

Rapid Synthesis

Creating Rapid-learning Health Systems
in Canada

Appendix B12: Yukon

10 December 2018



EVIDENCE >> INSIGHT >> ACTION

**Rapid Synthesis:
Creating Rapid-learning Health Systems in Canada
Appendix B12: Yukon
90-day response**

Lavis JN, Gauvin F-P, Mattison CA, Moat KA, Waddell K, Wilson MG, Reid R. Appendix B12: Yukon. In Rapid synthesis: Creating rapid-learning health systems in Canada. Hamilton, Canada: McMaster Health Forum, 10 December 2018.

Table 1: Assets and gaps at the level of Yukon’s health system

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>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</p>	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> • The Health and Social Services Performance Measure Framework provides an approach for Yukon to track and measure performance with an emphasis on the implementation being a learning process where adjustments to the measures collected, analyses conducted and conclusions are anticipated • The 2016 Health Information Privacy and Management Act (HIPMA) established standards for accessing health information, including a maximum length of time care providers can provide patients with copies of health records • The Chronic Conditions Support Program (CCSP) engages patients in self-support and collaborative care models for COPD, diabetes and high blood pressure • Home health monitoring programs for chronic disease patients, namely those with COPD, aim to improve access to care, reduce transportation costs for rural patients, decrease the number and frequency of hospital visits and improve patients’ awareness of their conditions • The Yukon Drug Formulary makes payment schedules and insured drugs/ services available online with feedback mechanisms for patient input • The Council of Yukon First Nation acts as a convenor for engaging with self-governing First Nations where First Nations groups meet collectively and with government • The Health & Social Development department in the Council of Yukon First Nations focuses on issues related to physical and mental health for First Nations, and acts as a regional and national advocate and advises and assists with the development, implementation and evaluation of health and social programs in the communities of Yukon First Nations governments • Yukon Health and Social Services and the Yukon Hospital Foundation are collaborating with the Canadian Foundation for Healthcare Improvement (CFHI) to support learning about patient/citizen 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
	3) Build patient/citizen capacity to engage in all of the above	<p>engagement and involving people with lived experience to build a framework for patient/citizen engagement, and the implementation of the framework is supported through territorial funds</p> <ul style="list-style-type: none"> • Possible gaps <ul style="list-style-type: none"> ○ The Health and Social Services Performance Measure Framework and the 2016 Health Information Privacy and Management Act were not developed with citizen/patient engagement ○ Organizations do not have robust practices in place for patient engagement. but (as noted above) this is currently being addressed through the development of a framework with CFHI 	
<p>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 about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)</p>	<ol style="list-style-type: none"> 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) 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) 	<ul style="list-style-type: none"> • As the main source for data infrastructure, eHealth Yukon provides the capacity to collect data about community health needs and share local information between care providers and regional health centres, including through the Yukon Health Information Network (YHIN), which includes the: <ul style="list-style-type: none"> ○ Client Registry System, which stores patient demographic information and makes the information available to authorized healthcare providers ○ Laboratory Information System, which allows nurses and other providers to connect electronically with the Whitehorse General Hospital's Meditech Hospital Information System, and order lab tests, track lab orders and view lab test results ○ Drug Information System, which provides a single, comprehensive repository of all drugs that are dispensed by community pharmacies across the territory, and which ensures that care providers can access complete, current medication profiles for individual patients • Yukon implemented Panorama in partnership with British Columbia in order to manage patient records on immunization and communicable diseases • Possible gaps <ul style="list-style-type: none"> ○ Lack of ability to link data ○ Limited integration of electronic medical records across the territory (although this is the focus of current work) ○ Limited data about social services 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations</p>	<ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • The Health and Social Services Performance Measure Framework (see row 1) provides an approach for Yukon to track and measure performance with the framework being grounded in learning approach, and with objectives (increased alignment between workforce and departmental goals, improved matching of identified needs with available services, increased patient access to a range of health options and approaches) identified with appropriate clinical and systems-level indicators and tracked with baseline measurements every five years to identify changes in population health status, healthcare utilization, and e-health supports, among other factors • Possible gaps <ul style="list-style-type: none"> ○ Infrequent measurement of indicators (every five years) ○ Lack of analytic capacity within government, which significantly limits the ability to identify, assess or apply research evidence 	<ul style="list-style-type: none"> • The Yukon Research Centre is part of the Canadian Network of Northern Research Operators, but it does not seem to have a focus on health-system topics. • A possible gap is the lack of a university (although Yukon College is becoming a university), which makes data analysis and conducting research in a timely manner difficult
