



# Engaging Physicians with Quality Improvement

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Integrity • Compassion • Collaboration & Partnership •  
Accountability • Respect • Excellence



# Disclosure

- **Faculty:**
  - Dr Andrew Webb
- **Relationships with commercial interests:**
  - None
- **Financial or in-kind support:**
  - None
- **Potential conflict(s) of interest:**
  - None

# Learning objectives

- Describe why a physician should to 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



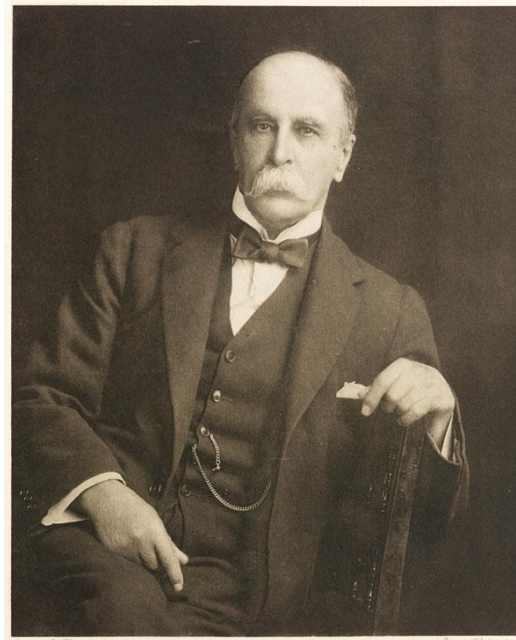
Health system incentivizes quantity over quality

Health system does not reward professionalism

Health system does not reward physician leadership



# Professionalism



“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



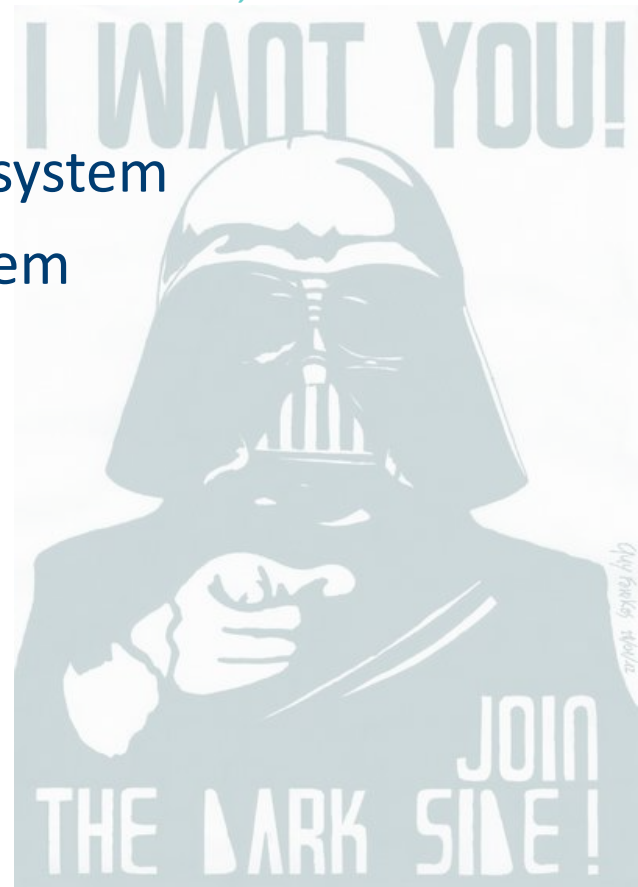
*DT Stern, ed. Measuring Medical Professionalism. OUP, Oxford, UK, 2006*

