

Strengthening Physician Involvement in Quality Improvement



northern health
the northern way of caring

BACKGROUND

Various organizations across British Columbia such as the Ministry of Health, Northern Health (NH), and other provincial organizations (i.e. the Joint Collaborative Committees) have highlighted strengthening physician involvement in quality improvement as a key agenda item. The General Practice Services Committee (GPSC) found great success in supporting physician quality improvement with the evolution of the Divisions of Family Practice and Practice Support Program. NH primary care physicians and their teams have reached substantial success in quality improvement in both the office and clinic settings. New opportunities are emerging through the other Joint Collaborative Committees that focus on supporting facilities and specialists. NH needs to learn from the success in primary care, use the NH Strategic Plan and Quality Framework to guide our direction, and work closely with our internal and external partners to best advocate for our facility and specialist physicians, as well as our primary care physicians. To be successful, NH needs to use a coordinated team approach.



Dr. Abu Hamour (Photo courtesy of the Prince George Citizen, by Brent Braaten)

“Physician engagement in quality improvement is integral to facilitating change and improvement in our healthcare systems.”

—Institute for Healthcare Improvement

What do we want to achieve?

A Collaborative, Team-based Approach to Quality Improvement

Northern Health’s Strategic Plan ensures a culture of continuous quality improvement; where engaged staff and physicians shape an innovative culture in the spirit of collaboration.

The Physician Quality Improvement portfolio has and will continue to:

1. Collaborate with internal Northern Health stakeholders to reach our NH quality improvement goals;
2. Work closely with our external partners to ensure a cohesive approach to quality improvement in our region; and
3. Support our physicians, both locally and regionally, to work with their teams to make the improvements that they want to see in the health care system to reach the best patient outcomes.

How are we going to achieve it?



SHARED UNDERSTANDING OF QUALITY IMPROVEMENT CONCEPTS	Page 4
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REFLECTION AND DATA FEEDBACK	Page 7
---	---------------



MAKING CONNECTIONS	Page 10
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RAISING AWARENESS & CELEBRATION	Page 13
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SHARED UNDERSTANDING OF QUALITY IMPROVEMENT CONCEPTS

Our physicians and key stakeholders suggested:

- Introducing key quality improvement concepts at existing meetings to support meaningful conversations amongst interdisciplinary teams and with administration
- Education: Quality improvement workshops, mentorship, leadership training and the practice support program
- Including quality improvement in recruitment and orientation

What did we do to facilitate this in Year 1?

1. Quality Improvement Assessment

- Conducted interviews and consultations with Medical Directors, regional stakeholders and external partners to identify current state and potential future state
- Developed the Discussion Document outlining the initial findings from the interviews and consultations
- Collated a list of funding opportunities, resources and supports available to physicians for quality improvement
- Completed BC Patient Safety Quality Council's Quality Academy focussed on supporting strengthening physicians involvement in quality improvement
- Conducted broader consultations with the Discussion Document across the region with local Medical Advisory Committees, department meetings and individual physicians
- Presented findings to NH Medical Advisory Committee and NH Executive and shared with various stakeholders



BC Patient Safety Quality Council's Christina Krause

- Worked with the Specialist Services Committee to re-evaluate and expand the role of the Specialist Services Committee Lead based on assessed need
- Brought together a group of key stakeholders and practicing physicians to review the findings and build a draft proposal with the Specialist Services Committee to start to build on our successes
- Coordinated a response to how Northern Health is working to deliver the action items highlighted in the Memorandum of Understanding to support physician engagement
- Adjusted the NH Physician Orientation to include Quality Improvement resources
- Worked with Quality & Innovation to explore and start to delineate various processes, including quality improvements that come through the regional Programs, quality improvements that come following adverse events and quality improvements that stem from local interests

“Organizational success in quality improvement begins with physicians who are knowledgeable about quality improvement strategies”

