**TELFER EXECUTIVE PROGRAMS**

# Quality Improvement and Patient Safety Leadership Program

## *Program Prospectus*

The goal of the "Quality Improvement and Patient Safety Leadership Program" is to create and support champions in the field of Quality Improvement and Patient Safety who can help to lead and facilitate change and improvements within their practice, their department, their hospitals, and across the entire health system. In 2011, the Ottawa Hospital approached the Telfer School of Management with a request to launch this program to address the leadership development needs in the area of Quality Improvement and Patient Safety. The program has since been offered once per year since 2011. The program will be offered for the seventh year starting in October 2018.

The program is endorsed by the Champlain LHIN and open to individuals from any organization.

To date, participants have included representatives from the Ottawa Hospital, CHEO, The Royal, the Champlain Regional Cancer Program, Hawkesbury & District General Hospital, Queensway Carleton Hospital, and the Peterborough Regional Health Centre, to name a few.

### WHO SHOULD ATTEND

This program is designed for individuals in the Champlain LHIN healthcare organizations who have an interest in improving quality and patient safety. It is not necessary for participants to hold (or aspire to hold) formal leadership positions within the health system. The program is designed for up to 25 participants from across the Champlain LHIN.

We are excited that this program is open to non-physician participants. Anyone with an interest in quality improvement and

**Contents**



*For more information, see the included appendices:*

- *Program Schedule*
- *Program Evaluations*
- *Ottawa Citizen article*
- *Summary of Past Projects*

***"This course was the highlight of my year. I loved every session and day of the course."***
*- Roanne Segal, Medical Oncologist, TOH Regional Cancer Centre*

To learn more about the ***Quality Improvement and Patient Safety Leadership Program*** or to register**:**

Centre for Executive Leadership
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Ottawa Ontario K1P 6B9

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613-562-5921

patient safety is invited to attend. The 2016-2017 program was attended by 24 participants at various career stages. The group was primarily from the Ottawa Hospital (8) but included additional participants representing the Children's Hospital of Eastern Ontario, Montfort Hospital, Bruyère Continuing Care, and the University of Ottawa.

***"The program was a welcome change to clinical work and extremely interesting. More than that, it helped develop skills in leadership, project management, and change management. These skills will certainly be of use in my clinical, research, and management roles at CHEO."***

*- Matthew Bromwich, MD FRSC, CHEO*

***"This course was extremely valuable in teaching me the art of engaging others and effecting change. These insights will help me maximize success of my initiatives."***

*- Lucie Filteau, MD, Anesthesiologist, The Ottawa Hospital*

## CURRICULUM OVERVIEW

The program includes 6 modules of presentations and exercises that are completed in class as well as a project activity that is completed between modules. As part of the program, participants are expected to undertake a project within their institutions to improve quality or patient safety. These projects may be existing initiatives or new initiatives that will be conducted during the program. See a list of Quality Improvement Projects that have been completed by past program participants in an attachment to this Prospectus. To facilitate these projects, participants will be taught leadership and change management skills as well as educated about hospital and CLHIN resources that will aid them to complete the project by the end of the program in June. Some of the time will be focused on the effective use of project-based learning groups so participants can learn through facilitated discussions with their peers.

Throughout the program and through the process of developing and implementing a Quality Improvement and Patient Safety project, participants will also develop the following broad competencies and knowledge areas:

**Healthcare**

- Articulate the importance of patient safety and quality projects to the Ontario healthcare system.

**Leadership**

- Develop strategies for working with different styles of leadership by identifying elements of one's own style to exercise influence and decision-making.

**Project Management**

- Identify basic principles and elements of project planning, and execution required to achieve meaningful results.

**Change**

- Explain the relevant dynamics of change in order to communicate and lead change effectively, especially when working with other stakeholders in the healthcare system.

**Performance Management**

- Use essential tools to improve performance (business processes) and measures results.

## ACCREDITATION

In 2017-2018 this event was an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada for 69.0 hours. In the past, this program has been reviewed and approved by the University of Ottawa, Office of Continuing Professional Development.

In 2017-2018, this **Group Learning** program met the certification criteria of the College of Family Physicians of Canada and was certified by the **University of Ottawa's Office of Continuing Professional Development** for up to 69.0 Mainpro+ credits.

## PROJECT SUCCESS STORIES

Telfer is very proud of the alumni who have completed this program and achieved success with their quality and patient safety projects. Many of the projects presented at the end of the program have seen implementation within the participants' organizations or on a wider scale.

See the appendix for a 2013 article run in the Ottawa Citizen about graduates' accomplishments or follow the link to read about Dr. Matthew Bromwich's ShoeBOX project which began during his participation in the program.

Dr. Darren Tse, a 2015 alumnus, has also had success with his dizziness clinic and was showcased on CTV Ottawa.

## PARTICIPANT FEEDBACK

Throughout the program, participant evaluations are conducted for each learning module. The 2016-2017 program officially concluded on June 2, 2017, with a final presentation day where participants showcased the results of their Quality Improvement and Patient Safety project to senior management and medical department heads. At that time, there was an oral debrief with this year's participants as well as written feedback from the Overall Program Evaluation. (Current 2017-2018 cohort will conclude on June 8, 2018).

In the history of the program, the overall evaluation of the program has been excellent: 100% of respondents said they would recommend the program to a colleague and extensive comments have been made regarding the value they received on specific sessions and discussions.

