

# **PHSA** QUALITY CONNECTIONS

Newsletter for the PQI, SQI and Alumni Network Programs

Provincial Health Services Authority

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# Welcome to the inaugural PHSA Quality Connections Newsletter

DR. MONTY MARTIN · CO-CHAIR OF PHSA/SSC PQI AND SQI STEERING COMMITTEE

As healthcare professionals, it is essential to continuously improve our knowledge and skills to provide the best possible care for our patients. With that in mind, we are excited to introduce our new PHSA Quality Connections Newsletter!

This newsletter is designed to keep you up-to-date with the latest developments in PHSA quality improvement practices, resources, and initiatives. It will cover a range of topics, with a focus on three major process streams: quality improvement, PHSA PQI alumni development and regional spread of select PQI initiatives.

In this newsletter, you will find articles written by our experts in the field, highlighting best practices and success stories found in the three process streams. In addition, each newsletter will highlight one featured PHSA PQI project, and provide a calendar of upcoming PQI events.

We encourage you to subscribe to the PHSA Physician Quality Improvement Newsletter today to stay informed and engaged in the latest developments in quality improvement in PHSA.

Welcome dear reader, to the beginning of the 21st century. The above text was mostly written by an AI, ChatGPT. This highlights some of the advantages of current AI technology, namely writing clear, succinct prose; but also shows what AI lacks: the ability to convey the warmth, caring and dedication of our PHSA PQI staff, students and alumni, the wonderful experiences our PQI teaching staff provide for our students and most of all, the tireless devotion our PHSA physicians, nurses, technologists, administrators, informatics colleagues and others give to our patients.

It is an honor and a privilege to work with our PHSA PQI team, students and alumni. Their work, your work, your successful quality initiatives, have the unique ability to magnify the good provided to our patients. A physician usually helps one patient at a time. A successful quality project takes on a life of its own, with the process improvement continuing to provide benefits over and over again to many patients, onward into the future.

Some projects go even further, and spread through grassroots and organizational hierarchies so that the good they do is immensely magnified. An excellent example is Dr. Tiffany Wong's penicillin delabelling project, which, thanks to our excellent PHSA PQI team and manager, Ms. Bethina Abrahams, our Heath Authority colleagues and sponsors Ms. Claire Brown and Dr. Sean Virani, and our SSC colleagues Mr. Aman Hundal and Dr. Gordon Hoag, is now spreading across the province of B.C. and even to other Canadian provinces.

"Success, like happiness, cannot be pursued; it must ensue, and it only does so as the unintended side-effect of one's personal dedication to a cause greater than oneself" (V. Frankl). This newsletter is intended to highlight the results of our PHSA PQI team's dedication to meticulously crafting their excellent QI projects, their dedication to teaching and collaborating, and ultimately their dedication to our patients.

## Members of PQI/SQI/SSC Steering Committee

- Dr. Monty Martin, Co-Chair
- Ms. Claire Brown, Co-Chair
- Dr. Trudy Adam
- Dr. Tommy Gershman
- **Dr. Gordon Hoag**
- Ms. Asia Hollingsworth
- Dr. Derek Human
- Mr. Aman Hundal
- Dr. Celine Kim
- **Dr. Ashok Krishnamoorthy**
- Dr. Michael McKenzie
- Dr. Jeff Pike
- **Dr. Claire Seaton**
- Dr. Vijay Seethapathy
- Dr. Inna Sekirov
- Dr. Tiffany Wong

## PQI/SQI/Alumni Physician Leadership

- Dr. Trudy Adam, PQI Faculty
- Dr. Celine Kim, PQI Physician Advisor

**Dr. Ashok Krishnamoorthy** PQI Physician Lead for BCMHSUS

**Dr. Michael McKenzie** Alumni Physician Advisor

**Dr. Tiffany Wong** SQI Physician Advisor

## PHSA PQI/SQI/SSC STAFF

**Bethina Abrahams** Director, Medical Staff Development Initiatives

Haneen Albayati, SQI Quality Leader Pamela Hinada, PQI Quality Leader Stephanie Jones, PQI Quality Leader WingKi Cheng, Data Analyst Yass Rahmani, PQI Coordinator Yuriko Ryan, SSC Leader

## **Medical** Affairs

DR. SEAN VIRANI VP, MEDICAL & ACADEMIC AFFAIRS

It has been my pleasure to meet with many of you actively working to advance the quality of care we deliver



across PHSA – your commitment to fostering a culture of continuous improvement is inspiring and serves as an exemplar of how each of us can, and should, drive excellence in care.

