



# Combating the primary care crisis: QI lessons from the front line

Dr. Emmett Harrison

**QI Power Hour**

January 30  
9:30 a.m. - 10:30 a.m.

# TREATY 6 TERRITORY & HOMELAND OF THE METIS


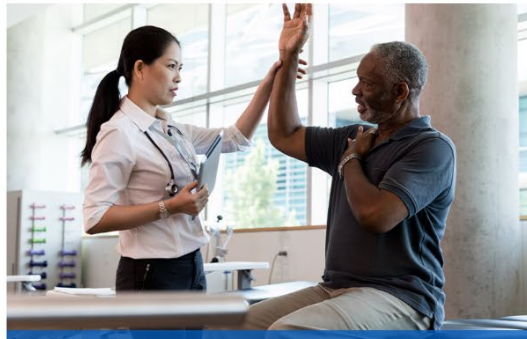
HQC is situated on Treaty 6 Territory and the Homeland of the Métis.

We pay respect to the treaties that were made on this land and acknowledge the harms and mistakes of the past. We are committed to move forward in partnership with Indigenous Nations in the spirit of reconciliation and collaboration.





# Past QI Power Hour sessions (with download links)

	<h3>Leading Change and Change Management: A synthesis of models (QI Power Hour)</h3> <p><b>SPEAKER(S)</b> Dave Broda</p> <p>Leading change is inherent in any leadership role and while many of us have learned some theory on how to lead change, many of us go about it instinctively, without sound method.</p>	<p><b>DATE &amp; TIME</b> November 24, 2023 9:30 am-10:30 am CST</p> <p><b>LOCATION</b> Online</p> <p><b>EVENT HOST</b> HQC</p> <p><a href="#">Learn More</a></p>
	<h3>Advancing the Healthcare System Using Patient Reported Measures (QI Power Hour)</h3> <p><b>SPEAKER(S)</b> Alaa Aburub, Hammed Ejalonibu</p> <p>The foundation of any learning health system (LHS) is the presence of a data infrastructure used to collect patients' outcomes.</p>	<p><b>DATE &amp; TIME</b> October 13, 2023 9:30 am-10:30 am CST</p> <p><b>LOCATION</b> Online</p> <p><b>EVENT HOST</b> HQC</p> <p><a href="#">Learn More</a></p>



[Visit our website to view past sessions!](#)

*Connect to Audio using Audio Broadcast*



## Sign up for the QI Power Hour email newsletter

Receive notices about upcoming sessions and details on how to register straight to your in your inbox.



Visit: [bit.ly/hqc\\_subscribe](https://bit.ly/hqc_subscribe)

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# QI Power Hour Across Saskatchewan

Over  
**60**  
Companies &  
Organizations

Alzheimer Society  
SASKATCHEWAN



Ombudsman  
Saskatchewan



SASKATCHEWAN  
COLLEGE OF PHARMACY  
PROFESSIONALS

ComForCare  
HOME CARE



SASKCENTRAL  
Dedicated to Credit Union Success



Saskatchewan  
Health Authority



Regina  
Catholic School  
www.rcsd.ca



PROVINCIAL AGENCY  
of Saskatchewan

University  
of Regina



# QI Power Hour Across Canada

Over  
**80**  
Companies & Organizations

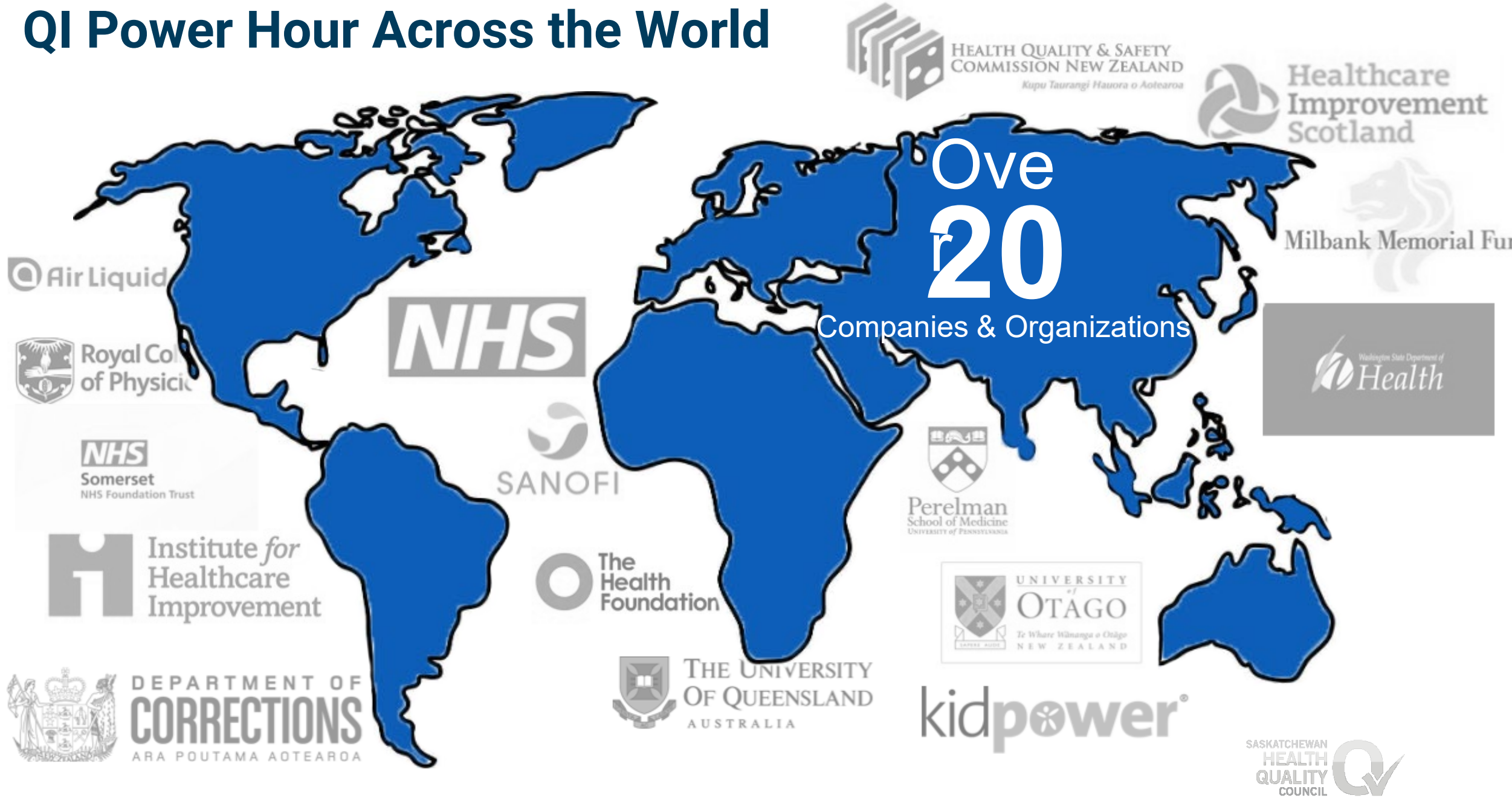


Holland Bloorview  
Kids Rehabilitation Hospital





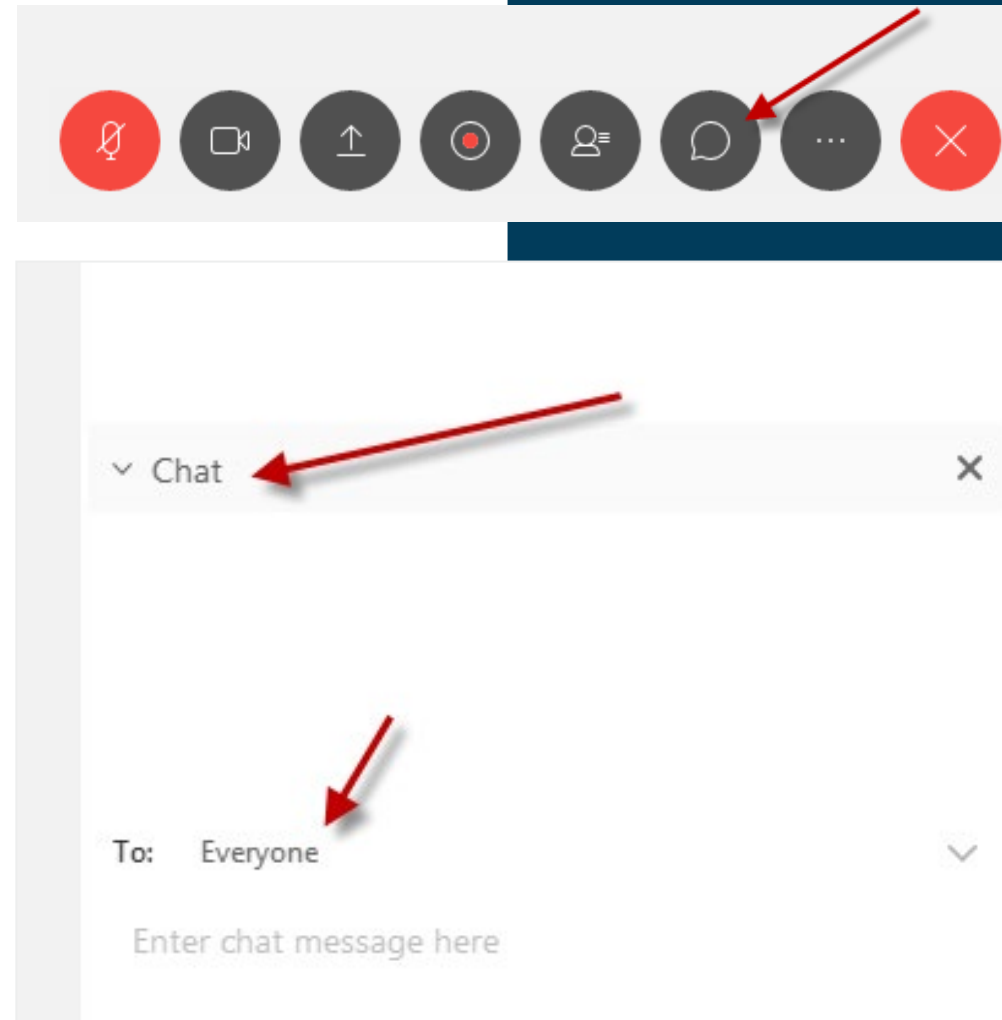
# QI Power Hour Across the World



# WebEx tool: chat function

## Chat functions:

- Share **questions, comments,** and **ideas**
- Click on the message bubble icon to access the chat
- Send to **Everyone**



