Engaging Physicians with Quality Improvement

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Disclosure

• Faculty:
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• Relationships with commercial interests:
  – None

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  – None

• Potential conflict(s) of interest:
  – None
Learning objectives

• Describe why a physician should be involved in quality improvement and how to overcome barriers to participation.
• Describe the role of physician leadership in delivering quality improvement.
• Recognize reduced cost as a by-product of quality improvement.
Obstacles and barriers to participation

Health system incentivizes quantity over quality
Health system does not reward professionalism
Health system does not reward physician leadership
“The practice of medicine is an art, not a trade; a calling, not a business: a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders...”

Sir William Osler, The Master-word in Medicine, Aequanimitas, p386
FFS vs professionalism

Physicians’ Fee and Coding Guide 2013

• Rewards procedure rather than outcome
• Encourages doing what is counted
• Does not encourage a focus on quality
• Little time for professionalism
• Discourages altruism


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Physician leadership

• Medical leadership is both a need and a void

• Independent practice
  – Ambition for a small part of the system
  – Not the balcony view of the system

• Physician culture
  – Team vs Individual
  – Medical vs Interprofessional
  – Crossing to the ‘dark side’

• Reduction in financial reward
Creating physician leaders

Competency in healthcare leadership cannot be assumed because a physician has achieved academic and clinical success

Sibbald W, Webb A. Organisation and management. PACT, ESICM, 2005

- Prepare for leadership during training
- Service redesign must be part of undergraduate curricula
- Leadership should be considered as an essential medical service


Engaging physicians in QI activity
Physician compact

To foster the vision and culture of Fraser Health, there is an expectation that physicians, FH Executive and Program Leadership will read, understand, and agree to the following:

**Fraser Health Vision and Culture**

**OUR VISION**
Better health. Best in healthcare.

**OUR COMMITMENTS**
To improve the health of the population and the quality of life of the people we serve.

**OUR PURPOSE**
To foster the vision and culture of Fraser Health, there is an expectation that physicians, FH Executive and Program Leadership will read, understand, and agree to the following:

**OUR VALUES**
Respect, caring and trust characterize our relationships.

In order to deliver on this vision and culture, we must create mutually appreciative partnerships committed to continuous improvement.

**FRASER HEALTH RESPONSIBILITIES**
- Support the recruitment and retention of physicians and staff to meet FH Program goals
- Encourage physician career development and professional satisfaction
- Acknowledge the physician contribution to patient care and the organization
- Create opportunities to participate in support research
- Measure and integrate quality of care into ongoing operations
- Recognize and support physician leadership and excellence

**PHYSICIAN RESPONSIBILITIES**
- Maintain skills and knowledge through Continuing Professional Development (CPD)
- Advise, participate and promote innovation for continuous health care improvement
- Maintain current in emergency response training including CPR
- Abide by the sharps, blood and body fluid exposure protocol
- Lead by example and follow the hand hygiene protocol
- Remain current in immunization status for communicable diseases

**Focus on Patients**

**Leadership and Ownership**

**Listen and Communicate**

**Collaborate on Care Delivery**

**Foster, Excellence**
Physician led clinical audit program

For medical quality improvement to be successful physicians must believe in the benefits of engaging in the activity, have trust the outcome will be used for improvement of medical practice and patient care, and be involved in selecting the activity...

- Quality committees set up
- Quality improvement audits running
- M&M reviews running
- Performance review in MHSU
Infection Prevention and Control

- Hand hygiene audit and participation
  - Medical advisory committee discussion
  - Physician developed improvement proposals
    - Education, department commitment, audit training
  - Data available by fiscal period
    - Public display

![Graph showing hand hygiene compliance over years](image)
“You can have surgery but, unless you change your habits (overeating, smoking, drinking, exercise and stress), the disease will return kill you”

- Traditional approach to change
- 90% choose death!
- Fear, facts and force do not work
• Ornish’s approach to reversing heart disease
  – New hope, new skills and new thinking
  – Relate, reframe and repeat
• Small group discussion (team building)
• Provision of data
  – Physician activity report
  – Repeated data reframing the issue as their own
• 15 member physician advisory team
• Physician initiated length of stay review
  – Identify anomalies due to beds being ‘protected’
  – Distribution of quarterly Physician Activity Reports
• Focus on engagement
  – Team development sessions and strategies to improve physician communication
Individual Physician Activity Report released
<table>
<thead>
<tr>
<th>The Outcome Measures</th>
<th>Baseline June 2012</th>
<th>Target</th>
<th>Outcome Nov 2012</th>
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<tbody>
<tr>
<td>Patients receiving care in locations not designed for clinical care</td>
<td>100</td>
<td>&lt; 40</td>
<td>43</td>
</tr>
<tr>
<td>Facility Associated CDI</td>
<td>10.6</td>
<td>Decrease every period</td>
<td>6.0</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>8.4</td>
<td>7.9</td>
<td>8.1</td>
</tr>
<tr>
<td>Hip Fracture Fixation within 48 h</td>
<td>79%</td>
<td>90%</td>
<td>91%</td>
</tr>
<tr>
<td>ED patients admitted within 10 hours of decision to admit</td>
<td>51%</td>
<td>61%</td>
<td>58%</td>
</tr>
</tbody>
</table>
Seamless Care Philosophy

- **Guiding principles**
  1. Put the patient/client/resident first.
  2. Standardize for quality care.
  3. Ensure availability of information.
  4. Act as one care team

- **Goals**
  - Standardized, integrated, coordinated and personalized care
Four steps to seamless care

1. Standardize care - data processes and workflows
2. Integrate information – accessible and shared
3. Coordinate care – seamless patient experience
4. Personalize care – tailor standards

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The challenge

Provide high quality, modern care that is responsive to population health needs, with limited or shrinking resources.
Fix the shortage with more graduates, more residents, more IMGs...

Focus on a makeover of the training, productivity, support and utilization of physicians.
Innovation laboratory
- Test and improve concept within individual family practice(s)

Partnership
- 5 family practices
- 4 Divisions of FP
- UBC
- FHA

- Interprofessional education and service delivery combined
- Build interprofessional capacity
- Ensure sustainable interprofessional care delivery and education
- Improve population health
Quality reduces cost

- Reduced hospitalization
- Standardization
- Technology
- Time saving
- Reduce clinical error
- Reduce waste

Improved quality

Sustainable quality

The usual cycle: between fallow and planned

J Easton, Managing Director, Care UK

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Conclusions

For physicians to engage with system wide QI

– Data must be relevant and meaningful
– As contractors physicians must feel safe
– FFS creates a piecework culture that must be respected and negotiated
– Leadership must be accepted and rewarded as necessary
– Teaching social accountability and professionalism are necessary and fundamental changes required in medical school