Background
The University of Alberta (U of A) department of medicine (DoM) and Alberta Health Services (AHS) Edmonton Zone (EZ) Medicine Program had overlapping strategic priorities to develop a strong clinical quality improvement agenda and improve outcomes for medicine patients in the EZ. As a result, the Edmonton Zone Medicine Quality Council —Strategic Clinical Improvement Committee (SCIC) was formed in alignment with the DoM strategic plan and the AHS quality management framework (QMF). The initiative was supported by a DoM funded clinical improvement consultant. The primary mandate of the SCIC is to build physician capability and capacity for clinical quality improvement (CQI) within the DoM at the U of A and within the EZ Medicine Programs at the six major hospital sites.

Objective
To build physician capability and capacity for Clinical Quality Improvement (CQI) within the DoM at the University of Alberta.

Methods
An analysis of the strengths, weaknesses, opportunities and threats including an environmental scan was undertaken. This revealed key strengths and opportunities within both organizations that could be leveraged in a collaborative approach to move our joint agendas forward. The formation of the SCIC committee enabled forming key partnerships across the U of A and AHS to support the committee including but not limited to: AHS Path to Care initiative to improve specialty access, Patient Engagement to support the on-boarding of a patient advisor, U of A Post-graduate Medical Office, Life Long Learning, AHS Quality improvement agenda and improve outcomes for medicine patients in the EZ. As a result, the Edmonton Zone Medicine Quality Council —Strategic Clinical Improvement Committee (SCIC) was formed in alignment with the DoM strategic plan and the AHS quality management framework (QMF). The initiative was supported by a DoM funded clinical improvement consultant. The primary mandate of the SCIC is to build physician capability and capacity for clinical quality improvement (CQI) within the DoM at the U of A and within the EZ Medicine Programs at the six major hospital sites.

Approach

Inseparable from Care

AHS is responsible for delivery of care

DoM Associate Chair Clinically partnered with AHS Executive Director Medicine to co-chair SCIC

Academically Credible

Engaged various DoM and AHS constituents

SOCI as centres excellence in clinical research and training, annual meeting workshops, various DoM and AHS internal rates and projects

Academically Credible

Faculty development workshops developed

Academically Credible

Assist advisor as a committee member involved in projects

Academically Credible

SCIC guidelines for academic presentation adopted by Faculty

Academically Credible

Visible commitment by DoM and AHS through 3-year commitment to support Senior Research Improvement Consultant.

Return of Investment

Engaged a highly skilled individual fully dedicated to SCIC mandate developing strategic partnerships with various DoM and AHS stakeholders

Return of Investment

CQI center pathways developed

Return of Investment

CQI project relating to centralized triaging and improving referral management

Organic Growth Through Training

Unlikely to build quickly if recruiting CQI “temp” but effective for feedback from within and enhancing productivity

Organic Growth Through Training

Faculty development workshops developed

Accountability

Every SCIC project is expected and supported to develop and complete a CQI project

Accountability

Project must engage a project leader with an AHS quality council and have visibility for scale and spread

Accountability

Existing AHS QI resources leveraged

Outcomes


• SCIC met on a monthly basis for year 1 and 2 and met quarterly in year 3 with agreed upon terms of reference and over 45% attendance by members to date.

• SCIC representatives are recognized as the CQI physician leads within their divisions/sections and sites.

• All individual section and site business meetings now include a CQI update from SCIC physician representative.

• Thirty CQI educational workshops have been offered to date —over 600 physician, residents, medical students and AHS leaders) trained, and received excellent feedback. Workshops are planned to take place every 2 months. The workshop is accredited for CME credit and linked with both the U of A Physician life long learning department and AHS quality department.

• Developed Core Internal Medicine Residents QI training curriculum, lead and supported by Residents with physician leadership oversight

• Currently 30 projects are completed and 15 underway directly linked with SCIC. The committee has secured over $200,000 in grant funding to support the QI projects.

• A complex departmental CQI project relating to centralized triaging and improving referral management is well under way and nearly 60% completed.

• A resource stewardship project has been scaled and spread to 4 EZ Hospital GIM wards, reducing lab test ordering and avoiding associated costs

• Annual QI Collaborative Day developed to formally showcase QI projects and the linkage between academia and clinical operations

• SCIC website developed to platform and share all QI activities—https://www.ualberta.ca/department-of-medicine/exmqc-scic

Conclusion

• This initiative outlines an approach to building physician capacity for CQI within an academic department by building partnerships and engaging various stakeholders at key strategic points and employing a coalitional style of leadership.

• SCIC has successfully linked together academia and the frontline of healthcare delivery, leveraging improvement science as the ‘zipper’ that holds both together. A genuine partnership between operations, clinicians and academics was required to achieve improvement science’s ambition of creating practical learning that can make a timely difference to patient care. Clinicians can bring contextual and subject knowledge, whereas academics can contribute skepticism and methodological rigour. This binding tie between academia and frontline clinical teams has shifted the traditional organizational physician leadership approach from an organization seeking physician QI leadership to engaged physicians seeking organizational collaboration at macro, meso and micro levels within the health organization.

• In our experience, the keys to success have been: Support and recognition from leadership, Forging early partnerships, and stakeholder engagement, and leveraging existing resources.

Contact:
Dr Narmin Kassam
nkassam@ualberta.ca