

## BACKGROUND

- The structure of the FORGE AHEAD Quality Improvement (QI) Workshops is grounded in the Breakthrough Series Model for Improvement developed by the Institute for Healthcare Improvement (IHI)<sup>1</sup>
- The Model includes a set of 3 Learning Sessions, each followed consecutively by 3 Action Periods<sup>1</sup>
- The aim of this program structure was to create an accelerated QI atmosphere to identify and implement small tests of changes through Plan-Do-Study-Act (PDSA) cycles
- Learning Sessions include all participating QI Teams and target QI training, identification of priority areas for improvements, and development of PDSA cycles<sup>1</sup>
- After each Learning Session, the QI Teams would return to their respective communities and implement PDSA cycles
- In the FORGE AHEAD program, the Learning Sessions were adapted and labelled as QI Workshops<sup>2</sup>

## FORGE AHEAD RESEARCH PROGRAM

- A 5-year national QI research program<sup>2</sup> to enhance chronic disease management in First Nations communities
- Program components: QI Workshops & Action Periods, Readiness Consultations, Diabetes Registry & Surveillance System, and QI Coaching and Support
- Core tenets: Community-Driven, Participatory Research, Culturally Appropriate, and Honoring OCAP® principles
- 9 First Nations communities from 5 provinces completed the full program

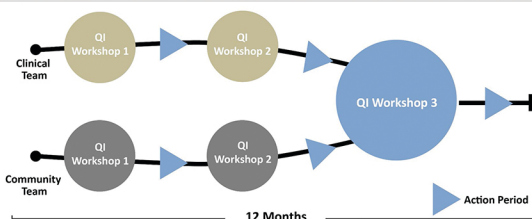
## QI TEAMS

- Each First Nations partnering community developed 2 distinct QI Teams: Clinical QI Team and Community QI Team
- The Clinical QI team participated in the Clinical QI initiatives, and the Community QI team participated in the Community-driven QI initiatives

Clinical QI Teams	Community QI Teams
<b>Clinical QI Teams' Member Composition:</b> <ul style="list-style-type: none"> <li>• Physicians</li> <li>• Registered Nurses</li> <li>• Licensed Practical Nurses</li> <li>• Outpatient Nurse Managers</li> <li>• Health Educators</li> <li>• Nutritionists</li> <li>• Community Health Nurses</li> <li>• Dietitians</li> <li>• Community Health Representatives</li> <li>• Health Directors</li> <li>• Clinic Administrative Staff</li> <li>• Healthcare Aides</li> <li>• Diabetes Educators</li> <li>• Retinal Photographers</li> <li>• Home Care Coordinators</li> </ul>	<b>Community QI Teams' Member Composition:</b> <ul style="list-style-type: none"> <li>• Elders</li> <li>• Community Program Managers</li> <li>• Supervisors of specific community programs</li> <li>• Youth Workers</li> <li>• Program Coordinators</li> <li>• ADI Workers</li> <li>• Community Health Representatives</li> <li>• Addictions Counsellors</li> <li>• Mental Health Workers</li> <li>• Traditional Medicine Leaders</li> <li>• Health Board Members</li> <li>• Health Promoters</li> <li>• Community Members</li> <li>• Band Council Members</li> <li>• Social Workers</li> </ul>

## QI WORKSHOPS IMPLEMENTATION

- 9 First Nations partnering communities and their QI Teams underwent a set of 3 QI Workshops and 3 consecutive Action Periods over a duration of 12 months
- First QI Workshop was held face-to-face with remaining two QI Workshops held over tele/videoconference
- First two QI Workshops were held separately for both QI Teams' with targeted content, which included plenary and breakout sessions
- Both QI Teams' merged in the third QI Workshop
- Breakout sessions provided one-on-one support for QI Teams' from each partnering community



## RESEARCH METHODS

- Semi-structured interviews with consenting program participants (n = 27)
- Data coded using grounded theory to progressively identify themes by integrating categories of meaning

## MAIN THEMES

### Theme 1: Importance of inter-community knowledge exchange

*"I think also being part of the program, seeing it from a whole across the country, being part of that I think was motivating, requires something larger and making a difference nationally as well as just in our own communities... And then.... what do you call them? Webinars, teleconference – where we hear other peoples' initiatives and their success, the challenges and I think that was useful."*

### Theme 2: Broadening perspectives

*"... It was so uplifting. Like, honestly, you know, that feeling, like I said, of being alone and not understood, and you're kind of out on that limb. And then, to be – yes, absolutely – to be with other, you know, well, not just professionals, but people working, you know, different capacities on reserve, and to know that it doesn't matter if it's Northern [Province] or whether it's in Central [Province], is that we all have exactly the same issues. I mean, our days all look very, very similar, you know. And, yeah, there is that connection that you feel and, you know, there's lots of times since that, that my mind has gone back to those conversations and I felt – I felt that – I said that I'm not alone. Do you know what I mean?"*

### Theme 3: Importance of in-person meetings

*"I felt like when we were face-to-face and saw the other communities and heard the challenges that they had and things that were going well, successes, I think that those had – there was a lot of benefit in being face-to-face, definitely. So that's probably the biggest thing."*

## KEY FINDINGS

- QI Workshops were the most valued component of the program
- First face-to-face workshop provided space for cross-community knowledge exchange and relationship building
- QI Team members appreciated learning about successes and challenges in other First Nations communities, which led to a sentiment of 'togetherness'
- Remotely held QI Workshops 2 and 3 proved more challenging to create a collaborative environment, yet all teams were still able to share their progress on QI initiatives and learn from each other
- The importance of at least one in-person meeting, ideally in the beginning, was highlighted to develop genuine relationships and build capacity



## REFERENCES

1. [https://www.usaidassist.org/sites/assist/files/the\\_improvement\\_collaborative\\_june08.pdf](https://www.usaidassist.org/sites/assist/files/the_improvement_collaborative_june08.pdf)
2. Hayward MN, Paquette-Warren J, Harris SB and On behalf of the FORGE AHEAD Program Team: Developing community-driven quality improvement initiatives to enhance chronic disease care in Indigenous communities in Canada: the FORGE AHEAD program protocol. *Health Research Policy and Systems* Jul 26:16

## ACKNOWLEDGEMENTS

On behalf of the FORGE AHEAD Team

Diabetes Alliance – [www.uwo.ca/DiabetesAlliance](http://www.uwo.ca/DiabetesAlliance)

