IHI Insight

The Experience of Healthcare

Virtual conference | May 27–28, 2021

Institute for Healthcare Improvement Open School

University of Toronto

UBC

Land Acknowledgment

While we gather virtually for this conference, we would like to acknowledge the importance of the land to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures.

From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

At the University of Toronto, this has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit, for thousands of years. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

At the University of British Columbia, this has been the traditional, ancestral, and unceded territory of the Musqueam people.

We encourage time for reflection to acknowledge the harms and mistakes of the past and to consider how we can each, in our own way, move forward in a spirit of reconciliation and collaboration.

To learn about Indigenous territories, languages, and treaties across Canada please visit:
https://native-land.ca/
https://www.whose.land/

Credit: EngineersCanada, University of Toronto, University of British Columbia

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Welcome Letter

Dear Participants,

On behalf of the University of Toronto and University of British Columbia Institute for Healthcare Improvement (IHI) Leadership teams, we are thrilled to welcome you to the 2021 IHI Insight conference. With COVID-19 causing the cancellation of both our chapters' conferences last year, we were determined to put together an engaging and informative event for our chapters and members to account for lost time. The initial limitation of being restricted to online platforms quickly was transformed into an opportunity for our cross-country chapters to collaborate and bring together new perspectives to deliver this virtual collaborative conference.

IHI Insight was formed on the belief that by looking forward, setting goals, and working together, we can overcome challenges. The aim for this conference is to unpack the ways in which Canadians across the country experience healthcare services – identifying the expectations of a modern healthcare system, investigating discrepancies in access and types of care across populations, and exploring innovative solutions that enable a more equitable healthcare system for all. We want to create a space where students and professionals can explore these topics together, allowing different experiences and perspectives to challenge what we know and foster new ideas.

The conference is broken down over 2 days and uses this time to offer inspiring keynote speakers, insightful workshops and to showcase the outstanding quality improvement work that is taking place. We are so thankful to our speakers and workshop facilitators for offering their time and expertise. Their willingness to give back and lead despite the challenges and circumstances we are facing is encouraging.

This past year, more than ever, we have realized how crucial it is for our healthcare system to be able to constantly improve, adapt and maintain high-level operations no matter what challenges it may face. We believe it is essential that we continue to study the healthcare system to support its needs. We are grateful for everyone who has put in time and effort to make this conference happen including IHI, our chapters, speakers, workshop facilitators and sponsors.

Thank you and we hope you enjoy,

Taylor Incze
UTIHI President

Calvin Won
UTIHI President

Mahan Maazi
UBCIHI President

Mission

Our mission is to educate Canadian students and professionals through meaningful and engaging events that explore the critical topics affecting our healthcare system today.

Vision

We aim for this event to become a space where students and professionals alike can explore what matters most to them when accessing healthcare, develop a deeper understanding of the consequences of our current systems and policies, and engage with the greater healthcare community to help develop solutions to the many challenges facing Canadians today.

Before the conference

Using Zoom

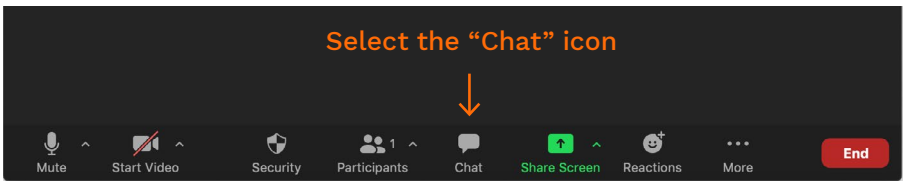
Please download Zoom before the conference. You are welcome to add your organization to your Zoom name (ex. UBC), along with your pronouns, to ensure moderators and other attendees can best respect your identity.

All sessions in the conference schedule are paired with Zoom links. All applicable passcodes are included in the conference schedule.

Need help?

If you experience any technical issues or need help during the conference, you can either:

- Send a message to a session facilitator using Zoom's chat function. Facilitators will have "Facilitator" in their name.



- Or email ihi.insight@gmail.com

Join a meeting by phone

If you'd like to join the conference over the phone, call any one of the numbers below and enter the session's corresponding Meeting ID and Passcode. For more detailed instructions, refer to Zoom Support.

Dial by your location

+1 438 809 7799 Canada
+1 587 328 1099 Canada
+1 613 209 3054 Canada
+1 647 374 4685 Canada
+1 647 558 0588 Canada
+1 778 907 2071 Canada

Conference announcements

If there are any updates to the conference, we will you notify you via email and through our Facebook event page.

How to participate

When first joining each session, we encourage everyone to introduce themselves in the chat box to familiarize yourselves with other attendees and foster connections. (e.g. name, organization, what you hope to learn)

During talks and presentations, please ensure your microphone is muted at all times unless actively taking part in conversation or group activity.

We encourage having cameras on if you are comfortable doing so.

For question periods throughout the conference, please utilize the “Raise Hand” function and wait to be called upon by a moderator if you would like to ask your question verbally. Alternatively, questions can be asked via the chat box.

Lastly, please do not use any offensive or harassing language. There will be zero tolerance for this. Moderators may remove those in violation from sessions.

Schedule Overview

Day 1: Thursday, May 27

PST	EST	Session
9:00–9:30 AM	12:00–12:30 PM	Day 1 Welcome
9:35–10:30 AM	12:35–1:30 PM	Opening Keynote: Dr. Kedar Mate
10:35–11:30 AM	1:35–2:30 PM	Concurrent Sessions: Expectations
11:30–12:00 PM	2:30–3:00 PM	Break
12:05–1:00 PM	3:05–4:00 PM	QI Student Project Presentations
1:05–2:00 PM	4:05–5:00 PM	Concurrent Sessions: Disparities
2:00–2:15 PM	5:00–5:15 PM	Closing Remarks

Day 2: Friday, May 28

PST	EST	Session
9:00–9:30 AM	12:00–12:30 PM	Day 2 Welcome
9:35–10:30 AM	12:35–1:30 PM	Concurrent Sessions: Solutions I
10:35–11:30 AM	1:35–2:30 PM	Concurrent Sessions: Solutions II
11:30–12:00 PM	2:30–3:00 PM	Break
12:05–1:00 PM	3:05–4:00 PM	Closing Keynote: Dr. Danielle Martin
1:00–2:15 PM	4:00–5:15 PM	Conference Closing Remarks & Grand Prize Giveaways

Conference Schedule & Zoom Links

Thursday May 27, 2021

9:00–9:30 AM PST // 12:00–12:30 PM EST

Day 1 Welcome

Speaker: UTIHI co-president Taylor Incze

Zoom link: https://utoronto.zoom.us/j/83848033776

Meeting ID: 838 4803 3776
Passcode: 316809

9:35–10:30 AM PST // 12:35–1:30 PM EST

Opening Keynote

Speaker: Dr. Kedar Mate

The COVID-19 pandemic presents new challenges and new opportunities for those engaged with healthcare quality, patient safety, and clinical reliability. In this session, we will consider how COVID has affected our understanding of quality, how it has led to a culture of innovation and what new ideas we may wish to preserve in our systems that will shape health system transitions in the post-pandemic future. In particular we will consider how quality and equity are inextricably connected and what we can do in the future to reduce disparities and improve health equity.