# Physician leadership

- Medical leadership is both a need and a void

*Collins-Nakai R. Leadership in Medicine. McGill J Med 2006;9:68-73*

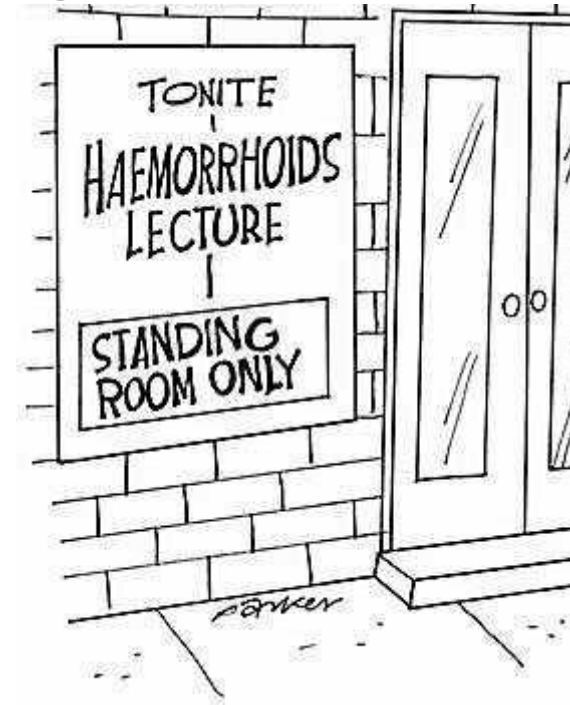
- Independent practice
  - Ambition for a small part of the system
  - Not the balcony view of the system
- Physician culture
  - Team vs Individual
  - Medical vs Interprofessional
  - Crossing to the 'dark side'
- Reduction in financial reward



# 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

*Ham C. Lancet 2003;361:1978*

*Baker GR et al. High performing healthcare systems, Longwood, Toronto, 2008*



# Engaging physicians in QI activity



# Physician compact



## Statement of Expectations between Physicians and the HA

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 PURPOSE

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

#### OUR VALUES

Respect, caring and trust characterize our relationships.

#### OUR COMMITMENTS

To be passionate in pursuit of quality and safe health care.

To be accountable.

To inspire individual and collective contribution.

To be focused on outcomes, open to evidence, new ideas and innovation.

To embrace new partners as team members and collaborators.

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

#### FRASER HEALTH RESPONSIBILITIES

##### Focus on Patients

- Support evidence based practice and quality medicine
- Support effective and efficient care delivery within the available resources
- Work collaboratively with FH Physicians to provide health services to the population that FH serves
- Encourage patient involvement in care and treatment decisions
- Participate in the achievement and maintenance of optimal patient access and outcomes
- Support continuity of patient care

#### PHYSICIAN RESPONSIBILITIES

- Practice evidence based and high quality medicine
- Support effective and efficient care delivery within the available resources
- Work collaboratively with FH Administration to provide health services to the population that FH serves
- Encourage patient involvement in care and treatment decisions
- Participate in the achievement and maintenance of optimal patient access and outcomes
- Provide timely care coverage
- Participate in an on call coverage group to support patients as necessary.
- Ensure continuity of patient care

over...

#### FRASER HEALTH RESPONSIBILITIES

##### Foster Excellence

- 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 or support research
- Measure and integrate quality of care into ongoing operations
- Recognize and support physician leadership and excellence

##### Listen and Communicate

- Share information regarding strategic intent, organizational priorities and business decisions
- Offer opportunities for open and constructive dialogue
- Provide performance appraisals on a regular basis
- Seek advice, feedback and ideas from physicians

##### Collaborate on Care Delivery

- Provide operations support including appropriately trained administrative and professional staff
- Provide support to EMR with ongoing updates and development
- Support physician Continuing Professional Development
- Provide information and tools necessary to foster continuous improvement
- Provide facility support to clinics, including materials, space and necessary equipment, in conjunction with any mutually-agreed upon business contract.

##### Leadership and Ownership

- Manage and lead the organization with integrity and accountability
- Create an environment that supports health care teams and the individual physician

#### PHYSICIAN RESPONSIBILITIES

- Maintain skills and knowledge through Continuing Professional Development (CPD)
- Advise, participate and promote innovation for continuous health care improvement
- Remain 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

- Communicate clinical information to patients and staff in a clear and timely manner
- Request information and resources needed to provide care consistent with FH Program goals
- Participate in performance appraisals and peer review processes
- Provide and accept feedback

- Include necessary physicians, staff and management on the care delivery team
- Provide clear and comprehensive documentation for patient care using EMR or an alternate patient record modality when EMR is not available.
- Attend necessary multidisciplinary meetings, patient care/family conference and department meetings.
- Treat all physicians, management and team members with respect and abide by the Fraser Health Respectful Workplace Policy
- Demonstrate the highest levels of ethical and professional conduct
- Behave in a manner that is supportive of Program vision and goals
- Participate in or support teaching and research

