

QI For You and I December 2024 | Issue #15



QUARTERLY REPORT OF
QI ETHICS SCREENING TOOL
USE & REGISTERED QUALITY
IMPROVEMENT PROJECTS



About QI Ethics

OUR MISSION

We provide Island Health employees, clinicians, researchers, and consultants with an ethical review pathway when a research ethics review may not be required, but there are ethical considerations, for a proposed project, program or quality improvement initiative.

OFFERINGS

- [REDCap QI Screening Tool and Registry](#) to determine if a project is quality improvement or research.
- Formal exemptions from research ethics board review as per the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) (TCPS2 2022).
- Consultations and support navigating ethical issues that can arise in the design or operationalization of a QI/QA project or program.

When you visit the [QI Ethics Decision-Making Tool](#), you are asked to complete a series of questions about your project. These questions help to generate a risk score. Projects that are considered moderate to high-risk will be offered a consultation with the QI Ethics team to explore mitigation strategies, tools, templates, links, and more information where needed. Connecting with the QI Ethics team early in your project work helps identify ethical quandaries and may also resolve issues related to planned dissemination and publication for QI work.

If you have questions, feel free to contact us at QIEthics@islandhealth.ca.





North Quadra UPCC, 2022

QI ETHICS TEAM

QI Ethics currently resides within the Quality, Safety, Risk, Experience, and Research Portfolio within Island Health. We continue to work with areas of expertise including privacy, and data access as needed depending on the projects.



E. Sarah Bennett, Manager, Research Ethics & Compliance



Jaclyn Morrison, Manager, Patient Safety



Victoria Philibert, Health Research Ethics Board Coordinator



Catherine Marrie, Patient Safety Consultant



Kaitlin Blackwood, Patient Safety Consultant

Highlights

QI ETHICS ACTIVITIES

- 333+** TOTAL PROJECTS SUBMITTED TO THE REDCAP QI REGISTRY SINCE 2017,
- 273** TOTAL CONSULTS OFFERED SINCE 2020/21.
- 50+** CONSULTATIONS OFFERED IN 2024.
- 11** PROJECTS REFERRED TO RESEARCH ETHICS & COMPLIANCE (RECO) FOR REVIEW SINCE JANUARY 2024.

KEY CHALLENGES AND BARRIERS

- **Time:** Lack of formal resources limit capacity.
- **Outreach:** Limited organization-wide knowledge of the tool and integration within organizational requirements for quality management.
- **Representation:** Promoting QI work within nursing and allied health professions.

2024 MILESTONES

- Strengthened partnership with Physician Quality Improvement to improve coordination and timeliness of QI Ethics review processes
- Partnered with Physician Quality & Medical Affairs to develop a FLEX student and supervisor guide for quality improvement and data handling.
- Increased engagement from Pharmacy with the QI Ethics Tool and consult process.
- Developed synergies between QI Ethics and Clinical Governance.
- Promoted Island Health's QI Ethics service at Health Quality BC's Quality Forum 2024.
- Flagged 18 projects as Research, referring 11 to Research Ethics Review and kept 8 within the QI ethics pathway.



