Saving Seconds, Saving Lives: Using a Quality Improvement Framework to Enhance Cardiac Arrest Preparedness in a Middle School Setting

Project Team

Physician Lead: Dr. Michelle Tousignant

Project Participants: Kim Ruether, Janica Blaikie, Anne Guilfoyle, Nicole Zorotheos, Karen MacEwan, Mary Stambulic, Tyler Bravo, Dr. Dana Hubler, Dr. Ava Butler, and Katie Hopper

AIM

By April 20, 2025, time to effective simulated defibrillation will be decreased to 5 minutes or less in a simulated school cardiac arrest with a grade 6/7 class responding at Royal Oak Middle School.

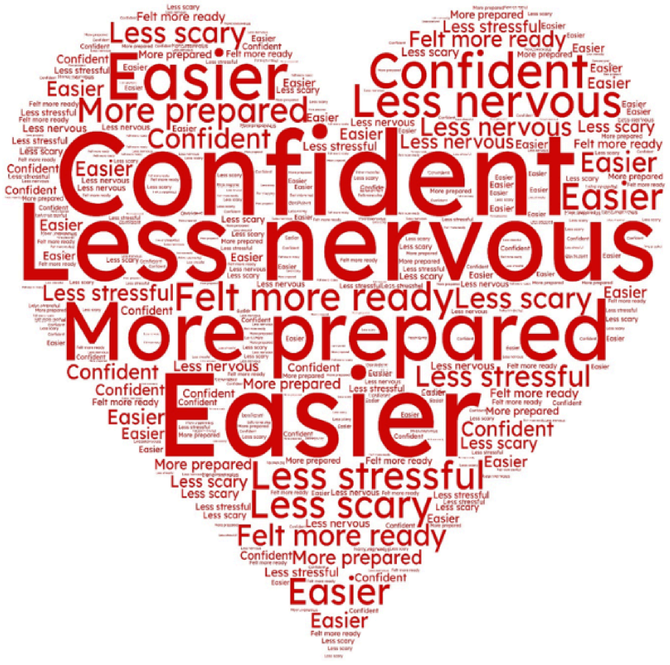
RATIONALE

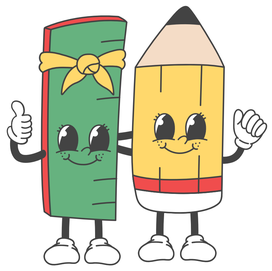
Survival from out-of-hospital cardiac arrest in youth is 6-9%, largely due to delays in recognition and response. At Royal Oak Middle School, simulated scenarios revealed AED response times over 10 minutes —corresponding to survival chances under 10%—underscoring the urgent need for earlier CPR/AED training when every second counts.



> "I felt much **more prepared and confident** in what I am supposed to do."
>
> *Grade 6/7 Royal Oak Middle School student*

Student responses to survey question: "How did the [simulation] feel [post CardiacCrash]? Did you feel more prepared or less nervous?" (n=21) (February 2024)





MEASURES

Outcome Measure:

- Time to first effective shock (minutes)

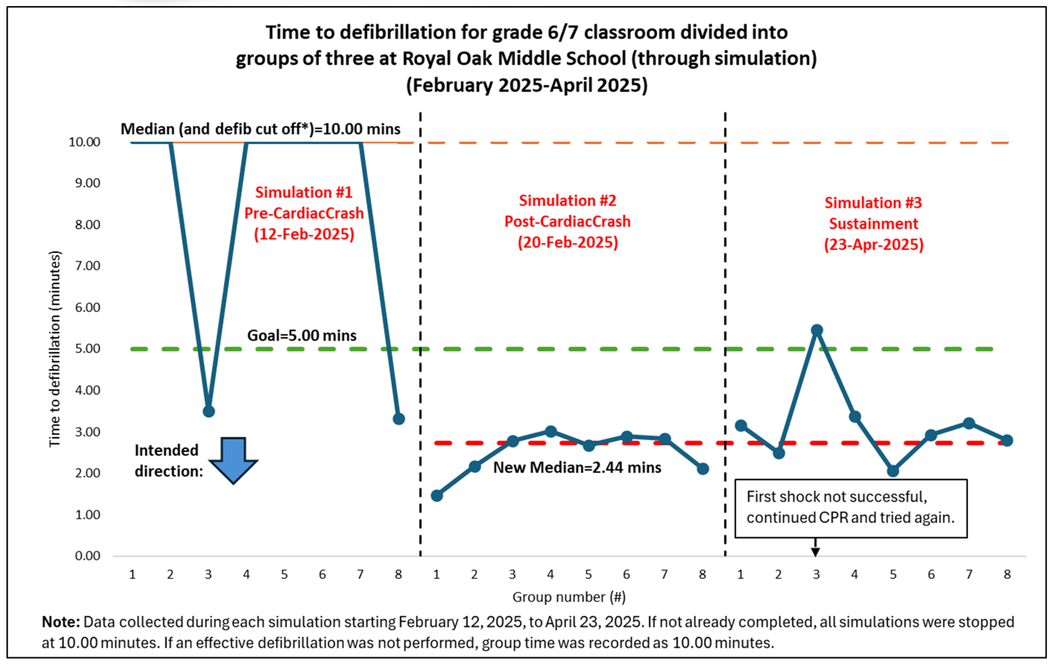
Process Measures:

- Number (#) of resuscitation steps completed
- Time to 911 call (seconds)
- Time to initiation of CPR (seconds)

Balancing Measures:

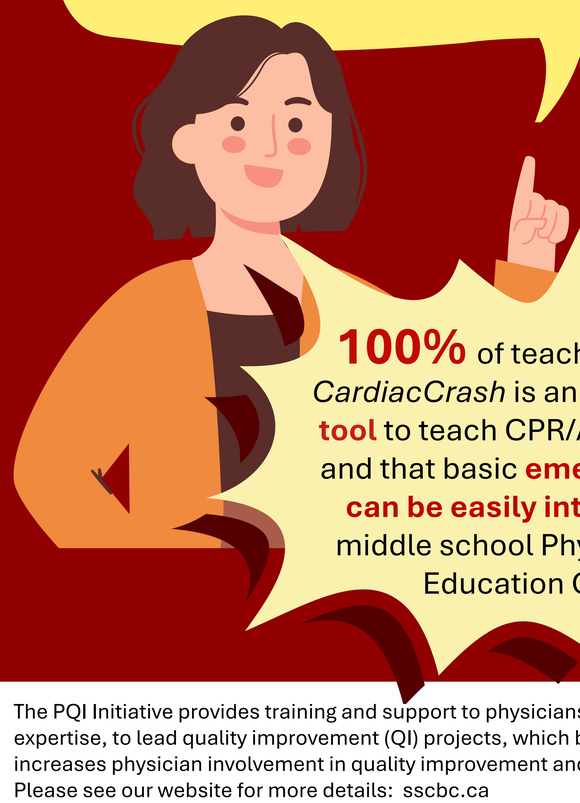
- Disruption of classroom time
- Increased workload for teachers

Following *CardiacCrash*, **75% of student groups performed all resuscitation steps correctly,** with most **initiating CPR within 30 seconds** and **calling 911 within one minute**



Note: Data collected during each simulation starting February 12, 2025, to April 23, 2025. If not already completed, all simulations were stopped at 10.00 minutes. If an effective defibrillation was not performed, group time was recorded as 10.00 minutes.

> "It's inspiring to see the impact of [*CardiacCrash*], and **I would love to support efforts to expand access** to CPR/AED education"



100% of teachers agreed that *CardiacCrash* is an **effective learning tool** to teach CPR/AED skills to youth and that basic **emergency concepts can be easily integrated** into the middle school Physical and Health Education Curriculum

LESSONS LEARNED

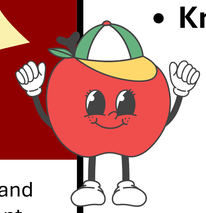
- **Simulation as a Catalyst:** *CardiacCrash's* success was closely tied to simulations, which boosted student confidence and engagement
- **CPR is Teachable Without Clinicians:** After two sessions, teachers felt ready to lead without clinicians. Students were eager to share *CardiacCrash* with peers
- **Empowerment over Perfection:** Students don't need perfect technique—just courage to act. Calling 911, starting CPR, and using AED can save lives

NEXT STEPS

- **Build for Sustainability:** Create a change package to support long-term implementation at Royal Oak Middle School and beyond
- **Support & Train:** Offer CPR/AED refreshers and guidance for *CardiacCrash* facilitation
- **Mentor & Scale:** Empower a few teachers at each school to mentor student facilitators using a train-the-trainer model

HOW CAN YOU GET INVOLVED?

- **Bring *CardiacCrash* to Your School**
- **Take a CPR/AED Course**
- **Advocate for Public AEDs**
- **Know the Warning Signs of SCA in Youth:**
  - Fainting or seizures with activity or excitement
  - Consistent chest pain and/or trouble breathing with exercise
  - Family history of sudden, unexplained death under 40



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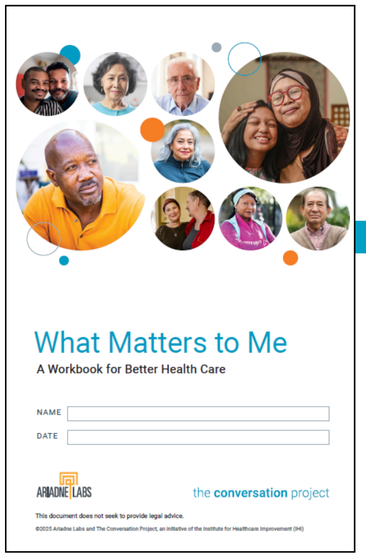
Central Vancouver Island What Matters to You Project

Project Team: Dr. Adam Hoverman (Physician Lead), Taranjot Kaur (Medical Student), Crystal Parteneau (Clinic Manager), Jenny Kirschner (Pharmacist), Lindy Kelman (Housing Support Subject Matter Expert), Polina Petlitsyna and Janet Bauer (Patient Partners), Bobbi Symes (Operational Sponsor), Christy Wood (Executive Sponsor), Ahn Phan (Master Public Health Student)



AIM STATEMENT

By end of June 2025, 50 patients (from panel) will have obtained, self-reflected, completed & returned a community-obtained *What Matters to Me* workbook with "What does a good day look like?" answered

RATIONALE

Shifting the conversation from "what's the matter with you?" to "what matters to you?" is a vital cornerstone for social prescribing efforts. Motivating such conversations as early as possible in a person's caregiving journey can improve goal-concordant care, patient & family quality of life, and resource use/cost ratios. Implementing the What Matters to Me (WMTM) workbook **via community pharmacies offers an opportunity for strengthening interprofessional collaborations** between primary care and community pharmacies to improve efficiency and accessibility for social prescribing and "What Matters to You" efforts across British Columbia.



