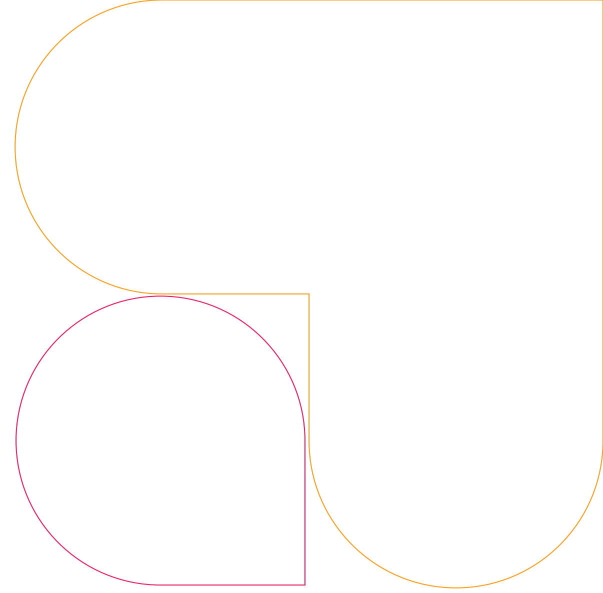

Call for Applications: Enabling Aging in Place

Phase 1 Call for Applications

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability, and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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Social Media

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Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today. Learn more

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Call for Applications – Phase 1

The opportunity

Healthcare Excellence Canada (HEC) is launching a new collaborative aimed at enhancing the ability of older adults with health and social needs to age where they call home, in the community, with formal support.[i]

This collaborative will bring together health and social organizations from across the healthcare continuum, including community organizations, to advance their unique goals for supporting the health and social needs of older adults and care partners living in the community. Participating organizations will build their capability to leverage an Asset Based Community Development (ABCD) philosophy[1] to adapt, adopt or further expand on a promising practice that aligns with HEC's Enabling Aging in Place program principles. These principles are derived from promising practices across Canada that have demonstrated impact in helping older adults remain at home with improved safety, health and quality of life outcomes while also reducing unnecessary emergency department (ED) visits, care partner burden and optimizing resource utilization.

Collaborative participants will:

- Develop and grow relationships and partnerships with organizations across Canada with similar aims to support aging in place.
- Receive support to complete foundational readiness initiatives based on an ABCD[ii] philosophy to deepen their understanding of community assets that respond to the needs of older adults and their care partners.
- Receive support to complete an implementation and evaluation plan to demonstrate readiness for implementation.
- Receive support to implement a promising practice based on the implementation and evaluation plan.

This collaborative will be delivered in two phases. Phase 1 (October 2023 – April 2024) will support teams to prepare for implementation, spread or expansion of a promising practice. Phase 2 (expected to run from June 2024 to September 2025) will support qualifying teams in implementing, spreading or expanding their promising practice based on their implementation and evaluation plan.

[1] Asset Based Community Development is a strengths-based approach to sustainable, community-driven development. It links micro assets to the macro environment, often uncovering unrecognized resources, skills and experience belonging to individuals, organizations and institutions that when brought together can respond to challenges.[ii]

Call for Applications – Phase 1

Who should apply

We encourage organizations that aim to support older adults with health and social needs to age in place in their communities to submit their applications. This includes, but is not limited to:

- Primary care providers and clinics
- Community-based organizations
- Long-term care and continuing care organizations
- Social or private housing
- Acute care facilities
- Municipalities
- Regional health authorities
- Indigenous governments/organizations
- Provincial/territorial governments

Applicants must be developing, spreading, or expanding an aging in place program that aligns with HEC's Enabling Aging in Place program principles and **prioritizes older adults living in the community who have complex medical needs and are more heavily impacted by structural and social determinants of health**[2]; and therefore are most likely to be admitted to long-term care without formal support at home.

We welcome groups at various stages of their quality improvement journey to apply. However, applicants must already have the following elements established:

- A commitment from senior leadership to develop, spread or expand an aging in place program.
- A team who can support the development and implementation of the program.
- Financial resources to support the development and implementation activities of the program.