Zoom link: https://utoronto.zoom.us/j/84511814384

Meeting ID: 845 1181 4384
Passcode: 280078

Concurrent Sessions: Expectations

10:35–11:30 AM PST // 1:35–2:30 PM EST

Health Policy and Health Funding in Canada

Speaker: Dr. Jason Sutherland

Based on his experience working at the federal and provincial level, Dr. Sutherland will describe the primary elements of provincial health care systems, patterns of utilization/spending and differences in outcomes.

He will then discuss aspects of cost-efficiency, effectiveness and equity of the provincial delivery systems. Then, he will explain key policies governing the delivery and funding of healthcare and opine upon future opportunities for healthcare reform by drawing from examples from other countries.

Zoom link: https://ubc.zoom.us/j/62950371673?pwd=RndTa3hUOEw0RW9Hdmx1dlhxZ0g3UT09

Meeting ID: 629 5037 1673
Passcode: 769256

10:35–11:30 AM PST // 1:35–2:30 PM EST

Choosing Leadership in Unfamiliar Times

Speaker: Carolyn Canfield

Introducing disruptive methods and radical ideas are familiar kickstarts to innovate and improve. Can you imagine a bigger disruptor of just about everything, including healthcare's status quo, than COVID-19? Do you suppose your healthcare entry is perfectly timed for change leadership?

Let's look at how this systemwide upheaval is revealing opportunities and new expectations in every facet of healthcare. Get ready to add imagination to your initiative, insight and hard work in new and old arenas to transform practice and policy. Students and early professionals may be the very best navigators for the way forward using novel partnerships for rapid results. With many years ahead in your budding career, sustaining the change mindset can be your greatest work satisfaction.

Leadership is a choice, your choice. Deciding where to aim may be a bigger challenge than mustering the determination and stamina to succeed. Since, by chance, disruption has chosen you, how will you seize this moment for life changing leadership?

Zoom link: https://ubc.zoom.us/j/64027947493?pwd=NnRzWGQ2aTdDT1N2Nmh1R0NNZ3Erdz09

Meeting ID: 640 2794 7493
Passcode: 628939

10:35–11:30 AM PST // 1:35–2:30 PM EST

A Social Accountability of Medical School

Speaker: Dr. Cheryl Holmes

Social accountability is the medical school's commitment to address the priority health concerns of the populations it has a responsibility to serve. According to the WHO, priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public. In Canada, Educating Future Physicians for Ontario (1990) is the only published example of a consultation that included the public. The most influential outcome was identification of physician roles that later became the CanMEDS roles.

In 2019, the MD Undergraduate Program at the University of British Columbia sought patient and public input into a re-examination of its social accountability framework. The results substantially informed the revised mission statement, priority populations and exit competencies.

Further research is needed to co-create with patients and the public a set of evidence-based guiding principles, models and processes for the authentic, responsive, ongoing and sustainable engagement of patients and the public in the mission, goals, curriculum and delivery of medical education.

Zoom link: https://ubc.zoom.us/j/62559452107?pwd=YnBHSi9OeWdUSHpuUW9VOEs2VWdpZz09

Meeting ID: 625 5945 2107
Passcode: 478803

11:30–12:00 AM PST // 2:30–3:00 PM EST

Break

12:05–1:00 PM PST // 3:05–4:00 PM EST

QI Student Project Presentations

Post-operative Glycemic Control in Gynecological Oncology Population
Team: Ekaterina An, Victoria Suwalska, Wei Wei, Shythanthana Varathasundaram

VCE-S Process Evaluation
Team: Fiqir Worku, Anna Lee, Srushhti Trivedi

Transfer of Accountability
Team: Kaylah Mah, Ragnanan Tracey, Lauren Wintraub

Improving Access to Medical Services from Holy Family Rehab
Team: Benjamin Brett

Zoom link: https://utoronto.zoom.us/j/83768404577

Meeting ID: 837 6840 4577
Passcode: 568246

Concurrent Sessions: Disparities

1:05–2:00 PM PST // 4:05–5:00 PM EST

How to be an Agent for Change

Speaker: Dr. Nicholas Christian

After attending the IHI Student Quality Leadership Academy as a first year medical student, Nick Christian soon realized that the frameworks taught by the IHI Open School can be applied in a tangible, powerful, and meaningful way to projects addressing healthcare disparities in the community.

Nick will walk you through his leadership journey, highlighting some of the IHI tools that have helped him along the way. He will share his work improving care for people who use substances and people with lived experience of homelessness in the hope of helping you channel your energy as a “change agent” to make effective change in your community.

Zoom link: https://ubc.zoom.us/j/67527691223?pwd=NHVtOHAwcVNxSjhtdDZJb1lnOWJJUT09

Meeting ID: 675 2769 1223
Passcode: 494384

1:05–2:00 PM PST // 4:05–5:00 PM EST

Morality and the Social Dimensions of Risk: Learnings from the Field of Sexual Minority Men's Health Research

Speaker: Dr. Mark Gaspar

Public health research and health promotion is dedicated to helping people manage risk. However, the social science literature has shown that how people navigate risk in their everyday lives is complex and sometimes at odds with medical advice. In this presentation, Dr. Gaspar will draw on over a decade of research on gay, bisexual, and queer men's health—including case studies on HIV, mental health, substance use, COVID-19, and sexual violence—to outline some of the evolving social and moral considerations informing risk perception and risk-taking within this population.

He will discuss some of the limitations of biomedical frameworks at understanding the fundamental causes of risk and health inequities in sexual minority men's lives and how such approaches to researching and communicating health risk can aggravate anxiety, shame, and stigma. He will argue that people are not just risk calculators processing objective health information 'rationally', but are social agents who are drawing on their lived experiences and social obligations to make sense of uncertainty, contradiction, identity, and power. A nuanced understanding of the social and moral dimensions of risk is vital to creating health education and care capable of effectively addressing health inequities.

Zoom link: https://utoronto.zoom.us/j/83837597621

Meeting ID: 838 3759 7621
Passcode: 136824

1:05–2:00 PM PST // 4:05–5:00 PM EST

The Indigenous Cancer Journey: "the Truth and how to Reconcile"

Speaker: Dr. Jason Pennington

The talk will begin with a review of the Cancer Journey with a focus on Colorectal Cancer (CRC). Next will be a review historical and current Indigenous Health Status with a specific examination of the burden of CRC on Indigenous Populations. An exploration of the Social Determinants of Indigenous Health (SDOIH) will allow learners to gain some insight into the impact they have on the Indigenous Cancer Journey. The final segment will be an examination into ways to mitigate the negative impacts of the Distal SDOIH (Cultural Safety, Alliship, Partnership And Leadership).

