Cross-Pollinators and Boundary Spanners: Contributions of Ontario Health Team Fellows to Quality Improvement and Evaluation Capacity for Health Systems

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TABLE 1.
Condensed summarized table for cross-case analysis

Fellow	Host OHT	Host-identified deliverable/ need for embedded fellow	Role and scope of embedded fellow within host OHT	QI and evaluation-specific activities	Top 3 CHSPRA-enriched core professional competencies developed during the fellowship
(A) Recent PhD in Health Services Research and health professional with 20+ years as healthcare provider – Nursing	Large urban downtown community partnered lead governance All partners table (50+ community agencies, primary care, 5 large hospitals) Executive advisory table, Secretariat Cohort 2 OHT Attributed population ~ 500,000	(1) Support development of cQIPs (2) Support QI and evaluation capacity across OHT workstreams and priority population working groups (3) Support alignment of OHT QI and evaluation efforts with OHT goals	Lead QI and evaluation work within the secretariat Lead cQIP development and overall QI and evaluation framework for the OHT Provide overall support to increase QI and evaluation capacity across the OHT workgroups Develop and co-lead QI and evaluation working group	Implementing quality and evaluation processes and tools (logic models, mapping outcome measures) Leading cross-sector quality and evaluation working group Brokering and linking research and policy knowledge contexts between academia, research, policy and decision-makers Implementation of collaborative participatory evaluation research approaches to support evaluation capacity for host OHT	Knowledge translation, communication and brokerage Analysis and evaluation of health and health-related policies and programs Interdisciplinary work

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(B) Recent PhD in health service research and health professional with 10 yrs + experience – Pharmacy	Large urban OHT led by hospital partners Cohort 1 OHT Attributed population ~ 200,000 Governance shared by executives from partner organizations	(1) Lead research project, specifically examining the OHT's primary care access (2) Apply QI principals to the research project to inform learning and scale (3) Link to other OHTs/research and evaluation	Project lead for specific project under quality portfolio that is research focused on integrated primary care access Specific focus on applying QI methodology – small changes and quick measure – to try out interventions within the project to improve patient access to integrated primary care	Ensure that the project aligns with the larger QI agenda Act as knowledge broker between larger provincial OHT agenda and how to link some cross-sector issues in QI at the OHT level Aligning research project to cQIP and Quadruple Aim Creating a template/logic model for future projects Becoming central point of processing/navigating/QI and performance-related needs/ information between multiple stakeholders including funder	Project management Knowledge translation, communication and brokerage Analysis and evaluation of health and health-related policies and programs
(C) Recent PhD in nursing and health professional with 10+ experience – Nursing	Large urban OHT led by hospital partner Cohort 2 Attributed population ~140,000 Governance comprising Community Health Centres, Family Health Teams, community organizations and hospital	(1) Embedded researcher/ scientist leading two research studies (2) Responsible for addressing and "answering" the OHT indicator of improving patient access/navigation to care and services and reducing barriers	Member of people experiencing homelessness working group, mental health and addictions working group, performance measurement and quality improvement working group, ED outreach worker implementation team, stepped-care model implementation and evaluation working group, and evaluation subgroup	Developing a process/ framework for the OHT to monitor and evaluate local projects/initiatives and measure changes in patient experience Goal is to improve patients' ability to navigate and access services through the development of process indicators Processes evaluation of local projects and initiatives via community-based participatory research and co-design	Analysis and evaluation of health and health-related policies and programs Analysis of data, evidence and critical thinking Project management

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(D) PhD student with over 25 years in healthcare data science – Psychology/ epidemiology	Small rural OHT Primary care-led with a mature planning table including hospital and community services, and a history of working together Attributed population ~ 68,000	(1) Lead QI and data initiatives: Data quality table, cQIP submission process, funding requests for improved decision support/real time shared health record algorithm prework and a broader population management framework (2) Participate in operational and governance committees	Quality improvement work focused on the identification of key subpopulations which are driving cQIP and TPA indicators and identifying geospatial and clinical profiles to seed change initiatives Producing patient flow reports that track individuals from service to service to help identify gaps and strengths cQIP efforts are undertaken within this focus	Defining relevant population data, population segmentation, investigating real-time algorithms to drive hospital to home transitions/community care decisions Central point of contact for cQIP health data products, ad hoc data requests in support of partners. Historical knowledge of home care, sociodemographic and geographical information systems was also brought to bear when needed	Leadership, mentorship and collaboration Analysis and evaluation of health and health-related policies and programs Analysis of data, evidence and critical thinking
(E) PhD in rehabilitation sciences, 8+ years experience as researcher, health provider – Physiotherapy	Large urban OHT community Attributed population >524,000 OHT includes a coordinating council, a patient/client and care partner council, an operations team, a population health coalition, and several working groups	(1) Support the team in evaluation performance and quality improvement plan development (2) Lead efforts to establish a quality and analytics working group that will oversee QI initiatives (3) Oversee cQIP development	Embedded within the operations team responsible for supporting leadership, decision-making and operations Implement tools such as driver diagrams for each of the quality improvement initiatives and selected key performance indicators (including the cQIP) that we stated in our TPA	Co-lead development of process measures, balancing measures, formative measures, true north metrics in alignment with Quintuple Aim and cQIP Support overall QI and evaluation capacity by working collaboratively with partners Act as bridge/linkage across academic, policy and OHT partners in leveraging QI and evaluation capacity	Knowledge translation, communication and brokerage Analysis and evaluation of health and health-related policies and programs Analysis of data, evidence and critical thinking