Applicants must commit to developing an evaluation framework that aligns with HEC's Enabling Aging in Place Framework and each individual program's evaluation priorities, including outcomes related to the following areas:

- delayed entry to long-term care
- reduction in unnecessary emergency department visits
- improvement of quality of life for older adults and care partners including decreased social isolation
- improved access and utilization of health and social service resources
- improvement in staff ability to make improvements in how they do their job
- decreased care partner burden

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[2] *Structural determinants of health* affect whether the resources necessary for health are distributed equally in society, or whether they are unjustly distributed[iii] because of where people are from, what they look like, where they live, who they love, how they move in the world, what religious beliefs they carry and other factors. Social determinants of health are the social and economic factors that influence people's health. They include factors such as education, income, race, gender etc.[iii] Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as First Nations, Inuit and Métis Peoples, People of Colour, 2SLGBTQIA+ and Black Canadians.[iv]

Call for Applications – Phase 1

Benefits

In Phase 1, participants will receive support to conduct key readiness activities needed to inform the development of a sustainable aging in place program that builds on the strengths of individual communities and responds to the local needs of older adults and their care partners living in the community. Example supports include:

- Seed funding (up to $15,000 per team)
- Virtual and in-person networking, coaching and learning events to promote sharing and collaborations across Canada
- Resources and capability-building supports
- Measurement and evaluation support for both HEC's and individual program's measurement priorities[3]
- Opportunities to guide and inform the development of new resources to support aging in place programs as well as to the needs specific to your community

Phase 2 will continue to provide opportunities to build on these benefits, including implementation support.

How to apply

- Attend an optional informational webinar on October 25, 2023 (12:00 – 1:00 PM ET) to learn more about the application process.
- Reach out by email to EAIP-FVCS@hec-esc.ca if you have any questions related to the application process.
- Submit your completed application by November 15, 2023 to EAIP-FVCS@hec-esc.ca in English or French.
- HEC will notify you of the outcome of your application in December 2023.

[3] HEC's evaluation framework will provide a high-level evaluation strategy that reflects the various capabilities of provinces/territories to access system level data and aims to reduce the data collection burden on participating teams to as low as reasonably possible. Sites will also be supported by HEC to collect data specific to their individual programs according to their own unique goals and organizational priorities for measurement and evaluation.

Background

Supporting people living in Canada to age where they call home, in the community, is a priority at the federal, provincial/territorial and municipal levels. Most people in Canada want to age in place as long as they can,[v-vi] and there is not enough capacity to meet the growing demand for long-term care (LTC).[vii-viii] However, 1 in 10 people who enter long-term care could have potentially been cared for at home with formal support.[ix] The primary drivers for this outcome are:

- Challenges with health system navigation
- Financial barriers
- Responsiveness (e.g., reliability of staff, consistency of staff, flexibility of services, respite services for care partners)
- Access to specialized services (e.g., social and emotional support, on-call support, language and cultural services, help with non-medical needs).

Additionally, northern, rural and remote communities tend to have fewer formal supports available to support older adults living in the community compared to their urban-dwelling counterparts.

Based on the experiences of innovative promising practices across Canada, HEC has identified program principles that have demonstrated impact in supporting aging in place in both rural and urban communities.

All of the following principles must be implemented in a person-centred way and reflect a deep understanding of community assets and needs of older adults and their care partners.

Enabling Aging in Place program principles

Adaptive and responsive

Programs are tailored to the specific, individualized needs and preferences of older adults and caregivers living in community. Programs adapt and respond to emerging needs as they evolve.

Equitable

Programs integrate a health equity lens, with a focus on the structural and social determinants of health, that support older adults aging in place in community.

High value

Programs optimize resources used on health and social services relative to outcomes that matter to older adults and care partners over the course of their care journey.

The opportunity

Healthcare Excellence Canada (HEC) is launching a new collaborative aimed at enhancing the ability of older adults with health and social needs to age where they call home, in the community, with formal support.

This collaborative is informed by the experiences of many aging in place programs across Canada that have successfully helped older adults stay at home safely with better health and quality of life. Demonstrated outcomes of these programs include reduced unnecessary ED visits, decreased care partner burden and optimized use of resources. This collaborative provides an opportunity to strengthen communities that serve older adults and their care partners in ways that people across Canada are seeking. It will bring together organizations to advance their unique goals for improvement, while also sharing and learning with other communities and organizations from across Canada.

There are many ways to support older adults and their care partners living at home. Each program must reflect the specific needs of older adults and their care partners in each community, the health and social assets already at work, the undiscovered assets that they can add to the program, and the partnerships that bring these supports to life. It is important that these elements of the model are discovered in partnership with older adults and their care partners in the community. This collaborative recognizes the importance of supporting aging in place initiatives that are tailored to their community and will help participating teams to leverage an Asset-Based Community Development (ABCD) approach[ii] to uncovering assets that support community needs and goals and develop plans for improvement that meet the unique needs of each community.