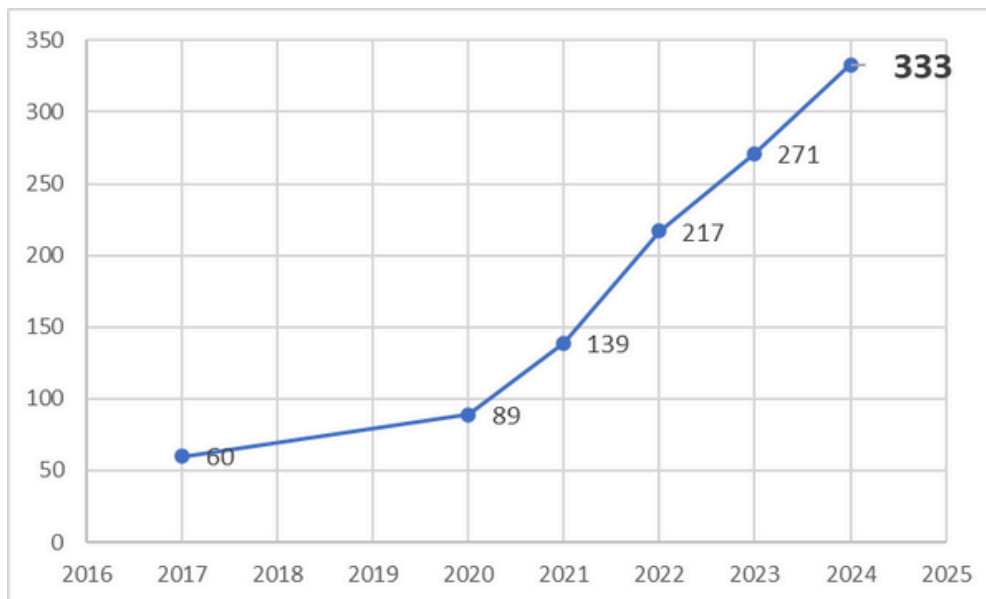
Royal Jubilee Hospital, 2007

QI ETHICS HISTORY

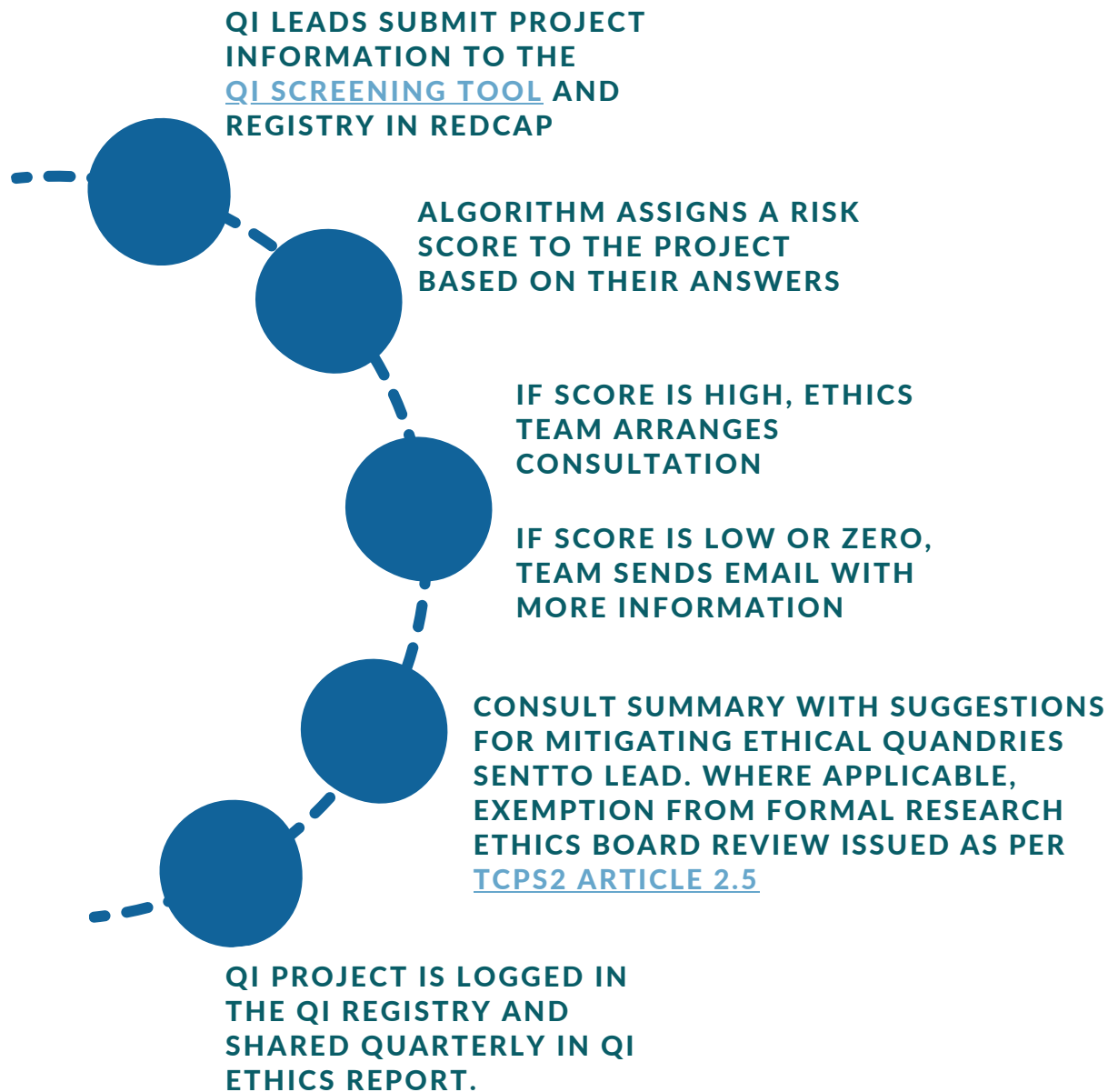
- **2014:** QI Registry established to capture QI projects
- **2017:** QI Ethics formalized a review process for QI projects using ARECCI as a decision-making tool to highlight potential ethical issues
- **2020:** Updated policy, interpretations, and feedback led to revisions in the screening tool
- **2024:** We surpassed 300 QI Ethics project consults!