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(F) PhD in health services research clinical training as health provider – Occupational therapy	Large, urban OHT with hospital lead and 20+ core partners and 30+ OHT initiatives. Diverse population, with significant proportion having arrived in Canada within last 10–15 years Cohort 1 Attributed population ~ 500,000	(1) Act as evaluation lead for the flagship initiative (priority population: older adults) (2) Lead a process evaluation of an evolving program	Embedded researcher, evaluation lead for program/ initiative (strategy team) Backbone team member, consultant on performance and evaluation working group	Developing program logic model, organizing metrics for process evaluation, gathering patient and caregiver experience data, analyzing provider experience data, advancing financial templates and reporting, feeding data into program development decisions. Linking program to Quadruple Aim and demonstrating impact at health organization level Process evaluation: quantitative and qualitative analyses (provider experience, patient and caregiver experience, cost). Defining population profiles, developing data approaches to inform evidence-informed decision-making Highlighting patient and caregiver perspectives via qualitative study	Leadership, mentorship and collaboration Analysis and evaluation of health and health-related policies and programs Analysis of data, evidence and critical thinking

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(G) PhD in health services research with clinical background as health professional – Medicine	Small, urban OHT with a main hospital partner Commitment to primary care and patient and community engagement About 30 partners and collaborators	(1) Evaluate, co-design and lead engagement for all initiatives (2) Co-design programs and strategies (3) Evaluate programs and strategies, develop cQIP, building capacity to PM and QI through training staff	Embedded evaluation lead, co-design solutions, QI and PM facilitator and educator	Co-design interventions based on gap analyses, creating evaluation plans including indicators for structures, process and outcomes, revisiting the existing indicators, negotiating with the funders what the meaningful indicators need to be, capacity building Develop evaluation plans and frameworks. Create metrics and indicators, train staff on how to collect these data, create tools and assess patient/client and provider experience	Knowledge translation, communication and brokerage Analysis and evaluation of health and health-related policies and programs Analysis of data, evidence and critical thinking
(H) PhD in health sciences research	Large sub-urban OHT collective of 41 member organizations from primary care, home care, hospitals, community agencies, long-term care, mental health, Indigenous health, municipalities and postsecondary education Attributed population ~ 400,000	(1) Co-design a five-year strategic plan that is people-centred, data-driven and health equity focussed (2) Translate evidence- and experience-based knowledge into health system design (3) Implement best practices (4) Conduct root-cause analysis, co-design, engagement, etc	Strategic working group lead, leading strategic planning and supporting other initiatives (cQIP, COVID-19HR redeployment) Member of the OHT operation teams directly working with the transformation lead and data, quality, evaluation, CI lead	Root-cause analysis, co-design and engagement Evidence- and experience-based knowledge into health system design Best practice implementation	Knowledge translation, communication and brokerage Analysis and evaluation of health and health-related policies and programs Understanding health systems and the policy making process

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(I) PhD rehabilitation sciences, health professional – Chiropractor	Medium urban OHT Cohort 2	Areas of focus: (1) gap analysis; (2) environmental scan (partners); (3) development of models of outreach; and (4) patient navigation directory		Gathering patient and caregiver experience data, gathering primary care doctor experience data, gathering partner organizations experience data. Analyzing all data to distribute gap analysis report and suggested areas of focus of further work Develop sound methodology for data collection of partner organizations to contribute to a patient navigation directory	Knowledge translation, communication and brokerage Analysis and evaluation of health and health-related policies and programs Analysis of data, evidence and critical thinking

CHSPRA = Canadian Health Services and Policy Research Alliance; cQIP = collaborative quality improvement plan; OHT = Ontario Health Team; QI = quality improvement; TPA = transfer payment agreement