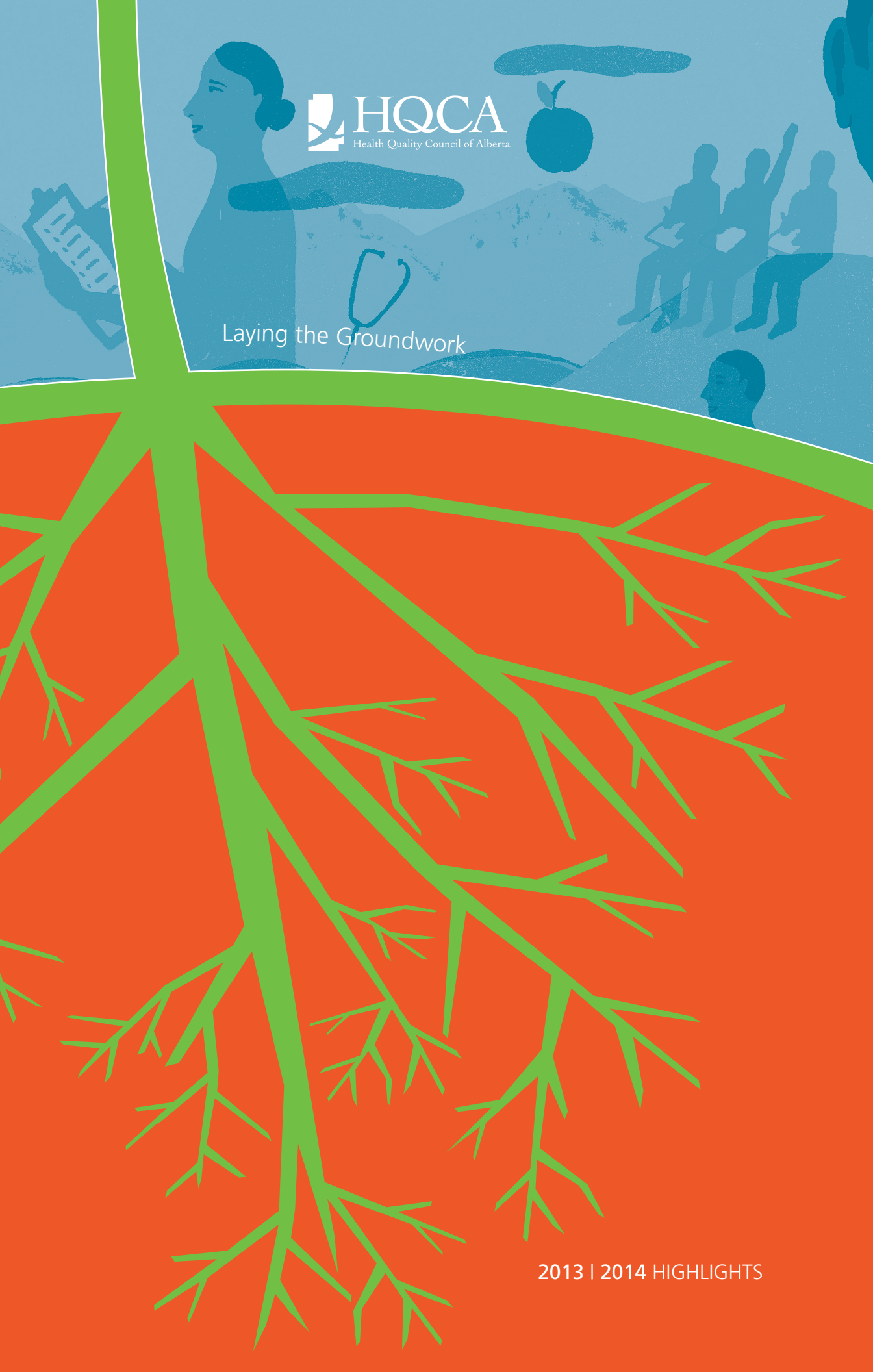

HQCA
Health Quality Council of Alberta
Laying the Groundwork
2013 | 2014 HIGHLIGHTS

Contents

"The people of Alberta are always in our sights, and at the core of what we do."

HQCA
Health Quality Council of Alberta

Quality Healthcare for Albertans

We are laying the groundwork to help our stakeholders deliver practical improvements to health service quality and patient safety in Alberta's healthcare system.

