Rapid Synthesis

Creating Rapid-learning Health Systems in Canada

Appendix B10: Prince Edward Island

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Rapid Synthesis:
Creating Rapid-learning Health Systems in Canada
Appendix B10: Prince Edward Island
90-day response

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Table 1: Assets and gaps at the level of Prince Edward Island's health system

Characteristic	Examples	Health-system receptors and supports	Research-system supports
Engaged patients: Systems are anchored on patient needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences	1) Set and regularly adjust patient-relevant targets for rapid learning and improvement (e.g., improvements to a particular type of patient experience or in a particular health outcome) 2) Engage patients, families and citizens in: a) their own health (e.g., goal setting; self-management and living well with conditions; access to personal health information, including test results) b) their own care (e.g., shared decision-making; use of patient decision aids) c) the organizations that deliver care (e.g., patient-experience surveys; co-design of programs and services; membership of quality-improvement committees and advisory councils) d) the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes) e) policymaking (e.g., committees making decisions about which services and drugs are covered; government advisory councils that set direction for (parts of) the system; patient storytelling to kick off key meetings; citizen panels to elicit citizen values) f) research (e.g., engaging patients as research partners; eliciting patients' input on research priorities) 3) Build patient/citizen capacity to engage in all of the above	• Self-management pilot project for patients in need of cardiac rehabilitation • Public-engagement surveys are used on an ad hoc basis to gauge concern about priority areas for the health system • Public-engagement opportunities through Health PEI with patient/family member volunteers, including participating in: o long-term committees o short-term working groups o speaking at conferences and healthcare events o giving feedback about facilities and communications planning o being members of councils and review teams o help educate others by talking about their own health experiences o become a patient and community-engagement researcher • Patient-engagement toolkit developed by the Centre of Excellence on Partnership with Patients and the Public trains health-system stakeholder to engage patients at all levels • Patients may lodge formal complaints with o professional colleges o individual organizations o Health PEI • Gaps include missing programmatic effort to engage patients in their own care and widespread engagement of patients and citizens in organizations and policymaking	• Maritime SPOR SUPPORT Unit requires explicit patient engagement and participation with any funded project • Gaps may include limited health-systems research capacity and as a result less effort to engage patients and citizens in defining research priorities beyond those funded by the SPOR SUPPORT Unit
Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services, transitions and longitudinally) and provider engagement alongside data	1) Data infrastructure (e.g., interoperable electronic health records; immunization or condition-specific registries; privacy policies that enable data sharing) 2) Capacity to capture patient-reported experiences (for both services and transitions), clinical encounters, outcomes and costs 3) Capacity to capture longitudinal data across time and settings 4) Capacity to link data about health, healthcare, social care, and the social determinants of health 5) Capacity to analyze data (e.g., staff and resources)	• Drug Information System provides an electronic record of all prescription medications dispensed to residents • Clinical Information System (included in electronic health records) provides real-time exchange of clinical information between hospitals • Computerized Provider Order Entry allows clinicians to electronically process various types of orders • Patient Registry Program provides client demographic and administrative information and shares this	• Open Data Portal provides access to select government raw data sets to be used by researchers • Ongoing work with the University of New Brunswick to develop a secure island data repository • Gaps include the ability to capture longitudinal data across time and settings