—Bob Waller, Former CEO Mayo Clinic and Board Member, IHI

2. Quality Improvement Education

- Worked with the UHNBC Medical Staff Association and the Quality & Innovation team to adapt and deliver a quality improvement workshop. To date, over 60 physicians have completed the training and the training was featured at the Jasper Family Weekend Retreat in partnership with Northern Continuing Medical Education

What physicians had to say about the workshop:



- Worked with Risk & Compliance, Operational Leadership and Quality & Innovation to develop and deliver the first regional operations 'Co-Leadership Workshop' with over 70 participants

What co-leaders had to say about the workshop:



- Worked with the UHNBC Health Services Administrator, Chief of Staff and Medical Staff Association leadership to develop and deliver the first site specific operations 'Co-Leadership Workshop'
- Coordinated 10 physicians to attend Sauder Business School leadership training in partnership with the Joint Clinical Committees
- Coordinated 10 physicians to attend other leadership and quality improvement training in partnership with the Joint Clinical Committees through the Leadership Scholarship program

What will we do to facilitate this in Year 2?

- Finalize, submit and implement the Specialist Services Committee proposal in partnership with both internal and external stakeholders.
- Identify and clarify quality improvement terms in partnership with Quality & Innovation and Primary Care stakeholders to support revisions to the Northern Health Quality Framework
- Develop and facilitate quality improvement forums in coordination with NHMAC and Quality & Innovation

- Support the inclusion of Quality Improvement training at the Northern Doctors Day 2016
- Further develop Quality Improvement as a cornerstone for the NHMAC and NH Physician Rules and Bylaws
- Develop, coordinate and accredit a series of site specific co-leadership education opportunities in partnership with Quality & Innovation, Human Resources, Risk and Compliance, Medical Affairs and Operations
- Develop/adapt, coordinate and accredit a Quality Improvement workshop in partnership with Quality and Innovation
- Partner with Primary care to expand the Dartmouth Quality Improvement Training
- Coordinate another 6-8 physicians to attend the Sauder Business School leadership training in partnership with the Joint Clinical Committees
- Coordinate a group of physicians to attend the Institute for Health care Improvement forum in partnership with the Joint Clinical Committees
- Work closely with Quality & Innovation, as well as other partners to further develop processes in relation to quality improvements and physician engagement



Dr. Jel Coward & Dr. Shyr Chui. Photo by Christos Sagiorgis



REFLECTION AND DATA FEEDBACK

Our physicians and key stakeholders suggested:

- Patient feedback that is close to real-time and provide support to engage in quality improvement
- Access to anonymized data feedback (individual, site, program or region) coupled with support with reading data in relation to quality improvement opportunities; scorecards
- Supporting local teams to access and assess data, information and standards to identify and prioritize quality improvements for their site

What did we do to facilitate this in Year 1?

- Worked with Health Information Management Services and UHNBC Medical Leadership to develop an anonymous Physician Inpatient Activity Scorecard for individual physicians to compare themselves to their colleagues on various inpatient activity indicators that is now available upon request
- Worked with Quality & Innovation, Health Information Management Services and Planning & Performance to identify key performance indicators that are (a) of interest to physicians, (b) available at the individual and site level, and (c) align with our NH Board goals
- Continued to work towards the building of a general scorecard for individual physicians that aligns with Board goals
- Worked with the NE Medical Director to develop, administer and analyze a survey to better understand the challenges with surgical assists in Dawson Creek
- Coordinated two lunch forums in Fraser Lake where the physicians and the teams reviewed emergency room data and flow in relation to primary care
- Joined a provincial inter-health authority working group focused on physician performance enhancement and data feedback in acute facilities
- Identified a number of individual and site/department level scorecards from across the province that may be of interest to our Northern physicians



Dr. Becky Temple and Dr. Patrick Rowe. Photo by Christos Sagiorgis

- Started a Quality Academy project focussed on individual physician feedback on hospital admissions in relation to COPD. This quality academy project led by Specialist Services Committee lead is in partnership with UHNBC specialists, health care providers, operational leaders, as well as the Prince George Division of Family Practice, Practice Support Program and NH Planning, Quality & Information Management
- Reviewed various quality reviews from UHNBC Critical Care/ICU and conducted interviews with key stakeholders to identify how/if recommendations had been implemented and identified any barriers



What will we do to facilitate this in Year 2?