Our mission

Listening and responding to Albertans to continuously improve the quality and safety of Alberta's health system.

Laying the Groundwork

As I reflected on the activities and accomplishments of the HQCA in 2013-14, the theme 'groundwork' emerged. Many of the products we delivered, and the critical projects we initiated, are starting points for further study and analysis by the HQCA, or are first steps in more extensive quality improvement processes for our healthcare partners.

We are pleased to share this publication, which features the highlights of our work in 2013-14 from the perspective of both a patient's family and from our healthcare partners. I am continually inspired and heartened to see the shared passion for improving healthcare quality among the individuals and organizations with whom the HQCA collaborates to achieve its mandate. While their roles, responsibilities, and accountabilities vary, there is a unified vision to make a difference in the healthcare provided to Albertans. These initiatives display the diverse work of the HQCA and the variety of ways we collaborate with our stakeholders and influence quality improvement.

The HQCA is honoured to fill a role in Alberta's healthcare system as an objective, credible and trusted body to advocate for patient safety and healthcare quality, and we thank our stakeholders for their support. The work of the HQCA is not always an easy picture to paint, and so I hope this publication effectively illustrates who we are and how we work, and the groundwork we are laying to improve Alberta's healthcare system.

Sincerely,

A.L.A. (Tony) Fields, CM, MA, MD, FRCPC, FACP
Chair

"…first steps in more extensive quality improvement processes for our healthcare partners."

Rx for Disruptive Workplaces

Heavy workload. Challenging cases. High expectations. Given the stressful nature of work in healthcare, it is not surprising that tension between colleagues can flare up from time to time. What is alarming, however, is how typical it is for this to escalate to abuse between colleagues, and something that can seriously jeopardize patient care. This is why the HQCA worked with our stakeholders to create a framework and toolkit for healthcare workplaces to help them address the problem.

As a licensed practical nurse and Director of Professional Practice, College of Licensed Practical Nurses of Alberta (CLPNA), Teresa Bateman has witnessed disruptive behaviours in workplaces and has listened to many colleagues recount their own experiences.

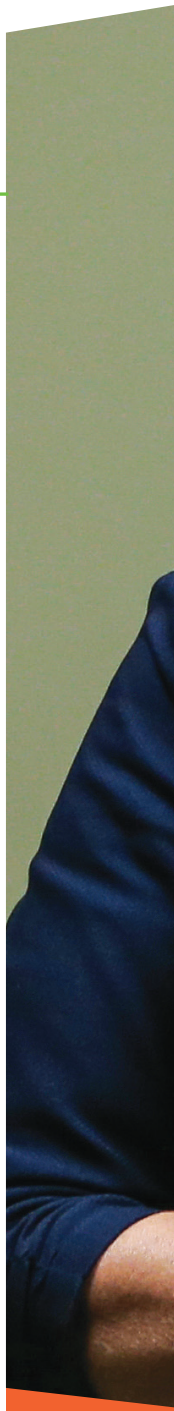
"For example, we might have a nurse who's an amazing diabetes nurse, and someone you definitely want to consult with if you have a diabetic patient. But heaven help you if you need to advocate for a client's needs in another area and you have to go through her. These behaviours teach people that it's okay to act like this, if someone has exceptional clinical abilities."

Despite its prevalence, research shows disruptive workplace behaviour has not been adequately addressed within healthcare. Teresa believes that, at least in nursing, it is because the behaviour has become normalized, part of the enculturation within the profession. Disruptive behaviours are the "big elephant in the room," according to Teresa.

What is disruptive behaviour?

Disruptive behaviours exist on a continuum and can be interpreted subjectively; behaviours may be distracting, annoying, and irritating to some but not to others. Troublesome behaviours range from words or actions that are inconsiderate or dismissive of others, for example, to behaviours that are more aggressive, deliberate, intentionally demeaning, and psychologically harmful or physically threatening.

"When we are trying to achieve the highest quality of care and maintain practice standards, and we want patients to experience care in a positive way and not be at harm, then we have to start addressing this." The CLPNA had already started its own project on managing disruptive behaviours, which complemented the work of the HQCA. The two organizations have co-presented at conferences to raise awareness of the issue and how it can be resolved.



