



## 2016 Northern Health Quality Conference Agenda

- Celebrate and showcase our efforts in quality improvement
- Inspire each other to continue our efforts
- Learn about leading practice and innovation
- Connect with each other

### Day 1 – Wednesday, April 27, 2016

Time	Location	Topic
8:30 am	Foyer	Registration
9:00 am	Main 101	Conference Welcome <i>Debra Woods</i>
9:30 am – 12:00 pm 2nd Floor Concurrent Workshop Sessions – Knowledge and Skills		
<b>Room 201-203</b> Interprofessional Team Development in Northern Health <i>Tammy Hoefler and Roxanne Coates</i>		<b>Room 204-206</b> Effective Management of Adverse Events to Support Safe and High Quality Patient Care <i>Jeanette Foreman, Marlene Apolczer, Kirsten Thomson, Shawn Smith, and Lexie Gordon</i>
<b>Room 208</b> Project Communication: The Message is Clear <i>Jesse Priseman, Debra Woods, Angela De Smit, and Dori Pears</i>		
12:00 pm	Main 102	Lunch & Storyboard Viewing (lunch provided)
1:00 pm	Main 101	Welcome to the 2016 Conference – Northern Health’s Strategic and Three Year Plan <i>Cathy Ulrich, CEO and Fraser Bell, VP Planning, Quality &amp; Information Management</i>
1:45 pm	Foyer	Break (healthy snack and cold beverages provided)
2:00 pm – 4:00 pm 2 <sup>nd</sup> floor Concurrent Workshop Sessions – Knowledge and Skills		
<b>Room 201-203</b> Introduction to Brief Action Planning: Supporting Behaviour Change and Person-Centered Care <i>Marcia Bertschi</i>		<b>Room 204-206</b> Business Architecture and Business Process Management <i>Bonnie Urquhart, Angus Watson, Michelle Pryce, Marcia Bertschi, Julianna Ireland, Dorob Wali Ahmad, and Fara Kashanchi</i>
<b>Room 208</b> Understanding and Using Patient Experience and Outcome Measure Surveys <i>Lexie Gordon and Kristen Turnbull</i>		
4:10 pm	Main 101	Day 1 Wrap-Up
4:45 pm	Main 102	Storyboard Reception with cash bar and appetizers from 4:45 to 6:00 pm.

