

QI For You and I

June 2023 | Issue #13

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



About QI Ethics

OUR MISSION

Established in 2017, we provide Island Health employees, clinicians, researchers and consultants with an ethical review pathway when a research ethics review may not be required, but there are ethical considerations, for a proposed project, program or quality improvement initiative.

OFFERINGS

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



As of June 2023

QI ETHICS ACTIVITIES

90

CONSULTATIONS OFFERED IN 2022

34

ISLAND HEALTH DEPARTMENTS SERVED

81

QI PROJECTS REGISTERED THIS FISCAL YEAR

122

TOTAL ETHICS CONSULTS SINCE 2017

238

TOTAL PROJECTS SUBMITTED TO THE QI
REGISTRY SINCE 2017

\$16K

GRANT FUNDING SECURED FOR PROVINCIAL
QI HARMONIZATION PROJECT WITH REBC

KEY CHALLENGES AND BARRIERS

- **Time:** Lack of formal resources limit capacity.
- **Outreach:** Limited institute-wide knowledge of the tool and the ethics resources currently available.

2022/2023 MILESTONES

- The QI Ethics Team expanded to include a Privacy Specialist.
- Participated in several meetings with executive leaders to map out and anticipate the growing need for QI Ethics Island Health wide.



North Quadra UPC, 2022

QI ETHICS TEAM

QI Ethics currently resides between three portfolios within Island Health: the **Quality, Safety, Improvement & Experience** department; the **Research Ethics & Compliance** office (connected with the two Research Ethics Boards), and the **Information Stewardship, Access & Privacy (ISAP)** department.



E. Sarah Bennett, Manager
Research Ethics & Compliance

Jaclyn Morrison, Manager of Patient Safety
Quality, Safety, Improvement & Experience



Victoria Philibert, Health Research Ethics Board
Coordinator Research Ethics & Compliance

Catherine Marrie, Patient Safety Consultant
Quality, Safety, Improvement & Experience

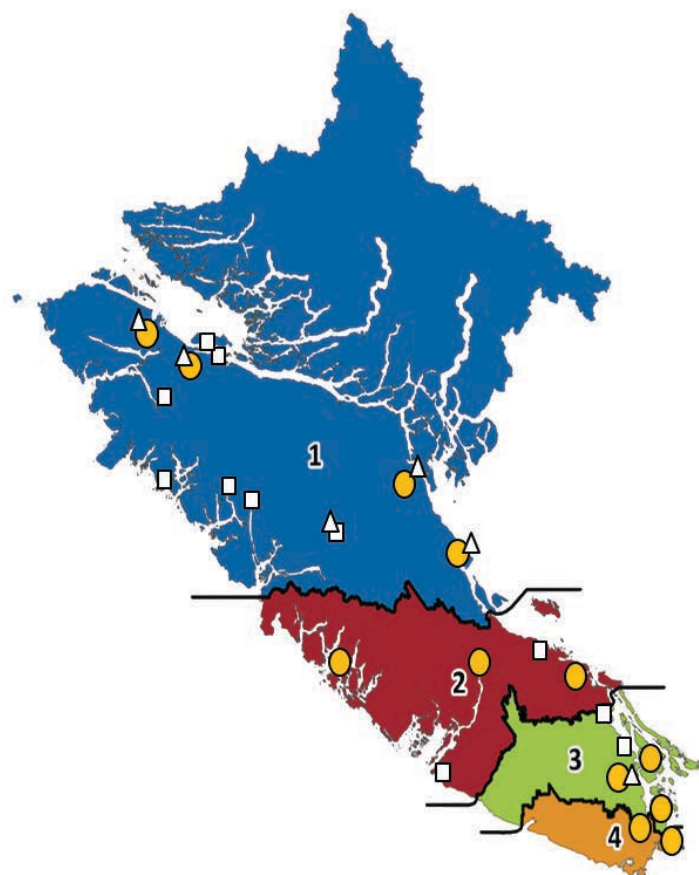


Simon Munn, Privacy Specialist (Research)
Information Stewardship, Access & Privacy

