

Making the Connection

This edition of the Catalyst focuses on the recent announcement of the 2012-2013 Adopting Research to Improve Care (ARTIC) Program projects. The *CAHO Implementing the Transitional Discharge Model (TDM)* and the *CAHO Implementing an Enhanced Recovery after Surgery (ERAS) Guideline to Optimize Outcomes following Colorectal Surgery* ARTIC Projects support the coordination and continuity of health care patients receive as they transition between care providers. The most recent call for proposals focused on addressing the system need of *Transitions in Care* – a priority for all CAHO members.

The CAHO ARTIC Program is a direct outcome of our mission to catalyze the rapid movement of research evidence into practice for the benefit of the health care system. CAHO initiated the program in 2010 to address the challenge of building a systematic and sustainable implementation pathway for evidence adoption across the CAHO community and hospitals across the province. So, three years on and six projects later, it is reasonable to step back and assess where and how CAHO and the ARTIC Program are making a difference.

ARTIC has created a model to accelerate, mobilize and coordinate the implementation of research evidence to address the key challenges that our members face in providing better and more efficient care. Each of the six projects involves multiple sites, collaborators and participants. In fact, our member hospitals have enthusiastically embraced the opportunity to collaborate on the implementation of research evidence as each project is introduced into the program – improving the quality of care patients receive. Clearly, broad-based collaboration across multiple system partners is possible.

Through ARTIC, CAHO has established a working partnership with the organizations that are required to make an impact. This includes the Ministry of Health and Long-Term Care (MOHLTC), Health Quality Ontario (HQO) and, of course, the leaders across our member hospitals. In 2011, MOHLTC became an active partner in the program, investing \$6.3 million. This investment provided the help and support to expand the reach, quality and quantity of ARTIC evidence implementation projects. CAHO's partnership with MOHLTC has helped catalyze the combined health innovation leadership of our members for the benefit of Ontario's health care system.

The CAHO ARTIC Program has laid the foundation and built some of the necessary capacity for a sustainable evidence implementation pathway in Ontario. Looking ahead, there is much more work to do. Real and sustainable transformation will require learning from and implementing the CAHO ARTIC model on a broader scale across the health care system and in response to defined quality improvement challenges and priorities. CAHO is up to the challenge and will continue to be a willing partner.

The CAHO community is a community of leaders. Our members are the creators and early adopters of research and innovation in Ontario's health care system through initiatives such as the CAHO ARTIC Program. We are looking forward to charting ARTIC's future and its contribution to creating a sustainable pathway for moving research evidence into practice to improve quality of care and value for our health care system.

In the Spotlight

Dr. Robin McLeod received a B.Sc. and MD from the University of Alberta. Following this, she completed training in General Surgery at the University of Toronto, Colorectal Surgery at the Cleveland Clinic, as well as training in clinical epidemiology at McMaster University before joining the faculty at the University of Toronto in 1985.

She currently is a Fellow of the Royal College of Physicians and Surgeons of Canada, a Fellow of the American College of Surgeons, and a fellow ad hominem of the Royal College of Surgeons of Edinburgh. She is a Diplomate of the American Board of Surgery and the American Board of Colorectal Surgery. Dr. McLeod is a Professor in the Departments of Surgery and Health Policy Management and Evaluation the University of Toronto. As well, she is the Surgical Lead of Quality Improvement and Knowledge Transfer Program in the Surgical Oncology Program of Cancer Care Ontario. She is a past president of the Canadian Association of General Surgeons and a past Regent of the American College of Surgeons.

Dr. McLeod's clinical and research interests are colorectal cancer, IBD and evidence based medicine. She has led several multicentre Canadian clinical trials in colorectal surgery and has authored over 200 peer reviewed articles and 40 book chapters. Dr. McLeod is also the Chair of the Steering Committee for Evidence Based Reviews in Surgery, an internet journal club jointly sponsored by the Canadian Association of General Surgeons & American College of Surgeons. Lastly, Dr. McLeod holds the Angelo and Alfredo De Gasperis Families Chair in Colorectal Cancer and IBD Research.

CAHO Catalyst recently sat down with Robin and asked her to reflect on her CAHO ARTIC Project and research.

1. Can you briefly describe to our readers what the CAHO ERAS ARTIC Project is and what inspired the research and development of this application?

The ERAS guideline is one of a number of guidelines that we have developed as part of the Best Practice in General Surgery initiative at the University of Toronto. In 2006 we began the Best Practice in General Surgery program with an aim to standardize care in our hospitals based on best evidence. We have developed a number of guidelines which have been adopted at the University of Toronto hospitals. ERAS includes a bundle of interventions so it is an ambitious guideline to implement – on the other hand, it should lead to improvement in the care and outcome of general surgery patients.

2. Can you share with us what the objective of the CAHO ERAS ARTIC Project is and what your team and CAHO is trying to achieve?

We are hoping to implement the ERAS guideline at all of the academic hospitals (which perform general surgery) in the province. There is strong evidence that by following an ERAS program, patient recovery is shortened and complications are decreased and thus, often the length of stay is decreased. Through this project, we hope that we will be able to develop strategies to increase compliance with the guideline recommendations as well as improve the collaboration and communication among all members of the perioperative team.

3. Can you describe to our readers research you and your team are working on in addition to your individual CAHO ARTIC Project?

