

Past EXTRA™ Cohorts and Projects: 2009-16

2016 EXTRA Improvement Projects

Canadian Armed Forces (Federal)

- Richard Hannah, Director, Force Health Protection, 1 Canadian Air Division Surgeon / 1 Canadian Air Division HQ, Canadian Armed Forces - CF Health Services, Winnipeg, Manitoba
- Scott Malcolm, Director, Force Health Protection, Canadian Armed Forces - CF Health Services, Ottawa, Ontario
- Gordon Peckham, Commanding Officer / CF Health Services Centre Pacific, Canadian Armed Forces - CF Health Services, Victoria, British Columbia
- Shoba Ranganathan, Chief Quality and Patient Safety Officer / Health Services Delivery, Canadian Armed Forces - CF Health Services, Ottawa, Ontario

Periodic Health Assessment Renewal

The periodic health assessment (PHA) is used to determine operational fitness (including exams required by regulations, e.g. for Aircrew), occupational and environmental health hazard exposure screening, and primary prevention/health promotion measures necessary for each member of the Canadian Armed Forces (CAF).

The current PHA is cumbersome, not evidence-based, and fails to accomplish all of its established purposes. The improvement project is focused on revising the PHA to make it evidence based and ensure it addresses its core requirements. This is critical as the PHA in its present form is time intensive yet fails to completely capitalize on an opportunity to improve the overall health of CAF personnel.

The first phase of the improvement project will focus on the revision of the PHA based on the examination of the current PHA process where numerous problem areas have already been highlighted. Analysis of the core requirements through the engagement of patients and stakeholders, in addition to the review of best practices and evidence will allow for the refinement of the PHA process and assist in determining whether single or multiple processes are necessary in order to fully address the core requirements of the PHA.

The second phase of the project will evaluate the implementation of the revised PHA process in meeting the core requirements. It is anticipated that PHA renewal will positively affect areas such as compliance, appropriateness and utilization of diagnostic tests, and the long-term prevention of disease onset and/or progression. The PHA process will be tested and refined as required to ensure that it is achieving the stated aim and positively impacts the overall health of the CAF population.

Centre intégré de santé et de services sociaux Laval (Québec)

- Marina Larue, Directrice des soins infirmiers, Centre intégré de santé et de services sociaux de Laval, Laval, Québec
- Isabelle Legault, Adjointe à la présidente-directrice générale adjointe, Centre intégré de santé et de services sociaux de Laval, Laval, Québec

- Ève Riopel, Directrice médicale adjointe à la direction des services professionnels, Centre intégré de santé et de services sociaux de Laval, Laval, Québec

Implementing and Sustaining the Practice of Levels of Care

This project consists in helping physicians and healthcare teams integrate, into their practice, discussions with patients and their families, on care targets in serious illness or end-of-life situations. Although quality care requires that the patient's needs and preferences be taken into account, often, in end-of-life care, their needs are not known. The practice of levels of care seeks to open up dialogue and give thought to a patient's needs should a situation arise when it is no longer possible to obtain his or her consent. This enables patients to constantly play a role in the process they are involved in. It has been demonstrated that, despite a desire expressed by patients for this type of process, levels of care are not sufficiently alluded to by healthcare professionals. Beyond the positive impact on the patient and his or her family, it has been noted that the assessment of levels of care also has a beneficial impact on the number of hospitalizations and resource utilization.

It is, therefore, our objective to enable as many patients as possible with advanced chronic health issues to benefit from discussions on levels of care thanks to the creation and implementation of an institutional policy. Targeted training, information and promotion interventions will be set up in order to maximize integration of this practice in the healthcare services currently offered at CISSS Laval. Attempts will be made to get as many healthcare teams onboard as possible. The impact on the quality of care will also be assessed.

Centre intégré de santé et de services sociaux Montérégie-Centre / Centre intégré de santé et de services sociaux Montérégie-Ouest (Québec)

- Nathalie Bérard, Directrice adjointe au DSP et mécanismes d'accès, Centre intégré de santé et de services sociaux de la Montérégie-Centre, Greenfield Park, Québec
- Pierre Guay, Directeur des programmes santé mentale et dépendance, Centre intégré de santé et de services sociaux de la Montérégie-Ouest, Châteauguay, Québec
- Dominique Pilon, Directeur des programmes jeunesse et des activités de santé publique, Centre intégré de santé et de services sociaux de la Montérégie-Ouest, Châteauguay, Québec
- Cloé Rodrigue, Adjointe au directeur de la recherche, Centre intégré de santé et de services sociaux de la Montérégie-Centre, Greenfield Park, Québec

Structuring the Integration of Pharmacists in FMGs

In Quebec, more than 40% of the population is part of a Family Medicine Group (FMG), where they receive primary care. The new FMG Management Framework foresees a funding allocation enabling these groups to enter into service agreements with Community pharmacists.

Harmful side effects of medication and failure to comply with medical treatments are a direct cause that increasingly contributes to treatment failure, Emergency Department visits and hospitalizations. The integration of Community Pharmacists into FMGs is, therefore, an excellent lever to enhance the care our population receives.

While working together with the main stakeholders (pharmacists, physicians, nurses and patients), the team would (1) suggest ways of guaranteeing a smooth integration of community pharmacists into the FMG; (2) identify a range of relevant services to maximize the participation of pharmacists in the healthcare process; (3) promote a population-centric approach enabling FMGs to customize the services

they offer to the needs of their clientele; and (4) draw up an implementation plan, and an assessment of said plan, to facilitate the integration of pharmacists into Family Medicine Groups in the Montérégie area.

In the long run, the idea is to provide appropriate, needs-centric services as well as the expertise of pharmacists, physicians, nurses, social workers and other healthcare professionals in Family Medicine Groups, thereby maximizing the potential of this type of collaboration and the resources used.

Centre intégré de santé et de services sociaux Montérégie-Ouest (Québec)

- Philippe Besombes, Directeur de soins infirmiers et enseignement universitaire, Centre intégré de santé et de services sociaux de la Montérégie-Ouest, Châteauguay, Québec
- Mélanie Dubé, Directrice adjointe qualité, évaluation, performance et éthique, Centre intégré de santé et de services sociaux de la Montérégie-Ouest, Châteauguay, Québec
- Mitchell Germain, Médecin, Centre intégré de santé et de services sociaux de la Montérégie-Ouest, Vaudreuil, Québec
- Vincent Veilleux, Directeur des services techniques, Centre intégré de santé et de services sociaux de la Montérégie-Ouest, Châteauguay, Québec

Development of support for palliative homecare services

The aim of the CISSMO (Centre intégré de santé et de services sociaux de la Montérégie-Ouest) improvement project is to offer palliative care and end-of-life support for clients who have expressed the desire to die at home.

The problem may seem quite simple, but it involves a number of challenges linked to accessibility, safety and coordination of care and services; more specifically the accessibility and availability of medical and professional resources. The lack of support for the patient's caregivers can also be a major obstacle during the last moments of at-home end-of-life care services.

We intend on using the many strengths of our organisation to overcome these major issues, which impede the last wishes of the terminally ill. For instance, we will draw upon our expertise in the field of online client monitoring thanks to the implementation of novel services such as Tele-Care and Tele-Monitoring. We will also be able to leverage the interdisciplinary expertise of professionals and community organisations specializing in palliative care.

To summarize, we are convinced that the efforts and energy invested in this major project will enable patients in end-of-life situations to carry out their wishes to die at home. Fulfilling the wishes expressed by clients and families in an atmosphere of dignity and respect will be the focal point of the care we provide.