<p>Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks</p>	<ol style="list-style-type: none"> 1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as <ol style="list-style-type: none"> a) patient-targeted evidence-based resources b) patient decision aids c) patient goal-setting supports d) clinical practice guidelines e) clinical decision support systems (including those embedded in electronic health records) f) quality standards g) care pathways h) health technology assessments i) descriptions of how the health system works 	<ul style="list-style-type: none"> • Activities of the Health Promotion Unit in Yukon Department of Health and Social Services include increasing public awareness and supporting healthier decision-making and lifestyles • The Yukon Medical Council, the regulatory body for physicians in the territory, sets evidence-based clinical practice guidelines, as well as administration, collaboration, practice and physician-patient relationship clinical standards • The Clinical Services Plan for Yukon territory (2014) advocates for the incorporation of evidence-based patient supports and clinical guideline development • The Skin and Wound Community of Practice collaborates with Yukon’s Chronic Disease Management Advisory Committee in adopting and implementing a model of best practices for evidence-based wound management, which includes the integration of evidence-based guidelines using synthesized and appraised evidence in collaboration with the B.C. Ministry of Health, distribution of product information sheets between various care providers and patients, and continuous review of best practices 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
		<ul style="list-style-type: none"> • The <u>policy and program development branch</u> of the Department of Health and Social Services provides managerial and policy expertise within the department, manages its legislative agenda and supports the federal/provincial/territorial agenda at the minister's, deputy minister's and other official levels • <u>The Social Inclusion and Poverty Reduction Strategy</u> collaborates in establishing evidence-informed strategies with the Department of Health and Social Services and the Yukon Bureau of Statistics (YBS) to gather research and evidence on the extent of social exclusion and poverty in Yukon 	
<p>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</p>	<ol style="list-style-type: none"> 1) 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 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) 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) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations 8) Mechanisms to jointly set rapid learning and improvement priorities 9) Mechanisms to identify and share the 'reproducible building blocks' of a rapid-learning health system 	<ul style="list-style-type: none"> • The <u>Yukon Physician Specialist Service Committee</u>, made up of physicians and Department of Health staff, assesses wait times, volume of services, medical travel costs and determines the required number of specialist physicians in Yukon • The <u>Health and Social Services Performance Measure Framework</u> could be drawn on as a centralized and coordinated effort to adopt a rapid-learning health system approach as the framework. It is grounded in a learning process and has a focus on identifying measures to inform and guide financial and delivery arrangements to meet evolving care needs using four domains of performance measurement (optimal physical and mental well-being, safety and well-being for vulnerable or hard-to-reach population, access to integrated quality services, and recruitment of talented people to provide high-quality care). • The <u>Procurement Improvement Framework</u> has prioritized a plan for value-based procurement • A possible gap is that funding does not flow in a manner that is flexible enough for enabling rapid learning 	<ul style="list-style-type: none"> • None identified
<p>Culture of rapid learning and improvement: Systems</p>	<ol style="list-style-type: none"> 1) Explicit mechanisms to develop a culture of teamwork, collaboration 	<ul style="list-style-type: none"> • <u>Yukon Department of Health and Social Services</u> operates as a combined department which enables 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability</p>	<p>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'</p>	<p>collaboration for the health system and across services to support the determinants of health</p> <ul style="list-style-type: none"> • Yukon Health and Social Services also has close connections to service providers, which creates the potential for more rapid learning because front-line staff also work within the department • The Summit on Aging in Yukon is a key component of creating a rapid learning culture given the extensive public engagement and commitment to the process across the territory • The Yukon Mental Wellness Strategy provides a 10-year plan with a focus on system response and improvement, and through collaborations between the Department of Health and Social Services and First Nations partners it seeks to develop a comprehensive continuum of services based on communities' strengths and through capacity building 	
<p>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</p>	<ol style="list-style-type: none"> 1) Public reporting on rapid learning and improvement 2) Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) 3) In-house capacity for supporting rapid learning and improvement 4) Centralized specialized expertise in supporting rapid learning and improvement 5) Rapid-learning infrastructure (e.g., learning collaboratives) 	<ul style="list-style-type: none"> • The Minister and the Department of Health and Social Services have undertaken studies and evaluations (e.g., the Clinical Services Plan), and developed strategic plans (e.g., the Health and Social Services Strategic Plan from 2014-2019 and a Performance Measure Framework), with each prioritizing the need for competencies for different components of rapid learning and improvement • Yukon Health and Social Services send staff for education and training, as well as bring in organizations (e.g., Canadian Institute for Health Information) for capacity building. 	<ul style="list-style-type: none"> • None identified

