



Accelerating Healthcare Improvement: Healthcare Excellence Canada Assessment Tool©

Acknowledgements

This work was originally published by the Canadian Foundation for Healthcare Improvement in 2014. The publication was rebranded in 2022 as Healthcare Excellence Canada (HEC) following the amalgamation of the Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute. HEC acknowledges the many contributors who participated in developing this tool.

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world.

This document is available at www.healthcareexcellence.ca.

This report is a publication of the Canadian Foundation for Healthcare Improvement/Healthcare Excellence Canada or CFHI/HEC. The views expressed do not necessarily represent those of the Government of Canada.

Accelerating Healthcare Improvement: Canadian Foundation for Healthcare Improvement's/Healthcare Excellence Canada's Assessment Tool (CFHI/HEC Assessment Tool®) © 2014, Canadian Foundation for Healthcare Improvement.

All rights reserved. This publication may be reproduced in whole or in part for non-commercial purposes only and on the condition that the original content of the publication or portion of the publication not be altered in any way without the express written permission of HEC. To seek this permission, please contact info@hec-esc.ca.

To credit this publication please use the following credit line: "Reproduced with the permission of the Healthcare Excellence Canada, all rights reserved, (modify year according to the publication date)."

Healthcare Excellence Canada

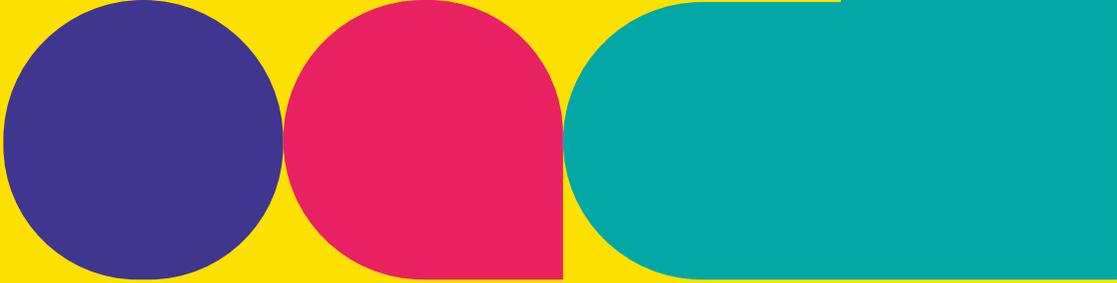
150 Kent Street, Suite 200

Ottawa, Ontario K1P 0E4

Email: info@hec-esc.ca

Telephone: 613-728-2238

Fax: 613-728-3527



Contents

WHY HEALTHCARE EXCELLENCE CANADA DEVELOPED THIS TOOL	4
WHY USE THIS TOOL	6
SIX LEVERS FOR HEALTHCARE IMPROVEMENT	6
HOW TO USE THIS TOOL	8
ABOUT THE RATING SYSTEM	8
ASSESSMENT TOOL	9
DISCUSSION GUIDE	17
WHAT'S NEXT?	20
RESOURCES	21

Why Healthcare Excellence Canada developed this tool

HEC is committed to healthcare improvement and collaborates with healthcare organizations to convert evidence into actionable policies, programs, tools and leadership development. We evaluate processes to determine what works and why.

This tool was originally published by the Canadian Foundation for Healthcare Improvement (CFHI) in 2014. It is based on 15 years of helping organizations apply evidence to improve healthcare and builds on more than a decade of work supporting hundreds of healthcare leaders implement improvement projects through HEC's EXTRA™ program for healthcare improvement and our Quality Improvement Collaboratives. It was rebranded in 2022 as HEC following the amalgamation of CFHI and Canadian Patient Safety Institute.