Centre intégré universitaire de santé et de services sociaux de Capitale Nationale / Centre hospitalier universitaire de Québec Université Laval (Québec)

- Nancy Drouin, Directrice adjointe programme soutien à l'autonomie des personnes âgées, CIUSSS Capitale Nationale et CHU de Québec Université Laval, Québec, Québec
- Lucille Juneau, Directrice adjointe programme soutien à l'autonomie, CIUSSS Capitale Nationale et CHU de Québec Université Laval, Québec, Québec
- Brigitte Martel, Directrice soins infirmiers, CHU de Québec Université Laval, Québec, Québec

Transitioning Seniors from their Home Environment to a Hospital Setting

Seniors often have multiple comorbidities due to the coexistence of a multitude of chronic illnesses, cognitive decline and/or physical disability. They often have to consult many clinicians in different settings, which can lead to the fragmentation of care and inefficiencies in healthcare services. Seniors are significantly affected by a breakdown in the continuum of care, namely transition points. A number of problems which have been observed stem from the absence of continuity of care, i.e. duplication of assessments and investigations, inappropriate treatments, unnecessary delays in the healthcare process and even a breakdown in care which can undermine the elderly person's integrity at a time when they are already in such a weakened state. These transitions require adaptation on the part of the elderly, a need to relearn self-care and a need to reorganize daily life in order to acquire and preserve their autonomy. Interventions on the part of different healthcare professionals can support the elderly in their recovery. Working with seniors and their loved ones, this project aims to set up frontline interventions and measures in a hospital setting with a view to promoting smooth transitions. Experimentation with outcome measures will be carried out with elderly persons living in the National Capital Region (NCR) and within Laval's Teaching Hospital in Quebec City. A continuous improvement plan will enable the transfer of evidence-based interventions to other areas of the NCR.

Centre intégré universitaire de santé et de services sociaux de Centre-Ouest-de-l'île-de-Montréal (Québec)

- Sébastien Bilin, Centre Intégré Universitaire santé et services sociaux du Centre-Ouest de l'île-de-Montréal, Montréal, Québec
- Marie-Hélène Carbonneau, Directrice-adjointe des soins infirmiers, Centre Intégré Universitaire santé et services sociaux du Centre-Ouest de l'île-de-Montréal, Montréal, Québec
- Christine Touchette, Directrice adjointe Soutien à l'autonomie des personnes âgées, Centre Intégré Universitaire santé et services sociaux du Centre-Ouest de l'île-de-Montréal, Côte St-Luc, Québec

Management and Tracking of the Chronic Illness Pathway by the Patient and the Multidisciplinary Team using Tele-Care

This project aims to achieve three (3) main goals:

1. Developing an inventory of what is currently being used in the Integrated Centre with respect to technology and chronic illnesses and, where possible, create linkages between projects.
2. Setting up a Technological Projects Assessment Committee before and during utilization (on which sits one or more patients) and creating a standardized indicator measurement grid.
3. Establishing a means of determining user and stakeholder satisfaction with respect to the use of said technological tools (where users would be involved).

Centre intégré universitaire de santé et de services sociaux de Saguenay-Lac-St-Jean (Québec)

- Roberto Boudreault, Chef du département régional de médecine générale, Centre intégré universitaire de santé et de services sociaux du Saguenay-Lac-Saint-Jean, St-Félicien, Québec
- Isabelle Boulianne, Adjointe aux affaires universitaires, Centre intégré universitaire de santé et de services sociaux du Saguenay-Lac-Saint-Jean, Chicoutimi, Québec
- Nancy Houde, Chef de service en soins infirmiers - Continuum clinique, Centre intégré universitaire de santé et de services sociaux du Saguenay-Lac-Saint-Jean, Chicoutimi, Québec

- Sylvie Massé, Directrice des soins infirmiers, Centre intégré universitaire de santé et de services sociaux du Saguenay-Lac-Saint-Jean, Jonquière, Québec

Patient Experience: A Common Understanding of the Transition Toward Palliative Care

Considered a chronic illness, cancer has been the primary cause of mortality for fifteen (15) years in Saguenay-Lac-Saint-Jean and is responsible for 35 % of the deaths observed annually in the area. The number of new cancer cases and deaths continue to increase significantly in the region.

The transition from curative care to palliative care is often a traumatic experience for patients and families. As for healthcare professionals, they often lack training, are poorly equipped and do not know when it is a good time to broach the subject patients. However, the earlier palliative care is integrated into the care of patients with incurable chronic illnesses, the better. Moreover, when this is offered, the quality of life and the survival rate of patients increase and symptoms of depression decrease.

Based on the experience of patients and families, as well as that of professionals in the field, our team would like to acquire a common understanding of the clinical transition from curative to palliative care. In order to do this, people living with incurable chronic illnesses will be questioned about various aspects of their palliative care experience. Healthcare professionals who work the most with this type of clientele will also be interviewed.

Acquiring better knowledge of the true needs of patients and healthcare professionals with respect to their experience is our starting point. Indeed, basing interventions and actionable strategies on real and felt needs, on an enhanced continuum of care, on treatments that are better suited to the situation and on better coaching will more than likely facilitate the transition from curative care to palliative care.

The Ottawa Hospital (Ontario)

- Jessica Dy, Division Head and Quality Medical Lead, Division of Obstetrics and Gynecology, Ottawa Hospital, Ottawa, Ontario
- Laura Hopkins, Deputy Chair, Department of Obstetrics and Gynecology and Head, Division of Gynecologic Oncology, Ottawa Hospital - General Campus, Ottawa, Ontario
- Ann Mitchell, Director of Obstetrics, Gynecology and Newborn Care at the Ottawa Hospital, and Director of Neonatal Services at the Children's Hospital of Eastern Ontario, Ottawa, Ontario

Improving Patient Outcomes and Experience in Women Requiring Labour Induction

Induction of labour is a common procedure and occurs in ~ 25% of all births, or just over 1,500 women per year, at The Ottawa Hospital. Most women who undergo labour induction often require 24-48 hours of pre-induction cervical preparation prior to the onset of labour. Evidence suggests that patient experience is better and health care cost reduced when this process is carried out in an outpatient setting. Currently at The Ottawa Hospital, most women undergoing induction of labour are admitted to the birthing unit. This scenario utilizes acute 1:1 nursing care, prolongs women's hospital length of stay, and creates a level of anxiety and frustration among women. This project aims to find safe and cost-effective solutions that will accommodate the nursing and monitoring needs of women requiring pre-labour cervical ripening without needing an inpatient admission to the birthing unit. Specifically, we will obtain baseline data regarding (1) proportion of women requiring inpatient labour induction (2) patient satisfaction among women undergoing inpatient labour induction (3) length of stay and cost per weighted case of inpatient labour induction. An alternative pre-induction care pathway will be created for women meeting specific criteria and implemented at The Ottawa Hospital. This new process is expected to decrease inpatient hospital stay by 24-48 hours, enhance patient experience in women needing an induction of labour, and reduce cost per weighted case for low risk vaginal births.

Nova Scotia Health Authority (Nova Scotia)

- Erin Christian, Manager, Planning & Development, Primary Health Care, Nova Scotia Health Authority, Halifax, Nova Scotia
- Crystal Todd, Chief Family Medicine, Western Zone, Nova Scotia Health Authority, New Minas, Nova Scotia
- Cheryl Tschupruk, Provincial Palliative Care Coordinator, Cancer Care Nova Scotia, Nova Scotia Health Authority, Halifax, Nova Scotia
- Jo-Anne Wentzell, Director, Primary Health Care, Chronic Disease Management, Family Practice (Western Zone), Nova Scotia Health Authority, Berwick, Nova Scotia

Integrating a Palliative Approach in Primary Health Care

Early access to palliative care is shown to improve patient and family outcomes. Primary care providers are often the first and most consistent points of contact in the health system. Their role in palliative care is essential as we move toward collaborative team-based care in the primary health care (PHC) system in Nova Scotia.

As palliative care evolved into a specialty, primary care providers have cared for individuals requiring palliative care less; therefore, competency and confidence in PHC has decreased. Specialty services are designed to offer expertise to compliment comprehensive and continuous care provided in the health home and is not intended to sustain comprehensive care or address individuals' needs over time. With all team members working together (primary care, specialties, and community resources) no one person is overburdened and individuals requiring palliative care remain in their familiar health surroundings.

