Navigating the Journey of Deprescribing with the Frail Elderly

PROJECT TEAM

Physician Lead: Dr. Sand Russell-Atkinson

Project Participants:

Lanai Vek — Pharmacist

Jenniffer Bertrand and Anne McCaffrey — Social Work/Spiritual Care

Pam Turnbull, Kelley Romeril, Effie Warden & Jenniffer Charboteau — Providence Living: Leadership Support EMR Support

Marie Ellis, Denise McLellan and Crystal Darlow, Max Nichol Nursing Leadership

Residents living in Long Term Care have reached a stage of frailty that is unique to any other life stage. Often they have significant physical and cognitive challenges that complicate communication. Their Goals of Care may change daily, and as Providers, navigating this diversity is very difficult. For Prescribers, there is little evidence. Previous deprescribing, or 'appropriate prescribing initiative' for our team at The Views long-term care facility have made an immediate impact but has had limited true change in practice, and limited sustainability. We decided, that if we focus on ensuring Prescribers have as much information as possible every time they review medications, and we share this responsibility with our Team, our Providers, Patients and their Families, we may impact deprescribing in a more meaningful and sustainable pattern.

AIM STATEMENT

To decrease the total number of medications by 10% at The Views long-term care (LTC) facility by July 1, 2024.

Patient responses when asked:
"How do you feel about your medication?"

METHODS

Outcome Measure:

- Average number (#) of medications per residents at The Views LTC facility

Process Measures:

- Percentage (%) of residents under my care as most responsible physician (MRP) who have an appropriate 'deprescribing plan'
- Number (#) of residents who have three or more sources of information in their appropriate 'deprescribing plan'

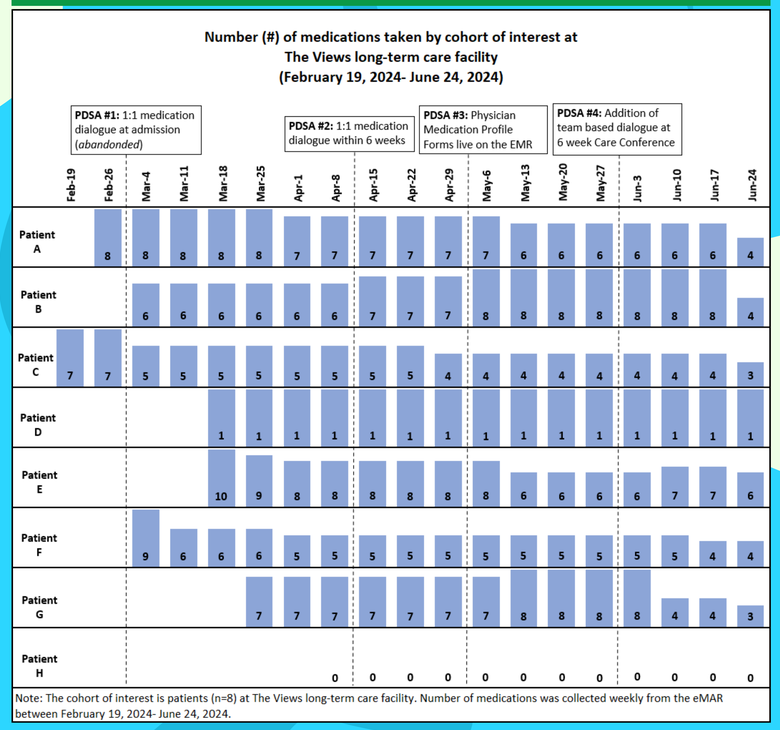
Balancing Measure:

- Use of inappropriate medications (e.g. antipsychotics, benzodiazepines, narcotics)
- Behavioral and psychological symptoms of dementia related to medication administration

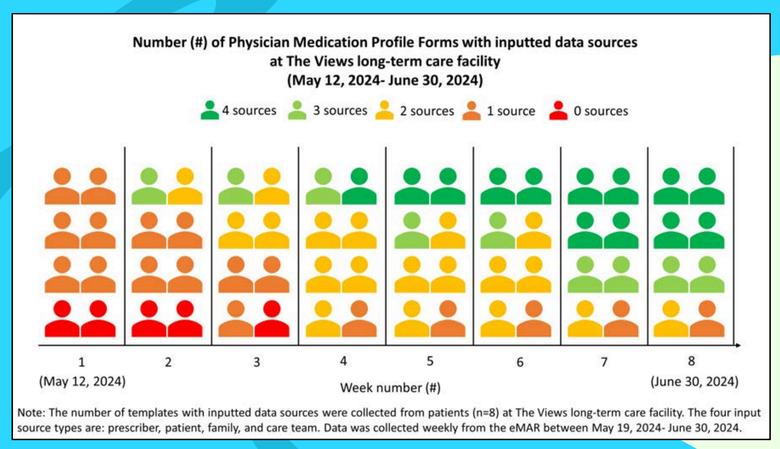
ACTION TAKEN

- **PDSA #1:** Embedded a question about how a new resident feels about their medication into the admission package.
- **PDSA #2:** Initiated a conversation with each resident about their medications within 6-weeks of admission.
- **PDSA #3:** Established a form on the EMR, specific to medication conversations and Medication specific Goals of Care to pair with Medication Review Forms.
- **PDSA #4:** Formalized discussion around medication specific goals of care with prescriber, care team, family, and patient - and incorporation of these discussions into Provider Prescribing Profile Form on EMR.

DATA ANALYSIS



Note: The cohort of interest is patients (n=8) at The Views long-term care facility. Number of medications was collected weekly from the eMAR between February 19, 2024- June 24, 2024.



Note: The number of templates with inputted data sources were collected from patients (n=8) at The Views long-term care facility. The four input source types are: prescriber, patient, family, and care team. Data was collected weekly from the eMAR between May 19, 2024- June 30, 2024.

LESSONS LEARNED

- LTC residents are very diverse - with diverse cognitive, mental, and physical needs - their perspective on medications is complex - and needs a focused conversation - 1:1 with a member of the health care team.
- Families also have their own perspective on the utility or harm of medications - they also need to be involved.
- Health care teams notice Residents with behaviours specific to medication administration - and they need a place to document this that will impact prescribing.
- Initiating these focused, resident specific dialogues initiated a cascade of discussions within our health care teams.
- In order to make Appropriate Prescribing Decisions - Prescribers need access to all information at the time of Medication Re-order or Review.
- The involvement of our Residents in the discussion, even without specific medication changes, improves their relationship with the medication process.

NEXT STEPS

- Role out the Provider Medication Profile to all new residents - at 6 week Care Conference
- Learning modules - "To Prescribe or not to Prescribe' for care teams and prescribers
- Facility Website link to information for care team (including residents and families) to Goals of Care information, and statements on medical intervention as we age

" I have reached an age when, if someone tells me to wear socks, I don't have to." Albert Einstein

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Making Time for What Matters

Slow Medicine: Improving Physician Experience, Positive Patient Experience

AIM

By June 2024, 90% of my patients will continue to rate their overall experience of care as positive (i.e., 3-4-rating), as I implement Slow Medicine Principles.

RATIONALE

While working in a health care system in crisis, family physicians can struggle to provide compassionate, whole person care that addresses what matters in a thoughtful and deliberate way (Slow Medicine) AND that is sustainable.

My schedule didn't enable me to provide the care I wanted to - it was based on the old fee-for-service payment model that didn't account for complexity or indirect care, nor did it include a formal practice to cultivate the attitude of compassion and well-wishing for myself and my patients.

ACTIONS

- PDSA #1: Day Sheet Meditation
- PDSA #2: Reason for visit on schedule
- PDSA #3: Weekly review of upcoming appointments
- PDSA #4: Schedule more daily indirect care
- PDSA #5: Decrease charting time - AI Scribe

METHODS

Outcome Measure:

- Patient Experience Survey

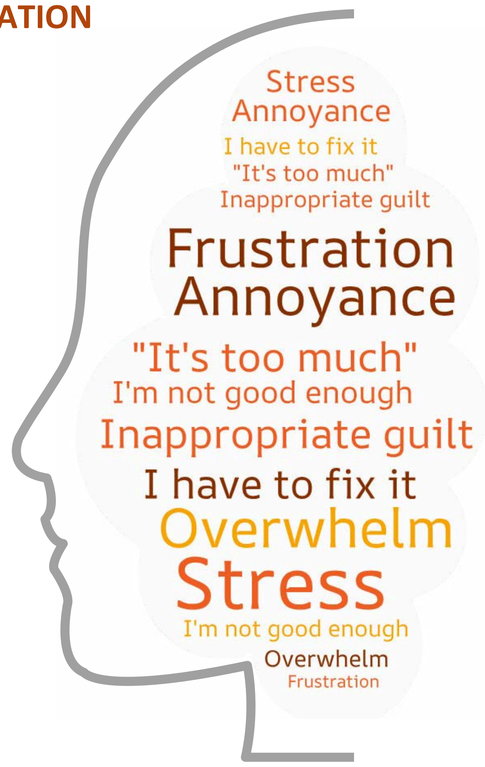
Process Measures:

- Tally of completed day sheet meditations
- # of appointments with reason for visit listed
- Tally of scheduled anticipatory indirect care done, time spent and associated outputs

Balancing Measures:

- Monitoring physician burnout (trended from "often" to "sometimes" wondering how long I will be able to work with patients
- Monitoring physician accessibility: stable, though one week of decreased access
- Income - stable and trended to increased

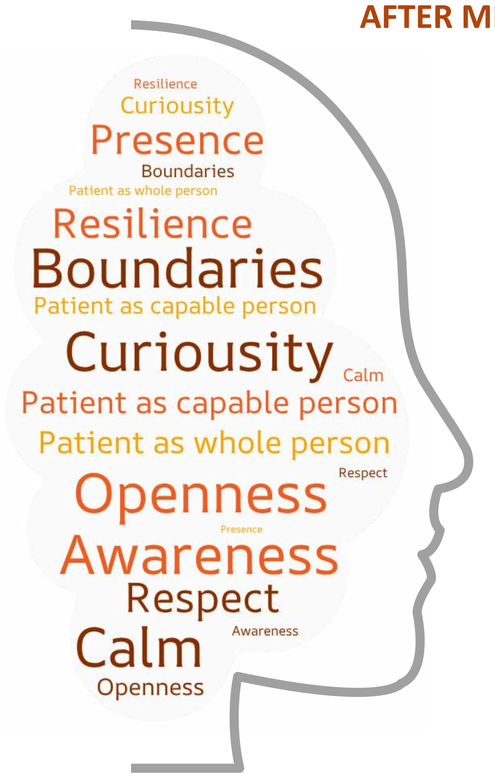
BEFORE MEDICATION



DAILY MEDITATION

"May I be well, may I be happy, may I work with ease. I see my suffering, I care about my suffering, may my suffering be relieved. And for each patient booked that day: May you be well, may you be happy, may you live with ease. I see your suffering, I care about your suffering, may your suffering be relieved."

AFTER MEDITATION



DATA ANALYSIS

9 out of every **10** patients felt the appointment was necessary

100% of patients felt Dr. Norris did 'quite a bit' or 'a lot' during the appointment to:

- *understand and address what mattered to them*
- *show care and compassion and interest in them as a whole person*

9 out of every **10** patients felt 'quite a bit' or 'a lot' of time was spent on 'what mattered to them' during the appointment

PATIENT VOICE:

"Always amazing whole person care"

"So happy and grateful to have Dr. Norris helping me be my best self"

"Love your kindness and caring"

LESSONS LEARNED

- **Lesson #1:** Daily, clinic based mindfulness practice has improved my self compassion, my respect and compassion for my patients. It revealed recurring narratives about myself and my patients that I have been able to reframe to be more true, kind and helpful. I am more accepting of the limits of my time, knowledge and role. I am better able to be present with my patients' pain, sadness, fear and suffering.
- **Lesson #2:** Mindfulness is a powerful tool to reveal what is and isn't working, and generate change ideas.
- **Lesson #3:** Scheduling indirect care into my daily and weekly schedule reduced my sense of overhwhelm and busyness. I enjoyed having time to consider complex issues and plan care - this in turn led to a sense of more efficient and effective face to face visits with those patients.
- **Lesson #4:** An AI scribe decreased my mental exhaustion and freed up time for higher level indirect care and additional patient appointments.

Next Steps: Sustain changes. Consider doing a spread project. Use my QI skills on other projects.

Project Team
Physician Lead: Dr. Jill Norris
Project Participants: Sheila (MOA)

Thanks To:
Dr. Mark Sherman (Mindfulness Expert), Drs. Josh Levin, Jessice Otte, Ilona Hale, Shana Johnston, Kat G. (DTO Coach), Shelby (Patient Partner), Dr. Sarah Chritchley (Board Director, Div. of Family Practice) and the amazing PQI team and peers!

**QR code for full PQI Project Summary Report*

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SSC Specialist Services Committee | PQI Physician Quality Improvement Specialist Services Committee | island health

Length of Stay (LOS) of Admitted Pediatric Patients in the Emergency Department at Victoria General Hospital

Project Team

Physician Lead: Dr. Sarah O'Connor

Project Participants:

- Dr. Marie-Noelle Trottier-Boucher
- Kara Shebib (Pediatric CNL)
- Amanda Baart (Pediatric CNL)
- Thomas van Heyningen (Pediatric CNL)
- Emma Carrick (Manager, Inpatient Pediatrics)
- Dr. Mark Jones (Medical Lead, Pediatrics)

AIM STATEMENT

By July 2024, reduce the average LOS in the VGH emergency department by 25% for children who have been admitted to pediatric inpatient medicine.