Zoom link: https://ubc.zoom.us/j/62891438771?pwd=bEZyZEhWbndiemdwTmxIRWhPUEhlUT09

Meeting ID: 628 9143 8771
Passcode: 536618

2:00–2:15 PM PST // 5:00–5:15 PM EST

Day 1 Closing Remarks

Speaker: UTIHI co-president Taylor Incze

Zoom link: https://utoronto.zoom.us/j/88395261727

Meeting ID: 883 9526 1727
Passcode: 872761

Friday May 28, 2021

9:00–9:30 AM PST // 12:00–12:30 PM EST

Day 2 Welcome

Speaker: UTIHI co-president Taylor Incze

Zoom link: https://utoronto.zoom.us/j/83586095948

Meeting ID: 835 8609 5948
Passcode: 139707

Concurrent Sessions: Solutions I

9:35–10:30 AM PST // 12:35–1:30 PM EST

WelTel: Digital technologies for healthcare improvement and global health

Speaker: Dr. Richard Lester

WelTel's concept started in 2005 when clinicians living in Kenya noticed unprecedented loss to follow up during the wide-scale rollout for antiretroviral medications in the treatment of HIV. The need for enhanced engagement in care was evident, especially during long-term management of chronic illness. Mobile phones were ubiquitous and offered the opportunity for a low-touch, efficient way to connect with patients and support treatment adherence.

WelTel has worked with numerous patient and provider focus groups, including those most marginalized, to create its core concept. The platform has recently implemented a function to manage contact tracing of patients, allowing both COVID-19+ patients and their close contacts to communicate virtually with health care practitioners during self-quarantine.

This strategy has been implemented nationwide in Rwanda. No matter the background of the individual when it came to two-way text messaging in patient care, the best protocol was always "Ask Don't Tell", an approach that remains true today. WelTel's vision is to change the way healthcare is delivered globally while ensuring that those who are hardest to reach are not left behind.

Zoom link: https://ubc.zoom.us/j/65081923777?pwd=cDE4bE8xeERrcFJ6MHBsNEx0TU5jdz09

Meeting ID: 650 8192 3777
Passcode: 022061

9:35–10:30 AM PST // 12:35–1:30 PM EST

100 Years of Insulin and the Future of Chronic Pain Management

Speaker: Dr. Gary Lewis

This talk will begin with a brief overview of the events leading to the momentous discovery of insulin in Toronto 100 years ago, in 1921-22. Next, we will briefly summarize some of the major advances in the treatment of diabetes over the past 100 years and will then pivot to discuss the next 100 years of diabetes prevention and management and the major challenges that remain.

Public healthcare systems are overburdened with person power shortage, long waiting times, infrequent structured evaluation, and insufficient patient engagement. Annual growth of healthcare expenditure exceeds that of GDP growth, calling for more efficient and value-added care.

Even in high-income countries/areas with medical coverage, large patient volumes, complex care protocols, frequent changes in healthcare providers, lack of regular evaluation and insufficient patient engagement can lead to delayed intervention, suboptimal self-management and patient distress with poor clinical outcomes. Due to the high patient: health care provider ratio, use of information and communications technology and non-physician personnel can improve the efficacy and continuation of care delivery.

Multicomponent, data-driven integrated care assisted by non-physician personnel, information and communications technology has been demonstrated to cost-effectively improve clinical outcomes by 30 to 60%. Data stratify risk, triage care, empower patients and individualize treatment. Big data track secular trends, identify unmet needs and verify interventions in a naturalistic environment.

We need to:

1. Identify persons at higher risk of adverse outcomes using data
2. Develop tools and processes for a Remote Patient Monitoring Program
3. Reach out to those identified and offer them access to the virtual care service Integrate virtual service with primary care
4. Develop new tools and processes for information sharing including EMRs
5. Focus on chronic conditions screening and prevention
6. Evaluate effectiveness, acceptability and cost effectiveness from the patient, provider and health system perspectives

Zoom link: https://utoronto.zoom.us/j/86762282278

Meeting ID: 867 6228 2278
Passcode: 621349

Concurrent Sessions: Solutions II

10:35–11:30 AM PST // 1:35–2:30 PM EST

Values-Based Leadership in Complex Systems

Speakers: Dr. Allan Best + Dr. Carol Herbert

How can we work to solve the issues caused by the current systems? Why is transformative change in our current systems proving hard? How do we deal with the realities of government? Most importantly, how might these realities factor into your career decisions – academia, government, non-profit, or consulting? These quite different contexts are fundamental to your career choices and the opportunities you'll have for system change.

Looking at the whole system and the need for strong and effective collaboration across organizations, what are the most critical barriers and how might they be addressed? Are there simple rules that offer pivotal leverage points for fundamental change?

This session takes a complexity lens to frame these issues and focus on the issue of value-based leadership to guide new ways of thinking and working. We will explore the diversity of important partnerships and what's needed to commit to a common purpose and vision. The importance is stressed of a governance framework that articulates roles, accountability, and decision-making to ensure continuous improvement based on measured outcomes. Key messages from a recent review of international research and initiatives to inform BC's response to the opioid overdose crisis will be used to illustrate complexity strategy.

Prereading: It's a Matter of Values: Partnership for Innovation Change

Zoom link: https://ubc.zoom.us/j/64599586735?pwd=SkRaZ1ZGbjBuajZuZTFIdGdnZXZpdz09

Meeting ID: 645 9958 6735
Passcode: 353698

10:35–11:30 AM PST // 1:35–2:30 PM EST

Recovery for All: Healthcare Response to Ending Homelessness in Canada

Speaker: Dr. Sandy Buchman + Dr. Naheed Dosani

Dr. Sandy Buchman and Dr. Naheed Dosani are passionate advocates for homeless health, a growing challenge Canada faces as a nation. Each year, more than 235,000 people in Canada experience homelessness, which puts these individuals at risk of illness and death.

This interactive workshop will encompass topics of the evolution of social determinants of health in Medicine, strategies to tackle the homelessness crisis at its roots, and how COVID has impacted the endeavour to end homelessness in Canada.

We hope to foster a conversation on the role of the healthcare system on social justice, compassion, and equity for the homeless population. Through an interview and small-group discussion format, the workshop will provide you with a fundamental understanding of the homelessness epidemic and a solution framework for the crisis.