In 2014, the NS Department of Health and Wellness released a provincial palliative care strategy with recommendations guiding the health system toward an integrated model of palliative care rooted in PHC. The IP will use an engagement process with PHC team(s) exhibiting high readiness to change to develop, test, and refine an operational framework to integrate a palliative approach into PHC settings in NS, changing the model for delivering a palliative approach to care. Anticipated outcomes include enhancing access to appropriate care; building capacity in primary care; optimizing existing resources; role clarity in palliative care; and improving patient/family experience, ultimately resulting in quality palliative care for all Nova Scotians.

Providence Care / Kingston General Hospital / South East Community Care Access Centre (Ontario)

- Brenda Carter, Vice President, Cancer Services and Diagnostic Imaging; Regional Vice President (RVP), South East Regional Cancer Program, Kingston General Hospital, Kingston, Ontario
- Laurie French, Senior Manager, Client Services, South East Community Care Access Centre
- Jenn Goodwin, Senior. Director, Community Relations & Strategy, Providence Care KGH South East, Kingston, Ontario
- Natalie Kondor, Palliative Medicine physician / Regional Lead, Palliative Care, Kingston General Hospital, Kingston, Ontario

The Kingston Model: Improved access through centralized intake

Our project focuses on establishing a centralized point of intake for patients who are referred for palliative care services, regardless of the care environment or care provider(s). Our target population will be patients with lung, pancreatic and colorectal cancer.

A centralized intake will support referrals made by a patient/patient advocate, primary care provider or specialist provider (eg. oncologist), based on the result of the “surprise question” (Gold Standard Framework^{1[1]}). Once received, an initial assessment using validated tools such as the Edmonton Symptom Assessment Score (ESAS) and the Palliative Performance Scale (PPS) can be completed by allied health professionals.

We see several possible positive outcomes:

- Increased opportunity to educate patients/families on the role of Palliative Care earlier in the disease trajectory;
- Patients/families will have an increased ability to self-refer and access palliative care services;
- Shared access to intake documentation will lead to more timely access to appropriate services, increase collaboration/communication between service providers, and allow patients to remain with their primary care providers for longer;
- Real-time updates to a patient’s condition at intake and reassessments, enabling earlier identification of patients who need intensive palliative involvement;
- Establishing a central intake will build upon resources (human and technology) that already exist in Kingston, and improve quality of care and satisfaction for patients/ families;
- Early referrals and coordinated care planning can lead to reduced visits to the Emergency Department by patients receiving palliative care services and better use of system resources overall.

2014 EXTRA Improvement Projects

Agence de la santé et des services sociaux de la Montérégie (QC)

- **Julie Loslier**, Médecin-conseil, Agence de la santé et des services sociaux de la Montérégie, Longueuil, Québec
- **Kareen Nour**, Agente de planification, de programmation et de recherche, Agence de la santé et des services sociaux de la Montérégie, Longueuil, Québec
- **Ginette Lafontaine**, Adjointe à la planification, évaluation-recherche, Agence de la santé et des services sociaux de la Montérégie, Longueuil, Québec
- **Martine Bouchard**, Directrice générale, CSSS Pierre-De-Saurel, Québec

Population-Based Responsibility and Health Inequities: Planning for Results

The population-based responsibility assigned to Local Health Networks (LHN) inherently demands that attention be paid to vulnerable populations, including those with low socioeconomic status. Although we recognize the presence of health inequities within populations of a given territory, it is difficult to include the reduction of health inequities in various work processes, particularly in the planning process. The proposed Improvement Project aims to develop a reflective approach for LHN managers. The support proposed is based on a pragmatic approach to assessments that facilitates decision-making and is tailored to the needs of local projects and interventions in complex settings. The anticipated short-term impact of this support is 1) improved understanding of health inequities, chronic diseases and the best approaches to reduce these inequities 2) enhanced local-regional cooperation 3) upgraded skills in relation to reflective practices 4) satisfaction pertaining to the workshops (process and content). Ultimately, we hope this project leads to the implementation of an organizational approach in LHNs that promotes the acknowledgment of social inequities in the planning, implementation and assessment of interventions and services for chronic disease management in order to better update population-based responsibilities and improve the health and well-being of the entire population in LHN catchment areas.

Bruyère Continuing Care (ON)

- **Lynda Weaver**, Coordinator, Quality, Patient Safety and Risk Management, Bruyère Continuing Care, Ottawa, Ontario
- **Dionne Sinclair**, Director, Complex Continuing Care, Bruyère Continuing Care, Ottawa, Ontario
- **José Pereira**, Chief of Department, Palliative Care, Bruyère Continuing Care, Ottawa, Ontario
- **Isabelle Bossé**, Education Specialist, Learning and Development Department, Bruyère Continuing Care, Ottawa, Ontario

Ensuring Sustainable Quality Improvement at Bruyère Continuing Care

As part of Bruyère's corporate Quality Framework, a system will be established to facilitate quality improvement responsibility and accountability at the bedside. The Framework connects the three levels of responsibility (corporate, programs, units) through a system of planning, communication, and actions. Senior leaders focus on strategic quality issues, and create the corporate quality plan with information from managers, patient safety reports, MOH data, and feedback surveys from patients, families and employees. Programs focus on program-specific quality plans that are integrated with the corporate plans and unit-specific needs. Unit-based Quality Teams focus on unit-based quality needs, and interact with the program quality committee to ensure their change ideas are consistent with or complementary to the program and corporate quality plans.

Nova Scotia Health Authority – Central Zone (formerly Capital Health)/Fraser Health (BC)

- **Grace Park**, Program Medical Director, Home Health, Fraser Health, Surrey, British Columbia
- **Antonina (Annette) Garm**, Director, Site Operations, Delta Hospital, Fraser Health, Surrey, British Columbia
- **Lisa Chu**, Director, Clinical Programs, Older Adult Program, Fraser Health, Surrey, British Columbia
- **Kathleen Friesen**, Director, Clinical Programs, Population and Public Health, Fraser Health, Surrey, British Columbia
- **Barry Clarke**, District Medical Director, Integrated Continuing Care; Director, Health Care of Elderly Residency Program, Dalhousie Family Medicine, Capital Health/Dalhousie University, Halifax, Nova Scotia
- **Lisa MacDonald**, Health Services Manager, Primary Health Care, Capital Health, Halifax, Nova Scotia
- **Catherine MacPherson**, General Manager, Caritas Residence, Shannex Inc, Halifax, Nova Scotia

Proactively delaying frailty in not yet frail seniors: an interprovincial collaborative

Fraser Health and Capital Health have identified a common disconnect between the not yet frail seniors and community care supports, creating a barrier to healthy aging (or aging well) in the community. The fragmentation of services creates complexity for seniors; as a result, seniors are vulnerable and at increased risk of entering the acute care system prematurely. An early review of literature and local Fraser Health and Capital Health data indicate that the not yet frail seniors are better served outside the complex acute care system for as long as possible. Seniors that visit an emergency department (ED) or are admitted to an acute care facility are at high risk of contracting hospital acquired infections, falling and muscle atrophy to mention a few—conditions that delay recovery, reduce quality of life, and increase the cost of delivering care.

Evidence informed practices, partnership strategies, collaboration and coordination of services across the continuum of care—including seniors and their families, community, primary care and the health authority—will be used to transform the current system from the traditional reactive approach to a proactive and patient-oriented system. Proactively delaying frailty in not-yet frail seniors will enable them to enjoy a higher quality of life within their communities for longer, and reduce unnecessary ED visits, avoidable admissions to acute care and premature admissions to residential care systems.

One problem, two provinces, one collaborative solution.