A summary of the data from the 2016-2017 evaluation reports is presented as an attachment to this prospectus. Participants were asked to indicate which elements of the program had the greatest value for them as well as to share general comments and suggestions. Some of the most frequent responses from across the cohorts are below:

**What did you value the most?**

- All of the sessions: they all complimented each other and were most effective as a whole
- The leadership skills learned, including the art of engaging people
- Dedicated time outside of the work day to focus on quality improvement and patient safety projects
- This program offers the unique opportunity to share ideas and collaborate with people from different backgrounds in a safe environment that we would not otherwise have access to.
- The guidance I received created my success and has fueled me for future endeavors.

**Comments & Suggestions**

- What is next after the course, Part 2? I would like to see a scaled support model for larger projects in future. Ex: people with bigger ideas can meet 4 times a year over 2 years with their team plus Telfer mediators who can give specific lectures/advice/ open doors etc. and help guide the 'launch' of leaders/projects after basic training.
- Consider including more on dealing with adverse events reports, critical incident analysis
- Provide more guidance in how to identify a problem versus defining a project; problem is easy to identify but need assistance in how to make it a viable project.
- Add one hour into the program to provide tips for creating the poster for the presentation day

## CONCLUSION

The partnership between Telfer and The Ottawa Hospital throughout the design, development, and delivery of the program has resulted in a highly effective program. The program continues to forge a strong path in local healthcare, bringing together physician leaders and administrators from across the LHIN to address issues of Quality Improvement and Patient Safety. The program has clearly met a very significant need within the participating institutions and the projects hold significant promise for improved effectiveness and efficiency in the delivery of healthcare services in the region. With over 90 graduates to date, the program and its alumni are positioned to have a strong and lasting impact across the local healthcare landscape.

## CONTACT INFORMATION

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## APPENDIX A: PROGRAM SCHEDULE

| DAY | TOPIC | DATE | TIME |
|---|---|---|---|
| | **Module 1: Quality and Project Management** | | |
| 1 | Quality & Patient Safety in the Healthcare Environment | Thursday, October 11, 2018 | 8h00-16h30 |
| 2 | Healthcare Project Management | Friday, October 12, 2018 | 8h00-16h30 |
| | **Module 2: Measurement in Healthcare** | | |
| 3 | Healthcare Quality & Safety Metrics | Thursday, November 8, 2018 | 8h00-16h30 |
| 4 | Performance Management and Business Processes | Friday, November 9, 2018 | 8h00-16h30 |
| | **Module 3: Enabling Change Through Effective Leadership** | | |
| 5 | Leading Change | Thursday, December 6, 2018 | 8h00-16h30 |
| 6 | Leadership Awareness and Styles | Friday, December 7, 2018 | 8h00-16h30 |
| | **Improving Quality & Safety Project** | | |
| 7 | Project Work in Project Learning Groups and specialist presentation(s) | Friday, January 18, 2019 | 8h00-16h30 |
| 8 | Project Work in Project Learning Groups and specialist presentation(s) | Friday, February 22, 2019 | 8h00-16h30 |
| 9 | Project Work in Project Learning Groups and specialist presentation(s) | Friday, April 12, 2019 | 8h00-16h30 |
| | **Poster Feedback Session (optional)** | Friday, May 10, 2019 | 13h00-16h0( |
| | **Project Presentation** | | |
| 10 | Project Presentations to CEOs, Medical Department Heads, Senior Management, and invited guests | Friday, June 7, 2019 | 8h00-16h30 |

## FACULTY

Program Faculty includes:

- Lynn Davies, Academic Director of Program and Lead Facilitator, Telfer School of Management
- Dr. Alan Forster, Vice President, Quality, Performance & Population Health
- Samantha Hamilton, Director, Quality & Patient Safety, The Ottawa Hospital
- Michael Miles, Telfer School of Management
- Throughout the program, there will also be invited guest speakers based on the needs of the group and their projects.
- Past guests include: Chantale LeClerc, Dr. Jack Kitts, Dr. Virginia Roth, Dr. Lisa Calder

## APPENDIX B: PROGRAM EVALUATIONS

Summary Data from Program Evaluation Reports, 2016-2017

Overall Evaluation (on a scale from 1 to 7)

| | |
|---|---|
| Overall rating of the program | 6.3 |
| Applicability to your work | 5.9 |
| Quality of the faculty | 6.4 |
| Value of co-consulting groups to learning experience | 6.5 |
| Usefulness to you as a leader | 6.1 |

**Evaluation of Individual Modules (on a scale from 1 to 7)**

| | **1. Quality & Performance Management** | **2. Measurement in Healthcare** | **3. Enabling Change Through Effective Leadership** | **4. Planning & Managing Projects** | **5. Quality and Patient Safety** | **6.** |
|---|---|---|---|---|---|---|
| Achieved value from learning | 5.9 | 5.9 | 6.1 | 6.1 | 5.9 | 6.0 |
| Relevance of content | 6 | 6.1 | 6.2 | 6.3 | 6.1 | 6.1 |
| Administrative support | 6.1 | 5.9 | 6.5 | 6.3 | 6.5 | n/a* |
| Overall Module rating | 6.1 | 6.0 | 6.4 | 6.1 | n/a* | 6.2 |

*Not applicable (n/a): Question was not asked.