Zoom link: https://ubc.zoom.us/j/66627874836?pwd=bktLQU9vbytuc1VJeWYrRUY4Tm0wQT09

Meeting ID: 666 2787 4836
Passcode: 873234

11:30–12:00 AM PST // 2:30–3:00 PM EST

Break

12:05–1:00 PM PST // 3:05–4:00 PM EST

Closing Keynote

Speaker: Dr. Danielle Martin

Canadians are overwhelming proud of our universal healthcare system. However, existing cracks in our health system have become chasms in the wake of the COVID-19. In her closing keynote, Dr. Danielle Martin will highlight how core health system issues, like wait times for elective care and access to services outside of medicare have been exacerbated during the pandemic. Given the current state, Dr. Martin will make the case for broad-based changes to our system, highlighting feasible, evidence-informed solutions that have the potential to shape a more universal system for all.

Zoom link: https://utoronto.zoom.us/j/88587462102

Meeting ID: 885 8746 2102
Passcode: 704715

1:05–2:15 PM PST // 4:00–5:15 PM EST

Conference Closing Remarks & Grand Prize Giveaways

Speaker: UTIHI co-president Taylor Incze

Tune in for our conference wrap-up and grand prize giveaway. One $100 gift certificate and two $50 gift certificates will be drawn. Winners must be present to claim their prizes. Good luck!

Zoom link: same as Closing Keynote

Meet our Speakers

Dr. Kedar Mate

President and Chief Executive Officer, Institute for Healthcare Improvement

Day 1 — May 27, 2021
9:30 AM PST // 12:30 AM EST

OPENING KEYNOTE

Kedar Mate, MD, is the President and Chief Executive Officer at the Institute for Healthcare Improvement (IHI), President of the Lucian Leape Institute, and a member of the faculty at Weill Cornell Medical College.

Dr. Mate's scholarly work has focused on health system design, health care quality, strategies for achieving large-scale change, and approaches to improving value. Previously Dr. Mate worked at Partners In Health, the World Health Organization, Brigham and Women's Hospital, and served as IHI's Chief Innovation and Education Officer.

Dr. Mate has published numerous peer-reviewed articles, book chapters and white papers and has received multiple honors including serving as a Soros Fellow, Fulbright Specialist, Zetema Panelist, and an Aspen Institute Health Innovators Fellow. He graduated from Brown University with a degree in American History and from Harvard Medical School with a medical degree. You can follow him on twitter at @KedarMate

Dr. Danielle Martin

MD, CCFP, FCFP, MPP Executive Vice-President and Chief Medical Executive, Women's College Hospital

Day 2 — May 28, 2021
12:00 PM PST // 3:00 PM EST

CLOSING KEYNOTE

Danielle Martin is the Executive Vice-President and Chief Medical Executive of Women's College Hospital (WCH), where she is also a practicing family physician. Danielle is leading the hospital's strategy to establish Women's Virtual, Canada's first virtual hospital, aimed at improving care and reducing health system costs in ways that can be scaled up across our health care system.

Danielle's policy, clinical and academic expertise, combined with her commitment to health equity, have made her a highly regarded health system leader. She regularly provides expertise and formal advice to lawmakers both nationally and abroad.

Danielle holds a Masters of Public Policy from the School of Public Policy and Governance at the University of Toronto. She is an active scholar and an internationally recognized researcher on health system issues.

As a well-recognized media spokesperson, Danielle frequently provides commentary on health issues through her work as a health contributor at the CBC. Her national bestselling book 'Better Now: 6 Big Ideas to Improve the Health of all Canadians', was released in 2017.

In conjunction with her work at WCH, Danielle is an Associate Professor at the University of Toronto. The recipient of many awards and accolades, in 2019 she became the youngest physician ever to receive the F.N.G Starr Award, the highest honour available to Canadian Medical Association members

Carolyn Canfield

Day 1 — May 27, 2021
10:35 AM PST // 1:30 AM EST

SESSION: EXPECTATIONS

Carolyn Canfield is a citizen-patient devoted to expanding opportunities for patients, caregivers and communities to partner with healthcare professionals in research, teaching, improvement and governance. Following her husband's needless death in 2008, Carolyn committed to tackle system learning as a collaboration with patients.

Named Canada's first Patient Safety Champion in 2014 and appointed as faculty to UBC's Department of Family Practice, Carolyn contributes to the Innovation Support Unit, teaches medical and nursing classes, advocates on UBC Health Council and serves on the Admissions Sub-committee in the Faculty of Medicine. Research roles includes project member, grant adjudicator, journal reviewer and advisor in many settings locally and internationally. Carolyn co-founded the national Patient Advisors Network to develop capacity and leadership among citizen-patients across Canada.

Dr. Cheryl Holmes

Day 1 — May 27, 2021
10:35 AM PST // 1:30 AM EST

SESSION: EXPECTATIONS

Dr. Cheryl Holmes, Associate Dean for the MD Undergraduate Program at the University of British Columbia (UBC) is Clinical Professor and Head of the UBC Department of Medicine's Division of Critical Care.

She obtained her MD from UBC in 1984. After ten years of family practice, she enrolled in Internal Medicine at UBC and went on to complete a Critical Care fellowship and has been a Fellow of the RCPSC since 1999. From 2001 to July 2018, Dr. Holmes practiced critical care medicine at Kelowna General Hospital (KGH) where she was involved in clinical education of medical students, residents, and fellows in the ICU. She served as Medical Director of Critical Care from 2006 to 2014 and collaborated with Critical Care Division and the Intensive Care Unit Advisory Committee implementing several strategic initiatives, including creating a culture of safety and quality improvement. In her current role as Associate Dean Undergraduate Medical Education, she works with senior leadership at all sites of UBC to provide overall curricular oversight of the UGME program. As Head of the Division of Critical Care, she is responsible for academic leadership of clinical care, education and research in critical care in the province of BC.

Dr. Holmes completed a Master of Health Professions Education at the University of Illinois at Chicago, earning Best Thesis for her work entitled Harnessing the Hidden Curriculum; a Four Step Competency Approach". In

2015 she received the Canadian Association for Medical Education (CAME) Certificate of Merit Award. Dr. Holmes's research interests are in the Student Voice and the Hidden Curriculum; the Patient Voice in the Learning environment, Equity and Diversity in Medical Education and Leadership; Humanities Education and Indigenization of the Medical Curriculum.

Dr. Jason Sutherland

Day 1 — May 27, 2021
10:35 AM PST // 1:30 AM EST

SESSION: EXPECTATIONS

Dr. Jason M. Sutherland is a Professor in the Center for Health Services and Policy Research (CHSPR) in the University of British Columbia's (UBC) Faculty of Medicine and the Program Head of Health Services and Outcomes at the Centre for Health Evaluation and Outcome Sciences.

Dr. Sutherland is currently a funded Scholar of the Michael Smith Foundation for Health Research in British Columbia, has been Canada's Harkness Fellow in Clinical Practice and Health Policy and has recently completed a role as Ontario's Provincial Lead of the Value for Money program at Cancer Care Ontario (now Ontario Health). He is the editor-in-chief of Healthcare Policy and an associate editor of Health Policy.

