



PHSA QUALITY CONNECTIONS

Newsletter for the PQI, SQI and Alumni Network Programs

Provincial
Health Services
Authority

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PQI PHYSICIAN
QUALITY
IMPROVEMENT
Specialist Services Committee

SQI SPREADING
QUALITY
IMPROVEMENT
Specialist Services Committee

SSC
SPECIALIST SERVICES
COMMITTEE

 Provincial Health
Services Authority

DR. JEFF PIKE
EMD, MEDICAL STAFF DEVELOPMENT
AND ENGAGEMENT



Dr. Jeff Pike

PHSA PSC Strategic Direction: Scaling QI for System Impact

I was thrilled to join PHSA Medical and Academic Affairs in March, and a huge part of the role is to support our medical staff to advance quality projects across our clinical delivery areas.

I have been impressed by the many talented and passionate people tirelessly committed to making a positive impact on patient care. More than 100 PHSA medical staff have completed the advanced PQI training since its inception in 2015, emerging with skills to frame opportunities for improvement, chart a course forward with a change idea, and then measure the impact. We're ready to take it to the next level!

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The Physician Services Committee (PSC) is the senior committee that oversees the relationship between the DOBC and the government, and specifically the implementation of the recently refreshed PMA. An important new emphasis coming from the PSC is a target on system-level quality projects, leveraging the growing number of physicians and surgeons who are trained and primed to address the prevailing population health challenges we face. The challenge for all of us is to impact the broader health system in collaboration with the patients we serve- particularly those with cancer, mental health and substance use disorder, chronic disease, and in need of emergency services.

What are the greatest obstacles to the outcomes that matter to patients? Who do we need to bring together to understand the largest gaps in care? How might we test our best ideas to impact care across a region or even the whole province?

These are tough questions but ones that through the PQI program and now the Alumni Network and SQI initiatives we are collectively ready to tackle. It will take unprecedented collaboration with all members of the clinical team and our operational partners- and it's a wonderful opportunity to build on the foundation of the PQI program. I'm looking forward to working alongside you as we turn up the impact for QI across the province!

CALENDAR OF EVENTS

Introduction to Quality Improvement Workshop

NOVEMBER 2ND & 3RD, 2023

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

FEBRUARY 8TH & 9TH, 2024

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

Physician Quality Improvement (PQI) – Intake Timeline

JULY, 2023

Decision Notification

SEPTEMBER 22ND, 2023

PQI Program Start Date

Spread Quality Improvement (SQI) - Intake Timeline

JULY, 2023

Decision Notification

SEPTEMBER, 2023

SQI Program Start Date

For more information - pqi@phsa.ca

Physician Quality Improvement (PQI)

STEPHANIE JONES · QUALITY LEAD, PQI

A QI Coach's Perspective

When I think of what it means to support physicians and their teams through a quality improvement project, I find myself reflecting on the people with whom I've worked. There is a commonality amongst care providers that makes them so well suited for the PQI Program.



PQI Project Coaching

They will follow the care pathways for their patients but they also demonstrate an innate desire to do it better – to improve the experience for patients and families, to make the process easier for colleagues, to create a new way of doing things.

As a quality improvement coach who helps providers apply QI learning to practice, I feel like one of the first steps, uncovering the motivation to make a change, has already been won. What follows is a journey of exploration that starts with an aim. Sometimes, this aim remains steadfast and strong. Other times, the aim shifts or changes completely and that's ok. Like any new learning, it takes practice and we are not expected to get it right the first time. By the time our learners have completed their projects, graduated from the PQI Program and become a part of our Alumni Network, our hope is that they are equipped with the tools and experience to continue improving the system for all of us.

Nike may have the rights to “Just Do It” but I like to think that our PQI Providers “Just Do It Better”.

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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.

Spreading Quality Improvement (SQI)

DR. SANDESH SHIVANANDA · NEONATOLOGIST, BCWH & BCCH
DR. EMILY KIERAN · NEONATOLOGIST, BCWH
CAMARA VAN BREEMEN · NURSE PRACTITIONER, CANUCK PLACE HOSPICE

Serious Illness Conversation Guide for Pediatric Care

Implementing a family-centered care approach is at the core of QI work at both BCWH and BC Children's Hospital (BCCH). Partnering with the Spread Quality Improvement (SQI) initiative, Dr. Sandesh Shivananda, neonatologist at BC Women's and Children's Hospital, is leading the spread of sustained improvements from BCWH NICU to the other tertiary neonatal sites in BC with the goal of establishing standardized practices across sites. This includes work under: Pre-Term and Term Infant "Golden Hour" (led by Dr. Deepak Manhas), The Serious Illness Conversation Guide (SICG) (led by Dr. Emily Kieran), and Seizure Management Guidelines (led by Dr. Sandesh Shivananda).