Teresa Bateman,
Director of Professional Practice,
College of Licensed Practical Nurses of Alberta (CLPNA)

"The more we recognize disruptive behaviours as inappropriate, the easier it is for individuals to identify them and the closer we get to changing behaviours…"

Rx for Disruptive Workplaces – continued

It is not just nurses who experience conflict among colleagues. Abuse and conflict are widespread within healthcare generally, according to the research, which is why the framework and toolkit are broadly applicable across various healthcare settings.

Teresa Bateman believes that it is this systematic approach that makes the framework so valuable to healthcare workplaces. "That's where we align with the HQCA; individual responsibility and organizational responsibility." She adds, "We have to deal with the attitudes that tolerate abusive behaviours. Although as a regulator we expect members to practice within professional standards, we must manage unprofessional conduct. Naming, blaming, and shaming an individual is not going to work – it's a much larger systemic issue."

The companion toolkit contains many sample templates and checklists that can be used to develop local or site-specific policies and tools to help manage this issue. Teresa believes that the key value of this framework and toolkit is the focus on patient safety. "That's when people start to pay attention. If we're talking about employment issues, that's the soft side. But when we focus on patient safety people tend to listen. From an administrative perspective, provider perspective, and public perspective, everyone is concerned with that," she notes.

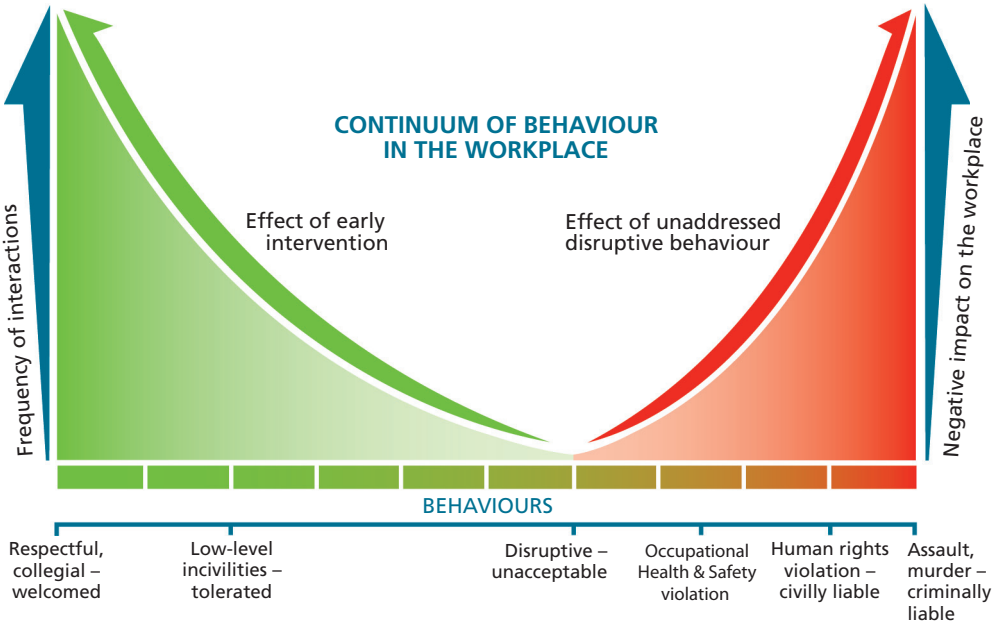
Changing a culture takes time – months or even years. But there's reason to be optimistic: unacceptable behaviour often can be changed through early intervention. "There's a commitment now in the system," according to Teresa. "The more we recognize disruptive behaviours as inappropriate, the easier it is for individuals to identify them and the closer we get to changing behaviours. The more it's identified, the more it empowers people to step up."

Other stakeholder organizations, including AHS and The College and Association of Respiratory Therapists of Alberta, are applying the framework and toolkit, or aspects of them, and many other organizations have requested presentations about the topic from the HQCA.

What's in the kit?

The framework and toolkit includes:

- background information about disruptive behaviour in healthcare
- a matrix of suggested strategies to deal with the issue
- expectations for behaviour and implications of disruptive behaviours for individuals, the organization, and patient care
- management principles, emphasizing prevention and the role of leadership, and the need to empower individuals to try to resolve interpersonal issues constructively
- a systematic approach to reporting, reviewing, and resolving these difficult issues



Collaborators in the project

The *Managing Disruptive Behaviour in the Healthcare Workplace Provincial Framework* is based on the Managing Disruptive Behavior in the Healthcare Workplace Guidance Document and Toolkit, published in 2010 by the College of Physicians and Surgeons of Alberta (CPSA).

