

Application Form Question Summary: Facility- or Community-Based Specialist or Family Physician (with privileges and active affiliations with Island Health)

Note: These are the questions from the application form only – to submit your application, you will need to submit your answers through the digital [Cohort 9 Application Form](#) by **March 15, 2024**.

*Required

Applicant Details
1. Full name*
2. Email address*
3. Secondary email address (if applicable)
4. Assistant's email address (if applicable)
5. Phone number*
6. Facility or Community you practice in*
7. Designation*
8. Specialty or Area of Practice*
9. Do you anticipate your QI project will be facility-based, community-based, or both?*
10. Please describe any formal medical leadership roles you hold in Island Health or the Community setting.
Motivations and Expectations
11. What (if any) previous Quality Improvement experience and/or formal education do you have?*
<p>Select all that apply:</p> <ul style="list-style-type: none"> • PQI Level 1 training (IHI Open School Q101, Q102, Q103 and Dr. Berwick's video) • PQI Level 2 training (Island Health 1-2 day PQI Fundamentals Training) • Physician Leadership Program (PLP) at the Sauder School of Business • None of the above • Other:
12. What are your top 3 reasons for applying to the PQI Level 3 Cohort training?*
13. How might you incorporate QI into your clinical work or future career plans?*
The Problem or Gap in Care
14. What is the patient-centered problem or gap in care that you want to address through your QI project?*
<p>A QI project is all about testing a number of different ideas/approaches to solve a problem that is specific to your local experience and team. It needs to be a solvable problem, but there's no need to have or know a solution.</p> <p>Tip: Outline what the issue is, who it involves, where it occurs, and what impact it has.</p>
15. How do you know that this is a problem or gap in care?*
<p>Do you have documented patient feedback? What data have you accessed (or have access to) to understand this problem? Who else has identified that this is a problem?</p> <p>Application Selection Criteria include:</p>

<ul style="list-style-type: none"> Does the applicant describe potential to improve healthcare quality in a measurable way?
<p>16. Why is this problem or gap in care important to your patients and/or your area of work?*</p> <p>Applicant Selection Criteria include:</p> <ul style="list-style-type: none"> Is there a focus on improving dimension(s) of quality from a systems' perspective (as per the BC Health Quality Matrix)?
<p>17. List all team members or key partners who could help you address this gap in care.*</p> <p>Applicant Selection Criteria include:</p> <ul style="list-style-type: none"> What is the aptitude for building and participating in teams?
<p>Sponsorship and Alignment</p> <p><i>We require that each QI project has at least one specific operational leader who specifically supports or 'sponsors' the project.</i></p> <ul style="list-style-type: none"> <i>Operational leaders/sponsors are directly responsible for the staff you need to involve in the QI project or hold other resources (e.g., equipment, technology, supplies) key to the success of the project.</i> <p>In a community clinic or individual practice, this is usually an Office Manager or other similar role.</p> <p>Any project taking place within Island Health, this is usually a Coordinator or Manager who can make local staffing and budget decisions.</p>
<p>Who have you identified as your operational leader/sponsor?</p> <p>18. Full name*</p>
<p>19. Email</p>
<p>20. Position/Role</p>
<p>21. Describe your connection or level of engagement with this operational leader/sponsor.*</p> <p>Select all that apply:</p> <ul style="list-style-type: none"> I haven't ever been in contact with this person I have been in contact with this person prior to my interest in PQI I have had a conversation with this person about my interest in leading a QI project in the area they support I am not sure this is the right operational leader/sponsor for this QI project and need some direction Other:
<p><i>We require that each QI project has at least one specific senior leader/executive who specifically supports or 'sponsors' the project.</i></p> <ul style="list-style-type: none"> <i>Senior leaders/executive sponsors have the overall responsibility for the operation and administration of the organization. They can ensure your QI project is successfully integrated into clinical operations.</i>

In a community clinic or individual practice, this is usually the Medical Lead of the practice. In a solo specialist practice, where the project lead does not require a senior leader for successful integration, we suggest engaging with a colleague with a similar practice to fill this role.

Any project taking place within Island Health, this is usually an Executive Director (ED) or Executive Medical Director (EMD) of a geographical (local) health area (e.g., Nanaimo) or of a program (e.g., surgery).

Who have you identified as your senior leader/executive sponsor?