- Maintain a Medical Staff appointment and privileges within Fraser Health.
- Implement the clinical standards of care adopted by the FH Programs
- Participate in and support Program and Regional Departmental decisions
- Advise on and participate in the delivery of high quality, cost effective care

# 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...

## CLINICAL AUDIT ANNUAL REPORT

MEDICAL QUALITY IMPROVEMENT IN FRASER HEALTH

- Quality committees set up
- Quality improvement audits running
- M&M reviews running
- Performance review in MHSU

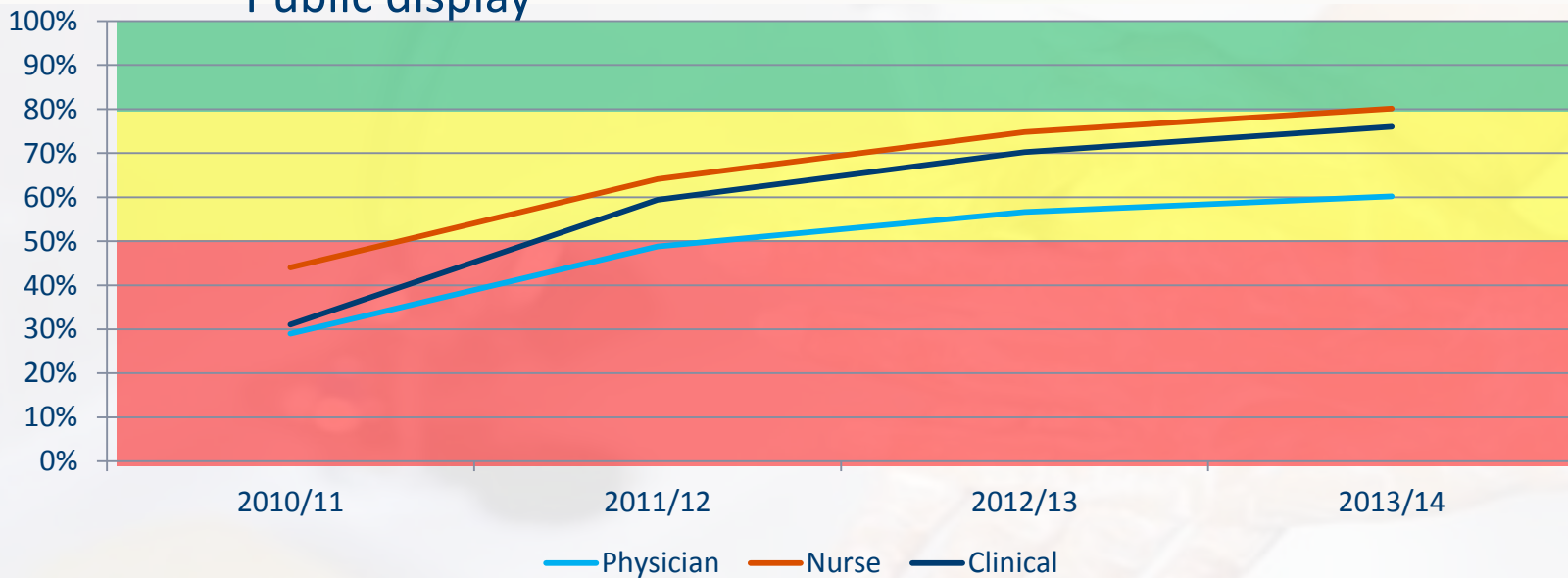


Prepared on behalf of the Regional Departments by Sharmen Lee,  
Strategist Healthcare Corporation