ACTION TAKEN

- **PDSA #1:** Engaged Save-On-Foods pharmacy (Country Club)
- **PDSA #2:** Engaged four more pharmacies –Save-On-Foods (Woodgrove), Rexall (Bowen & Dufferin), London Drugs (Port Place), and Pharmasave (Westhill)
- **PDSA #3:** Distributed workbooks at front desk of Wellington Medical Clinic

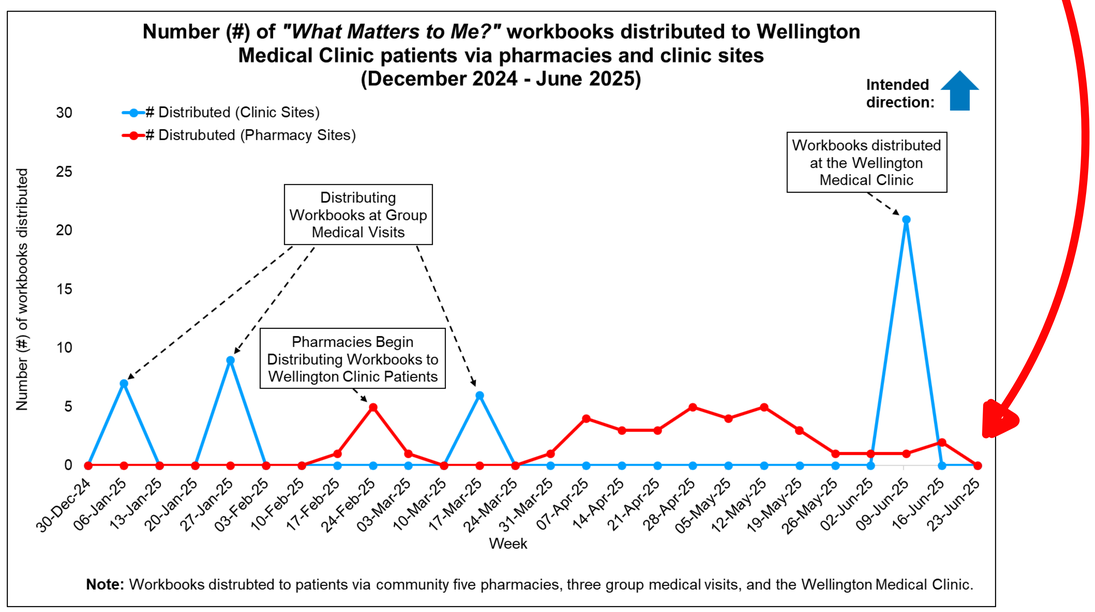
OUTCOME MEASURE:

9 pharmacy obtained WMTM workbooks returned to Wellington Medical Clinic with "What does a good day?" answered

PROCESS MEASURES:

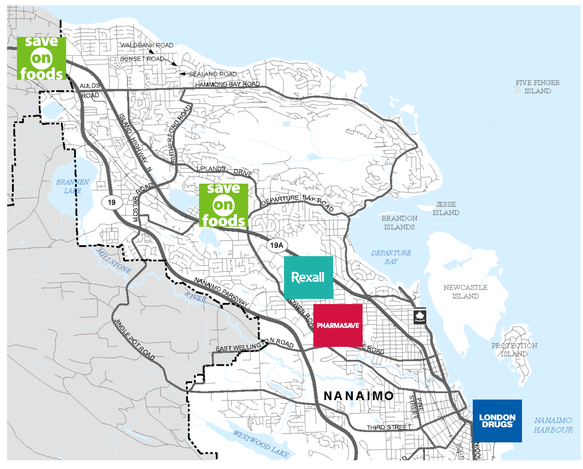
243 WMTM workbooks distributed to five community pharmacies (cumulative)

39 WMTM workbooks collected by patients at one of five participating community pharmacies



Of the 31 patients contacted by the clinic MOA to confirm receipt of their pharmacy-obtained WMTM workbook, **39% were aware**, and **23% were pleased** with having received it

42 total unique touchpoints with **pharmacists** & **pharmacy technicians** by project team members



Participating community pharmacies

LESSONS LEARNED

- Pharmacists and pharmacy technicians can be vital champions for social prescribing, often with more frequent patient contact than the clinic.
- Improving real-time communication & collaboration between primary care networks and community pharmacists without standing technology use (e.g. email, telephone), is hard work.
- Motivating patient interest & engagement in the co-production of health & social care, is also hard work.
- When pharmacy staff are also social prescribing advocates, project champions emerge.

NEXT STEPS

- Integration of patient, pharmacy, and MOA champions into local & provincial social prescribing and Patient Voices Network efforts.
- Continue collaborating with City of Nanaimo Social Planning Department for the distribution of the What Matters to Me workbook in libraries and community centers.
- Collaborate with First Nations Health Centers & Child/Family Services, Friendship Centers, Vancouver Island University elders and DoFP Indigenous liaisons to request input, feedback, and guidance on further community-based implementation efforts for social prescribing and the WMTM workbook.

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Cutting double waitlists: Improving Resource Access for Children with Developmental Needs Awaiting Pediatric Developmental Care

PROJECT TEAM

Physician Leads: Dr. Barbara Lelj and Dr. Chris Harper
Project Sponsorship: Maria Whittaker (Medical Office Manager)

RATIONALE



- There is a significant limitation in the capacity for consultative pediatricians
- Children referred for behavioural/developmental concerns are routinely waiting up to 12 months to be seen by a pediatrician
- While we provide diagnostic assessment and psychoeducation, consulting pediatricians do not provide non-pharmacological therapeutic interventions for ADHD, autism, or anxiety. Timely intervention for these concerns is critical in the early developmental period
- It is unfortunate when children and families face successive wait lists for appropriate therapists, when these services are free, publicly available, and access referrals from all primary care providers

ACTION TAKEN

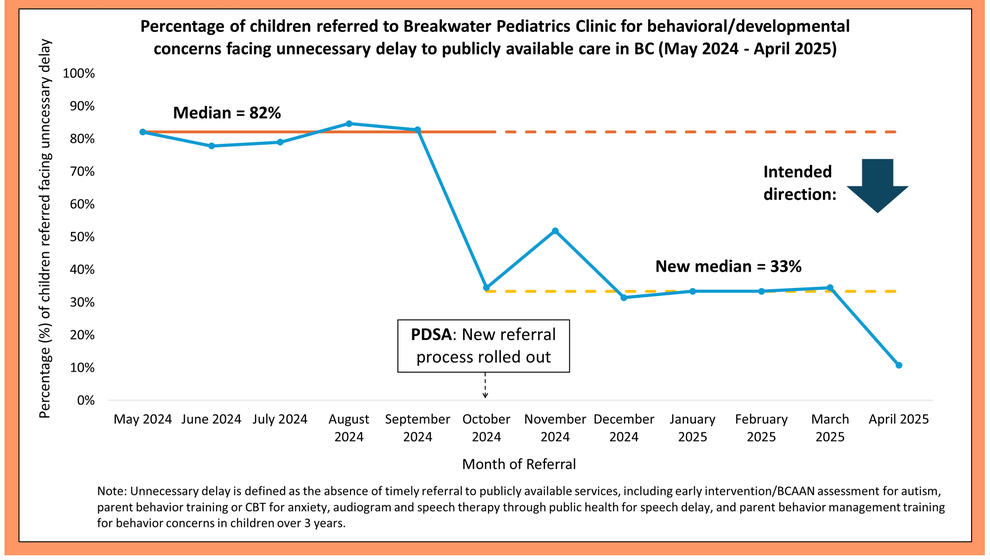
- Created and implemented a central intake with condition-specific referral requirements hyperlinked. The referral form includes a force-function requiring the referring provider complete appropriate onward referral to available developmental supports
- Uploaded intake form to the clinic's website, Pathways, and fillable forms on several EMR providers
- Met several times with MOA staff to discuss optimizing connection to supports for patients

AIM STATEMENT

By June 2025, we will improve timely access to developmental care by reducing unnecessary referral delays by 50% for children with suspected neurodevelopmental conditions referred to Breakwater Pediatrics.

