

Innovative Capacity Building Strategies

Innovative Change Strategies for Patient Safety

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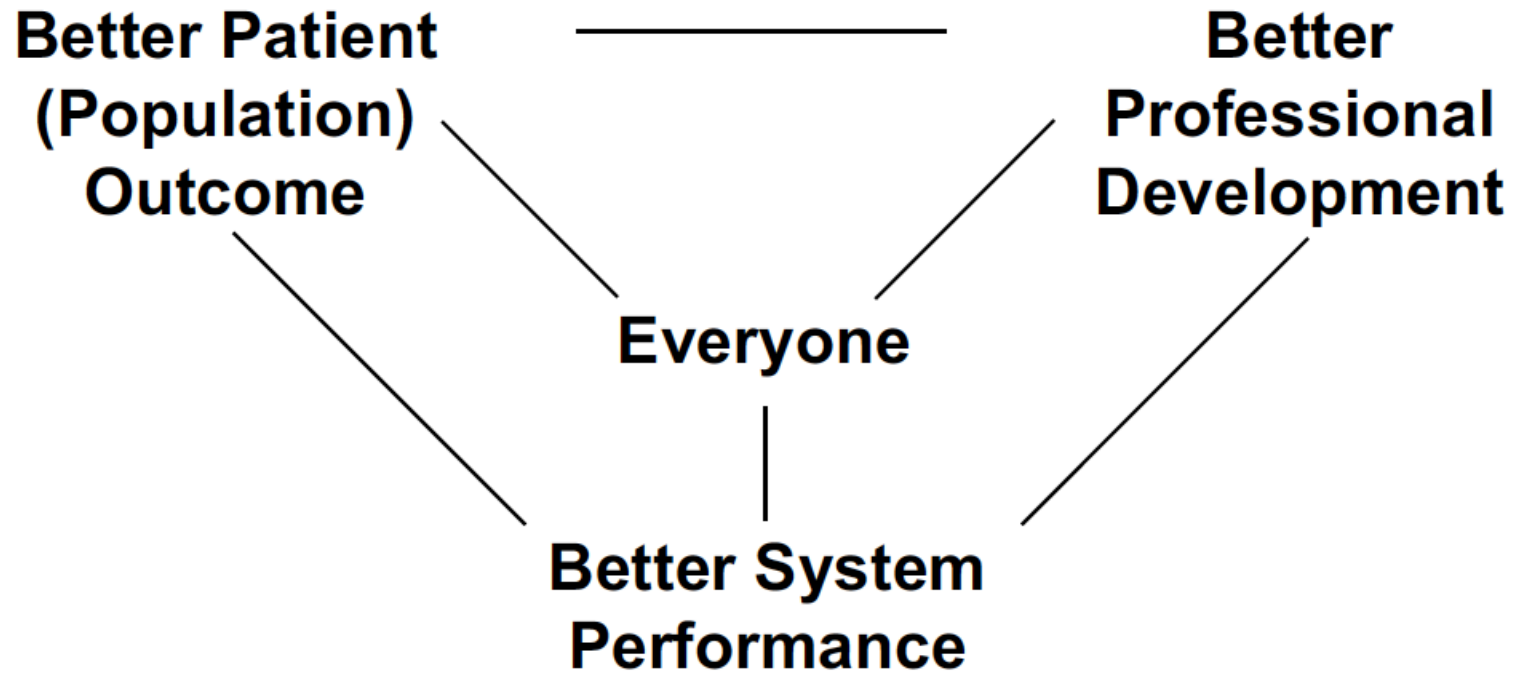
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Outline

- Why build capacity?
- Traditional approaches
- Innovative approaches



Batalden and Davidoff's Definition of Quality Improvement in Health Care





With Andrea, I had my first experience with the kind of harm that comes not from insufficient safety knowledge or understanding but from poor communication. Through that encounter, I experienced the harm that can occur when team members feel they cannot speak up.

A medical student's fear of raising questions endangered a patient. Here, as a resident, he explores the dangers of this "hidden curriculum" with his advisers.