**Program Recommendation**

| | **Yes** | **No** |
|---|---|---|
| Would you recommend this program to your colleagues? | 100% | 0% |

## APPENDIX C

OTTAWA CITIZEN

**Small changes, big differences; Business school teaches doctors to lead change, improve care**

Ottawa Citizen
Mon Jun 10 2013
Page: B3
Section: City
Byline: Joanne Laucius
Column: Joanne Laucius
Source: Ottawa Citizen

Every year, between 170 and 180 diabetic patients in the Ottawa area undergo amputations because they have developed infected ulcers on their feet.

Amputations are expensive, recovery takes a long time - and they're devastating to patients.

"As front-line physicians, we want to do better," says endocrinologist Dr. Janine Malcolm. "It's why we go into medicine in the first place."

In the past two years, Malcolm and about 30 other physicians from area hospitals have taken a course at the Telfer School of Management at the University of Ottawa tailored to doctors who want to apply business skills to making life better for their patients. As part of the course, every doctor initiates a project to improve patient outcomes.

Malcolm's project is a 30-second checklist that steers diabetic patients at high risk of developing foot ulcers to the help they need. Low-risk patients learn to monitor their own foot health.

For her project, Ottawa Hospital internist Dr. Krista Wooller developed a system to ensure that patients get urinary catheters only when necessary. The project is aimed at reducing infections and giving patients more mobility.

One of the first things Wooller learned at business school was the importance of choosing something that is do-able - and aligns with the goals of the hospital.

Her project intersected with the hospital's goal of getting patients out of bed as soon as possible. Patients who aren't mobile are more likely to develop blood clots, lose muscle tone and aren't strong enough to go home.

The patients Wooller sees often suffer from heart failure, chronic obstructive pulmonary disease and cognitive impairment. Being catheterized adds to their stress.

"We have to do everything we can. They are fragile to begin with," she says.

Patient safety has become a national priority, says Dr. Alan Forster, a patient safety researcher and professor at the University of Ottawa who acted as an expert adviser in the Telfer course.

About eight years ago, the Canadian Adverse Events Study found that 7.5 per cent of all hospitalizations resulted in unintended and avoidable injuries or complications that led to longer hospital stays, disability and even death.

Doctors often see the flaws in the system, but feel powerless to change the ways things are done.

"Doctors are taught how to be doctors. They're taught how to treat individuals. But nowhere in the training is there anything about working in a system," says Forster, who encourages doctors to come to the program with a problem they want to solve.

"The reward system for physicians doesn't have built-in incentives for being a good manager."

The Telfer course is modelled on similar courses in the U.S. Among the things the physicians learn: leadership skills, project management and how to work with a team that has individual talents and competing priorities and demands.

They learn how to develop relationships, get others to buy into their ideas and how to measure and evaluate progress.

Telfer professor Lynn Davies, who teaches change management and project management, says the doctors are passionate, but often underestimate how difficult it would be to convince others that change will bring improvement.

People facing change see an investment of time or a loss of control or status. Things often get worse before they get better, she says. This is true in every large business or institution.

"Every system has stakeholders. Not every stakeholder sees change the same way," says Davies. "Even if you start a smart project, it will change work for other people. It has nothing to do with great ideas. It has to do with a huge system."

Wooller says the medical system can learn a lot from business practices.

"It's a continuous cycle of measuring the problem, making it better and measuring again."

Malcolm's diabetes foot care project is a small part of treating a complex disease. Doctors who treat diabetics see kidney failure, prevention of blindness and risk of heart disease as their top priorities. She wanted to make sure that foot health stayed on the agenda.

"This course is really important. Many clinicians on the front lines want to improve things. If people become engaged, it will make a big difference."

Davies believes the course will evolve into something much bigger. It has already produced benefits aside from the improvements created by the projects. First, the doctors learned to be realistic about the scope of change they can take on. Second, they forged alliances with a network of other physicians going through the same experience.

"The thing I loved about these physicians is that they were rattling the chains a little," says Davies. The doctors have been energized at seeing how they can turn their ideas into reality, says Forster.

"It's one of the most rewarding things for me to see. At the end of the day, we want better care for our patients."

TWO DOCTORS SHARE THEIR IDEAS TO MAKE A DIFFERENCE

We asked internist Dr. Krista Wooller and endocrinologist Dr. Janine Malcolm about the medical problem they identified - and the solution they devised.

The problem: Overuse of catheters

Studies suggest about 20 per cent of patients are catheterized on admission. Catheters are used to collect urine samples in patients too sick to get out of bed and they help nurses compare fluid intake and output.

However, in a hectic ward, removing catheters is a low priority. Within a day or two, a catheter that was used appropriately is no longer appropriate, says internist Dr. Krista Wooller. Catheters are often in place for two or three days longer than necessary.

Problems include infection, which increases the use of antibiotics and the chances of a longer hospital stay. The chance of infection is five per cent per day - so the longer the patient uses a catheter, the higher the risk. Other issues include patient discomfort and decreased mobility.

The solution: Wooller worked with nurse-managers and nurse-educators to develop a three-part solution, which will be implemented starting in September.

First, there will be a surveillance phase to determine which patients are getting catheters and why. The second phase introduces a checklist that will ensure doctors and nurses use catheters only where appropriate. The third phase will be another round of surveillance.

Goal: If the program manages to reduce the use of catheters from 20 per cent to five per cent, there will be a significant reduction in the risk of infections and the use of antibiotics, says Wooller.

The problem: Diabetes-related amputations

Half of all lower-limb amputations in Ontario are diabetes patients. While the Ottawa area has a lower-than-average rate of diabetes, the Champlain LHIN has the fourth-highest rate of hospitalizations for foot ulcers and amputations in the province.