This work is guided by six principles that support healthcare improvement:

1. Healthcare delivery should be patient-centred and population-based
2. Strategy should be informed by evidence and experience
3. Design and implementation should engage a wide range of stakeholders
4. Design and implementation should take a participative approach
5. Large scale improvement can be achieved through an incremental process
6. Improvement is a collective learning process that builds on carefully evaluated experimentation and critically assessed potential solutions

To understand why some transformation efforts are successful, CFHI (now HEC) reviewed three internationally recognized examples of high-performing healthcare systems.¹ While all three used different methods, the analysis found common themes in the work of Southcentral Foundation in Alaska, Jönköping County Council in Sweden, and Intermountain Healthcare in Utah. Canadian case studies and analyses of high-performing healthcare organizations revealed similar themes.^{2,3} We have incorporated these tried and tested approaches with specific attention to recommendations gleaned from the Canadian experience over ten years.³ Details on the steps we took to develop this assessment tool and discussion guide are available.⁴ Based on CFHI's review of healthcare improvement in the Canadian context and evaluations of improvements CFHI supported, the following was learned:

Healthcare improvement and transformation happens when there is communication and coordinated action at all levels of a system – policy, organizational, clinical and front-line;

Dollars alone neither buy all desired changes nor translate easily into improvements;

Organizations and providers need overall stability, rather than constant reorganizing, to devise and achieve improvements; consequently, they should undertake improvements in a stepwise approach, for example, operating in a cycle of improvements;

Political and structural limitations are built into healthcare systems, but they often can be compensated for, or even overcome, by organizations, front-line workers and patients working on improvement projects; and

Real change, taken at any level of a health system, can translate into improvements at the delivery and clinical levels. This includes improving patients' health outcomes and their experience.

This tool can help teams to strengthen their organization's ability to adapt and perform better.

Why use this tool

This tool can help your organization:

- Identify your improvement expertise, assets and strengths;
- Understand your organization’s capacity to identify improvement efforts and amplify them;
- Enable and accelerate healthcare improvement; and
- Take next steps for improvement.

Six levers for healthcare improvement

This tool is built around six levers for improvement represented by the arrows in Figure 1.

Figure 1.
HEC’s six levers
for healthcare
improvement™



Engaging healthcare providers and front-line managers in creating an improvement culture

Engaging your healthcare providers and front-line managers to collaborate and become agents for improvement helps build a culture committed to providing better care, better health with better value-for-money.

Focusing on population needs

Focusing on population needs means understanding the population you serve (e.g., conducting a needs assessment of your catchment area). This will enable your organization to provide the right care, at the right place and at the right time.

Creating supportive policies and incentives

Creating supportive policies and incentives means implementing organizational policies that ensure a healthy workplace and support employees to acquire and use improvement skills.

Building organizational capacity

Building capacity and self-reliance for improvement within your organization means training staff in healthcare improvement, giving them the ability to identify necessary improvements based on evidence (e.g., through clinical and administrative data and/or literature), supporting them in implementing these changes and recognizing them for doing so.

Engaging patients and citizens

Engaging patients, family and caregivers can drive quality improvement and enable your organization to tap into a wealth of ideas and knowledge about the design, delivery and evaluation of services.

Promoting evidence-informed decision-making

Promoting evidence-informed decision-making means ensuring that healthcare providers and their managers have access to up-to-date information and are trained in finding, assessing, adapting and applying data and evidence for improvement.

How to use this tool

Here are some suggested steps for using this tool. A **Readiness Checklist** to support this process is available.

1. Identify a team of healthcare leaders — responsible for the management, financing and delivery of care — who will use the tool. After individual review and/or completion of the tool, come together to review the **Six Levers for Improvement** and work on capturing your answers, discussing each point as you go along. For certain sections of the tool, you may want to include other individuals, such as front-line managers and clinicians (e.g., for the engaging healthcare providers and front-line managers in creating an improvement culture section) as well as patients and citizens (e.g., for the engaging patients and citizens section).
2. Collate your answers. You will need to refer back to them during the **Discussion** phase.
3. Consider suggestions identified in the “**What’s Next?**” section as these prompts may assist you in actioning your results.

About the rating system

Our rating of agreement with each statement is designed to help you identify areas for healthcare improvement in your organization. The numerical rating is simply a way for you to pinpoint where you fit on the scale; your question scores aren’t meant to be tabulated.

In all cases, a rating of “1” means you strongly disagree with the statement, while a “5” signifies you strongly agree with the statement. If you do not know how to respond to a statement, please

indicate and move on to the next statement. At the end of each section, you are invited to provide examples of practices or programs in your organization that show your capacity in this area. The statements beginning with “we” or “our” refer to your organization.

