



SSC Enhanced Recovery Collaborative

PQI Summit - 11/19/2018

Angie Chan, Manager, GPSC



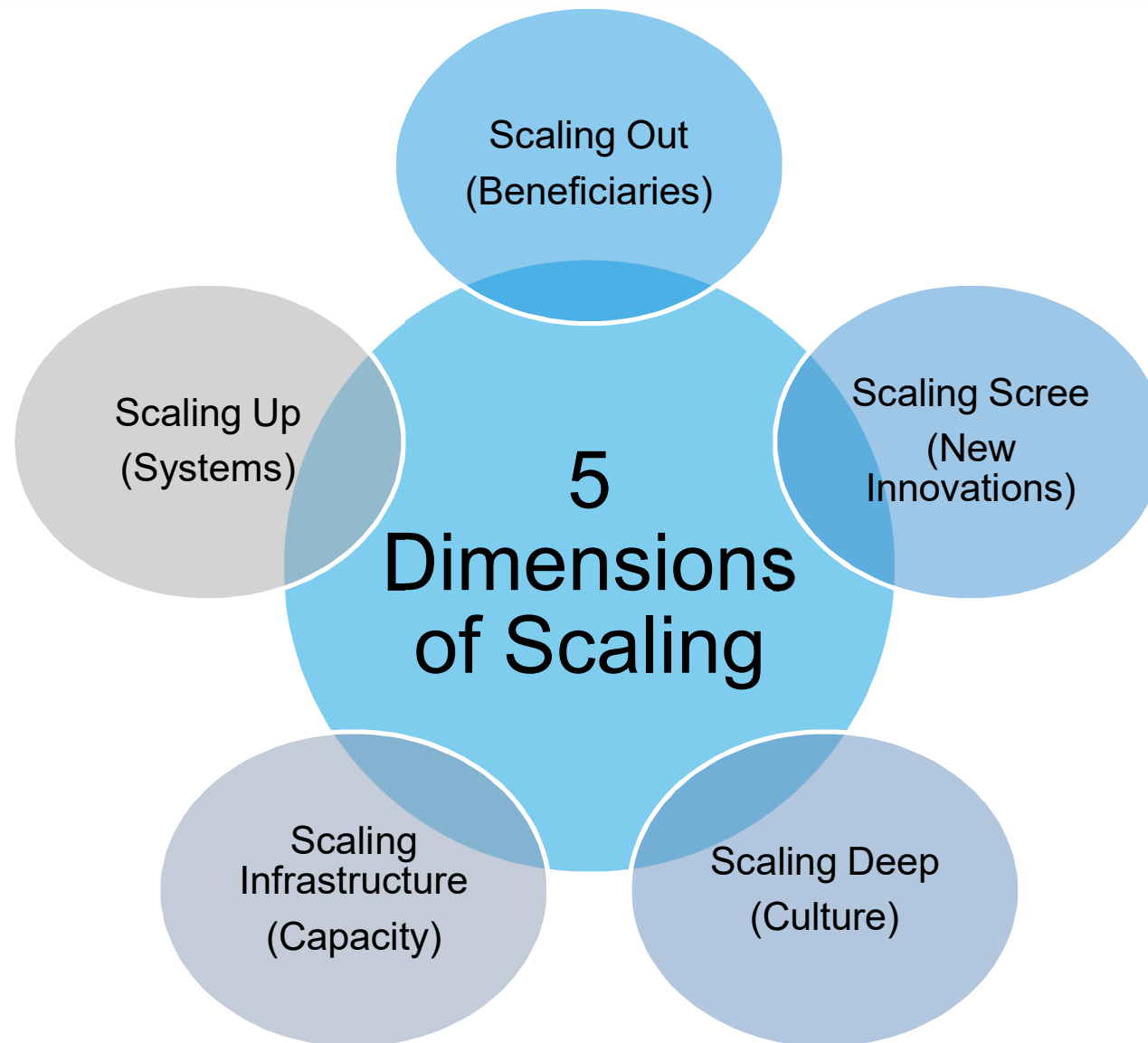


No disclosures



Overview

- **Enhanced Recovery** programs are multi-modal perioperative care pathways designed to achieve early recovery after surgical procedures.
- **Problem:** Evidence supporting Enhanced Recovery has been growing for over 15 years, but the application of the pathway remained inconsistent across BC.
- **Opportunity:** Complication rates for elective colorectal surgery patients could be vastly improved with a provincial strategy to help spread the Enhanced Recovery pathway.