Given the nature of Neonatal Intensive Care Unit (NICU) and the uncertainties and fear that accompany the families' experiences with them, it is essential to offer medical staff the communication tools they need to be able to provide families with thoughtful planning and support. The Serious Illness Conversation Guide (SICG) addresses this communication gap and focuses on aligning care delivery with the families' values and goals. Originally developed by [Ariadne Labs](#), the SICG was modified to fit a pediatric and neonatal model of care in BC with the aim of developing a streamlined process to listen, guide, and support traumatic decision making for families and caregivers.

After a successful implementation of the SICG- pediatric/neonatal version at BCWH NICU, the SQI initiative offered an opportunity to implement the use of the guide at other tertiary neonatal sites across BC. The sending site SICG physician lead, Dr. Emily Kieran, collaborated with Camara van Breemen, NP, from Canuck Place Hospice to offer virtual SICG workshops to three receiving sites: Victoria General Hospital, Surrey Memorial Hospital, and Royal Columbian Hospital. The objective of the workshops is to train all NICU-clinicians about the best practices in conducting serious illness conversations and working with parents to set goals and priorities for neonates with serious illnesses. In 2022, a total of six virtual workshops were conducted, training nearly 50 clinicians, and an in-person workshop was hosted to train an additional nine fellows at BC Women's Hospital.

A post-workshop participant survey indicated that: (1) the workshops successfully increased the level of confidence in over 50% of participants when communicating with the families of NICU infants; and (2) all site leads and staff indicated a high degree of satisfaction in terms of the SICG's effectiveness, utility and usefulness as a standard professional training tool.

In order to sustain the SICG-pediatric training, the next course of action entails expanding the course availability to new and recently hired staff at BCWH NICU and the other level 3 NICU sites. Moreover, broadening the scope of the training to include other populations, such as perinatal care, will contribute to improved patient outcomes and the continued success of the SICG-pediatric initiative.

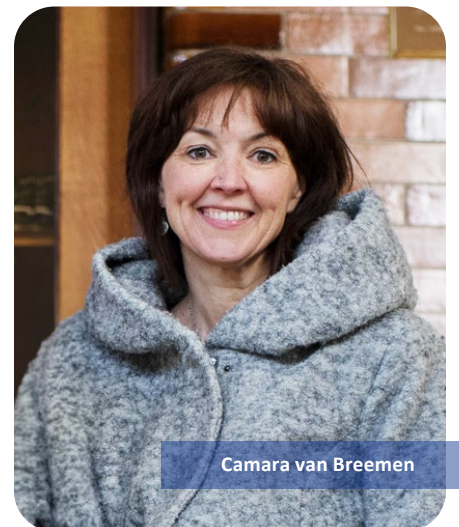
Acknowledgements: We would like to thank Drs. Gustavo Pelligra, Rebecca Sherlock, Miroslav Stavel, and their teams at the receiving sites for their invaluable support and collaboration.



Dr. Sandesh Shivananda



Dr. Emily Kieran



Camara van Breemen

For more information on the SICG- pediatric and resources, please email the PHSA SQI Team at SQI@phsa.ca

Alumni Network

BETHINA ABRAHAMS
DIRECTOR, MEDICAL STAFF DEVELOPMENT INITIATIVES

Building the PHSA PQI Alumni Network

With Dr. Michael McKenzie coming on board in the role of Physician Advisor for the PQI Alumni Network in 2022, we have made a focused effort to continue to engage and support our Alumni.

Dr. McKenzie completed a provincial report, "[Alumni and Networks: Project Plan](#)", for Doctors of BC, and we have used that as our guiding roadmap.

With the report in mind, we have taken a three-pronged approach to the Alumni Network:

- **Building Connections:** Alumni have valued opportunities to come together, share ideas about quality improvement work that they are undertaking, and help each other problem-solve issues and navigate structures.
- **Building Capacity:** As with any training, effort must be made to maintain knowledge and skills and to continue to build expertise. With this goal in mind, the PHSA Alumni Network has started a speaker series to hear from leading experts in the area of quality improvement, in addition to providing advanced courses. Dr. Kaveh Shojania, a former Editor-in-Chief of the BMJ Quality and Safety, as well as the founder of the Centre for Quality Improvement and Patient Safety (CQuIPS) at the University of Toronto, Department of Medicine, launched our speaker series with his talk entitled "What are the right targets for healthcare improvement work in the context of the massive crises we face?". Our other offerings have included a full-day advanced workshop on building a business case for quality improvement projects, by Duncan Campbell, a former CFO for both VCH and Alberta Health Services.



