ABSTRACT: 2017 ELAM Institutional Action Project Symposium

Project Title: Building Organizational Capacity for Clinical Quality Improvement in an Academic Health Center

Name and Institution: Narmin Kassam, Associate Chair, Clinical - Department of Medicine, University of Alberta

Collaborators: Alberta Health Services

Background: In 2015, the University of Alberta, Department of Medicine (DoM) strategic retreat identified the development of a strong clinical quality agenda as a major priority in achieving its mission of improving the health and healthcare of current and future generations. An Associate Chair, Clinical was appointed with the primary mandate to advance this priority.

Objective: The Strategic Clinical Improvement Committee (SCIC) was formed in 2016. The primary mandate was to build capacity for DoM physicians to be trained in, carry out and be recognized for quality improvement (QI) work.

Approach: Review of the literature and lessons from ELAM provided a framework for the SCIC and was built around elements that have been shown to be successful. These included:

- 1. QI is inseparable from care Alberta Health Services (AHS) is the provincial system responsible for healthcare delivery. The Executive Director for the Medicine programs within AHS was approached to co-chair the SCIC.
- 2. QI is a team endeavor the DoM consists of 14 subspecialties of Internal Medicine and spans across the spectrum of in-patient and out-patient medicine across the entire Edmonton Zone and multiple sites. SCIC engaged the various constituents by ensuring membership included physician representatives from every division and every site, and non-physician executive leaders from various Medicine programs to ensure full inclusion, participation and buy-in.
- 3. QI is academically credible a clinical QI career pathway document has been developed and ratified by the SCIC. Faculty development workshops have been developed and delivered. The DoM Academic Evaluation Committee has been provided with the guide and it is currently being reviewed for adoption by the Faculty.
- 4. QI return on investment visible commitment by the DoM was secured through a three-year financial commitment to support a senior quality consultant dedicated to SCIC.
- 5. QI capacity develops organically building capacity is unlikely to be achieved simply by recruiting QI "stars" but rather by raising awareness broadly and enhancing productivity. A major mandate of SCIC is to provide accredited educational workshops locally and support the completion of QI projects developed from the ground-up by frontline physicians. This has been done leveraging existing resources and expertise from within AHS and other departments of the Faculty of Medicine.
- 6. QI serves accountability every physician member of SCIC is charged with and supported in the development and completion of a QI project. A project must engage a junior learner, partner with the program specific AHS quality council and have capacity for scale and spread. All projects will be highlighted through the DoM SCIC newsletter and an annual QI Day of Celebration.

Outcomes: The SCIC meets on a monthly basis with recorded 80-100% attendance. All representatives are the recognized QI leads and report activities back to their individual division, site and program resulting in significant visibility both within the DoM and at AHS. To date, five major QI educational workshops have been completed and well subscribed with an activity planned every 2 months for 2017. Currently there are 14 projects underway, scoped or pending, as well as a 3-year long major department-wide project relating to centralized triaging and improving referral processes that is 30% completed.



Building Organizational Capacity for Clinical Quality Improvement in an Academic Health Center

Executive Leadership in Academic Medicine

Presented at the 2017 ELAM Leaders Forum

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Background/Significance

The University of Alberta, Department of Medicine (DoM) consists of 14 divisions and over 500 clinical academic faculty members across 5 sites in the Edmonton Zone. The DoM's mission is "to improve the health and healthcare of current and future generations through excellence and innovation in education, research and clinical care."

Alberta Health Services (AHS) is the integrated health system that delivers health services across the province.

2015 – The DoM strategic retreat identified a major priority in order to achieve its mission:

DEVELOPMENT OF A STRONG CLINICAL QUALITY IMPROVEMENT AGENDA

An Associate Chair, Clinical was appointed with the primary mandate to advance this priority.

2016 – The Strategic Clinical Improvement Committee (SCIC) was formed to advance the clinical quality improvement priority lead by the Associate Chair, Clinical.

Purpose/Objectives

The primary mandate of the SCIC is to build organizational capacity for Clinical Quality Improvement (CQI) within the DoM at the University of Alberta

Methods/Approach

In an effort to build capacity for CQI within the DoM, a variety of sources of information were used to develop a strategic approach including an environmental scan, review of the literature and interview of outside institutional leaders currently managing successful CQI programs.

The resources and learnings from ELAM were used to navigate and carry out implementation strategies.

Approach

Six specific areas for development were identified and targeted.

- 1. CQI is inseparable from care Alberta Health Services (AHS) is the provincial system responsible for healthcare delivery. The Executive Director for the Medicine programs within AHS was asked to co-chair the SCIC with the Associate Chair.
- 2. CQI is a team endeavor SCIC engaged the various DoM constituents by ensuring membership included physician representatives from all 14 divisions/sections and every one of the 5 sites; as well as, non-physician executive leaders from various Medicine programs within AHS to ensure full inclusion, participation and buy-in.
- 3. CQI is academically credible a clinical QI career pathway document was developed and ratified by the SCIC. Faculty development workshops have been developed and delivered. The DoM Academic Evaluation Committee has been provided with the guide and it is currently being reviewed for adoption within the newly revised Faculty Evaluation guidelines.
- 4. CQI return on investment visible commitment by the DoM was secured through a three-year financial commitment to support a senior quality consultant dedicated to SCIC. Engaging a qualified individual fully dedicated to carrying out the SCIC mandate and clearing the way politically to carry it out
- 5. CQI capacity develops organically building capacity is unlikely to be achieved simply by recruiting CQI "stars" but rather by raising awareness broadly and enhancing productivity. SCIC provides accredited educational workshops locally and supports the completion of CQI projects developed from the ground-up by frontline physicians. This has been done leveraging existing resources and expertise from within AHS and other departments of the Faculty of Medicine.
- 6. CQI serves accountability every physician member of SCIC is charged with and supported in the development and completion of a CQI project. A project must engage a junior learner, partner with the program specific AHS quality council and have capacity for scale and spread. All projects will be highlighted through the DoM SCIC newsletter and an annual QI Day of Celebration.

Outcomes/Evaluation

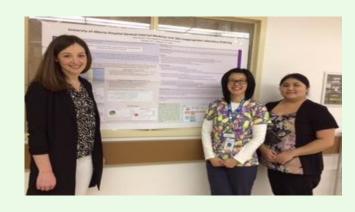
- SCIC meeting on a monthly basis since inception with agreed upon terms of reference and over 75% attendance.
- SCIC representatives are recognized as the CQI leads within their divisions/sections and sites. All individual section and site business meetings now include a CQI update from named SCIC representative.
- Five major CQI educational workshops have been offered to date all well attended and received excellent feedback. Workshops are planned to take place every 2 months for 2017-18. These are now accredited for CME credit.



First SCIC CQI workshop (EPIQ) held on January 28, 2017 with 18 attendees including physicians, AHS executives, and DoM administrative staff

• Currently there are 14 projects either under way, scoped or pending directly linked with SCIC. In addition, the committee has secured over \$60,000 in funding to complete these projects and more grant proposals submitted.

SCIC supported and sponsored CQI project to reduce daily lab ordering on station 5D2



• A major (3-year long) departmental CQI project relating to centralized triaging and improving referral processes is well under way and nearly 40% completed

Discussion/Conclusion

This project outlines an approach to building organizational capacity for CQI within an academic department.

In our experience, the keys to success have been:

- Support and recognition from leadership
- Forging early partnerships and stakeholder engagement
- Leveraging existing resources