CQIP APPLICATION GUIDE

Important Information

- Please read this guide for program description, logistics, FAQ's, etc.
- **The deadline to apply for Cohort 5 is Friday, May 15, 2020 by 5:00 pm.**
    - Please complete the application forms and email it to CQIP@hqc.sk.ca at the Health Quality Council.
    - Late applications will not be considered.
- **By completing and submitting the application for participation, you are agreeing to the listed program expectations, including 100% attendance at all collaborative learning labs.**
    - Information submitted on the application form will be used to develop the participant profiles. These profiles will be shared with other participants as a way of building our learning community.
- Once your application is reviewed by the selection committee, you will receive notice whether you have been accepted.
    - Notification will be provided by email no later than **Monday, June 15, 2020**.

When submitting your application, be sure to include the following completed forms:

- ☐ *Participant Application Form* (**e-signature required**)
- ☐ *Project Sponsor Form* (**e-signature required**)
- ☐ *Program Sponsor Form* (**e-signature required**)

CQIP Cohort 5 Important Dates

Course pre-work: June 29 – September 10, 2020
Program starts: September 11, 2020
Program ends: June 4, 2021

Contact

If you have questions about the program or need help with the application, please contact **Charlsie Ogaick** at the Health Quality Council, either by email at CQIP@hqc.sk.ca or by phone at **306-668-8810, extension 118**.

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1.0 Program Overview

1.1 What is the Clinical Quality Improvement Program (CQIP)?

CQIP is a 10-month course designed to build capability in leading improvement work, with a particular focus on **clinical** quality improvement projects. The program includes a mix of theory and experiential learning, along with individual coaching and a community of practice. This is a sister program to the internationally recognized mini-Advanced Training Program, which was developed by Intermountain Healthcare system (based in Utah). It has been adapted for the Saskatchewan health care system.

1.2 What is clinical quality improvement?

The American College of Medical Quality provides the following working definition of clinical quality improvement:

> *Clinical quality improvement is an interdisciplinary process designed to raise the standards of the delivery of preventive, diagnostic, therapeutic, and rehabilitative measures in order to maintain, restore or improve health outcomes of individuals and populations.*

Participants in the course must identify and lead a hands-on improvement project that fits this definition of clinical quality improvement. *(Please see project selection guidelines on page 15 for more details regarding project selection and examples.)*

2.0 Participant Profile

2.1 Is CQIP for you?

CQIP is for you if you:

- want to develop the capability for facilitating and leading successful clinical quality improvement initiatives in your own setting;
- want to enhance your ability to effectively support practice-level, organizational, or provincial initiatives focused on clinical improvement;
- wish to deepen your knowledge of measurement for improvement, with a particular focus on variation and statistical process control, and;
- wish to further develop your ability to lead, nurture, and engage teams in improvement.

This program is designed for clinicians who are **actively practising** in a **clinical context or setting** (i.e., clinical work is the primary role – at least 0.5 FTE would be spent in a clinical setting). This program has been designed with physicians as the primary target learning group, however other clinicians are welcome to apply. Clinicians and project support (e.g. measurement analysts, improvement specialists, etc.) are able to participate in the program as part of a physician-led team. Participants do not require specific previous quality improvement experience to take this program. However, some exposure to quality improvement approaches and methods is recommended, as some concepts are more advanced.

This program is for **all care settings** – including long-term, community, acute and primary care. While the focus is on clinical quality improvement, the knowledge and skills developed through this program can be applied to a diverse range of improvement projects.

2.2 Faculty and Coaches

Throughout the program, participants will be supported in their learning by faculty and in their project work by coaches. Faculty and coaches include both provincial and external experts who have a background in clinical quality improvement. Once accepted to the program, participants will be matched with a coach. There will be regular coaching check-ins throughout the program.

3.0 Participating in CQIP

The Clinical Quality Improvement Program is an intense learning experience. **It requires a commitment of time and resources from participants, as well as their respective organizations.**

3.1 Costs

There is currently no tuition charged for this program. Program costs are subsidized through a partnership of the Health Quality Council (HQC), the Saskatchewan Medical Association (SMA), and the Ministry of Health (through the Appropriateness of Care Program). **To respect this funding arrangement, 100% attendance at all collaborative learning labs is mandatory.**

Funding is available through a partnership with the SMA to reimburse **practising physician*** participants for time spent in program activities, as outlined below:

- **Collaborative Learning Lab Participation.** Participants may be reimbursed for up to 72 hours of collaborative learning lab time (9 collaborative learning lab days total - four 2-day collaborative learning labs (16 hours) and one 1-day collaborative learning lab (8 hours) at a rate of $150.00/hour.
- **Online Learning.** Participants may be reimbursed for up to 40 hours of online learning time at a rate of $150.00/hour.
- **Coaching Sessions.** Participants may be reimbursed for up to 8 hours of coaching time at a rate of $150.00/hour.
- **Project Work.** Participants may be reimbursed for up to 64 hours of project work time, at a rate of $150.00/hour.