Island-wide Summary

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

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



-  HOSPITALS
-  HEALTH CENTRES
-  PUBLIC HEALTH UNITS

NEW PROJECTS IN 2022/23

Geo 1	7
Geo 2	3
Geo 3	6
Geo 4	19
Island Wide	7

[QI ETHICS](#)
[DECISION-MAKING](#)
[TOOL](#)

QI Ethics Process

QI ETHICS
DECISION-MAKING
TOOL

QI LEADS SUBMIT PROJECT
INFORMATION TO THE
QI SCREENING TOOL AND
REGISTRY IN REDCAP

ALGORITHM ASSIGNS A RISK
SCORE TO THE PROJECT
BASED ON THEIR ANSWERS

IF SCORE IS HIGH, ETHICS
TEAM ARRANGES
CONSULTATION

IF SCORE IS LOW OR
ZERO, TEAM SENDS EMAIL
WITH MORE INFORMATION

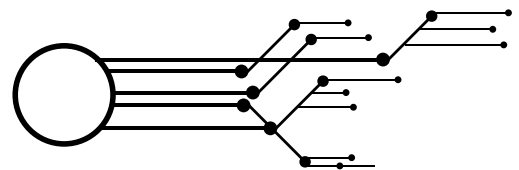
CONSULT SUMMARY IS SENT TO TEAM
WITH SUGGESTIONS, RESOURCES AND
SUPPORT FOR DESIGNING AND
IMPLEMENTING THE PROJECT. IF
APPLICABLE, EXEMPTION TO FORMAL
RESEARCH ETHICS BOARD REVIEW IS
ISSUED AS PER TCPS2 ARTICLE 2.5

QI PROJECT IS LOGGED IN
THE QI REGISTRY AND
RELEASED QUARTERLY
AND ANNUALLY IF QI
LEADS PERMIT





CREATING A PROVINCIAL ETHICS SCREENING AND RISK ASSESSMENT TOOL



Currently, national Tri-Council policy guidelines provide little direction on how to ethically manage QA/QI projects in academic institutions or within health authorities. To address this gap, a multi-jurisdictional collaboration has formed to develop a standardized ethics screening algorithm and risk assessment tool.

This work started in June 2022 and has received \$16,000 in funding to date. A model has been developed and the prototype has been programmed. Pilot testing the algorithm's logic and questions will conclude May/June 2023.

Contributors:

S. Albon, Professor of Teaching, Pharmaceutical Sciences, UBC
J. Ruiz, Research Ethics, UBC
E. Sarah Bennett, Research Ethics & Compliance, Island Health
B. Schichter, SFU Research Navigator
R. Johal, PQI, Fraser Health
T. Fleming, Director of Operations, Michael Smith Health Research BC