CUMULATIVE NUMBER OF PROJECTS IN THE QI REGISTRY

*As of Dec 1, 2024.

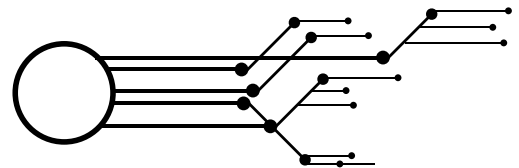


QI Ethics Process





CREATING A PROVINCIAL ETHICS SCREENING AND RISK ASSESSMENT TOOL



Work continues to finalize a draft ethics screening algorithm and risk assessment tool. Since June 2022, a small dedicated multi-institutional team has developed, programmed, and tested this tool. The tool will have two arms which sorts submitted projects into whether they will be active in academic or health organization settings. From there, projects will receive a document outlining potential risks and whether they need further review. The ongoing aim is to offer efficient ethical guidance and support for the many types of projects including QI which drive quality and evidence across organizations.

Timeline of Progress

- Drafted tool completed – January 2024
- Programmed into survey tool – March 2024
- Academic and health or biomedical tools tested – Current

Currently, this project is testing the algorithms for the two arms and aims to be active in the spring of 2025.

PHARMACY RESIDENCY PROJECT: DUPLICATE INHALER EFFECT

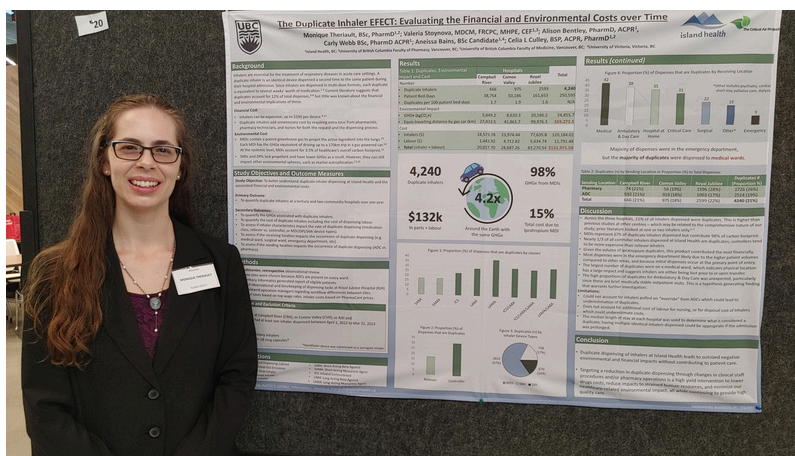
The Island Health Pharmacy Residency Program is a cornerstone of advanced pharmacy practice training on Vancouver Island and is accredited by the Canadian Pharmacy Residency Board (CPRB). This program offers residents an immersive and comprehensive experience designed to cultivate clinical expertise, leadership, and interdisciplinary collaboration. Residents participate in quality improvement initiatives to contribute meaningfully to patient outcomes.

Background: Inhalers are crucial for treating respiratory diseases in acute care, but sometimes multiple identical (duplicate) inhalers are dispensed to the same patient during their hospital stay.

Aim: To quantify duplicate inhaler dispensing, as well as the associated financial and environmental costs, at Campbell River, Comox Valley, and Royal Jubilee Hospitals for the 2022-2033 fiscal year.

Methods: Dispensing reports from Pharmacy Informatics, and pharmacy personnel inhaler dispensing labour costs.

Results: 4,240 duplicate inhalers were dispensed, emitting 34,855.7 kg CO₂ in greenhouse gas emissions. This is equivalent to driving a typical gas car 4.2x around the circumference of the Earth. The cost of duplicate inhalers and associated pharmacy personnel time was \$131,975.50. Duplicate ipratropium MDIs contributed the highest proportion, at 15% of the total cost.



Monique Theriault, BSc, PharmD, ACPR
Clinical Pharmacist and Project Lead



DIABETES MANAGEMENT IN RENAL DISEASE

Project Lead: Anneli Kaethler, Dietician, Renal Unit

Q: What inspired your team to focus on this project?