*Resident physicians are reimbursed at 50% the rate of practising physicians (i.e. $75.00/hour).

Non-physician participants should work with their sponsor to ensure support is in place for full participation in the program. Participation costs may include textbook and software purchases.

Please Note: All participants must make arrangements to cover their own costs for travel and accommodations, as well as meals not provided during the collaborative learning lab sessions.

3.2 Time and Human Resources

Participants will need dedicated time to support their project teams, complete assignments, and attend collaborative learning labs.

- The approximate time will be 0.1 FTE
    - during the pre-work stage, participants should expect to spend approximately 5 hours/month on project development and reviewing the online materials
    - during non-collaborative learning lab weeks, participants should expect to spend approximately 4-5 hours/week

3.3 Expectations for Active Participation

- **Participants are expected to attend and fully engage in all collaborative learning labs.**

- **Participants who miss collaborative learning lab days** (for reasons other than family, inclement weather, or medical emergencies) **may be asked to discontinue the program.**
    - These participants may also be asked to reimburse the program for related collaborative learning lab costs (catering, venue).
    - These participants may also be denied reimbursement for related program activities.
- Participants are expected to share progress on their clinical quality improvement projects with their sponsor(s), faculty, and coach – as well as with their peers.
- It is expected that participants will bring their successes and challenges forward to the group. In return, participants are asked to give feedback to their colleagues through collaborative learning labs and online discussion forums.
- Participants should be prepared to give presentations. This teaching will involve both presentations to other participants (at collaborative learning labs) and as opportunities present themselves externally.
- An important aim of the program is to develop provincial capability for leading clinical quality improvement. As such, graduates are expected to give back to the learning community. For example, graduates might be asked to be CQIP coaches, faculty, or to provide feedback on program improvements.
    - There might also be other options such as being involved in related research, conference presentations, or other opportunities.
    - **It is expected that participants will take on a role within the Clinical Quality Improvement Program (coaching or faculty, or both) within two years of graduating from the program.**

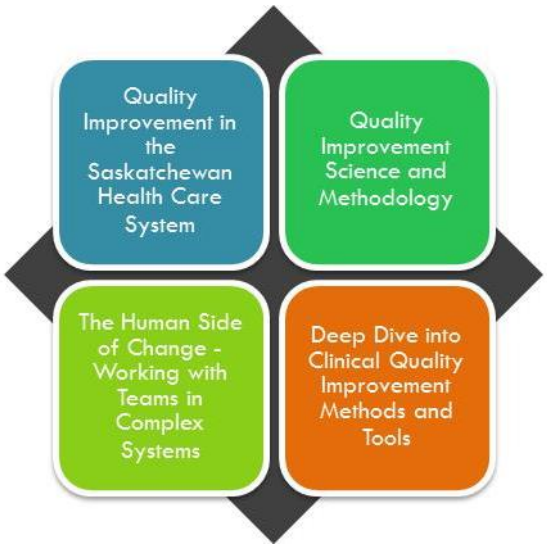
4.0 Program Learning Intents

4.1 Program Aims

By the end of the program, participants will be able to:

- **Lead and facilitate** clinical quality improvement projects.
- Serve as **internal consultants** on clinical quality improvement work.
- **Teach** clinical improvement tools and methods to others.

To achieve these aims, the program is organized around four key themes:



Throughout the course, these themes will continue to build on each other. Rather than being viewed as separate components, they should be considered as an integrated set of concepts and philosophies.

4.2 Program Learning Goals

1) Quality improvement in the Saskatchewan health care system

This theme explores the context for clinical improvement in Saskatchewan. By the end of the program, participants will be able to:

- Describe the current context of the Saskatchewan health care system and identify challenges to providing quality care.
- Reflect on the evolution of medical practice and its implications, from independent practice to team-based care.
- Appreciate the importance of the patient voice in system improvement.
- Discuss the concept of just culture and how it influences clinical improvement.

2) Quality improvement science and methodology

This theme provides the foundation for leading, facilitating and teaching quality improvement science. It provides an overview on the Model for Improvement and its application to complex adaptive systems. By the end of the program, participants will be able to:

- Facilitate and support a team towards identifying and achieving a quality improvement aim.
- Describe variation and use tools/methods to understand variation in health care data.
- Appreciate how complex adaptive systems impact quality improvement.

- Describe the principles of patient-and family-centred care and incorporate them into improvement work.

3) The human side of change – working with teams in complex systems

This theme explores the people side of change – working with individuals and teams to make meaningful and lasting change. By the end of the program, participants will be able to:

- Develop and provide leadership to a clinical quality improvement team and apply a range of change management strategies to a project.
- Coach others on using quality improvement science and tools.
- Incorporate principles of interprofessional care into improvement work.
- Use creativity methods to engage teams in innovative improvements.