Centre for Addiction and Mental Health (CAMH) (ON)

- **Neill Carson**, Executive Director, Ambulatory Care and Structured Treatments Program, Centre for Addiction and Mental Health, Toronto, Ontario
- **Margaret Gehrs**, Director of Interprofessional Practice, Ambulatory Care and Structured Treatments Program, Centre for Addiction and Mental Health, Toronto, Ontario
- **Peter Voore**, Medical Director, Ambulatory Care and Structured Treatments Program, Centre for Addiction and Mental Health, Toronto, Ontario

Creating an Integrated Mental Health and Addiction Assessment Service

As part of its strategic plan (Vision 2020), the Centre for Addiction and Mental Health (CAMH) has realigned its clinical programs to improve access and quality of care for individuals with complex clinical

issues. This quality improvement project focuses on the first step of restructuring the Ambulatory Care and Structured Treatments Program by developing a new integrated ambulatory assessment service that will generate a more complete and useful profile of clients seeking ambulatory care services at CAMH. Environmental scans of service gaps and best practices in other jurisdictions will help also inform the quality improvement process. Change management strategies to create an integrated ambulatory addiction and mental health assessment service will bring together clinical expertise in novel ways that will support centralized access to care, improved client flow and a better understanding of complex and severe presenting issues. This will facilitate more integrated, interprofessional and comprehensive outpatient treatment planning to enhance client safety and the client care experience.

College of Registered Nurses of British Columbia (CRNBC) (BC)

- **Elizabeth Elliot**, Senior Manager, Practice, Registrant Learning and Quality Assurance, College of Registered Nurses of British Columbia, Vancouver, British Columbia
- **Jane Winder**, Quality Assurance Consultant, College of Registered Nurses of British Columbia, Vancouver, British Columbia

ePortfolios as a method of scaling-up integrated quality assurance

Quality assurance is an evidence-based process that is known to improve patient safety and health outcomes by ensuring the application of standards and promoting high quality patient care. In B.C., the College of Registered Nurses has a legislated requirement to implement Quality Assurance to ensure that the 37,000 nurses in our province provide safe, competent and ethical care. Recent research with nurses in B.C. demonstrates that CRNBC needs to focus on implementing value-added supports for registrants so that they can readily achieve their quality assurance and professional development requirements. Using ePortfolios is an emerging trend with substantial promise as a method for helping nurses to plan, implement, assess, and evaluate their quality assurance activities. Building on the successes of our nurse-practitioner quality assurance program and leveraging our current client-records management (CRM) system, CRNBC will design, test, implement, and evaluate an ePortfolio system for nurses in B.C. One of the successes of the nurse-practitioner quality assurance program is the emphasis that CRNBC places on working collaboratively with nurse-practitioners in implementing quality assurance. This draws on our Relational Regulation approach and we see this project as an important opportunity to work with nurses to create a systems level method that helps nurses to understand the links between practice, quality assurance, quality improvement, and high quality, safe patient care and improved health outcomes.

Health Sciences North (ON)

- **Joe Pilon**, Chief Operating Officer, Health Sciences North, Sudbury, Ontario
- **Ben Petersen**, Chief Financial Officer, Health Sciences North, Sudbury, Ontario
- **Robert Smith**, Medical Lead, Quality and Patient Safety, Health Sciences North, Sudbury, Ontario
- **Gaston Roy**, Chief Information Officer, Health Sciences North, Sudbury, Ontario

Achieving Annual Business Results through the Rigor of PDCA

HSN has embarked on a cultural transformation that is based on the attributes of Lean Systems Thinking. We have designed and begun to implement a new business management system - Organizational Excellence (OE). This business system is based on three foundational foci: strategy deployment, executive development and lean improvement systems. This improvement project will focus on the strategy deployment component of our business system.

One of the most important cultural transformations we are undertaking is the development and implementation of a disciplined and rigorous strategy deployment process that will ensure focus and alignment on a few key priorities.

An inventory of project and improvement work this year identified that at any given time we have 250-300 initiatives under way at the same time. Prior inventories of recent years identify similar numbers. For the most part our attempts to complete these works have been slow and have seen little to limited success. Additionally we found ourselves going after shiny object that did not align with any strategic intent we had. Lean systems thinking would see us focus on a few key initiatives complete them and move on to the next initiative.

Focus and alignment will enable us to achieve our performance targets through standard work that will include monthly checks and adjustments to our planned activities and tactics if they are not achieving the planned results. The behaviours we are seeking to develop and sustain are well articulated in David Mann's article, "The Missing Link". These will be significant behavioural changes for senior leadership and all levels of management at HSN.

Peel Public Health (ON)

- **Andrea Chiefari**, Manager, Environmental Health, Peel Public Health, Mississauga, Ontario
- **Teresa Ho**, Manager, Chronic Disease and Injury Prevention, Peel Public Health, Mississauga, Ontario
- **Kathie Brown**, Supervisor, Tobacco Enforcement and Prosecution Team, Peel Public Health, Mississauga, Ontario
- **Dominic Reale**, Residential Property Manager, Human Services, Peel Living, Region of Peel, Brampton, Ontario
- **Ibrah Shah**, Specialist, Business Performance Management, Peel Public Health, Mississauga, Ontario

Evidence-Informed Policy Development for Smoke-Free Social Housing

Exposure to second hand smoke (SHS) is linked to diseases and premature death. Smoking in multi-unit dwellings is a growing concern among tenants and landlords as tobacco smoke can seep through or drift across various openings in a multi-unit dwelling. Current legislation offers minimal protection from SHS for people living in multi-unit dwellings.

The Region of Peel is the largest rental landlord in Peel with over 16,500 residents living in approximately 7,600 multi-unit buildings. There is growing interest to move toward smoke-free living spaces. Tenants are especially concerned about smoke infiltration and potential health impacts. For landlords, the costs associated with maintaining and refurbishing a smoker's unit are 50 to 100 percent greater than a non-smoker's unit. Smoke-free policies for multi-unit dwellings have both health and financial benefits for the residents of Peel.

The goal of the project is to use an evidence-informed approach to develop and implement smoke-free policies for regionally operated multi-unit dwellings. Through our strategy, we hope to improve the living environments for our residents. Lessons learned will inform future policy and strategy development and provide a leading example of innovation and service excellence for local governments across Canada.

Royal Victoria Regional Health Centre (ON)

- **Dana Naylor**, Director of Medicine, Royal Victoria Regional Health Centre, Barrie, Ontario

- **Tricia Swartz**, Director, Patient Safety, Quality and Risk Management, Royal Victoria Regional Health Centre, Barrie, Ontario
- **Jonathan Wiersma**, Director of Decision Support, Royal Victoria Regional Health Centre, Barrie, Ontario
- **Nancy Corcoran**, Nurse Practitioner Geriatrics, Royal Victoria Regional Health Centre, Barrie, Ontario

Smooth Transitions: A redesign of Geriatric inpatient services

Smooth Transitions: A redesign of Geriatric inpatient services is an initiative focused on evaluating current geriatric services and applying evidenced based practices to improve the quality of geriatric services within the Royal Victoria Regional Health Centre (RVH).

North Simcoe Muskoka (NSM) is the third oldest Local Health Integration Network (LHIN) in Ontario and by 2031 the increase in seniors in this region will grow by 152%. Currently the medicine program is designed to care for adult patients in general, with no specialized programming to meet the needs of the frail elderly patient population. The demand for specificity for care for this population has outgrown the programs' ability to achieve the health system goals for this group of patients. As such, a new comprehensive geriatric model of care is required.

The number of seniors in NSM LHIN is 17% higher than the provincial average. Seniors often have complex healthcare needs and they rely on the healthcare system, consuming more than half of all direct hospital costs. Seniors account for 63% of acute inpatient days and 43% of provincial health expenditures in Ontario. Hospitalization is a pivotal event in a frail senior's life. It can add years and quality to life, or create complications that result in a difficult-to-reverse decline in physical or cognitive function. Without evidence-based senior-friendly processes in place, seniors will have higher rates of adverse events, surgical complications, and nosocomial infections. Poor outcomes result in increased length of stay, re-admission to hospital, and decreased capacity for independent living. Through the use of a gap analysis, forging diverse working teams, and implementing best practices, RVH aims to improve the clinical outcomes, reduce length of stay and the number of geriatric patients who become designated Alternate Level of Care (ALC). The overall impact to RVH and the NSM LHIN would create positive patient flow and improved quality outcomes for patients.

