Calling from the UK?
Please dial: **0800 121 4113**
Enter participant pass code: **899 414 84 #**

Calling from outside the UK?
Please check the email sent with your log in details to access our global dial in codes and enter: **899 414 84 #**

Don’t see your country on the global list?
Please dial: **+44 1296 480 180**.
Enter the participant passcode: **899 414 84 #**

Please check with your provider to confirm call charges.

***Press *0 to speak to an operator if you are having any technical difficulties***
TIPS FOR A SUCCESSFUL WEBEX

Use the **chat box** to ask questions and get involved in discussions.

If you’re having technical difficulties message the BT Call Manager via the WebEx chat function, or press *0 on your telephone.
If you want to get involved in the conversation, please click on the Chat icon circled in red.

Select **all participants** from the drop down menu, type your message then click send!
WHERE ARE YOU JOINING US FROM?

Please click on the pen icon, circled in red above....
WHERE ARE YOU JOINING US FROM?

Please click on the arrow icon, circled in red above....
QI Connect: our reach

799 organisations

June 2018

@HISQICoInnect
COMPETITION TIME…
CONGRATULATIONS!
All territorial NHS Boards across Scotland are now linking in!
FOR THE FIRST TIME....
69 UNIVERSITIES
A NEW UNIVERSITY....

University of British Columbia
# LEARNING TOGETHER..... AGAIN ... AND AGAIN...

View recordings of previous QI Connect sessions

You can find information on our previous speakers and view recordings of sessions at the links below.

## 2018

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Session name</th>
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<tbody>
<tr>
<td>JD Polk</td>
<td>NASA's role in the 2010 Chilean Miners Rescue</td>
<td>25 January 2018</td>
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<tr>
<td>Nivah Shah</td>
<td>Standardisation is innovation... Discuss</td>
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<tr>
<td>Al Mulley</td>
<td>Realistic Medicine: Whose decision is it anyway?</td>
<td>29 March 2018</td>
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## 2017

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<th>Presenter</th>
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<tr>
<td>Chris Ham</td>
<td>Reforming the NHS from within</td>
<td>26 January 2017</td>
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<tr>
<td>Jaldeep Prabhu</td>
<td>Frugal innovations: How to do more (and better) with less</td>
<td>21 February 2017</td>
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<tr>
<td>Emmanuel Goblet</td>
<td>All person care is a whole system concern</td>
<td>4 April 2017</td>
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## 2016

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<tr>
<th>Presenter</th>
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<tr>
<td>Jo Bibby</td>
<td>Innovations in health care: Lessons and insights from the Health Foundation</td>
<td>22 February 2016</td>
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<tr>
<td>Geoff Mulgan</td>
<td>Innovation for Healthcare</td>
<td>10 April 2016</td>
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<tr>
<td>Maxine Power</td>
<td>Taking Improvement to scale in 2016</td>
<td>26 May 2016</td>
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<tr>
<td>Derek Feeley</td>
<td>Innovation and integration</td>
<td>30 June 2016</td>
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<tr>
<td>Gene Nelson</td>
<td>Learning through co-production: A model for improving health outcomes, healthcare services, and research</td>
<td>27 July 2016</td>
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<tr>
<td>Steve Spear</td>
<td>High velocity edge</td>
<td>29 September 2016</td>
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<tr>
<td>Peter Lachman</td>
<td>Leading and networking for change</td>
<td>27 October 2016</td>
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<tr>
<td>George Kervin</td>
<td>Leading health system transformation toward population health and population management</td>
<td>10 November 2016</td>
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<tr>
<td>Tim Brown and guests</td>
<td>Innovation and design</td>
<td>22 November 2016</td>
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## 2015

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<th>Presenter</th>
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<tr>
<td>David Grayson</td>
<td>Quantum collaboration: The Ko Aiawase experience down under</td>
<td>30 January 2015</td>
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<tr>
<td>Beth Lilja</td>
<td>How to engage the civil society in creating a person-centred health care system: The use of methods from social movement</td>
<td>23 February 2015</td>
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<tr>
<td>Robert M Wechter</td>
<td>The Digital Doctor, hope, hype and harm at the Dawn of Medicine’s Computer Age</td>
<td>26 March 2015</td>
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<tr>
<td>Martin Marshall</td>
<td>How relevant is improvement science to general practice?</td>
<td>28 April 2015</td>
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## 2014

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<tr>
<th>Presenter</th>
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<td>Mike Buist</td>
<td>Why is it that doctors don’t get the quality and safety agenda? A look at the issues</td>
<td>29 January 2014</td>
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<tr>
<td>Goran Henrik</td>
<td>Absent community and stronger clinical performance: Why integration is a must</td>
<td>25 March 2014</td>
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<tr>
<td>Frank Federico</td>
<td>Throwing the switch for change</td>
<td>21 May 2014</td>
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<tr>
<td>Rocco Perla</td>
<td>Making the Patient the Fundamental Unit of Analysis</td>
<td>18 June 2014</td>
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<tr>
<td>Nick Barber</td>
<td>Evaluating Improvement</td>
<td>28 August 2014</td>
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<tr>
<td>Helen Bevan</td>
<td>Being a great change agent: How to rock the boat and stay in it</td>
<td>23 September 2014</td>
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<td>Mike Richards</td>
<td>Inspection &amp; regulation as a driver for quality improvement: the new CDC approach</td>
<td>30 October 2014</td>
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<tr>
<td>Elaine Ingleby-Burke</td>
<td>Nursing: Our promise to learn, our commitment to act</td>
<td>27 November 2014</td>
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The QI Connect series now features as an approved resource within ISQua’s Fellowship Programme
QI CONNECT TEAM

Series Chair: Dr Brian Robson
Medical Director

Series Manager: Jennifer Graham
Programme Manager

Guest Chair: Dr Simon Watson
Chief Quality Officer
NHS Lothian

Project Officer
Jessica Yuill

Admin/Certification: Carmen Forrest

Registration: Michelle De Felice

Twitter analytics: Alex Stirling
Jacqueline Welsh
Quality Improvement Advisor
Women & Children’s Services
NHS Ayrshire & Arran

@Jaxwel
REMEMBER TO TWEET AS YOU LEARN!