"That's not an acceptable rate," says Dr. Janine Malcolm.

The solution: Diabetics often have poor circulation and nerve damage, so they sometimes don't even notice lingering foot infections. The problem can be prevented by educating physicians and patients.

Patients are assessed using a 30-second screening tool that checks the patient's feet for circulation, sensation and wounds. Depending on the patient's level of risk, they will either be given information about how to monitor their foot health or be directed to a diabetes educator or a chiropodist. The Ottawa Hospital has already run workshops on screening for nurses. Family physicians are next on the list.

The goal: Ultimately, screening will reduce the amputation rate - but it will take years before there is a measurable change, says Malcolm.

jlaucius@ottawacitizen.com / Edition: Final / Length: 1236 words / Idnumber: 201306100054

## APPENDIX D: Summary of Quality Improvement & Patient Safety Projects Completed To Date

**2016-2017**

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| **Alkherayf, Fahad:** Development of a Novel and Objective Classification System to Assess Adverse Events Following Cranial Surgery as a Means to Improve Quality, Safety and Patient Satisfaction during Neurosurgical care |
| To develop a novel and objective classification system to assess adverse events following cranial surgery as a means to improve quality, safety and patient satisfaction during neurosurgical care. |
| **Dewan, Ambika & Singh, Jessica:** Making the Bladder Gladder: UTI Order Set Effectiveness and Compliance |
| To demonstrate that the UTI Order Set or the recommendations thereof have been put into practice at SVH at a rate of 70% by April 2017. |
| **Bearnes, R. & Clark, H.:** Enhancing the ambulatory care patient experience through the implementation of a standardized survey tool |
| To finalize a patient experience survey tool that can be adopted corporately and delivered through an electronic platform. |
| **Bostwick, Joanna:** Improving Physician Initial Assessment Time in the ED |
| To improve patient care by reducing the Physician Initial Assessment (PIA) time in the ED. |
| **Chadha, Neel:** Someone Find Me a Family Doc |
| To connect patients without a family physician admitted on the family medicine inpatient ward with community family physicians. |
| **Devin, B.:** Reducing Short-Notice Cancellations in the Operating Room |
| To reduce the number of same-day operating room case cancellations by focusing on preventable and avoidable causes. |
| **Dionne, Richard:** EMS Pediatric Drug Errors |
| To analyse our current state of Pediatric drug errors and identify the root. |
| **Dufour, Mathieu:** Disclosure of Patient Safety Incidents |

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| To disclose, in compliance with the hospital policy, 100% of patient safety incidents causing harm, by December 1, 2017. |
| **Frank , Andrew:** Losing the Wait : Managing Wait Times at Bruyère Memory Program |
| To bring the Bruyère Memory Program wait time to 2-3 months. |
| **Glineur , David:** Implementation of a Multi-Disciplinary Revascularisation Heart Team in the UOHI Model |
| To implement a weekly discussion and review all patient files that meet the heart Team discussion criteria. |
| **James , Lynsey:** Implementing a Trans Health Clinic |
| To reduce barriers to accessing hormones for clients who want to medically transition. |
| **Kaethler, Yvonne:** Patient Referrals from the Emergency Department: The Lost and The Wayward |
| To determine the extent and characteristics of patient referrals; identify where in the process referrals are mishandled. |
| **Lamoureux, Adam & Gregoire, Sylvie:** Achieving Efficiency Through the Reduction of Process Variability in the Endoscopy Program |
| To reduce the variation in the admission and discharge time in the Endoscopy suites at The Ottawa Hospital. This will be achieved by Q3 2017. |
| **Leung, Eugene:** Putting The “Clear” Back in Nuclear |
| To add a standardized categorical statement on likelihood of malignancy in the assessment of skeletal metastases on bone scintigraphy, in order to increase the ability of the report to satisfactorily answer the clinical question posed by the referring physician, and reduce the number of subsequent correlative imaging examinations. |
| **Neville, Amy:** Reducing emergency room visits and readmission after bariatric surgery |
| To decrease unnecessary emergency room visits by 50% within the next year 2 years using a multi-pronged approach including patient education and improved access to semi-urgent out-patient care. |
| **Nott, Caroline:** Optimizing Urine Culture UTI-lization |
| To reduce overall urine culture submissions and to improve appropriateness of urine culture submissions |
| **Powell, Cindy:** Palliative Care in Rural Communities |
| To provide continuity of care by providing palliative care to patients in our rural catchment. As well as be recognized by the LHIN and to partner with Hospice Ottawa, Beth Donovan Hospice and CCAC. Finally, to provide specialized training to PSW staff. |

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| **Racine, Jennifer:** Accidental Dural Puncture & Post Dural Puncture Headache Protocol |
| To implement a protocol, based on best evidence practice to improve our physicians' abilities to optimize the management and follow up of each obstetric patient who has an ADP and or PDPH. |
| **Sandhu, Takpal:** Out of Operating Room Intubations- Developing a QI Database |
| To characterize the process of care and safety outcomes for tracheal intubation at our institutions NICU, PICU and Emergency Departments, as well as, improve documentation on the patient chart. Furthermore, to improve communication of difficult airways within the different teams. |
| **Sorfleet, Christopher:** Improving Pre- and Post-Fall Documentation in the Electronic Patient Record |
| To improve pre- and post-fall documentation in the EPR, in order to avoid the inconsistent use of standardized intervention and documentation tools. |
| **Turpin, Bo:** Fundraising Restructuring Utilizing Q.I. |
| To restructure Upstream fundraising operations so that Annual Fundraising Revenue is more or equal to the Annual Youth Program Expenses. |