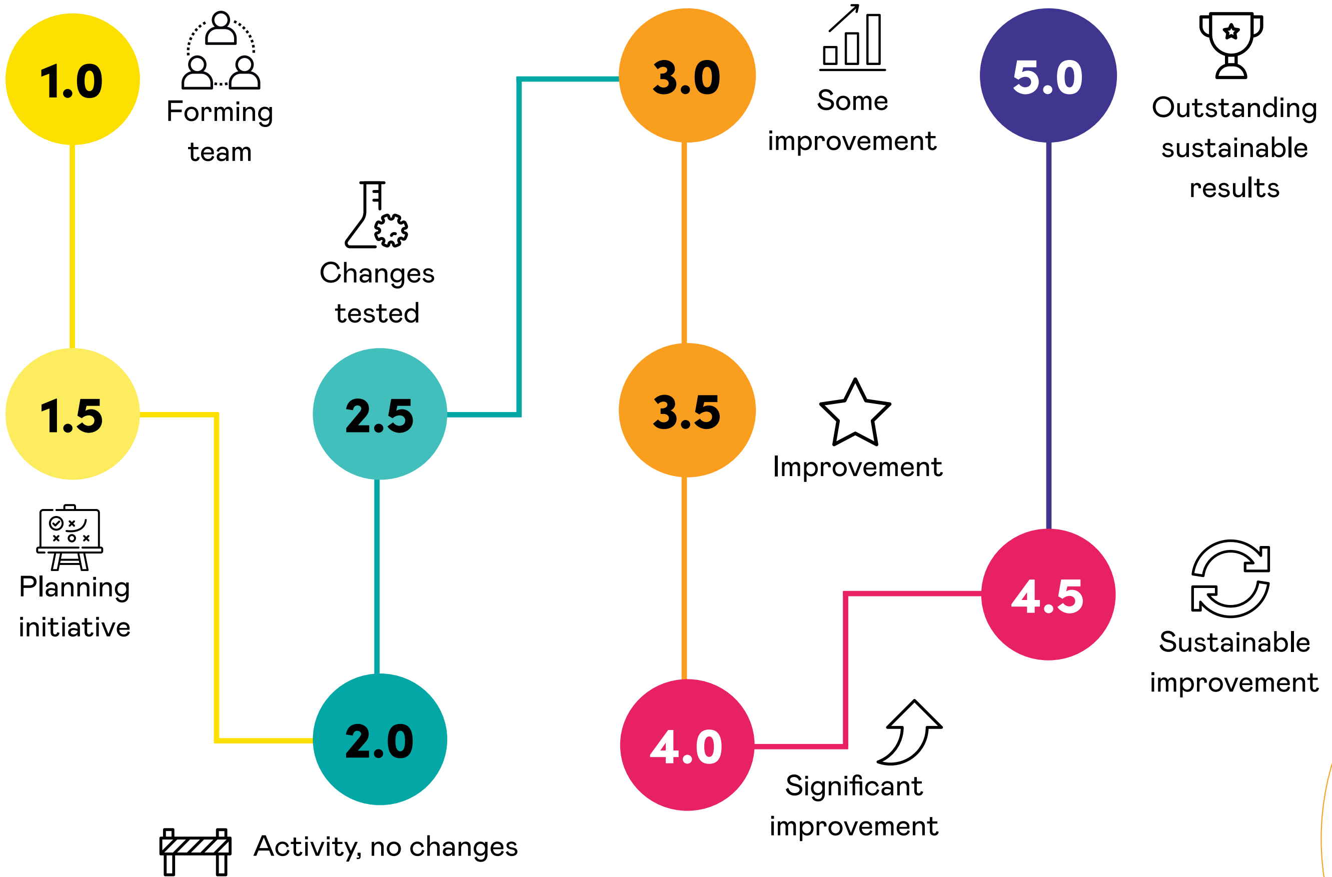
Additionally, this collaborative recognizes that to support aging in place, older adults and their care partners need improved access to services in ways that are person-centred.[4] This means that services are flexible and tailored to each older adult and/or care partner and that support for navigating the healthcare system is offered at the level and in the way required by each person. This is especially important for older adults with complex health and social needs and greater vulnerability related to the structural and social determinants of health.

Goals and metrics may include:

- delayed entry to long-term care
- reduction in unnecessary emergency department visits
- improvement of quality of life for older adults and care partners including decreased social isolation
- improved health and social service access and utilization
- improvement in staff ability to make improvements in how they do their job
- decreased care partner burden

Eligible organizations include those planning or implementing an initiative, or those with sustained results that are looking to expand services and/or reach more people. Teams are expected to, at a minimum, have senior leadership support, appropriate team membership and financial resources to conduct planning and implementation activities. This would align with stages 1.5 – 2.5 of the quality improvement journey of the collaborative assessment scale below (see **Appendix C**: Collaborative Assessment Scale for descriptions of the various stages of the quality improvement journey).