RATIONALE

- Emergency departments (EDs) are overrun with high patient volumes, often have no empty bed spaces, and are faced with staffing shortages, which result in delays in patient care. Children who enter the ED and require admission to the hospital often wait to be brought up from the ED to the pediatric ward. During this delay, they often do not receive the appropriate pediatric care, they are exposed to communicable diseases, and to traumatic experiences.
- Children who are admitted from the ED to the pediatric ward at Victoria general hospital wait on average 2 hours from time of admission to time of arrival to the pediatric ward.
- This waiting time does not include the 4-6 hours they were in the ED before being seen by the pediatric team.
- During this time, they are not receiving pediatric-specific care, and are exposed to both infectious and psychological stressors while waiting in a general emergency department.

METHODS

Outcome Measure

- Average length of stay (hours) for admitted pediatric patients awaiting a bed.

Process Measure(s)

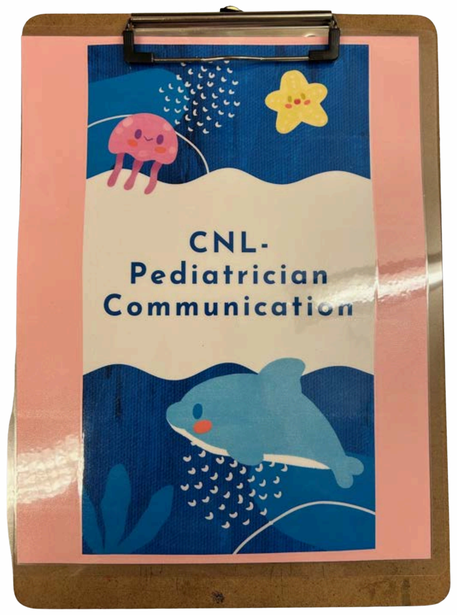
- Percentage (%) of discharges from the pediatric inpatient ward completed by 11:00 am.
- Percentage (%) of time each week that ward rounds start by 9:30am (Monday to Friday only).

Balancing Measure(s)

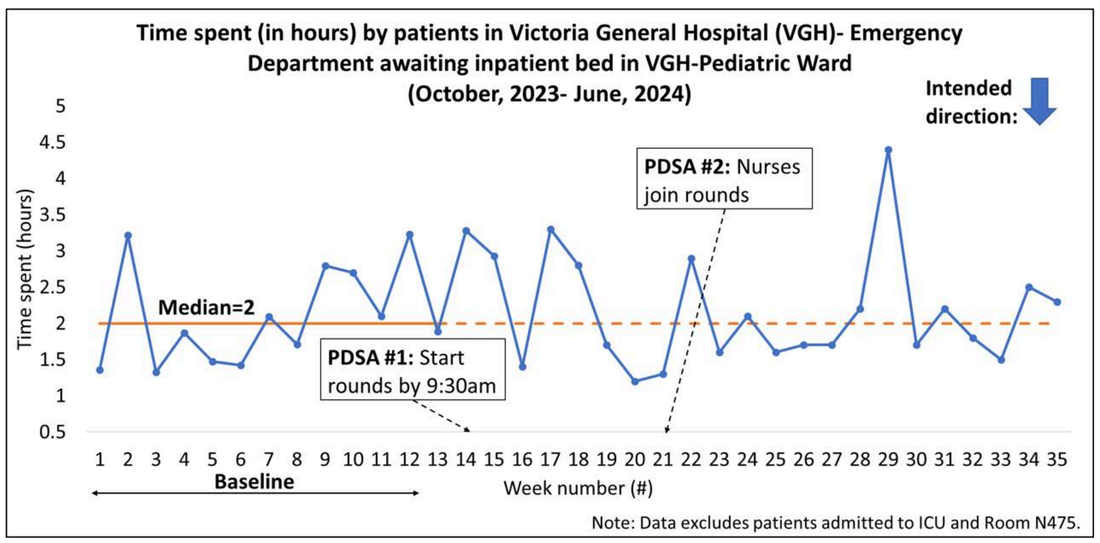
- Percentage (%) of patients transferred from the inpatient ward to the Intensive Care Unit within 4 hours of arrival to the ward.

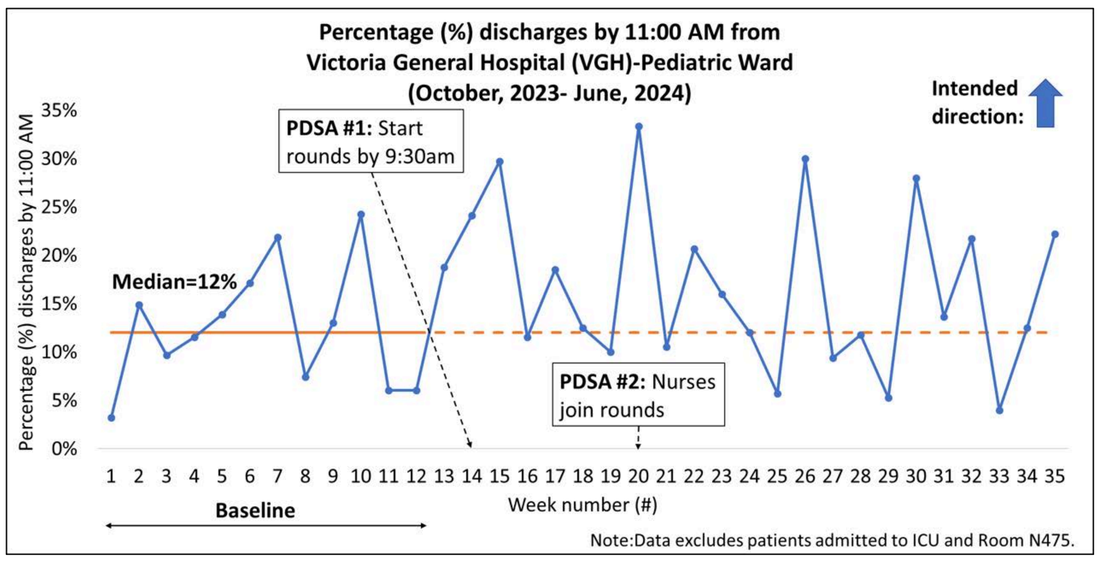
ACTION TAKEN

- **Intervention #1:**
  - Institute a daily check in between the charge nurse and rounding pediatrician at 9:00am to identify patients suitable for early discharge.
  - Start rounds daily at 9:30am.
  - Create a charge nurse to pediatrician communication slip outlining early discharge patients and sick patients to prioritize rounding order.
- **Intervention #2:**
  - Include name of bedside nurses on the communication slip to facilitate nursing presence on rounds.
  - Email updates to nursing and pediatrician staff throughout project.



DATA ANALYSIS





PATIENT VOICE

- Being admitted to hospital is stressful for the whole family. The journey from home to the ED to the inpatient ward is a long one – and that is only the beginning of the admission.
- Shortening even one part of this stressful journey can make a difference on patient wellbeing. Settling families into their room on the ward as soon as possible allows for some calm and rest to begin the recovery process.

LESSONS LEARNED

- It is difficult to effect change with a team and in a work environment that I am only periodically working in.
- Simple tools that integrate seamlessly with existing workflow are easiest to implement but difficult to sustain.
- Changes made on the pediatric ward have minimal effect on overall LOS for admitted pediatric patients in the ED – the scope of the problem requires broader system engagement (ED, portering, nursing staff).

NEXT STEPS

- Build culture of QI on our inpatient ward through workshops for permanent staff (nursing, allied health).
- Formalize the charge nurse to pediatrician communication tool.
- Continue to work towards nursing presence on daily rounds.

Primary Email Contact:
soconnor2014@gmail.com

Fast Access to Consultation for Pediatric Food Allergy

Project Team

Physician Lead: Dr. Victoria E. Cook

Project Participants:

- Deborah Leblanc (RN)
- Wendy Scurfield (RN)
- Bandna Johia (MOA)
- Elizabeth Cook (MOA)
- Matthew Griffin (Operations Manager)
- Kristine Jeganathan (Pediatrics Resident)

AIM STATEMENT

By June 2024, 80% of patients <2 years of age referred to my community allergy practice for possible food allergy will be seen within 8 weeks of referral.

RATIONALE

- Current wait time for patients <2 years referred for food allergy is average 5 months
- Long wait times cause delays in time-sensitive interventions including:
  - Early introduction of priority allergens
  - Initiation of treatment for food allergy (food ladders, oral immunotherapy)
- Delays in priority allergen introduction increase the risk of life-threatening food allergy
- Older age at OIT and food ladder initiation is associated with increased side effects and reduced efficacy
- Rapid assessment of this vulnerable population results in reduced duration of food avoidance and earlier intervention in those with life-threatening food allergy

PATIENT VOICE

"We were told not to try any other nuts until we met with you [allergist]. I wish we had known earlier that it was important to keep trying new foods, because we might have been able to prevent an allergy." - *Patient seen prior to intervention*

METHODS

Outcome Measure

- Time between referral and first visit

Process Measures

- Visit length (minutes)
- Number of follow up visits prevented
- Number of referrals prevented (next step)

Balancing Measures

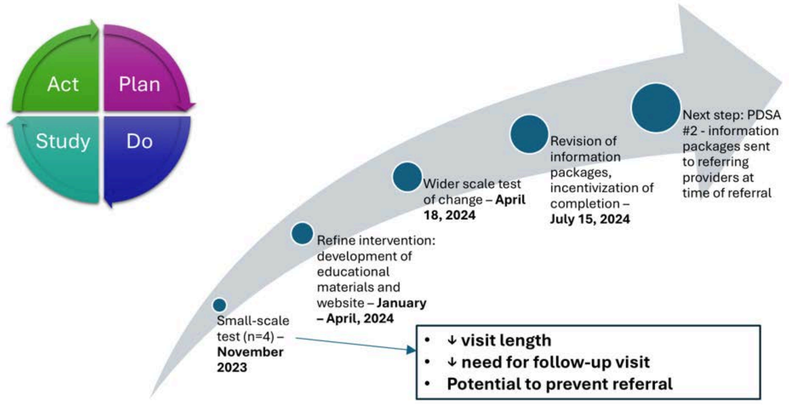
- Patient reported satisfaction with the intervention
- Administrative burden (requests for patient email contact, patient email burden)

Primary Email Contact:
victoria.cook@allergyvic.com

ACTION TAKEN

- **PDSA #1:** Information and recommendations relevant to referral complaint sent to patients at time of referral (potential to reduce visit length, need for follow up)
  - **Revision 1:** reduced length of information packages
  - **Revision 2:** offered expedited assessment for patients who review information package (incentivization)

PDSA #1 actions taken November 2023 – August 2024



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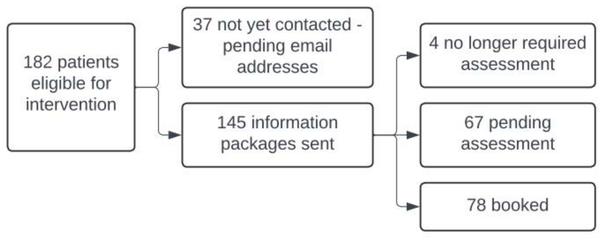
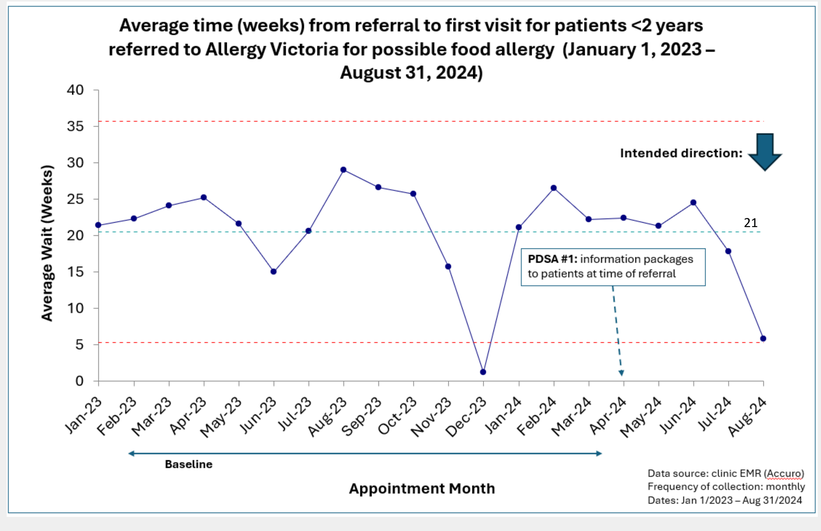




Measure	Pre-intervention (N=20, Jan – April 2024)	Post-intervention – did not receive* or read email (N=37, August 2024)	Post-intervention – intervention received and read (N=24, August 2024)
Average visit length (min)	65	60	39
Estimated # follow up visits prevented/patient		0	1

**1 patient did not receive email due to incorrect email address*

Quality Improvement Project

IMPROVING ACCESS FOR URGENT PEDIATRIC FOOD ALLERGY PATIENTS

Our clinic is participating in a Quality Improvement Project, supported by Island health, for patients less than 2 years old referred for possible food allergy, with the goal of reducing wait times.