Dr. Sutherland has been studying funding policy, methods for improving cross-continuum care, and health systems' variations in efficiency, effectiveness and quality of care. He has been leading research evaluating health system funding policy, patients' outcomes from surgery, and has advised governments on healthcare funding policy in four Canadian provinces.

Dr. Nicholas Christian

Day 1 — May 27, 2021
1:05 PM PST // 4:30 AM EST

SESSION: DISPARITIES

Nick Christian is currently a chief resident in internal medicine at Dell Medical School at the University of Texas at Austin. He is pursuing fellowship training at Yale Program in Addiction Medicine starting in 2021. He is originally from Dayton, Ohio, where he witnessed firsthand the devastating impact of the opioid public health crisis. He received his doctorate of medicine from Wright State University Boonshoft School of Medicine in Dayton where he also completed a masters in business administration through the Physician Leadership and Development Program.

Nick was exposed to the IHI Open School during his first year of medical training, and since has led impactful work to address the opioid epidemic both as a medical student and as a resident in the Distinction Program in Care Transformation at Dell Medical School at the University of

Texas at Austin. He was on the campaign leadership team for the Institute for Healthcare Improvement Open School Recover Hope Campaign aimed to reduce stigma around substance use disorders. During residency he became one of the founding members of the B-Team, a nationally recognized hospital-based program increasing access to medications for opioid addiction treatment.

He is a “missional” resident living at Community First! Village, a master planned community that provides affordable, permanent housing and a supportive community for men and women coming out of chronic homelessness. He is currently helping cultivate a culture of recovery at Community First! Village through community based participatory research. Nick believes that in order to better serve vulnerable populations we need to rethink how this care is delivered, and also need to more fully understand the needs of the specific populations we seek to serve. Outside of medicine, he plays bass guitar in the indie rock band Fertility House. He is also a member of the Pure Goodness Band, a band comprised of musicians with lived experience of homelessness who reside at Community First! Village.

Dr. Mark Gaspar

Day 1 — May 27, 2021
1:05 PM PST // 4:30 AM EST

SESSION: DISPARITIES

Dr. Mark Gaspar is a post-doctoral fellow in the Division of Social and Behavioural Health Sciences at the Dalla Lana School of Public Health, University of Toronto.

Gaspar’s scholarship draws on critical social theory and qualitative research methods to examine the intersections of health, sexuality, and social inequality, bridging sociological inquiry with public health practice. His work traverses three domains: anxiety, uncertainty, and the everyday management of infectious disease risk; the limits of biomedical research at addressing the fundamental causes of health inequities; and the social drivers of health disparities affecting sexual and gender minorities such as those related to HIV, HPV-associated cancers, mental health, substance use, and sexual violence. Gaspar’s research has been published in Social Science & Medicine, Sociology of Health & Illness, Social Theory & Health, Culture, Health & Sexuality, Health: An Interdisciplinary Journal, and Health, Risk & Society.

Dr. Jason Pennington

Day 1 — May 27, 2021
1:05 PM PST // 4:30 AM EST

SESSION: DISPARITIES

Jason J. Pennington is a community General Surgeon at The Scarborough Health Network. He is also an Assistant Professor in the Department of Surgery, University of Toronto.

A proud member of the Huron-Wendat Nation Jason grew-up on and around his maternal reserve of Wendake, just North of Quebec City. He moved to Toronto in 1990 to pursue post-secondary studies at the University of Toronto. He completed an Honours Bachelours of Science (Human Biology) a Master's of Science (Botany) prior to undertaking his MD studies and residency in General Surgery.

While establishing a busy community General Surgery practice with an emphasis on colorectal surgery and proctology, Jason always maintained a commitment to education and Indigenous Health. Decolonizing the UofT medical school has been at the centre of these efforts. Some other endeavours include participation and contribution to several committees at both Cancer Care Ontario and The Royal College of Physicians and Surgeons. Currently he is the Regional Indigenous Cancer Lead for the Central East Regional Cancer Program (CCO-OH).

Dr. Richard Lester

Day 2 — May 28, 2021
9:35 AM PST // 12:30 PM EST

SESSION: SOLUTIONS I

Dr. Richard Lester is Co-Founder and Executive Director of the WelTel International mHealth Society (WelTel NFP), Chief Scientific Officer of WelTel Incorporated, the Director of the Neglected Global Diseases Initiative (NGDI.ubc.ca) and an Assistant Professor in Global Health in the Division of Infectious Diseases, Department of Medicine, at the University of British Columbia (UBC).

He completed his research fellowship in HIV in Kenya at the University of Manitoba and University of Nairobi collaborative, where he initiated development of an innovative mobile phone health (mHealth) service that was demonstrated in a landmark trial, WelTel Kenya1 (Lancet 2010), to improve HIV outcomes funded by the US Center for Disease Control and Prevention (CDC) and the President's Emergency Plan for AIDS Relief (PEPFAR).

His program's 'research to action' and patient self-management approach has been published in top-tier medical journals, including the Lancet, the New England Journal of Medicine, and Nature. Dr. Lester has consulted on mHealth innovations with the World Health Organization for HIV, TB & tobacco control, and is a CIHR Foundation Scheme recipient and Michael Smith Foundation for Health Research Scholar.

Dr. Lester received the 2020 Digital Health Canada CHIA clinical Innovator Award and he continues to conduct studies internationally, in Africa, Canada, and the United States

Dr. Gary Lewis

Day 2 — May 28, 2021
9:35 AM PST // 12:30 PM EST

SESSION: SOLUTIONS I

Dr. Gary Lewis completed his medical training in 1982 at the University of Witwatersrand in South Africa, followed by specialty training in Internal Medicine and then Endocrinology at the University of Chicago. He joined the staff of the Toronto General Hospital in 1990, was appointed Head of the Division of Endocrinology at University Health Network and Mount Sinai Hospitals in 2001, Director of the University of Toronto Division of Endocrinology and Metabolism in 2008 and Director of the Banting and Best Diabetes Centre, U of T, in 2011. He is a Full Professor in the Departments of Medicine and Physiology, University of Toronto and he holds the Sun Life Financial Chair in Diabetes and the Drucker Family Chair in Diabetes Research.

Dr. Lewis has made a number of important discoveries elucidating the mechanism of blood fat abnormalities in diabetes and prediabetic states. Dr. Lewis has been awarded and honoured by several national and international organizations. He has been invited to present his research findings at numerous universities around the world and at prestigious international meetings.

Dr. Lewis is a Principal Investigator of Diabetes Action Canada, one of the chronic disease networks funded through the Strategy for Patient-Oriented Research (SPOR) Initiative, and undertakes translational research with active patient engagement.