4) Deep dive into clinical quality improvement methods and tools

This theme builds on quality improvement science with a focus on clinical quality improvement strategies. By the end of the program, participants will be able to:

- Analyze data to identify common or special cause variation.
- Identify ways to appropriately reduce variation.
- Explore methods for managing clinical care, such as protocols and pathways.
- Describe key concepts related to patient safety and identify strategies to improve safety.

4.3 Link to CanMEDS Competencies

This program has been designed to build capability in the following CanMEDS competencies.

CanMEDS Role	Key Competency	Enabling Competencies
Medical Expert	5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.	5.1 Recognize and respond to harm from health care delivery, including patient safety incidents. 5.2 Adopt strategies that promote patient safety and address human and system factors.
Collaborator	1. Work effectively with physicians and other colleagues in the health care professions.	1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care. 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions.
	2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences and resolve conflict.	2.1 Show respect towards collaborators. 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture.
Leader	1. Contribute to the improvement of health care delivery in teams, organizations, and systems.	1.1 Apply the science of quality improvement to contribute to improving systems of patient care.

		1.2 Contribute to a culture that promotes patient safety. 1.4 Use health informatics to improve the quality of patient care and optimize patient safety.
	2. Engage in the stewardship of health care resources.	2.2 Apply evidence and management processes to achieve cost-appropriate care.
	3. Demonstrate leadership in professional practice.	3.1 Demonstrate leadership skills to enhance health care. 3.2 Facilitate change in health care to enhance services and outcomes.
Scholar	2. Teach students, residents, the public and other health professionals.	2.2 Promote a safe learning environment. 2.5 Provide feedback to enhance learning and performance.
	3. Integrate best available evidence into practice.	3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them. 3.4. Integrate evidence into decision-making in their practice.
Professional	2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care.	2.2 Demonstrate a commitment to patient safety and quality improvement.

4.4 Link to CanMEDS-FM Competencies

This program has been designed to build capacity and capability in the following CanMEDS-Family Medicine (CanMEDS-FM) competencies.

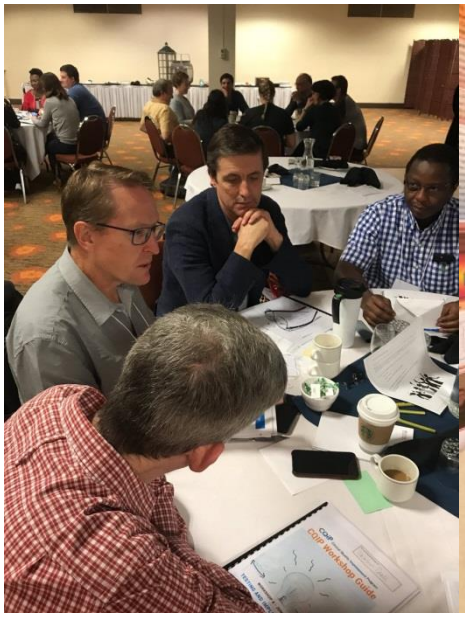
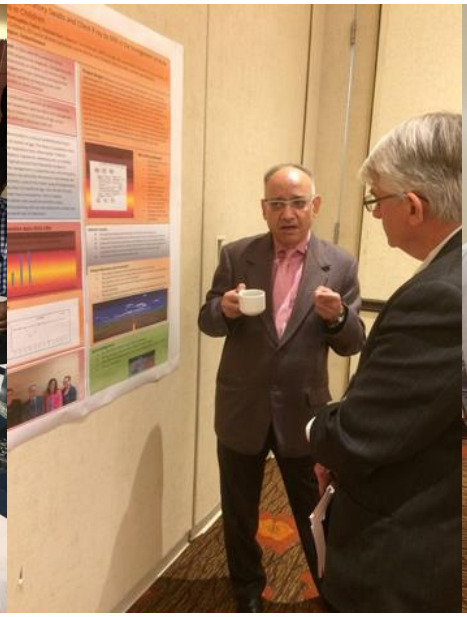
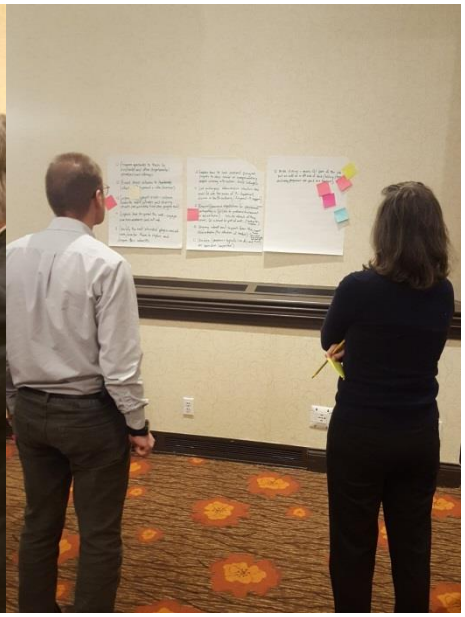
CanMEDS-FM Role	Key Competency	Enabling Competencies
Family Medical Expert	1. Integrate all the CanMEDS-FM roles in order to function effectively as generalists.	1.4 Consider issues of patient safety and ethical dimensions in the provision of care and other responsibilities.
	2. Establish and maintain clinical knowledge, skills and attitudes required to meet the needs of the practice and patient population served.	2.4 Contribute to the enhancement of quality of care in their practice, integrating the available best evidence and best practices.
	3. Demonstrate proficient assessment and management of patients using the patient-centred clinical method.	3.1 Describe the components of the patient-centred clinical method.
	7. Provide coordination of patient care including collaboration and consultation with other health professionals and caregivers.	7.2 Apply the competencies of the Collaborator role in team-based care, and when working with consulting health professionals.
Collaborator	1. Participate in a collaborative team-based model and with consulting health professionals in the care of patients.	1.7 Enter into interdependent relationships with other professions for the provision of quality care.