[4] For the purpose of this application, person-centred refers to putting the individual at the centre of decisions that affect their life and supporting them in ways that align with their own preferences, characteristics, and agency. It means listening, collaborating, coaching and seeking feedback from the person and their support network



In Phase 1, collaborative participants will:

- Develop and grow relationships and partnerships
- Receive support to build capabilities for implementation readiness
- Develop an implementation and evaluation plan to adopt and/or strengthen and evaluate a promising practice to meet the needs of the older adults and care partners in the community.

It is anticipated that most teams will progress from Phase 1 to Phase 2 of the collaborative, however enrolment will be dependent on readiness as demonstrated by the implementation and evaluation plan completed in Phase 1.

Phase 1 and 2 objectives and outcomes*

Phase 1 Objectives	Phase 2 Objectives
Increase capabilities to design, adopt, spread & evaluate promising practices based on an ABCD[ii] philosophy that align with HEC's Enabling Aging in Place program principles with diverse local partners.	**Drive adoption & spread** of aging in place programs that align with HEC's Enabling Aging in Place program principles through actioning an implementation & evaluation plan.

Phase 1 Outcomes	Phase 2 Outcomes
• Develop and grow relationships and partnerships. • Conduct/formalize and document readiness activities to complete an implementation and evaluation plan.	• Implement and/or expand promising practices to support aging in place. • Demonstrate measurable improvements based on HEC's Enabling Aging in Place evaluation framework
Deliverable: Development of an ABCD[ii]-informed implementation and evaluation plan to support implementation of a promising practice in Phase 2.	**Deliverable:** Implementation or expansion of an aging in place program and demonstrated impact and development of a sustainability plan.

Goal: Enable aging in place with and for older adults and their care partners through enhanced services and improved access to and navigation of services in a person-centred manner.

**Note: depending on the readiness of teams in Phase 1, some of the Phase 2 objectives and outcomes could begin in Phase 1.*

Benefits of joining the collaborative – Phase 1

- **Receive seed funding of up to $15,000 per funded application** for eligible personnel, travel, equipment, and supplies and services expenses to support the development of an implementation and evaluation plan based on three readiness initiatives: a community needs assessment, asset mapping and partnership development. The amount of funding granted will be based on demonstrated needs as identified via a budget proposal (see **Appendix A** for a list of eligible and ineligible expenses).
- **Build relationships and strengthen engagement** with community partners, and people with lived experience in the community as teams engage in the readiness initiatives.
- **Access resources and capability-building opportunities** including webinars and an in-person workshop that will promote pan-Canadian, regional and community-level sharing and partnership while expanding skills related to program design and developing relationships as part of a community of practice with other organizations supporting aging in place programs across Canada. Learn and connect directly with other communities who have been working to support aging in place programs including learning through discussions with peers and experts about local, regional and national challenges.
- **Measurement and evaluation support** to help assess the promising practice and identify the metrics that will support quality improvements and demonstrate the impacts of change, such as delayed entry to LTC, decreased avoidable ED visits, improved utilization of health and social services, improvement of quality of life for older adults and care partners including decreased social isolation.
- **Guide and inform the development of new resources** to help program participants and others enable older adults to age where they call home, in the community, with formal support.

Activities and deliverables

Phase 1 (November 2023 – April 2024)

Following the completion of an application to participate in Phase 1 (October-November), and an invitation for successful applicants to join the collaborative (December), programming will begin in January 2024, whereby Phase 1 participants will:

- Participate in an onboarding call to discuss the program development status relative to the Collaboration Assessment Scale (see Appendix C: Collaborative Assessment Scale for the various stages of the quality improvement journey) and explore the program's current knowledge of community needs, assets and partners, as well as the types of support required to expand this knowledge in partnership with people with lived experience into an implementation and evaluation plan.
- Experience and contribute to an in-person workshop focused on building connected communities. This workshop will create space for all participating teams to begin to develop relationships in a new community of practice, share their hopes and fears related to their program, and learn evidence-informed methods to support asset-based community development and develop an implementation and evaluation plan.
- Attend webinars that showcase successful aging in place programs that helped inform and/or align with HEC's Enabling Aging in Place program principles.
- Engage in support activities related to developing outcomes and measures specific to the planned program.
- Create an implementation and evaluation plan to identify:
  - what promising practice they want to implement, spread and/or strengthen to help address their need(s)
  - the needs of older adults and care partners in their community
  - the community assets that can be leveraged to support the needs of older adults and care partners in their community
  - what partnerships will help to improve the effectiveness, quality and efficiency of the promising practice and avoid duplication of services
  - goals for improvement, and how to measure and evaluate progress toward these goals in partnership with their local communities and partners (e.g., delaying entry to LTC, reducing avoidable ED visits)
  - an engagement strategy for including people with lived experience in the design, implementation and evaluation of the program and promoting equity with respect to all aspects of the program
  - what level of funding is needed to support adoption and spread of the promising practice (note: HEC will not fund the implementation of promising practices beyond seed funding provided in Phase 1 and Phase 2)
  - which community-based organizations are prepared to work together to plan and implement the promising practice
  - how the promising practice will be sustained

HEC will provide access to implementation and evaluation planning templates, ABCD[ii] resources, and an evaluation framework to all applicants in November 2023 (i.e., prior to making funding selections). Applicants are encouraged to begin leveraging these resources regardless of whether their program applications are successful for seed funding.