Dr. Allan Best

Day 2 — May 28, 2021
10:35 AM PST // 1:35 PM EST

SESSION: SOLUTIONS II

Allan Best, PhD is Managing Director, InSource Research Group, and Clinical Professor Emeritus, University of British Columbia. InSource serves health systems decision makers at the regional, provincial and national levels, offering innovative “whole systems” research, planning, and evaluation tools to support large-scale organizational change. Allan’s research focuses on systems thinking and organizational change ~ creating the teams, models, structures and tools that foster effective knowledge to action for health policy and programs that improve the health of the population.

Allan served as the founding Chair of the Department of Health Studies at the University of Waterloo in Canada, the world’s first interdisciplinary department integrating the biological and behavioural sciences to study health promotion. He also served on the inaugural Board of the Canadian Association for Health Services and Policy Research as President-Elect and was President from 2005-2007.

Dr. Sandy Buchman

Day 2 — May 28, 2021
10:35 AM PST // 1:35 PM EST

SESSION: SOLUTIONS II

Dr. Sandy Buchman is a palliative care physician and an Associate Professor in the Department of Family and Community Medicine, Division of Palliative Care at the University of Toronto and McMaster University. He is the Freeman Family Chair in Palliative Care and Medical Director of The Freeman Centre for the Advancement of Palliative Care at North York General. In 2019-2020, he served as President of the Canadian Medical Association and is also a past president of the College of Family Physicians of Canada and the Ontario College of Family Physicians.

From 2005-2019, he provided home-based palliative and end-of-life care with the Sinai Health System’s Temmy Latner Centre for Palliative Care and with the Palliative Care and Education for the Homeless (PEACH) Program of Inner City Health Associates in Toronto. Sandy is a founder and medical lead of a new residential hospice, Neshama Hospice, currently being built in the Toronto Area.

He is the 2020 recipient of the W. Victor Johnston Award by the College of Family Physicians of Canada. This award recognizes a renowned Canadian or international family medicine leader for continuous and enduring contributions to the specialty of family medicine in Canada or abroad.

Dr. Carol Herbert

Carol Herbert is Professor Emerita of Family Medicine in the Schulich School of Medicine & Dentistry at Western University (London, Ontario) and Adjunct Professor in the UBC School of Population and Public Health. She is a Senior Associate at In-Source, a Vancouver-based consulting company that applies a complex adaptive systems lens to health care issues. She was formerly Dean at Schulich, Head of the UBC Department of Family Practice, founding Head of the UBC Division of Behavioural Medicine, and a founder of the UBC Institute of Health Promotion Research

Day 2 — May 28, 2021
10:35 AM PST // 1:35 PM EST

SESSION: SOLUTIONS II

Quality Improvement and Patient Safety Research

QI and patient safety research is critical to identifying problematic systems and processes and improving the way healthcare is provided. As part of IHI Insight, we wanted to highlight the amazing research being conducted across the country, today.

A Comparative Analysis of TB Policies and Programs in Tibetan Refugee Settlements in India and Indigenous Communities in Canada

Nawang Yanga

Institution affiliate: York University

Abstract

Background: Tibetan refugees in India and Indigenous persons in Canada are disproportionately impacted by TB. A comparative analysis of TB policies and programs in the two communities, who share similarities in historicities, may provide novel insight to tackling TB in the respective communities. Addressing the overlapping similarities in circumstances in these two communities will deepen the understanding of unique social and structural determinants of TB used to inform public health programmes. As TB programs are often medicalized, a systematic comparison of these two communities strengthens the argument for the need of TB programs that cater to unique historicities and circumstances.

Methods: To overcome the lack of socially critical literature on TB, a comparative analysis of TB policies and programs was taken on using an intersectionality approach. An intersectionality approach considers overlapping social categories that intersect to create and maintain social inequalities. Policies and programs were assessed in their capacity and dedication in integrating the social and structural determinants of TB.

Results/Impact: Policies and programs rarely integrate the social and structural determinants of TB in preventative measures. For both Tibetan refugees in India and Indigenous persons in Canada, forced displacement from traditional land, cultural discontinuity, and consequent social and physical isolation are major contributors to the prevalence of TB.

Impact: To our knowledge, this is the first project to have studied TB in the respective communities. Understanding the unique structural and social determinants of TB of such communities are critical in eliminating TB.

National consensus quality indicators to assess quality of care for active surveillance in low risk prostate cancer: an evidence-informed modified Delphi survey of Canadian Urologists/Radiation Oncologists

Narhari Timilshina, Antanio Finelli A, George Tomlinson, Anna Gagliardi, Beate Sander, Shabbir Alibhai

Institution affiliate: University of Toronto

Abstract

Background: Although many low-risk prostate cancer (PC) patients worldwide currently receive active surveillance (AS), adherence to clinical guidelines on AS and variations in care at the population level remain poorly understood. We sought to develop system-level quality indicators (QIs) and performance measures for benchmarking the quality of care during AS.

Methods: We identified candidates for an expert panel among practising urologists and radiation oncologists across Canada. QI development involved two phases: (1) Proposed QIs were identified through a literature search and published clinical guidelines on AS and (2) indicator selection through a modified Delphi process during which each panelist independently rated each indicator based on clinical importance. QI items were chosen as appropriate measures for quality of AS care if they met prespecified criteria (disagreement index <1 and median importance of 7 or greater on a 9-point scale).

Results: Among 42 invited expert panel members, the response rate was 45% (n=19). Expert panel members were well represented by type of physician (84% urologists, 16% radiation oncologists) and practice setting (67% academic, 33% non-academic). The expert panel endorsed 20 of 27 potential indicators as appropriate for measuring quality of AS care. The final set includes indicators covering structure of care (n=1), process of AS care (n=13) and outcomes (n=6).

Conclusions: We developed a set of QIs to measure AS care using published guidelines and clinical experts. Use of the indicators will be assessed for feasibility in healthcare databases. Reporting quality of care with these AS indicators may enhance adherence, reduce variation in care, and improve patients' outcomes among low risk PC patients on AS.

Establishing a Comprehensive Framework for Future Explorations: An Endometriosis and Cardiovascular Disease Literature Review

Mehak Behal, Jashnoor Chhina, Vidhi H. Bhatt

Institution affiliates: Western University, McMaster University

Abstract

Endometriosis is one of the most prominent gynecological disorders often associated with several cardiovascular repercussions. Although no conclusive mechanism has been found, the literature indicates potential links between endometriosis and atherosclerosis, a vital indicator of cardiovascular disease (CVD). However, with the majority of previous studies overlooking the impact of critical confounding variables and testing for only certain biomarkers, a strong argument towards a link cannot be made.

Existing literature was thoroughly analyzed to identify major unaccounted confounding variables to compile a list of vital biomarkers indicative of CVD in women with endometriosis. The stage and severity of the disease, surgery, hormone therapy, and presence of endometriosis in the control group were found to be major confounding variables that should be statistically accounted for. From previous literature, biomarkers that were shown to be highly indicative of CVD included lipid profile, arterial stiffness measures, as well as additional measures of vascular function and structure.