		1.8 Utilize the principles of team dynamics to enhance team performance. 1.11 Where appropriate, demonstrate leadership in a healthcare team.
	2. Maintain a positive working environment with consulting health professionals, health care team members, and community agencies.	2.1 Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team.
Manager	1. Participate in activities that contribute to the effectiveness of their own practice, healthcare organizations and systems.	1.3 Participate in systemic quality process evaluation and improvement such as patient safety initiatives. 1.4 Participate in continuous quality improvement activities within their own practice environment, such as practice audit.
	2. Manage their practice and career effectively.	2.3 Implement processes to ensure continuous quality improvement within a practice.
	3. Allocate finite healthcare resources appropriately.	3.2 Apply evidence and management process for cost-appropriate care.
	4. Serve in administration and leadership roles, as appropriate.	4.2 Lead or implement a change in health care practice.
Scholar	1. Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice.	1.7 Integrate new learning into practice. 1.8 Evaluate the impact of any change in practice. 1.9 Document the learning process.
	3. Facilitate the education of patients, families, trainees, other health professional colleagues, and the public, as appropriate.	3.8 Provide effective feedback.
	4. Contribute to the creation, dissemination, application, and translation of new knowledge and practices.	4.6 Select and apply appropriate methods to address the question.
Professional	4. Demonstrate a commitment to reflective practice.	4.3 Reflect on practice events, especially critical incidents, to deepen self-knowledge.

5.0 Guiding Principles

This program is built on five key guiding principles:

1) **All teach, all learn**. Active participation is expected throughout the program – at collaborative learning labs, during coaching check-ins, and through online discussions. Participants are expected to contribute to the learning environment by sharing experiences, challenges and successes as well as providing peer feedback.
2) **Learning requires a growth mindset**. Participants will get the most out of this program if they are able to cultivate a growth mindset. A growth mindset is the belief that "abilities can be developed through dedication and hard work." It requires accepting frustration and embracing failure as an important part of the experience of learning.
3) **Our learning community is a safe space**. There may be times when participants will be sharing information that is personal or sensitive, such as difficult work or team experiences. It is an expectation of the program that participants will respect the confidentiality of the group and its discussions. This will allow for an environment where issues can be addressed openly and honestly.
4) **Shared ownership of the learning community**. Together we create our learning space. This means that everyone – participants, coaches and faculty – has a responsibility for contributing to the development of the community. Everyone has a responsibility for sharing ideas for improvement and respectfully voicing concerns. Everyone has a responsibility for upholding the community agreements.
5) **To learn how, you must do**. Experiential learning is a key component of the Clinical Quality Improvement Program. Participants will have opportunities for hands-on learning and application of tools and methods. These learning activities are designed to transform knowledge into skill and put theories into action.

6.0 Program Components

1) Guided Preparation and Course Pre-Work

An essential part of the program is the hands-on learning through a clinical improvement project. Feedback from past participants of similar programs suggests that to get the most out of the program, some initial work should be completed on the project prior to the first face-to-face collaborative learning lab. This initial work includes:

- Identifying and analyzing the problem, including collecting baseline data to understand the current state.
- Developing a project focus and scope.
- Preparing a draft A3 (project plan).
- Identifying potential risks and barriers to the project.

As well, to ensure that all participants have a common understanding of improvement science language and theory, there is one online module that must be completed prior to the first in-person collaborative learning lab. This module, along with a coaching check-in, is intended to support participants in understanding the problem they're trying to solve, and thus enabling them to develop a project focus and scope.