IHI Collaborative Model aka Breakthrough Series Model

“An improvement method that relies on spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.”

- From Institute of Healthcare Improvement

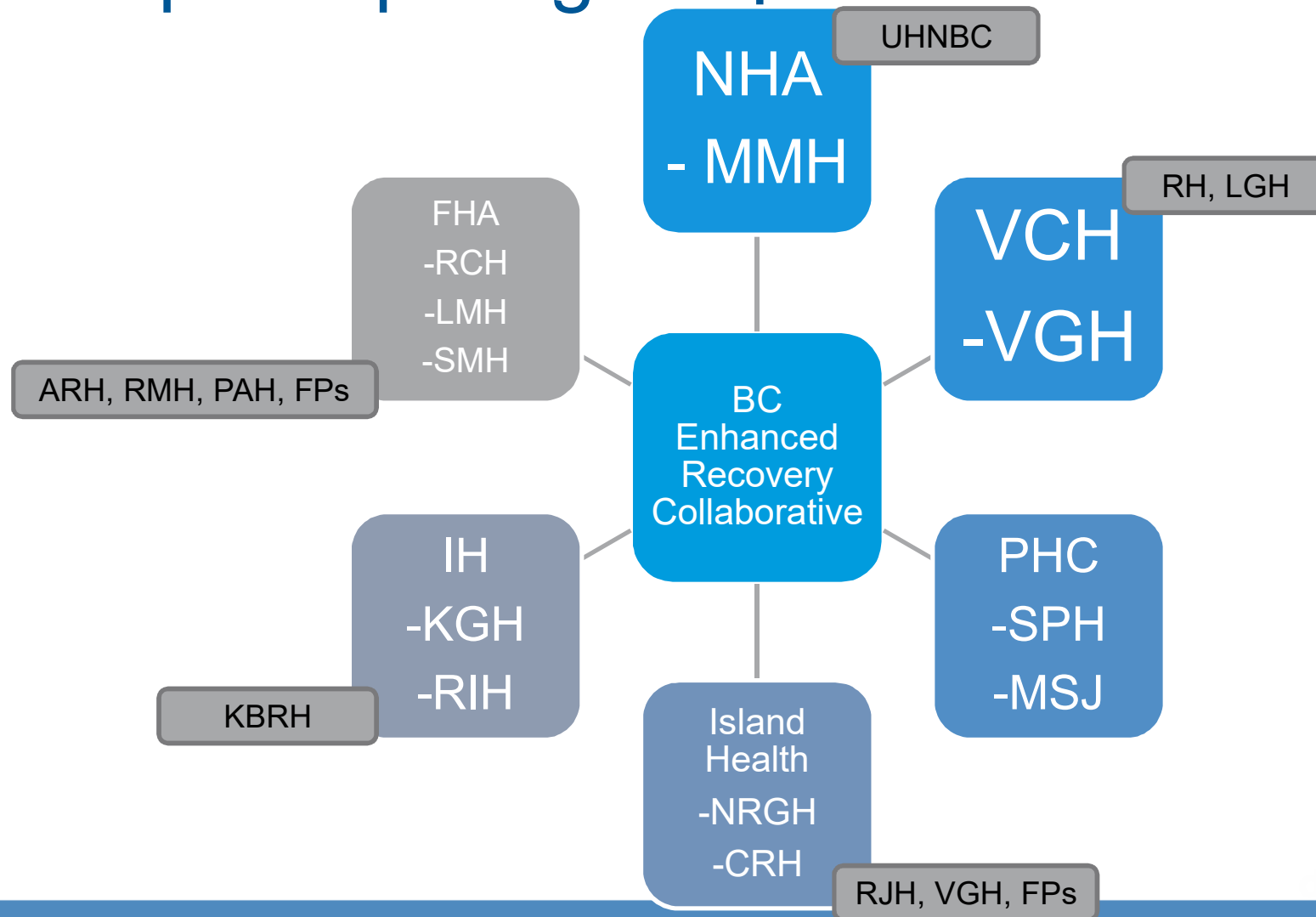
Existing Knowledge:

Enhanced Recovery Pathway

Active Patient Involvement		
Pre-operative	Intra-operative	Post-operative
Pre-admission education	Active warming	Early oral nutrition
Early discharge planning	Opioid-sparing technique	Early ambulation
Reduced fasting duration	Surgical techniques	Early catheter removal
Carbohydrate loading	Avoidance of prophylactic NG tubes & drains	Use of chewing gum
No-selective bowel prep	Goal-directed perioperative fluid management	
Venous thromboembolism prophylaxis	Pain and nausea management	
Antibiotic prophylaxis		
Pre-warming		
Audit of processes & outcomes		
Multi-disciplinary Team Involvement		

Multiple settings:

11 participating hospitals

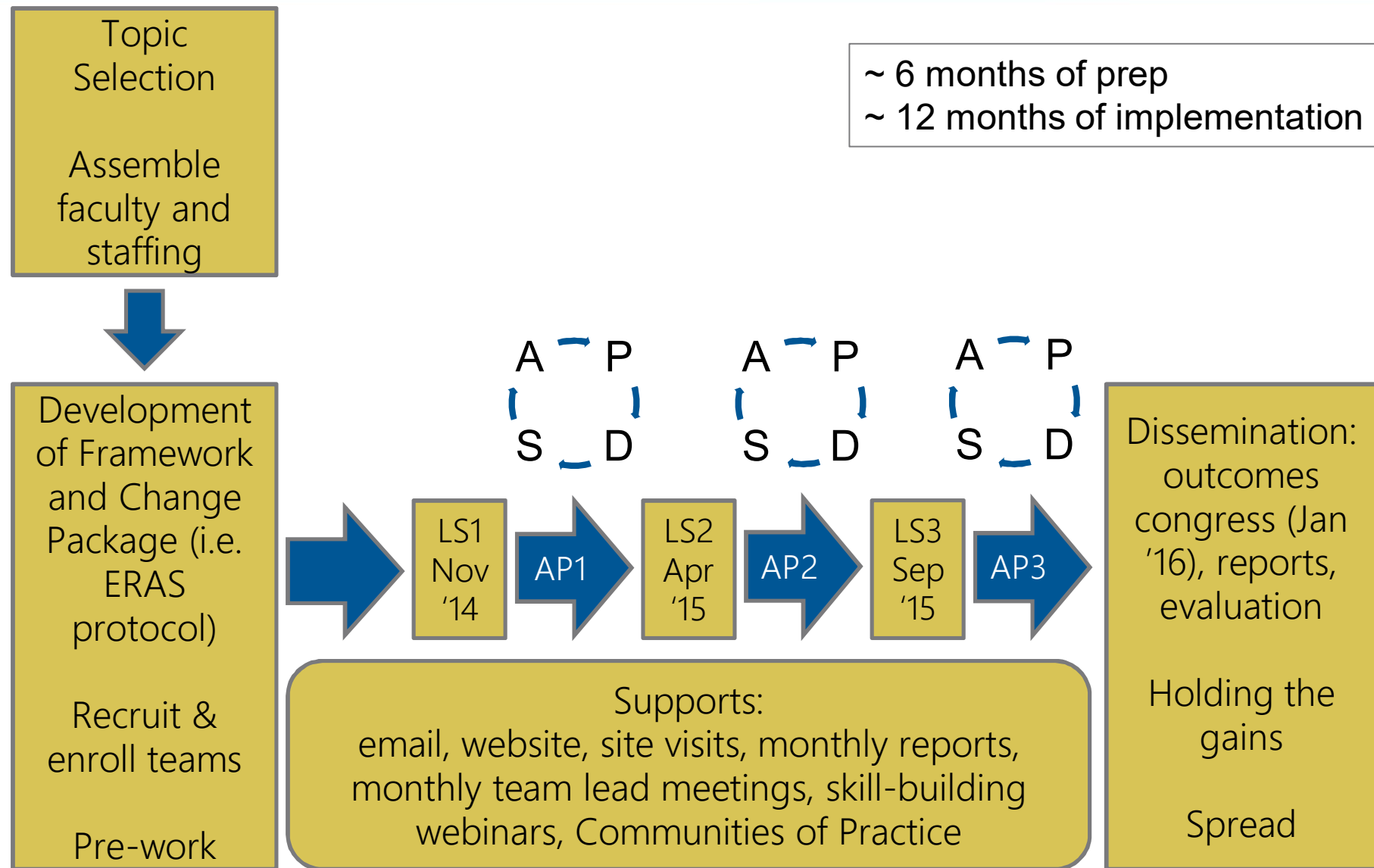


Common Aim:

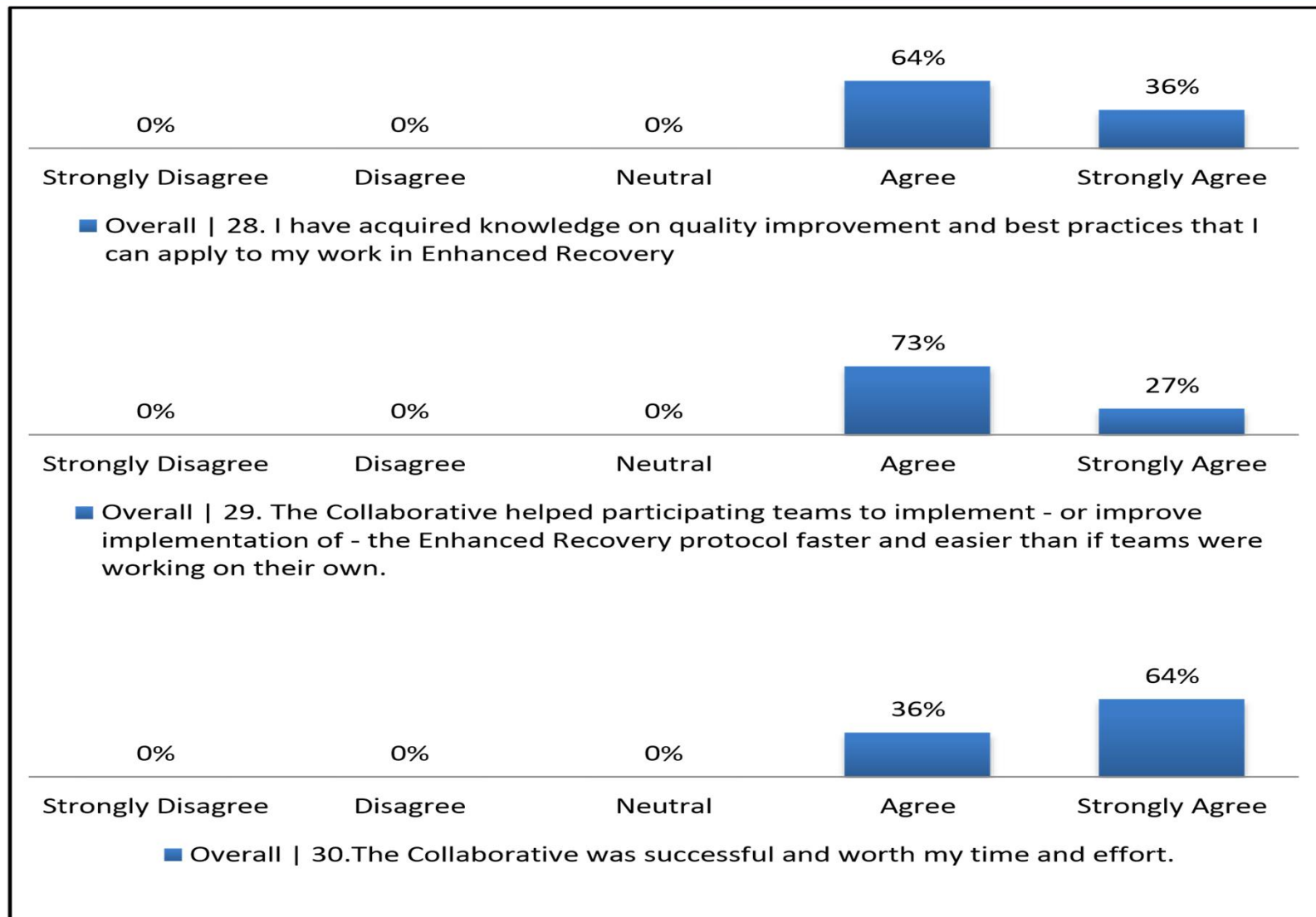
Collaborative's Goals

- 80% compliance on all pathway elements
- 50% reduction in complication rates
- Decrease hospital LOS
- No significant change to readmission rates