Characteristic	Examples	Health-system receptors and supports	Research-system supports
about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)	6) Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement)	information with the other components of the electronic health record • Health PEI has a sharing agreement with Maritime SPOR SUPPORT Unit and is in the process of creating a memorandum of understanding that would allow for data sharing with the Department of Education, Early Learning and Culture to track related social determinants of health • Gaps include capacity and use of patient-reported experiences, capacity to link data about health and social care, and the capacity to share local data through a centralized platform	
Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations	1) Distributed capacity to produce and share research (including evaluations) in a timely way 2) Distributed research ethics infrastructure that can support rapid-cycle evaluations 3) Capacity to synthesize research evidence in a timely way 4) One-stop shops for local evaluations and pre-appraised syntheses 5) Capacity to access, adapt and apply research evidence 6) Incentives and requirements for research groups to collaborate with one another, with patients, and with decision-makers	• Gaps include distributed capacity to undertake health-systems research and limited capacity to produce and share evaluations, synthesize research evidence in a timely way and collaborate with decision-makers	• Emphasis through patient-engagement strategy and Maritime SPOR SUPPORT Unit on involving patients and citizens in health-system research • Select training of patients and citizens on engaging and conducting patient-oriented research • Master of Applied Health Services Research, delivered in partnership with the Atlantic Regional Training Centre to develop local capacity to produce and share research evidence • Primary and Integrated Healthcare Innovation Network supporting collaborative research projects on a wide range of health system topics • VCentre for Health and Community Research is a collaborative research group based in the School of Business at the University of Prince Edward Island that has connections with broader Canadian health and biotechnology sectors • Gaps include a limited capacity to synthesize research evidence in a timely way and no one-stop shops for local evaluations and pre-appraised synthesis
Appropriate decision supports: Systems support informed decision-making at all levels with appropriate	• Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as o patient-targeted evidence-based resources	• Patient navigator in the province helps patients and families to access services, choose services, and answer questions about the health system	• None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
data, evidence, and decision-making frameworks	o patient decision aids o patient goal-setting supports o clinical practice guidelines o clinical decision support systems (including those embedded in electronic health records) o quality standards o care pathways o health technology assessments o descriptions of how the health system works	• Health PEI publishes practice guidelines for select conditions • Care pathways have been established for select conditions (e.g., COPD, pneumonia, heart failure, diabetes, stroke and more recently pulmonary rehabilitation) • Gaps include the lack of widespread use of patient-targeted resources, patient decision aids, clinical decision support systems and system-level decisions supports	
Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the systems are organized and aligned to support rapid learning and improvement at all levels	• Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps • Mandates for preparing, sharing and reporting on quality-improvement plans • Mandates for accreditation • Funding and remuneration models that have the potential to incentivize rapid learning and improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) • Value-based innovation-procurement model • Funding and active support to spread effective practices across sites • Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations • Mechanisms to jointly set rapid-learning and improvement priorities • Mechanisms to identify and share the 'reproducible building blocks' of a rapid-learning health system	• Health PEI prepares a business plan every year that defines key milestones, deliverables and performance targets that link to strategic plans • Maintains a strategic priority dashboard which reports on annual organizational priorities and objectives and the Health PEI business plan • Adoption of quality matrix by Health PEI outlined in Accreditation Canada • Accreditation status granted to Health PEI by Accreditation Canada • Gaps include no centralized coordination of efforts to adopt a rapid-learning approach, limited use of funding and remuneration models that could incentivize rapid learning, and no existing mechanism to jointly set rapid-learning priorities	• None identified
Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability	• Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from 'failure'	• Shift required to realize the vision of the One Island Health System includes many of the requirements of creating a culture of rapid learning and improvement, including: o collaboration and teamwork across agencies and stakeholder o development of strategic plans o monitoring, evaluation, and feedback of priorities outlined in the strategic plan o learning and adjusting plans based on monitoring and evaluation	• None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
Competencies for rapid learning and improvement: Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions, and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely	• Public reporting on rapid learning and improvement • Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) • In-house capacity for supporting rapid learning and improvement • Centralized specialized expertise in supporting rapid learning and improvement • Rapid-learning infrastructure (e.g., learning collaboratives)	• None identified	• None identified

Table 2: Assets and gaps in the primary-care sector in Prince Edward Island

Characteristic	Examples	Health-system receptors and supports	Research-system supports
Engaged patients: Systems are anchored on patient needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences	• Set and regularly adjust patient-relevant targets for rapid learning and improvement (e.g., improvements to a particular type of patient experience or in a particular health outcome) • Engage patients, families and citizens in: o their own health (e.g., goal setting; self-management and living well with conditions; access to personal health information, including test results) o their own care (e.g., shared decision-making; use of patient decision aids) o the organizations that deliver care (e.g., patient-experience surveys; co-design of programs and services; membership of quality-improvement committees and advisory councils) o the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes) o policymaking (e.g., committees making decisions about which services and drugs are covered; government advisory councils that set direction for (parts of) the system; patient storytelling to kick off key meetings; citizen panels to elicit citizen values) o research (e.g., engaging patients as research partners; eliciting patients' input on research priorities) • Build patient/citizen capacity to engage in all of the above	• One-off public survey in 2013 was used to facilitate discussions and identify priorities on how to appropriately address gaps in access to primary-care services	• Patient advisors have been established for SPOR Network in Primary and Integrated Health Care Innovation Project focused on primary care
Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services, transitions and longitudinally) and provider	• Data infrastructure (e.g., interoperable electronic health records; immunization or condition-specific registries; privacy policies that enable data sharing) • Capacity to capture patient-reported experiences (for both services and transitions), clinical encounters, outcomes and costs • Capacity to capture longitudinal data across time and settings • Capacity to link data about health, healthcare, social care, and the social determinants of health	• None identified	• None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
engagement alongside data about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)	• Capacity to analyze data (e.g., staff and resources) • Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement)		
Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations	• Distributed capacity to produce and share research (including evaluations) in a timely way • Distributed research ethics infrastructure that can support rapid-cycle evaluations • Capacity to synthesize research evidence in a timely way • One-stop shops for local evaluations and pre-appraised syntheses • Capacity to access, adapt and apply research evidence • Incentives and requirements for research groups to collaborate with one another, with patients, and with decision-makers	• None identified	• None identified
Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks	• Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as o patient-targeted evidence-based resources o patient decision aids o patient goal-setting supports o clinical practice guidelines o clinical decision support systems (including those embedded in electronic health records) o quality standards o care pathways o health technology assessments o descriptions of how the health system works	• None identified	• None identified
Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the systems are organized and aligned to support rapid	• Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps • Mandates for preparing, sharing and reporting on quality-improvement plans • Mandates for accreditation • Funding and remuneration models that have the potential to incentivize rapid learning and	• Established 25 Collaborative Models of Care that support health professionals working in new models, for example, having registered nurses delivering care to more complex patients and allowing licensed practical nurses to performance health assessments and administer medications	• None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
learning and improvement at all levels	improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) • Value-based innovation-procurement model • Funding and active support to spread effective practices across sites • Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations • Mechanisms to jointly set rapid-learning and improvement priorities • Mechanisms to identify and share the 'reproducible building blocks' of a rapid-learning health system		
Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability	• Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from 'failure'	• None identified	• None identified
Competencies for rapid learning and improvement: Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions, and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely	• Public reporting on rapid learning and improvement • Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) • In-house capacity for supporting rapid learning and improvement • Centralized specialized expertise in supporting rapid learning and improvement • Rapid-learning infrastructure (e.g., learning collaboratives)	• None identified	• None identified