As part of this project, we are now sending information packages directly to caregivers and referring providers. Information packages are tailored to the referral, and include materials to support food allergy prevention through early introduction of common allergy causing foods, along with information to help you manage food allergy concerns while awaiting your visit.

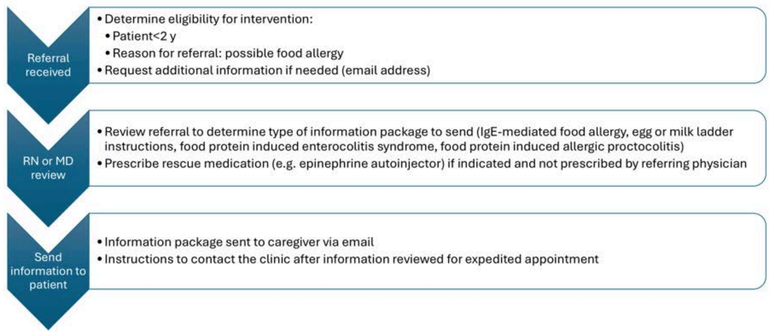
This website contains all of the important handouts, links and videos.

Please refer back to the email you received to determine which category is applicable to your child.

Once you have reviewed the information within the applicable category below, we would be grateful if you could provide anonymous feedback to help us improve this process through a short survey.

COMPLETE THE QI PROJECT SURVEY

PDSA # 1 workflow



LESSONS LEARNED

- Review of information package ahead of visit results in reduced visit length and need for follow up
- Intervention reported as helpful by 100% (25/25) caregiver survey respondents
- Uptake of intervention is a major barrier to impact with only 40% reviewing information
- Email address not included for 30% of referrals, resulting in increased administrative burden
- 88% (22/25) caregivers reported receiving limited or contradictory information from referring providers
- Achieving a sustained reduction in wait times is likely a long-term (2-3 year) goal

NEXT STEPS

- Continued interventions to increase information package uptake
- PDSA #2: information packages to support referring provider counseling at the time of referral
  - Combine with educational sessions
- Future directions: work with Pathways, hospital EMR providers to facilitate information package distribution

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Finding Prenatal Care

A Patient's Perspective

Project Team
Physician Lead: Dr. Jane McGregor
Project Participants:
- Dr. Carien Smit & Dr. Annie Monteith (R2s Family Medicine)
- Shania Kotz, Gemma Hamblin and Alex Miller (MOAs)
- Dr. Alicia Power (Medical Director, Grow Health)
- Zamira Vicenzino & Michelle Lee (Patient Partners)
- Dr. Lorelei Johnson & Dr. Amy Cuthbertson (FP-OB Division Leads)

Aim Statement

Increase the proportion of patients who felt 'satisfied' or 'very satisfied' with the process of finding prenatal care at Grow Health to 100%, by June 2024.

RATIONALE

- Victoria is in a Pregnancy Care crisis. There are currently not enough pregnancy care providers for the number of pregnant people.
- In a community survey completed in Sept 2023, 5.7% of respondents had not had any prenatal care as they had not been able to find a provider. 49% of respondents found it hard to figure out what options were available and/or found it challenging to find someone accepting patients for their due date.
- Between September 2024-January 2025 the number of people Grow Health had to decline for pregnancy care was 70-100 per month.

METHODS

Outcome Measure

Patient rating scale

- I am satisfied with the process of finding a maternity care provider in Victoria. (1-5 Likert)
- I found it easy to find a list of available providers to contact when seeking care. (1-5 Likert)
- Why/why were you not satisfied? (qualitative)

Process Measure(s)

- How many phone calls did you make before being accepted for PN care at Grow Health?
- How did you come to be attached at this clinic? How did you find us?

Balancing Measure(s)

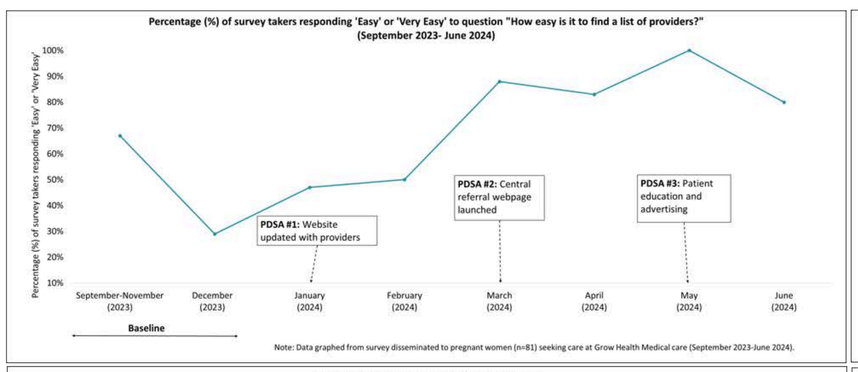
- How many phone calls MOAs are getting from people looking for PN care at Grow that we cannot accept.

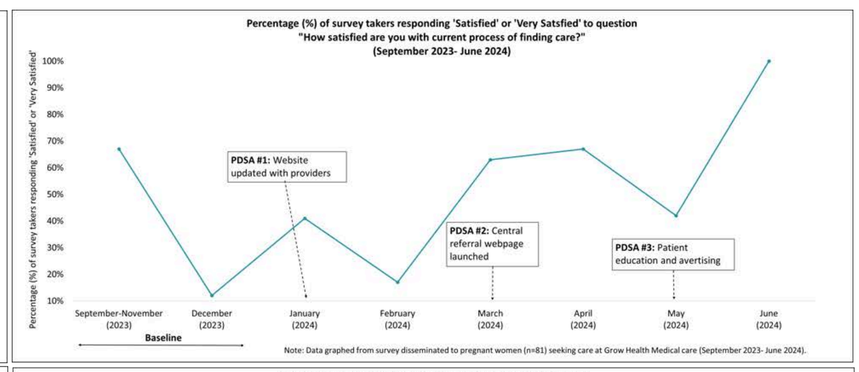
ACTION TAKEN

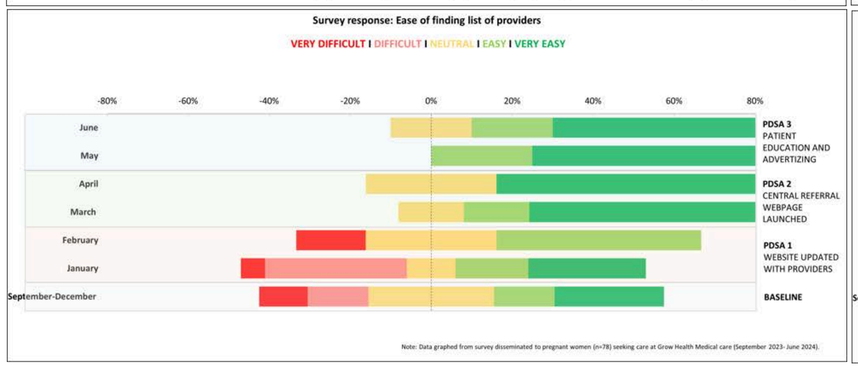
- Updated Coastal Maternity website with all providers in Victoria.
- Created and implemented a new central self-referral system for Coastal Maternity FP-OB group.
- Completed a communication strategy to increase use and knowledge of central self-referral program.

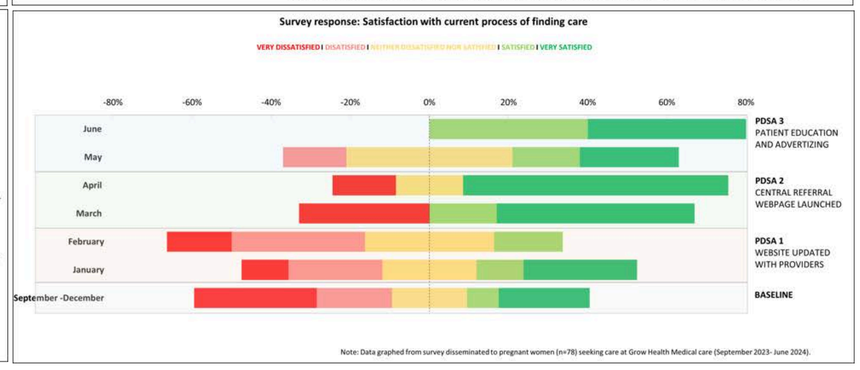
Patient feedback regarding the implementation of the central self referral system for prenatal care.

Note: Patient feedback collected using an online survey from March 10, 2024- June 30, 2024.









LESSONS LEARNED

- Number of providers available for pregnancy care is still a large driver that I was unable to address.
- Patients appreciate having a central place for information and being able to refer directly.
- Centralizing improved workflow and moral distress for MOAs.
- Having an engaged and responsive tech partner was essential.
- Engaging and training multiple different offices to use a new workflow system was challenging.
- Patient partners and patient qualitative feedback was invaluable.

NEXT STEPS

- Continue collecting data to achieve a more robust run chart for interpretation.
- Work to spread centralized self referral to other communities.
- Work on underlying problem drivers, particularly recruitment and retention of FP-OB providers.

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Use QR to view full project summary

The Best Care in the Best Place:

ED to Rapid Primary Care Follow-up in the Comox Valley

Project Team

Physician Lead: Dr. Laura Matemisz

Project Participants:

- Dr. Alfredo Tura (Physician Lead, AHUCC)
- Evan Humphreys (AHUCC Manager)
- Whitney Schaefer (CNL)
- Sarah Trockstad (CVH ER Clinical Coordinator)
- Dr. Louis (Dieter) de Bruin (Executive Medical Director)

AIM STATEMENT

By May 2024, the aim is to increase Comox Valley Hospital (CVH) Emergency Department (ED) patient follow-up visits at the Comox Valley Urgent and Primary Care Clinic by 25%.

RATIONALE

- Comox Valley Hospital (CVH) Emergency Department patient volumes and wait times are increasing.
- There is a family practitioner shortage in the Comox Valley and most walk-in clinics have closed.
- Patients seen in the ED often need timely follow-up after their acute care visit but have no access to health care other than repeat ED visits. This results in a gap in care.
- A rapid ED to primary care pathway may avoid ED re-visits and admissions to hospital.
- This QI project seeks to build a connection between the CVH ED and Island Health Urgent and Primary Care Centre (UPCC) to create a pathway for family physician and nursing follow-up after an emergency department visit.
- This will prevent repeat ED visits while improving patient access and satisfaction.
- Appropriately assigning follow-up to community care will result in health care cost savings.

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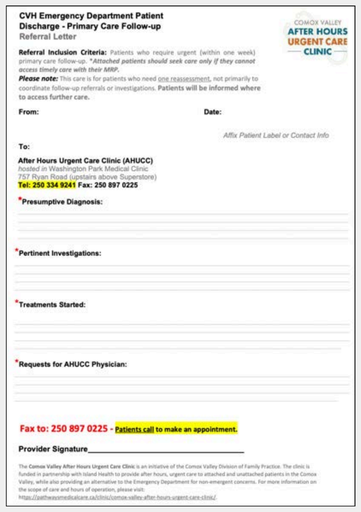
lauramatemisz@gmail.com

ACTION TAKEN

Prior to testing change ideas, I engaged the CVH UPCC to better understand their workflow, to co-design change ideas, and to establish stronger linkages between their site and the CVH ED.

- **PDSA #1**: ED Physician Education (referral form, referral indications)
- **PDSA #2:** ED Nursing Education (referral form, referral indications for allied health follow-up)



CVH Emergency Department Patient Discharge - Primary Care Follow-up
Referral Letter

COMOX VALLEY AFTER HOURS URGENT CARE CLINIC

Referral Inclusion Criteria: Patients who require urgent (within one week) primary care follow-up. **Attached patients should seek care only if they cannot access timely care with their MRP.*
Please note: This care is for patients who need one reassessment, not primarily to coordinate follow-up referrals or investigations. **Patients will be informed where to access further care.**

From: **Date:**

Affix Patient Label or Contact Info

To:
After Hours Urgent Care Clinic (AHUCC)
hosted in Washington Park Medical Clinic
757 Ryan Road (upstairs above Superstore)
Tel: 250 334 9241 Fax: 250 897 0225

*Presumptive Diagnosis:

*Pertinent Investigations:

*Treatments Started:

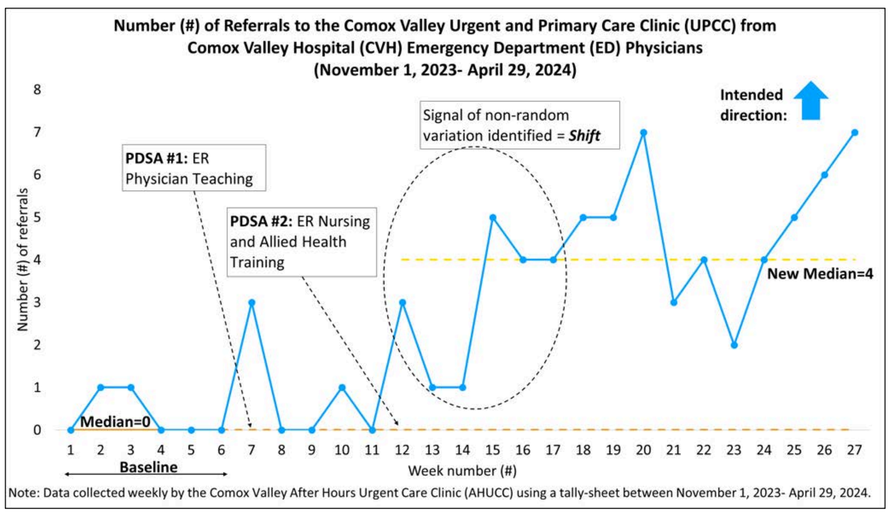
*Requests for AHUCC Physician:

Fax to: 250 897 0225 - Patients call to make an appointment.