Phase 1 timeline, activities and outcomes

Oct-Nov 2023

- Eligible organizations are invited to apply for the collaborative by completing an application and budget
- Enabling Aging in Place application informational webinar (October 25, 2023)
- All applicants receive access to Phase 1 resources and can begin developing their implementation and evaluation plans

December 2023

- Successful applicants will be notified and invited to sign a collaboration agreement (see sample collaboration agreement available on HEC's website)

January 2024

- Teams invited to participate in Phase 1 will participate in an onboarding call, attend an in-person workshop and conduct process work on their implementation and evaluation plan
- Enabling Aging in Place promising practices webinar

February 2024

- Teams continue to conduct readiness activities and develop their implementation and evaluation plan
- Enabling Aging in Place promising practices webinar

March 2024

- Teams continue to conduct readiness activities and develop their implementation and evaluation plan
- Enabling Aging in Place promising practices webinar

April 2024

- Implementation and evaluation plan and final reporting submitted to HEC before April 30, 2024

Phase 2 activities overview (April 2024 – September 2025)

Phase 1 teams who successfully complete an implementation and evaluation plan in Phase 1 will receive an invitation to apply for a Phase 2 of the collaborative where they will be eligible to receive new seed funding (up to a maximum of $25,000) and supports. The objective of Phase 2 is to support teams to adopt and/or further spread an aging in place program based on the implementation and evaluation plan developed in Phase 1. It would be expected that Phase 2 teams are ready to begin or actively engaged in implementing their initiative, have performed small tests of change and are making improvements, and collecting data. This would align with 2.0 – 4.0 of the collaborative assessment scale (see **Appendix C** :Collaborative Assessment Scale for the various stages of the quality improvement journey). Phase 2 participants are expected to collect and report on outcomes data that are consistent with their evaluation plan and align with HEC's Enabling Aging in Place evaluation framework before the collaborative end date.

Phase 1 application information

Who can apply for Phase 1

HEC recognizes the strengths that local leadership and community organizations bring to support older adults living in the community and their care partners. This collaborative is intended to amplify those strengths and support partnerships that will enable the spread of promising practices that align with HEC's Enabling Aging in Place program principles to meet unique community and provider needs.

Eligible health and social services organizations and communities can include, but are not limited to:

- Healthcare providers/organizations (e.g., paramedicine, long-term care, primary care)
- Social and private housing organizations
- Community organizations
- Regional health authorities, and/or provincial/territorial governments orIndigenous governments/organizations, in partnership with community-based organizations responsible for delivering health and/or social services in the community.
- Municipalities and communities in partnership with community organizations responsible for delivering health and/or social services in the community.

Eligible organizations and communities that are, at a minimum, ready to begin stage 1.5 of the Collaborative Assessment Scale (see **Appendix C**: Collaborative Assessment Scale for the various stages of the quality improvement journey) are welcome, including those planning or implementing an initiative; or those with sustained results that are looking to reach more people.

Applicants must demonstrate senior leadership support, a team capable of performing the Phase 1 activities and deliverables, and financial resources to sustain planning and implementation activities.

If you are unsure if you are eligible or have any questions, please reach out to the HEC team at EAIP-FVCS@hec-esc.ca**.**

Commitments for Phase 1

To participate in Phase 1, teams must:

- Sign a collaboration agreement outlining collaborative commitments, such as funding distribution and reporting.
- Participate in collaborative activities, including an onboarding meeting, monthly webinars, and one in-person workshop (timing and details to be confirmed).
- Work with HEC to identify goals, needs, and other information to help design tailored program supports for Phase 2.
- Perform assessments and create an HEC implementation and evaluation plan to support participation in Phase 2 of the collaborative.
- Complete a Phase 1 Final Report (see Appendix B for example information collected) to share information about learning outcomes, results, client reach and sustainability.
- Develop relationships and partner with key stakeholders including older adults and their care partners with lived experience to work together toward a common improvement goal.
- Complete expenditure reporting.
- Review and confirm understanding of HEC's Conflict of Interest Policy, available in the application.