- Work closely with Planning & Performance, as well as Health Information Management Services, to develop an anonymous, data feedback 'strategy-driven' scorecard on physician performance that aligns with Board goals and ties to quality improvement supports
- Share scorecard examples with applicable Programs and work closely with Programs to look for opportunities to build individual physician feedback and supports
- Identify opportunities to support quality improvement at the local, site level using data feedback in partnership with the Practice Support Program and Quality and Innovation
- Identify how to provide new Medical Staff Associations with site specific data and information as part of their orientation to quality improvement in partnership with our internal and external partners
- Build capacity with our partners to support NH with quality improvement data requests

- Implement various changes using data feedback in a variety of examples, including the COPD data feedback in Prince George and survey data in Dawson Creek



MAKING CONNECTIONS

Our physicians and key stakeholders highlighted the need to facilitate:

- Internal connections to existing quality improvement resources, tools, initiatives and to other teams
- External connections to support a cohesive approach to advocating for our physicians to access resources, tools, provincial initiatives and other teams throughout the province

What did we do to facilitate this in Year 1?

- Several internal partnerships to support both Quality Improvement and Co-Leadership Education: Partnerships included Quality & Innovation, Risk & Compliance, UHNBC Medical Staff Association, UHNBC Operational Leadership, Northern Continuing Medical Education, and Innovation Development Commons
- Collaborated with Northern Continuing Medical Education, the Practice Support Program and the UBC Continuing Practice Development to conduct a broad consultation in relation to practice development and education needs in Vanderhoof, Prince George, Ft St John, Hudson's Hope, Chetwynd and Dawson Creek



Back: Dilys Leung and Dr. Ray Markham; Front: Peter Martin, Candice Manahan, Denys Smith, Andrea Keesey, Dr. Alan Ruddiman

- Coordinated several submissions (over \$400,000 total) to the Health Care Redesign fund on behalf of Northern Health in partnership with various internal stakeholders and the Joint Collaborative Committees
- Worked with the Northern Interior Rural Division and Medical Affairs to submit a successful proposal (approximately \$850,000 over 3 years) to the Joint Standing Committee on Rural Issues for a floating locum pool
- Worked with the Chief Medical Information Officer at Northern Health to submit a successful proposal (approximately \$100,000) to the Joint Standing Committee on Rural Issues to expand a secure texting pilot
- Worked with specialist physicians from across the region, as well as Medical Staff Associations, Medical Leadership, Divisions of Family Practice, Specialist Services Committee, Ministry of Health and Doctors of BC, as well as various NH stakeholders including Planning, Quality and Information Management, Primary Care, and Programs to draft and circulate a proposal to the Specialist Services Committee (asking \$1.2 million ongoing/year)
- Coordinated collaboration to submit a successful proposal (\$500,000) focussed on recruiting physicians to Burns Lake; Partnerships included Northern Interior Rural Division, local physicians, NH Operational & Medical Leadership, Medical Affairs, First Nations Health Authority and the Village of Burns Lake, as well as the Joint Standing Committee on Rural Issues



- Worked closely with the Specialist Services Committee Facility-Based Engagement Initiatives to explore and identify opportunities for Medical Staff Associations in our region
- Partnered with the local physicians, NH Information Technology Services, UBC/UNBC, Northern Partners in Care, NH Programs and the VP Medicine to develop, accredit and facilitate a Telehealth Workshop for approximately 70 participants to identify the current state of telehealth and co-create a future state for our region.
- Brought together appropriate stakeholders to explore opportunity for clinical trials in cardiac services in Prince George

What will we do to facilitate this in Year 2?

