DOES RURAL SURGERY MAKE THE CUT?

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Disclosures

• Sponsored by RCCbc
Objectives

• Talk a bit about quality
• Understand measures
• Recognize the need to ask key questions
• Discuss the importance of Team and Networks
• Explore relationship between quality and safety (MMSF)
Quality

- Definition
- Important distinction between assurance and improvement
Measures

• Outcome
• Balance
• Process
Questions

- Quality and quality improvement depends on asking the relevant questions
### HEALTH QUALITY MATRIX

<table>
<thead>
<tr>
<th>AREAS OF CARE</th>
<th>ACCEPTABILITY</th>
<th>APPROPRIATENESS</th>
<th>ACCESSIBILITY</th>
<th>SAFETY</th>
<th>EFFECTIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAYING HEALTHY</td>
<td>Care that is respectful to patient and family needs, preferences, and values</td>
<td>Care provided is evidence based and specific to individual clinical needs</td>
<td>Ease with which health services are reached</td>
<td>Avoiding harm resulting from care</td>
<td>Care that is known to achieve intended outcomes</td>
</tr>
<tr>
<td>GETTING BETTER</td>
<td>Preventing injuries, illness, and disabilities</td>
<td></td>
<td></td>
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<tr>
<td>LIVING WITH ILLNESS OR DISABILITY</td>
<td>Care for acute illness or injury</td>
<td></td>
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<tr>
<td>COPING WITH END OF LIFE</td>
<td>Planning, care and support for life-limiting illness and bereavement</td>
<td></td>
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</tr>
</tbody>
</table>

### DIMENSIONS OF QUALITY

- **Acceptability**: Ensuring care is respectful to patient and family needs, preferences, and values.
- **Appropriateness**: Ensuring care is evidence-based and specific to individual clinical needs.
- **Accessibility**: Ensuring ease with which health services are reached.
- **Safety**: Ensuring care is safe from harm.
- **Effectiveness**: Ensuring care achieves intended outcomes.

### EQUITY
Distribution of health care and its benefits fairly according to population need.

### EFFICIENCY
Optimal use of resources to yield maximum benefits and results.
Team and Networks

• Rural providers have high levels of situational/contextual awareness
• Rural providers have high levels of engagement
• Rural providers exhibit behaviours of highly functional teams
Team

Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers.

- **Shared Goals**
  - Understand the role and responsibilities of each care provider.
  - Establish trust amongst team members which allows individuals to effectively support one another under stressful or poignant situations and manage disagreements.

- **Clear Roles**
  - Communicate effectively and efficiently with patients and family members.
  - Be actively involved in designing and implementing care services.

- **Mutual Trust**
  - Value patients and their families as integral partners and share information with them in a respectful manner.

- **Effective Communication**
  - Understand and respect team members' functions and adapt roles to complement the team.

- **Measurable Outcome**
  - Have the ability to track care progress associated to processes and actions made by practitioners.

- **Leadership**
  - Share leadership roles with each other.

Individuals Requiring Medical Service

Medical Service Providers

RSON

• JSC 5 year project
• Sustain rural surgical/obstetrical services
• 5 pillars
  – CQI
  – Base unit of analysis is Team
  – Focus on process measures and team dynamics
  – Networks are critical
  – Evaluation and sustainability
What is the Measuring & Monitoring Safety Framework?

Presentation for Banff ESS Conference: January 16, 2019

By: Naomi Jensen, Manager of Quality Improvement & Patient Safety IH West
Disclosures

- Sponsored by RCCbc to be here
- Work for Interior Health
Overview

1. Interior Health is in a National Collaborative
2. Why look at safety differently?
3. What is the Measuring & Monitoring Safety Framework?
4. Using it to engage teams in continuous quality improvement
Canadian Patient Safety Institute
National Collaborative

To help us understand- is care safe? How do we truly know?
US, UK and Canada Launched Patient Safety Initiatives in Early 2000s
We Are Trying But...

• The harm rate in Healthcare has stalled at 10%

• Braithwaite, J; Changing how we think about healthcare improvement BMJ 2018;361:k2014 doi: https://doi.org/10.1136/bmj.k2014
Shifting How We View Safety

• Often focused on past harm
• Ensuring as a few things as possible go wrong

Opportunity for a holistic view
Ensuring as many things as possible go right

Current Focus on Safety

The Measurement and Monitoring of Safety Framework

- The Measurement and Monitoring of Safety Framework—AKA MMSF or the Vincent Framework
- Has five domains that guide a robust view of safety
- Can be used from the “Board to the Ward”
- Supports high performing teams with common goals/focus
A framework for the measurement and monitoring of safety

Has patient care been safe in the past?
Ways to monitor harm include:
• mortality statistics (including HSMR and SHMI)
• record review (including case note review and the Global Trigger Tool)
• staff reporting (including incident report and ‘never events’)
• routine databases.

Integration and learning

Safety measurement and monitoring

Past harm

Reliability

Are our clinical systems and processes reliable?
Ways to monitor reliability include:
• percentage of all inpatient admissions screened for MRSA
• percentage compliance with all elements of the pressure ulcer care bundle.

Are we responding and improving?
Sources of information to learn from include:
• automated information management systems highlighting key data at a clinical unit level (e.g. medication errors and hand hygiene compliance rates)
• at a board level, using dashboards and reports with indicators, set alongside financial and access targets.

Anticipation and preparedness

Sensitivity to operations

Is care safe today?
Ways to monitor sensitivity to operations include:
• safety walk-rounds
• using designated patient safety officers
• meetings, handovers and ward rounds
• day-to-day conversations
• staffing levels
• patient interviews to identify threats to safety.

Will care be safe in the future?
Possible approaches for achieving anticipation and preparedness include:
• risk registers
• safety culture analysis and safety climate analysis
• safety training rates
• sickness absence rates
• frequency of sharps injuries per month
• human reliability analysis (e.g. FMEA)
• safety cases.

Source: Vincent C, Burnett S, Carthey J. The measurement and monitoring of safety. The Health Foundation, 2013
High Performing Teams

• Safety and quality care go hand in hand
• Create space to talk and learn
• Use data to understand their system and drive improvements
• Measure and monitor aspects of care that are important over time
• Establish a culture of continuous quality improvement
RSON & Culture of QI

• Goal is to use the MMSF to frame site & network data
  – Provides purpose and goals
  – Supports inquiry
  – Ongoing measuring and monitoring of what is important
  – Culture of using data to inform improvements
What Does This Look Like?

- Dashboard of measures
- Huddles and conversations around the data using the 5 domain questions
- Tools such as:
  - Quality Reviews
  - Improvement Idea Chits
  - Meeting Agendas & Reports
  - Debriefs
Questions