Provider Signature_____

The Comox Valley After Hours Urgent Care Clinic is an initiative of the Comox Valley Division of Family Practice. The clinic is funded in partnership with Island Health to provide after hours, urgent care to attached and unattached patients in the Comox Valley, while also providing an alternative to the Emergency Department for non-emergent concerns. For more information on the scope of care and hours of operation, please visit: https://pathwaysmedicalcare.ca/clinic/comox-valley-after-hours-urgent-care-clinic/.

DATA ANALYSIS



Note: Data collected weekly by the Comox Valley After Hours Urgent Care Clinic (AHUCC) using a tally-sheet between November 1, 2023- April 29, 2024.

METHODS

Outcome Measure

- Number (#) of referrals from the CVH ED to CVH UPCC

Process Measure(s)

- Number (#) of ED physician referrals
- Number (#) of ED nursing and allied health professional referrals
- Total Number (#) of referrals with intention to provide timely follow-up to decrease admissions and repeat ED presentations

Balancing Measure(s)

- CVH UPCC physician capacity
- CVH UPCC nursing capacity
- Number (#) of inappropriate referrals for patients who should have been admitted or followed up in the ED

PATIENT VOICE

"It would be nice not to have to wait all this time in the ED for my problem. I know it wasn't an emergency, but I didn't know where to go".

- Comox Valley Hospital Emergency Department Patient

LESSONS LEARNED

- Appropriate community primary care follow-up will be utilized by patients if there is a pathway developed.
- Nursing and allied health underutilized outpatient follow-up pathways which is an area for improvement.
- It is essential to have engagement from your community partner for this model to work.
- Having appropriate outpatient follow-up has the potential to result in health care cost savings.

NEXT STEPS

Continue to build on relationship between the CVH ED and CVH UPCC by:

- Regular ED and UPCC check-ins, ongoing physician and nursing education on the referral pathway.
- Create a dedicated ED-UPCC Physician Lead.
- Potential to create capacity to direct low acuity patients to the UPCC directly.

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A Dash of Cream, Making Needles a Dream

A Quality Improvement (QI) Project to Decrease Pediatric Needle Pain in a Rural ER

AIM STATEMENT

By June 30th, 2024, we aim to increase the application rate of topical anesthetic to 50% for children aged 0-12 years undergoing bloodwork at Cowichan District Hospital (CDH) Emergency Department (ED).

RATIONALE

Topical anesthetic is an effective way to facilitate early pain control for bloodwork collection, leading to better patient and family satisfaction and increased procedural success rates. However, at Cowichan District Hospital (CDH) Emergency Department (ED), less than 20% of children aged 0-12 years received topical anesthetic before bloodwork. We aim to address this gap and improve patient-centered care, especially for vulnerable populations like the Indigenous community, which represents a large percentage of our ER visits.

"She had this traumatic experience of being in an emergency room at three years old, with no numbing cream and having everyone stand around her trying to poke her with needles ... If it starts with the cream, she's like, 'Oh, that wasn't bad,' it might be a different outcome."

- Mom of a pediatric patient partner, who was admitted to PICU with diabetic ketoacidosis at age 3

Primary Email Contact:
ykatiezhu@gmail.com

METHODS

We conducted a literature review and engaged pediatric patients and their families to ensure the patient experience was paramount in the intervention. We collected data through chart reviews on all pediatric patients who received bloodwork and tracked the percentage of them who received topical anesthetic.

Outcome Measure

- Percentage (%) of patients who had topical anesthetic applied prior to bloodwork

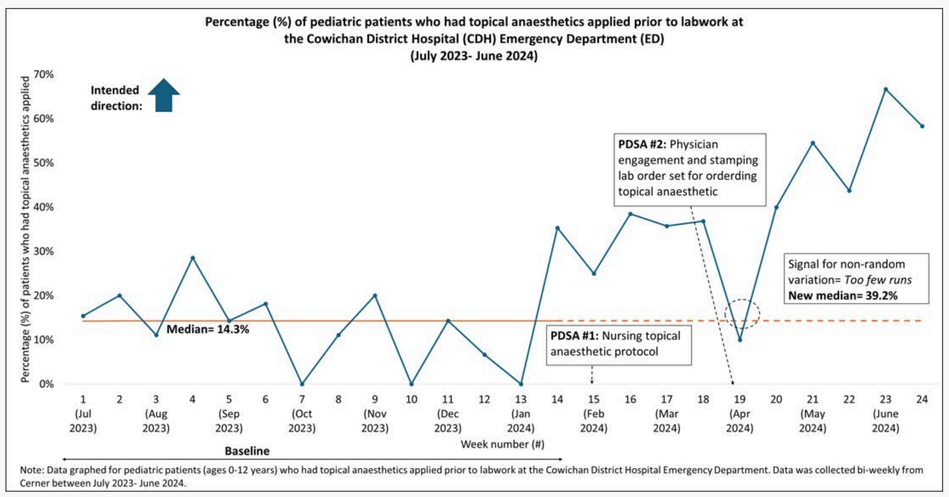
Process Measure(s)

- Tubes of topical anesthetic supplied to the department

Balancing Measure(s)

- Length of stay in the department

DATA ANALYSIS



- The median application rate increased from 14.3% to 39.2%.
- The monthly application rate increased from 17.4% in July 2023 to 63.3% in June 2024.

LESSONS LEARNED

- **Resources:** Stores of topical anesthetic were used up faster than expected, which required multidisciplinary problem solving between pharmacy and clinicians.
- **Documentation:** Mixed paper and EMR charting made data collection in the CDH ER particularly challenging. A unified documentation system would improve the ability to implement QI projects in this department.
- **Length of Stay:** There was an association between the application of topical anesthetic and a slightly longer length of stay in the ED. Further studies could investigate if this adversely affected patient satisfaction.

ACTION TAKEN

We developed two PDSA cycles:

Cycle 1: Nursing focus (February - March):
A multidisciplinary team developed a topical anesthetic protocol for the CDH ED. Nurses were trained on key moments to apply topical anesthetic for pediatric patients before physician assessment.

Cycle 2: Physician focus (April - June):
An email handout with a summary of the safety and efficacy literature was distributed to physicians. Physicians were encouraged to order topical anesthetic with bloodwork, and stamps were introduced to streamline the ordering process.

NEXT STEPS

- **Monitor:** continue monitoring and address any emerging challenges.
- **Sustain:** ensure training for new team members and refreshers for current staff to maintain high compliance rates.
- **Resource:** monitor the supply of topical anesthetic and other resources necessary to support the initiative.
- **Spread:** simple and straightforward changes can make a big difference. This project is ideal for spreading to other similar-sized centres.

PROJECT TEAM

Physician Lead: Dr. Katie Zhu

- **Project Participants:** Terra Lee & Jordan Roze (Clinical Nurse Educator and Mentor); Maxim Schlagel & Nick Wilson (Medical Students); Dr. Ava Butler, Dr. Vanessa Percy, Jesse Inkster (Pharmacist Consultant); Maggie Petten, Amanda Petten, Elsie Lundeen, Tara-lynn Lundeen (Patient Partners); Tyler Smith (Emergency Department Manager); Dr. Maki Ikemura (Medical Director)

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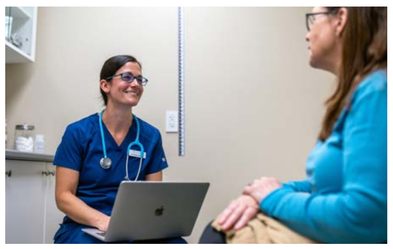
Improving Urgent Access at the Patient Medical Home to Reduce Emergency Department Visits

Project Team
Physician Lead: Dr. Sienna Bourdon
Project Participants: Lis Ball (Clinic Manager), Katie Thompson (Operations Director), and Jen Stowe (MOA Lead)

PROJECT AIM:

By June 2024, reduce the number of Shoreline Medical Brentwood Bay attached patient visits to the Saanich Peninsula Hospital Emergency Department with less urgent or non-urgent conditions (i.e. Canadian Triage and Acuity Scale score 4-5) by 20%.



"When the topic of healthcare comes up in my circles, the comments indicate that shortage of doctors and spots available to get in to see a doctor deter people from even trying to make urgent appointments at their clinic and would not even be thought to be an option."

- **Patient of Shoreline Medical Brentwood Bay**

RATIONALE

- Over the last 2 years Saanich Peninsula Hospital (SPH) Emergency Department (ED) has seen significant volumes of attached patients presenting for reasons that could be managed within the primary care clinic (i.e. Canadian Triage and Acuity Scale (CTAS) score 4-5). 70% of these visits Monday-Friday were attached patients.
- Non-emergent ED visits result in higher costs to the system, and bottlenecks care for the urgent and emergent patients.
- Neither staff nor patients benefit from this current state. MOAs have expressed frustration in the difficulty in accommodating these bookings. Understandably, patients are also frustrated when they are not able to see a provider in a timely manner or are stuck waiting in the ED for hours.

METHODS

Outcome Measure:

- Shoreline Brentwood patients who went to SPH ED for CTAS4/5 issues between Monday-Friday

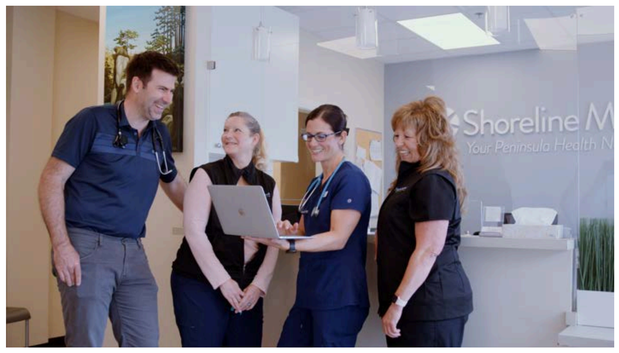
Process Measure:

- Percentage (%) of rapid access appointments being booked inappropriately (>48h) per "booking guideline"

Balancing Measures:

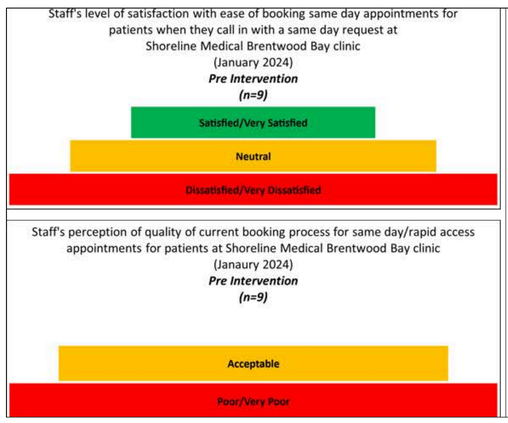
- MOA ease of booking same day appointments
- Percentage (%) of rapid access appointments unfilled

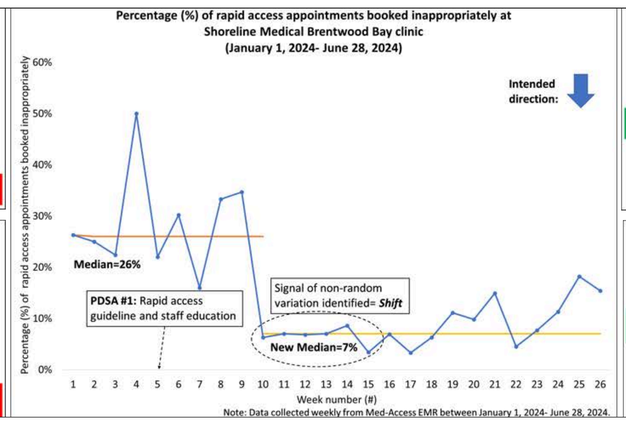
TEAMWORK MAKES THE DREAM WORK

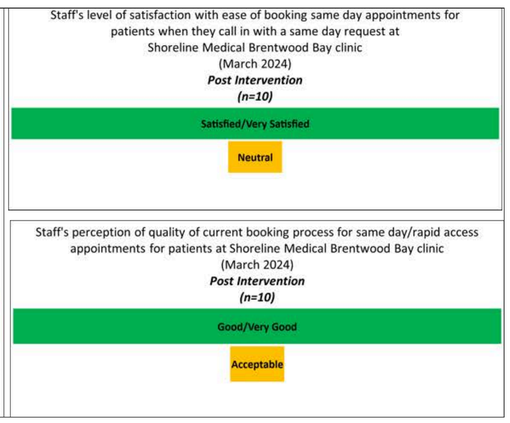


At the start of this project, my team was tired post-COVID and felt at maximum capacity. However, through **upfront communication** and **team engagement**, I was able to gain team buy-in and implement new processes within our clinic to target gaps in patient care.

Using a quality improvement approach, we were able to improve patient access for same day bookings and increase staff satisfaction significantly.