With the report in mind, we have taken a three-pronged approach to the Alumni Network – Building Connections, Building Capacity and Making A Contribution.

- **Making A Contribution:** PQI alumni have an expert skillset in QI which can be leveraged to achieve system wide impacts. With this in mind, we are now demonstrating how alumni can contribute to strategic priorities. One of these efforts is with a project focused on embedding workflow that supports the consistent provision of Advanced Care Planning in the context of using Cerner.

With this framework in place, we look forward to continuing to grow, build connections, and support our alumni in continuing to use their QI skills through the PHSA PQI Alumni Network.

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

QI Project in Focus



Leadership support: Troy Grennan (MD Lead); Natalie Holgerson (RN Lead); Lindsay Barton (RN Educator); Karmen Olsen (Operations Manager), Suki Ludu (Office Coordinator), Mark Gilbert (Medical Director, Clinical Prevention Services)

PQI team: Celine Kim; Pamela Hinada; Bethina Abrahams; Haneen Albayati

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Urgent Dermatologic Assessment for STI Patients

DR. VINCENT VALDREZ, MD, CCFP · PHSA PQI COHORT 5 GRADUATE

BACKGROUND

The BCCDC Provincial STI clinic (655 W12th) provides comprehensive clinical assessment, management, and follow-up for patients who present with concerns related to sexually transmitted infections (STIs); these services are in addition to the BCCDC's role in public health surveillance and clinical guidance across the province. Currently, there is a significant delay in expert assessment of patients who present to the clinic with urgent, non-STI-related dermatologic conditions affecting the genitals. This is, in large part, due to the long wait times that these patients are placed on when they are referred to specialists in the community. Rapid assessment of urgent dermatologic conditions of the genitals is essential to prevent sequelae including sexual dysfunction, infertility, anatomic disfigurement, and at an extreme end, death due to malignancy.

PROJECT AIM

The goal of this project is to reduce the wait time to expert assessment for all patients who present to the STI clinic with urgent dermatologic conditions affecting the genitals, to under 2 weeks, by April 2022.

PROJECT DESIGN/STRATEGY FOR CHANGE

In order to understand the factors related to the problem, various clinical members (i.e. RNs, MDs, admin staff) were solicited to explain the current clinical workflows, as they relate to the assessment of patients who present to the clinic with genital skin complaints. With this information, a root cause analysis was conducted via a Fishbone Diagram and a Driver Diagram (Figure 1) to create a visual representation of the main issues and gaps in care.

In summary, the clinic had no standard approach for expert dermatologic assessment of patients. For example, if a patient presented to the clinic with a genital skin lesion that was ambiguous to the RN/MD initially assessing that patient, the patient may be asked to follow-up with their usual primary care provider; or they may be referred to various specialists in the community. Because of this inconsistency, patients would receive variable degrees of care, and those that were referred out would be placed on long wait lists. Thus, it was decided that the primary strategy for change would be to implement a new workflow that aims to standardize the "referral" process for dermatologic assessment. A secondary strategy for change would involve providing education to the clinical staff about common skin conditions affecting the genitals, in order to enhance the quality and scope of dermatologic care that the clinic would be able to provide.

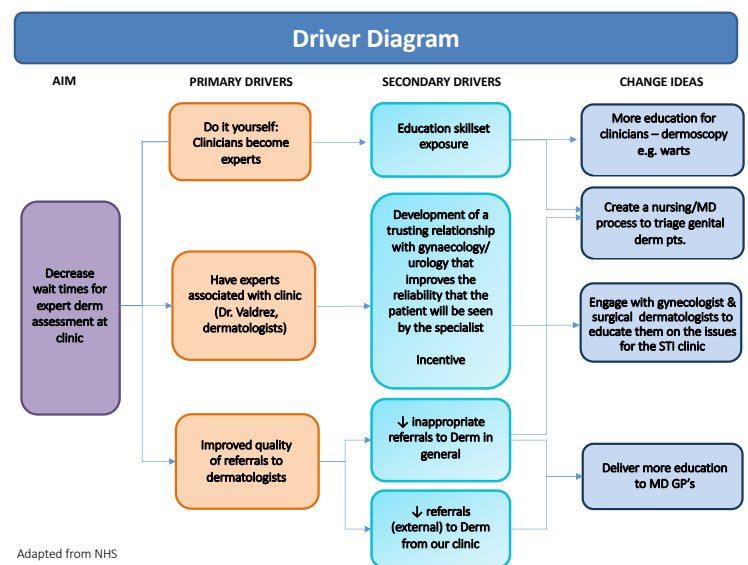


Figure 1: Driver Diagram depicting the issues related to long wait-times for patients requiring dermatologic assessment at 655.