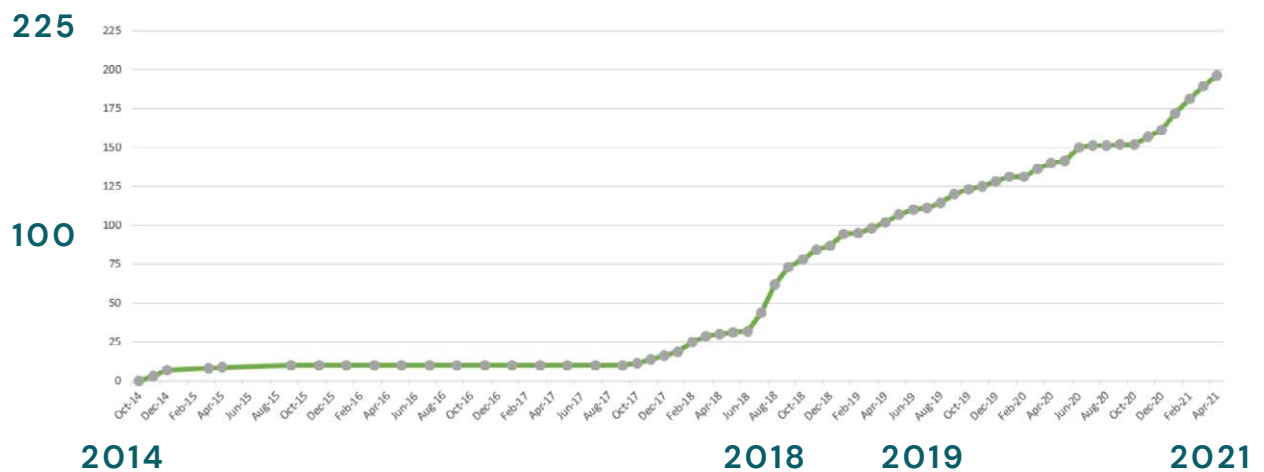


Royal Jubilee Hospital, 2007

QI ETHICS HISTORY

- **2014:** QI Registry established to capture QI projects
- **2017:** QI Ethics formalized a review process for QI projects using ARECCI as a decision-making tool to highlight potential ethical issues
- **2020:** Updated policy, interpretations and feedback led to revisions in the screening tool
- **Ongoing:** *QI For You and I* report published four times per year

CUMULATIVE NUMBER OF PROJECTS IN THE QI REGISTRY





Stroke simulations at VGH

PROJECT HIGHLIGHT #136: CODE STROKE EXTRAVAGANZA

Aim: Improving point-of-care provider confidence and competence in recognizing the signs of acute stroke in in-patient settings by providing in-situ stroke simulations. Simulations are offered over a three week period to all in-patient settings at VGH, administered by stroke team subject matter experts and a trained simulation facilitator.

Results: The project now continues on an ongoing monthly basis, dedicating one day a month each to VGH, RJH and all six of the Victoria Urgent Patient Care Centres. Objectives now focus on the first five minutes of critical events, rotating through response to code blue, suspected stroke, anaphylaxis and opioid toxicity. The project now includes both adult and pediatric areas.

From February 2022 to June 2023, **221** sessions have been held in **40** clinical settings with **1319** participants.



TAMARA YOUNG: CLINICAL NURSE EDUCATOR

Tamara works to increase simulation capacity in Island Health by supporting the training and practice of simulation facilitators and providing education and consultation.

LEARN MORE ABOUT THIS PROJECT BY CONTACTING TAMARA.YOUNG@ISLANDHEALTH.CA



Stroke simulations at VGH

#136: CODE STROKE EXTRAVAGANZA INTERVIEW

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

Tamara Young: We were inspired to focus on this project after collaborating with the Victoria General Hospital leadership around supports for code blue practice, specifically around the use of simulation-based education. Our simulation team also wanted to use this opportunity to ask staff how the use of simulation supports clinical practice changes.

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

Tamara Young: After submitting [to the QI Ethics registry], we were contacted by the QI Ethics team and had a meeting to discuss the program in more detail. This meeting was incredibly helpful, as the QI Ethics team was able to make some key suggestions around evaluation and sustainability that we had not considered. We implemented the recommendations from the team which strengthened our project. Another added bonus of our connection with the QI Ethics team was the subsequent networking that occurred. The team was able to provide connections with other groups in our organization working on similar projects which led to future collaborations.

Q: What additional resources could your project use/have used?

Tamara Young: An additional resource that would support the project is another facilitator to host the sessions. If the educator was unable to attend, the sessions were cancelled. As the educator is located in Victoria, this also limited the spread of the project across the health authority to the central and north regions of Island Health.