22. Full name*

23. Email

24. Position/Role

25. Describe your connection or level of engagement with this operational leader/sponsor.*

Select all that apply:

- I haven't ever been in contact with this person
- I have been in contact with this person prior to my interest in PQI
- I have had a conversation with this person about my interest in leading a QI project in the area they support
- I am not sure this is the right operational leader/sponsor for this QI project and need some direction
- Other:

Any projects done within Island Health must align with a specific Island Health priority (see next page).

You can review the 2020-2025 Strategic Framework and Annual Priorities [here](#) (log-in required).

26. Which Island Health priority does your proposed project best align with?*

Other

27. PQI works with medical students each year. Are you interested in involving a student in your QI work project?*

28. There are multiple sources of funding improvement initiatives. If you are currently receiving any funding related to the problem/gap in care that you want to address, please describe.

VISION
island health EXCELLENT HEALTH AND CARE FOR EVERYONE, EVERYWHERE, EVERY TIME

STRATEGIC FRAMEWORK PILLARS – 3-5 YEAR AIMS & SELECT MARKERS OF PROGRESS

- I. Improve Experience, Quality & Outcomes for the People We Serve**
 - ♦ PATIENTS HIGHLY RECOMMEND ISLAND HEALTH ♦
 - ♦ NATIONAL LEADERS IN QUALITY & SAFETY ♦
- II. Improve Experience, Health & Wellbeing of all People at Island Health**
 - ♦ STAFF HIGHLY RECOMMEND ISLAND HEALTH ♦
 - ♦ RANKED TOP EMPLOYER ♦
- III. Increase Value & Ensure Sustainability**
 - ♦ ↑ % COMMUNITY SERVICES RELATIVE TO ACUTE ♦
 - ♦ CHOOSING WISELY/CLIMATE CHAMPION ♦
- IV. Improve Population Health & Wellness, Reduce Health Inequities**
 - ♦ ↓ GAPS IN HEALTH STATUS FOR INDIGENOUS PPL ♦
 - ♦ ↑ POPULATION HEALTH EXPENDITURE AS % OF TOTAL ♦

- UNRESOLVED INDIGENOUS-SPECIFIC RACISM & BIAS
- UNMET ACCESS NEEDS
- AVOIDABLE VARIATION & HARM
- TOP ENTERPRISE RISK THEMES
- LACK OF WORKFORCE CAPACITY & WELLNESS
- LACK OF CHANGE CAPACITY & AGILITY
- DISPARITY IN POPULATION HEALTH & HEALTH INEQUITIES