Saskatchewan Cancer Agency (SK)

- **Jignesh Padia**, Risk Management Coordinator, Quality, Safety and Risk, Saskatchewan Cancer Agency, Regina, Saskatchewan
- **Tim Deters**, Quality Improvement Consultant, Quality, Safety and Risk, Saskatchewan Cancer Agency, Regina, Saskatchewan
- **Suzanne Dallorto**, Quality Improvement Consultant, Quality, Safety and Risk, Saskatchewan Cancer Agency, Regina, Saskatchewan

Enabling leadership: An integrated approach to quality, safety and risk

Healthcare professionals have long attempted to clearly understand and benefit from the apparent interrelationship that quality improvement and organizational risk management have on patient safety, yet implementation of an integrated approach has remained elusive. This improvement project will provide a practical approach that healthcare leaders can use to improve patient outcomes, reduce errors, enhance the efficiency of decision making, and develop timely solutions to problems through an integrated quality, risk and patient safety framework. It will also help to create a community of practice, which will improve leadership capacity through development of expertise and sharing of knowledge.

The project team will use research evidence and documented inter-disciplinary best practices to develop an actionable framework, which will create a straightforward, cohesive approach to the resolution of identified risks and quality improvement problems. The framework will clearly describe steps required to analyze and document underlying contributing factors as well as outline the process to identify trends and prioritize and institute improvement opportunities. The result will be an appropriate, effective approach to problem resolution for physicians, nurses, and other healthcare professionals. The framework will be shared widely with other health regions and healthcare organizations throughout the province of Saskatchewan, with the goal of creating a standard approach to quality improvement and organizational risk management for the rest of Canada to follow.

St. Joseph's Healthcare Hamilton (ON)

- **Claire Kislinsky**, Manager, Clinical Utilization, Patient Flow and Dual Diagnosis Program, St Joseph's Healthcare Hamilton, Hamilton, Ontario
- **Fiona Wilson**, Manager, Patient and Family Collaborative Support Services, St Joseph's Healthcare Hamilton, Hamilton, Ontario
- **Valerie Sadler**, Director, Women's Services, Mission Services of Hamilton, Hamilton, Ontario

Improving Mental Health Care Inequalities in the Inner City

The population of the inner city area of Hamilton is home to the most marginalized and disadvantaged residents. According to the Code Red (2010) report in the Hamilton Spectator, individuals in this geographic area are the highest users of emergency department services for psychiatric and substance use reasons. The social and contextual elements of poverty have been shown to have a serious impact on the health and mental health of individuals of all ages. Access to healthcare services is less than adequate for a significant number of residents in this particular community, as these residents often have real social and economic barriers to accessing services, especially mental health and addiction services.

This project will seek to develop a model of mental health service delivery targeted at poor and marginalized inner city residents. The project will be facilitated through a partnership between St. Joseph's Healthcare Hamilton and Mission Services of Hamilton. This will be done using a community development model framework engaging community agencies, service users, family members and caregivers as partners in the identification, implementation, delivery and evaluation of the service model. The project will be located in a non-traditional setting for health service provision (e.g. program model as defined by the unique needs of service users).

TransForm Shared Service Organization (ON)

- **Matt Snyder**, Chief, Transformation Office, TransForm Shared Service Organization, Chatham, Ontario
- **Katelyn Dryden**, Project Planner, Transformation Office, TransForm Shared Service Organization, Chatham, Ontario
- **Tony Meriano**, Chief Medical Information Officer, TransForm Shared Service Organization, Chatham, Ontario
- **Jen Smith**, Clinical Practice Manager, Emergency Department, Windsor Regional Hospital, Ouellette Campus, Windsor, Ontario

Physician-Led Emergency Department Optimization Dashboard

Currently at the Windsor Regional Hospital Emergency Department (ED), there is a shortage of data on how physicians manage their patient load, workflow, and perform against ministry level ED benchmarks

including assessment times and length of stays in ED. Physicians lack accurate methods of effective feedback on their individual performance.

To optimize safe, efficient best practice and develop a model for standard work leadership, physicians must have access to accurate data. This will be addressed through the Physician Led Emergency Department Optimization Dashboard. This will enable physicians to analyze how they are performing in a busy department and how they measure up according to their peers. Examples of such performance indicators on the dashboard include: the number of patients seen per hour, physician initial assessment times, ED lengths of stay, and decision to admit/discharge time. This data will be collected using automated techniques and displayed in a constructive timely fashion including targets to help guide the workflow improvement. Data collected over a longer period of time will give physicians confidence to challenge themselves to consider new strategies in their practices as they are measured with respect to their peers. It will provide feedback for productive discussion for consideration of different managerial approaches. ED leadership can use this data to address barriers that are delaying timely patient care. The goal is to have an accessible e-tool that will help create a culture of accountability, ongoing process improvement, and collaboration among leadership and physicians to create an optimum patient best practice work environment.

2013 EXTRA Improvement Projects

Agence de la santé et des services sociaux de la Montérégie, Longueuil, QC

- **Brigitte Brabant**, Coordinator, Department of Frailty, Ageing and Residence Services, Agence de la santé et des services sociaux de la Montérégie
- **Stéphane Groulx**, Medical Officer, Department of Public Health, Research and Evaluation, Agence de la santé et des services sociaux de la Montérégie

Project: Support in the home to limit emergency room visits

Agence de la santé et des services sociaux du Saguenay-Lac-St-Jean, CSSS Cléophas-Claveau & CSSS de Lac-Saint-Jean-Est

- **Martine Couture**, Chief Executive Officer, Agence de la santé et des services sociaux du Saguenay-Lac-St-Jean, Chicoutimi, QC
- **Christine Mimeault**, Coordinator of speciality services and service performance, Information and Liaison, Agence de la santé et des services sociaux du Saguenay-Lac-St-Jean, Chicoutimi, QC
- **Caroline Savard**, Director of hospital services, Performance and Organizational Projects, CSSS Cléophas-Claveau, La Baie, QC
- **Guy Verreault**, Director, Department of Professional Services and Medical Affairs, CSSS de Lac-Saint-Jean-Est, Alma, QC

Project: Adoption of an integrated model for the dynamic management of chronic illness

Bruyère Continuing Care, University of Ottawa, University Health Network

- **Simon Akinsulie**, Director, Long Term Care, Bruyère Continuing Care, Ottawa, ON
- **Marie-Andrée Cadieux**, EntourAGE Coordinator, Faculty of Health Sciences, University of Ottawa, Ottawa, ON
- **Nora Hoffer**, Financial Analyst, Case Costing, Bruyère Continuing Care, Ottawa, ON
- **Sophia Weber**, Project Manager, University Health Network, Toronto, Ontario

Project: Developing a Framework for Case Costing in Long Term Care in Ontario

Centre for Addiction and Mental Health, Toronto, ON

- **Patricia Cavanagh**, Clinic Head, Outreach and Community Care, Complex Mental Illness Program, Centre for Addiction and Mental Health
- **April Collins**, Executive Director, Complex Mental Illness Program, Centre for Addiction and Mental Health
- **Gabriella Golea**, Director, Interprofessional Practice, Centre for Addiction and Mental Health

Project: The Development of an Integrated Care Pathway for Schizophrenia

Centre hospitalier de l'Université de Montréal (CHUM), Montréal, QC

- **Cécile Lagoutte**, Senior Advisor, Organizational Development, Department of Transformation Support, Centre hospitalier de l'Université de Montréal (CHUM)
- **Roch Parent**, Medical Specialist, Internal Medicine; Medical Co-Manager, Client Groupings Branch; Assistant to the Director of Professional Services: Hospital Bed Management and Emergency Department Coordinator Centre hospitalier de l'Université de Montréal (CHUM)
- **Stéphane Trépanier**, Clinical and Administrative Co-Manager: Operating Rooms, Recovery Room, Day Surgeries and Admissions. Client Groupings Branch. Centre hospitalier de l'Université de Montréal (CHUM)