October 2012

# 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

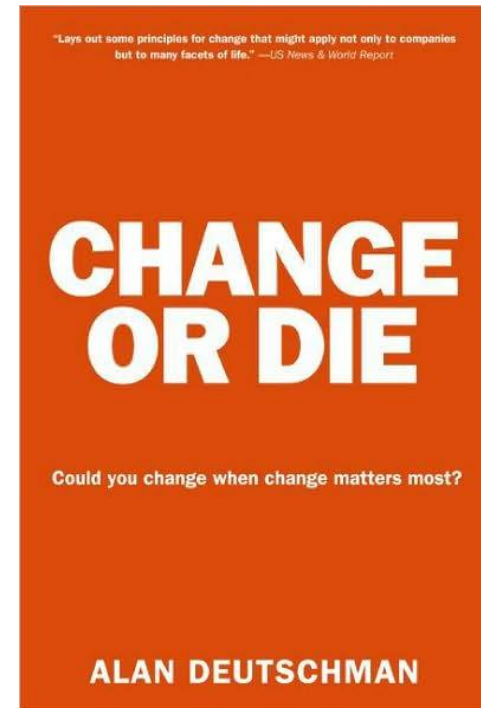


# taking charge of CONGESTION



“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





# taking charge of CONGESTION



- 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



# taking charge of CONGESTION

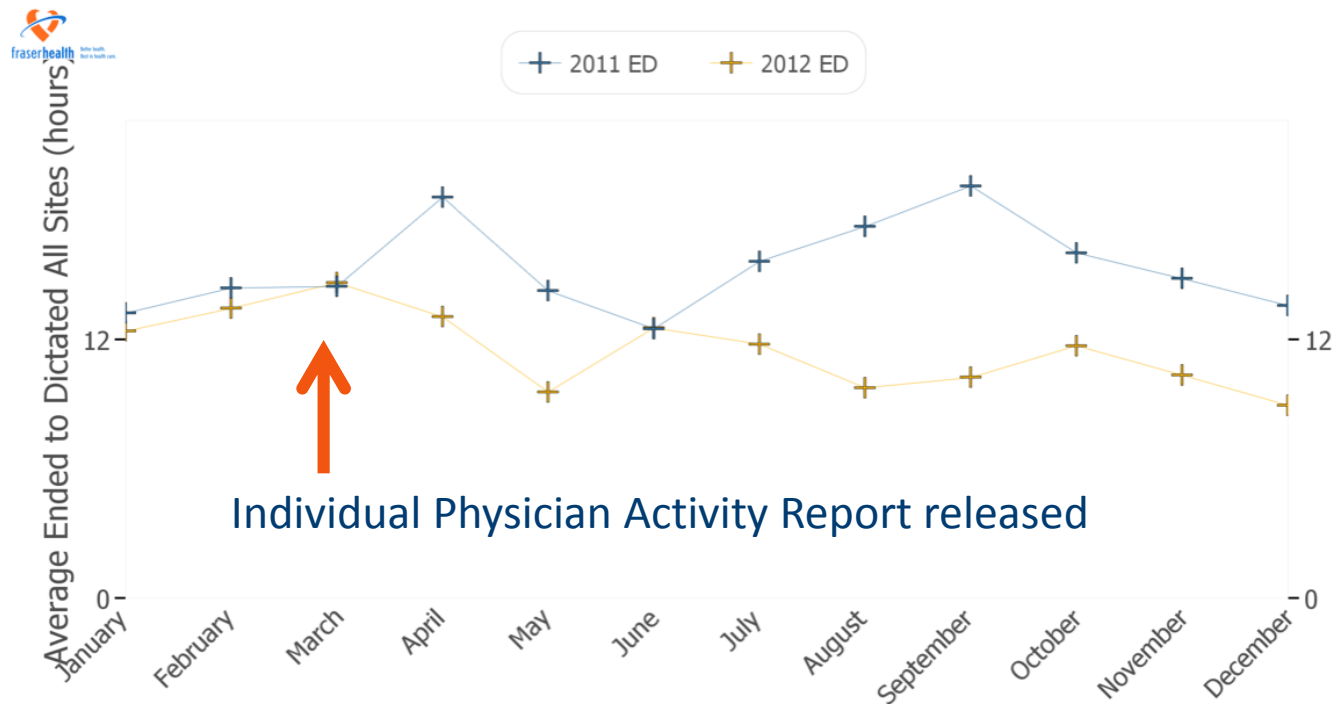


- 15 member physician advisory team
- Physician initiated length of stay review
  - Identify anomalies due to beds being ‘protected’
  - Distribution of quarterly Physician Activity Reports
- Focus on engagement
  - Team development sessions and strategies to improve physician communication

# taking charge of CONGESTION



Average Ended to Dictated All Sites and Modalities



# taking charge of CONGESTION



The Outcome Measures	Baseline June 2012	Target	Outcome Nov 2012
Patients receiving care in locations not designed for clinical care	100	< 40	43
Facility Associated CDI	10.6	Decrease every period	6.0
Average Length of Stay	8.4	7.9	8.1
Hip Fracture Fixation within 48 h	79%	90%	91%
ED patients admitted within 10 hours of decision to admit	51%	61%	58%