Encapsulating vital confounding variables and biomarkers, a comprehensive framework was established for a longitudinal study design. This paper provides a narrative review of the common weaknesses and limitations of past investigations exploring the link between atherosclerosis and CVD and suggests methods to overcome these considerations.

Due to knowledge gaps, repercussions are experienced by women with endometriosis worldwide. Greater CVD intervention and prevention are critical for women with endometriosis. Through the holistic longitudinal study design proposed, improved treatment plans considering the potential CVD risks that women with endometriosis are at a greater likelihood of developing can be implemented.

Full article: https://doi.org/10.26685/urncst.235

We've been HERDing! – Implementation of a Hotwash Emergency Resuscitation Debriefing process

Marie-Pier Lirette, Jabeen Fayyaz, Maite Browning, Amanda Cooney

Institution affiliates: The Hospital for Sick Children, University of Toronto

Abstract

Background: Debriefing immediately after critical events helps identify performance gaps that are common and under-recognised in acute event management. Despite being endorsed by the American Heart Association (AHA), it is not yet standard of care across institutions. We aim to identify the performance gaps that occur during critical events in our paediatric emergency department (PED) by implementing a standardised immediate debriefing process over a 6-month period.

Methodology: The Hotwash Emergency Resuscitation Debriefing (HERD) process is being implemented through quality improvement methodology at our tertiary PED between Jan-July 2021. Debriefs are expected to occur using a short debriefing tool focusing on team's performance (ED-Hotwash) immediately after any resuscitation leading to PICU/ NICU admission or trauma activation. Measures include percentage of events debriefed, barriers and time taken to debrief (process), number of performance gaps (outcome) and user-satisfaction (balancing). Identified performance gaps are divided into three domains as per AHA (team, system, individual) and acted upon by stakeholders.

Findings: There were 17/22 (77%) eligible events that were debriefed over the initial 3-month period, lasting 15 minutes on average. A "busy ED" was a common reason not to debrief. 4.8 performance gaps were identified per debrief with equipment and communication issues commonly identified across all events. Providers were satisfied with the process (9.3/10) yet found it difficult to debrief around handover time.

Impact: Implementing a standardised immediate debriefing process, through QI methodology, identifies performance gaps. This is the first crucial step to systemically eliminate these and ultimately improve patient safety.

Presentation link:
We've been HERDing! – Hotwash Emergency Resuscitation Debriefing process

A Telemedicine Program for Emergency Department Pediatric Care

Lidia Mateus, Dr. Madelyn Law, Dr. Madan Roy, Dr. Christopher Sulowski, Dr. Rafi Setrak, Dr. Asif Khowaja, and Dr. Sharandeep Kaur

Institution affiliates: Brock University, McMaster Children's Hospital, Niagara Health

Abstract

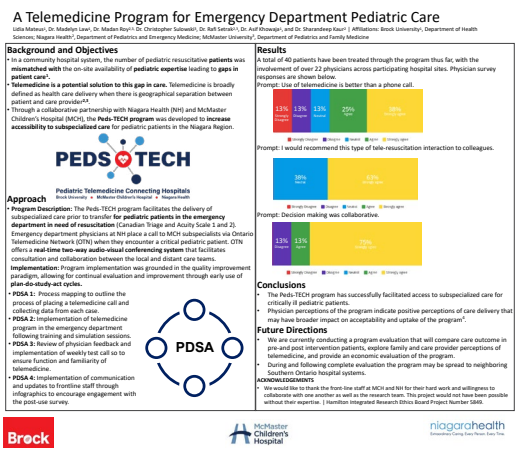
Background: Within a community hospital system, the number of pediatric resuscitative patients presenting at each site was mismatched with the on-site availability of pediatric expertise leading to gaps in patient care. A telemedicine program was developed to address these gaps. The objective of the program is to increase access to expertise, improve care, and outcomes through collaboration between hospital systems.

QI Intervention: Through the program, emergency department (ED) physicians at the community hospital sites can contact a pediatric sub-specialist at the children's hospital ED anytime a critical pediatric patient presents at the community ED. The program allows for real-time, two-way audio-visual consultation and facilitates provision of subspecialist care, expertise, and collaboration between physicians. The successful application of this program has required an interdisciplinary approach to QI, including plan-do-study-act cycles, weekly test calls, evaluation of post-use surveys, and semi-annual updates for frontline staff.

Findings: Preliminary results have suggested that patient outcomes are favorable and physicians have positive perceptions of the program. The program is now undergoing complete evaluation including measures of patient outcomes and care quality, economic evaluation, as well as health professional and family perceptions of care.

Research Impact: Through a collaborative partnership between a community hospital, children's hospital, and university research personnel an innovative program has been created to increase access to subspecialized pediatric care. The results of a complete program evaluation may have implication for the use of such a program in Southern Ontario community hospitals.

Poster link: A Telemedicine Program for Emergency Department Pediatric Care



Strategies for Implementing a Patient Safety Curriculum in Canadian Undergraduate Medical Education (UGME)

Nilasha Thayalan, Sherissa Microys, Hoang Pham

Institution affiliate: University of Ottawa

Abstract

Background:
The inclusion of patient safety and quality improvement (PSQI) training in medical education has long been identified as an area of focus in preventing adverse events in Canada. However, there is little published data on the factors that affect the implementation of PSQI curricula. The aim of this qualitative study is to describe the barriers and facilitators in integrating PSQI training into Canadian UGME curricula.

Methods:
This was an observational descriptive study using semi-structured recorded telephone interviews with either the Dean, UGME Dean or Undergraduate Curriculum Director of each Canadian medical school. Interview recordings were transcribed and analyzed using inductive thematic analysis.

Results:
From the 17 Canadian medical schools, 12 participants representing 10 schools took part in the study. Six overarching themes important to implementation were identified, including Patient Safety Culture, Leadership, Curriculum Change Process, Teaching Resources, Time, and Instructional Method. Implementation barriers identified include a poor culture of safety in the clinical environment, unclear national standards for PSQI teaching, and time constraints in the curriculum. Facilitators to implementation include having sufficient faculty familiar in PSQI content, leadership support, having PSQI champions sit on the curriculum review team and teaching PSQI through active learning methods, rather than didactic lectures.

Conclusions:
This study will provide a national understanding of the factors that affect the implementation of PSQI into UGME curricula. The findings will be used to generate recommendations for further development of PSQI teaching in UGME, with the goal of advancing health care quality and patient safety in Canada.