Table 3: Assets and gaps in the area of aging (or for the elderly population or a relevant 'problem focus,' such as frailty) in Prince Edward Island

Characteristic	Examples	Health-system receptors and supports	Research-system supports
Engaged patients: Systems are anchored on patient needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences	• Set and regularly adjust patient-relevant targets for rapid learning and improvement (e.g., improvements to a particular type of patient experience or in a particular health outcome) • Engage patients, families and citizens in: o their own health (e.g., goal setting; self-management and living well with conditions; access to personal health information, including test results) o their own care (e.g., shared decision-making; use of patient decision aids) o the organizations that deliver care (e.g., patient-experience surveys; co-design of programs and services; membership of quality-improvement committees and advisory councils) o the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes) o policymaking (e.g., committees making decisions about which services and drugs are covered; government advisory councils that set direction for (parts of) the system; patient storytelling to kick off key meetings; citizen panels to elicit citizen values) o research (e.g., engaging patients as research partners; eliciting patients' input on research priorities) • Build patient/citizen capacity to engage in all of the above	• PEI Senior Citizen's Federation is a province-wide not-for profit organization consisting of over 50 seniors' clubs, groups and organizations that consult with government about seniors' concerns • Prince Edward Island Seniors Guide provides information about programs and services for seniors living in P.E.I. • Living a Healthy Life Program assists older adults to address daily challenges of chronic conditions	• None identified
Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services, transitions and	• Data infrastructure (e.g., interoperable electronic health records; immunization or condition-specific registries; privacy policies that enable data sharing) • Capacity to capture patient-reported experiences (for both services and transitions), clinical encounters, outcomes and costs • Capacity to capture longitudinal data across time and settings	• None identified	• None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
longitudinally) and provider engagement alongside data about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)	• Capacity to link data about health, healthcare, social care, and the social determinants of health • Capacity to analyze data (e.g., staff and resources) • Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement)		
Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations	• Distributed capacity to produce and share research (including evaluations) in a timely way • Distributed research ethics infrastructure that can support rapid-cycle evaluations • Capacity to synthesize research evidence in a timely way • One-stop shops for local evaluations and pre-appraised syntheses • Capacity to access, adapt and apply research evidence • Incentives and requirements for research groups to collaborate with one another, with patients, and with decision-makers	• None identified	• None identified
Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks	• Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as o patient-targeted evidence-based resources o patient decision aids o patient goal-setting supports o clinical practice guidelines o clinical decision support systems (including those embedded in electronic health records) o quality standards o care pathways o health technology assessments o descriptions of how the health system works	• Quality standards have been set for residential care facilities and the care and services provided in them • Senior's Secretariat provides policy and program advice to government and is comprised of representatives from provincial level organizations with an interest in seniors' issues	• None identified
Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the	• Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps • Mandates for preparing, sharing and reporting on quality-improvement plans • Mandates for accreditation	• Promoting Wellness, Preserving Health Action Plan, was a cross-departmental effort to develop a unifying vision for an age-friendly health and social system and provides the framework for ongoing reforms • Creation of one government portfolio for seniors to co-locate all functions and systems related to seniors	• None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
systems are organized and aligned to support rapid learning and improvement at all levels	• Funding and remuneration models that have the potential to incentivize rapid learning and improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) • Value-based innovation-procurement model • Funding and active support to spread effective practices across sites • Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations • Mechanisms to jointly set rapid-learning and improvement priorities • Mechanisms to identify and share the 'reproducible building blocks' of a rapid-learning health system	• Annual licensing requirement for supportive residential care setting • Accreditation requirement for public manors and licensing of private nursing homes.	
Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability	• Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from 'failure'	• None identified	• None identified
Competencies for rapid learning and improvement: Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions, and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely	• Public reporting on rapid learning and improvement • Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) • In-house capacity for supporting rapid learning and improvement • Centralized specialized expertise in supporting rapid learning and improvement • Rapid-learning infrastructure (e.g., learning collaboratives)	• None identified	• None identified

McMaster University

McMaster HEALTH FORUM

>> Contact us

1280 Main St. West, MML-417
Hamilton, ON, Canada L8S 4L6
+1.905.525.9140 x 22121
forum@mcmaster.ca

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