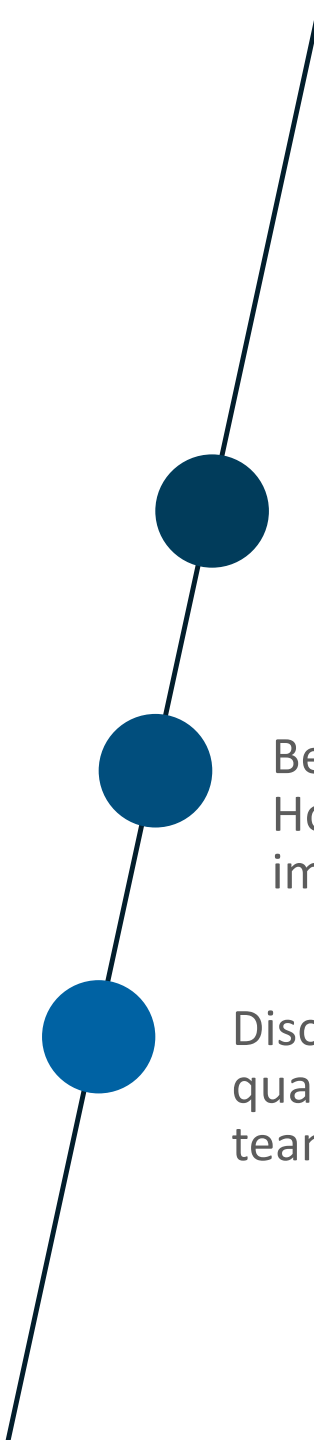




## Dr. Emmett Harrison BSc MD CCFP(EM)

- Family & Emergency Physician in Swift Current
- Master of Health Science
  - Quality Improvement Thesis Program
- QI Roles
  - Patients Medical Home Physician Lead
  - Pharmacy Care Pilot Physician Lead
  - Local Resident Scholarly Project Lead
  - Health Quality Council QI Mentor

# Objectives



Be inspired to utilize similar quality improvement practices in your own collaborative interdisciplinary care groups

Become advocates for expanding a Patient's Medical Home model including continuous quality improvement

Discover opportunities for leveraging existing provincial quality improvement programs to educate your clinical team.



## Pilot Project ≠ Continuous Quality Improvement

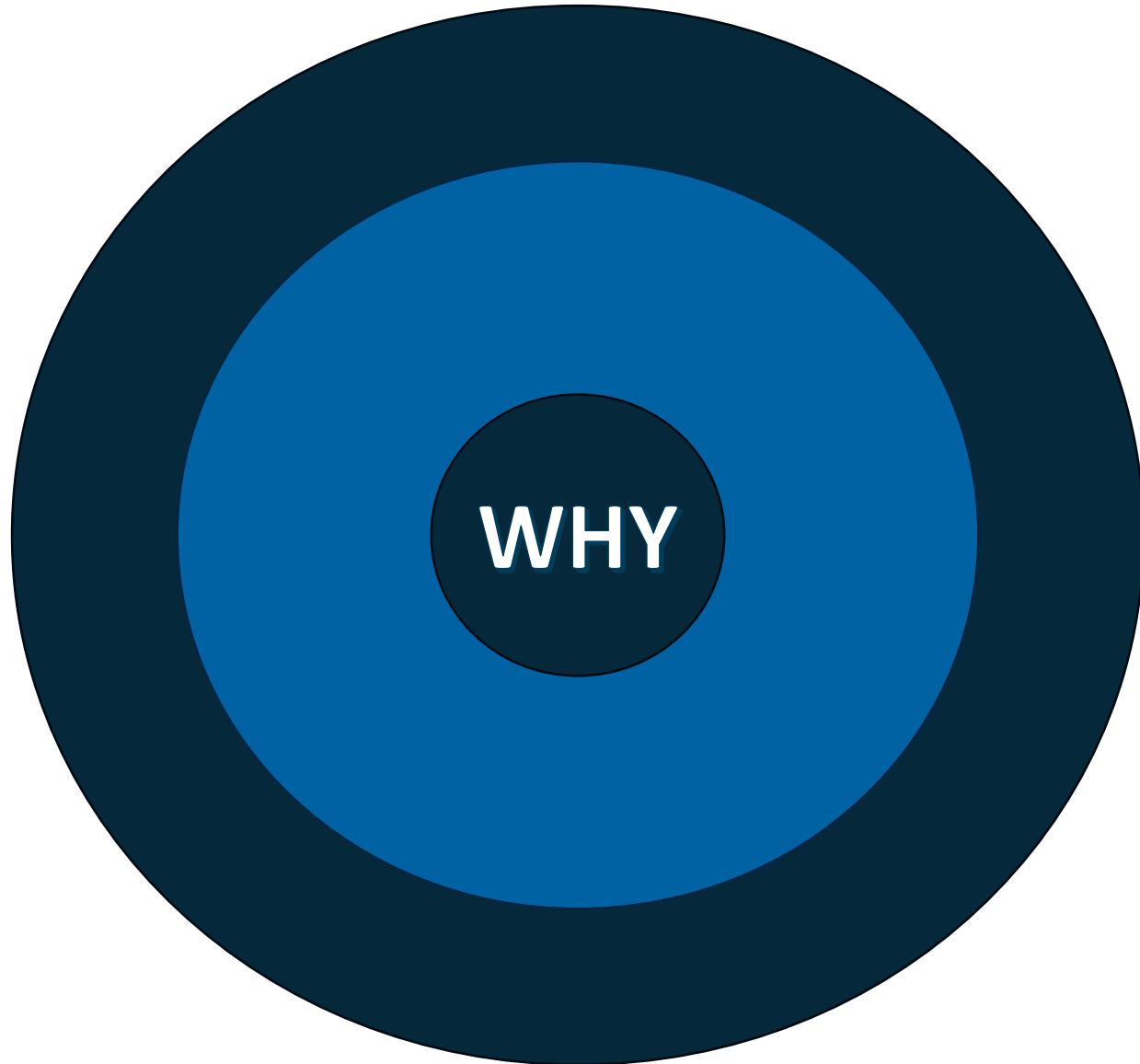
... but a Pilot Project can include Continuous Quality Improvement

**Pilot**: An initial small-scale implementation that is used to prove the viability of a project idea. – *UK Association of Project Management*

**Continuous Quality Improvement**: The framework to systemically improve processes and systems. – *Saskatchewan Health Quality Council*