BY JOSHUA M. LIAO, WITH ERIC J. THOMAS AND SIGALL K. BELL

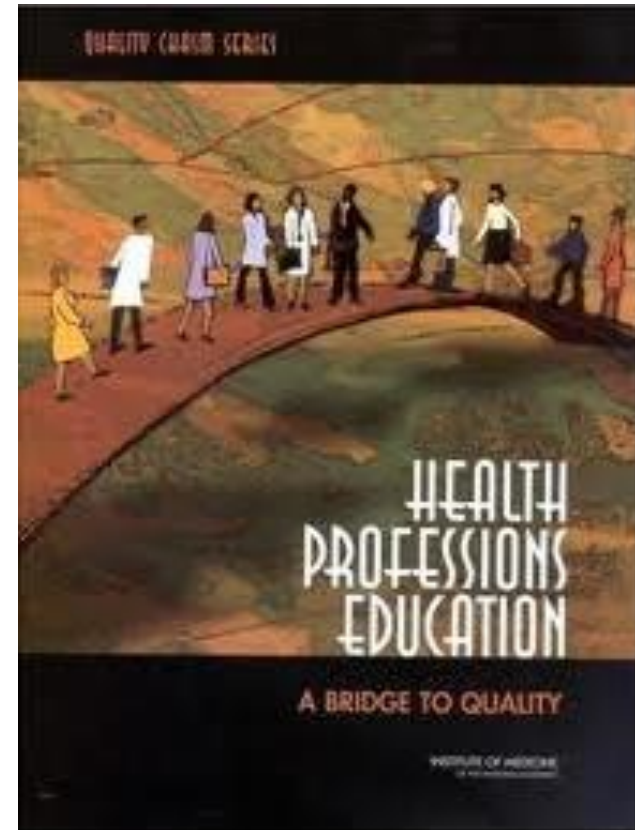


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IOM Report on HPE

1. Provision of patient-centered care
2. Work in interdisciplinary teams
3. Employment of evidence-based practices
4. Application of quality improvement concepts
5. Use of informatics



Institute of Medicine 2003 (iom.edu)



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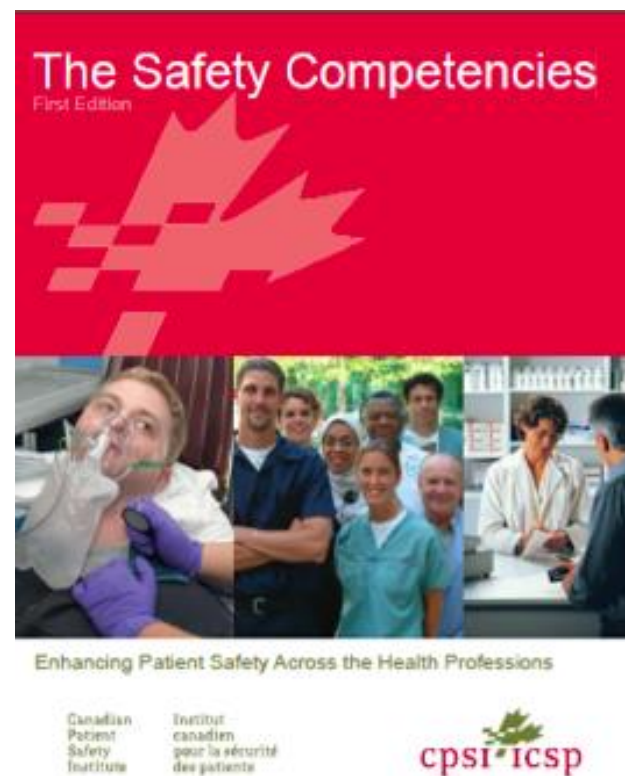
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CPSI Safety Competencies

1. Contribute to a patient safety culture
2. Work in teams
3. Communicate effectively
4. Manage safety risks
5. Optimized human and environmental factors
6. Recognize, respond to and disclose adverse events



CPSI (safetycomp.ca)