Selection considerations for Phase 1

HEC will select teams to participate in Phase 1 through a review process. Eligible organizations include those planning or implementing a promising practice, or those with sustained results that are looking to reach more people. Applicants must be developing or expanding an aging in place promising practice that aligns with HEC's Enabling Aging in Place program principles and **prioritizes older adults living in the community who have complex medical needs and are more heavily impacted by social determinants of health;** and therefore, are most likely to be admitted to long-term care without formal support at home.

The review process will aim to identify a diverse group of participating teams, including diversity in:

- Geographical representation (pan-Canadian representation)
- Community/cultural representation, including First Nations, Inuit and Métis
- Type of healthcare or community organization hosting the program (e.g., long-term care, paramedicine, community organization, primary care)
- Stage of improvement journey (e.g., including those planning an initiative, those implementing an initiative, and those with sustained results that are looking to reach more people)

Additional selection considerations for Phase 1 will include:

- Demonstrated commitment to collaborate with diverse local partners to plan, adopt, spread and/or strengthen/scale and evaluate promising practices
- Expected client reach of the program
- A program team composition that includes:
  - Support from local leadership
  - A local champion or project support lead who will help organize and lead participation
  - People with lived and living experience, including older adults and their essential care partners
  - Engaged community partners
  - An engaged regional health authority, province or territory, or government
  - Other people from the workforce with diverse skills and professional backgrounds, including experience with measurement and evaluation

How to apply

1 **STEP 1:** Read the Enabling Aging in Place Call for Applications for information about the opportunity, benefits, eligibility, requirements[1] and other information to inform your decision to express interest to participate. Attend the informational webinar happening on October 25, 2023, 12:00 – 1:00 PM ET, to learn more about the program (optional).

2 **STEP 2:** Complete and submit the application to apply to EAIP-FVCS@hec-esc.ca by Wednesday, November 15, 2023. Applications may be submitted in English or French.

3 **STEP 3:** HEC will notify you of the outcome of your application in December 2023. Participating teams must return their signed agreement by January 5, 2024 to participate in Phase 1.

Contact

For more information about the Enabling Aging in Place collaborative or if you have any questions, please contact our team via email at EAIP-FVCS@hec-esc.ca.

[1] HEC is a not-for-profit organization funded by Health Canada. HEC collects specific reporting requirements for Performance Measurement Framework reporting for collaboratives.

Appendix A: Eligible and Ineligible Expenses

In addition to the seed funding provided as part of the Enabling Aging in Place program, HEC is committed to contributing funds to successful applications to attend the in-person workshop including travel, accommodations, meals and workshop materials for one person per application team. These expenses should not be reflected in the seed funding budget.

Category	Eligible Expenses*	Ineligible Expenses
Personnel	• compensation/honorarium for involvement of patient/care partner advisors • release time for team members whose regular job description will be amended to allow them to work on the quality improvement initiative • funds to hire additional staff to backfill the jobs of team members who are being released to work on the quality improvement initiative • salary replacement costs to allow providers to participate in the quality improvement initiative	• eligible release time charged at rates above existing salary • service delivery costs (unless approved by HEC in advance) • release time related to the financial administration of seed funds
Travel	• travel costs for team members between quality improvement initiative site(s)	• travel costs not directly related to delivery of the learning collaborative
Equipment	• cost of equipment directly required for the quality improvement initiative (all equipment requests must be reasonable and fully justified)	• large capital purchases
Supplies and Services	• cost of producing materials required for the quality improvement initiative (photocopies, printing, office supplies, etc.) • costs relating to communication of the quality improvement initiative results, such as meetings and video conferences	• cost of supplies and services not directly related to delivery of the quality improvement initiative

* If your organization recovers part of its costs due to your tax status, the recoverable portions must be deducted from your budget and expenditure reports.

** Alcohol and cannabis are always ineligible expenses; the lowest economy fare must be selected for all travel; and, reasonable rates must be sought for all travel related costs. Note, travelling expenses are subject to the Services the National Joint Council Travel Directive, as may be amended from time to time, which can be viewed at https://www.njc-cnm.gc.ca/directive/d10/en and HEC's corporate administrative policies.

