

DOES RURAL SURGERY MAKE THE CUT?

*Naomi Jensen BSN MHS
Manager QI and Patient Safety Interior Health*

*Sean Ebert MD FCFP(FPA) FRRMS
Rural Coordination Centre of BC*

January 16, 2020

**Rural Coordination
Centre of BC**



Enhancing rural health through education and advocacy

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



BC PATIENT SAFETY
& QUALITY COUNCIL
Working Together Accelerating Improvement

DIMENSIONS OF QUALITY					
AREAS OF CARE	ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
	Care that is respectful to patient and family needs, preferences, and values	Care provided is evidence based and specific to individual clinical needs	Ease with which health services are reached	Avoiding harm resulting from care	Care that is known to achieve intended outcomes
STAYING HEALTHY Preventing injuries, illness, and disabilities					
GETTING BETTER Care for acute illness or injury					
LIVING WITH ILLNESS OR DISABILITY Care and support for chronic illness and/or disability					
COPING WITH END OF LIFE Planning, care and support for life-limiting illness and bereavement					
EQUITY Distribution of health care and its benefits fairly according to population need EFFICIENCY Optimal use of resources to yield maximum benefits and results DIMENSIONS OF QUALITY					

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.*



*Naylor, MD, Coburn KD, Kurtzman ET, et al. *Inter-professional team-based primary care for chronically ill adults: State of the Science*. Unpublished white paper presented at the ABIM Foundation meeting to Advance Team-Based Care for the Chronically Ill in Ambulatory Settings. Philadelphia, PA; March 24-25, 2010.

RSO

- 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

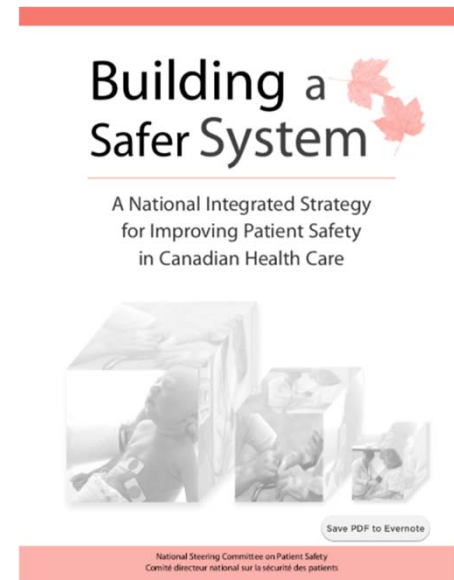
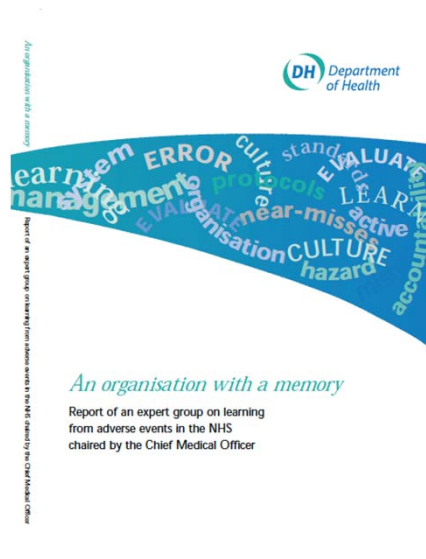
1. Interior Health is in a National Collaborative
2. Why look at safety differently?
3. What is the Measuring & Monitoring Safety Framework?
4. Using it to engage teams in continuous quality improvement

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%

- *Quantum, Employee engagement in Healthcare industry report, Available at: <https://www.quantumworkplace.com/employee-engagement-in-healthcare>. Accessed March 20, 2018*
- *Ruiter, J (March 2019), Disengagement in Healthcare: Today's New Culture. Can J Physician Leadership, vol 5 (3). ISSN 2369-8322*
- *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



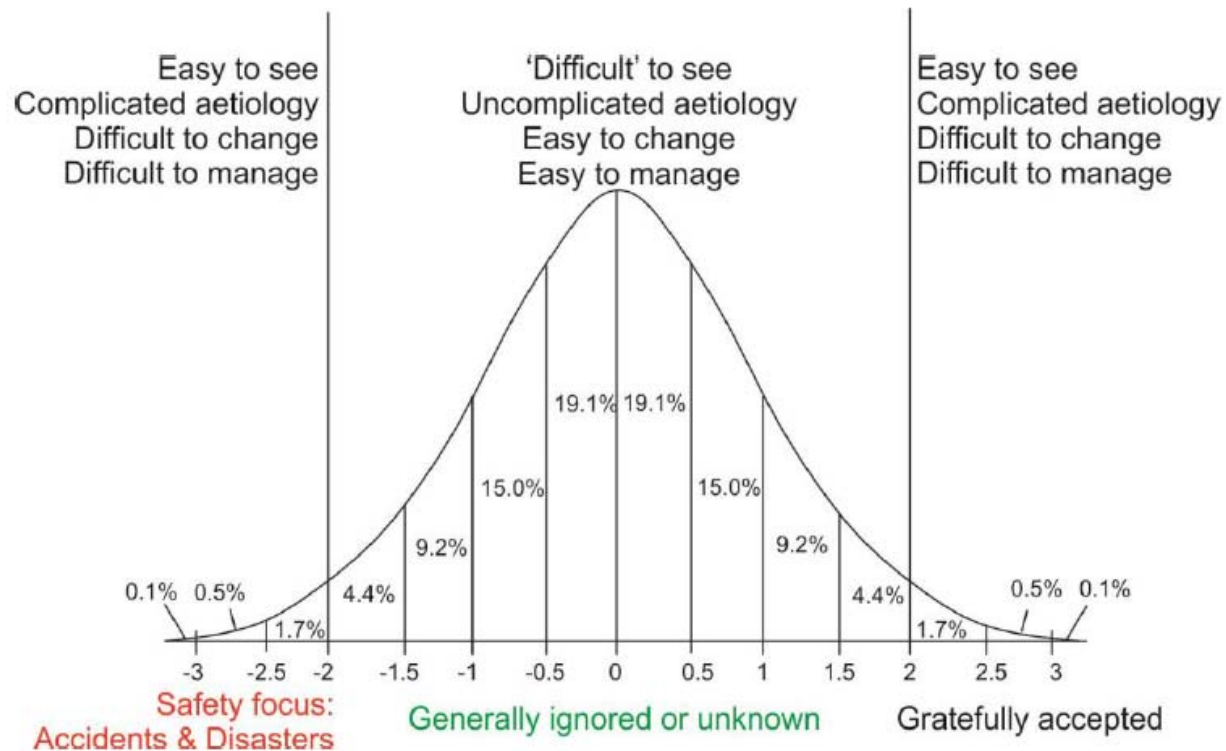
- Often focused on past harm
- Ensuring as a few things as possible go wrong



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

From Safety -I to Safety II: A White Paper, E. Hollnagle, R. Wears, J. Braithwaite (2015)

Current Focus on Safety



From Safety -I to Safety II: A White Paper, E. Hollnagle, R. Wears, J. Braithwaite (2015)

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.

Past harm

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.

Reliability

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.

Sensitivity to operations

Anticipation and preparedness

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.

Integration and learning

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.

Safety measurement and monitoring

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



RSO & 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