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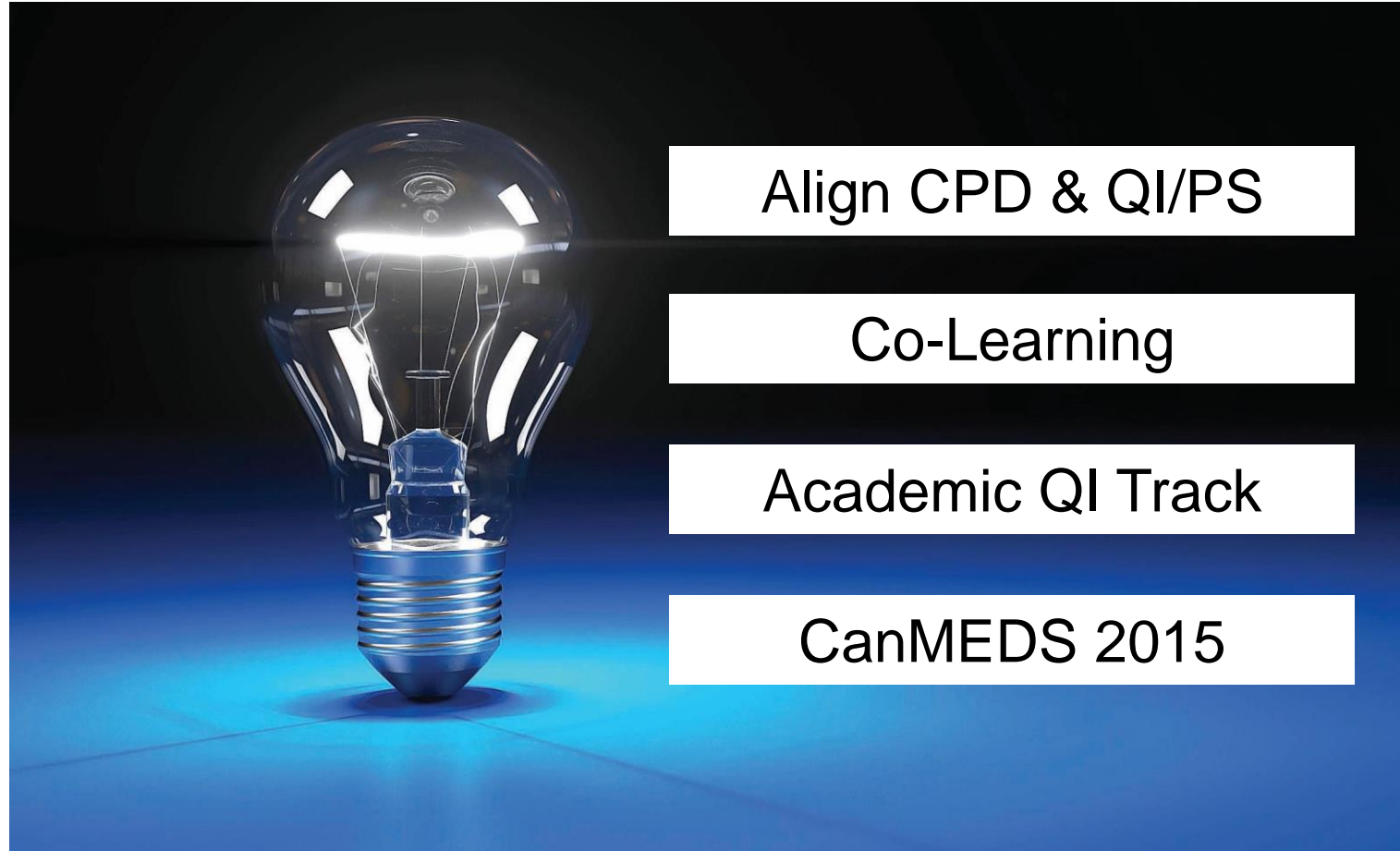
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Current Training Opportunities

- Canadian Patient Safety Institute
 - PSEP, Patient Safety Officer Course
- Royal College
 - ASPIRE
- Provincial Quality Councils
 - BCPSQC Quality Academy, HQO IDEAS
- University-based training programs
 - Certificate courses (Calgary, Toronto, Ottawa)
 - Graduate Programs (Queen's, Toronto)



Innovative Capacity Building



Aligning CPD with CQI

IMPROVING PATIENT CARE

ACADEMIA AND THE PROFESSION

Continuing Medical Education and Quality Improvement: A Match Made in Heaven?

Kaveh G. Shojania, MD; Ivan Silver, MD, MEd; and Wendy Levinson, MD

New models of continuing medical education (CME) seek not only to impart knowledge but to change physicians' behavior and even play a role in facilitating organizational improvement. These CME models thus share some of the same basic goals as the field of quality improvement (QI), namely behavioral change and systems redesign to improve patient outcomes.

This article provides some practical ideas about how CME providers and QI experts may beneficially integrate these 2 fields. It outlines several models for harnessing the existing engagement in

traditional CME to achieve the goal of equipping practitioners with knowledge and skills related to QI, while also addressing the widely recognized problems with traditional CME. The authors touch on possible incentives to make such integrated models of CME and QI attractive to practitioners.

Ann Intern Med. 2012;156:305-308.

For author affiliations, see end of text.

www.annals.org

Ann Intern Med 2012;156:305



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Embedding the Promotion of QI in CPD Activities

1. Highlight clinical areas with quality problems in traditional CPD
2. Explicitly add QI content in CPD on specific clinical topics
3. Supplement CPD with post-event deliverables
4. Embed CPD activities in larger QI initiatives