Day 2 – Thursday, April 28, 2016

Time	Location	Topic		
8:30 am	Main 101	Welcome and Recap of Day 1		
8:45 am	Main 101	Person and Family Centred Care in Northern Health <i>Penny Anguish and Sheila Gordon-Payne</i>		
10:15 am	Foyer	Break (healthy snack provided)		
10:45 am	Main 101	Person and Family Centred Care in Action <i>Sheila Gordon-Payne, Jean Johnson, Sujata Connors and Jason Jaswal</i>		
11:20 am	Main 101	Celebrating Quality in Action <i>Michael Erickson and Ann Syme</i>		
12:00 pm	Main 102	Lunch & Storyboard Viewing (lunch provided)		
1:00 pm	Main 101	Better Together: Partnering with Patients, Families and Communities <i>Stephen Samis, VP Programs, Canadian Foundation for Healthcare Improvement</i>		
1:45 pm	Foyer	Break and transition to interactive concurrent sessions		
2:00 pm – 2:50 pm 2 <sup>nd</sup> floor Interactive Concurrent Sessions showcasing QI Initiatives in the following areas				
<b>Room 201-203 (Fishbowl)</b> <i>Improving Access to Care</i>		<b>Room 204-206 (Panel Discussion)</b> <i>Using Patient and Customer Feedback to Make Improvements</i>	<b>Room 208 (Panel Discussion)</b> <i>Making Gains in Patient Safety</i>	<b>Main 101 (World Café)</b> <i>Working Upstream with Chronic Disease Management and Population Health</i>
<ol style="list-style-type: none"> <li><b>Angela De Smit &amp; Dori Pears</b> Reattaching Patients in Fort St John and Chetwynd Primary Care Clinics</li> <li><b>Doug England</b> Seamless movement of patients between MHAS programs ensures timely access for clients</li> <li><b>Angenita Gerbracht &amp; Robin Roots</b> Interprofessional Student-led Clinic Increases Timely Access to Rehabilitation</li> <li><b>Tracey Day</b> Increasing Health Care Services for Sex Trade Workers, Marginalized, and Aboriginal Women</li> </ol>		<ol style="list-style-type: none"> <li><b>Lois Barney &amp; Laura Bockus-Thorne</b> Patient Satisfaction w Food Services</li> <li><b>Talina Almeida</b> Increasing efficiency, completeness and overall satisfaction of the work camp permitting process</li> <li><b>Marcia Bertschi, Shelley Barwise &amp; Joanne George</b> Endoscopy patient satisfaction survey</li> </ol>	<ol style="list-style-type: none"> <li><b>Gregory Marr and Joyce Bangira</b> Improving resident care and transitions in a Geriatric Special Care Unit</li> <li><b>Barb Falkner &amp; Alicia Ridgewell</b> NH Hospital Pharmacist Resolved Drug Therapy Problems (DTPs)</li> <li><b>Debora Giese</b> CDAD Cleaning algorithm created to enable NH cleaning standards met in ambulatory care units</li> <li><b>Kelsey Breault</b> Cleaning between Endoscopy Patients</li> </ol>	<ol style="list-style-type: none"> <li><b>Mandy Levesque</b> Community Granting Process Improvements</li> <li><b>Nancy Viney</b> Northern Health Efforts to Reduce the Harmful Effects of Tobacco Use in Our Region</li> <li><b>Jane Ritchey &amp; Linda Axen</b> Perinatal work on policies and procedures</li> <li><b>Sheri Yeast</b> NH Regional Kidney Care Telehealth Project</li> </ol>
2:50 pm	Main Foyer	Break and transition to next session (healthy snack and cold beverages provided)		
3:10 pm – 4:00 pm 2 <sup>nd</sup> floor Interactive Concurrent Sessions showcasing QI Initiatives in the following areas				
<b>Room 201-203 (Fishbowl)</b> <i>Focused on Quality</i>		<b>Room 204-206 (Presentation)</b> <i>Patient Engagement Mechanisms</i>	<b>Room 208 (Presentation)</b> <i>Patient Flow, Care in the Right Place</i>	<b>Main101 (Presentation)</b> <i>Aboriginal Voices at the Heart of Positive Change</i>
<ol style="list-style-type: none"> <li><b>Karen Gill</b> Stepping towards data informed quality improvement</li> <li><b>Zainab Diesta, Biserka Becker, &amp; Gloria Fox</b> CLeARing a path to improved care for residents with dementia</li> <li><b>Robert Pammett</b> Medication Reconciliation practices on discharge into primary care homes</li> </ol>		<ol style="list-style-type: none"> <li><b>President of Family Council, Sandra Harker, &amp; Jody Shul</b> Resident and Family Councils</li> <li><b>Myrna Harris, Kim Dixon, Lee Anne Deegan, &amp; Aaron Bond</b> Mental Health Addictions Advisory Committees</li> <li><b>Anthony Gagne</b> Patient Voices Network</li> </ol>	<ol style="list-style-type: none"> <li><b>Raquel Miles, Anne Wiebe, &amp; Heather Goretzky</b> Individuals living with chronic pain lead the way in Vanderhoof!</li> <li><b>Brad Leier</b> Emergency Department Familiar Faces</li> <li><b>Michael Melia</b> Telehealth Partnership for Delivery of Opioid Substitute Treatment</li> </ol>	<ol style="list-style-type: none"> <li><b>Victoria Carter, Lead for Engagement &amp; Integration and Coco Miller, Community Engagement Coordinator (FNHA)</b> This presentation focuses on the Aboriginal patient use and experience of Emergency in Terrace, BC. Learn about how this project incorporated NH's QI approach with Aboriginal Health approaches. Participants will be encouraged to look at how they can bring the Aboriginal voice into their work.</li> </ol>
4:00 pm	Main 101	Conference Close and Storyboard Awards		
4:30 pm	<b>Thank you to all who attended the 2016 NH Quality Conference!</b>			

## Northern Health Quality Conference - Storyboard Submissions April 2016

#	Topic/Title	Name
<b>1</b>	Aboriginal Health Survey	Jessie King and Hadiksm Gaax
<b>2</b>	Care Planning for Emergency Room Familiar Faces	Brad Leier
<b>3</b>	CDAD Cleaning Algorithm created to ensure NH cleaning standards met in ambulatory care units	Debora Giese
<b>4</b>	Cleaning Between Endoscopy Patients at DCDH	Kelsey Breault
<b>5</b>	Clinical Placement System Change, HSPnet	Krista Cunningham
<b>6</b>	COAST Medication Room	Stacie Weich & Damen Deleenheer
<b>7</b>	Correlation between hand hygiene and health care acquired infections	Roxanne Fitzsimmons
<b>8</b>	Dawson Creek Care in the Right Place	Jennifer Dunn & Lynn Moch
<b>9</b>	Designing a Leading Hiring Process for Recruiting to Northern Health, Phase I	Birgit LeBlanc, Steve Prins, Emelye Boyes
<b>10</b>	Dietary Staff Workflow Improvement Project	Mindy Thompson
<b>11</b>	Eliminating over/under supply and reduced ordering of all stock items at Gateway, a 170 bed Long Term Care and Assisted Living Facility	Gregory Marr
<b>12</b>	Employee Absence Reporting Line	Ruby Baptiste and Terri Jonuk
<b>13</b>	Fort St John Primary Care Clinic Attachment Story	Sherry Sawka
<b>14</b>	GYAC Kitchen 5S Improvements	Lesley Lown
<b>15</b>	Healthier You Promotions and Engagement (HYPE) Committee: Creative Campaigns to support Northerners to Stay Health	Sabrina Dosanjh-Gantner and Jessica Quinn
<b>16</b>	Home & Community Care (H&CC) "Data Dive" for Improvemnets	Brenda Fraser, Sherry Sawka, Lexie Gordon
<b>17</b>	Implementation of Plans of Care and Communication Whiteboards on the Medical/Surgical Unit of the Dawson Creek and District Hospital	Lynn Moch
<b>18</b>	Implementing Tele-Kidney-Care in Terrace	Muhammad Rahman and Sheri Yeast
<b>19</b>	Improving Client Care - Rapid Mobilization (RM) Team	Sherry Sawka
<b>20</b>	Improving Patient Safety: Reprocessing of vaginal endocavity probes for maternity outpatients at Fort St John Hospital, Birthing Centre and Emergency Room	Judy Klein
<b>21</b>	Improving technique for collecting urine specimens from Patient's with symptomatic urinary tract infections	Holly-Lynn Nelson
<b>22</b>	Improving Utilization of the Chronic Disease Exercise Program	Kathy Peters
<b>23</b>	Increasing Efficiency, Completeness and Overall Satisfaction of the Work Camp Permitting Process	Talina Almeida
<b>24</b>	Increasing the Accuracy of Projected Organizational Spending	Ana Paterson
<b>25</b>	Infection Prevention Guidelines for Accommodation in Acute Care	Sylvia Eaton
<b>26</b>	Integrating Patient Care Services to Enhance the Delivery of Primary Health Care	Kim Nordli and Heidi Griffin