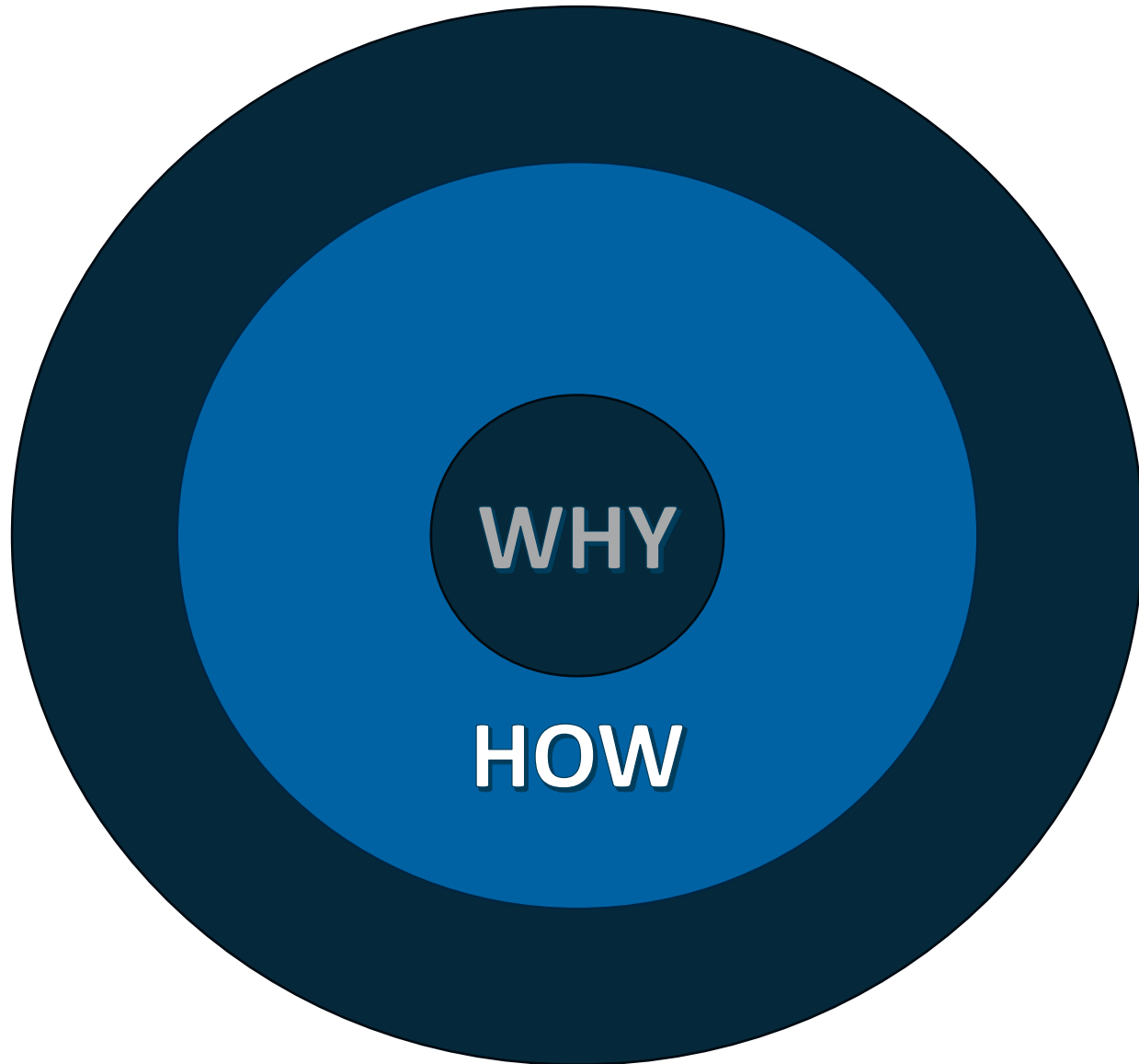


# Patient's Medical Home Pilot



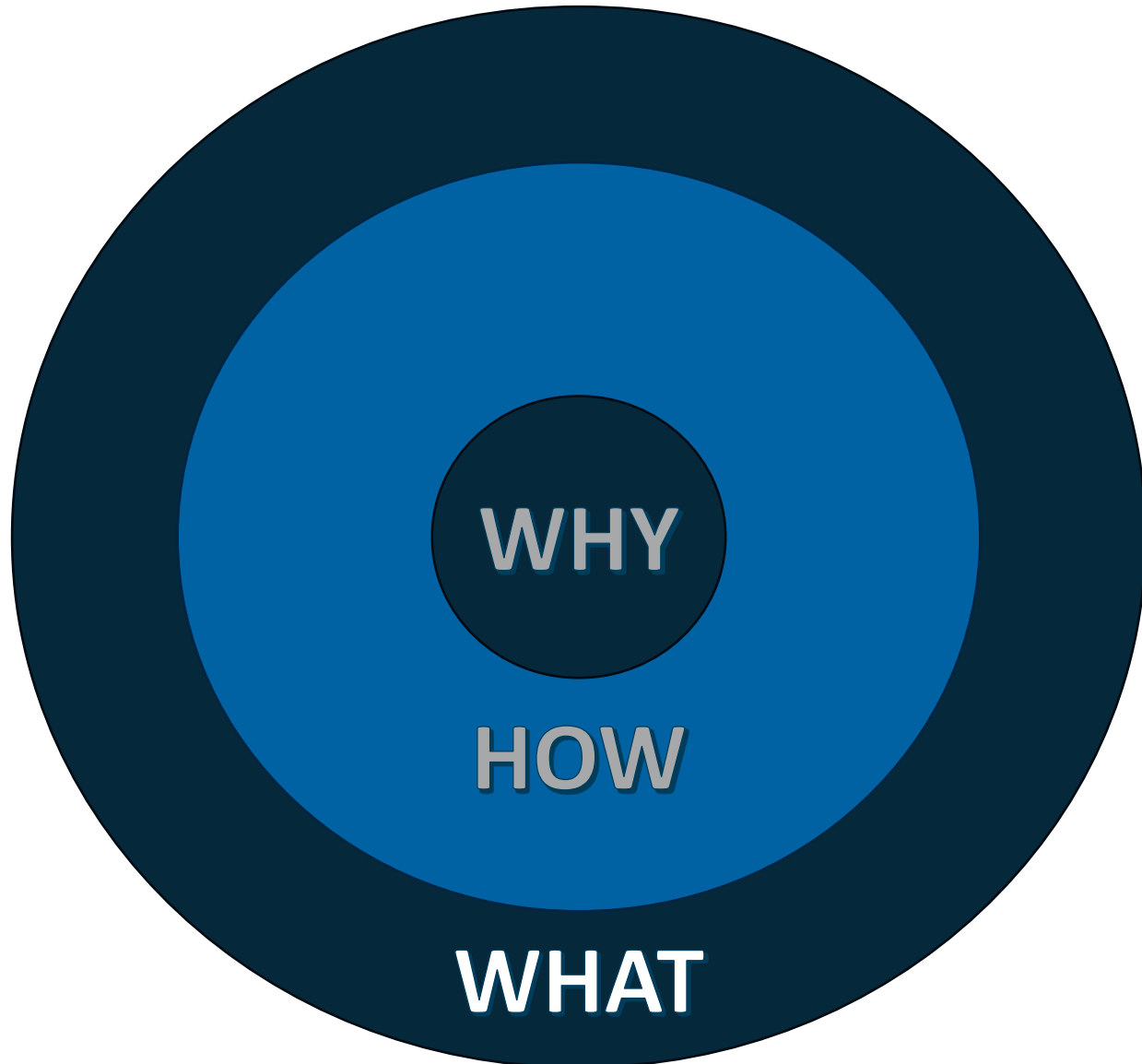
- Why
  - Our goal is to improve access to primary care, physician and team satisfaction, and patient experiences.

# Patient's Medical Home Pilot



- Why
  - Our goal is to improve access to primary care, physician and team satisfaction, and patient experiences.
- How
  - Create a collaborative and high functioning interdisciplinary team in an outpatient family medicine clinic.

# Patient's Medical Home Pilot

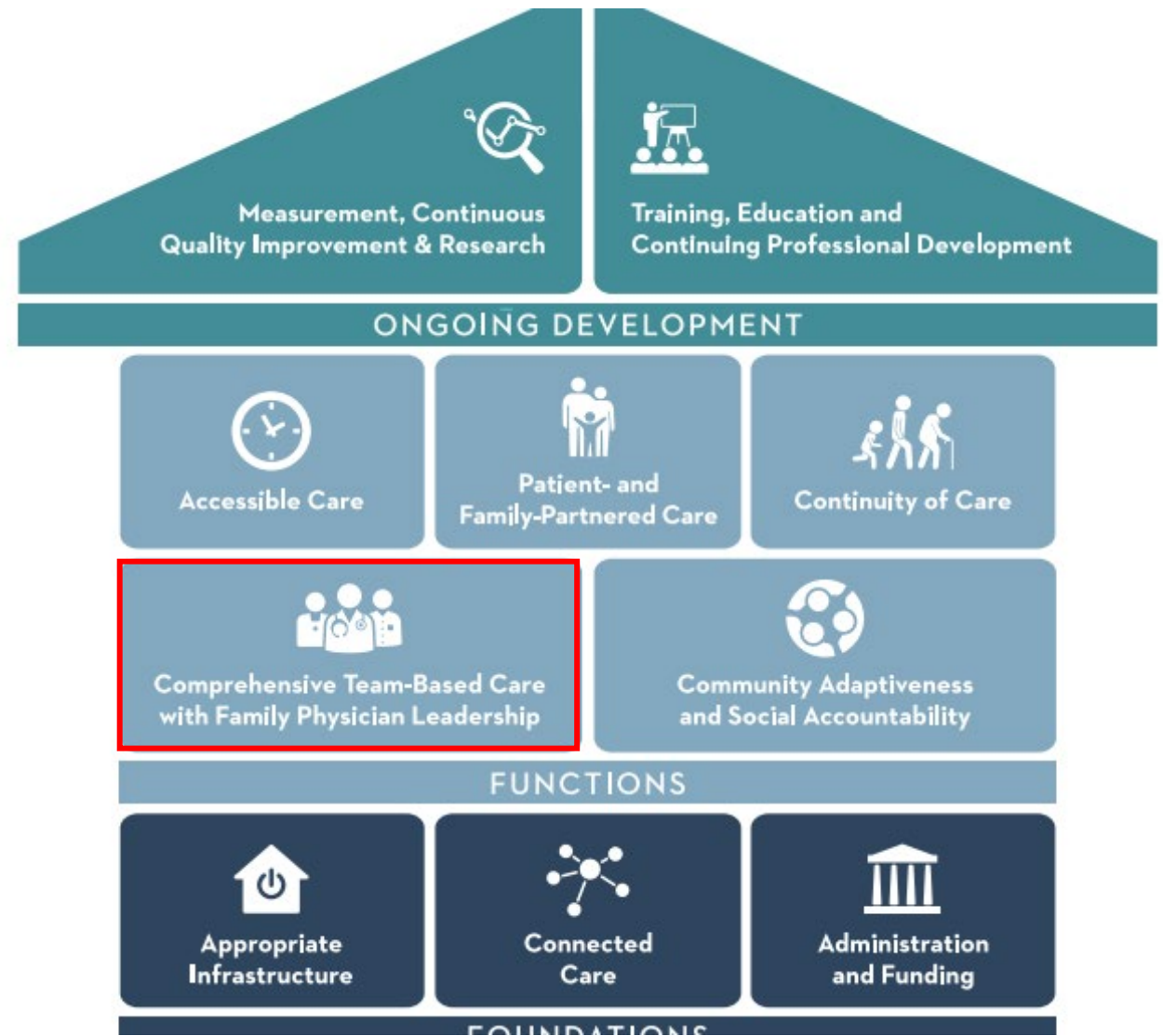


- Why
  - Our goal is to improve access to primary care, physician and team satisfaction, and patient experiences.
- How
  - Create a collaborative and high functioning interdisciplinary team in an outpatient family medicine clinic.
- What
  - We have received funding for an LPN, RN and Social Worker at the Associate Family Physicians Clinic as a pilot project. This team has dedicated Physician Leads.



College of Family Physicians  
of Canada  
Patient's Medical Home

- ▶ Vision for the College of Family Physicians of Canada
- ▶ The key pillar addressed is the introduction of a comprehensive multiple disciplinary team (under one roof) lead by family physicians in the outpatient family medicine clinic
- ▶ Many of the 10 pillars of the Patient's Medical Home vision of the College of Family Physicians of Canada may be addressed by this pilot as a byproduct
- ▶ Better patient care!



<https://patientsmedicalhome.ca/>

# Emphasizing Quality



## 1. Safety

Could including more of an interdisciplinary team allow us to follow patients more cautiously?



## 2. Effective

Could our interdisciplinary team obtain better health outcomes for our patients?



## 3. Patient-centred

Can we provide health services that patients and their families prefer?



## 4. Timely

Could more care workers decrease wait times for primary care?



## 5. Efficient

Could co-locating different team members and using one electronic medical device allow our health services to move more smoothly?