Ann Intern Med 2012;156:305



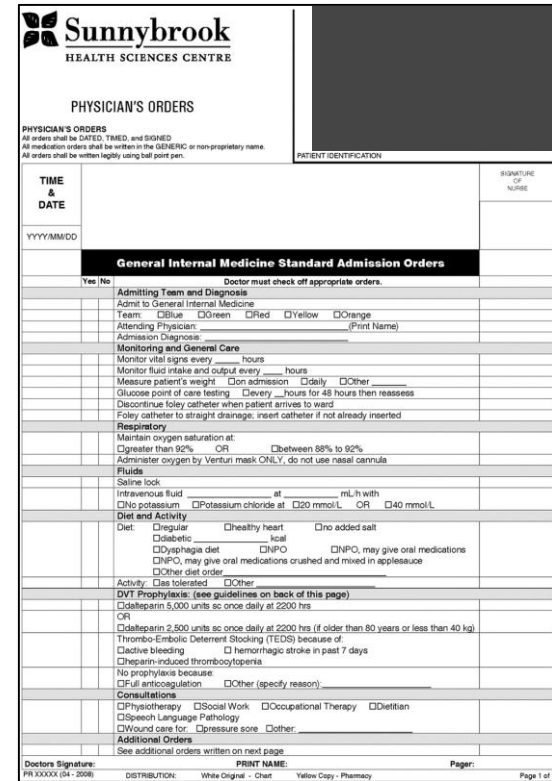
1. Highlight clinical areas with quality problems

- Low VTE prophylaxis rates in hospitalized pts
- Tests lost to follow up
- Readmission rates in heart failure



2. Add QI content to clinical topics

- Include local performance data related to topic of interest
- Introduce participants to interventions that can improve adherence to VTE guidelines (e.g., standardized order sets)



The image shows a 'Physician's Orders' form from Sunnybrook Health Sciences Centre. The form is titled 'PHYSICIAN'S ORDERS' and includes a section for 'General Internal Medicine Standard Admission Orders'. It contains various checkboxes and input fields for medical orders, such as 'Admitting Team and Diagnosis', 'Monitoring and General Care', 'Respiratory', 'Fluids', 'Diet and Activity', and 'DVT Prophylaxis'. The form also includes a section for 'Additional Orders' and a signature line for the doctor.

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PHYSICIAN'S ORDERS

PHYSICIAN'S ORDERS
All orders shall be DATED, TIMED, and SIGNED
All medication orders shall be written in the QIBS/BCD or non-proprietary name.
All orders shall be written legibly using ball point pen.

PATIENT IDENTIFICATION

SIGNATURE OF NURSE

TIME & DATE
YYYY/MM/DD

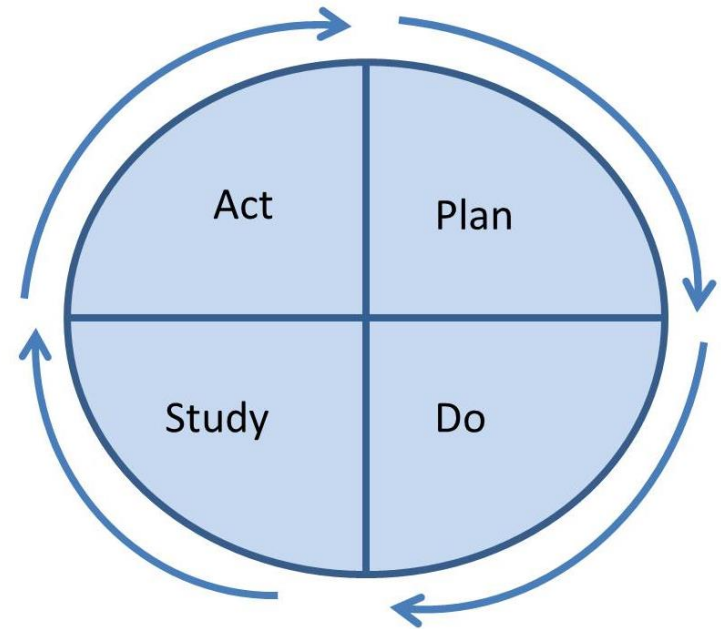
General Internal Medicine Standard Admission Orders