PHYSICIAN QUALITY IMPROVEMENT (PQI)

Physician Quality Improvement (PQI) is a professional development and education program for community or facility-based medical staff who want to enhance their QI capacity, build connections with colleagues and create a continuous improvement culture to transform our local health system. The Island Health PQI team offers online learning, introductory workshops and a comprehensive 12-month cohort training program to all community or facility-based Medical Staff, including privileged Family Physicians, Specialists, Midwives and Nurse Practitioners. All PQI students submit their projects into the QI Ethics Screening Tool as part of their training.



MARION SOLLAZZO: PQI CONSULTANT

On December 30, 2022, PQI Consultant Marion Sollazzo retired after a 36-year career involving Speech Language Pathology, the Early Intervention and Supported Childhood Development Programs at QACCH, Island Health Quality Initiatives and PQI. Thank you Marion for all your work!



PROJECT HIGHLIGHT #91: IMPROVING ACCESS TO CARE FOR WOMEN WITH URGENT GYNECOLOGIC CONDITIONS IN AN OUTPATIENT SETTING

Background: In 2022, we ran a pilot project through our private office to assess ways to improve access to care for patients referred with urgent gynecology problems that could be used to support a larger Gynecology Rapid Access Clinic for the south island.

Aim: Reduce the time from referral to consultation, in women with urgent gynecologic problems in an outpatient setting, from 24 days to under 14 days in 90% of referrals, over a six-month period from January to June.

Methods: Decrease time from referral to consult by looking at triaging, alternative booking models, and creating capacity by combining independent offices.

Results: Reduction of wait times from 24 to 9 days following implementation of a Rapid Access Clinic (Week 15). By the end of project (Week 30), average wait times reduced to 14 days.



DR. HAROLD HUNT

Dr. Hunt has practiced for 23 years on Vancouver Island, serving as head of the Division of Gynecology until 2021. He's run outreach clinics in Alert Bay, Port Hardy and Tofino and teaches through the UBC OB/Gyn residency training program and the Island Medical Program. He's a member of the BC Colposcopy program through BCCA.

Geo 1: North Island

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Feedback regarding the ability to access opioid agonist therapy	Understand from the perspective of the service user what barriers exist in regards to accessing opioid agonist therapy	Jennifer Coulombe	Comox Valley MHSU	evidence based; person centred; harm reduction; nurse prescribing; OAT
2. Client/family feedback collection tool - Comox Valley ACT Team	Improve health outcomes by increasing the level of client involvement in care plan creation, service design, service delivery, and goal setting.	Christopher Macdonld	Comox Valley ACT Team	quality improvement; client partnership; client-informed practice; client-driven care; anonymity
3. Geography and patient-ascribed ancestry in anti-M hemolytic disease of the fetus and newborn	Identify serologic and patient-ascribed features associated with anti-M antibodies in pregnancy that may be associated with higher risk of hemolytic disease of the fetus and newborn.	Wen Lu and Jennifer Duncan	No locations affected by this retrospective review	anti-M; <i>Hemolytic Disease of the Fetus and Newborn</i> ; pregnancy; antibody

Geo 1: North Island

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
4. Identification of postpartum cardiovascular risk factors at discharge from Maternity Clinic care	Increase identification of individuals with pregnancy related CVD risk factors to 100% at discharge from the Campbell River Maternity Clinic by June 2023	Jennifer Kask	North Island Hospital Campbell River, Wellness Centre, Campbell River Maternity Clinic	cardiovascular risk factor; postpartum; adverse outcome in pregnancy; discharge; maternity
5. Retrospective review of timing of endoscopy for esophageal obstruction	Review ED patients with esophageal food bolus impactions and determine the timing of endoscopy subsequent morbidity will be evaluated	Andrew Singh	Victoria General, Royal Jubilee and Saanich Peninsula Hospitals	esophageal; food bolus; obstruction; endoscopy; timing
6. Exploring the perspectives of healthcare work at North Island Hospital on new Island Health harm reduction policy	Explore the experiences and perceptions of Island Health clinicians at North Island Hospital (NIH) with the new Harm Reduction Policy	Kelsi Jessamine	North Island Hospital	harm reduction; stigma; access to care; cultural safety
7. Improving access to Self-Administered Vaginal Swabs (SAVS) for sexually transmitted infections	Increase number of SAVS processed through the Island Health Outpatient lab in Northern Vancouver Island	Jennifer Kask	North Island: Campbell River Port McNeill Port Hardy Gold River	self-administered vaginal swab; sexually transmitted infection; outpatient lab