## Northern Health Quality Conference - Storyboard Submissions April 2016

#	Topic/Title	Name
27	Integration of Physical Space at Bulkley Lodge for Mental Health and Huckleberry	Laurie Jackson
28	Interprofessional Student-led Clinic Increases Timely Access to Rehabilitation Services in Prince Rupert	Angenita Gerbracht
29	Inventory Management at DCDH Laboratory	Danielle Armitage
30	Lab Turn-Around-Time Improvement Project	Nicholas Aldred
31	Learning Pathways	Andrea Starck and Peter Martin
32	Medication Reconciliation Practices On Discharge Into Primary Care Homes	Robert Pammett
33	NH Pharmacists Resolve Drug Therapy Problems (DTPs)	Dr. Barb Falkner and Alicia Ridgewell
34	Opening and Operating a Primary Care Clinic in the Community of Chetwynd	Lisa Johnson and Fred Smith
35	Orientation to Population Health Approach	Flo Sheppard
36	Patient Flow Improvement Project: My Ticket Home	Tamara Maier
37	Patient/Resident Food Satisfaction Survey	Louis Barney
38	Pharmacy Period-end Review	Tanya Reszat
39	Psychiatric / Acute Care Integration Project	Christine McCann
40	QUESST Intake and Core Assessment	Leanne O'Neill
41	Reducing Milk Waste and Seeking Input on Patient Food Preferences	Irene Pereira
42	Review Queue Performance Improvemnet	Johanne Whalley, Tammy Patrick and Troy Kosinski
43	Scheduled Discharge Times for Surgical Patients	Natalie Willett
44	Seamless movement of patients between MHAS programs ensures timely access for clients.	Doug England
45	Smithers Pharmacy Supplies Storage Room	Jennifer Bogh
46	Staffing in the Dark	Roberta McAndrews & Leanne Broughton
47	Standardize Geriatric Services Referral Triage Process	Graham Hall
48	Standardized Processes/Workflow in Registration	Lisa Puglas
49	Stepping Towards Data Informed Quality Improvement	Karen Gill
50	The BVDH Experience in Infection Control - changes over time	Beth McAskill
51	Videofluoroscopic Swallowing Studies for Residents in Long Term Care Facilities	Shelley Doerksen, Amy Horrock, Regional Dysphagia Management Team

# Storyboard Quiz 2016

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Explore the storyboards and chat with attendees to find the answers to at least 6 of the 12 questions below. Drop your completed form in the basket on the registration desk before 1:00pm on April 28th for the Storyboard Prize Draw.

Your Name (Please print): \_\_\_\_\_

1	How many Drug Therapy Problems were resolved over 5 weeks?	
2	What is the standard deviation for Dose discrepancies?	
3	What tool is the MHAS team implementing to support the proper allocation of services?	
4	What % of patients said that they would strongly recommend the PRISM clinic?	
5	What is the mean (average) number of scopes reprocessed per endoscopy day after improvements were implemented in Dawson Creek?	
6	What tool was used to support improvements at the Grace Young Activity Centre?	
7	What was the % reduction in total time used for period end review by pharmacy after improvements	
8	What happens when all staff are informed and oriented to a Population Health approach?	
9	How much paper waste was reduced by the QUESST team?	
10	Name five of the team members who contributed to the St. John hospital Dietary improvement initiative.	
11	How many new referrals per month does the Elderly Services Program receive?	
12	How will the Smithers Pharmacy sustain their improvements?	



## Client- and family-centred care in the Qmentum program









### What is client- and family-centred care?

It is an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members. It supports mutually beneficial partnerships between clients\*, families, and health care service providers.

Client- and family-centred care shifts providers from doing something *to or for* the client—where the health care provider’s perspective is dominant—to doing something *with* the client—so the health care provider and the client have a true partnership.