Yes	No	Doctor must check off appropriate orders.
		Admitting Team and Diagnosis
		Admit to General Internal Medicine
		Team: <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Orange
		Attending Physician: _____ (Print Name)
		Admission Diagnosis
		Monitoring and General Care
		Monitor vital signs every _____ hours
		Monitor fluid intake and output every _____ hours
		Measure patient's weight <input type="checkbox"/> On admission <input type="checkbox"/> Daily <input type="checkbox"/> Other
		Glucose point of care testing <input type="checkbox"/> Every _____ hours for 48 hours then reassess
		Discontinue Foley catheter when patient arrives to ward
		Foley catheter to straight drainage, insert catheter if not already inserted
		Respiratory
		Maintain oxygen saturation at:
		<input type="checkbox"/> Greater than 92% <input type="checkbox"/> Between 88% to 92%
		Administer oxygen by Venturi mask ONLY, do not use nasal cannula
		Fluids
		Saline lock _____
		Intravenous fluid _____ at _____ mL/h with
		<input type="checkbox"/> No potassium <input type="checkbox"/> Potassium chloride at <input type="checkbox"/> 20 mmol/L <input type="checkbox"/> OR <input type="checkbox"/> 40 mmol/L
		Diet and Activity
		Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Healthy heart <input type="checkbox"/> No added salt
		<input type="checkbox"/> Diabetic <input type="checkbox"/> Local <input type="checkbox"/> Dysphagia diet <input type="checkbox"/> NPO <input type="checkbox"/> NPO, may give oral medications
		<input type="checkbox"/> NPO, may give oral medications crushed and mixed in applesauce
		<input type="checkbox"/> Other diet order
		Activity: <input type="checkbox"/> As tolerated <input type="checkbox"/> Other
		DVT Prophylaxis: (see guidelines on back of this page)
		<input type="checkbox"/> Dabigatran 5,000 units so once daily at 2200 hrs
		<input type="checkbox"/> OR
		<input type="checkbox"/> Dabigatran 2,500 units so once daily at 2200 hrs (if older than 80 years or less than 40 kg)
		Thrombo-Embolic Deterrent Stocking (TEDS) because of:
		<input type="checkbox"/> Active bleeding <input type="checkbox"/> hemorrhagic stroke in past 7 days
		<input type="checkbox"/> Heparin-induced thrombocytopenia
		No prophylaxis because:
		<input type="checkbox"/> Full anticoagulation <input type="checkbox"/> Other (specify reason): _____
		Consultations
		<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Social Work <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Dietitian
		<input type="checkbox"/> Speech Language Pathology
		<input type="checkbox"/> Wound care for _____ <input type="checkbox"/> Pressure sore <input type="checkbox"/> Other: _____
		Additional Orders
		See additional orders written on next page
		Doctors Signature: _____ PRINT NAME: _____ Pager: _____
		PH XXXXX (04 - 2008) DISTRIBUTION: White Original - Chart Yellow Copy - Pharmacy Page 1 of 1



3. Supplement with QI deliverables

- Participants audit their VTE practices after the CPD event
- Reflect on their results and implement changes
- Re-audit to see if VTE practices improved



4. Embed CE in larger QI initiatives

- Safer Healthcare Now Canada launches a national campaign to improve VTE prophylaxis
- CPD activities designed to promote elements of the campaign



Co-Learning Curriculum in QI



Guiding Design Principles

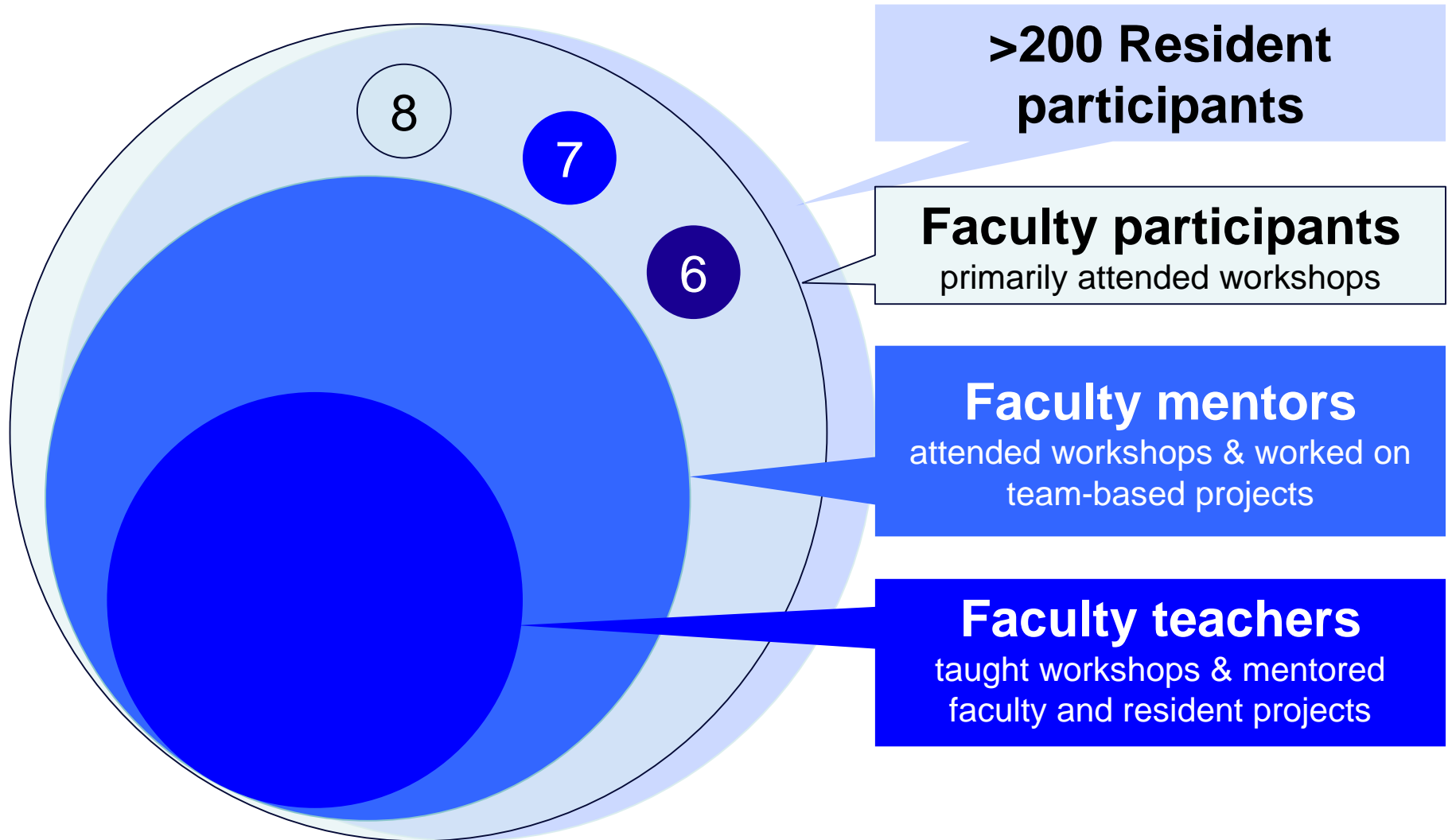
- Residents and faculty are **co-learners**
- Residents work with a faculty lead in teams to carry out their **QI project**
- QI projects should align with divisional QI **priorities**