Appendix B: Example Information Collected in Surveys and Final Report

Final Survey for Individuals

Participant Details

- Name, gender, preferred language, role in healthcare, role on the improvement team

Learning Outcomes

- If you feel more prepared to adopt and strengthen practices to meet the community and provider need

Relationship Outcomes

- Development of any new relationships with other individuals/organizations (not including HEC)

Final Report for Teams

Project Details

- Name, location, description and start date of project

Team Member Details

- Team role, name, role in healthcare, organization, region, language, gender

Results Details

- Describe primary practice/process objective, to what extent objective was achieved, facilitators and barriers to improvement, if spread is on-going
- Describe primary outcome objective, if objective was achieved, alignment with health system quadruple aims, facilitators and barriers to improvement
- If culture of the work is more conducive to quality improvement, if there was development of policies/standards/guidelines to sustain a change or catalyze improvement
- Development of relationships with other organizations and if relationship with HEC was meaningful and reciprocal

Client Reach

- The number of clients that were reached during this project (by location if multiple sites)

Sustainability Survey for Teams

If six months after participating:

- The practice/process/behavioural improvements were sustained
- The team is currently working to spread the practice/process/behavioural improvements
- Identify any unintended outcomes that resulted from this work

Appendix C: Collaborative Assessment Scale

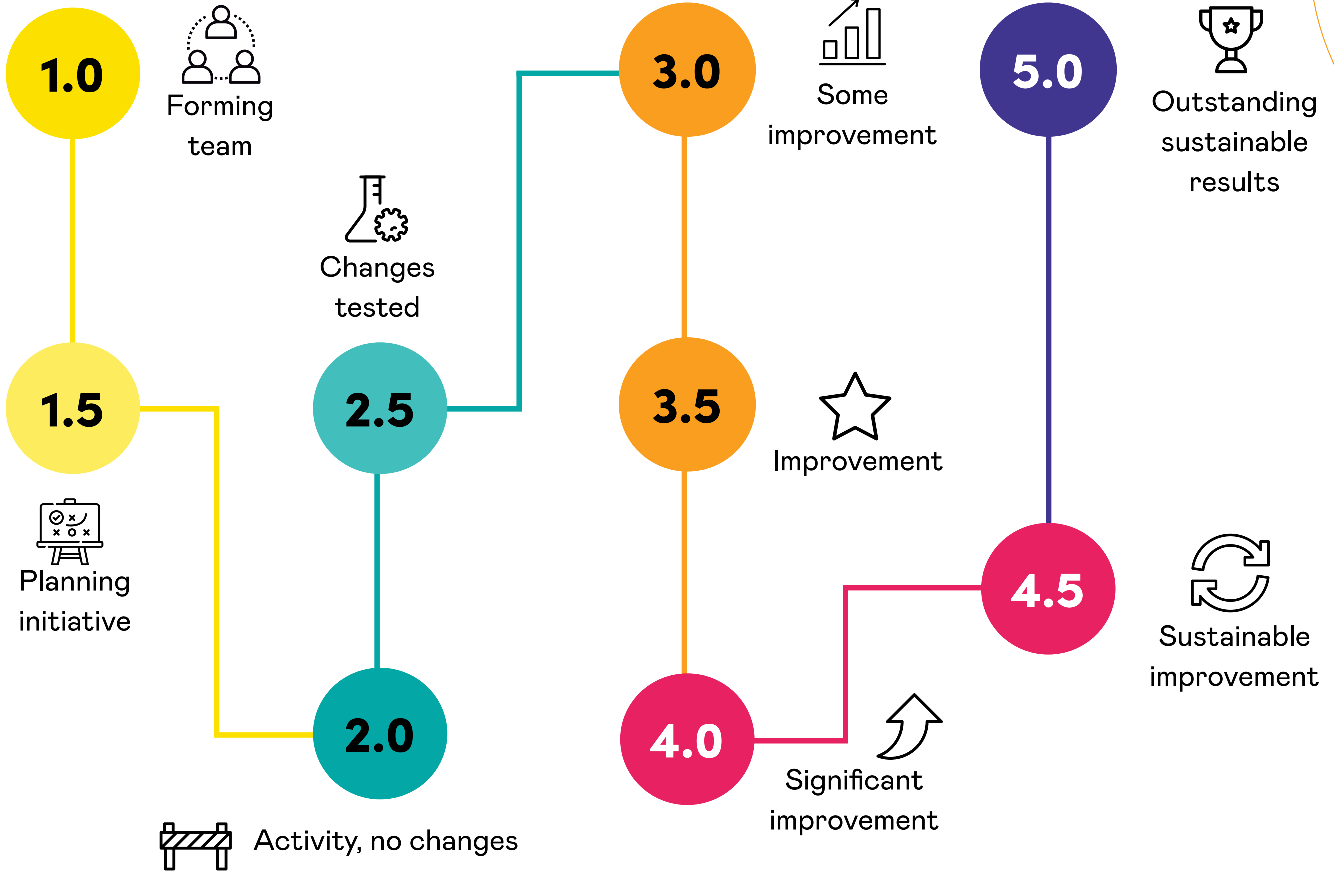
The following scale has been adapted from the Institute for Healthcare Improvement (IHI) to enable teams to reflect on where they are currently with regards to the collaborative, and how they progress through the quality improvement stages over time. HEC recognizes that the improvement journey isn't linear but identifying key milestones can be helpful in moving forward.