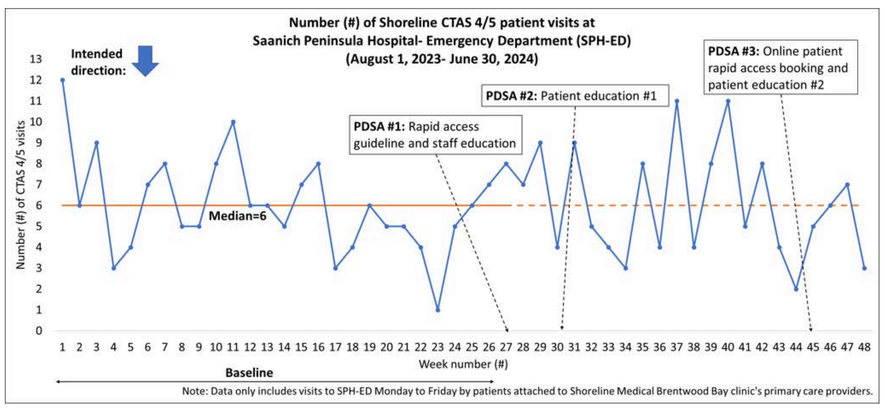




ACTION TAKEN

Despite a 35% increase in ED volumes (908 additional visits) for attached CTAS 4/5 visits in the second half of the year (during my project) we did not see an increase in these visits for Shoreline Brentwood patients.

- **Intervention #1:** Successful implementation and adoption of a new rapid access booking guideline
- **Intervention #2:** Patient Communications (survey and booking information)
- **Intervention #3:** Follow up patient communication, reminding patients how to access urgent appointments at Shoreline Brentwood as well as options other than going to the ED



LESSONS LEARNED

- It is difficult to effect change in the larger primary care system due to its complexity and instability.
- Successes as a team were easy to celebrate and use for positive momentum.
- Patient behavior is complex. Despite unfilled rapid access appointments each week, patients still presented to the ED.
- Data collection was difficult initially due to a lack of standardized schedule templating and inconsistency amongst physicians with use of the templates.
- Physicians change their schedules often and the clinic needs to remain flexible, not instituting processes that are too rigid.

NEXT STEPS

Attached patients seeking care in EDs has a big financial and access impact which we see locally and provincially. This project shows we can create the capacity to accommodate these patients in their Patient Medical Homes (PMHs).

There is an opportunity to spread this to other PMHs to have more of an impact on the ED volumes. Initial spread will be to the Shoreline Sidney Clinic, then hopefully to other clinics within our Patient Care Network (PCN). If we can increase access in all PCNs for attached patients, this could have a massive impact province wide.

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The Critical Air Project

Decreasing Inhaler Related Carbon Footprint in the Acute Care Setting

Project Team

Physician Lead: Val Stoynova

Team Members
Celia Culley - Clinical Pharmacy coordinator
Dan Tully - ER Nurse
Jonathan Mailman - ER Pharmacist
Shruti Kaushik - data analyst

Sponsorship team
Sean Hardiman - Executive Director, Medication Systems and Medical Informatics
David Forbes - Director, Pharmacy services

Patient Voice

"My son was admitted with asthma when he was little, and I didn't realize that misplacing inhalers was such a big problem. Even if it's a few extra minutes, it makes a difference when you need a dose of medication and it's not there."

-Mother of a patient with asthma

Rationale

- Climate change is the single greatest threat to human health in the 21st century. Paradoxically, healthcare accounts for 4.6% of Canadian Greenhouse Gas emissions (GHGe), which is on par with the aviation industry. A quarter of these emissions are related to medications.
- Within medications, inhalers deserve special mention. Metered-dose inhalers (MDIs) contain a potent GHG, the role of which is to propel the medication from the device – each MDI can have a carbon footprint equivalent to driving up to 170km by car.

- Island Health dispenses ~2,900 inhalers per month, equivalent to driving around the circumference of the earth 4.5 times.
- Inhaler waste and inhaler loss contribute disproportionately to these emissions without meaningfully contributing to patient care; up to 80% of patients have more than one identical inhaler dispensed during their hospital stay and up to 97% of doses per inhaler are wasted.
- This waste contributes to rising healthcare costs, drug shortages and takes a toll on our carbon footprint, without contributing to patient care.

Aim statement

We aim to decrease the inhaler-related carbon footprint by 15% from inhalers dispensed in the emergency department and on medical ward 5N by the end of June 2024.

Methods

Outcome Measure

- The carbon footprint (in kgCO2e) of rescue inhalers dispensed from pharmacy and automated dispensing cabinets in the wards of interest (ER, 5N).

Process Measures

- Rate of duplicate dispenses to the ER defined as the rate of identical inhalers that are dispensed twice or more for the same patient within the same visit. This is a surrogate marker for inhaler loss within the ER.
- Rate of duplicate dispenses on the medical ward (5N), defined as the rate of identical inhalers dispensed to the same patient within 48hr of arrival to the ward. This is a surrogate marker for inhaler loss on transfer.

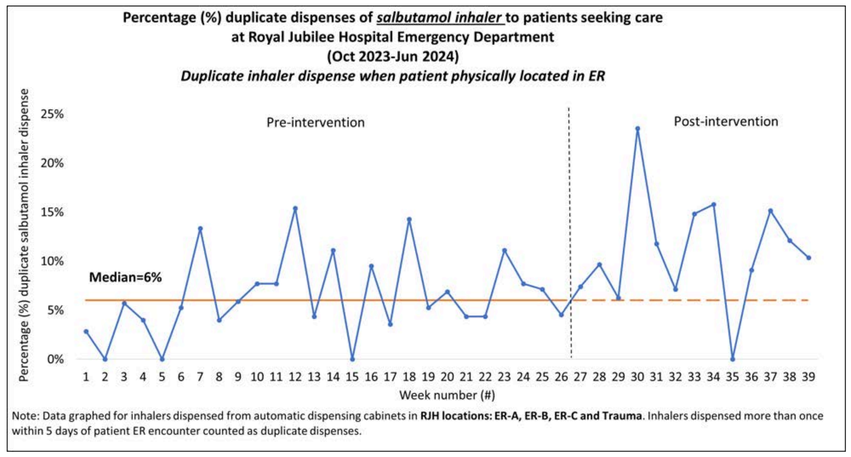
Balancing Measures

- Cost of dispensing, including the cost of the inhaler device and the associated labour cost.
- Perceived nursing and pharmacy workload.

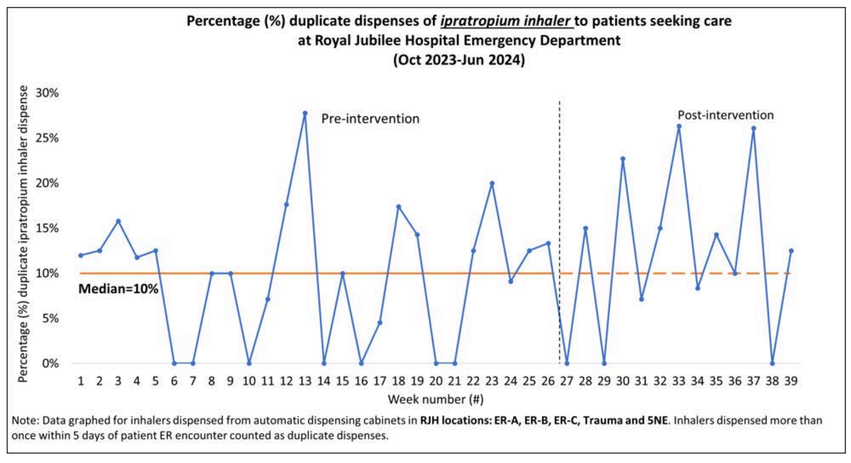
Action Taken and Analysis

The project was undertaken in the ER and the medical ward 5N at RJH, with interventions focused on nursing workflow and pharmacy operations practices.

- **PDSA 1** – Education.
  - Brief (10min) educational interventions were held with ER and 5N nursing staff during their morning huddle twice a week over three weeks.
  - The ER clinical pharmacist created a "White Board Talk" centered on inhaler related climate practices.
  - Educational posters with practical solutions were distributed through the mailing list and placed in high visibility areas.
- **PDSA 2** – Gamification process. Large posters to track progress were placed in high visibility areas to encourage ongoing efforts. Taken down after 7 days.
- **PDSA 3** – Automated dispensing cabinet prompts are programmed to alert when an inhaler dispensed is a duplicate and highlight the carbon footprint of the dispensed device. Not yet implemented.
- **PDSA 4** – Standardized nursing handover sheet altered to include prompt to ask about sending inhalers and other multidose medication products with the patient on transfer. Not yet implemented.



Note: Data graphed for inhalers dispensed from automatic dispensing cabinets in **RJH locations: ER-A, ER-B, ER-C and Trauma**. Inhalers dispensed more than once within 5 days of patient ER encounter counted as duplicate dispenses.



Note: Data graphed for inhalers dispensed from automatic dispensing cabinets in **RJH locations: ER-A, ER-B, ER-C, Trauma and 5NE**. Inhalers dispensed more than once within 5 days of patient ER encounter counted as duplicate dispenses.

Lessons Learned

- Seasonal variability in inhaler dispensing leads to data fluctuations and comparing to a historical cohort (e.g. last year) rather than a recent past cohort (e.g. last month) is likely more telling.
- Air quality, respiratory virus patterns and patient volumes will affect dispensing and duplicate rates.
- It is particularly difficult to implement meaningful and sustained change in a time of fluctuation (e.g. the implementation of computerized order entry).
- Many of the interventions have been worked on over a longtime frame (12+ months prior to PQI) and are difficult to implement in a short 1-year turnaround time.
- Fluctuations in team member composition (e.g. changing roles and moving cities) can set the project back unexpectedly and a lot of flexibility is necessary.

Next steps

Brief hiatus due to personal circumstances with plans to continue PDSA cycles in spring 2025.

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*project summary report

Improving Access, Participation and Engagement in CBT for Anxiety Management Group Therapy Sessions for Individuals with Diverse Abilities

Project Team

Physician Lead: Dr. A.V. Shelly Mark
Project Co-Facilitator: Chelsea Murray, RPN
Project Sponsors:

- John Braun (DDMHT Manager)
- Michelle Grant (DDMHT Clinical Coordinator)
- Dr. Wei Song (Psychiatry Division Head)

RATIONALE

Individuals with intellectual disabilities (ID) experience high rates of anxiety disorders, up to 15-35% prevalence.

Yet, patients face significant barriers to accessing appropriate mental health services, as they are often excluded from general Mental Health and Substance Use (MHSU) programs, are not able to afford private pay options, or are not able to comprehend materials tailored to the general population.

Cognitive Behavioural Therapy (CBT) is a proven effective treatment for this population, particularly when adapted and involving caregivers.

Without access to therapies such as CBT, many individuals experience unmanaged anxiety, leading to distress, behavioral issues, and increased healthcare utilization.

AIM STATEMENT

Developmental Disability Mental Health (DDMHT) clinic aims to improve access, participation and engagement in cognitive behavioural therapy (CBT) for anxiety management group therapy sessions by 50% for individuals with mild range of ID by September 2024.

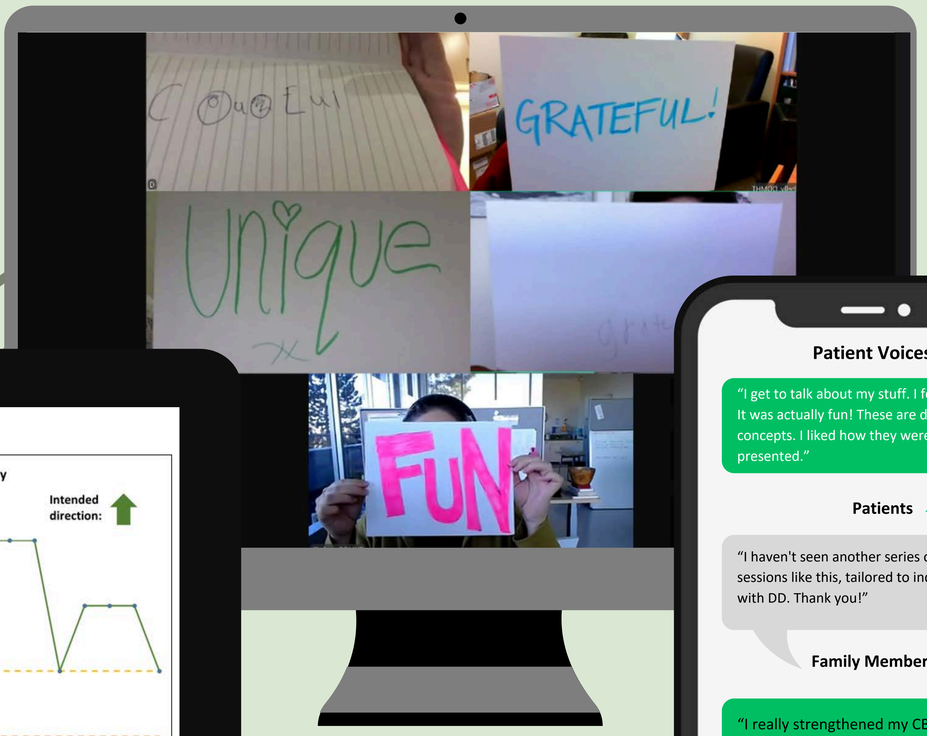
METHODS

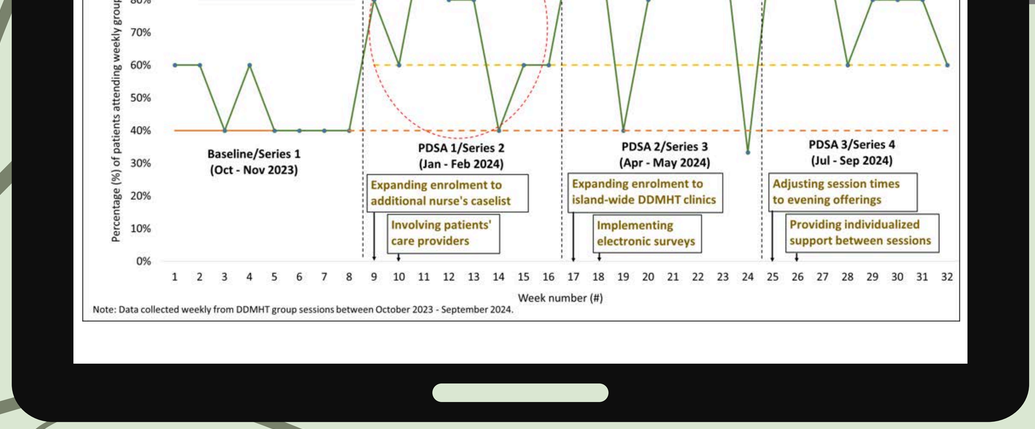
DDMHT created CBT learning modules that are adapted to the diverse abilities of patients with ID. The clinic delivered 4 series of 8 weekly group therapy sessions, over the course of October 2023 to September 2024.