**2015-2016**

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| **Caron, Cathy:** Goals of Care Conversations |
| To train residents in order to import their skill and comfort levels in having discussions around goals of care with their patients and to reduce the number of patients on the family medicine teaching inpatient service with inappropriate code status as perceived by the treating team. |
| **Dunlop, Nicole:** Fast Drugs: Improving Antibiotic Delivery Time at SVH |
| To reduce the delivery time of the first dose of antibiotics to patients at SVH and to reduce the number of sepsis cases at SVH. |
| **Gartke, Kathleen:** Patient Hospital Workbook |
| To design a Patients' Workbook to improve the individual “Patient Experience” by engaging both patients and physicians in a collaborative process. |
| **Gomez, Claudia:** A Protocol to Prevent and Treat Dental Injury Under Anesthesia |
| To create a protocol based in best evidence to prevent and treat dental injury under anesthesia. This protocol will include: identifying high-risk patients, suggestions to improve documentation, recommended preventive measures and a system for patient referrals. |
| **Helewa, Ramzi:** Improving the Flow: Streamlining Care for Patients with Fecal Incontinence at The Ottawa Hospital |
| To implement a standardized care pathway for patients with FI beginning at the time of referral and to lower the number of clinic visits that patients attend during the management of FI. |
| **Huang, Shirley:** Fall No More: Creation of the Falls Assessment and Streamlined Treatment Clinic |
| To create a specialized falls prevention clinic that provides evidence-based comprehensive fall risk assessment and multifactorial intervention to address care gap, specifically targeted at high risk seniors identified in hospital ED, geriatric outreach and primary care to reduce their rate of falls. |

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| **Johnson-Obaseki, Stephanie:** "Why Wait?" Improving Patient Flow and Satisfaction at The Ottawa Hospital Regional Cancer Center Outpatient Head and Neck Clinic |
| To improve patient experience in the TOHRCC outpatient HNC Clinic by improving flow, reducing time waiting and improving utilization of resources. |
| **Lampron, Jacinthe:** There will be blood! - Audit of a Massive Transfusion Protocol |
| To expand indications for Code Bleed to non-trauma use; to ensure appropriate use of this resource intensive protocol and to ensure process works as intended. |
| **Li, Cecilia:** Evaluation of a Pilot Project for a New Model of Psychiatric Care Delivery: Teaming up Psychiatrists to Improve Timeliness and Efficiency of Service |
| To immediately increase the bed occupancy rate on the PCU and to increase the referral rate to the CRT. In the intermediate term to enhance partnership between referring sites and EBH and to improve access to PC services at home, hospice and EBH. |
| **Marginean, E. Celia:** Improving cytology-histology correlation of thyroid pathology at TOH and QCH |
| To standardize Cytology-Histology correlation in PowerPath; to capture false negative cytology cases; to add FLUS category to review for educational value; to perform and document Cytology-Histology correlation in real time and to improve timeliness when performing Cytology-Histology correlation OR to perform Cytology-Histology correlation in a more timely and meaningful manner. |

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| **Shier, Luke:** Laser Banks at the Ready! Hunting for Cancer in the World of Tomorrow |
| To add the flow MDS analysis to conventional morphologic assessment, which may help improve diagnostic accuracy and may also help classify some ambiguous cases as more definitively positive or negative. |
| **Tjahjadi, Anindita:** CROP: Cardiorespiratory and Oxygen Saturation Monitor Optimization Project in Inpatient Medical Units |
| To implement criteria of when to use and when to discontinue continuous monitoring in the General Pediatric Medicine inpatient units and to improve awareness of the limitations of monitors and the danger of alarm fatigue. |
| **Visser, Shaun:** Raising the BAR: Optimizing Transitions Of Care and Communication in the Emergency Department |
| To develop a common framework for routine transfers of care in the emergency department and to improve patient care and safety in the Emergency Department. |
| **Youssef, Fady:** Call me NOT: Using a smartphone app to improve inter-physician communication and patient care |
| To provide a better template for physician to physician communication and consultation. We suggest using a secure App downloadable on any smartphone, iPad, or computer that will allow secure and mobile communication amongst physicians. |

**2014-2015**

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| **Brown, Pierre-Antoine:** Nephrology Discharge Handout: Improving Patient Safety & Satisfaction by providing Patient-centered Discharge Information |
| To develop a patient-centered discharge handout, easily accessible to both healthcare professionals and patients, to help patients follow discharge plans to reduce re-admissions and/or low patient satisfaction. |
| **Chen, Innie:** Driving the Advancement of Safety in Healthcare (DASH): The physician dashboard development program |