## 6. Equitable

Can a difference in our way we provide care to allow our patients fair access to health services?

# The Model for Improvement

- Fitting the Patients Medical Home Pilot Project into an improvement model.



## 1. AIM

Improve access to Primary Care for our patients at AFPC by arranging ourselves in a Patient's Medical Home (Interdisciplinary) care model



## 2. MEASURES

Physician Visits Saved  
Patient reported outcome measures  
Staff Satisfaction



## 3. CHANGE IDEAS

1. Transfer the function from physicians to these allied health professionals.
2. Triage system
3. Alter schedule for urgent booking
4. Improve the flow of patients through the office.



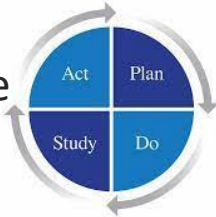


We aim to save 500 physician visits in 6 months of the PMH Pilot Project by transferring physician tasks to the collaborative interdisciplinary team, meanwhile, maintaining/improving patient outcomes (Patient Reported Health Outcome Questionnaire) and staff satisfaction (Work-Life Questionnaire).

# Patient's Medical Home Pilot

PLAN-DO-STUDY-ACT

Licensed Practical Nurse  
October 6<sup>th</sup>, 2023



October 1<sup>st</sup>, 2023

MEASURES

 **500**  
**Saved Visits**  
By April 1<sup>st</sup>, 2024

## Physician Visits Saved:

- 2 immunizations
- Removal of Sutures
- Blood pressure follow-up
- Result Recalls
- Co-booked Visits per 10 minutes saved
  - Chronic Disease Visit
  - New Patient History Taking
  - Second Prenatal

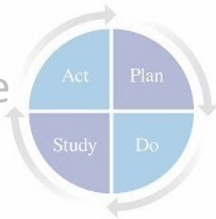
# Patient's Medical Home Pilot

**PLAN-DO-STUDY-ACT**

Registered Nurse  
December 4<sup>th</sup>, 2023



Licensed Practical Nurse  
October 6<sup>th</sup>, 2023



**October 1<sup>st</sup>, 2023**

**MEASURES**

🎯 **500**  
**Saved Visits**  
By April 1<sup>st</sup>, 2024

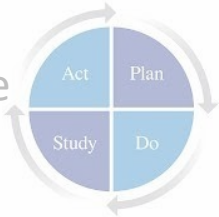
## Physician Visits Saved:

- **PAP Smears**
- **Adverted Triage Patients**
- 2 immunizations
- Removal of Sutures
- Blood pressure follow-up
- Result Recalls
- Co-booked Visits per 10 minutes saved
  - Chronic Disease Visit
  - New Patient History Taking
  - Second Prenatal

# Patient's Medical Home Pilot

**PLAN-DO-STUDY-ACT**

Licensed Practical Nurse  
October 6<sup>th</sup>, 2023



Registered Nurse  
December 4<sup>th</sup>, 2023



Social Worker  
January 15<sup>th</sup>, 2024



**October 1<sup>st</sup>, 2023**

**MEASURES**

🎯 **500**  
**Saved Visits**  
By April 1<sup>st</sup>, 2024

## Patient Satisfaction:

- High Frequency Care User Needs Assessments Quarterly

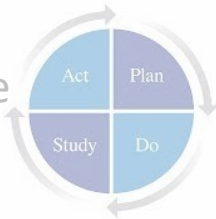
## Diverted Paperwork:

- Screening Disability Tax Credit Forms

# Patient's Medical Home Pilot

**PLAN-DO-STUDY-ACT**

Licensed Practical Nurse  
October 6<sup>th</sup>, 2023



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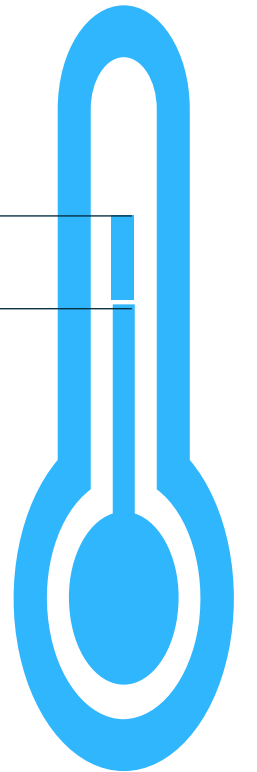
Staff Satisfaction

Patient Reported Outcomes



January 26<sup>th</sup>, 2024 = 325  
December 29<sup>th</sup>, 2023 = 200

🎯 **500**  
**Saved Visits**  
By April 1<sup>st</sup>, 2024





# Nursing Cancellation List Triage

## Change Idea:

1. We have unnecessary visits. Can a nurse divert these appropriately?
2. We want to see urgent cases, but don't know how. Can a nurse assist with this?



## PLAN

The patients on the cancellation list are reviewed by the RN and booked into on an urgent basis or diverted accordingly



# Nursing Cancellation List Triage

PLAN

DO



8:45-9:15am triage is complete, an urgency classification is made. Same day reserved visits are filled, EMR tasks are created, questionable cases are review with the Doctor of the Day (DotD)

# Nursing Cancellation List Triage

PLAN

DO



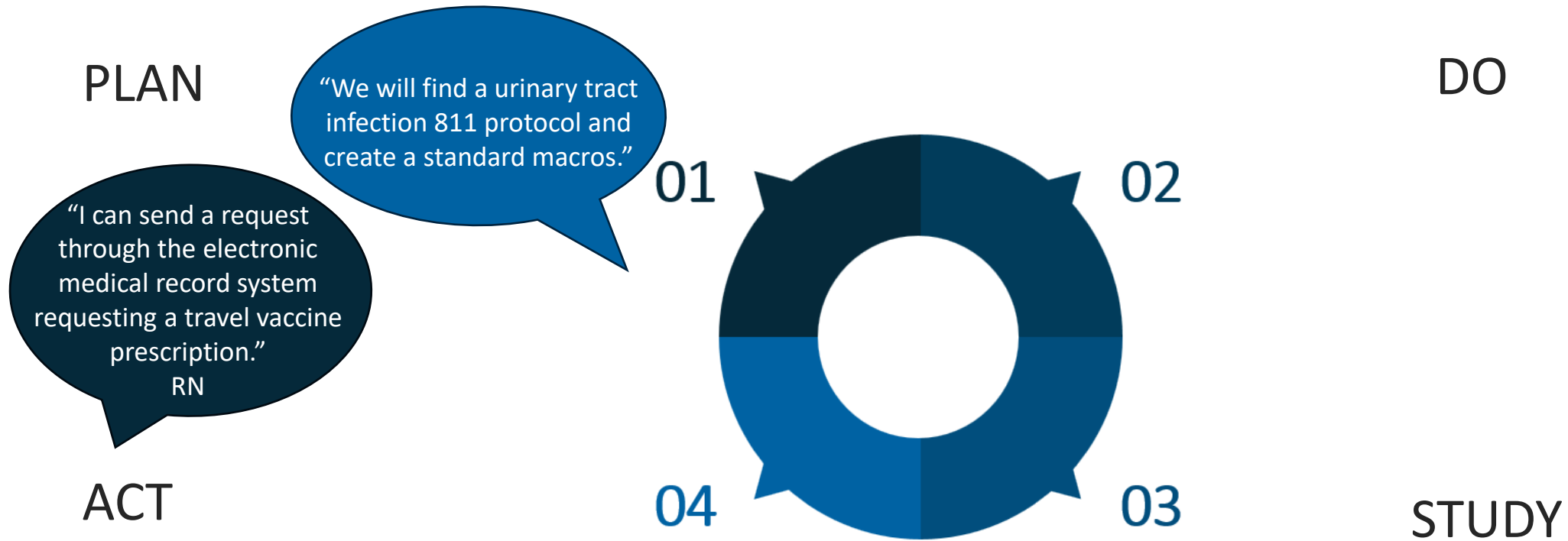
“I have the training to counsel patients on travel vaccine requests.”  
RN

“I would like to know more about their urinary tract infection to determine patient urgency.” MD

STUDY

Weekly audit of triage cases by MD. Huddle feedback, patient feedback and anonymous staff feedback.

# Nursing Cancellation List Triage



- Change nursing triage algorithm
- Refine communication with team
- Alter the booking process