In recent weeks, the Specialist Services Committee has begun consultation with the health authorities to consider how the PQI/SQI and PQI Alumni initiatives can be refined on a goforward basis to support physicians as they evolve in their capacity to drive quality improvement. In parallel, Medical and Academic Affairs at PHSA is taking inventory of our structures and resources in support of this work and to ensure we are meaningful partners in redesign. In the coming weeks, I look forward to announcing changes to our quality teams and approach at PHSA, which will hopefully create a more seamless experience for medical staff interested in pursuing quality

we hope to cultivate a supportive environment with enabling resources and a one-stop shop for medical staff wanting to explore or advance their skills and activities in quality improvement.

improvement. We understand that navigation of the various QI opportunities, support for implementation and access to data and analytics are barriers that dampen enthusiasm and can stop a great initiative in its tracks – we hope to cultivate a supportive environment with enabling resources and a one-stop shop for medical staff wanting to explore or advance their skills and activities in quality improvement. In the meantime, please feel free to reach out with your ideas around how Medical Affairs can support your work and what you need to help advance and implement quality improvement initiatives at PHSA. Thanks for your courage and leadership in creating new ways, better ways, of delivering care to the patients and families we serve.

## **CALENDAR** OF EVENTS

## Introduction to Quality Improvement Workshop

MAY 4<sup>TH</sup> & 5<sup>TH</sup>, 2023

PHSA PQI Introduction to Quality Improvement Workshop (2-half days)

NOVEMBER 2<sup>ND</sup> & 3<sup>RD</sup>, 2023

PHSA PQI Introduction to Quality Improvement Workshop (2-half days)

FEBRUARY 8<sup>TH</sup> & 9<sup>TH</sup>, 2024

PHSA PQI Introduction to Quality Improvement Workshop (2-half days)

## Physician Quality Improvement (PQI) – Intake Timeline

MAY 30<sup>TH</sup>, 2023

**Application Deadline** 

JULY, 2023

Decision Notification

**SEPTEMBER 22<sup>ND</sup>, 2023** 

PQI Program Start Date

Spread Quality Improvement (SQI) - Intake Timeline

MAY 30<sup>TH</sup>, 2023

Part I – Intake Form Deadline

JUNE 15<sup>™</sup>, 2023 Part II - Intake Form Deadline

JULY, 2023

**Decision Notification** 

SEPTEMBER, 2023

SQI Program Start Date

For more information - pqi@phsa.ca

# Physician Quality Improvement (PQI)

#### DR. TRUDY ADAM · FACULTY MEMBER, PQI

My project in the first cohort of the PHSA PQI Program was in Child and Adolescent Psychiatry. This work involved improvement in team-based risk assessment, management and communication of adverse outcomes: suicide, self harm, clinical neglect and elopement.

My project focused on the implementation of a documentation tool that would be adopted by the inpatient mental health units at BC Children's Hospital.

We thoughtfully involved department leadership to ensure the project was aligned with the overall Department's vision and plan. Stakeholders engaged – check! However, as each PDSA cycle was completed, we were not able to meet our completion rate targets for the new tool and our project stalled for over a year.

We only reached a turning point when we started completing the tool alongside the patients and families during the initial admission meeting. They told us how valuable it was being involved in safety discussions and management planning throughout the admission process and how it instilled greater confidence in the discharge plans. Their experience led us to re-engage other stakeholders in a more effective and energetic fashion which in turn re-ignited the project's momentum.

For those just embarking on their quality improvement projects, my message to you is that stakeholders include more than just leadership and frontline staff. Patients and families are stakeholders who can provide an authentic and creative lens that is not always appreciated by professional caregivers.

Further, stakeholder engagement should be an ongoing process, rather than a one-off event. Finally, maintaining engagement, and therefore project momentum, requires regular bi-directional communication with stakeholders for meaningful feedback and creative input. Our project held many surprises for us, as the change team, but it underscored the challenge and joy of quality improvement!



Do you have a quality improvement story that you would like to see in our PHSA Quality Connections Newsletter?

Submit your idea to us at PQI@phsa.ca.



# Spread Quality Improvement (SQI)

#### DR. TIFFANY WONG · PHYSICIAN ADVISOR, SQI | MS. HANEEN ALBAYATI · QUALITY LEAD, SQI

Over the years, the Special Services Committee (SSC) has funded various Quality Improvement (QI) initiatives that have yielded improved outcomes for patients, healthcare systems, and organizations.