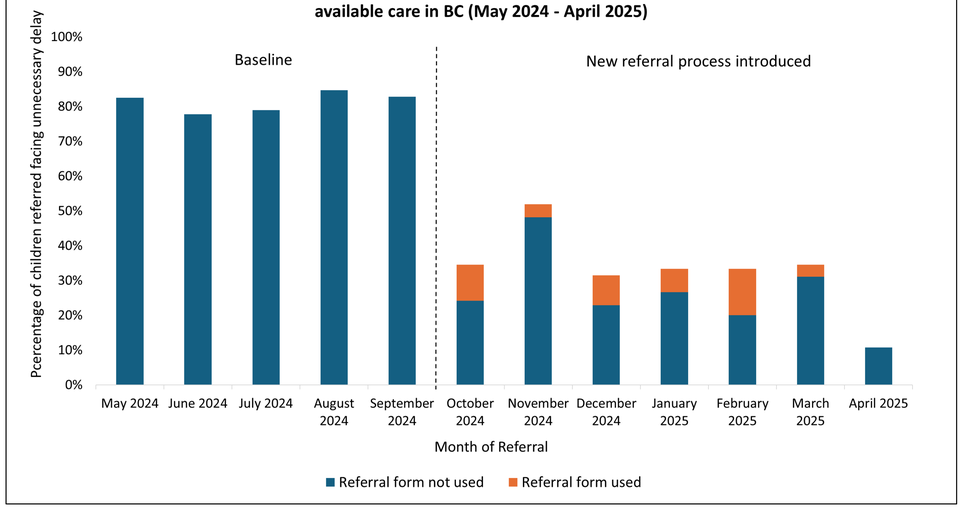
MEASURES

OUTCOME MEASURE:

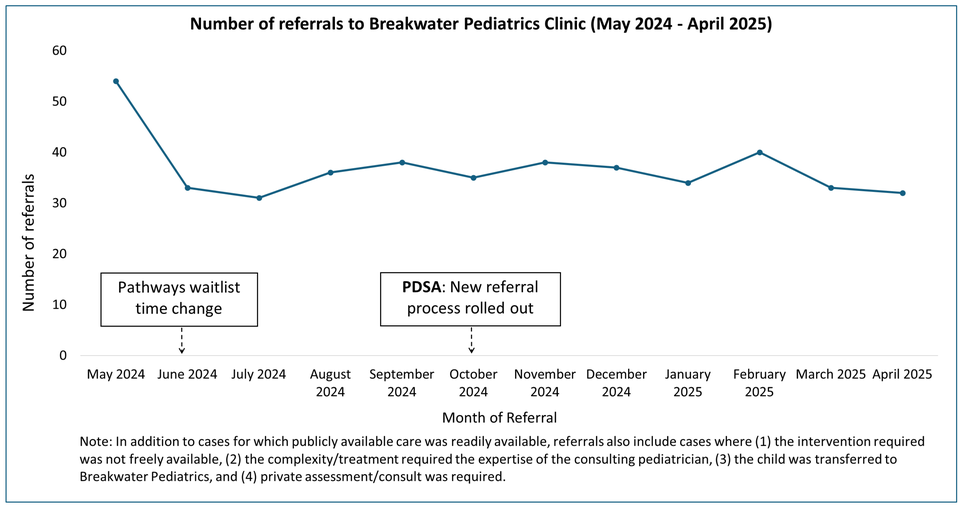


Note: Unnecessary delay is defined as the absence of timely referral to publicly available services, including early intervention/BCAAN assessment for autism, parent behavior training or CBT for anxiety, audiogram and speech therapy through public health for speech delay, and parent behavior management training for behavior concerns in children over 3 years.

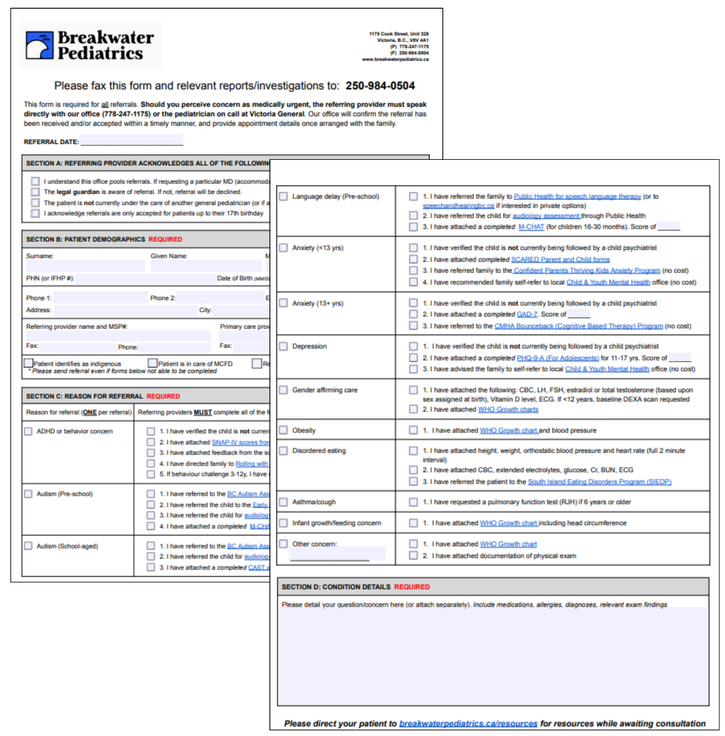
PROCESS MEASURE:



BALANCING MEASURE:



Note: In addition to cases for which publicly available care was readily available, referrals also include cases where (1) the intervention required was not freely available, (2) the complexity/treatment required the expertise of the consulting pediatrician, (3) the child was transferred to Breakwater Pediatrics, and (4) private assessment/consult was required.



BREAKWATER PEDIATRICS CENTRAL REFERRAL INTAKE FORM

LESSONS LEARNED

- Families access behavioural and developmental care for their children from many different types of providers. Not all providers are aware of available resources to help their patients. Providing consolidated and clear instructions on how to support children was appreciated by our colleagues.
- Creating a systemic 'force function' was more effective in creating change than past attempts at providing education, suggestions, or individual case management.
- We prioritize ensuring equitable care for patients – particularly Indigenous patients, those with medical complexity, new to Canada, and in the care of the Ministry of Child & Family Development (MCFD). These patients often have challenges accessing care and obtaining referrals. We have continued to accept incomplete referrals in these situations, to avoid vulnerable patients being lost to follow-up. This may itself lead to delays. Further interventions, such as the implementation of a system navigator, will be needed to achieve our goal of eliminating delays to developmental care without creating insurmountable barrier to care.

NEXT STEPS

Spreading the success of this project and the new referral process to other pediatric offices, including the first pediatric office in Sooke

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The Great Day in the Operating Room Project:

Enhancing Communication, Team Building, Learning and Joy

Project Team

Physician Leads: Dr. Allen Hayashi and Dr. Jacques Smit

- **Project Participants:** Dr. Sara Waters, Dr. Gary Nielsen, Nina Budimcic, Dr. Micaela Aro, Dr. Fiona Hughes, Alison Dormuth, Will Orrom, Marlene Weeks, Dawn Maroney

AIM STATEMENT

By May 31, 2025, we aim to increase the proportion of operating room (OR) team members at Victoria General Hospital (VGH) reporting a “Great Day in the OR” (GDitOR) during elective general surgery slates by 50% above baseline.

RATIONALE

- A multidisciplinary survey of surgeons, anesthesiologists, nurses, and learners at VGH identified workplace culture, operational efficiency, psychological safety, and personal wellness as key drivers of a positive OR experience.
- Despite these shared values, teams reported frequent challenges with ineffective communication, poor resource utilization, and operational inefficiencies.
- These issues often led to frustration, incivility, and breakdowns in team dynamics, contributing to declining joy in work and staff disengagement.
- The current state reflects a need to better support team cohesion and communication in the OR to improve both staff well-being and patient care.

MEASURES

Outcome Measure

- Percentage (%) of OR staff responding “Great” or “Very Great” to: “How great was your day?”

Process Measures

- Workflow efficiency: time difference between scheduled start and first patient entry (minutes)
- Percentage (%) of staff adequately informed about the day’s requirements
- Frequency and effectiveness of task delegation during Huddles
- Percentage (%) of staff reporting interruptions due to issues not addressed in Huddles

Team Culture & Learning

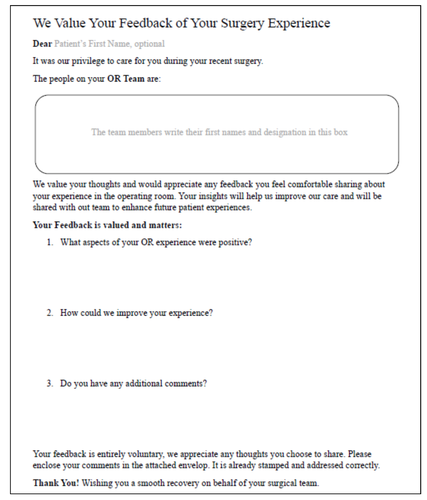
- Psychological Safety Score (validated survey tool)
- Combined score of teaching, learning achieved, and sense of agency

Balancing Measures

- Did Huddles delay first case starts (>07:50)?
- Impact of start time (07:35 vs 07:45) on surgeon participation and timelines

PATIENT ENGAGEMENT

Partnering with a surgical patient revealed the absence of a structured pathway for patients to provide feedback directly to the OR team. Together, we co-developed a simple mechanism to capture timely postoperative feedback—affirming, constructive, and accessible. This process informed project design, reinforced a culture of empathy and continuous learning, and centered the patient voice in strengthening surgical teamwork.



We Value Your Feedback of Your Surgery Experience

Dear Patient's First Name, optional

It was our privilege to care for you during your recent surgery.

The people on your **OR Team** are:

The team members write their first names and designation in this box

We value your thoughts and would appreciate any feedback you feel comfortable sharing about your experience in the operating room. Your insights will help us improve our care and will be shared with out team to enhance future patient experiences.

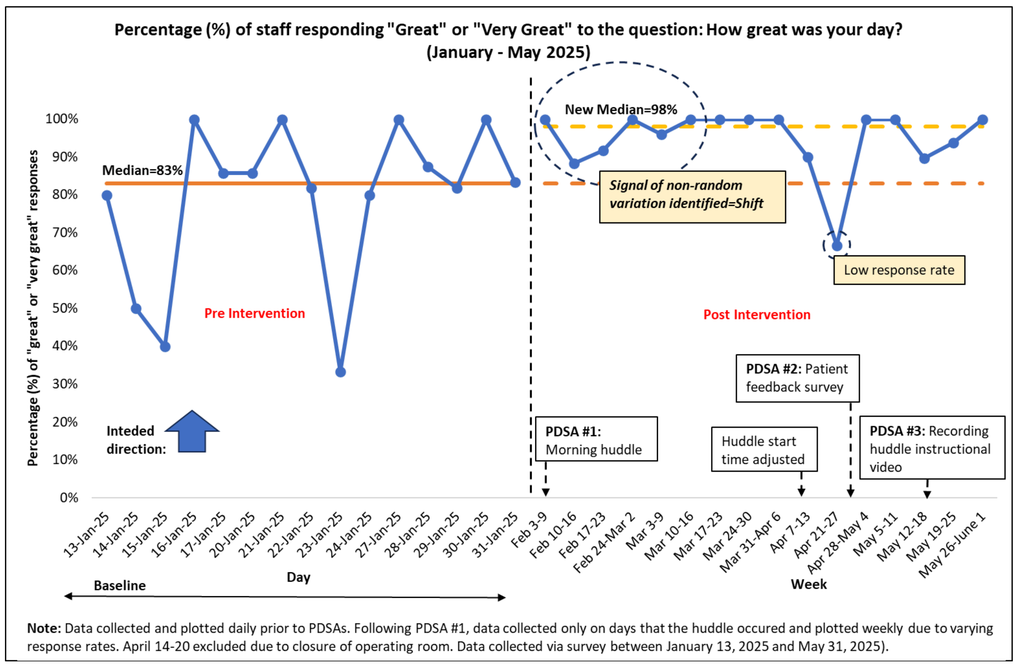
Your Feedback is valued and matters:

1. What aspects of your OR experience were positive?
2. How could we improve your experience?
3. Do you have any additional comments?