#HISQIConnect

Follow us: @HISQIConnect
Danielle Martin
Vice-President for Medical Affairs & Health System Solutions & Senior Fellow, WCH Institute for Health System Solutions and Virtual Care

@docdanielle
The Pain of a New Idea
Overcoming Canada’s Biggest Health Care Challenges

Danielle Martin MD MPP CCFP FCFP
Vice President Medical Affairs and Health System Solutions
Change always comes at a cost

Jacques Elie Shilton Arrives: 1951
Doctor’s Strike: 1962
Medicare in Canada: 1966

Credit: Saskatchewan Council for Archives & Archivists
Canadian Medicare: public payment, private delivery

- All residents have reasonable access to medically necessary hospital and physician services, on a prepaid basis.

- It’s not a national “system,” there are:
  - 13 interlocking provincial and territorial health insurance plans.
  - Separate system(s) for populations designated under federal government responsibility.
  - Each province or territory is **single payer** for insured services.

Source: Canadian Institute for Health Information, National Health Expenditure Trends 1975 to 2017
Outcomes: what really matters?

Among 195 countries and territories reviewed, Canada ranked 17th on access and quality of care. The HAQ index shows how we perform on a number of diseases and conditions.

Three existential challenges

#1 - Wait Times for Elective Care Are Too Long

<table>
<thead>
<tr>
<th>Experience of care</th>
<th>Canada</th>
<th>USA</th>
<th>UK</th>
<th>France</th>
<th>Denmark</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion reporting wait &gt; 2 months for specialist appointment$$</td>
<td>30%</td>
<td>6%</td>
<td>19%</td>
<td>4%</td>
<td>NA</td>
<td>13%</td>
</tr>
<tr>
<td>Proportion reporting wait &gt; 4 months for elective surgery$$</td>
<td>18%</td>
<td>4%</td>
<td>12%</td>
<td>2%</td>
<td>NA</td>
<td>8%</td>
</tr>
<tr>
<td>Proportion reporting cost-related access barriers$$</td>
<td>16%</td>
<td>33%</td>
<td>7%</td>
<td>17%</td>
<td>NA</td>
<td>14%</td>
</tr>
<tr>
<td>Proportion reporting use of emergency services in past 2 years$$</td>
<td>41%</td>
<td>35%</td>
<td>24%</td>
<td>33%</td>
<td>NA</td>
<td>22%</td>
</tr>
<tr>
<td>Proportion reporting use of emergency given lack of access to regular medical doctor$$</td>
<td>17%</td>
<td>16%</td>
<td>7%</td>
<td>7%</td>
<td>NA</td>
<td>6%</td>
</tr>
</tbody>
</table>

Three existential challenges (Cont’d)

#2 - Services Outside the Medicare Basket Are Often Inaccessible

- Up to 1/3 of working Canadians do not have access to employer-based supplemental private insurance for prescription medicines, outpatient mental health services from social workers & psychologists & dental care.
  - A total of 57% of prescription drug spending is privately financed.
  - In 2012, nearly 461,000 Canadians aged 15 years or older reported that they had not received help at home for a chronic health condition even though they needed it.

Three existential challenges (Cont’d)

#3 - Indigenous Health Disparities Are Unacceptable

First Nations

- **Life expectancy**: 73–74 years for men and 78–80 years for women; for Inuit communities, 64 years for men and 73 years for women.

- **Infant mortality**: in Nunavut more than three times the national rate at 18 deaths /1000 livebirths in 2013.

Canadian Average

- **Life expectancy**: 82 years

- **Infant mortality**: decreased by 80% from over 27 deaths /1000 livebirths in 1960, to 5 deaths /1000 livebirths on average in 2013.

SUSAN: DOING MORE WITH LESS

- Reorganizing health care delivery to reduce wait times and improve quality.
Solutions: A nation of pilot projects

“Centralized intake, triage and referral of patients to appropriate health-care providers — taking advantage of interdisciplinary teams, including nurses and physiotherapists — would go a long way to reducing variation in wait times and improving access to surgery.”

-Dr. David Urbach
Scaling new ideas across health care systems

**SPREAD**

- Horizontal diffusion
- One team at a time
- Requires champions

**SCALE**

- System-wide structural change
- Policy levers
- Requires political commitment
Building the virtual hospital

The 6-hour knee replacement at WCH
Questions?

Danielle.Martin@wchospital.ca
@docdanielle  #6bigideas
6bigideas.ca & download the toolkit
Jacqueline Welsh
Quality Improvement Advisor
Women & Children’s Services
NHS Ayrshire & Arran

@Jaxwel
ANY QUESTIONS FOR DANIELLE?
Brene Brown
30 August 2018
4-5 pm UK time
GET READY…. FOR GLASGOW 2019!

Glasgow
27-29 March 2019

Call for speakers is now open until 3 July 2018
Save the date: Registration opens August 2018
Follow us on Twitter: @HISQICOnnect to stay up to date