- Continue to work closely with our various internal stakeholders to develop, accredit and facilitate co-leadership and quality improvement education at Northern Health
- Continue to work closely with the Steering Committee for the Burns Lake project to implement the various strategies to support physician recruitment in this community and provide quarterly reports on progress
- Submit, monitor and report on several Redesign proposals on behalf of Northern Health in partnership with the Joint Collaborative Committees
- Work with specialist physicians from across the region, as well as Medical Staff Associations, Medical Leadership, Divisions of Family Practice, Specialist Services Committee, Ministry of Health and Doctors of BC, as well as various NH stakeholders including Planning, Quality and Information Management, Primary Care, and Programs to submit a proposal to the Specialist Services Committee and implement the proposal in our region (asking \$1.2 million ongoing/year)
- Support the various Shared Care and Specialist Services Committee initiatives on behalf of Northern Health
- Work with Northern Continuing Medical Education to identify and clarify the process for accreditation and how to support virtual Rounds for our region



Candice Manahan. Photo by Christos Sagioris

- Work with Practice Support Program, Northern Continuing Medical Education and UBC Continuing Practice Development to continue the regional consultation and integrate services to support physician quality improvement and education needs.



RAISING AWARENESS & CELEBRATION

Physicians and stakeholders recommended that we needed to focus energy on celebrating success:

- Highlight teamwork and develop a formal recognition for quality improvement efforts
- Share stories for learning in a 'no blame culture' and to spread innovation



Dr. Fareen Din and patient. Photo courtesy of the Citizen, by Brent Braaten

What did we do to facilitate this in Year 1?

- Incorporated a standing agenda item at NHMAC to highlight successes and quality improvement stories paired with thank you/ congratulations note to recognize these efforts
- Worked with Medical Affairs and the Innovation Development Commons (IDC) to capture UBC Resident Year 2 research projects and highlight them on the Physician Website and the IDC website
- Worked with Physician Engagement Coordinator to develop 4 website articles highlighting physician led quality improvements in the Northern Health region
- Developed abstracts and nomination letters for various conferences and awards opportunities to highlight quality improvement work done by our physicians and teams
- Joined provincial working groups focused on physician engagement

What will we do to facilitate this in Year 2?

- Develop Physician Engagement Plan
- Work with Physician Engagement Coordinator to develop a webpage dedicated to quality improvement on the NH Physician Website
- Work with our physician champions to submit abstracts to various quality improvement and research conferences to help them share their accomplishments
- Create a space at NHMAC to showcase quality improvement projects
- Identify how to work with existing recognition programs to build our recognition efforts



Dr. Marius Pienaar. Photo by Dr. Pienaar's team

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Northern Health

- Medical Director team and VP Medicine
- Northern Health Medical Advisory Committee (NHMAC)
- Quality and Innovation
- Medical Affairs
- Planning and Performance
- Chronic Disease Program (Renal, Blood Borne Pathogens, Cardiac and Oncology)
- Primary Care/Practice Support Program
- Finance (Physician Compensation and Financial Planning & Budgeting)
- Risk and Compliance
- Innovation Development Commons
- Clinical Programs
- Information Technology Services (Telehealth)
- Education (Northern Continuing Medical Education)
- Operational leadership, physicians and staff

Partners

- Doctors of BC
- Joint Clinical Committees (Doctors of BC, Ministry of Health and B.C.'s Health Authorities)
- Northern B.C.'s Medical Staff Associations (UPIC & TPIC)
- Northern BC's Divisions of Family Practice (Prince George, Northern Interior Rural, North Peace and North West)
- Joint Standing Committee on Rural Issues and Rural Coordinating Center for BC
- Northern Partners in Care
- UBC Rural Continuing Practice Development
- BC Patient Safety Quality Council
- Interhealth Authority Physician Quality Improvement Group
- UBC Sauder Business School: Physician Leadership
- First Nations Health Authority
- The Village of Burns Lake



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