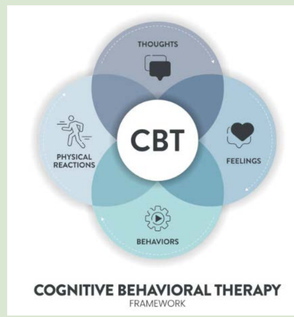
MEASURES

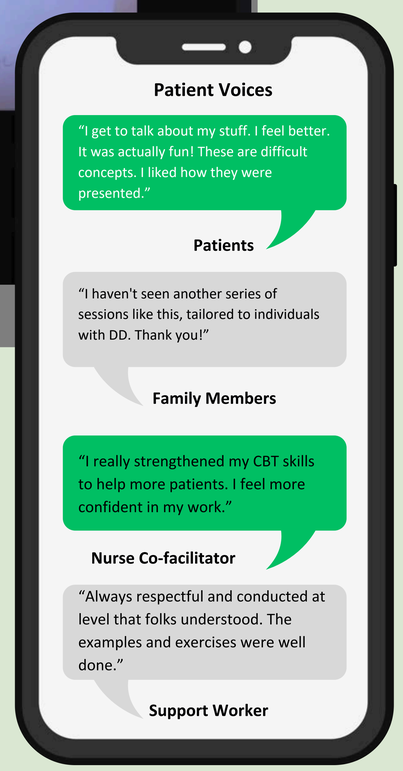
- **Outcome Measure:** percentage (%) of patients attending each session
- **Process Measures:** percentage (%) of patients enrolled, percentage (%) of attrition
- **Balancing Measures:** patient self-reported anxiety score, number (#) of nursing and admin hours committed to project

LET'S CREATE OUR OWN CBT GROUP THERAPY SESSIONS!









ACTIONS TAKEN

PDSA #1: Expanding intake to include additional nurse's case list from DDMHT South Island team

PDSA #2: Providing families and caregivers with learning materials and home practice sheets to assist in work completion

PDSA #3: Scaling up patient enrollment island-wide; transforming to electronic feedback forms; implementing in-between sessions to follow-up on skills implementation

PDSA #4: Adjusting group times to evening offerings; individualized follow-up to assess anxiety level

DATA ANALYSIS

- Delivered sessions to 30 unique patients
- Equivalent to 112 tailored CBT counselling sessions
- Initial attendance to sessions was directly correlated to enrolment, at an approximate rate of 50% enrolled to attended
- Attrition rate across all series was approximately 50-60%
- Significant decrease of 22-42% reduction of anxiety severity rating scores, based on GAD-7 self-reports
- Increased nursing/staff hours approximately by 4 hours/week

LESSONS LEARNED

- Using a centralized recruitment system with a primary co-facilitator was highly effective in informing patients and increasing enrolment.
- Patients with family or other care providers who attended sessions showed higher rates of attendance, participation, and completion of home practice and feedback forms.
- Shifting session times to evenings initially showed higher attendance; though, did not change the attrition rate.
- Integrating data collection within the sessions significantly improved response rates and data retrieved.

NEXT STEPS

Expanding topics to depression, anger, substance use and other various mental health issues.

Transforming to support groups to provide a forum for connection and mental wellness.

Spreading project across MSHU programs, health authorities, day programs, group homes, MCFD, CLBC, and further.

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Comox Valley Orthopedics
Referral Process Improvement

Project Team

Physician Lead: Dr. Andrew Robb (Family Practice - Sports and Exercise Medicine)

Project Participants:

- Carly Greenwood (Office Manager)
- Dr. Michael Loewen (Orthopedic Surgeon)

AIM STATEMENT

By June 30 2024, the wait time* for newly referred patients to see Dr. Michael Loewen will be reduced by 50%.

**time of referral to Comox Valley Orthopedics clinic to time of first appointment*

RATIONALE

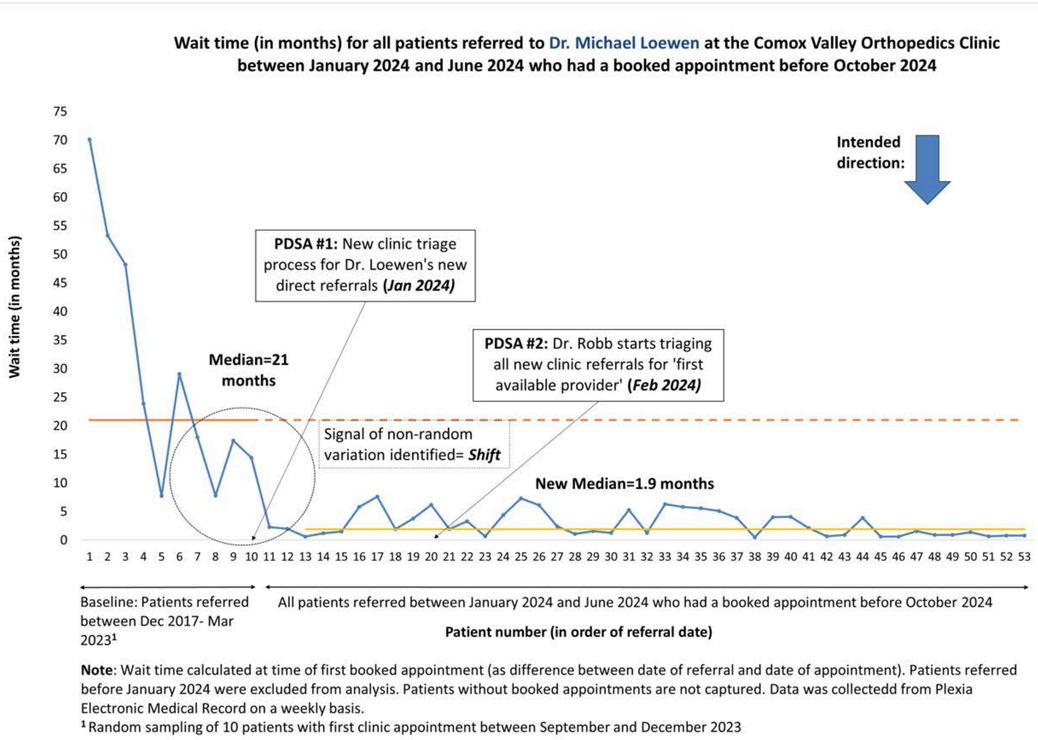
The wait times for surgery are called 'Wait to See a Surgeon' and 'Wait for Surgery'. Both wait times represent a component of the total time a patient may wait for scheduled surgery.

The current “Wait to See a Surgeon” time at the Comox Valley Orthopedics Clinic is variable between providers, and many patients spend significant amounts of time waiting to see a specialist (wait times vary between 3 weeks and 1.5 years).

This impacts patients as they can be waiting for significant periods of time, and many of these patients could likely receive appropriate advice in a shorter period by seeing a non-surgical provider.

In addition, many people are waiting unnecessarily to see a surgeon (adding to the wait times for those requiring surgery) as well as undergoing advanced imaging when they could be assessed in a timelier fashion.

DATA ANALYSIS



Note: Wait time calculated at time of first booked appointment (as difference between date of referral and date of appointment). Patients referred before January 2024 were excluded from analysis. Patients without booked appointments are not captured. Data was collectedd from Plexia Electronic Medical Record on a weekly basis.

[1] Random sampling of 10 patients with first clinic appointment between September and December 2023

KEY FINDINGS:

- Over a 9-month period patients newly referred to either Dr. Loewen, Dr. Robb or “First Available Provider” were being seen between 1.7 months to 1.9 months. This graph represents the 19 month decreased wait time to see Dr. Loewen.
- During the project period the total number of patients waiting for an appointment time increased for both providers:
  - Dr. Loewen: 321 (January 2024) to 337 (September 2024)
  - Dr. Robb: 0 (January 2024) to 315 (September 2024)
- With an increased number of people on his waitlist, Dr. Robb saw an increase in wait time for his patients (from 1.1 months to 1.7 months)

*use QR Code on poster footer for full report and additional charts

ACTION TAKEN

This project focused on the specific triaging practices of two clinic physicians: Dr. Michael Loewen (Orthopedic Surgeon) and Dr. Andrew Robb (Family Practice – Sports and Exercise Medicine).

PDSA #1: New electronic notification of “To be Triaged” for all newly referred patients to Dr. Michael Loewen. (Adopted)
PDSA #2: Dr. Andrew Robb triaging all new patients referred to the clinic’s “First Available Provider”. (Adopted)
PDSA #3: Education with Comox Valley Hospital Emergency Department physicians on ability to refer to a non-surgical musculoskeletal provider. (being planned)

NEXT STEPS

- Continue existing triage practices for newly referred patients to Dr. Loewen, Dr. Robb and “First Available Provider”.
- Reassess the triage processes for waitlisted patients who were referred prior to January 2024.
- Assess the triage processes for other physicians and surgeons in the office and align clinic practice and expectations.
- Communicate referral processes and expectations with community physicians.

METHODS

Outcome Measure

- Time from referral to first clinic appointment (in months) for Dr. Michael Loewen’s elective patients

Process Measures

- Time from referral to first clinic appointment (in days) to see Dr. Andrew Robb (using First Available referrals as the cohort of interest)

Balancing Measure(s)

- Number (#) of patients on Dr. Mike Loewen’s waitlist
- Number (#) of patients on Dr. Andrew Robb’s waitlist

PATIENT VOICE

Many patients waiting for surgical consultation are in pain and don’t have the knowledge to know what actions they can take to help their healing while they wait. By decreasing the amount of time it takes to see an appropriate provider, we can improve the overall care experience for patients and may delay or reduce the need for intervention.

COMOX VALLEY ORTHOPAEDICS

LESSONS LEARNED

- Effective triage and improving appropriateness of care increased availability for those patients easily identifiable as needing care.
- Physician availability during the study period greatly impacted our abilities to improve the wait list.
- Although many patients were seen quickly, the absolute number of patients waiting has not significantly changed.
- The wait time for primary care evaluation has increased significantly during the study period.