The HQCA saw an opportunity to expand on this work, and consulted a wide-ranging group of stakeholders to review and understand the problem of disruptive behaviours in a variety of healthcare workplaces. A special thanks to stakeholder groups represented on a working group co-chaired by the HQCA and the CPSA to develop the *Managing Disruptive Behaviour in the Healthcare Workplace Provincial Framework*:

- College and Association of Registered Nurses of Alberta
- Alberta College of Pharmacists
- Alberta Health Services – Human Resources, Medical Staff, Professional Practice/Education
- Covenant Health
- Alberta Health
- Alberta Federation of Regulated Health Professions
- Continuing care sector (represented on the Steering Committee by Covenant Health)
- Patient/family representative

Stakeholders who were part of the consultative process to review the draft framework and toolkit:

- CLPNA
- Unions representing healthcare workers in Alberta
- Canadian Medical Protective Association

Checking Vital Signs in Primary Care

The grandson of two rural physicians, Dr. Tobias Gelber has a strong tradition of knowing patients on a first-name basis, and keeping up with their changing needs. Knowing them well and keeping track of the treatments and services they use or might need means he can provide care focused on health prevention and promotion. That's why, like other family physicians in the province, he welcomes the HQCA's measurement of primary care in Alberta.

The HQCA is working with stakeholders like Dr. Gelber to improve measurement of primary care so that these physicians and their staff know what's working to improve outcomes for patients. Through a series of measurement initiatives, the HQCA is learning important things about the relationship between patients and their physicians and what can lead to higher quality patient care.

Over the past year, the HQCA examined provincial health administrative data, in part, to evaluate the effect of primary care networks (PCNs) on healthcare quality. The HQCA found that patients who were in the regular care of the same physician – in particular a physician within a PCN – experienced fewer hospitalizations, emergency department visits, and shorter lengths of stay than those who were seen by a number of different physicians potentially in different practices or locations.

What is a primary care network (PCN)?

Groups of family doctors and other healthcare providers (e.g., nurses, dietitians, and pharmacists) that work together with Alberta Health Services to provide primary healthcare to patients.

Each PCN is unique and has the flexibility to develop programs and services suitable for the specific needs of its patient population.

There are over 40 PCNs operating in Alberta. Approximately 3,300 healthcare providers participate in a PCN, and approximately 3.2 million Albertans are informally enrolled with PCNs.

Dr. Tobias Gelber, Family Physician,
past chair of the Chinook Primary Care Network (PCN)
and member of Alberta Medical Association's (AMA)
Primary Care Alliance

"…Without measuring we will not see any improvement whatsoever in primary care. It's absolutely foundational."

A deep dive into patient data

Since 2011, the HQCA has provided primary care networks (PCNs) and physicians with reports containing information pulled from administrative health data.

The reports, which can be customized by patient population or geographic area, include details about the group of patients being cared for such as demographics, degree of attachment to a single physician, frequency of diagnoses, and use of healthcare services. This information helps physicians and PCNs better understand their patients and plan health services.

This finding wasn't a surprise to Tobias Gelber. "It's consistent with what other research says about 'attachment' and the benefits of it, especially attachment to a specific physician instead of a group," he says. 'Attachment' refers to the ongoing, trusting relationship between a patient and his or her regular doctor, and it is associated with better outcomes for patients, according to research. Dr. Gelber believes this is a practice that needs to be more widely promoted within Alberta. "There needs to be a lot more emphasis on attachment and doctors caring for a defined population. This needs to be encouraged by the AMA, medical schools, and provincial funding, that this is the right way to do things."

Dr. Gelber says the value of measurement cannot be overstated. "It's not only helpful, it's essential," he notes. "Measurement is the compass by which we steer our primary care ships. It provides information on a whole bunch of clinical outcomes so that we are measuring, making a change, and then measuring again. Without measuring we will not see any improvement whatsoever in primary care. It's absolutely foundational."