# Seamless Care Philosophy



## ■ Guiding principles

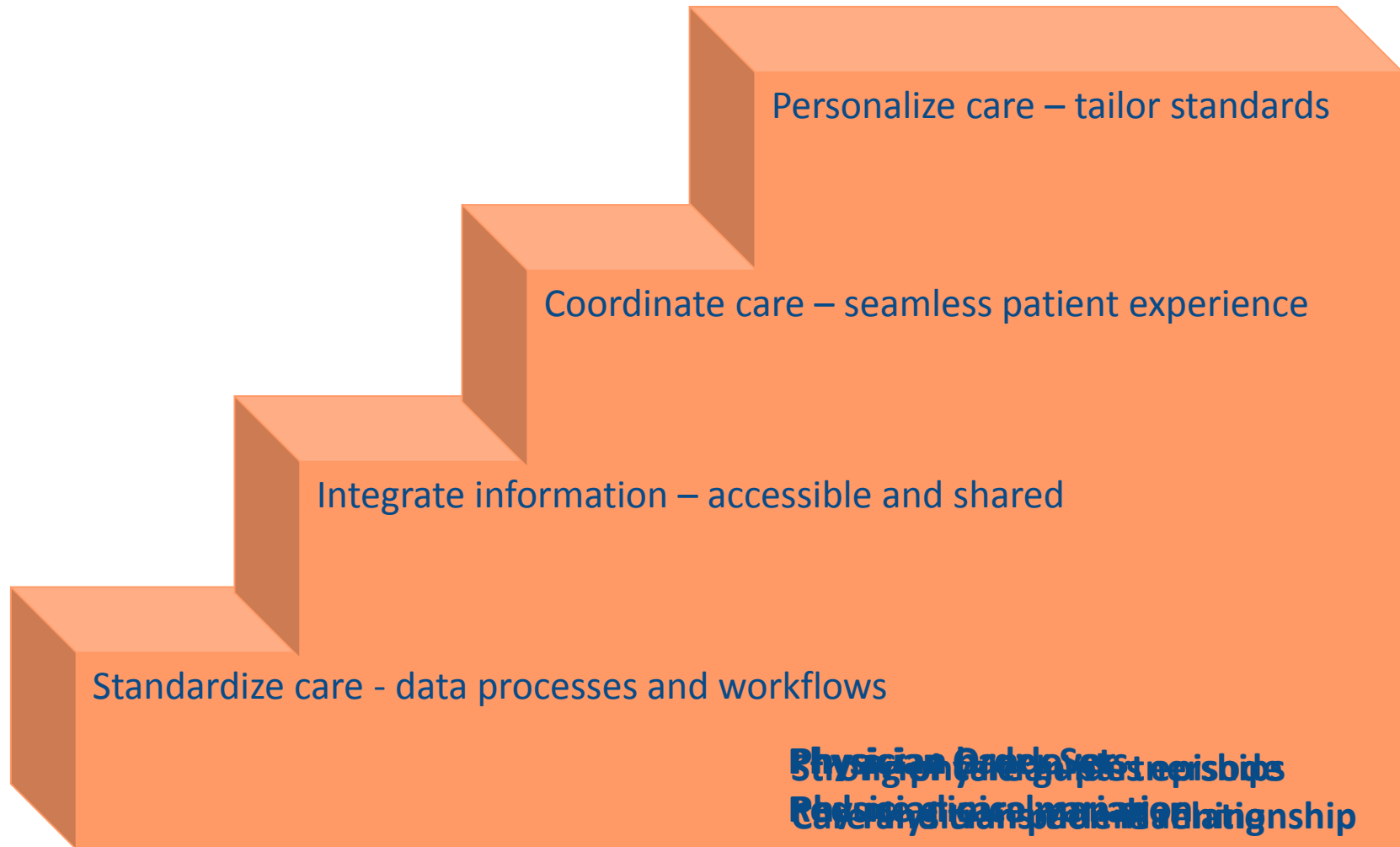
1. Put the patient/client/resident first.
2. Standardize for quality care.
3. Ensure availability of information.
4. Act as one care team

## ■ Goals

- Standardized, integrated, coordinated and personalized care



# Four steps to seamless care





Fraser Health

*Medical Makeover:  
Redesigning Physician Services for Tomorrow's Health System*

## The challenge

Provide high quality, modern care that is responsive to population health needs, with limited or shrinking resources

Report of the Summit Meeting

Held September 27 - 28, 2011

Four Seasons Hotel, Vancouver, BC

~~Fix the shortage with more  
graduates, more residents, more  
IMGs...~~



Focus on a makeover of the  
training, productivity, support  
and utilization of physicians.