Project: Safe, efficient and respectful transportation of patients

CHU Sainte-Justine, Montréal, QC

- **Elizabeth Arpin**, Head of Unit, Pediatric Intensive Care, CHU Sainte-Justine
- **Martin Cyr**, Senior Advisor, Technology Department, CHU Sainte-Justine
- **Karen Harrington**, Intensive Care Pediatrician, Lead Physician, Quality and Risk Management, Pediatric Intensive Care, CHU Sainte-Justine
- **Baruch Toledano**, Intensive Care Pediatrician, Director, Pediatric Intensive Care Training Program, CHU Sainte-Justine

Project: Optimizing the safe transition from pediatric intensive care to ward

Health Sciences North, Sudbury, ON

- **Debbie Barnard**, Director, Quality and Patient Safety, Health Sciences North
- **Rhonda Watson**, Vice President, Human Resources, Health Sciences North

Project: Designing an Organizational Framework for Building Improvement Capability and Capacity

Peel Public Health & Trillium Health Partners, Mississauga, ON

- **Debbie Chang**, Manager, Family Health, Peel Public Health
- **Cheryl Morin**, Manager, Family Health, Peel Public Health
- **Shelly Petruskavich**, Professional Practice Lead, Nursing, Trillium Health Partners, Credit Valley Site

Project: Evidence-Informed Practice Change – Increasing Breastfeeding Exclusivity in Hospital

Winnipeg Regional Health Authority, Winnipeg, MB

- **Allison Bell**, Pharmacy Manager - Long Term Care Program, Winnipeg Regional Health Authority
- **Joanne DiNicola**, Manager of Initiatives - Long Term Care Program, Winnipeg Regional Health Authority
- **Michael Haip**, Manager of RAI/MDS Decision Support - Long Term Care Program, Winnipeg Regional Health Authority

Project: Development of an effective educational framework to reduce antipsychotic use

2012 EXTRA Improvement Projects

Bluewater Health, Sarnia, ON

- **Victoria Lucas**, Business Director Surgery, Rehab, Oncology and Ambulatory Care Programs, Bluewater Health
- **Jennifer McCullough**, Director, Performance Management, Bluewater Health
- **Renato Pasqualucci**, Medical Director, Emergency Department, Bluewater Health
- **Mark Taylor**, Vice President, Medical Affairs, Chief Quality Patient Safety and Risk Management, Interim Chief of Professional Staff, Bluewater Health

Project: Challenges in Standardized Order Set Implementation

Centre hospitalier de l'Université de Montréal, QC

- **Christiane Arbour**, Assistant Director, Academic and Medical Affairs, and Assistant Director, Professional Services Department, Centre hospitalier de l'Université de Montréal
- **Joanne Guay**, Acting Assistant Director, Client Groupings Department, Centre hospitalier de l'Université de Montréal
- **Jean-François Guévin**, Assistant Head, Innovation and Professional Practice/Department of Pharmacy, Centre hospitalier de l'Université de Montréal

Project: An Intervention to Support the Implementation of Medication Reconciliation (MedRec)

Centre de santé et de services sociaux Jeanne-Mance & Centre hospitalier de l'Université de Montréal, QC

- **Michèle de Guise**, Director, Health Promotion and Advisor, Care Episode Management, Public Health Department, Centre hospitalier de l'Université de Montréal
- **Guylaine Leblanc**, Project Office Directorate, Centre de santé et de services sociaux Jeanne-Mance
- **Roger Roberge**, Director of Medical Affairs, Centre de santé et de services sociaux Jeanne-Mance
- **Lyne Marquis**, Clinical and administrative co-manager, Cardiovascular unit, Centre hospitalier de l'Université de Montréal

Project: Implementing a Clinical Intake Process

Centre hospitalier universitaire de Québec, QC

- **Martin Coulombe**, Assistant to the Director, Department of Evaluation, Quality, Engineering, Performance and Infection Prevention, Centre hospitalier universitaire de Québec
- **Daniel La Roche**, Director, Department of Evaluation, Quality, Engineering, Performance and Infection Prevention, Centre hospitalier universitaire de Québec

- **Marc Rhainds**, Co-Manager, Medical and Scientific Affairs, Health Technology and Intervention Methods Evaluation Unit, Centre hospitalier universitaire de Québec

Project: A Strategic Approach to Resource Reallocation Based on Appropriateness of Care Interventions

Grey Bruce Health Services, Grey Bruce Health Unit & Owen Sound Family Health Team, ON

- **May Elhadj**, Chief of Obstetrics and Gynecology, Grey Bruce Health Services
- **Hazel Lynn**, Medical Officer of Health, Grey Bruce Health Unit
- **Christie Webster**, Primary Health Care Nurse Practitioner, Owen Sound Family Health Team

Project: A Multi-Institutional Approach to Improving Maternal and Fetal Health

Health Sciences North, ON

- **Mark Hartman**, Vice President, Northeast Cancer Centre, Health Sciences North
- **Amanda Hey**, Regional Primary Care Lead, Health Sciences North
- **Carole Mayer**, Regional Psychosocial Lead & Manager, Supportive Care Program and Supportive Care Oncology Research Unit, Northeast Cancer Centre, Health Sciences North

Project: Optimizing a Cancer Survivorship Care Model for North East Ontario

Institut national de santé publique du Québec & Centre de santé et des services sociaux de la Vieille Capitale, QC

- **Jaques Beaulieu**, Executive Advisor, Quality Practice Development, CSSS de la Vieille Capitale
- **Sylvie Vézina**, Head, Scientific Unit, Institut national de santé publique du Québec

Project: The Informed Decision-Maker: A Support Model for Knowledge Management

Peel Public Health, ON

- **Gayle Bursey**, Director, Chronic Disease and Injury Prevention, Peel Public Health
- **Eileen de Villa**, Associate Medical Officer of Health, Peel Public Health

Project: Evidence-Informed Public Policy Development for Public Health Practitioners Serving a Diverse Population

Vancouver Island Health Authority, BC

- **Marilyn Bater**, Medical Director of Seniors Health & Department Head of Geriatrics, Vancouver Island Health Authority

- **Eileen Goudy**, Executive Director of Quality, Research & Safety, Vancouver Island Health Authority
- **Mary Jackson**, Director of Professional Practice, Vancouver Island Health Authority, Victoria, British Columbia
- **Rita den Otter**, Program Director of Care Delivery Model Redesign, Vancouver Island Health Authority

Project: Engaging Patients in Care Decisions

2011 EXTRA Improvement Projects

Bruyère Continuing Care, Ottawa, ON

- **Kathy Greene**, Director, Department of Decision Support, Bruyère Continuing Care

Project: Organizational Changes to Patient Flow Using a Centralized Evidence Based Referral and Triage System for Hospice Palliative Care Services

Capital District Health Authority, Halifax, NS

- **Stephanie Connidis**, Service Chief, Community Health Unit (8.4 Halifax Infirmary), Capital District Health Authority
- **Sandra Janes**, Director, Health Services, Medicine, Geriatrics and Emergency, Capital District Health Authority
- **Stavros Savvopoulos**, Medical Director, Hospital Care and Chief of Family Practice, QE II Site, Capital District Health Authority

Project: A Process to Improve Quality and Timeliness of Information Transfer Between Inpatient and Primary Care Physicians at Hospital Discharge – Implications for Continuity of Care

Centre de réadaptation Lisette-Dupras, Lachine, QC

- **Jocelin Lecomte**, Local Deputy Commissioner, Service Quality and Complaints, Centre de réadaptation Lisette-Dupras