Geo 2: Nanaimo/Oceanside

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Primary Care Outreach's (PCO) relevant past medical history project	Increase number of unattached clients with a documented relevant problem list*, and "what matters to me" discussion, in Cerner on 3rd floor of Samaritan Place (supportive housing) by April 2023 to 50%	Kristina Williams	MHSU office; Samaritan House (operator: Island Crisis Care)	histories; narratives; person-centered; empowerment; quality care
2. Improve skin to skin post c-section	Increase percentage of individuals offered immediate skin to skin as defined by the BFI global standard at c-section, in a low risk delivery at NRGH by 50%, by June 2023	Kelly Cox	Nanaimo Regional General Hospital	skin to skin; breastfeeding; C-section; operating room
3. Post fracture osteoporosis survey	Increase referrals for osteoporosis management by 50%, for female patients over 65-YO, presenting at NRGH Cast Clinic with a recent non-operative fracture, by June 2023	Nicole Baur	NRGH Cast Clinic	fracture; osteoporosis; management; surgery

Geo 3: Saanich/Sidney/Gulf Islands

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Cowichan Health and Care Plan evaluation	1. Decrease acute care utilization at CDH and enhance system-wide flow 2. Evaluate the impact of the community-based interventions on decreasing acute care utilization at CDH and enhancing system-wide flow	Donna JouanTapp and Lina Alsakran	Island Health sites in Cowichan Valley (Duncan and Ladysmith)	hospital avoidance; community-based care; enhanced system-wide flow; transitions; ageing in place
2.Evaluation of Cowichan COPD Project - CHCP	Provide pulmonary rehabilitation services and COPD education to enable clients to self-manage and avoid hospital admissions	Lina Alsakran	Duncan, Ladysmith	COPD; hospital avoidance; pulmonary rehabilitation; self-management
3. Evaluation of Cowichan enhanced palliative services	Improve the end-of-life period and palliative deaths by enhancing the palliative services given and allowing transfer to hospice - to decrease in-hospitals deaths and give dying patients more end of life support	Lina Alsakran	Cowichan Valley (hospital and hospice)	end-of-life; palliative care; hospice; dying at home

Geo 3: Saanich/Sidney/Gulf Islands

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
4. CDH ED airway management quality improvement project	Decrease time to obtain equipment needed for unanticipated anatomically difficult airway management in simulation by nurses, RTs, and physicians in the CDH emergency department to less than 90 seconds by May 2023	Ava Butler	Cowichan District Hospital Emergency Department	airway; teamwork; intubation; ventilate; simulation
5. Ready to Go: improve orthopaedic patient readiness to fill short notice OR cancellation at Cowichan District Hospital	Decrease by 50% the number of unfilled, short notice CDH OR cancellations of hip and knee arthroplasties by June 2023	Nimrod Levy	Cowichan District Hospital	efficiency; optimization; collaboration; communication; education
6. Bring back the joy! A QI project looking to improve joy in work for family physicians doing inpatient care at Cowichan District Hospital	Demonstrate increased primary care provider satisfaction and joy in work for Ingram Family physicians working at CDH by 50%, by June 2023	Zoe Pullan	CDH 2 south	burnout; physician; hospital; inpatient joy