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Physician Lead: Dr. Sara Sandwith

Project Participants:

- Emily Dame (RN)
- Liz Grose (Midwife)
- Jody Richards (MOA, Doula)
- Paige Erickson (MOA)
- Leslie Carty (Patient Partner)
- Sara Lindberg (Patient Partner)
- Dr. Una Conradi (Medical Resident)

Beyond DO NO HARM

Improving pregnancy care by dismantling barriers to person-centred, evidence-based care

Our Aim

By June 2024, 90% of Dr. Sandwith's pregnant patients at Wavecrest Medical Clinic will rate their care as "Good" or "Excellent"

What we did

DISCONTINUED ROUTINE WEIGHTS
Discontinuation of routinely weighing every pregnant person at every prenatal visit

UPDATED PATIENT INTAKE FORM
Implementation of a holistic "whole person" intake form that gave people an opportunity to share key values, fears, hopes, and needs for their prenatal care

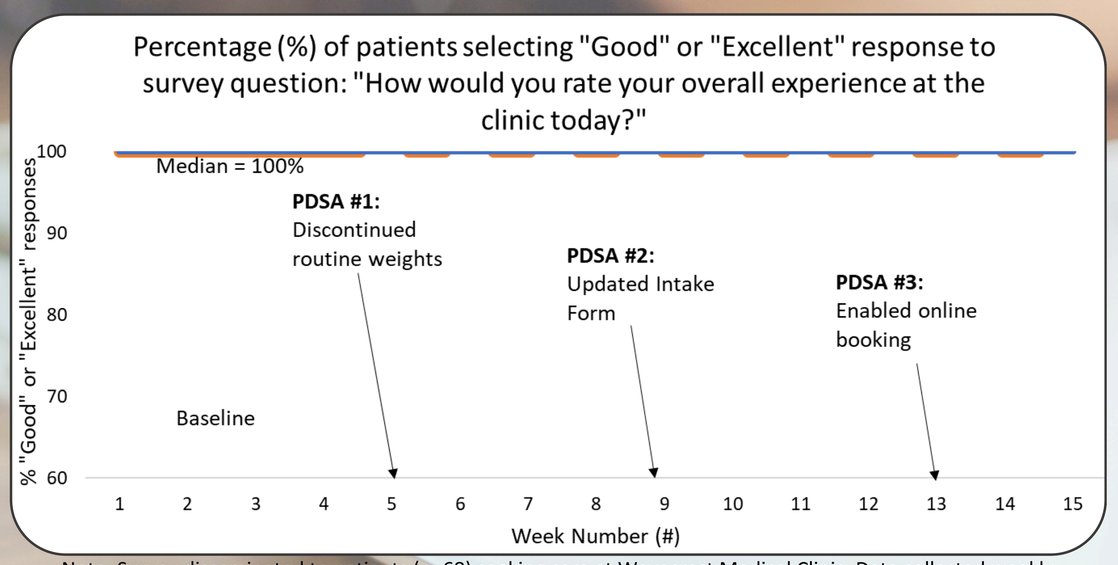
ENABLED ONLINE BOOKING
Implementation of full online booking for the clinic, hopefully reducing barriers to scheduling timely and appropriate prenatal visits

What we found

The experience of care remained "Good" or Excellent" for all patients throughout the project despite the changes made which targeted improving the care experience for a minority of patients (Figure 1)

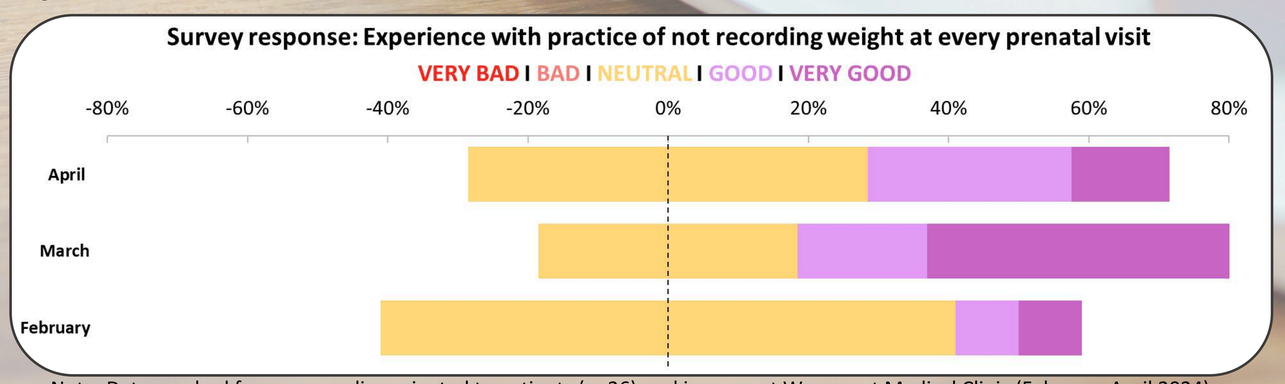
Discontinuing routine weighing at each pregnancy visit was a neutral change for most pregnant individuals, and a big positive for some - meaning those most at risk of harm benefitted from the change and there were no associated adverse events related to not routinely weighing patients (Figure 2)

Figure 1



Note: Survey disseminated to patients (n=68) seeking care at Wavecrest Medical Clinic. Data collected weekly from January 15 -June 2 2024; except for weeks of Jan 29, Feb 19, Mar 18, Apr 22, May 20 2024.

Figure 2



Note: Data graphed from survey disseminated to patients (n=26) seeking care at Wavecrest Medical Clinic (February-April 2024).

Why it matters

"I anticipate that there can be huge impact from very little change in practice. The benefit is that for those patients who are affected, they will be seen as a whole person, not just a patient number..." Project Team Member

"I had a patient tear up with relief when she realized I wasn't going to make her step on the scale as I brought her into the room for her visit. She said 'Oh my goodness, I don't need to do that anymore?!'" Medical Office Assistant

"Oh my goodness, I'm so relieved. As soon as I found out I was pregnant again, I was nervous about having to go through that [being weighed] every visit. I'm so excited; I can already tell how different my care is going to feel this time around." - Patient with first pregnancy in 2017 who is newly pregnant in 2024

What's next

Developing a weight neutral 'one-pager' with health behaviour advice for pregnant people in collaboration with Public Health Dietitian

Developing a decision aid for supported evidence-based care planning for plus-sized birth, in collaboration with anaesthesia, obstetrics, and midwifery

Want to know more?
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PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee | island health | SSC SPECIALIST SERVICES COMMITTEE

Patients as Partners in Psychotherapy Calibration

Project Team

Physician Lead: Dr. Michelle van den Engh

Project Participants:

- Consultation and Implementation of Change Ideas: Dr. Robert Grmek, Dr. Katherine Brown, Dr. Conor Zeer-Wanklyn, Dr. Galilee Thompson & Dr. Sarah Belanger (Psychiatry Resident Physicians)
- Consultation: Daniel Cook (Registered Clinical Counsellor), Andrea Zoric (Patient Partner)
- Executive Sponsorship: Dr. Wei-Yi Song (Head, Department of Psychiatry)

AIM STATEMENT

To increase patients' experience of attuned responsiveness in psychotherapy by 15% by June 2024.

RATIONALE

- We need to hear our patients' voices. How well we tune in to a patient's thoughts, emotions and needs – our attunement – and how well we respond to these cues in a helpful and supportive way – our responsiveness – will shape our alignment with the patient's psychotherapeutic needs at a given moment.
- When we are not attuned, our interventions may not be as calibrated to patient needs and preferences as they could be. Potential negative consequences include premature dropouts, unnecessary prolongation of treatment approaches that are not resulting in improvement, and patients not feeling heard or included in their treatment course.
- A systematic approach to enhancing therapist attuned responsiveness using patient feedback would contribute to enhancing patient care through creating a more consistently attuned psychotherapy experience for patients.

METHODS

Outcome Measure

Total of patient ratings on 3 survey items (scored 1-100) measuring attuned responsiveness:

- "Today's session provided valuable insight and helped me achieve greater self-understanding."
- "I felt understood (i.e. my thoughts, feelings, goals) during today's session."
- "I was able to feel my feelings and to be who I really am during today's session."

Process Measures

- Clinician level of comfort with assessing attunement (0-5)
- Percentage of sessions in which interventions were used
- Qualitative feedback collected from team members during supervision sessions.

Balancing Measure

- Session duration (in minutes)

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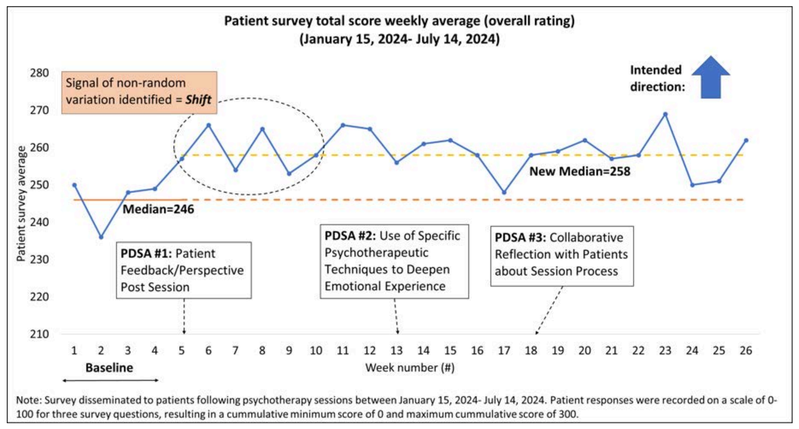
PATIENT VOICE

Voices of Lived Experience:

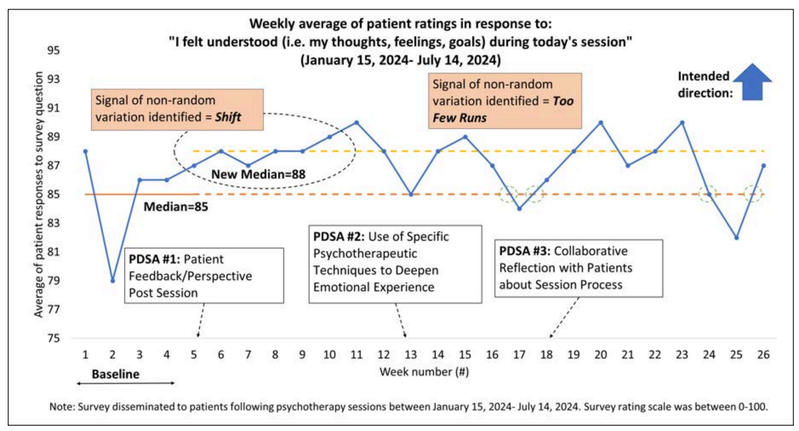
"I was an adolescent and struggling mentally and getting really, really sick. I was explaining how I was feeling to a counsellor and they said to me: 'Well, this is how you may feel for the rest of your life.' That was a light switch that turned on in my brain and I felt like I didn't want to live anymore."

"I had an acute/situational mental health episode and was diagnosed after a 30minute zoom call. While I understand that the physician based their diagnosis after I answered a series of questions, I wasn't recommended any treatment options other than pharmaceutical."

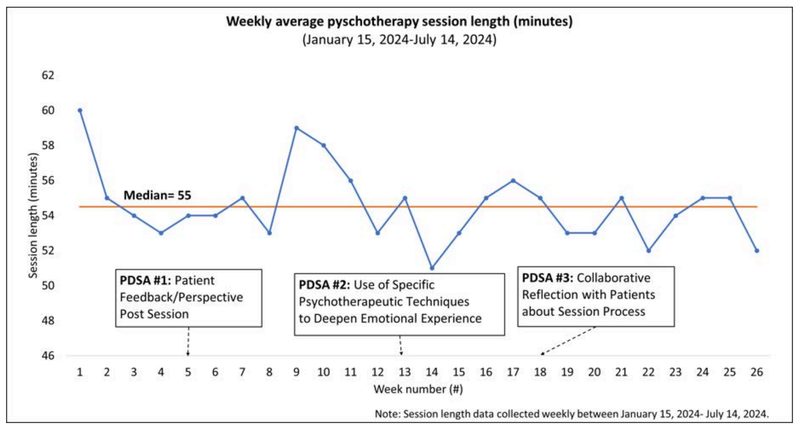
"Sometimes I'm not in a place where I can answer a question in the moment, and it's best to come back to it another time."



Note: Survey disseminated to patients following psychotherapy sessions between January 15, 2024- July 14, 2024. Patient responses were recorded on a scale of 0-100 for three survey questions, resulting in a cummulative minimum score of 0 and maximum cummulative score of 300.



Note: Survey disseminated to patients following psychotherapy sessions between January 15, 2024- July 14, 2024. Survey rating scale was between 0-100.



Note: Session length data collected weekly between January 15, 2024- July 14, 2024.

ACTION TAKEN

- **PDSA #1:** Take 5-10 minutes at the end of each session to invite patients' feedback/perspective on the preceding session. - ADOPTED
- **PDSA #2:** Promote the use of specific psychotherapeutic techniques to deepen emotional experience. - ADAPTED: Systematic use of these techniques was abandoned. However, the use of the techniques when they fit with the flow of the sessions was continued.
- **PDSA #3:** Systematically incorporate collaborative reflection with patients about the process of the session. - ADOPTED

LESSONS LEARNED

- Quantitative findings signal that active, collaborative, in-session inclusion of the patient perspective improves patients' experience of attuned responsiveness. Not enough data points could be gathered during the limited timeframe of this QI project to demonstrate a statistically significant change.
- Clinicians experienced the active invitation of the patient perspective as valuable and enriching, without added time burden.
- It was fundamental to attend to the patient experience in the moment and to emphasize that questions did not need to be answered if it did not feel right in the moment. Flexibility was also key in terms of allowing clinicians to vary the exact phrasing of a verbal intervention and to follow what felt authentic to them in the context of each unique clinician-patient relationship.
- Tracking process measures during PDSA Cycle 2 was valuable to identify low practicality of the intervention, which informed the decision to abandon its systematic use and move on.
- The in-session invitation of the patient perspective by resident physicians emerged as an impactful tool during supervision sessions, with the patient feedback adding valuable "supervision" regarding what approaches best met their therapeutic needs.

NEXT STEPS

- **Sustaining Change:** All project team members involved in implementing and testing the adopted interventions plan to continue routinely using these approaches in their psychotherapy work.
- **Increasing scope and scale:** Findings will be presented to other mental health clinicians and psychotherapy supervisors to promote expansion to other outpatient mental health settings and to non-physician mental health service providers.

SSC Specialist Services Committee | PQI Physician Quality Improvement, Specialist Services Committee | island health

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Humanity: The Missing Quality Indicator

Empowering HOPE - **H**umanizing to **O**ptimize the **P**erson **E**xperience for SAFER healthcare, together.