Your feedback is entirely voluntary, we appreciate any thoughts you choose to share. Please enclose your comments in the attached envelop. It is already stamped and addressed correctly.

Thank You! Wishing you a smooth recovery on behalf of your surgical team.

ACTION TAKEN



Note: Data collected and plotted daily prior to PDSAs. Following PDSA #1, data collected only on days that the huddle occured and plotted weekly due to varying response rates. April 14-20 excluded due to closure of operating room. Data collected via survey between January 13, 2025 and May 31, 2025).

On February 25, 2025 an OR team dinner was hosted to launch the project, review aim and driver diagram, and generate change ideas using 25/10 Liberating Structure. Based on group vote and feasibility, the following change ideas were carried out:

- **PDSA #1:** Implemented Structured Huddle, adjusting start time to 07:45 to align with workflow
- **PDSA #2:** Collaborated with patient partner to design postoperative patient feedback survey
- **PDSA #3:** Developed storyboard and began filming a training video on the Huddle for learners

LESSONS LEARNED

- Implementing change in multidisciplinary OR teams requires sustained coordination, trust, and simplicity in design.
- Real-time discussions proved more effective than asynchronous communication.
- Daily survey scoring capped at 5 limited measurement sensitivity (“topping out” effect).
- Survey fatigue reduced response rates over time.
- Progress updates and visible feedback loops were crucial to maintaining engagement.
- Lack of nursing leadership participation limited impact on frontline engagement.
- Interventions gained traction when seen as practical, respectful of workflow, and achievable (e.g., Huddle time adjustment, patient feedback survey).

NEXT STEPS

- Continue patient feedback pilot and finalize training video
- Expand dissemination of Huddle practice across surgical divisions
- Draft and submit abstract to the North Pacific Surgical Association annual meeting
- Identify opportunities for broader institutional adoption of structured teamwork interventions



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Reducing Wait Times for Liver Biopsy in Newly Detected Cancer

Project Team: Dr. Vamshi Kotha (Physician Lead), Justin Blackman (Medical Student), Kristina Benson (Nurse Navigator), Anne Barrie (IR Supervisor), Jason Campbell (Practice Lead), Krista McArthur (Modality Clerk), Joni Magil (Patient Partner), Matthew Pucsek (Operational Sponsor) and Sean Hardiman (Executive Sponsor)

AIM

To reduce the average outpatient wait-time for liver biopsies to 2 weeks from the receipt of initial for newly suspected malignancy in South Island by the end of the year 2025.

RATIONALE

- Each 4-week delay raises cancer mortality by 6–14%.
- Average core biopsy wait in 2024 was 46 days; only 16% patients met the 2-week target.
- Nearly half the core biopsy patients were admitted to hospital to expedite the biopsy procedures.
- Over two-thirds received a less effective FNA instead of core biopsy; 19% of these FNA patients returned for a core biopsy with an overall delay of 144 days to diagnosis.

MEASURES

Outcome Measure

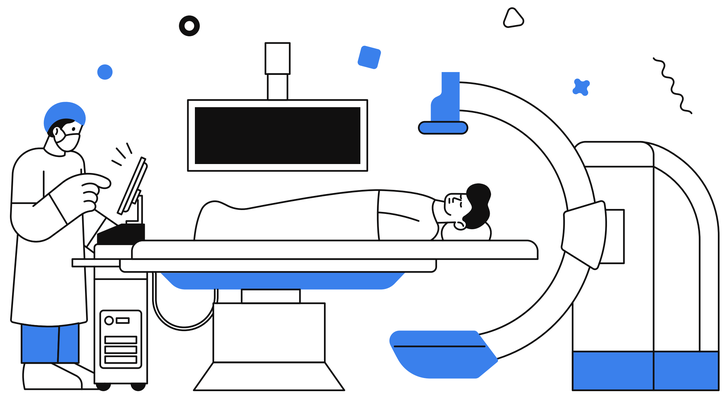
- Average time from receipt of referral booking of outpatient liver biopsies (days).

Process Measures

- Number of patients booked for core biopsy within two weeks of referral receipt.
- Proportion of biopsies performed as FNA.

Balancing Measure

- Utilization of Angiography beds for urgent biopsies

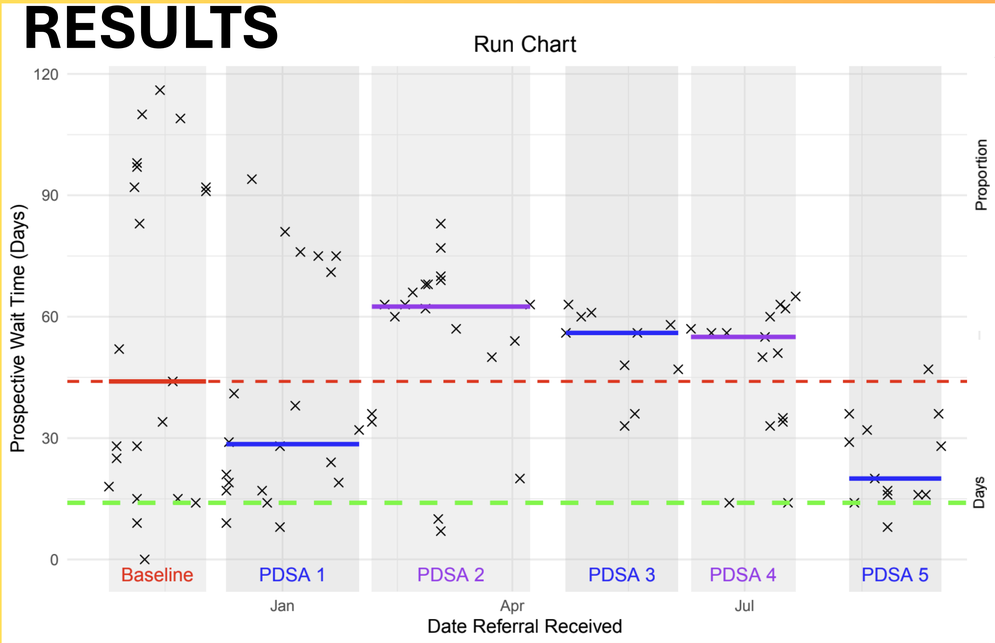


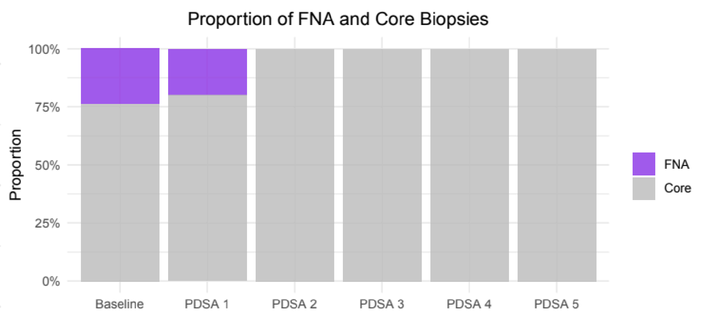
PATIENT INSIGHTS

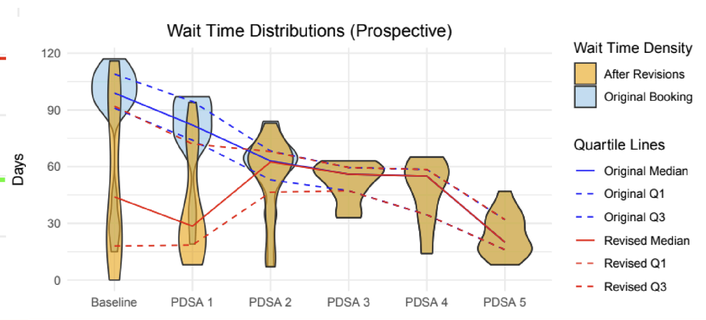
"I do not understand why the Canadian healthcare system is so slow. If I were in Mexico, I could get treated within days. This is the first time I am wondering why I live in Canada."

—BD waited 1 yr to start treament.

RESULTS







ACTION TAKEN



PDSA #1 Central booking team for all core biopsies.



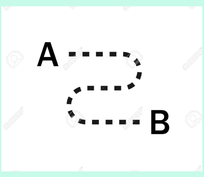
PDSA #2 Utilize excess nursing capacity for extra biopsies.



PDSA #3 Dedicated procedural workflow at RJH.



PDSA #4 Increased technologist teaching and support.



PDSA #5 Utilized now freed up ultrasound and nursing capacity.

LESSONS LEARNED

- Workflow changes are easier than culture shifts.
- Data collection is often inaccurate.
- Physician burnout needs support and awareness.
- Begin with easier PDSA cycles.
- Keep team engaged and adapt priorities.
- Reinforce project rationale often.
- Track balancing measures carefully.

NEXT STEPS

- Continuing data collection to ensure sustainability
- Tweaking booking templates to imrpove efficiency and patient flow.
- Patient feedback surveys and education.
- Introducing electronic patient reminders.

TEAM WORK

- Arguably, the team is more important than the lead!
- A good QI project needs everyone to remain engaged and motivated.



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Racing to the Heart of the Matter

Project Team
Physician Lead: Dr. Jennifer Rajala
Project Team: Kaely MacMillan (Executive Administrative Assistant), Rebecca Holness (MOA), Elizabeth Esara (MOA), Michael Dingle (Senior Advisor, Strategy and Operations), Dr. Kevin Rioux (Subject Matter Expert), Janet Bauer (Patient Partner), Brenda Rodriguez (FLEX Student), Stefan Fletcher (Operational Sponsor), and Dr. Chris Franco (Executive Sponsor)

AIM STATEMENT

By July 31, 2025, we aim to have 75% of referrals with an urgent cardiac issue seen within 2 weeks of their referral date to Pulse Complete Cardiac Care.