QI Project in Focus

URGENT DERMATOLOGIC ASSESSMENT FOR STI PATIENTS · CONTINUED

CHANGES MADE

Intervention 1: A one-hour presentation of common genital dermatologic conditions (clinical and dermoscopic features) was delivered to the MDs and RNs during a nursing meeting in Fall 2021. The session was recorded and stored for internal use, particularly as a resource for visiting learners and clinicians hired after that time.

Intervention 2: A new workflow was created for the clinicians of 655 and implemented on Jan 27, 2022 (Figure 2). The intention of the workflow was to standardize and expedite the assessment of genital dermatology cases at 655; in essence, it is a triaging system wherein patients with equivocal skin manifestations are initially referred to Dr. Valdrez and seen within a 2-week period. From that point, Dr. Valdrez may manage the cases himself, or may refer them onto further specialized care, as necessary.

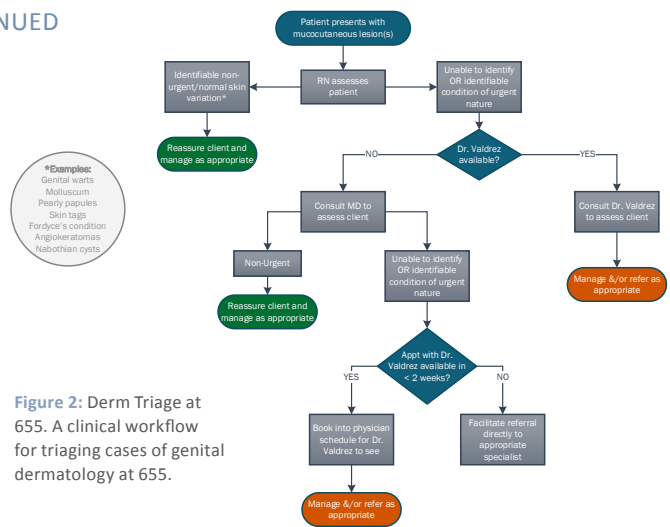


Figure 2: Derm Triage at 655. A clinical workflow for triaging cases of genital dermatology at 655.

IMPROVEMENTS & RESULTS

Following implementation of the new workflow (Figure 2) on Jan 27/22, 100% of patients (n=12) that presented to 655 requiring expert assessment for a genital skin condition were consulted within a 2-week period (Figure 3). Data collection was completed to April 30, 2022, inclusive.

In addition, a survey was disseminated to clinicians following the completion of the data collection to gather feedback on the integration of the new workflow into the existing 655 workflows. In summary, 100% of respondents (n=10) reported that the new workflow is easy to follow; fits within the goals of the clinic; improves patient care; and does not create additional burden on top of usual clinic duties. 8/10 respondents agree that the workflow helped to improve their confidence in assessing common genital dermatologic conditions.

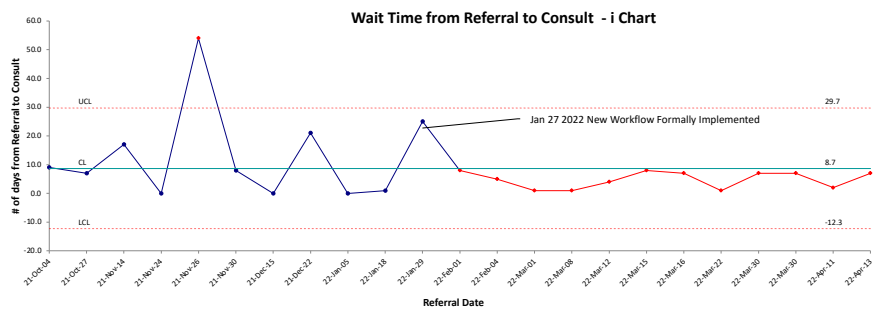


Figure 3: i-chart representing wait times (days) from referral of equivocal/urgent dermatologic cases, to expert assessment/consult.

LESSONS LEARNED

1. Success in PQI is highly dependent on the relationships established with stakeholders. It is essential to maintain their support and engagement throughout the process.
2. A project’s aim should be in line with the culture and goals of the workspace it intends to improve.
3. It is important to consider the longevity of a project to ensure that the changes made in the process are sustained.

NEXT STEPS/SUSTAINABILITY

1. Establishing relationships with specialists in the community (i.e. dermatologists, gynecologists, and urologists) would help to create a reliable database of consultants to whom 655 clinicians can refer patients, should they require further subspecialized assessment. Fostering trusting relationships with these specialists may also help with expediting assessment of urgent cases.
2. Delivering additional teaching sessions in genital dermatology to the clinicians at 655 would help to improve confidence, uphold clinical knowledge, and maintain interest in delivering high quality dermatologic care to STI patients.