With time, it became increasingly evident that a number of these QI projects generated great value and had the potential to spread to other areas. In September, 2020, the SSC prioritized Spread Quality Improvement (SQI) as a key initiative and provided financial resources and staff to carry this work forward.

The Institute of Healthcare Improvement (IHI) defines spread as the "act of taking a successful implementation process from a pilot unit or pilot population and duplicating that change or package of changes in other parts of the business or other organisations". Our team believes that spreading successful QI projects is pivotal in driving large scale system transformation. With the SQI initiative, the team strives to transform the sea of pilot projects into stable, funded, and wellintegrated programs within our healthcare system.

Most recently, Dr. Tiffany Wong joined the SQI team at PHSA as the program's Physician Advisor. Together, with Bethina Abrahams (Director, Medical Staff Development Initiatives) and Haneen Albayati (SQI Quality Lead), the team will be leading and supporting the development of the SQI Initiative at PHSA.

When asked about leading the Penicillin De-labeling project, which she co-leads with Dr. Rochelle Stimpson, Dr. Tiffany Wong stated: "I believe that creating evidence-based, easily accessible practice tools is an important way to empower healthcare providers in assessing risk and removing penicillin allergy labels. Spreading change is an art that requires in-depth knowledge of local culture and key stakeholders – finding local champions and having SQI/PQI support in multiple ways has played a valuable role in successful spread of our project."

#### **CURRENT PHSA SQI PROJECTS**

Breast Biopsy Marker Clip Placement Led by Dr. Charlotte Yong-Hing (Radiologist, BCCA)

Penicillin De-labelling Led by Dr. Tiffany Wong (Pediatric Allergist, BCWH) & Dr. Rochelle Stimpson (Family Practitioner, BCCDC) **Golden Hour (NICU) and Related Projects** Overseen by Dr. Sandesh Shivananda (Neonatologist, BCWH)

- > Pre-Term and Term Infant "Golden Hour" Led by Dr. Deepak Manhas (Neonatologist, BCWH)
- Seizure Management Guidelines
  Led by Dr. Sandesh Shivananda
  (Neonatologist, BCWH)
- Serious Illness Conversation (SICG-Peds-Neonatal)
   Led Dr. Emily Kieran (Neonatologist, BCWH)





**To learn more about SQI** Contact Haneen Albayati SQI Quality Lead haneen.albayati@phsa.ca

# Alumni Network

#### DR. MICHAEL MCKENZIE · PHYSICIAN ADVISOR, ALUMNI NETWORK

Dr. Michael McKenzie, Radiation Oncologist at the BC Cancer Agency, shares his journey working with PQI and becoming the Physician Advisor of the PHSA PQI Alumni Network.

"The palliative side of what I do at BC Cancer is what initially led me to the quality improvement world and eventually, the Alumni Network. I joined the first cohort of PHSA PQI in late 2016 and my passion for the quality improvement work led me to become BC Cancer's vice president of Quality for a time. Through this, I met the incredible team of quality improvement experts of PQI."

When asked how the Alumni Network came to be, Michael responded with "As we know, physicians have influence on the health care system. If we equip physicians with the right QI tools and knowledge, we can make a big difference in the quality of care for patients and families – and there is loads of evidence to support that! The idea is that if you take QI trained individuals and link them together, you can create much more of an impact. In my project plan to build the provincial Alumni Network, I wanted PHSA PQI-trained physicians to be assets to PHSA. The overall intention and function of the network is to grow leaders who can engage leadership in quality improvement. I believe there are lots of opportunities to grow the Alumni Network. We're already 200 physicians strong and growing."

Michael's message to his PHSA colleagues is "Come join us! Our last cohort didn't have the enrollment we are accustomed to. Coming out of a pandemic, people are exhausted and overwhelmed and we understand that. Even if you aren't ready for a year of QI training, there are other options. Level 1 QI is a self-paced, online course through IHI (Institute for Healthcare Improvement). Level 2 Intro to QI is offered through the Learning Hub via two, half-day online learning sessions."

"The last message I would relay is that quality improvement is a wonderful antidote to feeling tired and grumpy. It's positive, the people in it are lovely, and it has such a nice energy. You get the sense that you can actually do



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something to improve care for patients. For myself, I have to continue doing this work or I'm going to retire. I've been at this for 31 years and I cannot keep doing the same thing over and over. The best way to continue as part of a learning health system is to enjoy work, to contribute, and to keep learning. I think it's a wonderful opportunity and I hope people get involved because there is a lot that we, as physicians, can offer to PHSA and to ourselves.