The quality dimensions in the Qmentum accreditation program were revised to reflect a client- and family-centred care approach:

### Accreditation Canada Quality Framework

DIMENSION	TAG LINE
 Safety	Keep me safe
 Client-Centred Services	Partner with me and my family in our care
 Worklife	Take care of those who take care of me
 Efficiency	Make the best use of resources
 Appropriateness	Do the right thing to achieve the best results
 Accessibility	Give me timely and equitable services
 Population Focus	Work with my community to anticipate and meet our needs
 Continuity	Coordinate my care across the continuum

### How will your organization benefit from this approach?

Client- and family-centred care will help your organization improve decision making processes, health outcomes, client experiences, financial management, and safety. It will also lead to more effective risk management. These benefits will be achieved when:

- Clients build the knowledge, skills, and confidence to manage their own health, resulting in improved health outcomes and the reduced use of health services
- Clients form strong relationships with their health care providers and take part in shared decision making, resulting in improved decisions and better experiences
- Clients identify opportunities for improvements in their care early in the process, contributing to better risk management and increased safety.

\* The term *client* also refers to *patient* or *resident*.

## Why did we integrate this approach into our Qmentum program?

As a pan-Canadian health care accrediting body, we are in a unique position to lead, support, and accelerate the implementation of a client- and family-centred care approach in health care and social services organizations across Canada. Our goal is to support your organization in adopting principles and practices that exemplify this approach to service design, delivery, and evaluation.

## How was the new content developed?

Accreditation Canada has a long history of focusing on the client in its standards. As a result, the inclusion of the client-centred approach was a natural fit for the Qmentum program.

The new client- and family-centred care content in our standards was based on a rigorous review of literature and innovative practices in Canada and around the world. There was oversight from a pan-Canadian Advisory Committee that had equal numbers of client and family representatives, service providers, and administrators with experience in implementing client- and family-centred care. We also consulted with health care and social services organizations and stakeholders about the new content.

## What are the implications of the new content for your organization?

The leadership, governance, and service excellence standards were strengthened with client- and family-centred care content. The content identifies two levels of engagement and collaboration for your organization:

- *With input from clients*, where an activity takes place with feedback from clients and families
- *In partnership with clients*, where health care providers collaborate directly with each client and family to deliver care services

Some of the new requirements ask your organization to:

- Have client- and family-centred care as a guiding principle
- Co-design services with health care providers and clients
- Create an organizational structure and culture that supports the implementation, spread, and success of a client- and family-centered care model
- Include client and family representatives on advisory and planning groups
- Include clients and families as part of a collaborative care team
- Partner with clients in planning, assessing, and delivering their care
- Engage clients and families to ensure their understanding and meaningful participation in their care
- Respect client choice so they can be as involved in their care as they wish
- Monitor and evaluate services and quality with input from clients and families

## Questions? Please contact us at

1-800-814-7769 | [accreditation.ca](http://accreditation.ca)



## Establish a culture of person and family centred care

**Objective:** NH actively supports and engages in person and family centred care principles throughout the organization through meaningful partnerships and collaboration with persons, families and caregivers.

### Strategic Objectives :

- Improve person and family experience
- Enhance person/provider relationships
- Enhance safe and effective shared communication
- Optimize access to the health system and health information



### Links to Budget:

- Number of unnecessary tests or procedures ↓
  - Non-adherence ↓
  - Number of encountered safety and medication management issues ↓
  - Number of ER visits for specific causes, more appropriate and quickly discharge, decreased readmissions and other outcome measures ↓
  - Education costs ↑
  - PFCC approach and changed work processes/routines ↑
  - Establishing and maintaining PFCC Advisory Council membership and associated needs ↑
  - Designated staff and positions to focus on this approach ↑
  - Providing time for managers to build into job descriptions and performance planning ↑
- Measurement and management of projects and initiatives or strategy ↑



	2015/16				2016/17				2017/18				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>Critical Success Factors: Strategic</b>													<b>Issues and Commentary (Action)</b>
"...Northern Health will...Take a person and family centred approach in providing health services which support each person and their family over the course of their lives, from staying healthy , to addressing disease and injury, to end of life care." ... (Northern Health Strategic Plan...Looking to 2021, p.4)													<ul style="list-style-type: none"> <li>*Direction for PFCC Development Group and deliverables</li> <li>*Executive, Board review of deliverables and adoption of a PFCC strategy and framework</li> <li>*Communicate the intentional, organizational approach for PFCC to staff, individuals, families and caregivers</li> <li>*Create/maintain sense of urgency ie) Select PFCC as a theme at the Leadership forum, and send representatives from Executive, Board, patient partners and PFCC to the spring seminar IPFCC to continue learning and support action at highest level</li> </ul>
"...Embed a person and family centred approach in everything, we do."... (Northern Health Strategic Plan...Looking to 2021, p. 7)													<ul style="list-style-type: none"> <li>*Adopt PFCC approach within NH which is reflected and embedded in NH Strategic Plan</li> <li>*Provide direction and support regarding PFCC and oversight mechanism selections as options are provided</li> </ul>
Increase opportunities for shared and continuous learning from patient experiences in the health organization													<ul style="list-style-type: none"> <li>*Develop and adopt a mechanism for PFCC oversight and support which includes patients, families, caregivers and multilevel NH representation.</li> <li>*Articulate, provide structure(i.e.) policy), and share broadly, the patient, family, caregiver participation requirements on key NH committees/processes</li> </ul>
<b>Critical Success Factors: Tactical/Supporting</b>													
"...Northern Health will...Take a person and family centred approach in providing health services which support each person and their family over the course of their lives, from staying healthy , to addressing disease and injury, to end of life care." ... (Northern Health Strategic Plan...Looking to 2021, p.4)													<ul style="list-style-type: none"> <li>*Work with PFCC Development Group to create Strategy map, canvas, framework and 3 Year Plan with action</li> </ul>
"...Embed a person and family centred approach in everything, we do."... (Northern Health Strategic Plan...Looking to 2021, p. 7)													<ul style="list-style-type: none"> <li>*Intentional and coordinated review and/or revision of NH documents which refer (or don't refer) to PFCC (for unified and organized approach) ie. NH Organizational Directions Reference Document (2015/16), NH Quality Framework etc.</li> <li>* Identify and modify additional documents/processes that should reflect and include PFCC</li> </ul>
Increase opportunities for shared and continuous learning from patient experiences in the health organization													<ul style="list-style-type: none"> <li>*Support the exploration of a mechanism or group, for oversight and support of PFCC. : Gather information from existing groups or models; successful PFCC Advisory Councils ; review and outline options for consideration; include supporting information such as Terms of Reference, guidelines, use of committees, suggested membership or affiliations, and confidentiality agreements</li> </ul>