According to Dr. Gelber, there are many examples in his practice alone that show how learning more about his patients has led to better healthcare delivery. "We developed systems in the office that enable front desk and office staff to be able to approach patients and offer services and to make arrangements for things like tests and screening. We've gone from achieving mammography screening rates of 30-40 per cent of eligible patients to now 90 per cent of eligible patients, for example. This enables population-based screening and improved management of diseases, achieved by creating systems and protocols in our clinics based on measurement." As a result of these measurement practices Dr. Gelber says the entire clinic staff is feeling more engaged in the work they do to care for patients.

"They are more switched on, and really feel they are making a difference in patients' lives. As a team we all feel much better about the work that we do."

At the provincial level, the HQCA seeks feedback from primary care stakeholders to ensure its PCN and physician panel reports support them in their efforts to improve the quality of primary care across the province. As the president of the section of rural medicine within the AMA and as part of his participation in the AMA's primary care alliance, Dr. Gelber has reviewed and suggested revisions to the reports.

The HQCA is in a critical position to add significantly to the measurement efforts of individual physicians or PCNs, says Dr. Gelber. "The HQCA can collect and process data that are extremely useful and meaningful for primary care reform."

Situation Critical

Anyone who has been in a major car accident, suffered a stroke or a heart attack knows that time is precious. In fact, a swift response to such medical emergencies can mean the difference between life and death, or a full recovery rather than a lifetime of illness or injury.

Few people have had more first-hand experience with this reality than Dr. Dennis Nesdoly, Associate Chief Medical Officer at STARS, which offers life-saving helicopter transport to critically ill and injured patients across Western Canada.

While emergency care must be fast, Dr. Nesdoly, is adamant that it is as precise and safe as possible, since these things are also critical to good patient outcomes. That's why he was keen to dive into the patient safety certificate programs provided by the HQCA in partnership with the Cumming School of Medicine's Office of Continuing Medical Education & Professional Practice and the W21C (Ward of the 21st Century) — a not-for-profit research and innovation initiative based in the University of Calgary and the Calgary Zone of Alberta Health Services.

Courses available

Certificate in Patient Safety and Quality Management

- Designed for healthcare professionals who want to expand their operational understanding of concepts in patient safety and quality management.
- Offered as a combination of online and classroom-based sessions, and a special project, over several months from HQCA and its partner organizations.

Certificate in Investigating and Managing Patient Safety Events

- Includes two, two-and a half day classroom courses: "Investigating Patient Safety Events" and "Managing Patient Safety Events"and a project component.

Certificate graduates include:

- Family doctors and specialist physicians
- Nurses
- Pharmacists
- QI and patient safety professionals
- Patient engagement consultants
- Scientists and researchers
- Human factors specialists
- Respiratory and radiation therapists
- Medical educators
- EMS specialists

The courses offer healthcare workers—from board members to front-line staff like Dr. Nesdoly—a unique opportunity to learn best practices in patient safety and immediately apply them to their work.

"This learning is very valuable to our organization," says Dr. Nesdoly who believes the courses fill a gap in the training of experienced health professionals. "When I was in medical school, we didn't talk much about patient safety. It wasn't in the culture."

Dennis Nesdoly earned both certificates within the last year, and his skill and enthusiasm for the program earned him an invitation to join the faculty and teach an overview of teamwork and how it applies to patient safety in healthcare. "It's important for STARS and the topic of teamwork to be a part of it," he explains.

The diversity and enthusiasm of course participants, representing different health disciplines and career stages, impresses Dr. Nesdoly. He adds that they all get something valuable from the course, and carry the right message forward about patient safety and quality into their workplaces. He hopes interest in the certificate courses will continue to grow, and that more effort will be directed to imparting the principles of patient safety early in the training of different healthcare professionals so that it becomes a natural part of what they learn.

"These courses are the current best way to impact patient safety… It was a career-altering experience for me."

Dr. Dennis Nesdoly,
Associate Chief Medical Officer, STARS

Tears are Not Enough

When a relay racer in the Olympics drops a baton, or falls before they can pass it along – watching the failure is difficult.

But what if a loved one with a complex medical condition tries – but fails – to connect with the healthcare workers, information, and resources they need to win the race for their life? Dave Price can tell you that witnessing this is not only difficult, it is devastating.

Dave's son Greg died at age 31 in 2012 – just a few weeks after being diagnosed with testicular cancer. His experience in the healthcare system revealed gaps in the continuity of care that patients with complex conditions like his require.