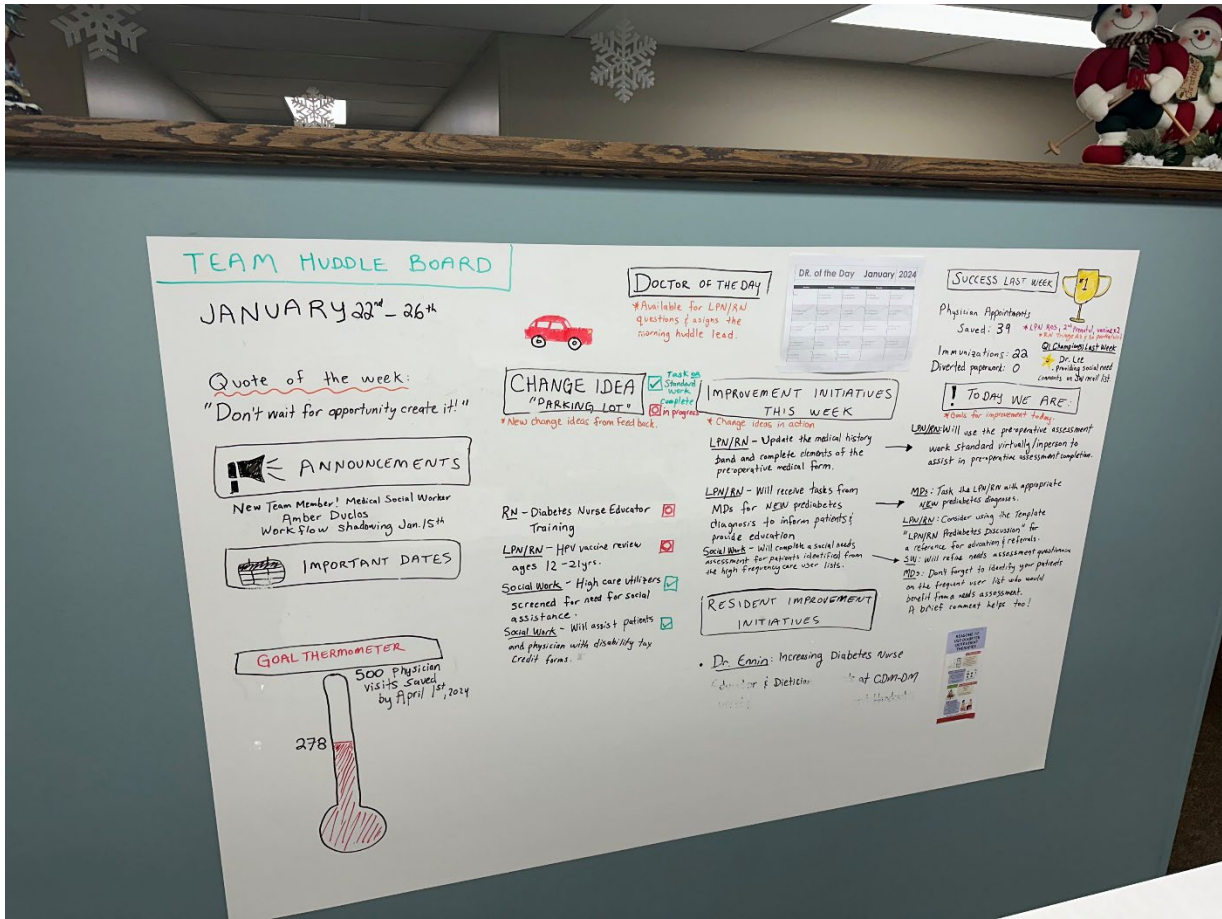


# Team Huddle



MORNING HUDDLE <i>(before 1st patient of the day)</i>	
Team Check-in	Notes
How is everyone feeling today?	
Who is in the clinic today? e.g. doctor of the day, allied health, check R2 sign out doctor	
Is anyone away? Leaving early? How will we manage that?	
Is there anything else we should know today or for this week? e.g. announcements, important dates	
Other items	
Schedule Review	
Is there anything the team should know about? e.g. patient grieving, frequent no-show, difficult diagnosis	
How is our cancellation list?	
Can we offer opportunistic care while they're here? e.g. screening, prescription renewal, vaccinations	
Are there any improvement initiatives today? *Reference the team huddle whiteboard	
Other items	
End of Week	
What went well this week?	
What could have gone better?	
Any updates on new initiatives?	
Anything GROSS from the previous week to change? *Getting rid of stupid ****	

# Huddle Script



# Daily Visual Management Board

# Feedback

- Anonymous



### AFPC Workflow & Morning Huddle Feedback

Please feel free to provide constructive and anonymous feedback regarding our morning huddle or suggestions for work flow. Feedback is reviewed by the physician leads (Emmett & Kayla) on a weekly basis. Thank you for your participation! Have a wonderful day!

Provide your feedback and workflow suggestions here:

Long answer text

Paragraph

Required

# Work Standards

- Key standardization of processes
- Limits mistakes
- Reference for training
- Repository available on every computer station
- Reviewed by those completing the role

## ASSOCIATE FAMILY PHYSICIANS CLINIC – WORK STANDARD

**ROLE(S):** RN

**TOPIC:** Cancellation List Triage

**VERSION:** 1.0

**LAST REVIEW/REVISION:** December 2, 2023

**LAST EDITOR:** Dr. Emmett Harrison

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### PURPOSE

The RN will review the patients on the cancellation list virtually via phonecall with reference to their EMR to determine their urgency for seeing a physician for reserved same day appointments. The RN will also assist with diverting specific presentations to more appropriate care providers (ER, behavioural health consultant). A more detailed history will be taken on their presenting complaint and documented into the EMR for assisting the physician.



# Challenges



# Social Barriers (and how to break them)

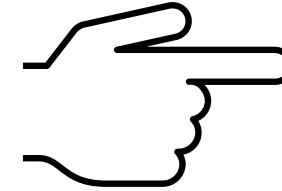
## Team Buy-in

**Huddle Script:** “Are there any opportunities for opportunistic care for our patients?”

**Staff Statement:** “We are already doing everything we can.”



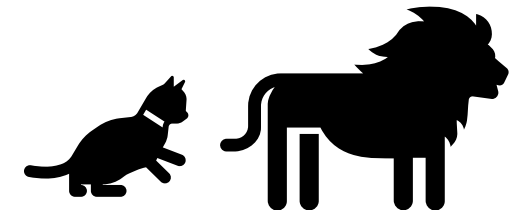
## Solution:



## Perceived increased workload

**MD Statement:** “I don’t think I have the time for training the nurse how to be integrated into the chronic disease visit today.”

**Lead Response:** “There is a lot to be learned from observation, have her sit in on your visit today. Eventually, co-booked visits will decrease the time you have to spend individually with the patient for the same results.”





Success

# Appointments Saved

Excel spreadsheet titled "Saved Appointments Dec 4th to 8th - 2023".

	A	B	C	D	E	F
1		LPN	Vaccine	RN		
2	Mon	0	2	3		
3	Tue	3	12	2		
4	Wed	4	2	3		
5	Thur	2	12	1		
6	Fri	6	4	0		
7	Total Ind	15	32	9		
8	Total All			40		



**Appointments Saved**  
**October 16 – December 29<sup>th</sup>, 2023**

**High score week!**

# Staff Feedback

“I feel like I got my paperwork done early this week” - MD

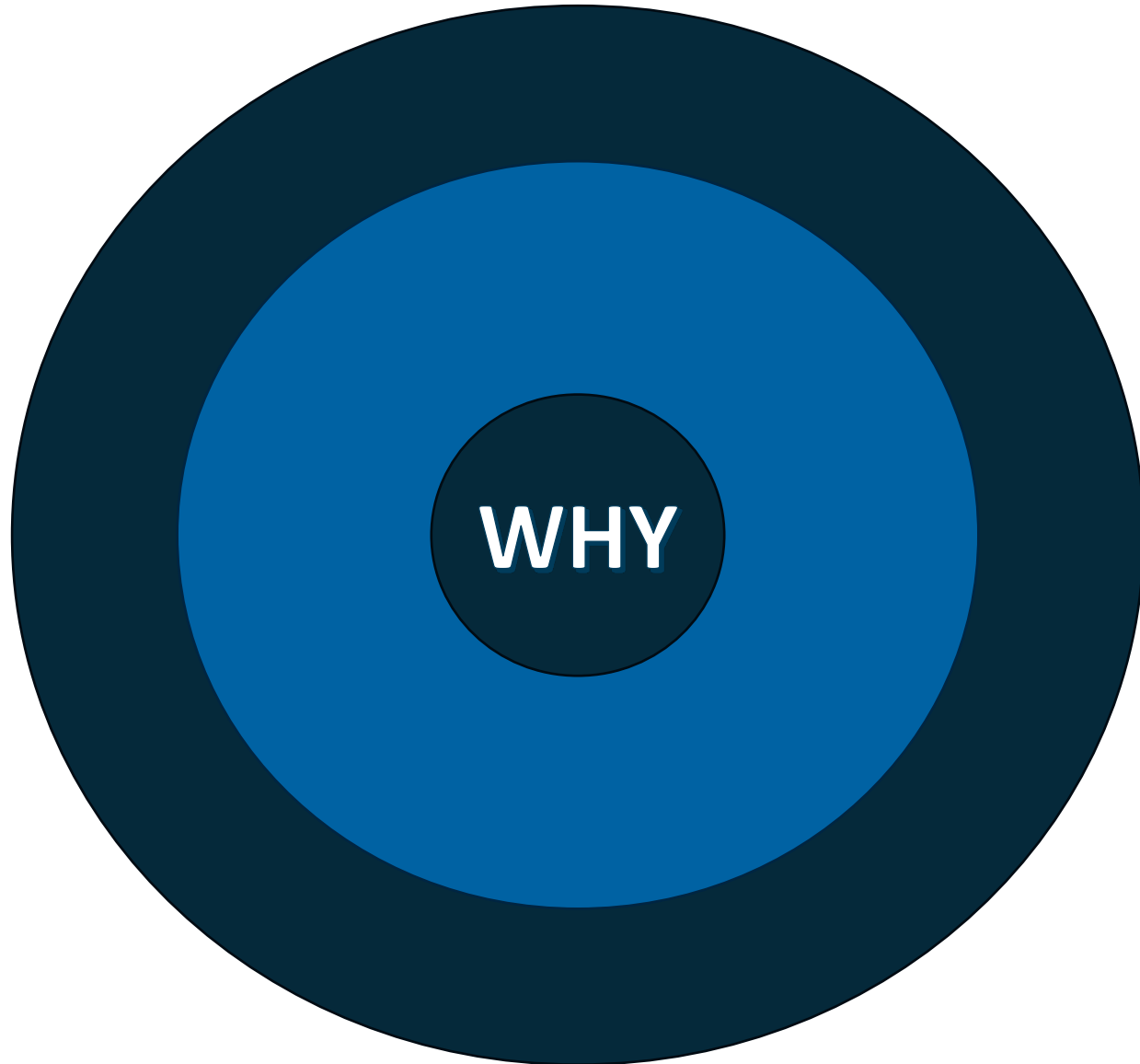
“Having more access for PAP smears will really help us out.” - Reception