**Key Supports:** Board & Executive endorsement; PFCC Implementation working group; Leadership engagement; research, quality improvement support and analytics (Planning and Quality); regional development & implementation support (Clinical Practice); support cultural change for external partners (Medical Administration), communication support (Communications); internal / external education development (Education)

**Planning and preparation**   
**Deliverable Milestone** 



# NH Leaders support person and family centred care principles throughout the organization.

NH's vision, mission and values reflect our Board, Executive and frontline leadership's continual commitment to, oversight of,



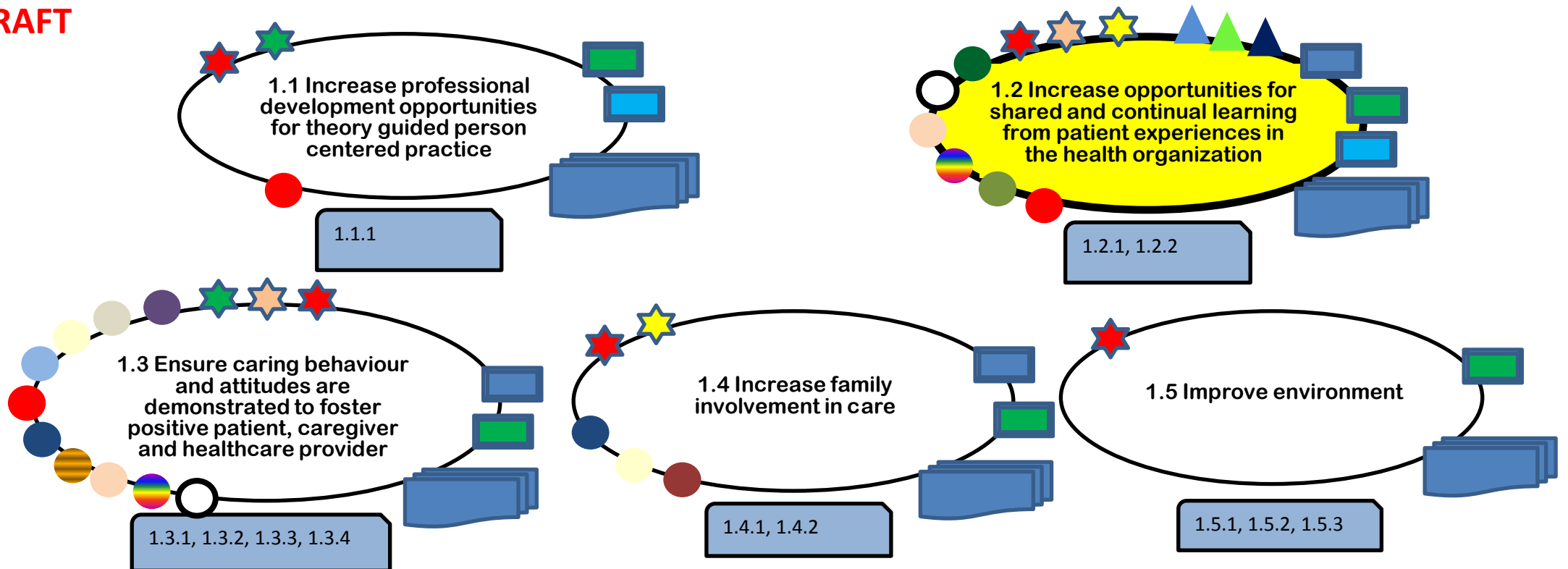
Strengthen a culture of person centred care through meaningful partnerships and collaboration with persons, families and caregivers