Dave and Isabella Price
with their family

"We felt right from early days that something had to be done and we had to work towards making Greg's death mean something."

What is continuity of care?

Continuity of care refers to the degree to which a patient experiences a series of healthcare encounters as coherent, connected, and coordinated among healthcare professionals and services.

Greg's story was the focus of the HQCA's *Continuity of Patient Care Study*, published in December 2013. Findings in patient experience surveys carried out previously by the HQCA alerted the organization to patients' dissatisfaction with continuity of care. In 2012, fewer than half of respondents rated the co-ordination of their care as very good or excellent. This was consistent with findings since 2003.

The HQCA's review of Greg's care looked at how referrals from one physician to another are managed in the healthcare system and how tests for patients with time-sensitive conditions are prioritized and co-ordinated. The focus of the study was to identify factors in the system that might compromise patient safety and quality of care. Three primary care physicians were involved in Greg's case, none of whom knew or had access to his whole story.

He experienced delays in receiving important tests, difficulties contacting the specialists providing his care, insufficient information from providers about appointments and results, and confusion about the process for booking appointments. Over and above the breaks in continuity of care, opportunities to speed up his care were missed. Once it was understood that he likely had cancer with serious complications it took nearly two months to complete the diagnostic tests he required, refer him to a specialist, and operate. Throughout his journey, Greg assumed a great deal of responsibility in trying to manage his own care. The HQCA's report stated: "In high-performing health systems patients would not be burdened with the responsibility to be so vigilant and to advocate so strongly for themselves as this patient was required to be."

From the perspective of Greg's family, it is the recommendations that make the study so invaluable. "It is understandable to anyone that these recommendations need to be taken and responded to," explains Dave Price. "As a family that was huge. This is important work for the betterment of all Albertans. We want to support that however we can."

The HQCA continues to promote the acceptance of the report's recommendations by sharing the detailed findings and recommendations with key stakeholders, and supporting them in their efforts to implement the recommendations. In March 2014 the

"Greg was extremely tenacious. We take strength from that and we move forward."

135-member AMA Representative Forum met with representatives of the HQCA, AHS, and members of the Price family to address the recommendations. Dr. Ward Flemons, medical consultant to the HQCA and lead author of the Study, has presented to many healthcare groups in Alberta and elsewhere in Canada, often accompanied by Dave Price.

Mr. Price describes the experience of working with the HQCA as collegial, adding, "We always felt that we were working towards a common goal, for the right reasons and right end point: to make sure that the gaps in the system are properly identified for the system's own points of improvement, and for the public to understand the gaps and be better informed as they travel through the system until it's fixed."

Moving forward

Continuity of patient care remains a key focus for the HQCA. Qualitative studies are underway to explore continuity of care from the patient and provider perspective, which in 2013-14 included a literature review and interviews with Albertans about their experiences with continuity of care in Alberta's healthcare system. This work also informed the addition of new questions to the HQCA's *Satisfaction and Experience with Healthcare Services: Survey of Albertans* which was conducted for the seventh time in 2014.

Recommendations are directed at the Ministry of Health (Alberta Health), Alberta Health Services (AHS), the College of Physicians and Surgeons of Alberta, the Alberta Society of Radiologists, the Alberta Medical Association (AMA), and the Southern Alberta Institute of Urology. The recommendations, if implemented, would reduce the likelihood that patients would experience the same types of breakdowns in continuity of care that Greg did. For details, view the full report at hqca.ca.

Recipe for change

Ten recommendations emerged from the study, including the need for:

- investments in electronic health records and e-referral systems for improved coordination between offices and clinics
- expediting diagnostic imaging for patients with time-sensitive conditions clarifying the physician responsible for a patient's care as the patient moves through the system
- making clear the commitments physicians need to make to be available for patients with time-sensitive conditions or who have undergone invasive or semi-invasive procedures
- physicians to consider partnering with Health Link to improve after-hours access to specialists, and ensuring physician compliance with after-hours' availability standard.

At a Glance – Other Highlights of **2013|2014**

Assessments and Studies

As per the *Health Quality Council of Alberta Act*, the HQCA may be requested by the Minister of Health or health region to assess or study matters respecting patient safety and health service quality in order to develop and facilitate quality improvement opportunities throughout Alberta's healthcare system. Significant resources were committed to conducting patient safety reviews in 2013-14, all of which were made public subsequent to the end of the fiscal year.