Faculty Participants (2011-14)

Clinician teacher	12 (40%)	Associate professor	9 (30%)
Clinician educator	6 (20%)	Assistant professor	16 (53%)
Clinician in quality & innovation	5 (17%)	Lecturer	4 (13%)
Clinician investigator	3 (10%)	Clinical associate	1 (3%)
Clinician scientist	2 (7%)		
Clinician administrator	1 (3%)		
Clinical associate	1 (3%)		





February 18, 2009, Vol 301, No. 7 >

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Commentary | February 18, 2009

Clinicians in Quality Improvement A New Career Pathway in Academic Medicine

Kaveh G. Shojania, MD; Wendy Levinson, MD, MPH

JAMA. 2009;301(7):766-768. doi:10.1001/jama.2009.140.

Text Size: [A](#) [A](#) [A](#)



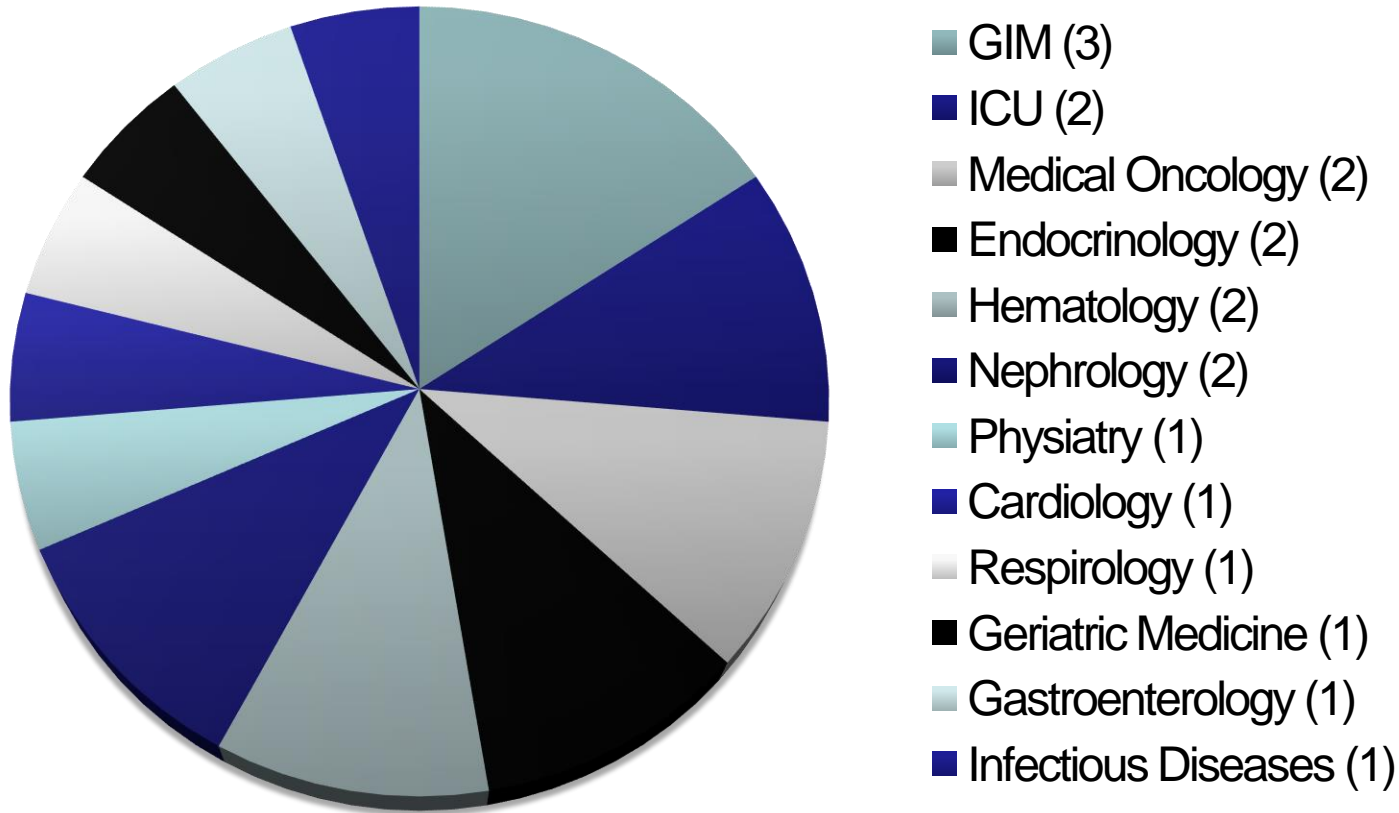
Clinician in Quality and Innovation

- New Job Description in the U of T DOM
 - Recognizes **scholarly** work focused primarily on enhancing health outcomes through leadership and collaboration around healthcare **improvement** and **innovation** activities
- Broadly encompasses QI, patient safety, KT, health informatics etc.



Clinicians in Quality & Innovation

- 19 CQIs in DoM (18 Asst. Prof, 1 Assoc. Prof)

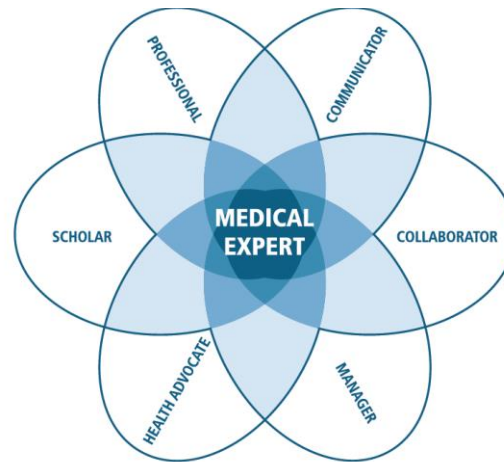


The Draft CanMEDS 2015 Physician Competency Framework

Series I

Series II

Series III



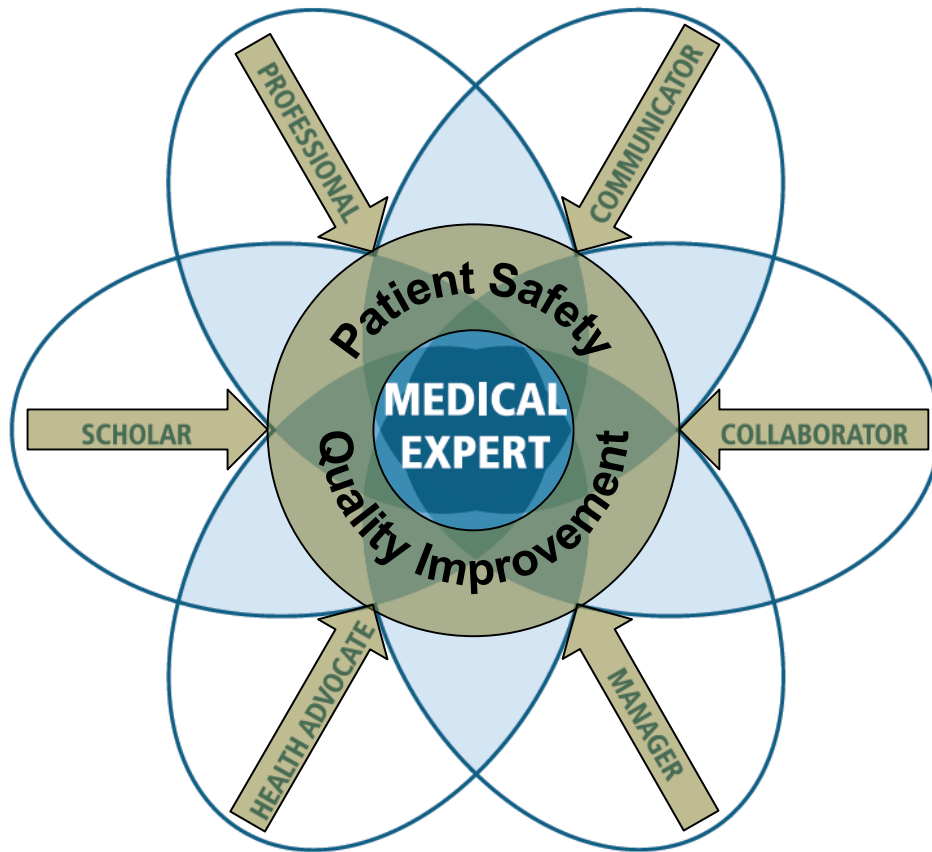
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Integrating PS/QI into CanMEDS 2015