**“I can’t believe we got through our cancellation list!” - Reception**

“I don’t know why we did our own immunizations in the first place.” - MD

“I love working with them [medical office assistants]!” - Nursing

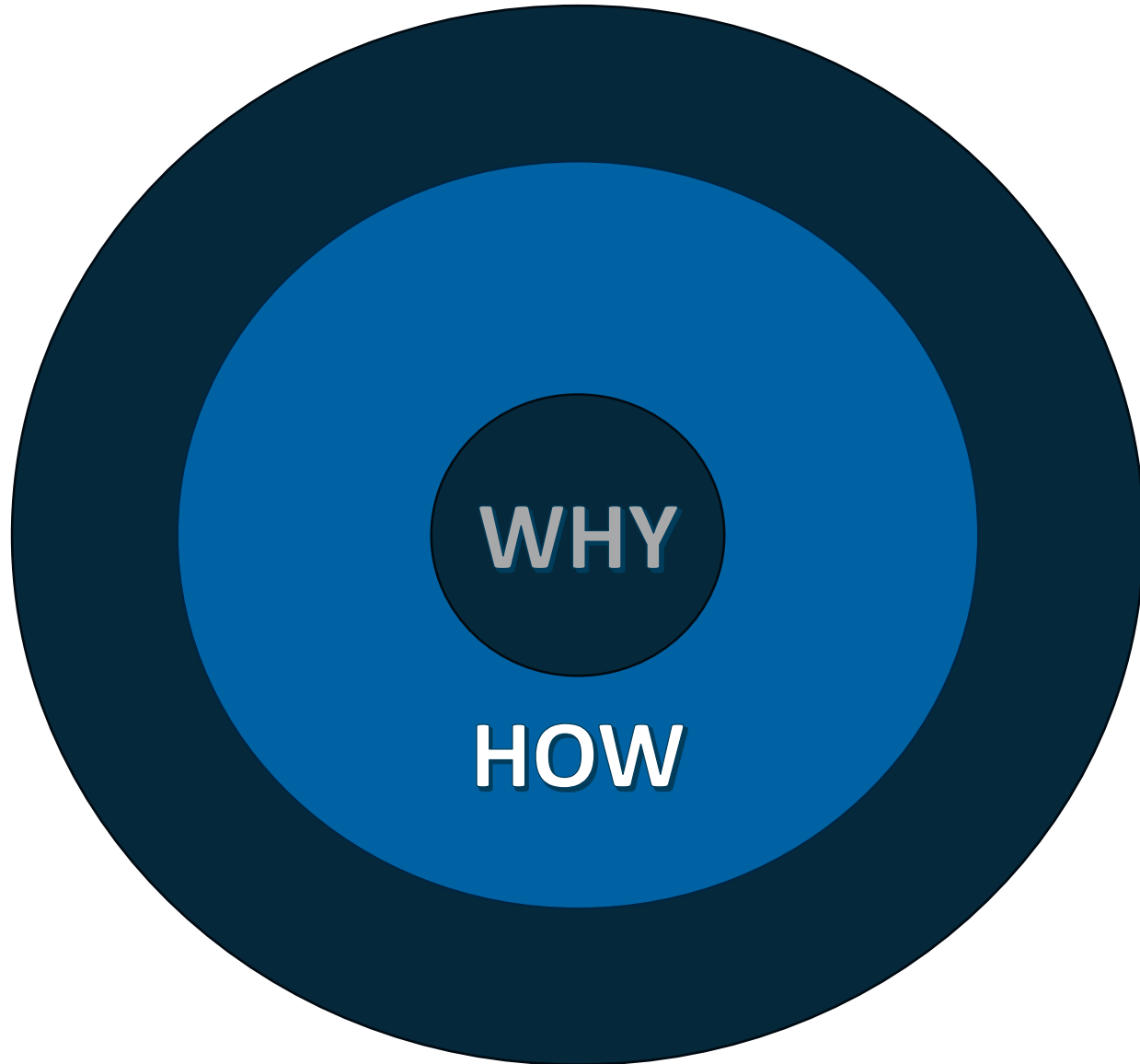
# Pharmacy Care Pilot



- Why
  - Our goal is to improve access to primary care, physician and pharmacist satisfaction, and patient experiences.

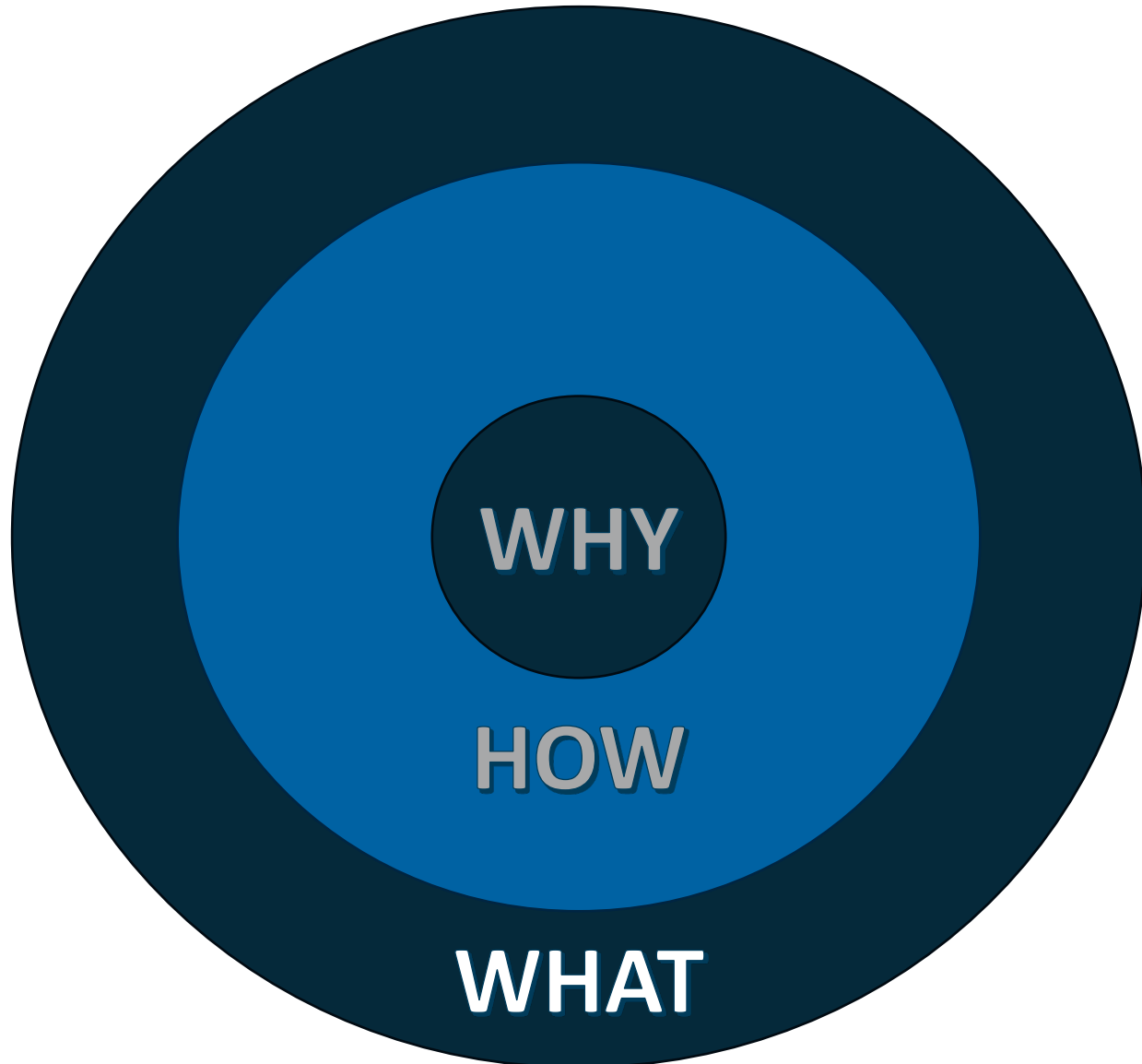


# Pharmacy Care Pilot



- Why
  - Our goal is to improve access to primary care, physician and pharmacist satisfaction, and patient experiences.
- How
  - Utilize a collaborative practice agreement to successfully transfer function from three physicians in Swift Current and pharmacists at the local Shoppers Drug Mart.

# Pharmacy Care Pilot



- Why
  - Our goal is to improve access to primary care, physician and pharmacist satisfaction, and patient experiences.
- How
  - Utilize a collaborative practice agreement to successfully transfer function from three physicians in Swift Current and pharmacists at the local Shoppers Drug Mart.
- What
  - Government supported trial of an increase scope of practice for pharmacists in a phased, measured and collaborative way prior to a formal scope expansion in 2024.

15-Dec-2023

Dr. Gary Groot and Dr. Tracey Carr  
Department of Academic Family Medicine  
College of Medicine  
University of Saskatchewan

Dear Dr. Groot and Dr. Carr,

Thank you for providing a summary of the project entitled, "Increasing the Uptake of Annual Preventative Chronic Obstructive Pulmonary Disease Assessments by Utilizing a Collaborative Practice Agreement between Family Physicians and Pharmacists", as provided by email on December 13, 2023. In the opinion of the Research Ethics Board (REB) the activities described are exempt from the requirement of Research Ethics Board (REB) review and approval based on article 2.5 of the Tri-Council Policy Statement (TCPS2). Article 2.5 specifies "*quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing with normal educational requirements when used exclusively for assessment, management or improvement purposes do not constitute research for the purposes of this Policy, and do not fall within the scope of REB review.*"

Although this project is exempt of the requirement for research ethics review, it should be conducted in an ethical manner in accordance with the information that you submitted to the REB and in keeping with the Saskatchewan Health Information Protection Act (HIPA). Any deviation from the original methodology should be brought to the attention of the Biomedical Research Ethics Board for further review.