2) Flipped Classroom Learning

This program uses a flipped classroom methodology. In a flipped classroom, foundational content (information that would typically be delivered by lecture) is delivered primarily through online modules. In-person collaborative learning lab time is used to further explore the concepts in a more active way – through discussions, simulations, or other practical exercises.

Online modules are designed for self-paced learning and are to be completed prior to the collaborative learning lab sessions**. Material covered in the online modules will not be re-delivered at the collaborative learning lab; participants are expected to come prepared to actively engage with the course concepts.**

3) Action Periods

Between learning labs, participants will be actively working with their teams on a clinical improvement project. Each action period focuses on moving through the stages of the improvement cycle, from problem identification to implementing changes.

The action period also includes learning lab preparation, such as completing the online modules and participating in discussion forums.

4) Coaching Support

Throughout the program there are multiple opportunities for coaching support. During the guided pre-work (prior to the first collaborative learning lab), participants will have an opportunity to check in with their assigned coach to ensure the approach to problem analysis and project development and scoping is on track. As well, for each action period, there is a coach check-in to support participants through project challenges.

7.0 Curriculum Overview

The curriculum of the Clinical Quality Improvement Program reflects the broad and deep nature of learning. The course follows the sequence of an improvement project – starting with problem identification and project planning, through to testing and implementing changes.

Program Orientation

The program for this cohort begins with approximately ten weeks of time to complete the pre-work. While most of the pre-work will be completed through self-paced and independent learning, support will be provided to ensure that participants are on track with project progress and prepared for the first in-person collaborative learning lab.

During the pre-work, participants will explore improvement science fundamentals – the system of profound knowledge, model for improvement, and problem identification strategies. They will also explore the case for quality as it pertains to the Saskatchewan health care system context, as well as project planning and problem identification tools.

Unit 1: Planning and Leading Change

Participants will learn how to refine project plans, how to truly understand a problem, and to use a step by step approach in quality improvement methodology. They will also explore how to reflect on their personal leadership styles and further develop skills in leading change. This includes how to nurture teams during the early stages of a project and developing peer networks.

Unit 2: Making Meaningful Improvement

Participants will continue to explore the fundamentals of clinical quality improvement, such as working with teams, developing measures, and planning improvement. They will advance their knowledge in measurement for improvement and learn how to collect, analyze, and display data using run charts and statistical process control charts. Participants will also explore concepts of just culture and patient safety.

Unit 3: Testing and Implementing Change

Participants will continue working with the concepts of testing changes and will be able to generate change ideas using benchmarking, best practices, change concepts, and creativity methods. They will explore clinical quality improvement concepts such as pathways and protocols. They will understand how to help teams work through conflict and resistance, engage others, and communicate effectively.

Unit 4: Project and Program Closure

Participants will explore the concepts of sustaining and spreading improvements and will examine the changing role of the clinician at the end of a clinical quality improvement project. Participants will also showcase their clinical quality improvement projects.

8.0 Program Schedule/Key Dates

All program elements listed below are mandatory. Throughout the course, there may be additional learning opportunities. These additional learning opportunities are optional. Whenever possible, we will ensure that participants have access to the learning content (materials, webinar recordings, etc.) for any of these additional learning events.

Please note: The learning collaborative learning labs will be hosted in Saskatoon and/or Regina. Locations will be determined based on the geographic locations of accepted program participants to minimize travel time and costs. Due to unforeseen circumstances, the scheduled dates may change over the course of the program. However, every effort will be made to provide ample notice if a change is made.

Program Element	Key Dates/Timeframes
Application deadline	Applications must be received by 5:00 pm on Friday, May 15, 2020.
Application notification	All applicants will be notified of their acceptance status by 5:00 pm on June 15, 2020. Selected participants will be asked to confirm their acceptance by June 22, 2020.
Guided Preparation and Course Pre-Work (Online modules, coaching check-in)	June 29, 2020 – September 10, 2020
Learning Collaborative learning lab #1 Introduction to Clinical Quality Improvement (In-person session)	Friday, September 11 & Saturday, September 12, 2020 **Location: TBA**
Action Period (Online modules, coaching check-ins, project work)	September 13 – November 19, 2020
Learning Collaborative learning lab #2 Planning & Leading Change (In-person session)	Friday, November 20 & Saturday, November 21, 2020 **Location: TBA**
Action Period (Online modules, coaching check-ins, project work)	November 22, 2020 – January 21, 2021
Learning Collaborative learning lab #3 Making Meaningful Improvement (In-person session)	Friday, January 22 & Saturday, January 23, 2021 **Location: TBA**
Action Period (Online modules, coaching check-ins, project work)	January 24, 2021 – March 25, 2021
Learning Collaborative learning lab #4 Testing & Implementing Change (In-person session)	Friday, March 26 & Saturday, March 27, 2021 **Location: TBA**
Action Period (Online modules, coaching check-ins, project work)	March 28 – June 3, 2021
Program Capstone Event (In-person session)	Friday, June 4, 2021 **Location: TBA**
Booster Session #1 (Webinar session 3 months post-Capstone)	September, 2021
Booster Session #2 (Webinar session 6 months post-Capstone)	December, 2021

9.0 Project Information

9.1 Project Selection

It is essential that participants have an appropriate clinical improvement project to focus their learning. You are asked to identify a clinical problem that you will then develop into an improvement project that you will work on throughout the program. This will be reviewed by the selection committee to determine if it's a good fit for the program.