# Medical Makeover

Redesigning Physician Services  
for Tomorrow's Health System

September 27-28, 2011

Four Seasons Hotel, Vancouver

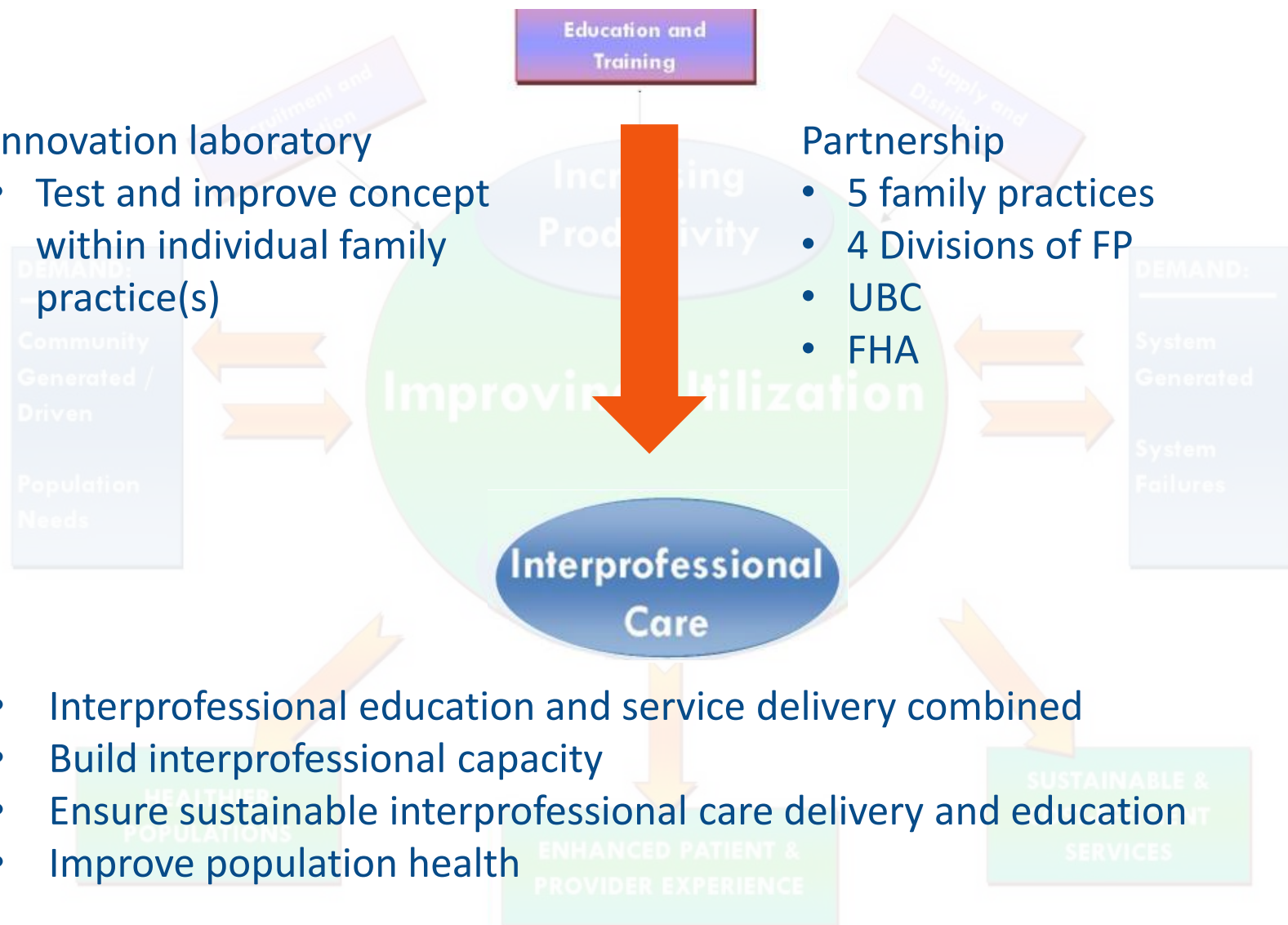
## Innovation laboratory

- Test and improve concept within individual family practice(s)