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| To design and implement a physician dashboard for the Department of Obstetrics, Gynecology, and Newborn Care Generalist Division using a physician-input driven process to provide objective and individual-level feedback based on relevant metrics. |
| **Davis, Neil L.:** Breast Practices: Reducing Transport Time to Lab of Breast Resection Specimens |
| To ensure that the OR and the lab are better communicating and that all relevant OR staff are aware of the necessity of respecting the ischemic interval guidelines. |
| **E, Choan:** Minimizing Radiotherapy Dosing Errors |
| To devise a new procedure for prescribing radiotherapy that would minimize the risk of radiation dosing errors within the Radiation Medicine Program |
| **Honey, Liisa:** Decreasing Length of Stay While Improving Patient Satisfaction for Open Gynecologic Surgeries |
| To improve pain and nausea and subsequently decrease the post-operative hospital length of stay while improving patient satisfaction. |
| **H, Khalil:** SCOT Initiative: Structured Care of Obstetric Tears |
| To improve our physician's ability to optimize repair of 3rd and 4th degree lacerations, thereby reducing the risk of long-term anal incontinence, and to improve patient's understanding of these injuries. |
| **Muggah, Elizabeth:** Teaching Quality Improvement to Family Medicine Residents: Pilot of an experiential QI curriculum in the DFM |
| To test the effectiveness of an experiential QI project for first year Family Medicine Residents in the DFM |
| **Purgina, Bibianna:** Laboratory requisition forms often lack critical information: A quality improvement initiative to enhance communication and patient safety at The Ottawa Hospital. |
| To improve the LRF to enhance communication between clinicians/surgeons and pathologists, to improve cost-effectiveness and efficiency, and improve quality of patient care. |
| **Rowan, Declan:** The INTEGRATE Project - Palliative Care Approach in Primary Care |
| To improve palliative care through an increase in the education of care providers, increase provision of palliative care by primary care providers, and to improve the delivery of primary care at cancer sites and primary care practices. |
| **Stewart, Andrea:** Evaluation of a Pilot Project for a New Model of Psychiatric Care Delivery: Teaming up Psychiatrists to Improve Timeliness and Efficiency of Service |
| The creation and testing of a model of psychiatric care delivery that pairs psychiatrists into teams for the delivery of efficient, consistent, predictable, achievable and safe inpatient psychiatric services 100% of typical work hours. |
| **Stotts, Grant:** Home with a Holter |
| To have patients leave the hospital with a 48 hour holter monitor in place, minimizing time between testing so that stroke causes can be found before another event, and reducing the number of outpatient appointments. |
| **Tse, Darren: Finding Balance:** The Ottawa Multidisciplinary Dizziness Clinic |
| To create quaternary expertise in dizziness and vestibular dysfunction, and disseminate this expertise locally, regionally, and internationally, to create a local database of patient data for use in research, and to provide an educational resource for physicians, students, and residents. |

| **Zwicker, J:** Ultimate Stroke Care |
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| To improve the comfort and competency of nurses and residents caring for stroke patients at end of life by developing and implementing education sessions for nurses and residents on the neurology ward and neurology acute care unit. |

**2013-2014**

| **Bredeson, Chris:** Come On Down!: Developing a Blood and Marrow Transplant (BMT) Outreach Programme for Northern Ontario |
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| To standardize and streamline the process of referral and intake for Thunder Bay patients such that they would have the same quality experience as local patients including timely access to BMT. |
| **Bromwich, Matthew:** iPad screening audiometry in Speech Language Pathology: A portable and effective solution |
| To develop and use a new testing method to test every child in the speech pathology program as part of the routine intake process, accurately screening out normal children and detecting undiagnosed pathology. This process improves healthcare efficiency, speeds diagnosis and results in better patient outcomes. |
| **Chakraborty, Santanu:** Tackling the upward trend of CT utilization in Emergency Department Variability and Impact of User Feedback |
| To raise awareness of CT ordering variability with individual feedback compared to their peers and an overall decrease in CT utilization by way of more judicious use. |
| **D'Egidio, Gianni:** Application of System Safety Process to Eliminate Patient Identification Errors due to Physical and Virtual Proximity |
| To reduce the incidence of patients with the same name from being located near each other and, if possible, reduce the duration of their proximity. |
| **Donohue, Lee:** Fundamental Care: Patients without family doctors - New referrals for assessment for lung cancer |
| To match all newly diagnosed lung cancer patients with a family physician. To improve efficiency of care by cancer specialists and care coordination. To increase the use of earlier palliative approaches and use of advance care directives. |
| **Filteau, Lucie:** Improving the Safety of Intraoperative Patient Positioning |
| To create a system whereby positioning-related adverse events are better detected, tracked, investigated and acted upon to improve perioperative patient safety at The Ottawa Hospital. |
| **Fitzgibbon, Edward:** Why Do Palliative Patients Die in an Acute Care Hospital? |
| To Identify potential barriers and enablers for palliative patients dying at TOH. To Assess prevalence, quality and timeliness of ACP across the TOH. To Increase awareness of the need for quality ACP and an interdisciplinary team approach to patient care. |
| **Gilbert, Sebastien:** Building a High-Efficiency Thoracic Operating Room Team |
| To increase the number of lung cancer resections from 1 to 2 per regular OR day (100% increase in throughput). |
| **Gopalan, Bhaskar:** Improving Hand Hygiene Compliance in the ER |
| To improve hand hygiene compliance in the ER |

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| **Krete, Derek:** The Ins and Outs of Urinary Catheters |
| To reduce the negative consequences of indwelling urinary catheters by reducing the number of inappropriate indwelling urinary catheter days at PRHC. |
| **Lambert, Stephane:** Performance Assessment in Cardiac Anesthesia at the Ottawa Heart Institute |
| To assess the feasibility, and to put in place a valid, relevant and sustainable performance assessment program in cardiac anesthesia at the Ottawa Heart Institute. |
| **McMurray, Lisa:** Shocking Deviations in Electroconvulsive Therapy Dosing |
| To substantially reduce the rate of deviation from standard ECT dosing protocols. |
| **Saidenberg, Elianna:** ID Bands Speak For Those Who Cannot |
| To audit ID band use in the Ottawa Hospital, General Campus ICU and improve awareness of the importance of correct patient identification. |
| **Straszak-Suri, Marina:** Implementation of a Corporate Preoperative Preparation Protocol Prior to Vaginal Surgery in an Effort to Decrease Postoperative Urinary Tract Infections |
| To develop and implement a Standardized Preoperative Vaginal Preparation Protocol to ensure the correct implementation of the Protocol through nurse-conducted random audits. |