Project Criteria

An appropriate clinical improvement project meets the following criteria:

- ✓ The project focus must be related to clinical quality improvement.
- ✓ The results are expected to be significant for patients/clients and the practice or organization.
- ✓ There is a project sponsor who is committed to actively providing guidance, routinely monitoring project progress, and aggressively removing barriers. An appropriate sponsor is someone who oversees the workflow or processes that occur within the scope of your project.
- ✓ There is a team working on it, or opportunities to collaborate with others.
- ✓ It is scoped appropriately so it can reasonably be completed in 6 to 8 months. Within this timeframe, one could expect to answer the question, "How do you know a change is an improvement?"
- ✓ It must be measurable – participants will be expected to track improvement measures (outcome, process, and balancing) on run and control charts.
- ✓ It must clearly align with a health system strategic priority (see SHA and provincial health system priorities for reference).

Project Components

Projects must have a clinical quality improvement focus. This means that projects must include the following components:

- **Projects must be interprofessional.** The project must engage others in the health system. Projects must have a broader scope than an individual clinician's practice – i.e., instead of improving one's own referral practices, a project might look at reducing referral variation across a clinic.
- **Project must go beyond data collection.** The project should be one that allows the team to test changes and potentially show improvement on a project aim. Tests of change should be started within the 10-month timeframe of the program. The project focus must clearly outline what will be better for patients.
- **The project must be linked to health outcomes.** The improvement must in some way be tied to health outcomes (an improvement for either individual patients or populations).

Project Examples

These are examples from previous CQIP cohorts of the types of clinical quality improvement projects that would be appropriate for this program:

***Example:** Optimizing Pre-Operative Testing in the Saskatoon Health Region*

This project focused on reducing unnecessary pre-operative testing for elective hip or knee surgery. The team developed a protocol that guides the selection of appropriate investigations based on a patient's health status, comorbid illness and risk of surgical procedures.

This Cohort 1 project links to the appropriateness strategy in the Saskatchewan health system plan.

***Example:** Improving the Continuity of Care through Effective Communication between Clinicians in the Battlefords*

This project aimed to improve communication between the acute care team and the primary care team after a hospital stay. The team provided hospitalists with a discharge summary template and adapted order sheet to better communicate medication regimens and changes to outpatient physicians.

This Cohort 2 project links to the connected care strategy in the Saskatchewan health system plan.

***Example:** Appropriateness of Emergent CT Scans of the Brain in Prince Albert*

This project aimed to reduce the number of inappropriate emergent CT scans of the brain. The team deployed a guideline-based tool to support physicians in making decisions about the appropriateness of an emergent CT scan.

This Cohort 2 project links to the appropriateness strategy in the Saskatchewan health system plan.

You may wish to review more past CQIP projects.

9.2 Project Sponsor

The project sponsor is the person (or persons) in the participant's organization who provides the resources for the work, minimizes organizational obstacles or barriers to the improvement effort, and keeps leaders apprised of the improvement journey (as applicable). In the health authority, the sponsor may be an operational Director (if the project is intra-departmental) or an Executive Director/Physician Executive (if the project is inter-departmental). In a practice setting, the sponsor may be the clinic owner or the most senior physician. In some cases, the participant may also be the project sponsor. In these cases, the participant might want to consider what other supports they need to lead the project.

Project Sponsor Expectations

The project sponsor is a key role for project success. In agreeing to be a project sponsor, the sponsor is committing to the following:

- ✓ **Regularly communicates with the project lead.** While the project sponsor may not attend all team meetings, there should be a communication plan in place for keeping them aware of progress and challenges. This is a shared responsibility between the participant and the sponsor.
- ✓ **Removes barriers and support project progress.** The sponsor must actively work to remove project barriers and support project progress. This could include collaborating with other leaders, raising issues with executive leadership, or other approaches.
- ✓ **Allocates resources and link to supports.** As required, the sponsor will allocate resources (human, technical, financial) to support the project. This may include a Measurement & Data Analyst, Patient/Family Advisor(s), or Quality Improvement Specialist in your area (see next sections below).