In our every day clinical work, we see challenges for adults managing both chronic kidney disease and diabetes. Diabetes and chronic kidney disease are closely connected and optimal care requires that both are managed well. We want to better understand the unmet needs of these individuals in our renal program and identify the challenges and opportunities for improvement within our regional healthcare system. The first phase of this project will focus on the needs assessment with future work focusing on the implementation of identified recommendations for improvement.

Q: How did the QI Ethics Team support your project?

The consult with the QI Ethics team identified some opportunities to reduce ethical risks within our data collection and management plan which we were able to successfully address. In addition, the QI Ethics team were able to review and provide feedback on various project documents, including informed consent, and were available for input throughout the project planning process.

Q: How do you see this work inspiring other quality initiatives?

The intent of this project is to identify and implement solutions to support optimal diabetes management for renal patients. The results from the first phase will inform program decision-making, prioritization, and planning for quality improvement. Managing diabetes is often a collaboration between the patient and many different providers and programs. We anticipate this work will lead to improvements within the renal program, inspire new collaborations across the Island Health, and promote learnings at the provincial BC Renal network.



PHYSICIAN QUALITY IMPROVEMENT (PQI)

The PQI team in Island Health supports community or facility-based medical staff in the Island Health region (including Family Physicians, Specialists, Midwives and Nurse Practitioners) who want to enhance their QI capacity, build connections with colleagues, create a continuous improvement culture, and transform our local health system. There are four main focus areas for 2024/2025:

1. Develop physician capacity and willingness to contribute to outcome-driven group QI projects (through QI introductory learning and outreach events)
2. Develop physician QI leaders that drive local improvement (through a 12-month Cohort Training Program with QI learning action projects)
3. Create engaged and empowered alum community (through supporting QI-trained physicians to engage in health system improvement post-graduation)
4. Accelerate health system improvements at local and regional levels (through spread of successful QI projects)

All QI projects supported by the PQI team are submitted to the QI Ethics Screening Tool.



PQI PROJECT: IMPROVING ACCESS TO CBT FOR ANXIETY GROUP THERAPY SESSIONS FOR INDIVIDUALS WITH DIVERSE ABILITIES

Project Lead: Dr. Ai Van Shelly Mark, Psychiatrist

Background: Individuals with intellectual disabilities (ID) experience high rates of anxiety disorders (15-35% prevalence); yet, face significant barriers to accessing appropriate mental health services. Cognitive Behavioural Therapy (CBT) is an effective treatment for this population, particularly when adapted and inclusive of caregivers.

Aim: The Developmental Disability Mental Health Team (DDMHT) aimed to improve access, participation and engagement in CBT for anxiety group therapy sessions by 50% for individuals with mild range of intellectual disabilities in the Central/North Vancouver Island region by September 2024.

Methods: DDMHT created CBT learning modules adapted to the diverse abilities of patients with ID. The clinic delivered 4 series of 8 weekly group therapy sessions from October 2023 to September 2024. Change ideas included centralizing intake, adjusting group size and session times, and providing patient and family education.

Results:

- DDMHT facilitated virtual therapy sessions to 30 unique patients and offered the equivalent of 112 tailored CBT counselling sessions
- Decreased anxiety severity rating scores (22-42%), based on GAD-7 self-reports
- Increased nursing/staff hours by approximately 4 hours/week

Next Steps:

- Apply CBT to manage a wider array of topics such as anger, depression, and psychosis.
- Transform counselling sessions to provide a forum for connection and mental wellness.
- Spread project across MHSU programs and community settings.

North Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Program Evaluation of the CBT Skills Group for Managing Depression	The project aims to evaluate the changes in mental health symptoms following a 10 week group CBT program. Specifically, self-reported depression (PHQ-9) and anxiety (GAD-7) will be examined at baseline and after completion of the program.	Lisa Ohlhauser	Mental Wellness Day Program (part of Victoria Mental Health and Substance Use, at the Eric Martin Pavilion at Royal Jubilee Hospital).	depression; anxiety; cognitive behavioral therapy; mental health treatment; group therapy
2. NVI Indigenous Specific Racism Quality Council	To review untoward patient outcome events to identify contributing factors and assess preventability to inform quality improvements.	Lesly Deuchar	Port Hardy Clinical Sites	Indigenous specific racism; Indigenous health; culturally safe care; cultural humility; Indigenous healthcare

