

Learnings from the IC 5 Collaborative Experience

What should be considered when planning a Quality Improvement Collaborative Project?

IC 5 was a multi-hospital quality improvement collaborative project conducted by the Hospital Report Research Collaborative (HRRC) during 2004 - 2006. The Planning Team was interested in the participants views of the collaborative and as a result, interviews were conducted with a sample of the IC 5 participants to gather some learnings from the IC 5 experience. The following are a list of points to consider when planning a quality improvement collaborative project:

- 1) **Clarity of Expectations:** Project requirements need to be clearly articulated by a planning team so that potential participants have the opportunity to perform a frank self-appraisal of whether or not they can commit the time & resources necessary to the project.
- 2) **Team Composition:** The QI Collaborative methodology may require too steep a learning curve for teams/ organizations with little or no experience with QI methods or initiatives. Consideration must be given to the team composition and type of coaching support provided to various teams.
- 3) **The Critical Resource—Time:** At the outset of the project, there should be a discussion in each organization to explicitly state the time requirements for the project. In addition, managers play a central role in giving staff the dedicated time to work on the project.
- 4) **“Visible bodies”—the Day-to-Day Change Champions:** There need to be day-to-day improvement team leaders at each organization to ensure the staff who are responsible for making the changes receive the necessary support including process thinking skills to help the improvement team change structures and processes.
- 5) **The Rapid-Cycle Methodology:** Some teams may require support to minimize the risk of being stuck on one or two patients (i.e. “starting small” as the rapid cycle methodology suggests) for longer than required. Teams may require support to always think about “moving up the improvement ramp.”
- 6) **The Value of the Learning and Exchange Opportunities:** Participants highly value the opportunity to share ideas/ thoughts during the learning sessions and teleconferences. When winding down a collaborative project, there should be some discussion on how to continue the learning and exchange opportunities.
- 7) **The Coaching Role and Coaching Challenges:** The coaching role can be quite labour-intensive if the role transforms into one that is both a “personal” coach for the team leader as well as an “improvement” coach for the team. At the outset of the project, a specific job description would help role clarity with regards to the coaching.
- 8) **Spreading and Sustaining Changes:** Collaborative experts associated with the project should consider how they can help teams start planning for spreading and sustaining changes early in the project as possible.

Overall Benefits of the IC 5 Collaborative Project

The following is a list of **key elements** that participants valued very highly from the IC 5 Collaborative Project Experience:

- Access to the expertise and resources (clinical and improvement)
- Contact with the coaches
- Learning the rapid cycle (PDSA) methodology
- Opportunities to share experiences with peers and to build networks,
- Structure provided by the collaborative (to help keep them going), and
- Recognition and Celebration



Quotes from IC 5 Participants



"...I find it's amazing when you see the synergy of so many organizations... You feel great when you get together and share your experience, share the challenges you have. They make you feel like you're not the only one..."

IC 5 Team Leader

"...If you don't have somebody who is in a supervisory role to constantly be following up... following up the initiative... the motivation is not there..."

IC 5 Team Leader

"It was a good experience, there's no doubt in my mind that we wouldn't have achieved what we achieved without the collaborative..."

IC 5 Team Leader

More information about the IC 5 Collaborative Project

Why focus on Urinary Incontinence?

Urinary Incontinence (UI) is a demoralizing and costly problem with widespread human, social and financial implications. Those affected come from all age groups but seniors are at particularly high risk of developing incontinence. It is said that *one in four women* and *one in ten men* will experience problems with bladder control at some point in their lives.

How did IC 5 work?

The IC 5 Collaborative Project (**IC 5: Improving Continence Care in Complex Continuing Care**) was the first multi-hospital quality improvement project conducted by the *Hospital Report Research Collaborative* (HRRC) aimed at the Complex Continuing Care Sector. Findings from *Hospital Report 2003: Complex Continuing Care* showed that there were variations in processes and outcomes in continence care across Ontario (e.g. utilization of indwelling catheters; worsening of urinary incontinence) that supported continence care as a critical improvement opportunity. Utilizing a quality improvement collaborative methodology entitled

the "Breakthrough Series" developed by the Institute for Health Care Improvement (IHI), 12 teams from various hospitals across Ontario worked together for 10 months under the guidance of quality improvement consultants and content experts in continence care. The project was carried out by a Planning Team based at the University of Toronto.

In addition to the quality improvement aspect of the project, research was conducted to evaluate the effectiveness of the "Breakthrough Series" methodology. The evaluation, comprised of various surveys, questionnaires and a chart audit, was conducted to examine the uptake and impact of the IC 5 Project on continence care processes and outcomes within participating hospitals. Identifying the critical success factors for participating hospital teams was the goal of the research to help others understand what is required when planning for any future quality improvement collaborative initiative.

IC 5 MATERIALS AVAILABLE
AT WWW.HOSPITALREPORT.CA