- ✓ **Provides the participant with regular feedback.** Throughout the program, sponsors should be providing regular feedback to the participant on what is working well and areas for further development.
- ✓ **Attends the capstone collaborative learning lab**. **Sponsors are required to attend the capstone collaborative learning lab**.

Please note: Depending on the participant's role/context, it is possible that two people may co-sponsor a CQIP participant. One person would be an operational "Project Sponsor" and would be responsible for supporting/removing barriers for the clinical improvement project work. Another person would be an administrative "Program Sponsor" and would support/free up time for the Participant to complete all required program elements.

9.3 Additional Project Supports

Measurement & Data Analysis Specialist

The role of the measurement and data analyst is to provide expert-level support for participant's clinical QI projects. Key expectations for this role:

- Coach project teams on creating and implementing a data collection plan.
    - Assist project team with identifying project measures.
    - Assist project team with developing operational definitions.
    - Guide project team on data collection plan, including support for developing data collection tools and processes.
- Support project teams with data analysis.
    - Use statistical process control software to create relevant and appropriate charts.
    - Guide team in using other methods to display and interpret data (i.e., Pareto charts).
- Connect project teams with data resources, as needed.
    - Provide support in accessing other sources of data (such as utilization information, or other administrative data available within the health system).
    - Assist project team in working through logistical issues (such as privacy, ethics, etc.) related to project measurement.

Patient/Family Advisors

Patient/family advisors have lived experience with health care, either as a patient or a family member. The role of the patient/family advisor is to bring the unique perspectives of someone who has recently experienced care related to the clinical QI project. Key expectations for this role:

- Passion for patient-centred care and desire to improve care for all patients and their families.
- Talk about positive and negative experiences as a patient or family member.
    - Ability to reflect on what went well and how things could have been done differently, and to consider beyond one's own personal experiences.
- Collaborate with the project team.
    - Participate in team meetings, as needed and desired.
    - Speak up and share suggestions and ideas for improvement.
    - Ask questions for clarification, when needed.

    - Consider multiple and sometimes competing perspectives.
    - Maintain confidentiality of sensitive information related to the project.
- Contribute to activities related the clinical QI project, including but not limited to:
    - Reviewing or creating informational or educational materials for a lay audience.
    - Partnering with community stakeholders, if applicable.

Quality Improvement Specialists

- Assists with connecting project work to organizational goals
- Provides coaching on specific QI tools and approaches
- Connects project teams with QI resources

9.4 Ethics and Privacy Considerations

The issue of ethics review is an important one to consider when you are planning your improvement project. Ethics reviews are required for research studies; however, there are differences in opinion about whether quality improvement projects require ethics review. It is up to participants to discuss the issue with their sponsors or senior leaders to determine if an ethics review is required.

Regulations set out by the Health Information Protection Act (HIPA) may also impact improvement projects. Again, it is up to the participant to discuss the project and, in particular, any data being collected, with the Privacy Officer for their organization to determine if project plans are in compliance with HIPA.

10.0 Program Materials and Resources

- **Computer and Internet connection.** Participants will require a computer with an Internet connection.
- **Moodle.** This program uses an online learning platform called Moodle. Participants will be provided with a user account and password to access the online materials.
- **Microsoft Excel.** Participants will need to have access to the Excel program in order to complete some course assignments, as well as for use with their clinical improvement project measures. Participants should have a working knowledge of Excel.
- **QI Macros – Microsoft Excel Add-In Program.** This is the software that will be used in the program for the Collaborative Learning Lab 3. It can be purchased and downloaded here. It is compatible with both PCs and Mac computers.
- **Recommended Reference Books**
    - **The Improvement Guide: A Practical Approach to Enhancing Organizational Performance**. (2nd edition), Gerald J. Langley, Ronald D. Moen, Kevin M. Nolan, Thomas W. Nolan, Clifford L. Norman and Lloyd Provost.
    - **The Team Handbook**. (3rd edition), Peter R. Scholtes, Brian L. Joiner, and Barbara J. Streibel.
    - **The Health Care Data Guide: Learning From Data to Improve Health Care,** Lloyd Provost and Sandra Murray.
    - **Understanding Variation: The Key to Managing Chaos,** Donald Wheeler.

11.0 Sponsor Selection

The sponsor is the person(s) in your organization who provides the resources required to support and nurture the project. The sponsor(s) would also ensure that the CQIP participant has dedicated time to complete online learning and assignments, support his/her project team, and attend the five mandatory in-person Collaborative Learning Labs.

Depending on the participant's role/context, it is possible that a CQIP participant has two co-sponsors, a project sponsor and a program sponsor:

- The "**Project Sponsor**" is operational and is responsible for supporting/removing barriers for the clinical improvement project work.
- The "**Program Sponsor**" is administrative and supports/frees up time for the participant to complete the required program elements. Applicants may not necessarily need a program sponsor if they are a contractor, for example.