Review of Total Parenteral Nutrition (TPN)

In May 2013 Alberta Health Services (AHS) requested the HQCA to conduct an independent review of the AHS processes related to all aspects of Total Parenteral Nutrition (TPN) in the Edmonton Zone and examine the implications for quality and patient safety.

Review of Alberta Health Services' Continuing Care Wait List: First Available Appropriate Living Option Policy

In June 2013 Alberta Health Services (AHS) requested the HQCA to conduct an independent review to focus on the quality and patient safety implications of the AHS First Available Appropriate Living Option Policy, a policy that relates to continuing care wait list management. HQCA findings and analysis focused on critical operational topics such as capacity planning, measurement data, and policy development.

Review of Quality Assurance in Continuing Care Health Services in Alberta

In September 2013 the Minister of Health requested the HQCA examine the adequacy and monitoring of quality assurance processes utilized by Alberta Health Services (AHS) with respect to continuing care services delivered directly by AHS and by providers under contract to AHS.

Surveys

Measurement projects at the HQCA involve data collection, subsequent data analysis, and final reporting, a process which typically spans more than a year. In 2013-14 there were multiple populations in Alberta being surveyed, covering a broad spectrum of health services.

Residents and family members from supportive living sites across Alberta were surveyed by the HQCA for the first time, in partnership with Alberta Health Services, about their satisfaction and experience with healthcare services at supportive living facilities. Results will be reported by the end of the 2014-15 fiscal year.

The HQCA started surveying family members of residents in long-term care facilities across Alberta in March 2013, and will report the results in 2015. This is the third survey measuring satisfaction and experiences in this area of healthcare delivery.

July 2013 was the final month of surveying emergency department patients about their experiences with healthcare services at the 13 largest urban and regional emergency departments with the greatest crowding pressures. It wrapped up a multi-year survey project which collected data every two weeks over a three-year period. A report on the results will be completed in fall 2014.

Starting in 2003, repeated in 2004, and then conducted every two years since, the HQCA has surveyed a representative sample of Albertans 18 years and older about their overall satisfaction and experience with healthcare services. The HQCA surveyed Albertans from February to April 2014 and will report the results by the end of the calendar year.

For a full listing of HQCA activities and accomplishments from 2013-14, please see the HQCA website.

"…initiatives display the diverse work of the HQCA and the variety of ways we collaborate with our stakeholders and influence quality improvement."

Our Team

The HQCA's operations team is a cross-disciplinary team of more than 30 professionals who are governed by an independent Board of Directors chaired by Dr. Tony Fields. Dr. John Cowell was the chief executive officer until September 12, 2013, and was replaced October 1, 2013 by Patricia Pelton, acting chief executive officer. They were supported by Charlene McBrien-Morrison, executive director.

Board of Directors

- Robin Cox, MD, Calgary
- Tony Fields, MD, Edmonton
- Annamarie Fuchs, Blackfalds
- John Douglas Gilpin, Edmonton
- Bruce Harries, Edmonton
- Anthony Lam, Edmonton
- Patricia Pelton, Calgary
- Irene Pfeiffer, Okotoks
- Christopher Skappak, Calgary
- John Vogelzang, Lacombe