Project Team

Physician Lead: Dr. Jennifer Williams

Project Participants:

- **Connie Paul** (Community Health Nurse, Snuneymuxw First Nation)
- **Peace Wiggers** (Clinical Nurse Educator, NRGH Ambulatory Care
- **NRGH Endoscopy Nurses** (RNs, LPNs NRGH Endoscopy)
- **Patients**

AIM STATEMENT

By August 2024, staff and providers in the Endoscopy Unit at Nanaimo Regional General Hospital (NRGH) will report a 20% increase in their understanding and recognition of Trauma Informed practices (and patients and staff will experience humanity-centered healthcare).

RATIONALE

- Many individuals who require endoscopic procedures have syndromes or symptoms that are rooted in trauma or worsened by trauma (e.g. disorders of gut-brain interaction (DBGI), irritable bowel syndrome (IBD), cirrhosis with underlying addictions). There are also a lot of people with symptoms that will not seek care as a result of trauma.
- Leaders in the field of human experience describe excellent care as, “human beings caring for one another, one interaction at a time, across all dimensions of health and care.”
- This requires re-prioritizing care as a cornerstone of culture, moving from transactional to compassionate, relational interactions, and most importantly, listening and responding to what matters most to people.
- Without a shared understanding of and response to the impacts of trauma by staff and providers, patients may have an experience that is trauma inducing.

PATIENT VOICE

“This is sacred work. This will save lives. I truly believe that”

- Endoscopy Patient

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DRIVER DIAGRAM

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
By June 2024, staff and providers in the Endoscopy Unit at Nanaimo Regional General Hospital (NRGH) will report a 20% increase in their understanding and recognition of Trauma-informed care.	Staff and Provider’s **Awareness** about Trauma-informed care	Easy access to information about the impacts of trauma	Trauma-informed principles and practices in staff rooms/locker rooms (SAFER) ‘Office hours’ for trauma-informed conversations
		Easy access to trauma-informed skill building	Scheduled training session on Trauma-Informed care with Dr. J. Williams Online courses and skill sharpeners
	Staff and Provider’s **Ability** to Practice Trauma-informed care	Physical and human environment is trauma-informed	Positive messaging (e.g., posters) Review staff and provider workflows with trauma-informed lens Use of music in the endoscopy suite and it’s impact on the types of conversations during the procedure
		Policies and organizational governance	Integrate SAFER strategies/policies Review policies, procedures and practices with trauma-informed lens Update pre-procedure consent script to include trauma-informed practices
	Staff and Provider’s **Desire** to Practice Trauma-informed care	Staff experience a culture of safety and trust worthiness	Unit peer working groups 5-min pre-procedure connection conversation “Moments of Hope”
		Staff choice, collaboration, connection and support	What Went Well rounds/team debrief session after each endoscopic procedure Rewards and recognition for practicing trauma-informed care (e.g., recognition boards, pay for training)

ACTION TAKEN

Two (2) surveys were created using CheckBox survey tool:

1 - For Endoscopy Staff and Providers about their experience with Trauma Informed Care/Trauma Informed Workplaces (to be completed after each shift when Dr. J Williams was working)

2 - For Patients about their experience in the Endoscopy unit (to be completed before leaving)

Other actions included:

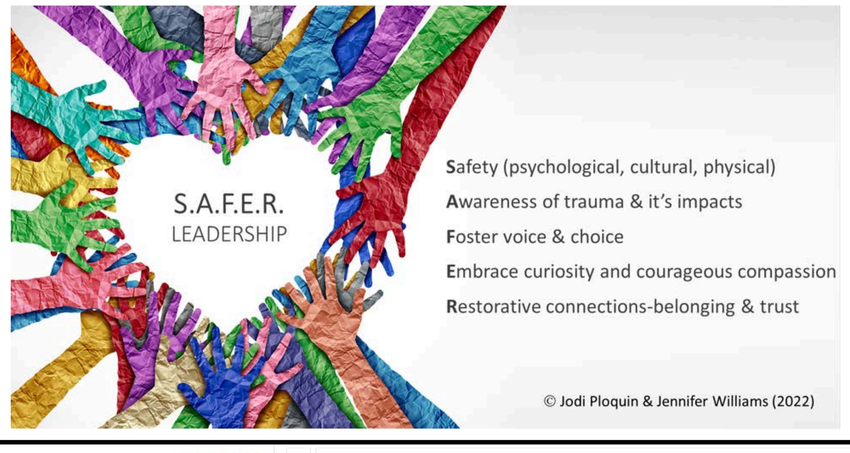
- One-on-one meetings with staff members to intentionally build belonging in the projects aim
- Updated consent process and practices to be trauma-informed
- Built intentional moments of pause within procedures to include patient and staff reflection and opportunities for “Moments of HOPE”

NEXT STEPS

- **Create a movement of HOPE -** identify areas of leadership readiness to Empower HOPE through SAFER leadership (e.g., commensality practice with nursing staff, endoscopy quality council) & in personal practice
- **Inspire a collective vision**
- **Empower community**
- **Transform at the speed of belonging** (relationship +trust)

LESSONS LEARNED

- Our system is broken. Not because it stopped doing what it was designed to do. Because it was infelxible. It is trauma-inducing by design.
- All of this work is driven by/for culture change-transfromation from trauma-inducing to trauma-informed and ultimately to Humanity-centered.
- Empowering HOPE is our north star guiding vision and we achieve the quintuple aim by weaving humanity (SAFER leadership as a way of being) into our interactions and systems within our spheres of influence
- Empowering HOPE is our quality, wellness, and belonging strategy
- SAFER Leadership is the how



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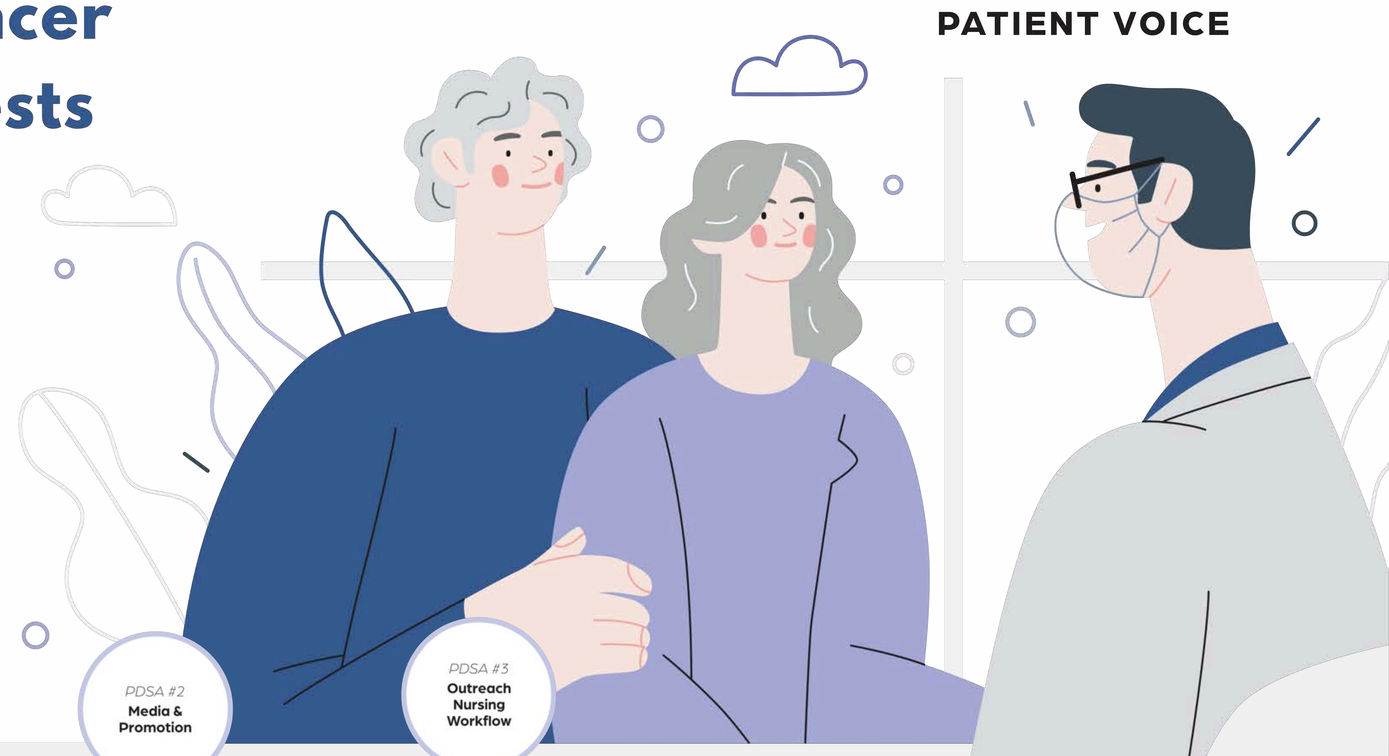
canscreenbc.com

CanScreen is a physician-led clinic dedicated exclusively to improving access to publicly-funded cancer screening and surveillance tests for unattached patients.

By bridging the gap in cancer care, CanScreen ensures that everyone – regardless of their healthcare status – has the opportunity to take charge of their health.

Join us in our mission to make cancer screening *accessible and effective for all.*

> “ I have no access to any preventive care, no GP, no NP, *nothing*... ***very*** scary. ”
>
> **PATIENT VOICE**



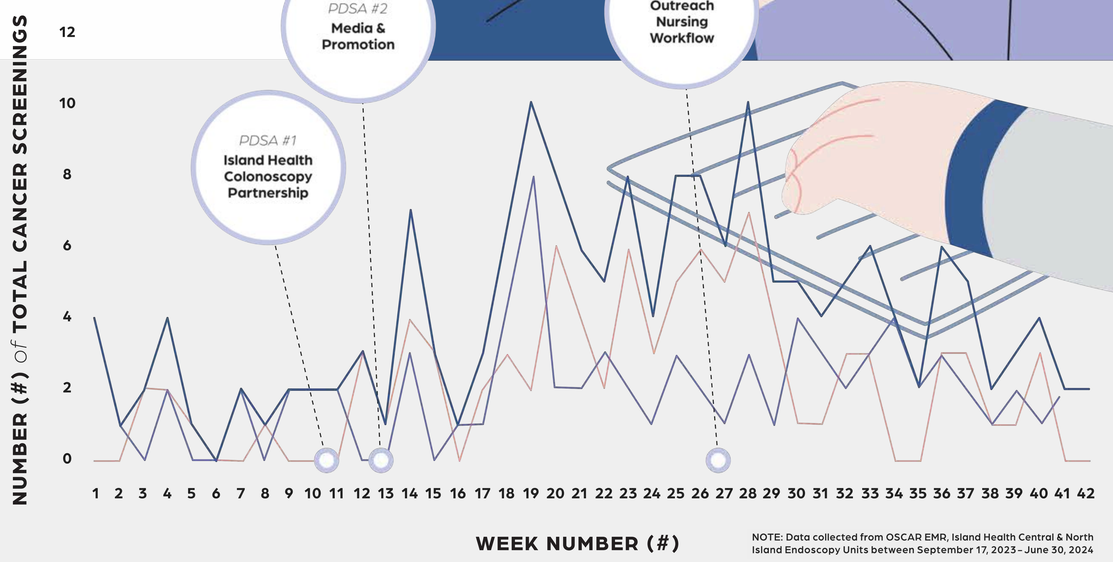
AIM STATEMENT

To improve colorectal screening events (FIT or screening surveillance colonoscopy) completed via CanScreen by 3-fold over a 6-month period.

RATIONALE

Patients without access to preventative care are presenting with more advanced disease, leading to worsening outcomes and increased system costs. Barriers in access to preventative care, including cancer screening, disproportionately affect unattached patients.

CanScreen's goal is ensuring equitable access to cancer screening services, reducing downstream costs and improving patient outcomes.



NOTE: Data collected from OSCAR EMR, Island Health Central & North Island Endoscopy Units between September 17, 2023 – June 30, 2024

DATA

NUMBER (#) *of* COLON CANCER SCREENINGS (FIT Tests + Colonoscopies)

September 17, 2023 – June 30, 2024

- # *of* Booked Colonoscopies
- # *of* FIT Tests
- # *of* Completed Cancer Screenings

METHODS

OUTCOME MEASURES

Total number of completed colorectal cancer screening tests (FIT tests and colonoscopies) between Dec. 2023 – Jun. 2024.

PROCESS MEASURES

- Total number of general assessments booked for the purposes of cancer screening.
- Total number of specific assessments booked for the purposes of colorectal cancer screening.

BALANCING MEASURES

Clinician time necessary to manage administrative burdens associated with unique unattached workflows.

ACTION TAKEN

- **MEDIA & PROMOTION:** Podcasts, news articles, promotional materials.
- **ISLAND HEALTH ENDOSCOPY CLINIC PARTNERSHIPS**
- **COMMUNITY CLINIC OUTREACH**

LESSONS LEARNED

- Effective promotion and media strategies are essential, but they rely heavily on continuous engagement.
- Ongoing engagement with Island Health sustains patient-centred screening innovations in the community.
- Supporting unattached patients requires pushing boundaries and embracing new opportunities.

LOOKING FORWARD TO THE FUTURE

- Following the success of PQI, we are continuing to develop our change ideas for other cancer screening modalities.
- We look forward to further strengthening our relationship and collaborating with Shared Care, Island Health, SQI, and other stakeholders.
- Spread successes to other locations.

PRIMARY EMAIL CONTACTS

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SharedCare Partners for Patients

PQI PHYSICIAN QUALITY IMPROVEMENT Specialist Services Committee

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