Assessment Tool

1. Focusing on population needs

Design, implementation and monitoring of mechanisms to adjust funding flow and resource allocation to maximize progress toward health system and population health goals

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
1. We understand the population we serve.						
2. We have health system goals, which take into account population health needs.						
3. We monitor our performance against our population health goals.						
4. We address the varying needs of our patient population.						
5. We are formally accountable for aligning our programs and services with population health needs.						
6. We have funding to develop services to meet population health needs.						
7. We have a process for reviewing priorities and reallocating funding as required.						

Comment on the main practices or programs within your organization that demonstrate the above capacities:

1. Focusing on population needs

Design, implementation and monitoring of mechanisms to adjust funding flow and resource allocation to maximize progress toward health system and population health goals

2. Engaging healthcare providers and front-line managers in creating an improvement culture

Design, implementation and monitoring of strategies to engage healthcare providers and front-line managers to develop leadership for performance improvement

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
1. We engage all types of healthcare providers and front-line managers to develop clinical leadership for improvement initiatives.						
2. We encourage healthcare providers and front-line managers to work as effective teams (e.g., at their full scope of practice) with shared goals and accountability for improvement.						
3. We have resources dedicated to supporting and monitoring our clinical engagement and leadership-development.						
4. We regularly communicate change and priority objectives for change within the organization.						

Comment on the main practices or programs within your organization that demonstrate the above capacities:

3. Building organizational capacity

Design, implementation and monitoring of strategies to enhance organizational capacities and skills for performance improvement

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
1. We have a strategy to enhance our capacity for improvement, such as quality and safety policies, and training programs.						
2. We have a quality improvement framework that guides our efforts.						
3. We expect our organizational units to set and meet performance improvement targets and measure their progress.						
4. We have organizational incentives to support improvement.						
5. We prioritize developing capacity for performance improvement even in periods of fiscal restraint.						
6. We have a knowledge management strategy with information infrastructure (e.g., platform or dashboard) to support improvement.						
7. We make relevant, timely, performance data available to healthcare providers, front-line managers and senior leaders to support improvement.						
8. Our clinical and support services are responsible for identifying areas of improvement based on data.						

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
9. We test and scale up successful innovations and retire those that are unsuccessful.						
10. We coordinate the care we provide with the rest of the health system (e.g., from acute to primary care).						
11. We integrate care across the care continuum (e.g., from acute to primary care).						
12. We have a strategy to develop a coalition across our system to support transformation and improvement.						
13. We have specific resources dedicated to support our coalition-building strategy.						
14. We have opportunities for linkages across the system, such as shared accountability, and joint planning.						
15. Our collective agreements allow flexible workforce deployment and the creation of effective teams.						

Comment on the main practices or programs within your organization that demonstrate the above capacities:

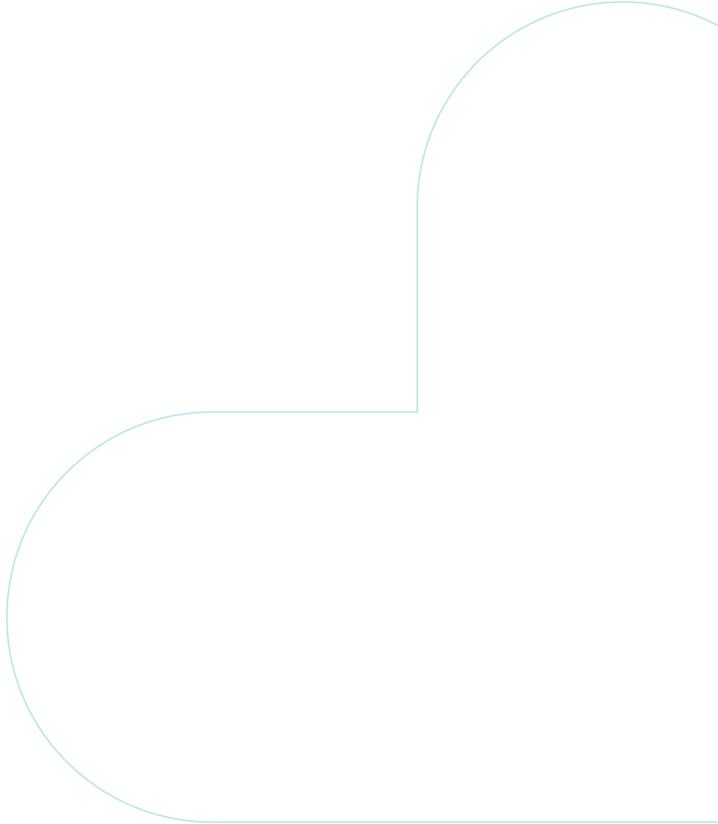
4. Creating supportive policy and incentives