Teams:

In consultation with your team, please select the stage that best reflects **where each site currently fits on the quality improvement journey**.

To determine your stage, consider which activities in the checklist have already been completed or best describe the work currently underway.

Mapping the Quality Improvement Journey



1.0 Forming a team

- ☐ Team has been formed
- ☐ Roles have been assigned
- ☐ Focus of the initiative has been established

1.5 Planning for the initiative has begun

- ☐ Team is meeting and discussion is occurring
- ☐ An aim statement has been finalized with:
  - ☐ A defined target group/population (For WHOM)
  - ☐ An outcome (improve WHAT)
  - ☐ A time frame (by WHEN)
- ☐ An implementation or spread plan has been completed
- ☐ A measurement plan has been completed and key measures (at least one process, one outcome and one balancing measure) have been defined
- ☐ Stakeholders have been identified

2.0 Activity but no changes

- ☐ Team is actively engaged in developing strategies to implement their initiative
- ☐ Appropriate engagement or training of key stakeholders (e.g., families, patients, staff, senior leadership, communities) is underway
- ☐ Data is being collected

2.5 Changes are being tested but no evidence of improvement in key measures

- ☐ New strategies are being implemented and tested
- ☐ Team can articulate what they have learned from testing the change
- ☐ Team has more than one time point of process, outcome and balancing data
- ☐ No evidence of improvement in outcome measures

3.0 Some Improvement

- ☐ Evidence of improvement in at least one process measure (e.g. improvement as evidenced by a shift or trend on a run chart, or special cause variation if using a control chart)
- ☐ The new strategies continue to be implemented
- ☐ Stakeholders (e.g. families, patients, staff, senior leadership, communities) are kept informed

3.5 Improvement

- ☐ Process measures continue to improve or are at target
- ☐ Evidence in improvement in at least one outcome measure
- ☐ Process and outcome measures are linked to balancing measures and analysis of effect is underway
- ☐ Team can articulate what they have learned and what changes they plan to implement
- ☐ Stakeholders (e.g. families, patients, staff, senior leadership, communities) knowledgeable about the initiative

4.0 Significant Improvement

- ☐ There is evidence of improvement in all outcomes and process measures
- ☐ Process and outcome measures are linked to balancing measures and analysis of effect is understood
- ☐ The new strategies are being adopted and tested with a larger population
- ☐ Stakeholders (e.g. families, patients, staff, senior leadership, communities) endorse the initiative
- ☐ Learnings are results from the initiative are being communicated to a broader audience

4.5 Sustainable Improvement

- ☐ Evidence of sustained improvement in outcome measures
- ☐ Plans for sustaining the improvement are in place (if applicable)
- ☐ Plans for spreading the improvement are in place (if applicable)

5.0 Outstanding sustainable results (6 month and/or 1 year follow-up)

- ☐ The initiative is sustained for six months or longer following the program
- ☐ Outcome measures are at benchmark levels for at least 6 data points in a row
- ☐ Stakeholders continue to endorse the sustainability of the initiative
- ☐ Stakeholders continue to endorse the spread of the initiative to new locations
- ☐ Teams are able to demonstrate a neutral or positive return on investment (if applicable)

References

[i] CIHI. (2023). New long-term care residents who potentially could have been cared for at home. New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home · CIHI

[ii] Kretzmann, John; McKnight, John (1993). *Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets* (3rd ed.). Chicago, IL: ACTA Publications. p. 14. ISBN 978-0-87946-108-9. OCLC 36708153.

[iii] University of Saskatchewan Division of Social Accountability. (n.d.) What is health equity? https://engagingforhealthequity.ca/health-equity-101/

[iv] Government of Canada. (2023). Social determinants of health and health inequalities. https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

[v] Royal Bank of Canada (RBC). (2013). RBC retirement myths & realities. http://www.rbc.com/newsroom/pdf/1024-13-myths-poll.pdf

[vi] National Institute on Ageing and TELUS Health. (2020). Pandemic perspectives on ageing in Canada in light of COVID-19: findings from a National Institute on Ageing/TELUS Health National Survey. https://www.niageing.ca/s/English-NIA-CMA-Report.pdf

[vii] Canadian Medical Association. (2021). Canada's elder care crisis: addressing the doubling demand. CMA LTC -Final Report March 5 (1).pptx

[viii] The Conference Board of Canada. (2017). Sizing up the challenge: meeting the demand for long-term care in Canada. Sizing Up the Challenge. Meeting the Demand for Long-Term Care in Canada (cma.ca)

[ix] CIHI. (2021). New long-term care residents who potentially could have been cared for at home. New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home · CIHI