Geo 4: Victoria/Oak Bay

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Optimizing perinatal addictions stabilization admissions	Optimize the current processes of admissions of pregnant and postpartum patients to VGH for stabilization of their substance use disorders and/or obstetrical complications prior to and after delivery	Meara Tubman-Broeren	Victoria General Hospital	perinatal addictions; stabilization; hospital admission; substance use; pregnancy
2. Social Determinants of Health and US	Increase awareness of SDOH/MHSU within our existing patient panels by 25% by the October 2023, to improve patient-centred care	Tania Wall	Westshore Community Health Centre	social determinants of health; poverty; primary care; barriers; community health centre
3. Delirium identification in the Emergency Department	75% of ED nurses working at VGH to self-report confidence in using the CAM delirium screen with regular documentation in the EMR for patients over the age of 65, by May 2023	Tania Wall	Victoria General Hospital Emergency Department	delirium; confusion assessment method (CAM); geriatrics; screening; education

Geo 4: Victoria/Oak Bay

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
4. Decreasing Emergency Department length of stay for patients referred to the Geriatric Evaluation and Management team from the Royal Jubilee Hospital ED	Reduce length of stay in the RJH ED for patients admitted to hospital who are referred to the GEM team from the ED by 30% by May 2023	Alyson Osborne	Royal Jubilee Hospital Emergency Department and inpatient wards	ED; GEM team; frailty; length of stay; improvement
5. Sustainable and efficient use of inhaled medications in the ED	Reduce MDI dispensation in RJH ED by 25% (as measured by pharmacy dispensations per total patient seen each week) within 8 months	Christian Turner	Royal Jubilee Hospital Emergency Department	quality improvement; sustainability; efficiency; asthma; COPD
6. MOA triage system in primary care	100% of Doctor Troughton's patients who contact Cook St. Medical Clinic with an urgent clinical request, will be responded to within 24 hours, by June 2023	Tim Troughton	Cook Street Medical Clinic	triage; advanced access; primary care

Geo 4: Victoria/Oak Bay

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
7. RJH DVT pathway	Increase number of patients seen at the DVT Clinic at RJH by 25%, by June 2023	Bennet Schwartzent ruber	Royal Jubilee and Victoria General Hospitals	quality improvement; DVT; anticoagulation; internal medicine; ultrasound
8. Smoking cessation in Victoria Medical Detox	90% of smokers discharged from Victoria Medical Detox will receive comprehensive smoking cessation advice during their stay by June 2023	Christian Turner	Royal Jubilee Hospital Emergency Department	quality improvement; sustainability; efficiency; asthma; COPD
9. Return-to-practice experience	Approval of an evidence-informed process to support allied and nursing professionals not currently employed in their profession to return to their professional practice	Tim Troughton	Cook Street Medical Clinic	triage; advanced access; primary care
10. ZeroBurnout for Victoria's Nurturing Connections Program	Increase in staff reporting joy at work and occupational resiliency within the Victoria Nurturing Connections program's clinical team by 25% by June 2023	Jane Ryan	Nurturing Connections Program (AKA: Infant and Early Years Mental Health Outpatient Clinic)	joy-in-work; occupational resiliency; self-compassion; job satisfaction; burnout

Geo 4: Victoria/Oak Bay

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
11. Malnutrition initiative	Educate patients on the importance of eating well while in hospital and to ensure food in nursing fridges is ample	Shari Young	Victoria General Hospital (4South 4A/B 6North 6C/D)	<i>Malnutrition tips for eating well while in hospital;</i> Intranet Newslink
12 .Breast Cancer referral wait times before and after SIIBCP	Evaluate effect of SIIBCP implementation on patient wait time to see specialist, and time to treatment for breast cancer	Heather Emmerton Coughlin; Julia Wilson	All Island Health sites	breast cancer; referral time; wait time; time to surgery
13.Grief self-assessment review	Chart review of GSA responses and loss characteristics to match services over past 3 years	Michelle Bahena	N/A	bereavement; self-assessment; client needs; service utilization
14. Creating a cardiovascular screening tool for unattached patients presenting to the UPCC	Increase hypertension and diabetes screen by 60% in ≥40-YO unattached patients with established risks factors or initial BP measurement ≥135 mmHg and/or 85 mmHg by June 2023	Daisy Dulay	UPPC Gorge	screening; unattached; management
15. Proposed pre-hydration and alkalinization changes to high-dose Methotrexate protocols	To safely reduce the length of stay for adult cancer patients receiving inpatient high dose methotrexate	Stephen Ashwell	RJH 8South	methotrexate; pre-hydration; alkalinization; protocol; proposal