Centre Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Empowering H.O.P.E to Achieve the Quintuple Aim-Humanity Centered Endoscopy Units in Island Health	By June 2024, staff and providers in the Endoscopy Unit at Nanaimo Regional General Hospital (NRGH) will report a 20% increase in their understanding and recognition of Trauma Informed Care.	Dr. Jennifer J. Williams	NRGH endoscopy unit	endoscopy; trauma informed care; provider experience; patient experience
2. Pediatric Asthma in NRGH Emergency Department	To decrease by 50%, the average length of stay for pediatric patients presenting with asthma in the Emergency Department at Nanaimo General Hospital by October 31st 2024.	Laura Johnson	NRGH Emergency Department	pediatric; asthma; PRAM; improvement; guidelines
3. Quw'utsun Youth Wellness Center Youth Engagement Survey	Gather survey data to inform the provision of inclusive public health care to youth in the Cowichan Valley.	Megan Henderson	Quw'utsun Youth Wellness Centre	health; wellness; inclusive; community; mental health

Centre Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
<p>4. Implementing the FAST (Falls Awareness and Screening Task) Check: facilitating opportunistic case finding for community-dwelling individuals at high risk of falls</p>	<p>To enhance falls screening and enhance opportunistic case finding.</p>	<p>Lina Alsakran</p>	<p>Cowichan Community Health Services</p>	<p>falls awareness; falls prevention; screening; professional education; opportunistic case finding</p>

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Medical Care in Long-Term Care Homes in Victoria/South Island: Survey of Resident & Provider Experiences	To survey and interview residents, families, and frequent visitors to understand degree of satisfaction with medical care in LTC settings.	Cherie Wheeler	LTC sites: affiliate and private	LTC, families, residents, physicians, NPs
2. Improving Community Follow-up for Opioid Using Patients in the Royal Jubilee Hospital Emergency Department	Reduce the number of patients with Opioid Use Disorder (OUD) leaving without being seen and leaving against medical advice. We will achieve this by increasing the number of patients being identified as having OUD at triage, and increasing the number of successful referrals to the RAAC and SURF team.	Sara Healing	Royal Jubilee Hospital Emergency Department (RAAC and SURF/ODFU teams within MHSU)	opioid use disorder; OUD; transitions in care; OAT; emergency room; MHSU services; addiction medicine
3. ED Goals of Care Project	Our project aims to increase awareness about and the importance of goals of care amongst patient being admitted to hospital and to inspire further Advance Care Planning discussions with providers.	Dr. Ali Yakhshi Tafti	Royal Jubilee Hospital Emergency Department	goals of care; admission; acute care; MOST; emergency department

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
4. CPOE Implementation: Provider Readiness and Training	The purpose of this project is to gather information over 6 weeks regarding the physician experience prior to CPOE implementation to determine potential gaps and possible improvements to be made to the education and the overall change approach.	Josie Thompson	RJH/VGH/SI SC/GRH	implementation; provider order; computerize order entry; CPOE; change readiness; education
5. Patient and Family Experience Survey	To create a check-in tool and process that provides an opportunity for patients and families to share their experience of care to celebrate wins and act on improvement opportunities while simultaneously producing high quality data for reporting.	Silke Staffeldt-Jost	Victoria Hospice at Richmond Pavilion Floor 3 at the RJH	experience survey; patient-centered; quality; satisfaction; hospice

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
6. Screening for Borderline Personality Disorder (BPD) in Psychiatric Emergency Services Population	To assess the prevalence of BPD among presentations to the Psychiatric Emergency Services (PES) department at Royal Jubilee Hospital.	McKenzie Campbell	Royal Jubilee Hospital, Psychiatry Emergency Services Department	borderline personality disorder; emergency department; emergency services; community services; quality improvement
7. Continuation of antipsychotics on ICU transfer to ward (RJH/VGH)	To determine the rate of inappropriate continuation of new antipsychotics in adult patients admitted to the ICU, post-transfer to the acute care ward, so as to inform strategies to optimize the use of these medications.	Curtis Harder	RJH and VGH	antipsychotics; delirium; critical care; ICU; medication reconciliation