Patient/Family Safety Advisory Panel

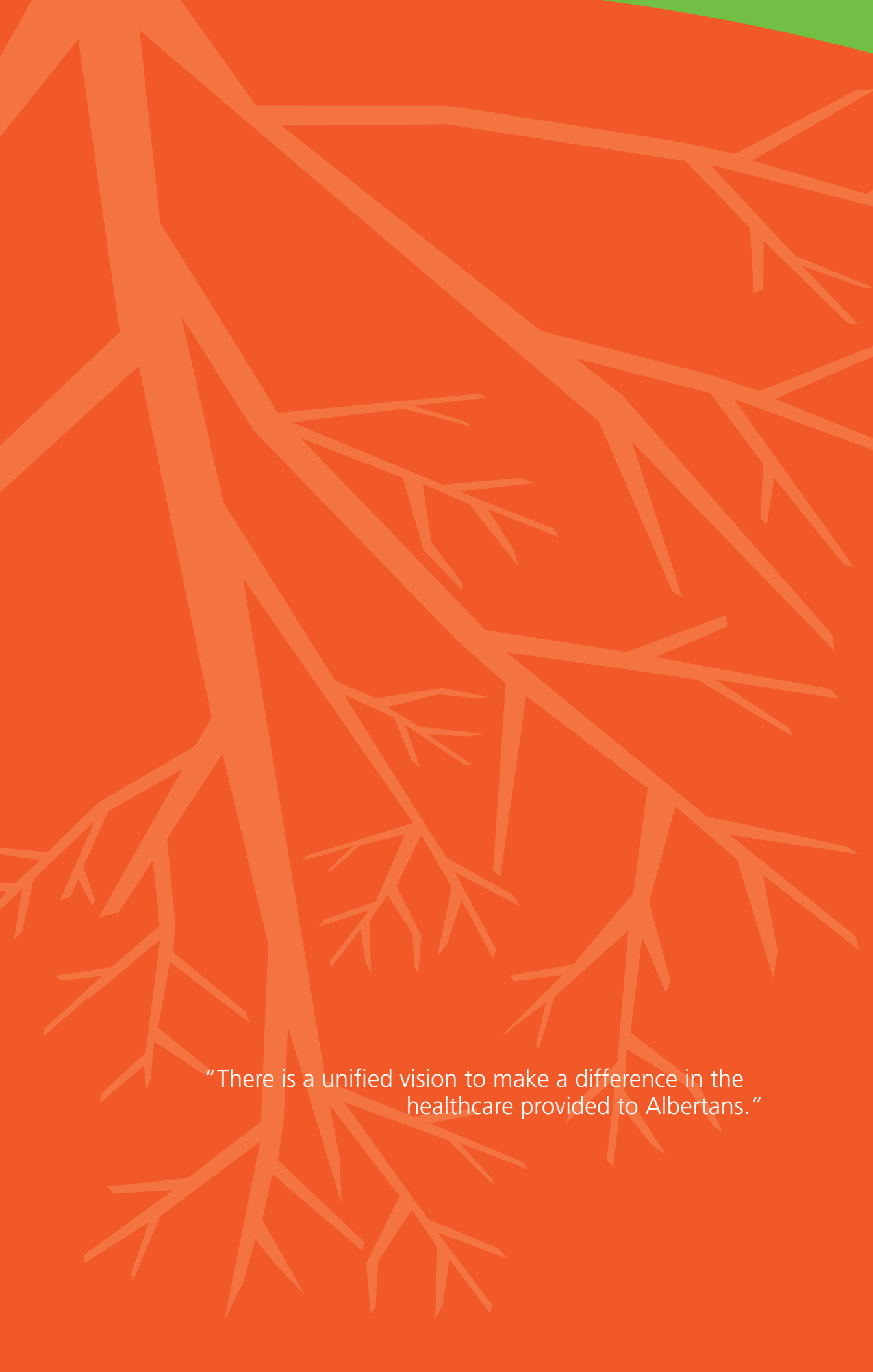
The mandate of the Patient/Family Safety Advisory Panel is to identify, study, review, advocate and advise the HQCA on patient safety and quality issues from a citizen, patient, and family perspective.

- Anne Ewen, Banff
- Anne Findlay, Calgary
- Byron King, Wetaskiwin
- Catherine Taylor, Edmonton
- Geralyn L'Heureux, Magrath
- John Cuthbertson, Calgary
- John Scharrer, Calgary
- John Warren, Edmonton
- Karla Wyld, Lacombe
- Kim Walton, Sundre
- Krista Schuett, Grande Prairie
- Leslie Ayre-Jaschke, Peace River

Health Quality Network

The Health Quality Network is a partnership of leaders from healthcare organizations across Alberta who work together to ensure knowledge sharing related to leading and/or best practices throughout the province.

- Alberta College of Pharmacists
- Alberta Health
- Alberta Health Services
- Alberta Medical Association
- College & Association of Registered Nurses of Alberta
- College of Physicians & Surgeons of Alberta
- Continuing Medical Education & Professional Development, University of Calgary
- Covenant Health
- Faculty of Medicine & Dentistry, University of Alberta
- Health Quality Council of Alberta



"There is a unified vision to make a difference in the healthcare provided to Albertans."

HQCA
Health Quality Council of Alberta

210, 811 - 14 Street NW
Calgary, Alberta
Canada T2N 2A4

www.hqca.ca
@HQCA