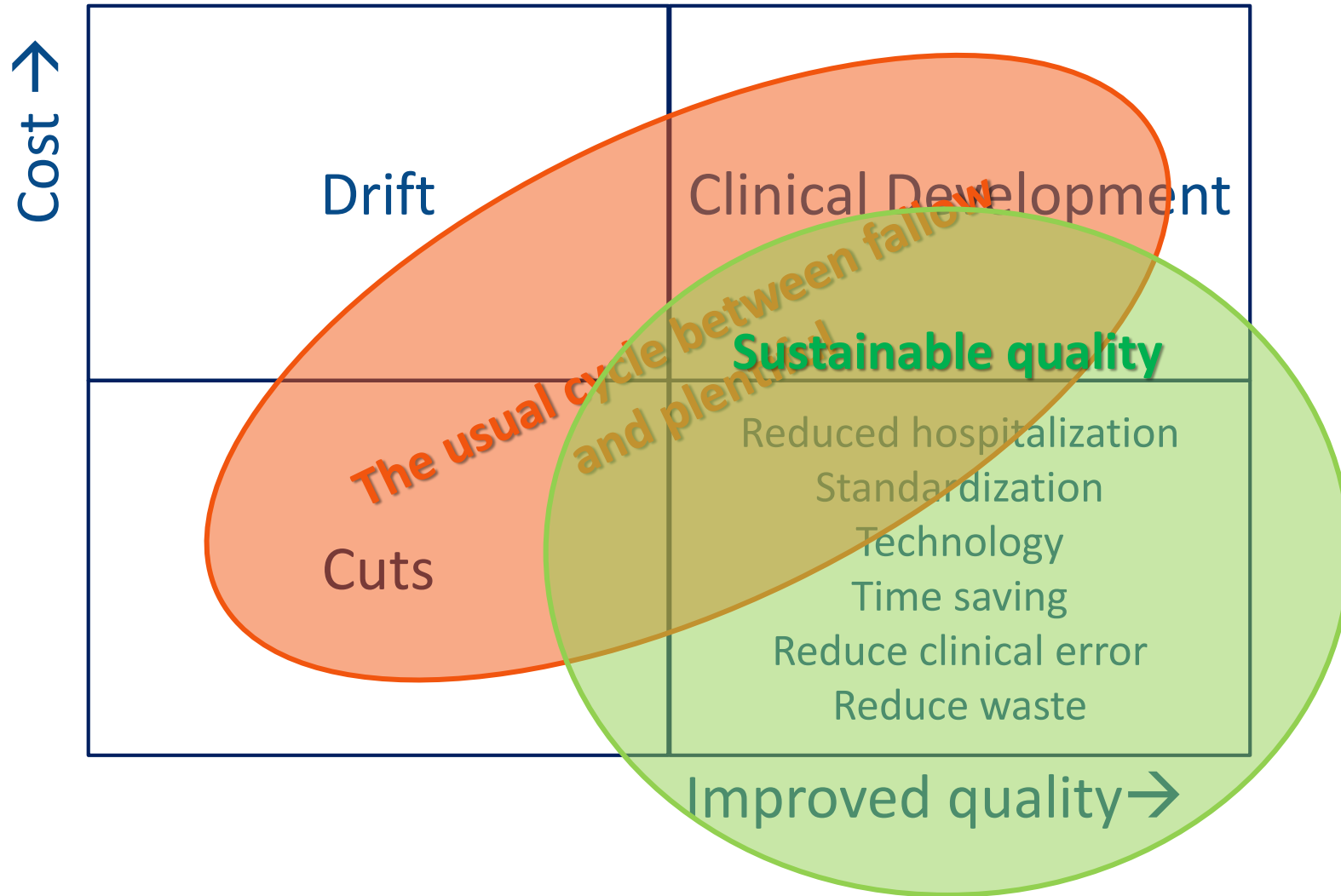
## Partnership

- 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



*J Easton, Managing Director, Care UK*



# 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