To learn more about PQI,please visit the website at Physician Quality Improvement or email pqi@phsa.ca.

# QI Project in Focus











## Increasing Adequacy of Medical Renal Biopsies in BC

#### DR. MEI LIN BISSONNETTE · PHSA PQI COHORT 5 GRADUATE

Patricia Hutchinson<sup>1</sup>, Henry Ng<sup>1</sup>, Gloria Ho<sup>1</sup>, Justin Lo<sup>1</sup>, Reginald Naidu<sup>1</sup>, Ricardo Ortiz<sup>1</sup>, Ivan Tsang<sup>1</sup>, Michael Leung<sup>1</sup>, Anna Finley<sup>1</sup>, Elizabeth Ladds<sup>1</sup>, James Nugent, MD<sup>2</sup>, Alison Harris, MD<sup>2</sup>, Bobby Grewal<sup>1</sup>, Mei Lin Z. Bissonnette, MD, PhD<sup>1</sup>Department of Pathology and Laboratory Medicine<sup>1</sup> and Department of Radiology<sup>2</sup>

#### BACKGROUND

Every kidney biopsy performed in BC for non-neoplastic disease is processed and interpreted at the BC Provincial Renal Pathology Laboratory (BCPRPL), located at St. Paul's Hospital. There have been many biopsies province-wide with too few glomeruli sampled, and full diagnostic and prognostic information cannot be determined by the renal pathologists when the biopsy tissue does not contain enough glomeruli. The incomplete diagnoses and absence of prognostic information makes it difficult for nephrologists to know how to optimize immunosuppression and how to predict long-term kidney function and outcomes for their patients.

There are no established guidelines for native medical renal biopsy adequacy. In collaboration with radiology, we created provincial medical renal biopsy adequacy categories based on total number of glomeruli sampled:

- Ideally adequate (≥25 glomeruli)
- Minimally adequate (15-24 glomeruli)
- Suboptimal (<15 glomeruli)
- Inadequate (no diagnosis)

#### **PROJECT AIM**

To increase the percent of ideally adequate medical renal biopsies to at least 80% at all biopsy collection sites in BC by the end of 2025.

#### **PROJECT DESIGN/STRATEGY FOR CHANGE**

The project team consisted of renal pathologists, renal technologists, pathology administration staff, nephrologists and radiologists. The project team also coordinated with BC Renal and Medical Imaging Advisory Committee of BC to:

- 1. Analyze biopsy workflow 2. Develop a driver diagram
- 3. Gather baseline biopsy adequacy data for each collection site in the province





#### 2. Driver Diagram

Confidence in biopsy assessment was prioritized because our laboratory has the ability to more easily implement changes in this area.

#### 3. Baseline Data: Province-wide Biopsy Adequacy by Site

Native biopsy adequacy percentages by biopsy collection site, 2019-2021. All individual sites are de-identified.

#### INCREASING ADEQUACY OF MEDICAL RENAL BIOPSIES IN BC · CONTINUED

#### **CHANGE IDEAS**

Practice surveys were sent to all radiology site leads and pathology laboratory sites that collect medical renal biopsies in BC. Survey results showed radiologists at each collection site were not receiving enough feedback on quality of biopsy collection. The survey also showed large variation in handling of biopsy tissue at each laboratory site. Some sites, including Prince George, did not have in-suite assessment of tissue during a biopsy and lacked a dissecting microscope necessary for tissue assessment and allocation.

#### **IMPROVEMENTS/RESULTS**

**PDSA #1:** Adequacy category added to final pathology report and feedback provided to radiologists

 Including adequacy feedback resulted in significant sustained increase in ideally adequate biopsies at the provincial level but not for each Health Authority, likely due to need for large number of biopsies for significance

**PDSA #2:** Develop a new system in Northern Health Authority where the BCPRPL trained the radiology ultrasound technicians to evaluate and allocate the biopsy tissue for the collecting radiologist in real-time during biopsy collection.

 Some improvement but more significant change will take time given small numbers of biopsies performed monthly at NHA. However, there has been positive feedback from pathologists, radiologists, nephrologists and all staff.



#### **NEXT STEPS/SUSTAINABILITY**

Every Health Authority and biopsy collection site will have area-specific quality drivers that will be determined after individual site visits, similar to Prince George. The BCPRPL is establishing the ability to offer virtual technical assistance and is developing online training modules and image references for continuing education. These tools will be used at Prince George and other sites as we travel to all health authorities and visit each collection site.

#### **CONTACT INFORMATION**

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