Table 2: Assets and gaps in the primary-care sector in the Yukon

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>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</p>	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • <u>The Diabetes Collaborative in Whitehorse is identified as an example of a patient-centred medical home model</u>, which prioritizes many of the activities from the adjacent column 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>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 about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)</p>	<ol style="list-style-type: none"> 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) 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) 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
<p>Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations</p>	<ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks</p>	<p>1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as</p> <ul style="list-style-type: none"> a) patient-targeted evidence-based resources b) patient decision aids c) patient goal-setting supports d) clinical practice guidelines e) clinical decision support systems (including those embedded in electronic health records) f) quality standards g) care pathways h) health technology assessments i) descriptions of how the health system works 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
<p>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</p>	<ul style="list-style-type: none"> 1) 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 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) 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) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations 8) Mechanisms to jointly set rapid learning and improvement priorities 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
	9) 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	1) 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'	<ul style="list-style-type: none"> The Clinical Services Plan for Yukon Territory, which provides long-term planning for the evolution of health and social services, has made collaborative-care models a system-wide priority 	<ul style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> None identified 	<ul style="list-style-type: none"> 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 the Yukon

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>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</p>	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> • A Summit on Aging in Yukon is conducting extensive public consultations to define “aging in place,” how to support aging well in the territory, as well as to build public knowledge about existing services and supports in the territory for older adults, which will complement group interviews, individual interviews and engagement with each of the First Nations communities across the territory • The Yukon Council on Aging is a volunteer organization with a focus on supporting optimal aging and to age in place for as long as possible • The Yukon Council on Aging also provides the Learning for Life Program, which includes learning events on a variety of topics including aging well at home and health and aging • Resident and family councils are convened for long-term care facilities • The home-care program frequently engages people with lived experience to guide delivery of care and policy 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
	3) Build patient/citizen capacity to engage in all of the above		
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 about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)	<ol style="list-style-type: none"> 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) 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) 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations	<ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks</p>	<p>one another, with patients, and with decision-makers</p> <ol style="list-style-type: none"> 1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as <ol style="list-style-type: none"> a) patient-targeted evidence-based resources b) patient decision aids c) patient goal-setting supports d) clinical practice guidelines e) clinical decision support systems (including those embedded in electronic health records) f) quality standards g) care pathways h) health technology assessments i) descriptions of how the health system works 	<ul style="list-style-type: none"> • The <u>palliative care framework</u> outlines patient decision supports and care pathways for individual and community engagement in supporting high-quality end-of-life care, but a caveat to this framework is that “[a]t present, the Yukon government does not have a data program that integrates data sources from all care service providers throughout Yukon. By not having such a mechanism in place, it is difficult for the government to report the type of or number of services provided to dying people, or to describe the number of people who died in each location.” 	<ul style="list-style-type: none"> • None identified
<p>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</p>	<ol style="list-style-type: none"> 1) 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 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) 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) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations 	<ul style="list-style-type: none"> • Significant investments have been made in long-term care and continuing care, including a new centre for re-ablement and reassessment designed to coordinate efforts to get alternate level of care patients prepared to leave hospital 	<ul style="list-style-type: none"> • None identified

Creating Rapid-learning Health Systems in Canada: Appendix B12: Yukon

Characteristic	Examples	Health-system receptors and supports	Research-system supports
	8) Mechanisms to jointly set rapid learning and improvement priorities 9) 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	1) 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'	<ul style="list-style-type: none"> • The Summit on Aging in Yukon is a key component of creating a rapid-learning culture given the extensive public engagement and commitment to the process across the territory • The Yukon Council on Aging includes in its mandate a focus on collaborating "...with other groups on issues relevant to seniors such as pensions, housing, quality health care, aging in place and access to recreational, social, educational and spiritual resources," and to "encourage cooperation and information sharing between seniors' groups and provide information on resources available for senior citizens" 	<ul style="list-style-type: none"> • 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	1) Public reporting on rapid learning and improvement 2) Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) 3) In-house capacity for supporting rapid learning and improvement 4) Centralized specialized expertise in supporting rapid learning and improvement 5) Rapid-learning infrastructure (e.g., learning collaboratives)	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified



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