Design, implementation and monitoring of strategies to align human resources, incentives and information management throughout the organization

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
1. We align human resources, information management and incentives with improvement goals.						
2. Our Accreditation Canada results are shared and reviewed across our organizational units.						
3. We align our improvement efforts with the Accreditation Canada standards.						
4. We promote a safe and healthy workplace (e.g., flexible work hours for staff).						
5. We have support from senior leadership to do quality improvement.						
6. We have educational and training opportunities to ensure a sufficient supply of healthcare professionals.						
7. We have the resources to train existing providers to work as interprofessional teams to deliver patient-centred care across organizational boundaries and to reward them for doing so.						
8. Our funding and payment systems support appropriate care and waste reduction.						

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
9. We have funding available to support innovations with new technology, electronic medical records, capital construction and so on.						
10. We have levels of remuneration, including benefits, sufficient to attract a high-quality workforce.						
11. Our payment structures for different professional groups encourage team-based care across disciplines.						

Comment on the main practices or programs within your organization that demonstrate the above capacities:



5. Engaging patients and citizens

Design, implementation and monitoring of strategies to engage patients, family and caregivers in the design of care, and the development of organizational policies

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
1. We have a strategy with clear objectives and goals to engage patients/family/caregivers and citizens towards improving care and policy.						
2. Our patients play a defined role in establishing improvement goals.						
3. We define and measure the patient improvement goals.						
4. We have mechanisms in place to recruit patient/family/caregiver advisors to allow for inclusive and appropriate participation for multiple activities.						
5. We have resources dedicated to supporting our patient and citizen engagement activities.						
6. We have processes in place to ensure patient/family/caregiver advisors and staff have the necessary knowledge, skills and resources to engage in a meaningful way.						
7. Our patients/families/caregivers have opportunities, tools to monitor their/their family member's conditions and are involved in their own decision-making.						

Comment on the main practices or programs within your organization that demonstrate the above capacities:

6. Promoting evidence-informed decision-making

Design, implementation and monitoring of strategies to support the use of evidence in health policy and service delivery

Rating	1 = Strongly disagree	2 = Disagree	3 = Neither agree nor disagree	4 = Agree	5 = Strongly agree	I do not know
1. We routinely search out high- impact innovations we should consider adopting.						
2. We have the skills, structures, processes and corporate culture to promote and use research evidence in decision-making.						
3. We have a strategy to develop healthcare providers and front-line managers' ability to find, assess and apply the best available evidence in delivering services.						
4. We have resources dedicated to finding and synthesizing evidence to better support our decision-making (e.g., knowledge brokers).						

Comment on the main practices or programs within your organization that demonstrate the above capacities:

Discussion Guide

When the assessment is complete, spend time as a group reflecting on the strengths and weaknesses revealed by your responses to each of the six levers:

- What expertise and strengths have your responses revealed? That is, where do you rate yourselves highly, with mostly 4s or 5s?
- Are your organization's strengths and expertise sustainable?
- Where and how can they be amplified?
- What are your organizational weaknesses? Where do you rate yourselves mostly with 1s or 2s?
- What barriers are there to building your capacity for improvement in those areas?
- What themes emerge from your responses? Are there particular issues that recur?
- What have you rated in the middle? What's holding you back from excelling in those areas?
- Do your findings align with your organization's strategic goals and priorities?
- Where are there gaps or disconnects? Are there underlying reasons for them? How can you overcome them?