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*Digitally Approved by Phil Chilibeck, Ph.D.,  
Vice-Chair, Biomedical Research Ethics Board  
University of Saskatchewan*

cc: Emmett Harrison (Student Researcher)

## Increasing the Uptake of Annual Preventative Chronic Obstructive Pulmonary Disease Assessments by Utilizing a Collaborative Practice Agreement between Family Physicians and Pharmacists

Dr. Emmett Harrison

CHEP 878: Clinical Quality Improvement Course Project

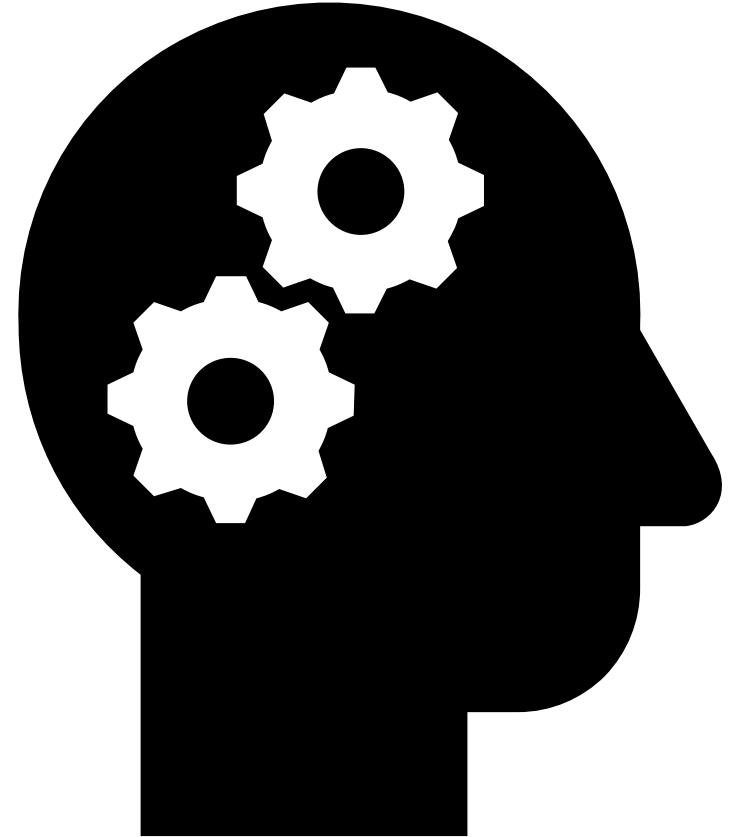
Supervisors Dr. Garry Groot & Dr. Tracey Carr

Pilot Project ≠ Continuous Quality Improvement

... but a Pilot Project can include Continuous Quality Improvement

# Problem

- Only 8/214 patients of the Associate Family Physicians Clinic with a diagnosis/suspected diagnosis of Chronic Obstructive Pulmonary Disease (COPD) had a comprehensive Chronic Disease Management (CDM) Quality Improvement Program (QIP) assessment in the last 12 months (October 2022-23).
- A lack of routine care is associated with an increase in severe COPD exacerbations and hospitalization.



# Emphasizing Quality



## 1. Safety

Can a transfer of function to increase access to care be safely overseen by a physician when customizing a collaborative agreement?



## 4. Timely

Can a transfer of function improve access for timely requests for COPD review from patients?



## 2. Effective

Do the pharmacists have a specialized skill set to provide more wholistic COPD care?



## 5. Efficient

Can COPD reviews decrease the number for prescription renewal faxes get sent to the physician from the pharmacy?



## 3. Patient-centred

Do the extended hours of pharmacies and greater access provide care options preferred by patients?



## 6. Equitable

Can discussions about COPD drug coverage and exceptional drugs status happen more easily when pharmacists prescribe the medications?



**We aim to increase the total number of annual preventative COPD visits for the population of Associate Family Physicians Patients/Shoppers Drug Mart shared patients with COPD by 30 visits (previous 12 months, 1/43 on October 10, 2023) in the next 6 months. Meanwhile, we hope that the patient experience with a pharmacist led COPD visit is similar or better than their experience with a physician.**



# The Model for Improvement

- Fitting the Pharmacy Pilot Project into an improvement model.



## 1. AIM

Improve the frequency of Annual comprehensive Chronic Obstructive Pulmonary Disease Visits

Maintain/improve the patient experience during these visits



## 2. MEASURES

COPD Indicators

Adherence to COPD Treatment Guidelines

Patient Experience Survey

ER Visit/Hospitalization Frequency

Provider Satisfaction



## 3. CHANGE IDEAS

1. Pharmacist transfer of function for COPD Comprehensive Assessments
2. Provider communication through interoperability.
3. Creation of a Collaborative Practice Agreement & Measurement tool kit for scaling change.

# PDSA Cycle #1: December 9<sup>th</sup>, 2023– January 9<sup>th</sup>, 2024

## PLAN

- Exercise the collaborative practice agreement (CPA)
- Gain feedback every 2 weeks from the professionals involved
- Obtain measures every month.



# PDSA Cycle #1: December 9<sup>th</sup>, 2023– January 9<sup>th</sup>, 2024

## PLAN

- Exercise the collaborative practice agreement (CPA)
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## DO

- 7 patients with COPD in 1 month
- Radio, newspaper, online, and word of mouth patient advertisement.
- One provider meeting in 1 month

# PDSA Cycle #1: December 9<sup>th</sup>, 2023– January 9<sup>th</sup>, 2024

## PLAN

- Exercise the collaborative practice agreement (CPA)
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## DO

- 7 patients with COPD in 1 month
- Radio, newspaper, online, and word of mouth patient advertisement.
- One provider meeting in 1 month

## STUDY

- Provider factors: holidays
- Patient factors: single vs multiple comorbidities
- System factors: interoperability failure, spirometry software upgrade
- Missed depression/anxiety screen and action plan creation

# PDSA Cycle #1: December 9<sup>th</sup>, 2023– January 9<sup>th</sup>, 2024

## PLAN

- Exercise the collaborative practice agreement (CPA)
- Gain feedback every 2 weeks from the professionals involved
- Obtain measures every month.

## ACT

- Trouble shoot EMR data transfer
- Identified need for more chronic diseases comorbid with COPD managed at the pharmacy to increase uptake of service.
- Suggestions for pharmacy COPD reviews and EMR template alternation.



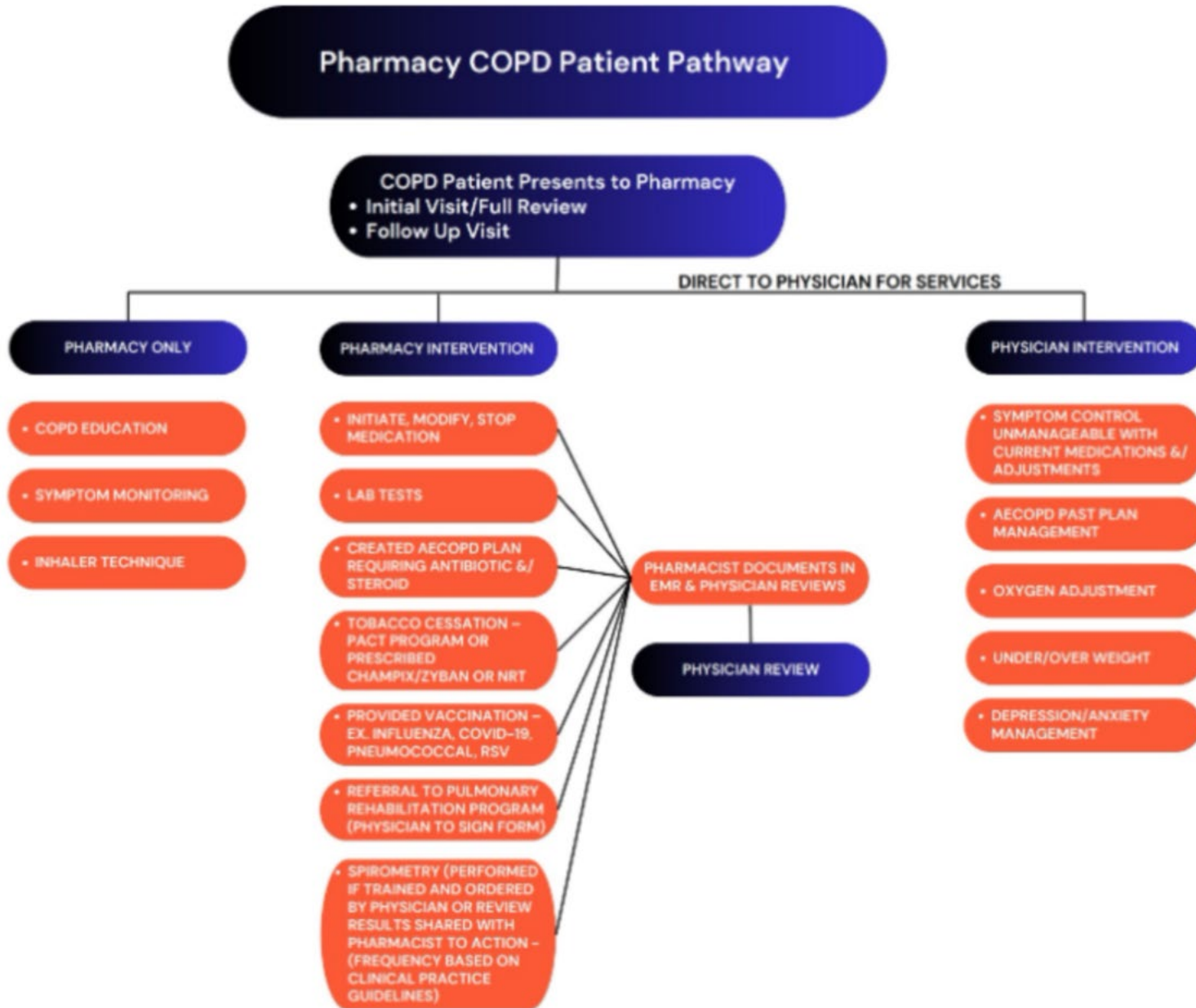
## DO

- 7 patients with COPD in 1 month
- Radio, newspaper, online, and word of mouth patient advertisement.
- One provider meeting in 1 month

## STUDY

- Provider factors: holidays
- Patient factors: single vs multiple comorbidities
- System factors: interoperability failure, redirected faxes at the Associate Clinic, spirometry software upgrade.
- Missed depression/anxiety screen and action plan creation

