

Innovation Learning Collaborative

What is an Innovation Learning Collaborative (ILC)?

An ILC is a process meant to effect organizational change in a healthcare setting in a specific area of need. The approach was developed within the Strategic Clinical Networks™ as a leading-edge method to implement clinical best practice.

ILC's engage provincial teams and use measurement to drive practice changes that will achieve system wide improvements. Expert faculty and inter-professional teams meet at least 3 times during a 12 to 18-month timeframe to share ideas, successes, barriers and lessons learned. At each of these Learning Sessions, action plans are created by the site's working group and balanced scorecards are utilized to help teams achieve key provincial and locally identified targets. (1)

Why is an ILC method being used?

An ILC approach provides a structure to introduce new practices across the province that is respectful of individual site characteristics. This leads to sustainable change because it is driven and owned by the frontline staff at the site.

During an ILC, teams learn a model for improvement that enables them to identify and test quality improvement ideas locally. Through Plan-Do-Study-Act (PDSA) cycles they have an opportunity to reflect, learn, and refine these ideas.

Currently there is a provincial endoscopy quality ILC underway and all 50 sites within the province have been invited to take part. The ILC focuses on the implementation of the Canada-Global Rating Scale (C-GRS). The C-GRS is a web-based, patient focused survey tool that offers a comprehensive and systematic approach to measuring and improving endoscopy quality. The event is hosted by the Digestive Health SCN (DHSCN) and the Alberta Colorectal Cancer Screening Program (ACRCSP).

Who from my site should attend the C-GRS ILC?

Site teams may include an endoscopy physician, endoscopy manager, charge nurse, endoscopy nurse, clinical nurse educator, patient and a booking clerk. Recognizing that not all sites will have access to these staffing resources, our recommendation is to include key core team members to participate in your local C-GRS working group. If you remain uncertain about who should attend, please email endoquality@ahs.ca and seek assistance.

What can I expect at the Learning Sessions?

Learning Session #1:

Expert faculty and clinical champions will present the vision for implementing the C-GRS at all endoscopy sites in Alberta. DHSCN leadership will provide insight into how an ILC works, present the burning platform for change and discuss the benefits and expected outcomes of ILC participation.

During this first Learning Session, teams will be introduced to the 'balanced scorecard' methodology. The balanced scorecard is a measurement tool that tracks the status of 2 mandatory and 4 site chosen C-GRS quality improvement indicators. The metrics chosen by the site are matched to one or more of the 6 quality dimensions identified by the [Health Quality Council of Alberta](#).

Action Periods:

The time intervals between Learning Sessions are called 'Action Periods'. During these Action Periods, teams test and implement quality improvement changes in their local settings and collect data to measure their impact. This C-GRS data is submitted to the Canadian Association of Gastroenterology twice a year by the site's C-GRS working group. Changes to C-GRS scores will be tracked on the balanced scorecard. Conference calls, periodic site visits, and web-based discussions will be conducted by the DHSCN Senior Practice Consultant and/or the ACRCSP team as a mechanism to support teams during the Action Period time. The aim is to build collaboration and support the teams, even at a distance, as they try out new ideas to improve their endoscopy quality.

Learning Sessions #2 and #3:

In Learning Session #2, teams are asked to share their results or experiences from the first Action Period. Education on specific endoscopy quality topics are presented to increase awareness, knowledge and enhance the teams' ability to implement change at a local level. The second Action Period provides an opportunity for the site to implement the new learnings and continue their efforts to meet their goals. By Learning Session #3, teams should begin to see positive trends in data that reflect the fruits of their planning and effort. In this final session teams are encouraged to share their successes and challenges and plan strategies to sustain their results.

How do we sustain the momentum/change after the ILC?

Quality is a continuous cycle; therefore, we expect that quality improvement at your site will not end at the completion of this collaborative. Lunch and learn sessions on various topics of endoscopy quality will be offered periodically after the ILC. During the collaborative, we encourage all sites to freely share tools, resources and lessons learned so we can build a strong community of endoscopy practice. Post collaborative, we encourage this network of practice to continue.

The formation of local and/or zone quality committees will further enhance and/or expand endoscopy quality at sites. We anticipate that when Connect Care is implemented, this will bring forth other mechanisms to sustain change as data metrics will become more readily available. More information on sustainability and system support will be provided over time and based upon site needs.

References:

1. Alberta Health Services. (2014). *Strategic Clinical Networks: Guide to Establishing an Innovation Collaborative*. Health Quality Council of Alberta. (2005).
2. *Alberta Quality Matrix for Health*. Retrieved from <https://www.hqca.ca/about/how-we-work/the-alberta-quality-matrix-for-health-1/>

 To learn more about ILCs visit [Insite](#) and search 'Innovation Learning Collaborative Approach'

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