Geo 4: Victoria/Oak Bay

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
16. Evaluation of Abbott and Medtronic Implantable Loop Recorders in patients	Evaluate the rate of false alerts before and after we changed device manufacturers of our loop recorder implants	Markus Sikkel; Ojas Mehta	Royal Jubilee Hospital	methotrexate; prehydration; alkalinisation; protocol; proposal;
17. Efficacy of leads for LBBB interventions	Compare the performance of the Boston Scientific active fixation extendable helix lead (Ingevity) to the Medtronic fixed helix lead (SelectSecure) - performance measured by ability to capture the conduction system	Markus Sikkel; Ojas Mehta	Royal Jubilee Hospital	methotrexate; prehydration; alkalinisation; protocol; proposal;
18. Assessing postoperative pain management via parasternal blocks in the cardiac surgery intensive care unit	Assess the efficacy of PSIC blocks for post-operative pain management in cardiac surgical patients, and to align their routine use as part of a standardized "pain pathway"	Richard Gardiner; Liam Raudaschl	Royal Jubilee Hospital CVU	parasternal block; cardiac surgery; regional anesthesia; enhanced recovery after surgery (ERAS); pain management
19. Critical Air Project: climate-conscious inhaler practices	Decrease inpatient inhaler-related greenhouse gas emissions by 30% within 36 months	Valeria Stoyanova	Royal Jubilee and Saanich Peninsula Hospitals	inhaler; carbon stewardship; pharmacy operations; climate conscious prescribing; waste

Island Wide

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
1. Ophthalmology lens process	Reduce by 70% IOL supply errors that result in surgical cancellations, late arrival of lenses and near misses in the Operating Rooms at 2 Island Health sites by March 2023	Hamza Khan	All sites performing cataract surgery	cataract lens implant; procurement; IOL surgical booking
2. Appropriate use of anti-psychotics in long-term care	Reduce the CIHI indicator to <20% in the next 36 months	Jae Yon Jones	12 owned/operated LTC sites 27 contracted LTC sites	quality Improvement; indicators; reduction; education
3.Improving a Postpartum Preparedness Program	Improve patient satisfaction with a virtual postpartum preparedness group medical visit series by June 2023	Dr. Phillippa Houghton	All Island Health sites	postpartum; preparedness; pregnant; parenthood; motherhood
4.Choosing Wisely at Island Health: Using Labs Wisely	Reduce AST, urea and PT-INR testing in inpatient and emergency departments by 10% by June 2023	Adele Harrison	All Island Health sites	resource utilization; climate conscious healthcare; variation; quality improvement; laboratory

Island Wide

PROJECT TITLE	AIM	PROJECT LEAD	SITES INVOLVED	KEYWORDS
5. Rural CPR outreach program	Provide CPR training to high school students on Vancouver Island	Alison White	Multiple highschools	CPR; rural; education; high school students; outreach
6. Outpatient COVID Therapeutics Clinic referral project	Improve OCTC physician satisfaction with the virtual OCTC consult referral service workflow by >20%, by June 2023	Kelsey Kozoriz	Provincial referral program lead COVID anti-viral e-team	COVID-19; therapeutics; referral; team-based care; virtual care
7. Experience of engaging in research for long-term care home leaders and teams	Determine engagement in research with long-term care leaders (prior experiences with researchers and/or facilitating research at their site) by May 2023	Amanda Leddy	3-4 long-term care homes	long-term care; experience; knowledge translation; engagement



THANK YOU

PREPARED BY
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