Project: Developing and Implementing a Legal Affairs Counselor Position at the Montreal Rehabilitation Centre for Mentally Disabled Persons and Persons With Pervasive Developmental Disorders (CRDITED)

Centre de santé et de services sociaux de La Matapédia, Amqui, QC

- **Michel Simard**, Interim Director, Client Services, Centre de santé et de services sociaux de La Matapédia

Project: Service Integration for the Frail Elderly: Upgrading Measures Seeking to Avoid or Delay Institutionalization

Centre de santé et de services sociaux de Québec-Nord, Québec, QC

- **Natalie Petitclerc**, Assistant Executive Director, Centre de santé et de services sociaux de Québec-Nord

Project: Developing Measures to Support the Continuous Improvement of Service Quality

Centre hospitalier de l'Université de Montréal, Montréal, QC

- **Sandra D'Auteuil**, Head Nurse, Psychiatry, Mental Health and Addictions Program, Centre hospitalier de l'Université de Montréal
- **Laurentiu Fulicea**, Psychiatrist, Centre hospitalier de l'Université de Montréal
- **David Gaulin**, Cogestionnaire, Clinical and Administrative Co-Manager, Psychiatry and Mental Health Program, Centre hospitalier de l'Université de Montréal

Project: Mental Health Care Partnership

Centre hospitalier universitaire de Québec, Québec, QC

- **Martin Lamarre**, Assistant Director, Professional services, Centre hospitalier universitaire de Québec

Project: Involvement of Medical Staff in the Improvement of CHUQ's (Centre hospitalier universitaire de Québec) Surgical Performance

Eastern Health, St John's, NL

- **Lisa Adams**, Project leader, Commission of Inquiry, Eastern Health

Project: Educating for a Senior Friendly Hospital and Efficient ER

Fraser Health Authority, New Westminster, BC

- **Minnie Downey**, Program Director, Cardiac Services, Fraser Health Authority

Project: Cardiac Services and Diagnostic Cardiology Integration; From Complexity to Optimization

Guysborough Antigonish Strait Health Authority, Antigonish, NS

- **Jane Newlands**, Manager, Primary Health Care and Seniors' Health, Guysborough Antigonish Strait Health Authority

Project: Transition to Interdisciplinary Collaborative Care Teams to Support an Integrated Chronic Disease Management Strategy in Rural Nova Scotia

Interior Health Authority, Kelowna, BC

- **Karen Omelchuk**, Corporate Director, Health System Planning, Planning and Strategic Services, Interior Health Authority

Project: Supporting Rural Diagnostic Imaging: Remote GP-X-Ray Operators

Unaffiliated

- **Marilyn R. El Bestawi**, Senior Healthcare Executive (not affiliated with any organization), Toronto, Ontario

Project: Just in Time Delivery of Quality Results to Influence Decision Making

McGill University Health Centre, Montréal, QC

- **Carolyn Freeman**, Co-Director, Office of Quality, Patient Safety and Performance, Cancer Care Mission, McGill University Health Centre
- **Andréanne Saucier**, Associate Director of Nursing and Co-Director, Cancer Care Mission and Respiratory Services, Office of Quality, Patient safety and Performance, Cancer Care Mission, McGill University Health Centre

Project: A Key Approach to Ensure Excellence in Cancer Care at the MUHC

Ontario Ministry of Health and Long-Term Care, Toronto, ON

- **Alison Paprica**, Director (Acting), Health System Planning & Research Branch, Ontario Ministry of Health and Long-Term Care

Project: Evidence-informed Changes to Funded Health Services and Products

Peel Public Health, Brampton, ON

- **Julie Stratton**, Manager, Epidemiology, Peel Public Health
- **Monali Varia**, Surveillance Advisor, Peel Public Health

Project: Strength in Numbers: A Workforce Development Approach to Making Data-Informed Decisions

Provincial Health Services Authority, Vancouver, BC

- **John Andruschak**, Vice President and Consolidation Lead, Pathology and Laboratory Medicine, Provincial Health Services Authority

Project: Change Management Meets Political Reality: Lab Reform in the Lower Mainland of British Columbia

St. Joseph's Healthcare Hamilton, Hamilton, ON

- **Michelle Joyner**, Manager, Medical Affairs, St. Joseph's Healthcare Hamilton
- **Laura Wheatley**, Senior Manager, Clinical Development, St. Joseph's Healthcare Hamilton

Project: Enhancing the Patient Voice at St. Joseph's Healthcare Hamilton

Winnipeg Regional Health Authority, Winnipeg, MN

- **Susan Bowman**, Manager, Physiotherapy and Orthopedic Clinic and Interim Manager, Occupational Therapy and Speech Language Pathology, Winnipeg Regional Health Authority
- **Kathleen Klassen**, Manager, Nursing Initiatives, Winnipeg Regional Health Authority
- **Paul Komenda**, Medical Director, Home Hemodialysis, Manitoba Renal Program, Winnipeg Regional Health Authority

Project: Advancing Interprofessional Collaborative Care Teams in the Winnipeg Health Region

2010 EXTRA Improvement Projects

Cambridge Memorial Hospital, Cambridge, ON

- **Antonia Bartlett**, Acting Vice President, Patient Services, Cambridge Memorial Hospital

Project: Transfer of Accountability: Managing Care Transitions to Enhance Patient Safety

Capital District Health Authority, Halifax, NS

- **Carolyn Edwards**, Director, Primary Healthcare, Capital District Health Authority
- **Richard Gibson**, Chief, District Department of Family Practice, Capital District Health Authority
- **Shannon Ryan Carson**, Manager, Primary Healthcare, Capital District Health Authority

Project: Inter-organizational Relationships: A Continuum of Working Together

Centre de réadaptation en déficience intellectuelle Montérégie-Est, Longueuil, QC

- **Chantal Desfossés**, Directrice, Communications, relations avec le milieu et secrétariat général, Centre de réadaptation en déficience intellectuelle Montérégie-Est

Project: Ensemble pour la participation sociale des personnes présentant une déficience intellectuelle ou un trouble envahissant du développement

Centre de santé communautaire du Témiskaming, New Liskeard, ON

- **Jocelyne Maxwell**, Directrice générale, Centre de santé communautaire du Témiskaming

Project: Améliorer l'accès aux soins primaires du centre de santé communautaire du Témiskaming

Centre de santé et de services sociaux de Dorval-Lachine-LaSalle, LaSalle, QC

- **Hélène Daniel**, Directrice, Services professionnels, Centre de santé et de services sociaux de Dorval-Lachine-LaSalle
- **Michelle Harvey**, Directrice, Ressources financières et informationnelles, Centre de santé et de services sociaux de Dorval-Lachine-LaSalle

Project: Modèle d'offre de services «maladie chronique - diabète» pour les personnes atteintes de multiples

Centre de santé et de services sociaux des Sommets, Sainte-Agathe-des-Monts, QC

- **Annie Bélanger**, Conseillère cadre à la direction générale, Centre de santé et de services sociaux des Sommets

Project: L'articulation de l'offre de service des directions conseil et soutien dans un mode de gestion par programme au sein du CSSS des Sommets

Centre hospitalier de l'Université de Montréal, Montréal, QC

- **Jean-François Fortin Verreault**, Directeur adjoint, Ressources humaines, Centre hospitalier de l'Université de Montréal

Project: Améliorer l'accès aux soins en augmentant l'attraction et la rétention des infirmières

Centre hospitalier universitaire de Québec, Ville de Québec, QC

- **Liliane Bernier**, Adjointe à la directrice des soins infirmiers, Centre hospitalier universitaire de Québec
- **Martine Lachance**, Directrice adjoint, Soins infirmiers, Centre hospitalier universitaire de Québec

Project: Développement des compétences des nouveaux cadres intermédiaires infirmiers

Coast Mental Health, Vancouver, BC

- **Renay Bajkay**, Director, Residential Services, Coast Mental Health

Project: Improving Client Engagement and Care Through the Introduction of the Recovery Star