Evaluating the implementation of the V-CES pilot 2020 with respect to process measures

Fiqir Worku, Anna Lee, Srushhti Trivedi

Institution affiliates: University of Toronto, Access Alliance

Abstract

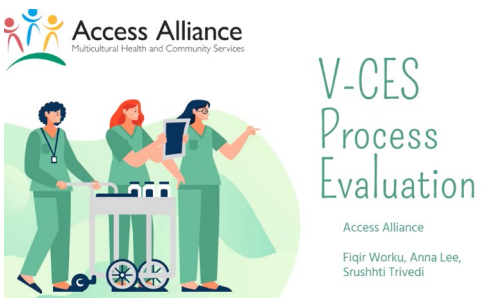
Background and aim statement: In 2020, Access Alliance identified a virtual mode of collecting client data using a combination of telephone and email media during the COVID-19 pandemic titled the Virtual Client Experience Survey (V-CES). The aim of this project was to evaluate the V-CES with respect to process measures.

Family of measures and design: The process evaluation consisted of i) a literature review, ii) an environmental scan of relevant V-CES documents, and iii) an analysis of the V-CES using quality, effectiveness, efficiency, scalability, and reach indicators. The process evaluation team developed indicators and measurements from the literature. Survey results from the CES 2019 and V-CES 2020 were compared and interviews with relevant Access Alliance staff members were included in data collection.

Evaluation and results: Reach indicators showed a diverse range of clientele with challenges obtaining survey data from patients under 18 and over 65. The efficiency analysis demonstrated a higher completion rate among email survey invitations. Phone surveys, were particularly useful in reaching typically hard-to-reach older patients. The heavy reliance on students in the administration led to the recommendation of a contingency protocol in the event that placement students may not be available.

Impact: This process evaluation has supported an understanding of access to the V-CES across Access Alliance's clientele. The impact of the COVID-19 pandemic has inevitably hampered the effectiveness, efficiency, and quality of V-CES process activities. Nonetheless, the V-CES pilot is a great example of how client feedback can be collected in a resource-limited environment which is scalable to other community health centres.

Video presentation: V-CES Process Evaluation



Transfer of Accountability

Kaylah Mah, Ragnanan Tracey, Lauren Wintraub

Institution affiliates: University of Toronto, University Health Network

Abstract

Introduction: Over the past few decades, multiple studies have shown that inter-physician handover of patients harbours a high risk for harmful medical errors. Transfer of accountability (TOA) is the process, discussion and act of turning over responsibility for some or all aspects of a patient's care from one health professional to another, on a temporary or permanent basis. Standardized TOA includes information transfer at care transitions and has been shown to decrease serious safety events (SSE's) associated with transfers. Recently, research has shown that information transfer at care transitions is one of the top three contributors to SSE's at the University Health Network (UHN). These findings have acted as an impetus for UHN to re-evaluated their TOA procedures, and specifically served to standardize these processes for inter-facility patient transfer. The aim of this project was to implement the rapid induction of a standardized electronic patient transfer tool between the psychiatric emergency services unit (PESU) at Toronto Western Hospital and Toronto General Hospital's in-patient psychiatry ward, 8 Eaton South.

Method: Baseline data was collected from nurses who facilitated patient transfers between 8ES and PESU revealing incomplete written TOA. Baseline data included verbal (in-person, phone) and written (paper) communication methods. The nurse's overall impression of TOA was also assessed, including how they perceived open and closed loop communication went, if TOA was a standardized process and if they experienced any interruptions during TOA. Two PDSA cycles were completed in which nurses used an electronic patient transfer summary tool to replace written TOA. The first cycle involved introducing this technology to the nursing staff and the second cycle involved enlargement of the instructions for the electronic tool beside hospital computers. Overall, ten electronic patient transfer summaries were audited for the minimum required information and written feedback from the nurses was collected.

Results: The electronic summary form was found to be more time efficient, and once instructions were enlarged, garnered 100% completeness (excluding one technical error). Nurses also reported the tool lacked some abilities in its ability to collect all pertinent mental health information. Between baseline and experimental data, nurses always reported verbal TOA to be their preferred form of TOA.

Discussion: The implementation of an electronic patient summary tool is feasible, time efficient, and improved chart completeness. Although optimization of the patient summary platform should be explored further, this study has provided an outline for the further implementation of this tool in other units across UHN.

Post-operative Glycemic Control in the Gynecological Oncology Population: A quality improvement project for prevention of surgical site infections

Ekaterina An, Victoria Suwalska, Wei Wei, Shythanthana Varathasundaram

Institution affiliates: University of Toronto, University Health Network

Abstract

Background: Surgical site infections (SSIs) are a common and preventable cause of patient mortality and morbidity. Data from the American College of Surgeons' National Surgical Quality Improvement Program (NSQIP), which track SSI rates across major surgical centres across North America, indicates that the risk-adjusted rate of SSIs in the gynecological oncology (GO) division at Toronto General Hospital (TGH) is above the expected rate. SSI prevention involves a variety of perioperative strategies. Postoperative hyperglycemia is a known risk factor for SSIs and maintaining glycemic control (blood glucose <10mmol/L) is an essential component of the TGH SSI prevention bundle. This project aims to collect and analyze baseline data to inform a strategy for improving glycemic control in GO patients at TGH, as part of a larger strategy for SSI prevention.

Methods: The following changes were implemented: 1) scoping literature review to identify evidence-based glycemic control interventions in GO patients, 2) analysis of historical TGH GO division NSQIP data (2017-2019) to establish the baseline incidence of postoperative hyperglycemia and SSIs, and 3) implementation of routine blood glucose monitoring in all postoperative GO inpatients, regardless of diabetic status.

Results: There is a paucity of evidence-based glycemic control interventions for the GO population. While historical NSQIP data analysis identified high compliance with postoperative blood glucose monitoring in diabetic patients (96%), only 39% of patients had effective blood glucose control (<10mmol/L). Implementation of routine blood glucose monitoring for all GO patients within 24 hours of surgery was successful and sustainable. However, the data extraction process following this change was flawed and unreliable, so the full impact of this intervention was not evaluated.

Conclusions: Postoperative glycemic control in GO inpatients presents a clear opportunity for improvement. Routine blood glucose monitoring was successfully implemented in this setting and will support ongoing SSI prevention efforts. The results of this quality improvement project, including baseline glycemic control rates and identification of data extraction issues, will inform upcoming interdisciplinary strategies for improving glycemic control in the GO population.tool in other units across UHN.

Improving Access to Medical Services from Holy Family Rehab

Benjamin Brett

Institution affiliate: University of British Columbia

Abstract

In the Holy Family Hospital Rehabilitation unit, some patients spend many valuable hours being transported between facilities for specialty consults instead of spending that time doing their rehabilitation activities. We are working to permanently integrate virtual health care into patient care whenever it is medically unnecessary for a visit to be in-person, limiting the time loss due to transportation. Virtual appointments may improve patient outcomes, lower costs, and increase engagement between healthcare professionals.

Thank you for attending IHI Insight 2021 and thank you to our conference sponsors

We hope to see you next year!

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