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
8. Using self-sampling for human papilloma virus to increase cervical cancer screening.	To determine if offering self-sampling for HPV to eligible patients accessing the UPCC increases the uptake of cervical cancer screenings and increases referrals for follow-up for abnormal screenings.	Chaundra Willms	Downtown Victoria and Gorge Road UPCCs	UPCC; cervical cancer; screening; human papilloma virus; self-sampling
9. An audit of anticoagulant use in venous thromboembolism prophylaxis	This project aims to provide an assessment of current Island Health policies and procedures with regards to VTE prophylaxis in hospitalized general medicine patients.	David Tse	Victoria General Hospital	VTE prophylaxis; thromboprophylaxis; anticoagulant; appropriateness; audit
10. Opioid Stewardship Quality Improvement Review	To analyze the percentage of opioid-naive medical patients prescribed an opioid on medical wards starting in October 2024 at the Royal Jubilee Hospital.	Madailein Schuckel	Royal Jubilee Hospital	opioid prescribing; opioid stewardship; quality improvement; opioid related harms; medical patients

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
11. Ethics and Palliative Care Principle Card Deck	The project is meant to create avenues for interdisciplinary teams to work through ethical dilemmas	Keely Collins	Victoria Hospice	ethics; palliative care, communication; moral distress; interdisciplinary
12. Decreasing Hospital Acquired Pressure Injury (HAPI) in the Critical Care Setting	Confirming a reduction of pressure injury in the critical care setting to < 5% in 8-12 months.	Aaron Renyard	Cardiac Critical Care units	HAPI; pressure; injury; wound; coccyx; heel;
13. Validating Cognitive Resilience Tools to Enhance Healthcare Worker Wellness	This project aims to provide weekly mental resilience assessments and guidance to healthcare workers to improve their cognitive health, and to provide objective data on the current state of cognitive health within healthcare staff.	Nolan Beise	Victoria General Hospital	mental wellness; cognitive resilience; burnout; presenteeism; absenteeism;

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
14. Improving access to patient education on antiarrhythmic therapy for atrial fibrillation (AF) and flutter (AFL)	We aim to evaluate the quality and patient satisfaction of publicly available patient medication video education resources within Island Health on antiarrhythmic therapy specifically for use in atrial fibrillation and flutter.	Trevor Elton	Atrial Fibrillation Clinic - RJH & PULSE Complete Cardiac Care	patient education; atrial fibrillation; antiarrhythmic agents; video education; atrial flutter; cardiology; patient satisfaction; pharmacy
15. Reducing time to referral of free programs or available referral pathways for children with complex developmental diagnosis (anxiety, ASD, ADHD, behavioral concerns)	We aim to expedite connecting patients with developmental or mental health concerns with interventions. We aim to reduce "missed opportunities" by 75% in 9 months.	Barbara Lej Garolla Di Bard	Breakwater Pediatric Clinic	anxiety; autism; ADHD; children; development
16. Reduction of wait times for tissue diagnosis in incidentally detected cancer	Reduce average time from receipt of referral to performance of core biopsy to 2 weeks.	Justin Blackman	VGH and RJH	wait times; delays; cancer; biopsy; radiology

South Island Region

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
17. RACing to the Heart of the Matter	By July 31, 2025 at Pulse C3 in Victoria, BC, we aim to have 75% of referrals with an urgent cardiac issue seen within 2 weeks of the referral date.	Jennifer Rajala	RJH and Pulse Clinic	cardiac; referral; timeliness; accessible; data-driven
18. ED visitation rates among those experiencing homelessness	Understand the differences in emergency department visitation rates between patients with no fixed address and those with a fixed address in the Victoria and Greater Victoria area from July 2023-August 2024.	Katie (Katarina) Zumwalt	EDs- Greater Victoria	ED visitation; homelessness

Island Wide

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Enhancing Project Management Outcomes through Training: Case Study of Island Health, British Columbia	Evaluate Island Health's Enterprise Project Management Office's current project management training program to identify improvement opportunities.	Rae Wong	EPMO and project management team	project management; training enhancement; leadership; cultural competency; experiential learning
2. Diabetes Management in Renal Disease: Understanding the Unmet	To understand needs and barriers for optimal renal care for patients who are co-managing diabetes and renal conditions.	Anneli Kaethler	Renal Services programs across Island Health	diabetes management; kidney disease; needs assessment
3. Impact of Antimicrobial Stewardship (AMS) Penicillin Allergy Education on De-labelling Rates in Island Health	The purpose of this study is to evaluate the impact of AMS on penicillin allergy de-labeling within Island Health. We predict that we will be able to confirm that the rate of penicillin allergy de-labeling has increased in recent years compared to historical controls.	Ingrid Frank	CRG, NRGH, CDH, VGH and RJH	penicillin; allergy; delabelling; antimicrobial stewardship; retrospective



THANK YOU

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