The purpose of this exercise is to help you identify ways to strengthen your organization's ability to adapt and perform better as well as assist you in developing a plan for advancing healthcare improvement. Based on your discussion, identify priorities to enable your organization to achieve your healthcare improvement goals.

Overall, consider:

1. Where does your organization excel?

(Check all that apply. If there is more than one answer, please rank where you excel, from lowest to highest, 1 to 6, with 1 being where you excel most.)

Focusing on population needs

Engaging healthcare providers and front-line managers in creating an improvement culture

Building organizational capacity

Creating supportive policies and incentives

Engaging patients and citizens

Promoting evidence-informed decision-making

2. Where does your organization require improvement? (

Check all that apply. If you have more than one answer, please rank the areas that require improvement, from least to most pressing, 1 to 6, with 1 being the area requiring the greatest attention.)

Focusing on population needs

Engaging healthcare providers and front-line managers in creating an improvement culture

Building organizational capacity

Creating supportive policies and incentives

Engaging patients and citizens

Promoting evidence-informed decision-making

3. Why do you see opportunities for improvement in the chosen area(s)?

4. How will you set priorities to build your organization's capacity for improvement?

(This question is open-ended, however, you may also wish to rank-order the levers where you will dedicate time and resources in the short- medium- and long-term. Rank each from 1 to 6, with 1 being the highest priority.)

5. Where will you dedicate time and resources in the short-, medium- and long-term as defined by you?

Short-term

Focusing on population needs

Engaging healthcare providers and front-line managers in creating an improvement culture

Building organizational capacity

Creating supportive policies and incentives

Engaging patients and citizens

Promoting evidence-informed decision-making

Medium-term

Focusing on population needs

Engaging healthcare providers and front-line managers in creating an improvement culture

Building organizational capacity

Creating supportive policies and incentives

Engaging patients and citizens

Promoting evidence-informed decision-making

Long-term

Focusing on population needs

Engaging healthcare providers and front-line managers in creating an improvement culture

Building organizational capacity

Creating supportive policies and incentives

Engaging patients and citizens

Promoting evidence-informed decision-making

What's next?

As you consider your findings, reflect on the following questions:

1. How do we help everyone in our organization understand the importance of quality and performance improvement?
2. How do we engage our staff and involve them in this process?
3. Where can we get outside assistance and external support for improvement?
4. What education and training is required for improvement?
5. How will we measure our improvement efforts?
6. What will this cost financially and in terms of staff time?
7. What will happen if we cannot afford the improvement efforts we think we need?

Healthcare Excellence Canada has several healthcare improvement resources that may be of interest to your organization. To learn more, visit healthcareexcellence.ca and contact us at info@hec-esc.ca.

Resources

1. Baker, GR and Denis, JL. 2011. A comparative study of three transformative healthcare systems: Lessons for Canada. <http://www.cfhi-fcass.ca/publicationsandresources/researchreports/ArticleView/11-10-26/Od3e9041-a834-4511-9f95-7c37ba287a79.aspx>
2. Baker, R., MacIntosh-Murray, A., Porcellato, C., et al. (2009). High Performing Health Care Systems: Delivering Quality by Design, Toronto: Longwoods.
3. Denis, JL, Davies, HTO, Ferlie, E, Fitzgerald, L with McManus, A. 2011. Assessing initiatives to transform healthcare systems: Lessons for the Canadian healthcare system. <http://www.cfhi-fcass.ca/publicationsandresources/researchreports/ArticleView/11-07-21/c70d5dc2-98b6-43cb-b735-e03144d0cf7a.aspx>
4. 1) analyzing improvement frameworks that identify key attributes of high-performing healthcare organizations; 2) considering these attributes in light of CFHI's (now amalgamated HEC's) hands-on and practical experience in animating healthcare improvement across Canada; 3) selecting the key levers for healthcare improvement that elucidate HEC's approach to facilitating healthcare improvement; 4) developing assessment questions per each lever that further clarify this theory of change; 5) undertaking review and revision of the tool with health services, policy and quality improvement leaders; 6) and piloting the tool with healthcare delivery and policy organizations to test and improve the tool's application across Canada.