Commitment to Demonstrating Cultural Humility in Our Ways of Being

ORGANIZATION-WIDE PRIORITIES, OUTCOME GOALS, & INFRASTRUCTURE REQUIREMENTS

1. Address Indigenous-Specific Racism	2. Improve Access to Priority Services	3. Pursue Excellence in Quality & Safety	4. Create a Culture of Safety & Wellness	5. Increase Health Human Resource Capacity & Adapt to Changing Workforce Needs	6. Increase Sustainability through System Redesign, Innovation & Operational Excellence	7. Protect the Health of the Population & Take Action on Climate Change	8. Promote Population Health & Prevent Harm
<ol style="list-style-type: none"> ↑ Speak Up Culture Where Staff Understand How, & Feel Safe, to Report Racism They Witness or Experience ↑ Representation of Indigenous People in Governance/Leadership Roles at Island Health 	<ol style="list-style-type: none"> ↑ Access Same Day Island Health Primary Care ↑ Access to Priority Surgery & ↓ Long Wait-times ↑ Access to Diagnostics & ★ Achieve Site-Based Targets for MRI and CT Wait Times ↑ Appropriateness of LTC Placements to ↓ Median LTC Wait Times ↑ Access to Mental Health & Addiction Treatment Services (↓ LISTAT & Detox Wait Time; ↑ Community Counselling & Treatment Beds (each with Indigenous-Led Targets) ↑ Acute Sites have Culturally Safe Partnership Tables with Indigenous Collaborators, Partners Report ↑ Relationships 	<ol style="list-style-type: none"> ↑ Improve Key Practice Standards (9A, Best Possible Medication History (BPMH), 9B Advance Care Planning & MOST) ★ Achieve Key Performance Targets (Appropriate Use of Anti-Psychotics in LTC) ↑ Use of Restorative Approaches to Share Care Experiences & Concerns 	<ol style="list-style-type: none"> ↑ Staff & Medical Staff Report They Feel Safe at Work & Island Health Cares About Their Well-Being, with Specific Focus on Indigenous Staff & Medical Staff ↑ Workplace Safety with ↑ Violence & Injury Prevention to ↓ Injury Rates 	<ol style="list-style-type: none"> ↑ Workforce Capacity (→ Hire/Departure Ratio; ↓ Early Turn; ↑ Medical Staff Recruited; ↑ New Types of Roles; & ★ Achieve Service-Specific Target Staff Fill Rates) ↑ Staff and Medical Staff Engagement with ↑ Staff Report Open & Honest Communications, ↑ Recognition for Good Work 	<ol style="list-style-type: none"> ↑ Proactive Community Care Services to ↓ Hospital Utilization for Seniors and ↓ ALC Conversion ↑ Effective, Responsive Hospital Care & ↓ Wait-Time for Inpatient Bed at Each Site ↑ Navigation to Community-Based Services with ↑ Referrals through Single Points of Access for Complex Frail Elderly & MHSU Clients, Clients, & Encounters, 19B ↑ Patient Engagement & Activation with ↑ Portal Content & Use ↑ Innovations in Each Phase of the Innovation Life Cycle & ↑ Priority Problems Impacted Through innovation 	<ol style="list-style-type: none"> ↑ Access to All Publicly Funded Vaccinations – ★ Achieve Target for 7-Year Old Vaccinations ★ Achieve Target for Time to Next Available Appointment ★ Achieve Island Health's GHG Emission Target ↑ Community Preparedness & Resiliency for Climate Emergencies 	<ol style="list-style-type: none"> ↑ People w Access to Safer Supply & ↑ Drug Testing to ↓ Harm & Death Due to Toxic Drugs ↑ Healthy School Programming to ↑ Youth Mental Health Resiliency
<ul style="list-style-type: none"> ■ 11 Introduce Cultural Safety & Humility Standard ■ 12 Implement Indigenous Self-Identifier and Establish Collaborative Indigenous Data Governance and Analytics Framework ■ 13 Complete CG Model design and begin 3-year implementation ■ 14 Advance EHR & CPOE at Tertiary Sites ■ 15 Establish System of Health & Care for Addictions 			<ul style="list-style-type: none"> ■ 16 Advance Human Resource Information Systems ■ 17 Advance Medical Staff Workforce Plan 		<ul style="list-style-type: none"> ■ 18 Accelerate Digital Strategy 		<ul style="list-style-type: none"> ■ 19 Advance Healthy Public Policy on Alcohol Use

ENDURING PERFORMANCE MEASURES BY DIMENSION OF QUALITY (PERFORMANCE DASHBOARD)

RESPECT	SAFETY	ACCESSIBILITY	APPROPRIATENESS	EFFICIENCY & EFFECTIVENESS	EQUITY
<ol style="list-style-type: none"> 1. Patient Concerns Completed 2. Same-Day Surgical Cancellation* 3. Home Support Visits Cancelled by HA* 	<ol style="list-style-type: none"> 4. Hospital Standardized Mortality 5. Clostridium Difficile Disease 6. Hospital Harm – Overall* 7. Pt Safety Events w Completed Reviews 8. Sick Time* 9. Days Lost* 10. Time Loss Claims Rate* 11. Long Term Disability* 12. Drinking Water Quality 	<ol style="list-style-type: none"> 13. Left Emergency Without Being Seen* 14. Long Term Care Wait Time* 15. Surgeries Waiting Longer Than Benchmark* 16. MRI Meeting Benchmark* 17. CT Meeting Benchmark* 18. Home Care Professional Services Meeting Benchmark* 	<ol style="list-style-type: none"> 19. Potential Inappropriate Use of Antipsychotics in LTC* 20. Worsening Pressure Ulcers in LTC 21. ED Wait Time for Inpatient Bed* 22. Length of Stay v. Expected Length of Stay in Acute Care* 23. Alternative Level of Care* 24. Ambulatory Care Sensitive Conditions Hospitalizations (75-)* 	<ol style="list-style-type: none"> 25. Overtime* 26. Employee Turnover* 27. Working Capital Ratio 28. Equipment Investment Index 29. Facility Condition Index 30. Greenhouse Gas Emissions* 31. 7 Year Childhood Immunization Coverage* 	<ol style="list-style-type: none"> 32. Toxic Drug Deaths* 33. Self Harm Hospitalizations* 34. Hospitalizations Entirely Caused by Alcohol* 35. Life Expectancy Disparity Ratio 36. Age Standardized Rate of Diabetes* 37. Infant Mortality
<p>* Enduring measures directly supported by the 2023/24 Goals</p>					
As of 12-Jan-2024					