Eastern Health, St. John's, NL

- **Elaine Warren**, Program Director, Surgery, Eastern Health

Project: An Evidence-based Approach to Improving Orthopedic Patient Flow and Wait Times

Grey Bruce Health Services, Wiarton, ON

- **Melissa Thompson**, Program Director, Grey Bruce Health Services

Project: Implementation of the Foundation Modules – Releasing Time to Care

Peel Region Public Health Department, Brampton, ON

- **Beverley Bryant**, Manager, Education and Research, Peel Region Public Health Department

Project: Workforce Development at Peel Public Health

Providence Healthcare, Vancouver, BC

- **Sandra Barr**, Program Director, Heart Centre, Providence Health Care
- **Margot Wilson**, Project Director, Chronic Disease Management, Providence Health Care

Project: Collaborative Management of Patients with Chronic, Complex Co-morbid Conditions

Saskatoon Health Region, Saskatoon, SK

- **Gaylene Molnar**, Program Manager, Geriatric Evaluation and Management Services and Rehabilitation Outpatients, Saskatoon Health Region, Saskatoon, Saskatchewan

Project: Older Adults Transitioning from Hospital to Home: Bridging the Gap

St. Joseph's Healthcare Hamilton, Hamilton, ON

- **Peter Bieling**, Operational Service Manager, Mood Disorders and Geriatric Psychiatry Programs, St. Joseph's Healthcare Hamilton
- **Victoria Madsen**, Change Management Manager, Administrative Department, St. Joseph's Healthcare Hamilton

Project: Implementing a "Navigator" Model in Emerging Mental Illness

Winnipeg Regional Health Authority, Winnipeg, MN

- **Joe Puchniak**, Regional RAI/MDS Coordinator, Personal Care Home Program, Winnipeg Regional Health Authority
- **Cynthia Sinclair**, Manager of Initiatives, Personal Care Home Program, Winnipeg Regional Health Authority

Project: Using RAI/MDS to Promote Continual Quality Improvement in Personal Care Homes

2009 EXTRA Improvement Projects

The EXTRA advisory council, chaired by the former Quebec minister of health and social services Dr. Jean Rochon, met on April 23 and 24, 2009 to evaluate the applications received for the competition. Twenty-eight fellowships were awarded.

The 2009 fellows are listed in alphabetical order, and the list includes the title of their intervention projects*. These projects provide an opportunity for fellows to actively apply what they have learned in the EXTRA program in response to a specific issue in their home organization.

Sonia Bélanger, Directrice générale adjointe, Centre de santé et de services sociaux Jardins-Roussillon, Châteauguay, Québec

Project: Modernizing home support services supported by information technology (IT)

Agostino Bellissimo, Chief, Department of Emergency Medicine, St. Joseph's Healthcare Hamilton, Ontario

Project: Improving Patient Outcomes with Evidence Supported Computerized Physician Order Entry

Heather Brown, Vice President, Rural Health, Central Regional Health Authority, Grand Falls-Windsor, Newfoundland and Labrador

Project: Advancing Realignment of Primary and Secondary Health Services in a Rural Canadian Context

Pat Campbell, Chief Executive Officer, ECHO: Improving Women's Health in Ontario, Toronto, Ontario

Project: Improving Women's Health Through Policy Intervention

Gerardo Castaneda, Chief Information Officer, St. Joseph's Healthcare, Hamilton, Ontario

Project: Improving Patient Outcomes with Evidence Supported Computerized Physician Order Entry

Daniel Castonguay, Directeur général, Centre de santé et des services sociaux Richelieu-Yamaska, St-Hyacinthe, Québec

Project: From Resource Management to Knowledge Management

Yves Desjardins, Directeur, Information de la qualité et de la performance, Centre de santé et des services sociaux Sud-Ouest-Verdun, Montréal, Québec

Project: Clinical governance and organizational performance

Sarah Downey, Vice President, Princess Margaret Hospital, University Health Network, Toronto, Ontario

Project: Redesign of Ambulatory Care Services at Princess Margaret Hospital

Susan Drouin, Associate Director, Nursing, Women's Health Mission, McGill University Health Centre, Montréal, Québec

Project: An Innovative Integrated Healthcare Delivery Model for the New MUHC

Dana E. Erickson, Vice-President & Chief Administrative Officer, Health Sciences Centre, Winnipeg Regional Health Authority, Manitoba

Project: Developing a Strategic Needs-Based Population Health Methodology

Barbara Fitzgerald, Director, Nursing, Princess Margaret Hospital, University Health Network, Toronto, Ontario

Project: Redesign of Ambulatory Care Services at Princess Margaret Hospital

Myriam Giguère, Directrice, Direction des services hospitaliers, Centre hospital universitaire de Montréal, Québec

Project: CHUM is focusing on a healthy diet: a question of quality

- Sean Hardiman**, Chief Liaison Officer, Northern Health, Prince George, British Columbia
Project: Surgical Services Model Design and Implementation for Rural BC Communities
- Nazlin Hirji**, Director, Nursing/Patient Care, Toronto Rehabilitation Institute, Ontario
Project: Planning for Success: An Evidence-Based Approach to Preparing Nurses for an EPR
- Glenn Kissman**, Manager, Home and Community Care Information Systems, Interior Health, Kelowna, British Columbia
Project: Reducing Hospital Utilization Through Early Management of High-risk Community Clients
- Christina Krause**, Executive Director, BC Patient Safety & Quality Council, Vancouver, British Columbia
Project: The Value and Characteristics of Networks to Foster System-Level Change
- Janet McElhaney**, Physician Program Director, Elder Care Program, Providence Health Care, Vancouver, British Columbia
Project: Minimizing Functional Decline in Older Adults During Acute Hospital Admission
- Wayne Miller**, Senior Director, Corporate Strategy and Research, Eastern Health, St. John's, Newfoundland and Labrador
Project: Development of Governance Assessment Tools to Promote Patient Safety
- Malcolm Moore**, Chief of Medical Services, Head, Division of Medical Oncology and Hematology, Princess Margaret Hospital, University Health Network, Toronto, Ontario
Project: Redesign of Ambulatory Care Services at Princess Margaret Hospital
- Jacqueline Nobiss**, Director, Aboriginal Health Services, Winnipeg Regional Health Authority, Manitoba
Project: Pre- and Post-Hospital Notification: Improving Aboriginal Patient Outcomes
- Wayne Overbo**, Senior Health Economic Policy Advisory, Health & Social Services, Government of the Northwest Territories, Yellowknife, Northwest Territories
Project: Economic and Program Influences on Health Care Reform in the NWT
- Doug Prince**, Director, Health Services - Exploits, Central Regional Health Authority, Grand Falls-Windsor, Newfoundland and Labrador
Project: Advancing Realignment of Primary and Secondary Health Services in a Rural Canadian Context
- Yolaine Rioux**, Directrice, Programmes de santé publique, Centre de santé et des services sociaux Richelieu-Yamaska, St-Hyacinthe, Québec
Project: From Resource Management to Knowledge Management
- Jean Rousseau**, Chef d'unité, Programme de dépistage, génétique et lutte au cancer, Institut national de santé publique du Québec, Québec
Project: Managing Change: New Processes for Producing Scientific Reports and Recommendations
- Paula Rozanski**, Director, Diagnostic Services, McGill University Health Centre, Montréal, Québec
Project: An Innovative Integrated Healthcare Delivery Model for the New MUHC
- David Schramm**, Surgical Director, University of Ottawa Auditory Implant Program, The Ottawa Hospital, Ontario
Project: Development of a Quality Performance Scorecard
- David Thompson**, Corporate Director, Seniors Care, Providence Health Care, Vancouver, British Columbia
Project: Minimizing Functional Decline in Older Adults During Acute Hospital Admission

Elaine Unsworth, Clinical Nurse Specialist, Elder Care Program, Providence Health Care, Vancouver, British Columbia
Project: Minimizing Functional Decline in Older Adults During Acute Hospital Admission