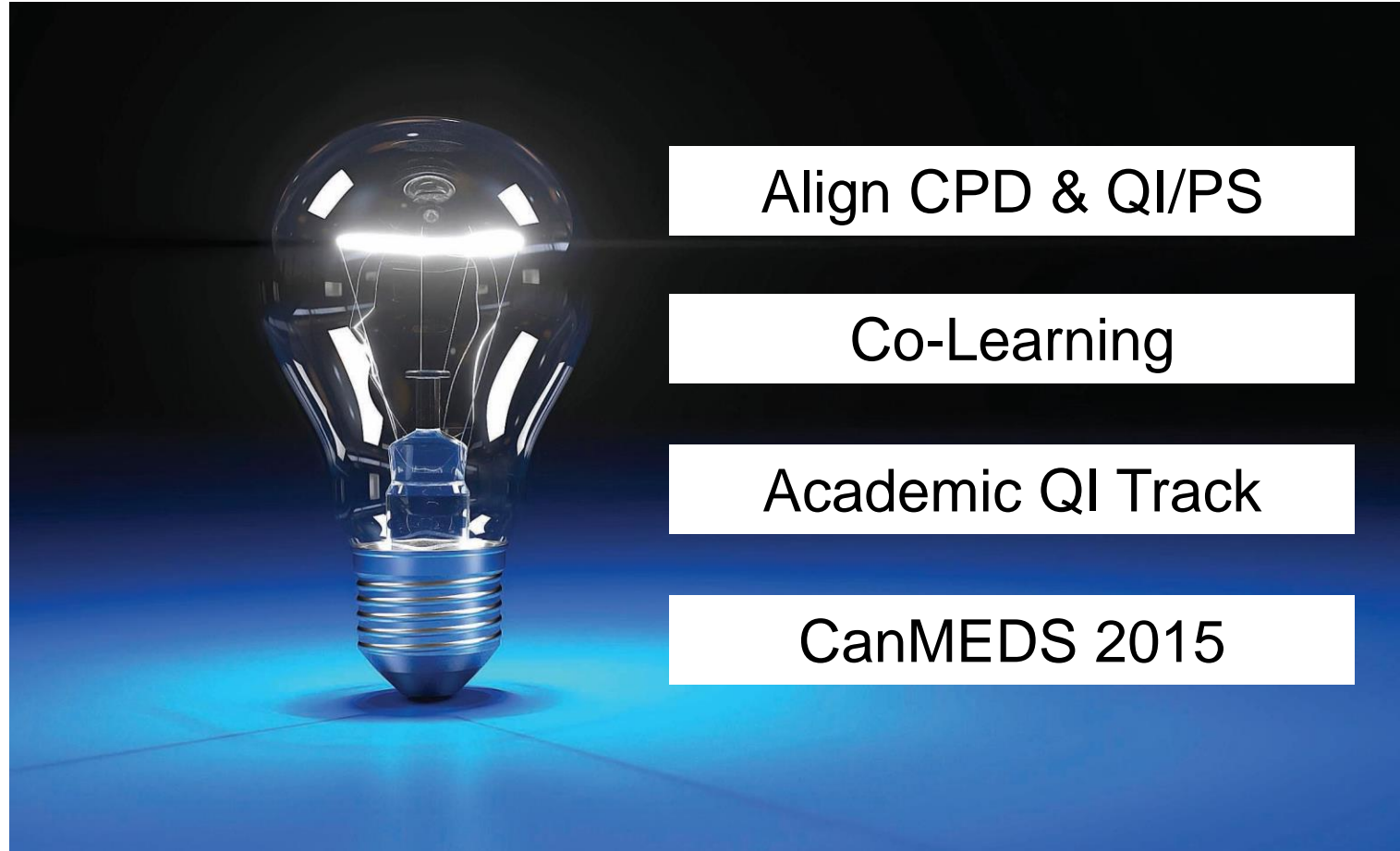


“Everyone in healthcare has two jobs when they come to work every day: To do their work and to improve it.”

Batalden and Davidoff



Innovative Capacity Building



Align CPD & QI/PS

Co-Learning

Academic QI Track

CanMEDS 2015



Thank You

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