The recommended time allocation for participation in CQIP is approximately 0.1 FTE, which translates to about 4-5 hours per week during non-lab weeks.

Note to Applicants:

- Please have your proposed sponsor(s) complete *Form 2: Project Sponsor Form* and *Form 3: Program Sponsor Form,* collect the completed forms, and send them along with your application package.

12.0 Frequently Asked Questions (FAQs)

1) How does this program link to appropriateness of care?

The Clinical Quality Improvement Program has strong links to the provincial Appropriateness of Care framework and program. Improving Appropriateness of Care (AC) in the Saskatchewan health system was identified as a provincial strategic priority resulting in the development of a provincial AC framework. Implementation of the framework is underway, using a standard clinical quality improvement methodology adapted from high-performing health care systems, including Intermountain Healthcare in Salt Lake City, Utah, and Virginia Mason Hospital and Medical Center in Seattle, Washington.

The framework also provides strategies to build the system's capacity through (i) involving physicians, patients, and other health care providers; (ii) improving clinical information systems (ability to collect, analyze and report clinical data), and (iii) providing education/training to those who will be leading and participating in clinical quality improvement work.

The Clinical Quality Improvement Program supports the provincial AC Program by providing physicians and other clinicians with the training required to lead clinical improvement projects, particularly those with clear alignment with health system strategic priorities (see the Saskatchewan Health Authority's 2019-20 strategic plan here and the Saskatchewan Ministry of Health's system plan here).

To learn more about the AC Program and the framework, please go to: http://hqc.sk.ca/improve-health-care-quality/appropriateness-of-care/

2) I have an idea for a clinical quality improvement project but I'm not sure it will work. Can I modify my project after I submit my application?

Yes. One of the key learnings of the Clinical Quality Improvement Program is to lead with the problem you're trying to solve rather than the solution. In other words, identifying the problem to be solved is the first step in the quality improvement process. The pre-work stage of the program is devoted to understanding the problem in order to better define your project. After going through the process of analyzing the problem, collecting baseline data, and understanding the current state, you will be better equipped to develop your project idea, focus, and scope.

3) How will participants be selected? What are the selection criteria?

All applications will be reviewed and evaluated based on the selection criteria, outlined below. A selection committee will review the applications and make recommendations to the Health Quality Council regarding acceptance to the program. The CQIP advisory group will make the final decision on the participant list. Applications will be reviewed with a focus on three main categories:

1) **Participant information.** Applications will be evaluated based on the applicant's goals and how well they align with the program goals. Applicants will also be assessed based on previous QI experience, with preference given to those at an introductory or intermediate level, rather than advanced candidates. Preference will also be given to those working in a clinical context as their primary role.
2) **Problem identification.** Applications will be evaluated based on the problem identified and the understanding of the problem. The evaluation will include the potential impact of solving that

problem, and preference will be given to those that have the potential to benefit the Saskatchewan health care system (aligned with provincial priorities), or a significant portion of the practice population.

3) **Project support.** Applicants must have an appropriate sponsor identified. Preference will be given to those applicants that can demonstrate the support of an organizational sponsor that is prepared to allocate resources to ensure the participant's project is supported.

5) Can more than one participant work together to address the same problem?

Yes. Individual applications must still be submitted, but the problem details can be the same. There must be a lead physician on the project as part of the team. A maximum of 4 team members per project can apply to participate in the program.

6) What is meant by having a team work on the project?

Involving and **working collaboratively with others is vital** for ensuring the success of the changes being made. This could mean including important stakeholders as members of the formal team as well as engaging them in other ways. As part of the program, you will learn about setting up a team (who needs to be involved, what team size would be appropriate for your project, etc.) and working with others (identifying and communicating with stakeholders). You will also explore different ways of working together – collaborating through both formal and informal approaches. The problem that you identify in your application should be such that a team effort will be required to make improvements. If the proposed problem is very narrow in scope (impacting only your individual clinical practice), it is recommended that you connect with Health Quality Council to discuss options for better aligning the problem you've identified with the program requirements.

7) What problems would not be appropriate for this program?

This program is designed for applicants to develop clinical quality improvement projects in response to a clinical problem. Examples of projects that **would not fit** with this program include:

- **Projects focused on non-health related improvements.** For example, projects focused on implementing software or technology without direct impact on patient or population health outcomes.
- **Projects focused on research.** This program is focused on projects designed to close the gaps in current quality of care. Projects focused on understanding current state of variation, without a clear direction for improvement, would not be appropriate for this program. Other supports may be available to pursue these projects, such as through the Appropriateness of Care Network.
- **Projects with too narrow a scope.** A key component of clinical quality improvement is an interprofessional approach. Projects that have a narrow scope – impacting only one team member or impacting only a small number of patients – are less likely to be selected for the program.