RATIONALE

- When all of the Cardiologists in Victoria, except for Echocardiography, joined into Pulse Complete Cardiac Care, only 10% of patients who were triaged as having an urgent cardiac problem were seen within 2 weeks of the referral
- A large number of patients labelled as “urgent” by their referring physician are not truly urgent referrals
- Truly urgent patients are at high risk of morbidity and mortality and put added strain on our Emergency Departments



MEASURES

Outcome Measure

- Percentage (%) of appointments seen within 2 weeks of the referral date

Process Measures

- Percentage (%) of inappropriate urgent cardiology referrals
- Percentage (%) of appropriately booked urgent appointments each week

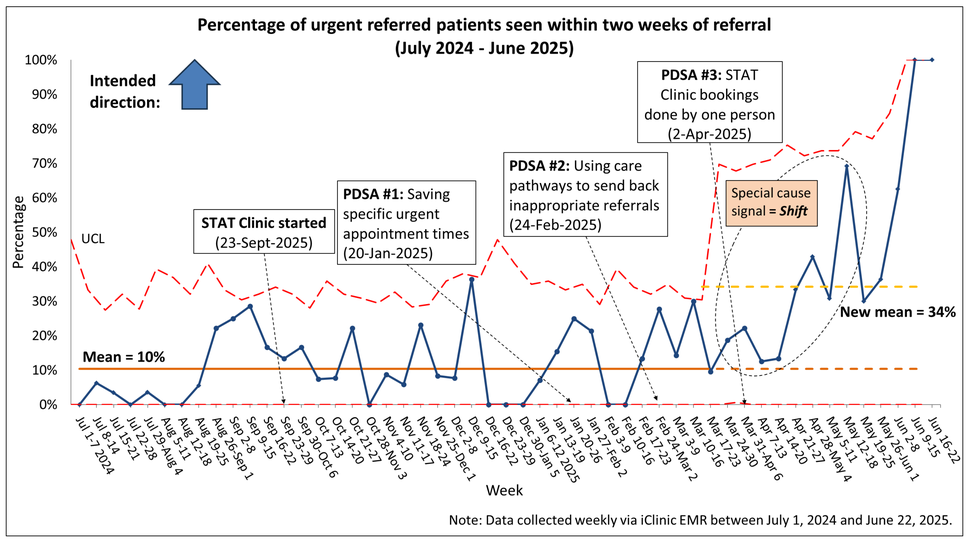
Balancing Measures

- Cardiologist satisfaction
- Percentage (%) of urgent referred patients with adverse events



ACTION TAKEN

- **PDSA #1 (January 2025):** Physicians keeping at least 2 urgent spots for patients per week. There was highly variable booking practice, and now there is the STAT clinic that provides 12 spots for urgent patients per week that doesn’t get booked until the week before the clinic
- **PDSA #2 (February 2025):** Care pathways being used to send back for inappropriate referrals from Pulse, uploaded to Pathways website in April 2025
- **PDSA #3 (April 2025):** Change in booking model for the STAT clinic, now all urgent patients on the FAAST-GC (First Available Appropriate Specialist Triage – General Cardiology) are booked by one booking person



LESSONS LEARNED

- **Lesson #1:** Delays were not just due to the number of available appointments. There was no difference in booking time when the STAT clinic was started, nor by trying to keep at least 2 urgent spots available for each physician
- **Lesson #2:** Each physician has widely varying booking practice and there is not a specific booking template, which made standardizing when and how urgent patients were booked into clinic difficult
- **Lesson #3:** Our largest improvement in wait times was when a single booking person took over booking urgent patients into the STAT clinic

NEXT STEPS

- **Next Step #1:** Advertising to get a second triaging MOA
- **Next Step #2:** Using computer program to help sort the incoming faxes and determine which are referrals and which are labelled as “urgent” referrals

Pulse C³
COMPLETE CARDIAC CARE
Division of Rebalance[MD]

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Mind Space - Skills for Wellbeing

In British Columbia, Mind Space is a non-profit organization offering publicly funded mental health programs using group medical visits which improve access, promote shared expertise among providers, and support patient self-management. Since its inception in 2015, over 9000 patients have received services with a mean trend toward symptom improvement for mild to moderate anxiety and depression.

Project Team

Physician Lead: Dr. Trish Snozyk

Project Participants:

- Christine Tomori, Executive Director Mind Space
- Mind Space Admin Team: Maxine Thornton Meadow Hazdrova
- Patient Partners (SL, SE, CH)

INCREASING ACCESS TO MENTAL HEALTH SUPPORT

for Patients in British Columbia

Why?

- Mental health is a major public health issue; 1 in 2 Canadians will experience a disorder in their lifetime and in British Columbia, about 1 in 5 patients seen by primary care physicians receive care for mental health issues
- Access to mental health care can significantly reduce the risk of serious sequelae. In Canada, access to care is limited and cost is a critical issue. 2 in 3 Canadians lack access to needed mental health support
- Mind Space is a non-profit organization offering MSP-funded mental health programs led by family doctors and psychiatrists. It offers support and psycho-education for adults with mild-to-moderate anxiety, depression, stress, insomnia, and ADHD

→ ***30% of patients referred to Mind Space never register in a program***

Why focus on time to registration?

- Referrals to Mind Space's flagship Cognitive Behavioural Therapy (CBT) Skills Foundations program has seen a 40% increase over the last year
- Late registrants (who register more than 90 days post-referral) often attend partially or never come at all

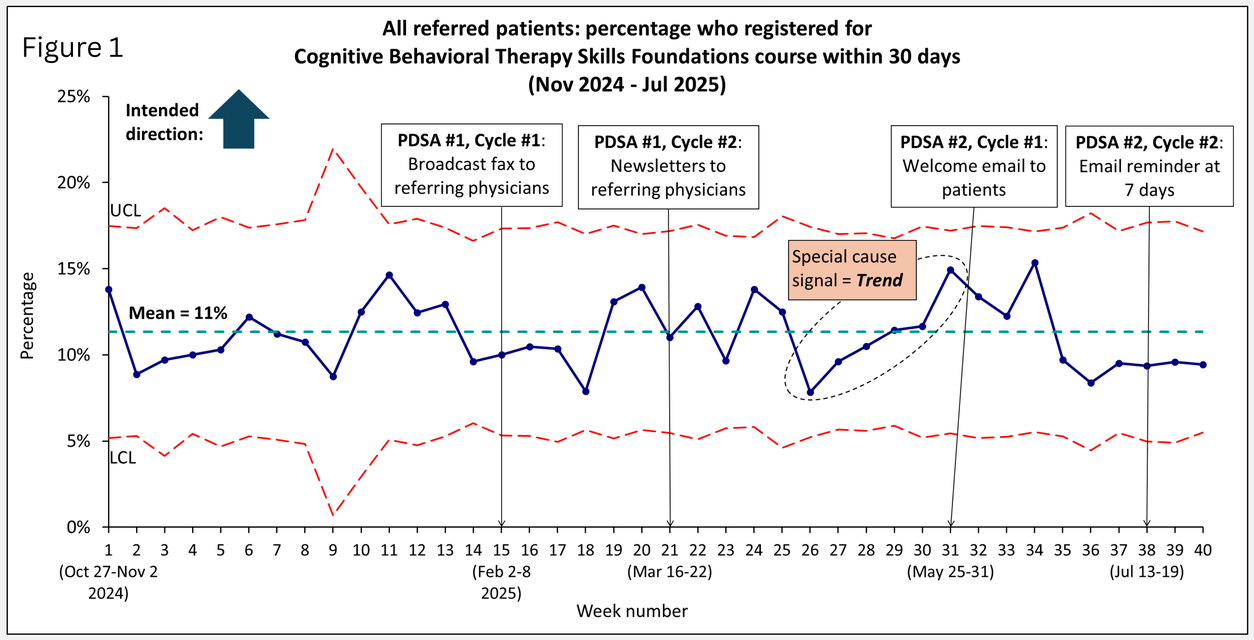
→ ***Patients who register within 30 days of being referred are significantly more likely to complete the 8-week program***

OUR AIM:

By July 31, 2025, we will increase the percentage of patients who register for a CBT Skills Foundations course within 30 days of referral, by 10%.

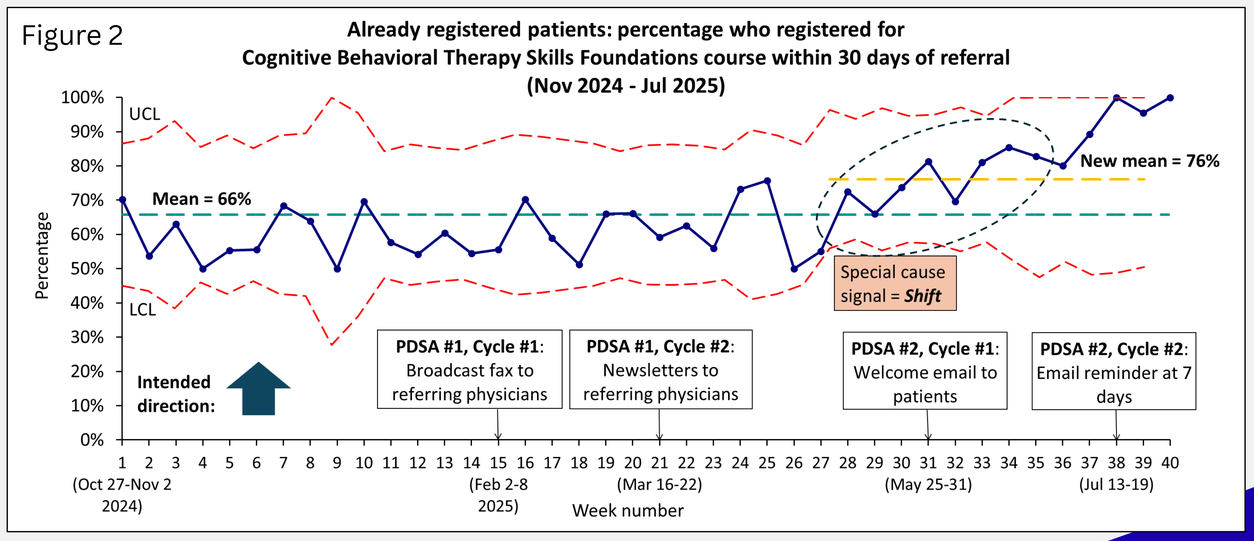
Educating referring physicians and updating email communication to referred patients showed no increase in registration within 30 days:

Figure 1



However, more people who do register are now registering within 30 days (from 66% to 76%):

Figure 2





LESSONS LEARNED

- Improving the process for registering may not be the most significant driver for why newly referred patients are not registering within 30 days
- Small details (email delivery optimization, wording, and reminders) can have big impacts
- Patient voices uncover blind spots
- Team collaboration strengthens long-term project success





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mind space SKILLS FOR WELLBEING

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The Heart-Mind Connection:
Highlighting Mental Health After Cardiac Surgery

Project Team

Nurse Practitioner Lead: Mikaela Robertson

Project Participants: Koko Tokoro (Nurse Practitioner), Jocelyn Isaacs (Registered Nurse), Sheryl Anderson (Clinical Nurse Lead), Kaleigh Harris (Registered Nurse), Barb Field (Social Worker), Patricia Towne (Patient Partner), Gordon Mains (Patient Partner)

Project Sponsorship: Alison Koropatniski (Operational Sponsor) and Chaundra Willms (Executive Sponsor)

Consultant: Dr. Chris Blashko



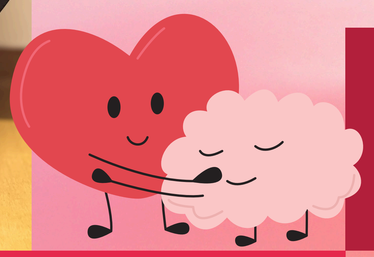
Two patient partners were actively involved throughout the project, attending all meetings and contributing to decision-making at every stage. Working alongside the team through email, virtual platforms, and in-person sessions, they co-designed project materials—including patient education resources and a unit information poster—and helped determine which screening improvements to test and when to implement them.

"for a patient, knowing someone cares and can spend a bit of time with them is so important when you are vulnerable."

"The commitment to the PQI project by the [entire team], was paramount in addressing the mental health needs of cardiac patients after surgery."

"...[THIS WORK] IMPROVES BOTH HEALTH OUTCOMES AND TRUST IN OUR HEALTH CARE SYSTEM."

"The professionals in our group were so accepting that we always felt we could contribute anything, anytime, and thereby be an integral part of the process"

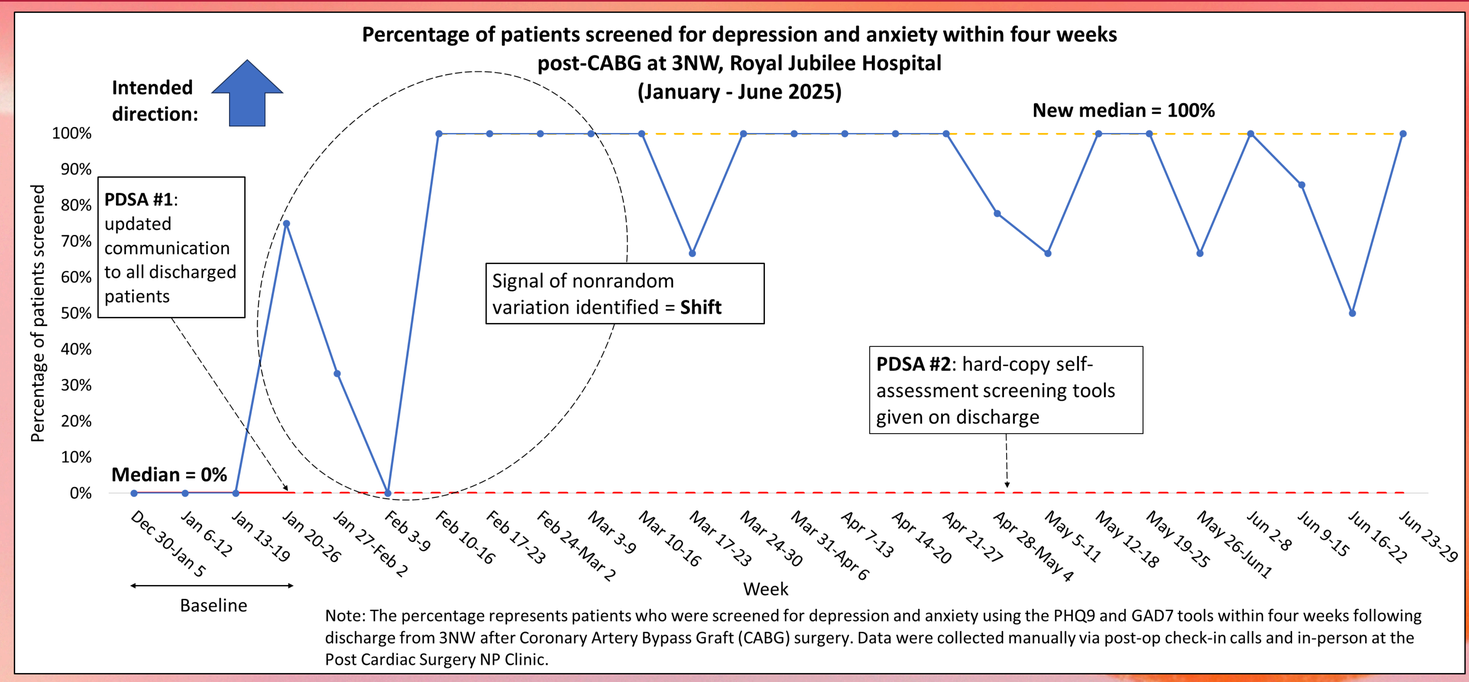


OUR AIM

By June 30, 2025, 90% of patients who have Coronary Artery Bypass Graft (CABG) surgery on 3NW at Royal Jubilee Hospital (RJH) and are discharged through the Post-Cardiac Surgery NP Clinic (in-person or virtually) will be screened for anxiety and depression using validated screening tools within 30 days of discharge.

OUR RATIONALE

- Depression and anxiety can significantly affect the recovery after coronary artery bypass graft (CABG) surgery, contributing to a higher risk of cardiovascular complications, elevated heart rate and poor blood pressure control —both of which increase cardiac workload, as well as poor adherence to medical therapy, reduced motivation to participate in rehabilitation, and a diminished quality of life
- Early screening and intervention are vital for supporting optimal recovery
- The Post-Cardiac Surgery Nurse Practitioner Clinic at the Royal Jubilee Hospital (RJH) does not conduct formal screening for anxiety and depression
- The RJH Cardiovascular Surgery team completed 350 CABG surgeries over a one year period - 350 patients who could have been screened but were not



Note: The percentage represents patients who were screened for depression and anxiety using the PHQ9 and GAD7 tools within four weeks following discharge from 3NW after Coronary Artery Bypass Graft (CABG) surgery. Data were collected manually via post-op check-in calls and in-person at the Post Cardiac Surgery NP Clinic.

WE LEARNED

- **Lesson #1:** Adding screening for depression and anxiety to our standard post-operative care was valuable - we identified patients who were suffering from mental health issues which we may have missed without the screening tools
- **Lesson #2:** It can be challenging to distinguish between expected post-operative recovery symptoms – such as poor appetite, insomnia, or low energy- and true depression, suggesting the need to consider a screening tool tailored to our patient population

OUR MEASURES

Outcome Measure
- Percentage (%) of patients screened with validated mental health assessments

Process Measure
- Percentage (%) of patients who decline screening

Balancing Measures
- Number (#) of referrals to psychiatry
- Number (#) of referrals to Cognito

WHAT'S NEXT FOR US

- **Next Step #1:** Expand mental health screening to all post-cardiac surgery patients
- **Next Step #2:** Formalize referral process for patients who screen positive for depression or anxiety



Full Project Summary Report

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Baby Steps: Raising Awareness of Neonatal Palliative Care Services in the Victoria General Hospital (VGH) Neonatal Intensive Care Unit (NICU)

Project Team

Physician Lead: Dr. Marie-Claude Grégoire

Project Participants:

- Genevieve Ward
- Patient Partners (Sara, Dana and Ezra)