## Person and Family Centred Care Strategy Canvas

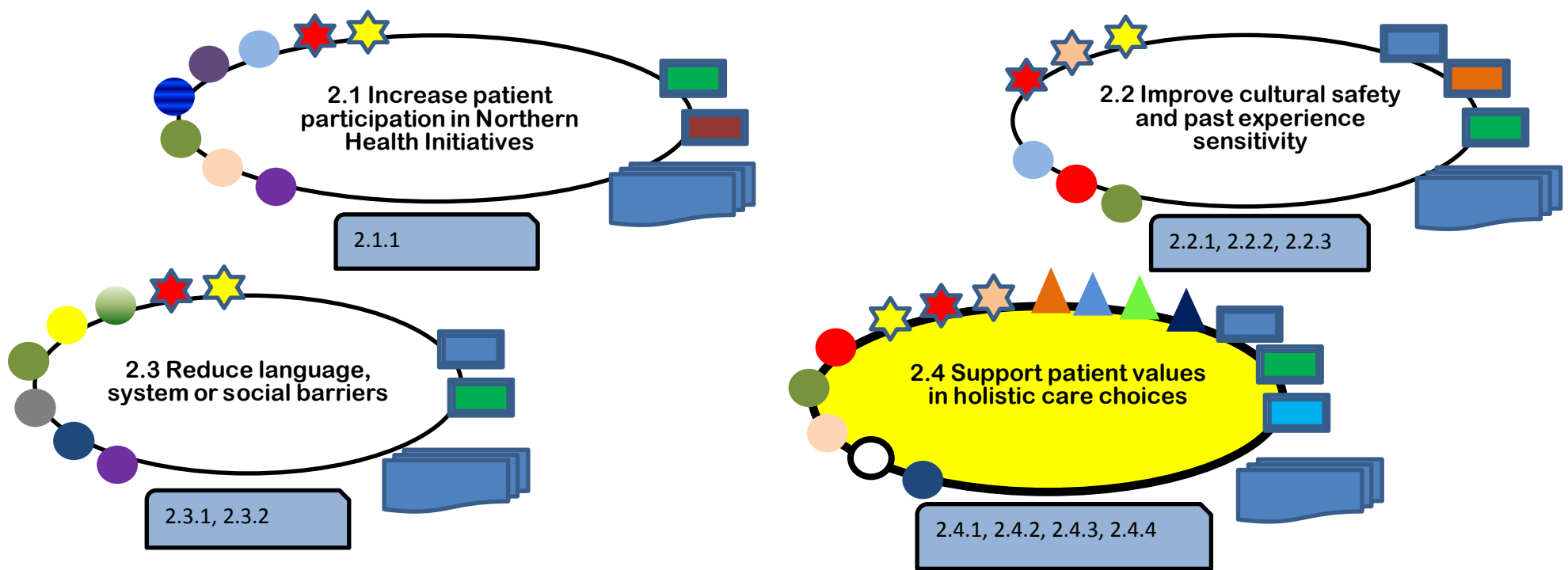
Ensure core principles; Dignity and Respect, Information Sharing, Participation, Collaboration, are embedded in the services and care we provide