**2012-2013**

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| **Beecker, Jennifer:** Quality Assurance in Dermatopathology Reporting: A “Closed Loop” Process is Essential for Cancer Care |
| To create an efficient dermatopathology reporting system for cancer pathology such as melanoma, with a “closed loop” process to ensure physicians receive critical results in a timely fashion and to decrease the number of missed melanoma reports to zero. |
| **Henderson, Matthew:** Development of an Audit and Feedback System to Examine Laboratory Test Utilization |
| To create a software tool that extracts utilization data from the laboratory information system and generates automated reports to facilitate targeted education and process modification. |
| **Hudson, Jordan:** eHandover for Safer Care |
| To improve quality and safety of clinical handover at TOH by standardizing information, simplifying data entry and sharing. |
| **Malcolm, Janine:** Striding Forward: Implementing Standardized Best Practices for Reducing Diabetes Foot Ulcer Risk in a Tertiary Care Academic Clinic |
| To introduce routine, standardized foot ulcer risk assessment and self-management education based on the Canadian Diabetes Association and Registered Nurses of Ontario Best Practice Guidelines for patients with diabetes referred to the Foustanellas Diabetes and Education Centre. |
| **Mielniczuk, Lisa:** Improving the Transition From Hospital to Home with the Creation of a Standardized Discharge Template for Heart Failure Patients at the Ottawa Heart Institute |
| To improve the transition of care from hospital to home for heart failure (HF) patients. This project aims to use both best practice guidelines and the results of expert panel recommendations to design and implement a discharge template for HF patients. |

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| **Norman, Larry:** No ECG left Behind: A Quality Assurance Project for the Emergency Room Electrocardiogram |
| To establish a systematic mechanism by which significant findings on electrocardiograms (ECGs) are brought to the attention of the Emergency Department and acted on appropriately. |
| **Pageau, Paul:** Measuring the Quality of Early Post-Cardiac Arrest Care at The Ottawa Hospital: The Code ROSC database |
| To evaluate the new code ROSC protocol and the immediate post cardiac arrest care provided in the Emergency Department at The Ottawa Hospital and recommend process improvements to optimize emergency care and provide the foundation for a regional cardiac arrest program for the Champlain LHIN (Local Health Integration Network). |
| **Pantarotto, Jason: "**Double Check": Establishing a Radiation Oncology Peer Review Program for Gastro-Intestinal Cancers Prior to Radiation Treatment |
| To establish a process to reduce errors within gastro-intestinal radiation treatment plans by having 100% of curative cases reviewed by a second radiation oncologist prior to treatment. |
| **Rogers, Tabitha:** Telepsychiatry: Qualitative Assessment of Improving Access to Care |
| To provide access to residents of Renfrew county to psychiatric consultations in a manner that is reliable, feasible and accessible while ensuring the project can be financially self-sustaining for each community. Telepsychiatry supports a collaborative care model and it has been shown to be readily accepted by patients Fortney et al (2013). |
| **Rosenberg, Erin:** Development and Implementation of an Evidence-Based Sedation, Analgesia and Delirium Protocol to Facilitate Early Mobilization in the Intensive Care Unit |
| To improve compliance with evidenced-based guidelines for sedation, analgesia and delirium to facilitate early mobilization of critically ill patients in TOH's Intensive Care Unit (ICU). Recent evidence has shown that early and aggressive mobilization of critically ill patients is safe and feasible and can decrease days of mechanical ventilation, decrease ICU and hospital length of stay, decrease incidence of delirium, increase a patient's level of independence at hospital discharge and increase their subjective sense of well-being. |
| **Rowan-Legg, Anne:** A Prospective Study of the Implementation of a Pediatric Inpatient Checklist |
| To design and implement a considerative standardized checklist for use at daily bedside rounds on an inpatient pediatric medical ward to improve quality of care and patient flow. |
| **Segal, Roanne:** Breast Cancer Intake Process Review |
| To evaluate and streamline a multidisciplinary New Patient referral process which reduces breast cancer patient wait times and expedites neoadjuvant referrals. |
| **Wiebe, Carol:** Reducing Unnecessary Transfers to Acute Care from Bruyère Continuing Care |
| To decrease avoidable patient transfers by improving communication and access to patient information with the implementation of the electronic patient record (EPR). |
| **Wooller, Krista:** Reducing the Incidence of Urinary Catheterization on the General Medicine Inpatient Service: Outline for a Quality Improvement Project |
| To improve the quality of care on the general medicine inpatient units by reducing the incidence, duration, and reinsertion of urinary catheters in patients (thus lowering risk of catheter associated urinary tract infections) as well as by improving physician awareness about appropriate criteria for catheter use. |