OUR AIM

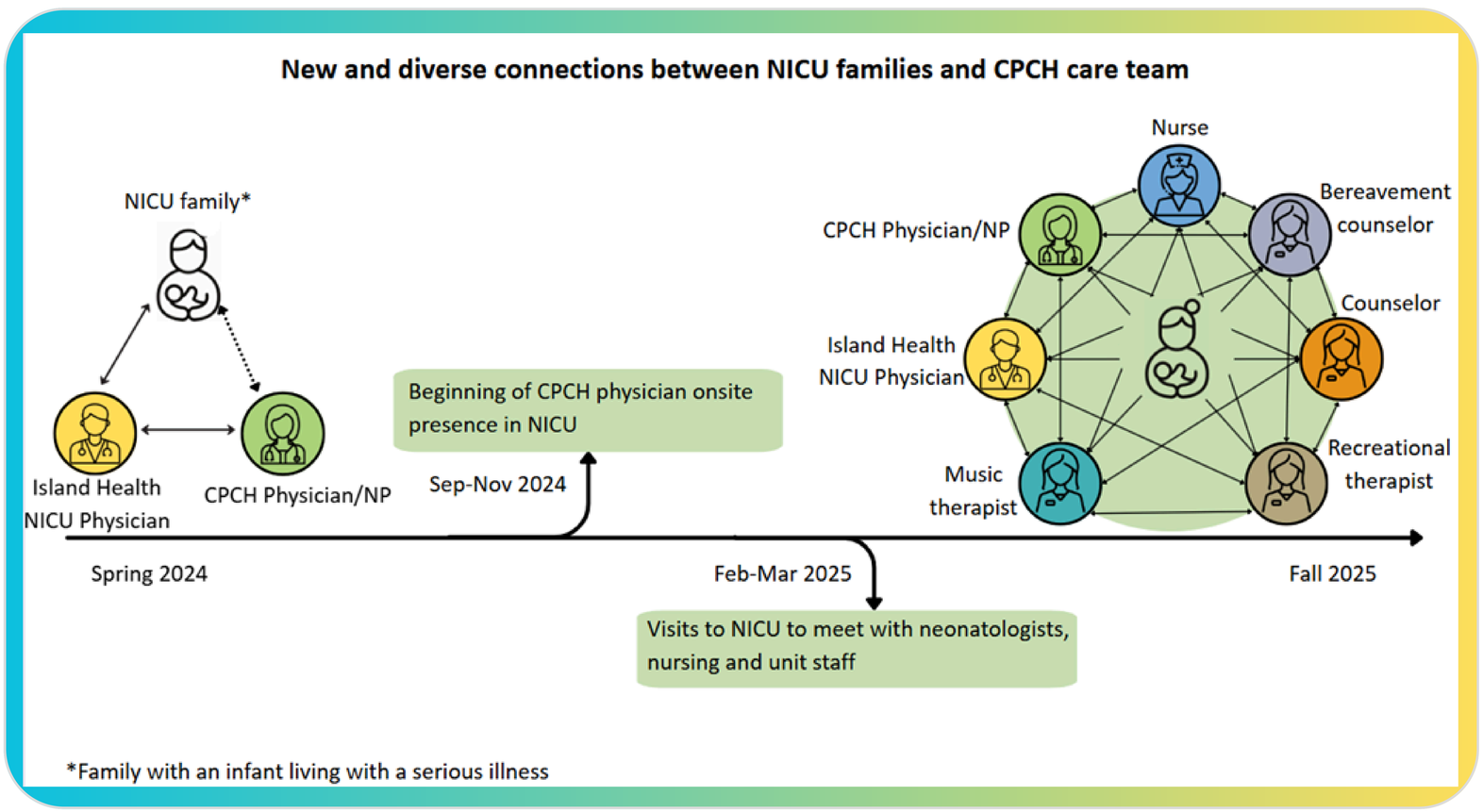
By July 31 2025, 70% of eligible infants admitted to the Neonatal Intensive Care Unit (NICU) at Victoria General Hospital (VGH) will have more than one connection to paediatric palliative care services at Canuck Place Children's Hospice (CPCH).

OUR RATIONALE

While most very sick newborns in BC are born at, or transferred to, hospitals in the lower mainland, the Victoria General Hospital NICU can provide tertiary-level care locally. This is often ideal for babies who are recovering and expected to have a healthy outcome. However, for a smaller group of infants with life-limiting or life-threatening conditions, the situation is much more complex. Their families often face significant worry, uncertainty, and grief while still holding hope for their child.

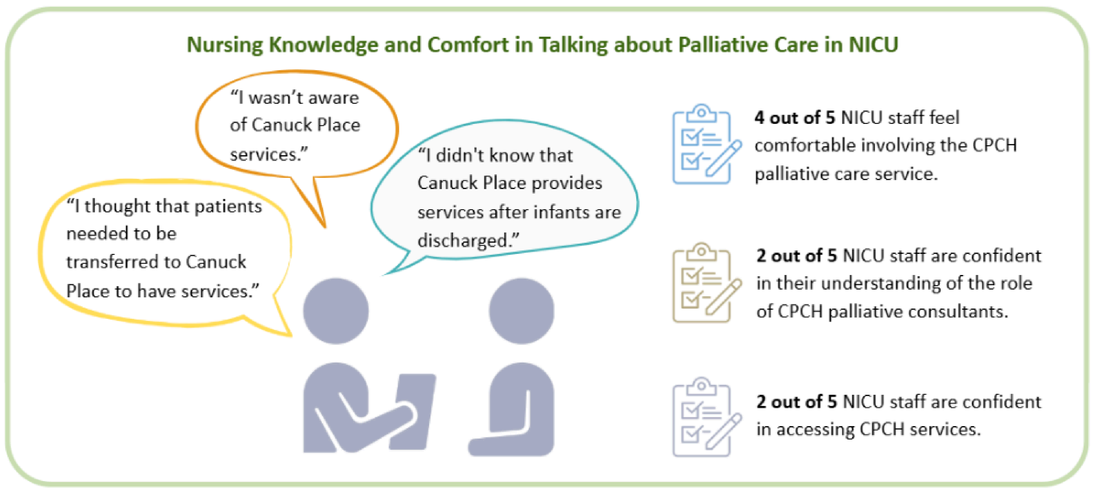
Canuck Place Children's Hospice (CPCH), based in Vancouver, has a specialized pediatric palliative care team that can provide expert support for these infants and families. Although virtual support from CPCH is already available, the VGH NICU team identified a gap in on-site pediatric palliative care expertise—particularly for goals-of-care conversations, symptom management, and collaborative care planning.

This project set out to increase awareness of and strengthen connections with CPCH pediatric palliative care services, ensuring that families in the VGH NICU facing these difficult circumstances have access to the specialized support they need.



This project was reviewed and supported by the CPCH Family & Patient Engagement Advisors, Sara & Dana.
One family shared their journey with us from their early days in NICU to recently celebrating the first birthday of their baby boy, navigating uncertainty while cherishing the present. Ezra's smile is the best.





WHAT WE LEARNED

1. Local presence matters: in-person presence helps build trust and awareness.
2. Staff knowledge of paediatric palliative care varies.
3. Change takes time, highlighting the importance of sustained quality improvement.
4. Partnership is key: collaboration between Island Health, CPCH, and local NICU teams has helped improve awareness and early connections for families.

OUR NEXT STEPS

1. Discharge planning: work is underway to integrate the steps for referring infants eligible for CPCH services into the NICU Discharge Checklist.
2. Adding CPCH referral form into PathwaysBC.

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Improving Elderly Care in the Emergency Department

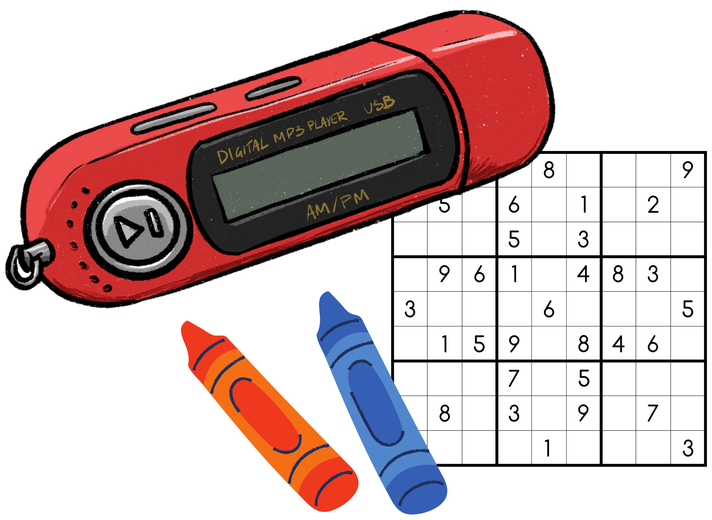
Project Team
Physician Lead: Dr. Kalen Leech-Porter
Project Participants: Tyler Smith, Jordan Roze, Teresa Christofferson, and Samantha Morrison

AIM STATEMENT

Reduce Confusion Assessment Methods (CAM) Scores for admitted patients in the Cowichan District Hospital Emergency Department by 33.3% by June 2025.

RATIONALE

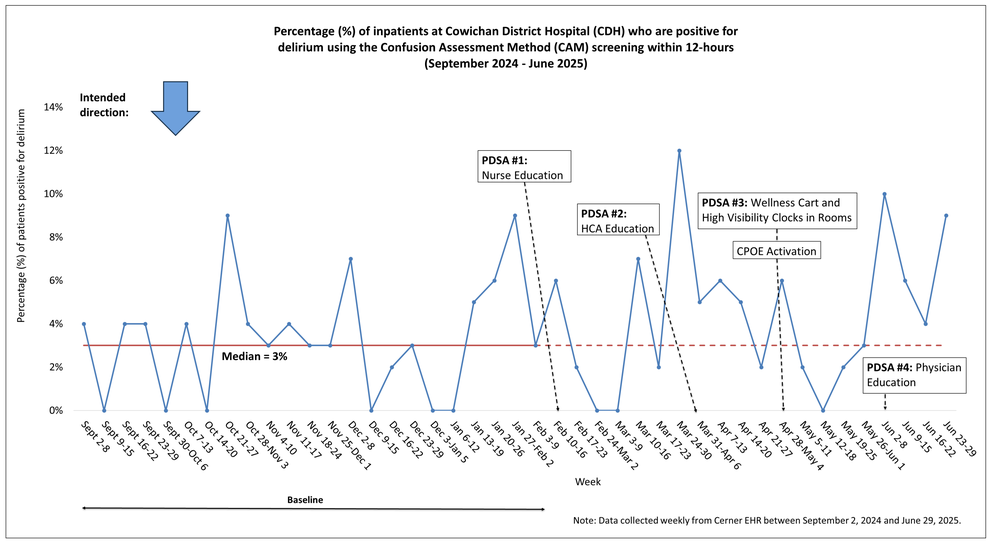
At the ED at Cowichan District Hospital (CDH), elderly patients admitted to hospital are at elevated risk of developing delirium due to unmet basic needs during prolonged stays in the ED. The ED environment lacks sufficient staffing, space, equipment, and volunteer support to provide essential care such as toileting, mobility assistance, nutrition, hydration, and meaningful engagement.



ACTION TAKEN

- **PDSA #1:** Nurse education —Poster reminders on optimizing care for elderly
- **PDSA #2:** Health care aid (HCA) Education —Structured list of activities/duties for HCAs to provide care for elderly patients
- **PDSA #3:** Wellness cart and high visibility clocks introduced in rooms 3 and 5
- **PDSA #4:** Physician education —Reminders to use delirium order sets for patients at risk and avoid invasive testing overnight that are sleep intrusive unless necessary

DATA ANALYSIS



MEASURES

Outcome Measure

- ·Percentage (%) of inpatients over the age of 65 who are positive for delirium using the CAM screening score

Process Measure(s)

- Number (#) of times the wellness cart was used

Balancing Measure(s)

- ED nurse satisfaction when providing care for elderly patients with cognitive impairment/dementia
- ED nurse time spent providing non-pharmacologic care for elderly patients with cognitive impairment/dementia

PATIENT VOICE

"As a patient you feel like you are bothering staff when you see how busy they are. It would also be great to have phones for patients."