### 1.0 Improve person and family experience

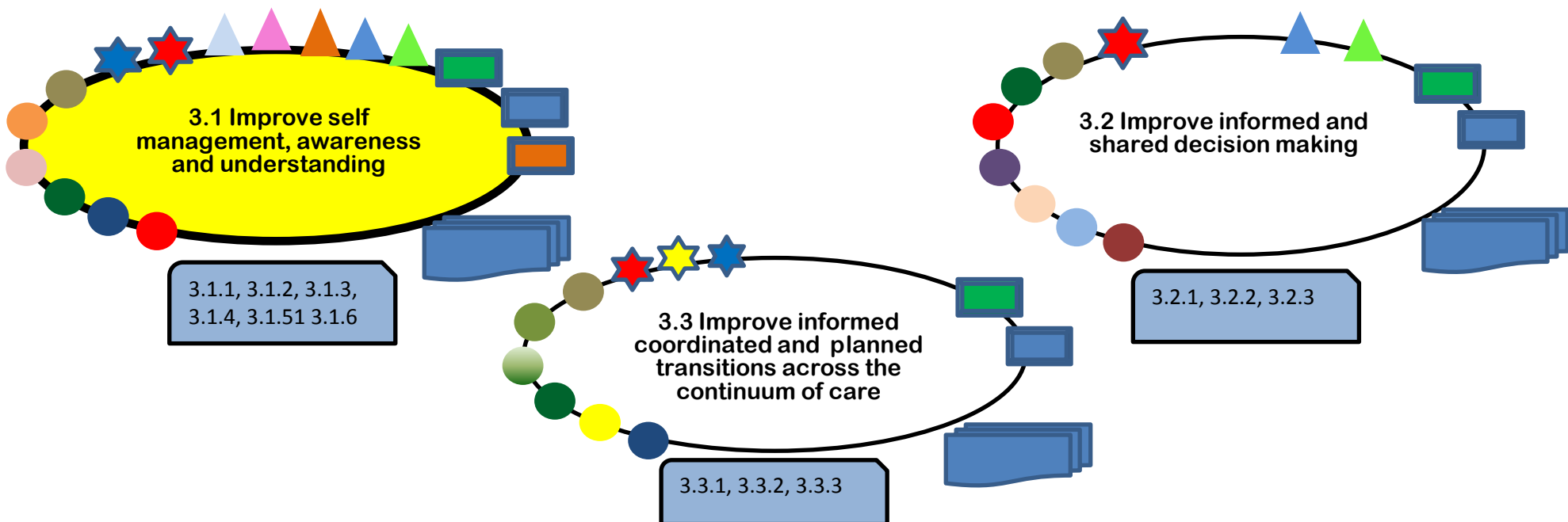
DRAFT



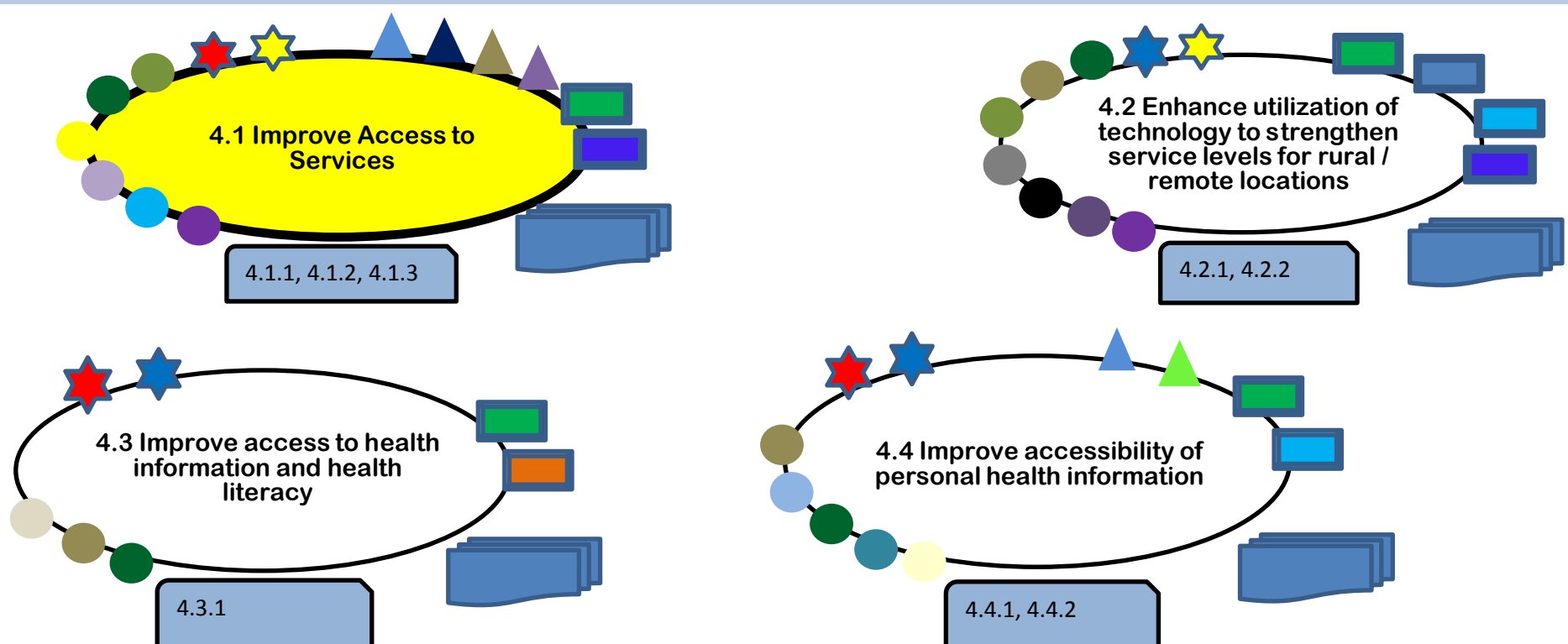
### 2.0 Enhance person/provider relationships



### 3.0 Enhance safe and effective shared communication



### 4.0 Optimize access to the health system and health information



#### Canvas Legend

Strategic Objective

Critical Success Factor

Critical Success Factor (Identified as first priority of focus)

<b>Color Legend for Organizational Functions (NH Business Model)</b>				
Education	Group Medical Appointments	Care Planning	Quality Improvement	Scheduling
Care Delivery	Assessment	Policy	Service Coordination	Transportation
Communication	Information technology	Planning	External Partnerships	Recruitment
Telehealth	Contract Management	Library Services	Risk management	Privacy
Evaluation	Performance Management	Staff / Physician Engagement	Staff / Physician Orientation	Patient records
<b>Color Legend for alignment with Best Practices and Evidence-Based Informed Activities</b> (note: This area is under development. Only those Critical Success Factors identified as priority areas have been aligned to evidence to-date. Further alignments will be developed for each Critical Success Factor identified within the 'Framework' as part on ongoing framework development)				
IPFCC 2008	CCO 2015	Ekman 2011	AHRQ 2010	Accreditation Canada
IFCC 2006	AAFP n.d.	OCC 2015	Frampton et al. 2008	
<b>Color Legend for NH Strategic Plan 2015 - 2020 (draft)</b>		<b>Color Legend for alignment to NH Strategic Business Objectives</b>		
Integrated Accessible Health Services	Health Services in a Rural Region	Improve the Health of the Population	Improve Patient and Family Experience	Manage External Relations
Quality	Communication and Technology	Improve Clinical Outcomes	Improve Provider Engagement	Control Per Capita Costs
Our People				