## Patient Pathway



# Team Charter



<b>COPD - Relevant Medications for Pharmacist Intervention</b>
Short-acting beta-agonists (SABA)
Short-acting muscarinic antagonists (SAMA)
SAMA-SABA Combinations
Long-acting muscarinic antagonists (LAMA)
Long-acting beta-agonists (LABA)
LAMA-LABA Combinations
Inhaled Corticosteroids (ICS)
LABA-ICS Combinations
LABA-LAMA-ICS Combinations
Roflumilast†
N-Acetylcysteine†
Azithromycin (long-term AECOPD prevention) †
Azithromycin (short-term AECOPD treatment)
Theophylline†
Oral corticosteroids
Amoxicillin
Doxycycline
Trimethoprim-sulfamethoxazole
Clarithromycin
Azithromycin
Erythromycin
Cefuroxime axetil

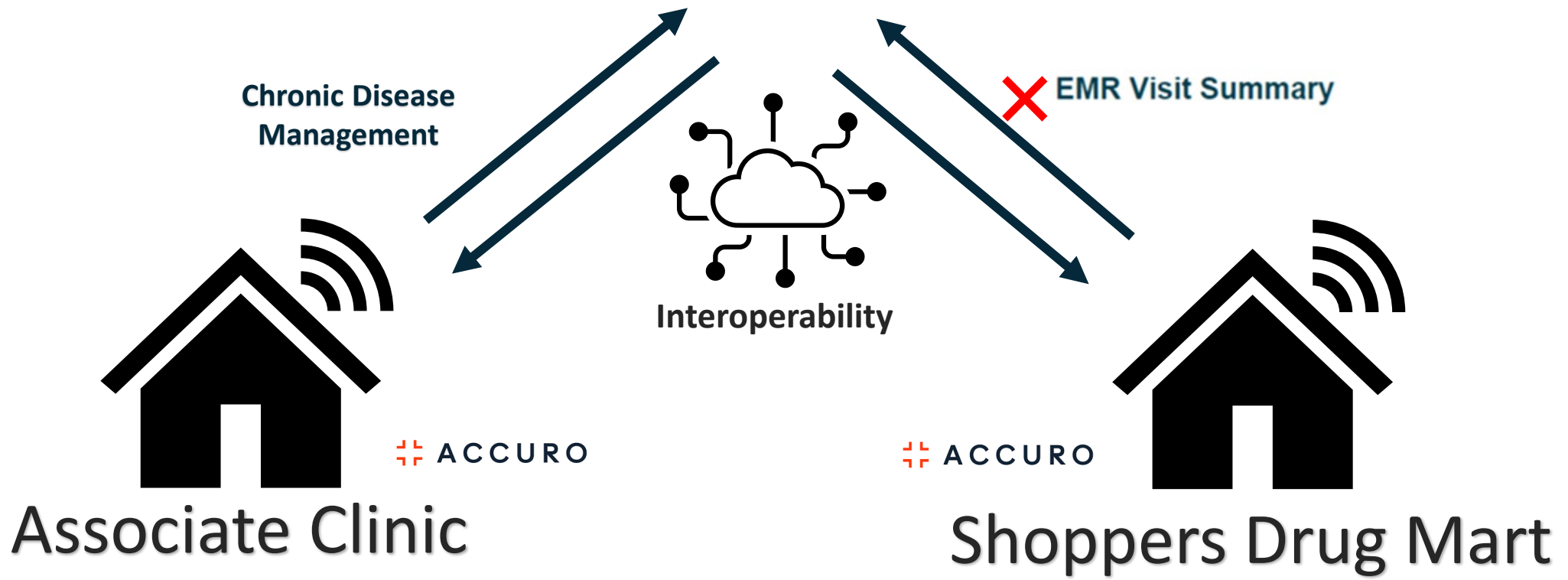
† Indicates drugs and classes where the pharmacist may only adjust /discontinue existing therapy and not initiate these medications as per the CPA.

## Pharmacist Actions and Critical Lab Standards

<u>Urgency Level</u>	<u>Action Items</u>	<u>Weekend Modifiers</u>	<u>Escalations</u>	<u>Notes</u>
EMERGENT	<ul style="list-style-type: none"> <li>Refer to Emergency department/Call EMS</li> <li>Contact prescriber by phone within 30 mins (cell)</li> <li>Fax details to office</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None. If unable to reach prescriber inform them when they call back that referral was made to ER</li> </ul>	<ul style="list-style-type: none"> <li>Critical lab value as per provincial lab database AND patient presents with symptoms that requires immediate care</li> <li>Present with symptoms (e.g. AECOPD with significant symptoms and difficulties) that necessitate immediate attention outside scope of CPA</li> <li>Altered level of consciousness, severe chest pain, respiratory difficulty and SPO2 &lt; 88</li> </ul>
URGENT	<ul style="list-style-type: none"> <li>Contact prescriber by phone within 1 hour (cell)</li> <li>Fax details to office</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>If unable to reach prescriber within 1 hour via phone, refer to urgent care (walk-in or emergency dept dependent on severity and/or time of day)</li> </ul>	<ul style="list-style-type: none"> <li>Lab values requiring attention within the next 24 hours (e.g. INR above 6, O2 reading below 90%)</li> <li>Present with symptoms that necessitate action within a few days (e.g. AECOPD after pharmacist started treatment protocol)</li> <li>Critical lab value and asymptomatic</li> </ul>
MODERATE	<ul style="list-style-type: none"> <li>Contact prescriber by phone (cell) by end of day</li> <li>Fax details to office</li> </ul>	<ul style="list-style-type: none"> <li>Wait until next business day for contact</li> </ul>	<ul style="list-style-type: none"> <li>If unable to reach prescriber within 48 hours, reach out to alternative prescriber for support or refer patient to walk-in if urgency increases</li> </ul>	<ul style="list-style-type: none"> <li>Lab values requiring attention within the next 7-14 days (e.g. all remaining out of range INR)</li> <li>May or may not present with mild symptoms but require symptom management that has failed with pharmacist interventions (e.g. symptom control in COPD, hypothyroidism)</li> </ul>
LOW	<ul style="list-style-type: none"> <li>Contact prescriber by fax to provide details of pharmacist actions</li> </ul>	<ul style="list-style-type: none"> <li>Wait until next business day for contact</li> </ul>	<ul style="list-style-type: none"> <li>If no response is heard within 7 days, call the prescriber for follow-up and guidance on next steps.</li> </ul>	<ul style="list-style-type: none"> <li>Lab values may or may not require attention</li> <li>Patient presenting with complications to indication that fall outside the scope of the CPA (e.g. anxiety/depression related to COPD, weight loss/gain, greater than 1 year with hypothyroidism apt, symptoms not improving with treatment in hypothyroidism, pregnancy, etc)</li> </ul>

\*When physician is away, please contact physician on call/covering\*

# eHealth Saskatchewan



# Pharmacy Pilot: All Transfer of Function Diseases

How does COPD compare to the rest of the diseases over the same interval?



COPD Visits

7 Patients



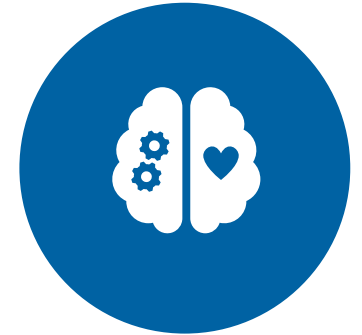
INR

0 Patients



Hypothyroidism

11 Patients



Anxiety/Depression

50+ Patients

\*Psychiatrist run

Patients without a  
primary care provider



# Success



# Provider Feedback

“I have received requests from patients in the community to be part of our clinic with the sole purpose is to be part of the Pharmacy Pilot. There is a need for more providers to be involved.” - MD

“I have not felt burdened by pharmacy contact, whatsoever, and feel like we have more capacity for more diseases to transfer function.” – MD

**“It is a lot of fun; I enjoy the deeper conversations I get to have with patients that can’t happen in the typical 2-minute window.” - Pharmacist**

“I believe a thorough review at the time it is needed is more beneficial for the patients” - Pharmacist

“We are getting requests for more of patient’s diseases to be managed at the pharmacy” - Pharmacist



# Provincial QI Resources

- QI in Clinics
  - Free!
  - Bring your QI ideas to life in 4 months
  - 58 hrs of Accredited CME
  - You can bring 1-5 staff members
  - Coaching, Tools, Patient Partners, Connections, EMR Assistance
- SMA EMR Program
  - Paid!
- U of S QI Master Program
  - Asynchronous Clinical Quality Improvement Program content



# Integrate Learners

- Resident Scholarly Improvement Projects
  - Focus on QI & Practice Improvement
- Deans Summer Research Program
  - May continue your QI in Clinics Project



# Summary: Emmett's Words of Wisdom



## 3 QI Necessities

"Quality" Aim, Measures, & Change Ideas



## Data Obstacles Shouldn't Hault QI

You don't have to hold out on the best measures or communication. Simple tallies or informal communication can capture helpful information in the QI process.



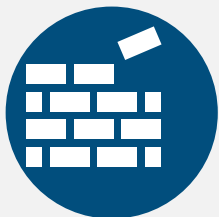
## Helpful Tools for QI

Team Charter, Daily Vision Management, Touchpoints, Feedback Platform, Standard Work



## Use QI Support & Education

Consider the QI in Clinics Program for CME, SMA-EMR program, or QI Masters to support you in your change ideas.



## Break Social Barriers

The social part of change can be hard but can be tackled with leadership skills such as a shared vision, "win-win" principle, and highlighting champions.



## Integrate Learners

Resident research & student deans projects help you to complete your local QI projects. They also provide an opportunity to learn with future physician that continue QI practices.

# Acknowledgements

- Saskatchewan Health Quality Council
- Dr. Bahler - Sylvian Family Health Center
- Associate Clinic Staff
- Shoppers Drug Mart Staff
- Drs. Gary Groot & Tracy Carr

# Questions

- If you don't have the question today, but want to connect further regarding any topics discussed today:



[eph909@mail.usask.ca](mailto:eph909@mail.usask.ca)



@HARRISONEMMETT



[linkedin.com/in/emmett-harrison-md/](https://www.linkedin.com/in/emmett-harrison-md/)



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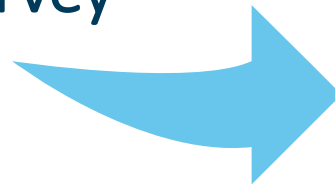




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