—JB, patient partner



LESSONS LEARNED

- **Lesson #1:** In times of nursing shortages, HCAs and support staff can enhance care through non-pharmaceutical interventions and expanded responsibilities
- **Lesson #2:** Introducing change during major system change, such as CPOE implementation, can affect team buy-in and overall success
- **Lesson #3:** Not all meaningful improvements are easily quantifiable. Creative approaches may be needed to capture what matters most to patients and staff.

NEXT STEPS

- **Next Step #1:** Assign wellness cart 'owner' for ongoing management
- **Next Step #2:** Add whiteboards to rooms 3 and 5 to provide key information, such as date and time, to help orient patients

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From “NPO at midnight” to “Sip-Til-Send”:

Improving Preoperative Nutrition in Trauma Patients

Project Team

Physician Lead: Dr. Jacob Wilkins

Project Participants:

Dr. Joanne Bleakley, Dr. Christian Turner, Jolene Milkowski (CNL), Mark Olesen (Patient Partner), Lindsay Cole (Medical Student)

AIM STATEMENT

By June 2025, reduce unnecessary pre-operative fasting by 50% by decreasing the total number of NPO days for trauma inpatients at Victoria General Hospital who are awaiting planned surgery more than 12 hours after admission.

ACTION TAKEN

1. **Updated Fasting Practice**: Replaced outdated “NPO at midnight” with a modern, evidence-based approach (“Sip-til-Send”)
2. **Nursing Education**: Provided training and tools to support the change and improve communication
3. **Patient Engagement**: Developed resources to inform and involve patients in their care
4. **Operating Room (OR) Communication**: Streamlined updates on delays and cancellations through better coordination and use of the OR tracker app

RATIONALE

Prolonged pre-operative fasting is common for trauma patients due to unpredictable operating room schedules and the outdated “NPO at midnight” practice. This often results in unnecessary discomfort, dehydration, and increased risk of harm, including malnutrition, deconditioning, and complications. Reducing unnecessary fasting supports patient safety, well-being, and recovery.

MEASURES

Outcome Measure

- NPO time per surgery (total hrs)
- NPO days per surgery (# of days pt was NPO at some point)

Process Measure(s)

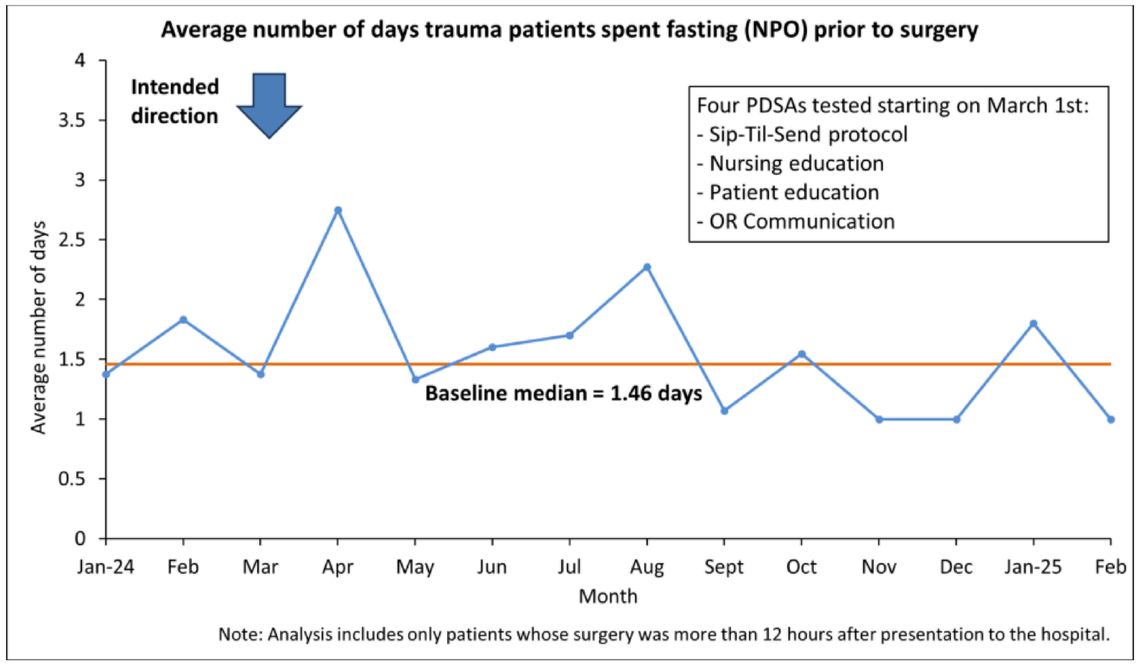
- Patient recorded fasting time (hrs)
- Percentage of patient put on Sip-til-Send order based on CPOE orders

Balancing Measure(s)

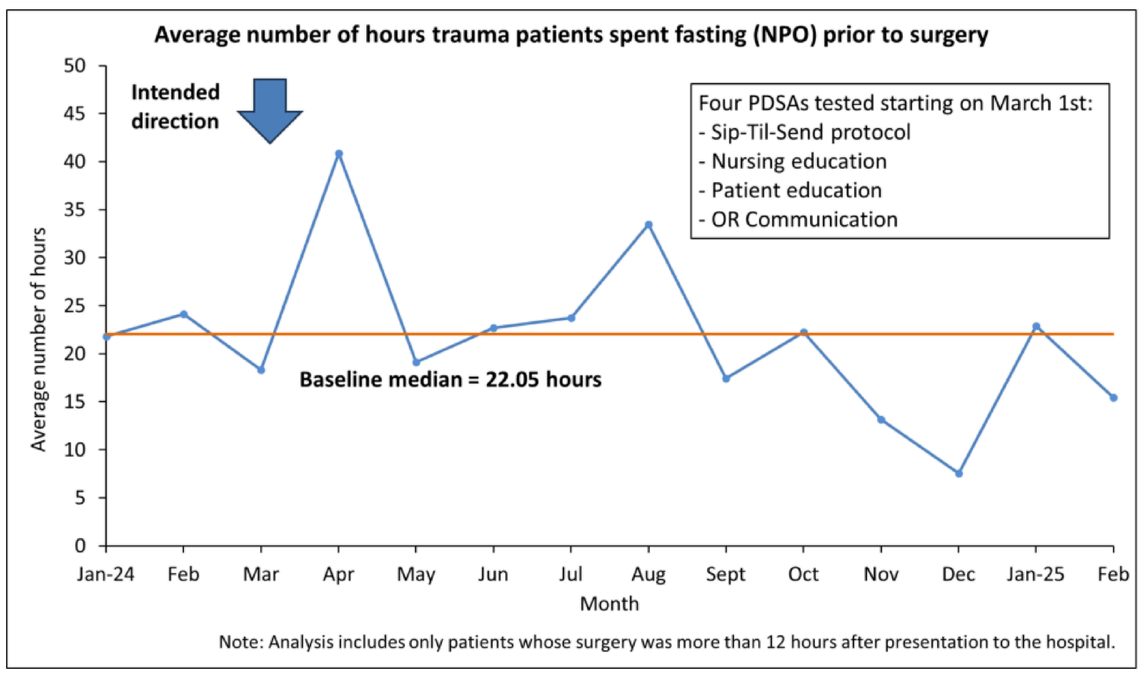
- Case delays or cancellation
- Aspiration events during surgery or airway management

DATA ANALYSIS

After electronic order entry implementation, OR times and NPO orders were tracked. Fasting hours and NPO days per surgery were calculated, using a conservative assumption of “NPO at midnight.” These measures are continuing to be monitored as adoption of new practices increases.



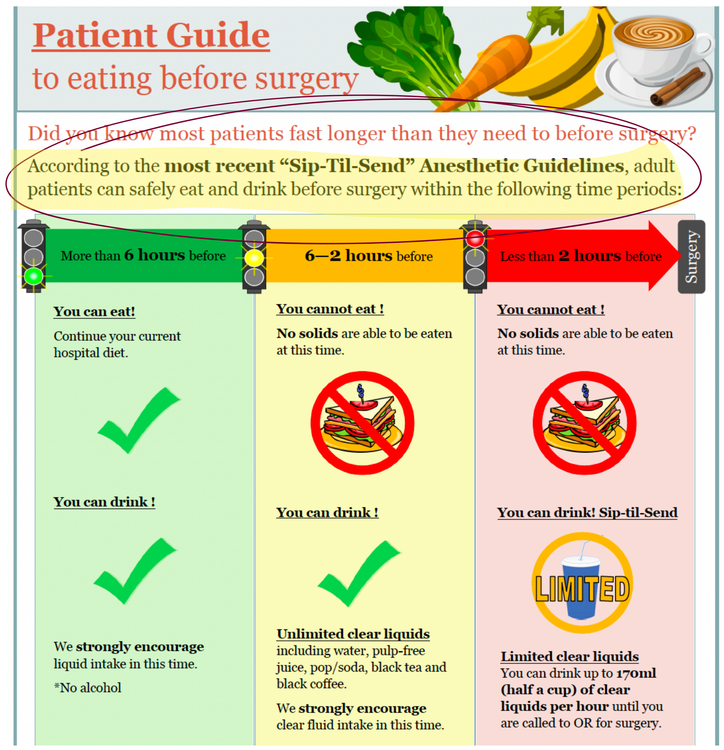
Note: Analysis includes only patients whose surgery was more than 12 hours after presentation to the hospital.



Note: Analysis includes only patients whose surgery was more than 12 hours after presentation to the hospital.

PATIENT VOICE

Our patient partner shared how prolonged pre-operative fasting during their trauma admission led to significant weight loss and a lasting impact on recovery. They also suggested practical improvements, including better OR communication and providing food for patients whose surgeries are cancelled after dinner.



LESSONS LEARNED

- Major changes need frequent check-ins, active team involvement, stakeholder support, and they may take longer than 1 year to achieve.
- Plan early for data collection—it can be a major hurdle
- Meaningful improvement takes time and persistence

NEXT STEPS

- Continue iHealth (CPOE) “Sip-til-Send” launch, with new data collection strategy
- Trial, then expand to other wards and surgical services
- Provide extensive nurse education to support implementation and spread

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