**2011-2012**

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| **Cameron, Bill:** SCIg Program for Hypogammaglobulinemia |
| To introduce subcutaneous immunoglobulin (SCIg) as a program, to provide a new alternative treatment delivery method for patients with hypogammaglobulinemia requiring chronic replacement therapy. |
| **Cameron, Colin:** Building Capacity for Mental Health Services in the Ministry of Community Safety & Correctional Services Using the Ontario Telehealth Network |
| To build a 6 month pilot to make mental health services, outreach and educational resources available to Northern Ontario, specifically the Montheith Correctional Complex. |
| **Dy, Jessica:** Induction Reduction |
| To reduce the number of induction of labour and Caesarean births being performed at TOH. The overall objective of this project is to decrease the rate of Caesarean births by reducing the number of labour inductions being performed without adversely affecting maternal and neonatal outcomes. |
| **Garber, Gary:** Antimicrobial Stewardship Program |
| To create an antimicrobial stewardship program which will improve antimicrobial utilization; improve patient safety and quality of care; reduce multi-drug resistant organisms; provide value added service to current Infection Control and Pharmacy activity; and provide timely feedback and education to prescribing physicians. |
| **Gilberg, Steven:** Engaging physicians in the pursuit - How easily can we modify behaviour? |
| To increase engagement of physicians and paramedical personnel in the TOH quality plan by modifying a basic behavior of physician/technologists to attend hospital-based clinics in a timely fashion; this in turn creates an impression of caring towards patients. Ideally, timely attendance by ophthalmic technologists and physicians should approach 100 percent. |
| **Hasimja, Delvina:** Residents and staff reports on Adverse Events via PSLS in Internal Medicine Clinical Teaching Unit and their causes, creation of M&M rounds through the PSLS |
| To increase the awareness and encourage the reporting of adverse events amongst Internal Medicine Residents and the staff. First we need to train our residents and staff to report via Patient Safety Learning System (PSLS). We should create a blame-free environment where reporting should be transparent. |
| **Hill, Andrew:** Measurement of A1c in Patients Scheduled for Vascular Surgery |
| To improve the care of surgical patients with diabetes, specifically: to improve peri-operative control of hyperglycemia for patients who require vascular surgery; to identify proportion of patients with poorly controlled hyperglycemia or undiagnosed diabetes prior to vascular surgery; to reduce perioperative morbidity and mortality; and to improve follow-up for patients with poor pre and peri-operative glycemic control. |
| **Kazulienski, Mark:** Wait List Management Policy for Psychiatric Outpatient Services |
| To review available research on management of psychiatric wait lists compared to current policies within the current program for mental health resources, to assess gaps in care, and then develop focus groups to develop strategies for enhanced care and evaluate implementation barriers. |
| **Kubelik, Dalibor:** Development and acceptance of ICU physician performance metrics |

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| To involve physicians in developing accepted performance measurement metrics for the department of critical care. The collaborative method aims to increase physician engagement in the use of metrics for the department. |
| **Kwok, Edmund:** Implementation of a Structured Morbidity & Mortality (M&M) Rounds Model: An Interventional Study. |
| To implement and evaluate a restructuring plan for M&M rounds within the Department of Emergency Medicine (DEM), with the aim of adding structure and efficiency/effectiveness. |
| **Nassim, Mark:** Implementation of official Mortality and Morbidity Rounds in the impatient Family Medicine Service. |
| To increase awareness amongst staff physicians of preventable cases of mortality and morbidity, and ultimately to reduce those cases and improve patient care. |
| **Neto, Gina:** Follow up of Lab Results in the Pediatric Emergency Department |
| To develop a reporting and follow up system for outstanding lab results in the emergency department at CHEO. We have estimated that every day there are 10-20 lab results for which there is no uniform manner of identifying that the results are available and no follow up mechanism. |
| **O'Sullivan, Joseph:** To provide an ongoing basis for monitoring and improving biopsy procedural success in the Division of Medical Imaging |
| To adopt a standardized format for reporting biopsy procedures amongst radiologists. This will facilitate review of technical aspects and facilitate data mining, and allow the quick compilation of results and the ability to compare personal results between peers. |
| **Pysyk, Christopher:** Tobacco Cessation Management Practices in TOH Pre-Admission Unit |
| To increase the frequency that Pre-Admission Unit patients at TOH report that their anesthesiologist assessed their tobacco use, advised cessation perioperatively, and referred the patient to cessation support options. |
| **Rabheru, Kiran:** A Consolidated ECT Program at TOH |
| To consolidate the Electroconvulsive Therapy (ECT) program at the Ottawa Hospital, for patients at both the General and Civic sites; this includes inpatient ECT as well as outpatient MECT. |
| **Suh, Kathryn:** Improving Efficiency in Infectious Diseases Clinic |
| To improve outpatient clinic follow-up booking procedure (i.e. with the most appropriate physician), patient flow, and clinic efficiency in Infectious Diseases Clinic at the Civic Campus. |
| **Teo, Iris:** Rates of intra-departmental consultation in the division of anatomic pathology |
| To create a formal documentation process of Intra-departmental consultation (IDC) to enhance the safety culture in the anatomic pathology division. IDC is a recognized quality assurance method, and occurs between the initial interpretation and verification of the final report. |
| **Tremblay, Michèle:** Identifying Barriers, Enablers & Incentives to Improve Physician Engagement in the Geriatric Psychiatry Program's Ambulatory Care Service |
| To identify barriers, enablers and incentives for physician engagement in attending to the referred patients in the Geriatric Psychiatry Program Ambulatory Care Service and, based on this identification, to implement an adaptive change to increase physician engagement and increase the overall referral assessment rate. |