Critical Success Factors - Primary Drivers (date of review: November 18, 2015)									
1.1.1	Multidisciplinary professional development	1.5.1	Physical environment design	2.4.1	Traditional medicines/ treatments	3.1.6	Communication tools, templates, toolkits	4.1.3	Manage expectations related to availability of services
					1		1		1
1.2.1	Include opportunities for patient experience sessions	1.5.2	Maintenance of physical space where care is delivered	2.4.2	Incorporating multiple approaches in care decision	3.2.1	Include patient and family in care planning and understanding of healthcare needs, supports and issues	4.2.1	Telehealth
	1				1				
1.2.2	Clearly defined and shared patient feedback avenues, processes and results	1.5.3	Supportive cultural environment (promotion/prevention)	2.4.3	Measuring patient experiences/satisfaction/ confidence and trust (ex. Aboriginal patient experience)	3.2.2	Patient family and caregiver involvement	4.2.2	Telemonitoring
	2				2				
1.3.1	Tools and methods are selected, adopted and tested	2.1.1	Standard process for inclusion of community volunteers in NH initiatives, etc.	2.4.4	Build understanding and awareness through professional development opportunities	3.2.3	Communication tools, templates, toolkits	4.3.1	Public and stakeholder access to health information
					1				
1.3.2	PFCC have expected and sustainable approaches	2.2.1	Cultural awareness regarding those we serve	3.1.1	Integrate health literacy into programs	3.3.1	Coordinated communication from Entry to Discharge	4.4.1	Allow/enable increase of health information to be communicated via email
					1				
1.3.3	Respectful behaviours exhibited and attention paid to privacy and confidentiality	2.2.2	First Nation Health Authority collaboration / linkages	3.1.2	Patient teaching techniques that incorporate principles to ensure patient comprehension	3.3.2	Key information gathered and shared to support system navigation	4.4.2	Health information and results access
					2				
1.3.4	Evidence-based clinical practice guidelines are used when delivering care to patients, especially those with complex health needs or multiple co-morbidities	2.2.3	Expansion of meaningful engagement opportunities	3.1.3	Use of plain / clear language and visual symbols in health communications	3.3.3	Improved understanding and knowledge of available community services for patients, family, caregivers, physicians and other care providers		
					1				
1.4.1	Incorporation of patient identified family (or friend) 'spokesperson' or primary contact in care processes	2.3.1	Multilingual support is available	3.1.4	Promote patient to patient advocacy	4.1.1	Accessibility to service for ease of access		
					1		1		
1.4.2	Open method of Q&As and communication pathways between patient or family and healthcare providers	2.3.2	Promoting care that is considerate of social determinants of health	3.1.5	Patient and family education related to staying healthy and health risks - Health promotion & prevention	4.1.2	Transportation		
					2		3		

	Acts & Regulations		Policy		Standards		Guidelines		Procedures
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<b>Measurements for Reporting</b> (to be completed with further development of the Framework and will identify alignment between Critical Success Factors and key performance indicators)	
<b>Process Maturity Measurement Model:</b>	
<b>High level current state organizational process maturity of identified primary drivers</b>	
<b>Level 1 - Initial</b>	1 Typically process & procedures of a function are undocumented and in a state of dynamic change. Tends to be siloed, ad hoc, uncontrolled and chaotic.
<b>Level 2 - Repeatable</b>	2 Processes & procedures are repeatable, possibly with consistent results; discipline is unlikely to be rigorous.
<b>Level 3 - Defined</b>	3 Defined and documented process & procedures for function are established and subject to some degree of improvement over time. Standards are in place and used to establish consistency of performance.
<b>Level 4 - Managed</b>	4 Performance is measured and function can be effectively managed & controlled. Management can identify ways to adjust and adapt the function to meet requirements.
<b>Level 5 - Optimizing</b>	5 Focus is on continuous improvement of performance, effectiveness & efficiency through both incremental and innovative changes with feedback & collaboration.



**Please rate the Concurrent Sessions showcasing QI Initiatives that you attended  
(Thursday afternoon)**

	Rating				
	Very poor	Poor	Average	Good	Excellent
<b>2:00 pm – 2:50 pm Sessions</b>					
Improving Access to Care (Fishbowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Patient and Customer Feedback to Make Improvements (Panel Discussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making Gains in Patient Safety (Panel Discussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working Upstream with Chronic Disease Management and Population Health (World Café)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3:10 pm – 4:00 pm Sessions</b>					
Focused on Quality (Fishbowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Engagement Mechanisms (Presentation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Flow, Care in the Right Place (Presentation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aboriginal Voices at the Heart of Positive Change (Presentation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Comments about any of the concurrent sessions:</b>					

**The conference met the following objectives:**

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Celebrate & showcase efforts in quality improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspire each other to continue our efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about leading practice and innovation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What did you like most about this event?**

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**How can we make this event better?**

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**What would you like to see at future Quality Improvement conferences? (Specific topics, workshops, etc.)**

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*The following question is from Accreditation Canada's Patient Safety Culture Tool, which is administered in Northern Health. We ask this question on all quality improvement workshop evaluations.*

**Please give an overall grade on quality of service delivery in:**

	<i>Failing</i>	<i>Poor</i>	<i>Acceptable</i>	<i>Very good</i>	<i>Excellent</i>	<i>Comments</i>
My department	1	2	3	4	5	<hr/>
Northern Health	1	2	3	4	5	<hr/>

**Additional Comments**

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**THANK YOU FOR YOUR FEEDBACK!**  
*Please drop off your evaluation form at the registration table.*