The Best Practice in General Surgery group is developing guidelines for the management of appendicitis, acute pancreatitis as well as for bariatric surgery. In addition, while implementing the ERAS guideline, we hope to study the cost effectiveness of an ERAS program and also learn more about the roles of residents, nurses as well as physicians when working in a collaborative team looking after surgery patients. These lessons learned will help us to implement ERAS programs at other hospitals and in patients having other types of surgery.

CAHO News

CAHO ARTIC Program expands into community transition for patients diagnosed with a mental illness

As mental health awareness grows in Canada, solutions to improve treatment and provide better quality care continue to evolve. Models to support successful integration of people diagnosed with a mental illness into the community and decreasing reliance on in-patient and emergency room care can help improve quality and outcomes for these individuals.

The period following discharge is a particularly vulnerable period for people who have been diagnosed with a mental illness. With usual care, there can be a significant gap between the discharge date and the time individuals are seen by community agencies. As well, some psychiatric clients are discharged to emergency shelters or no fixed address. These environments do not facilitate recovery from mental illness and often lead to readmission. In fact, the initial weeks following discharge is when clients are understood to be at the highest risk of harm, including suicide.

The *CAHO Implementing the Transitional Discharge Model (TDM) ARTIC Project* is an evidence-based model focusing on the transition of people with mental health diagnoses from the hospital to the community. It is one of two recently announced CAHO ARTIC Program projects. The CAHO TDM ARTIC Project, led by Dr. Cheryl Forchuk of the Lawson Health Research Institute, aims to implement the TDM in a number of CAHO hospitals to reduce the length of stay, readmission rates and improve the quality of patient care for patients diagnosed with a mental illness.

The TDM is based on three basic assumptions:

1. People heal in relationships (including staff and peer relationships)
2. Transitions in care are vulnerable periods for individuals with a mental illness
3. A network of relationships provided during transitional periods assist in recovery

In addition, TDM has two components to assist in the transition from hospital to community. One is through peer support from someone who has experienced mental illness, is living successfully in the community and has completed a peer training program. The second is staff support which includes support from a staff person from a hospital program, or a community program until a therapeutic relationship has been established with a community mental health provider.

"We can increase the quality and efficiency of care dramatically for people with mental health challenges by using evidence-based approaches to collaboration and coordination between hospitals and community supports," said Dr. Forchuk. "We are looking forward to working with the CAHO ARTIC Program as it will accelerate the implementation of TDM across several hospitals, increasing efficiency and improving the care we provide to our patients."

The CAHO TDM ARTIC Project was selected to address the health system need priority of *Transitions in Care*. This refers to the movement patients make between health care practitioners, clinical services and/or settings as their needs change throughout the course of their treatment and care. Projects were selected based on robust research evidence, implementation feasibility, potential impact and measures of success.

As the mental health system in Ontario continues to evolve, there is an emphasis on collaboration between stakeholders and service providers in the community. Hospitals and community groups need to work together to address challenges in the health care system for mental health clients. The CAHO TDM ARTIC Project provides an opportunity to work together and improve quality and continuity of care for individuals diagnosed with a mental illness.

It is expected the *CAHO Implementing the Transitional Discharge Model (TDM) ARTIC Project* will launch in early 2013.

CAHO News

Innovative implementation of ERAS guideline to improve care for colorectal patients becomes part of growing CAHO ARTIC Program

Approximately 14,000 colorectal procedures are performed in Ontario each year with an average hospital stay of seven days. There is increasing evidence that unless pre-, intra- as well as post-operative care is based on best evidence, optimal outcomes cannot be achieved for our patients. The CAHO ARTIC Program is moving evidence research into practice to address this challenge.

The *CAHO Implementing the Enhanced Recovery after Surgery (ERAS) Guideline to Optimize Outcomes following Colorectal Surgery* ARTIC Project uses an innovative knowledge translation strategy to implement a range of interventions that aim to improve colorectal surgery patient outcomes and reduce hospital stay.

The CAHO ERAS ARTIC Project is one of two new projects announced in October. The most recent call for proposals focused on the health system priority of *Transitions in Care*. This refers to the movement patients make between health care practitioners, clinical services and/or settings as their needs change throughout the course of their treatment and care. Projects, including this one, were selected based on robust research evidence, implementation feasibility, potential impact and measures of success.

The major principles of ERAS are early mobilization, early feeding, optimal pain control and fluid management. Patients participating in an ERAS program experience an accelerated recovery and as a result require less nursing care in hospitals and at home. ERAS programs have decreased post-operative complications by 50%. Also, ERAS programs have resulted in a decrease in the average hospital stay by two or more days.

"As we develop guidelines, we need an evidence-informed model to standardizing pre- and post-operative approaches across complex multidisciplinary teams of hospital professionals," said Dr. Robin McLeod, Project lead, Mount Sinai Hospital. "Working with the CAHO ARTIC Program, we want the ERAS guidelines to reduce patient complications after surgery and shorten the length of hospital stays for patients."

This CAHO ARTIC Project will implement research evidence-informed coordination strategies and tools across hospitals to ensure optimal, sustainable care of patients having gastrointestinal surgery.

As the ERAS guideline is implemented, the potential impact is great to the health care system. Patient recovery and outcomes will be improved following surgery with the health care system realizing significant savings as it improves the quality of care patients receive, especially given the large volume of procedures conducted in the province each year.

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Dr. Barry McLellan
Chair, CAHO
President & CEO
Sunnybrook Health Sciences
Centre



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CAHO Implementing an
Enhanced Recovery after
Surgery (ERAS) Guideline to
Optimize following Colorectal
Surgery ARTIC Project Lead