Collaborative

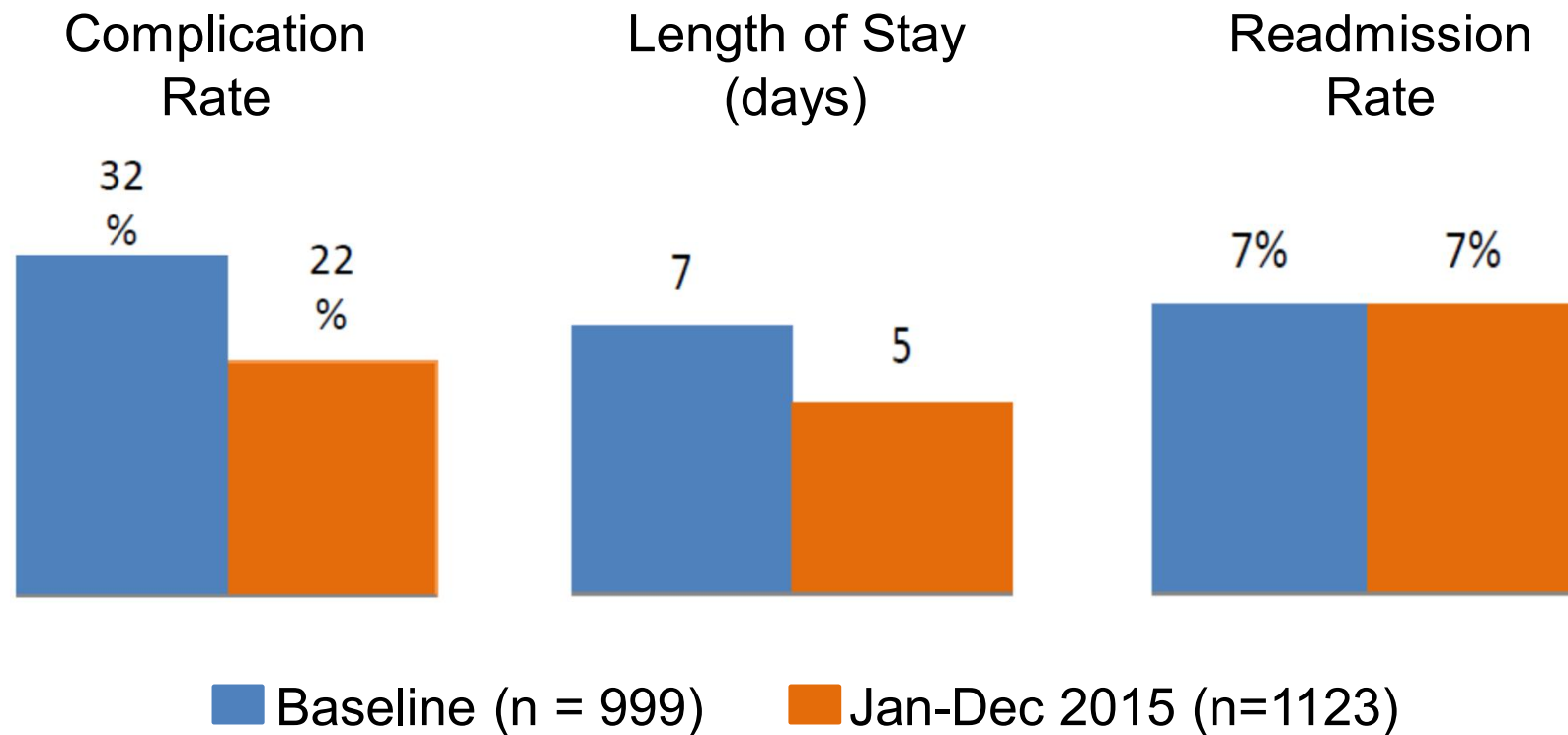


Participant Feedback



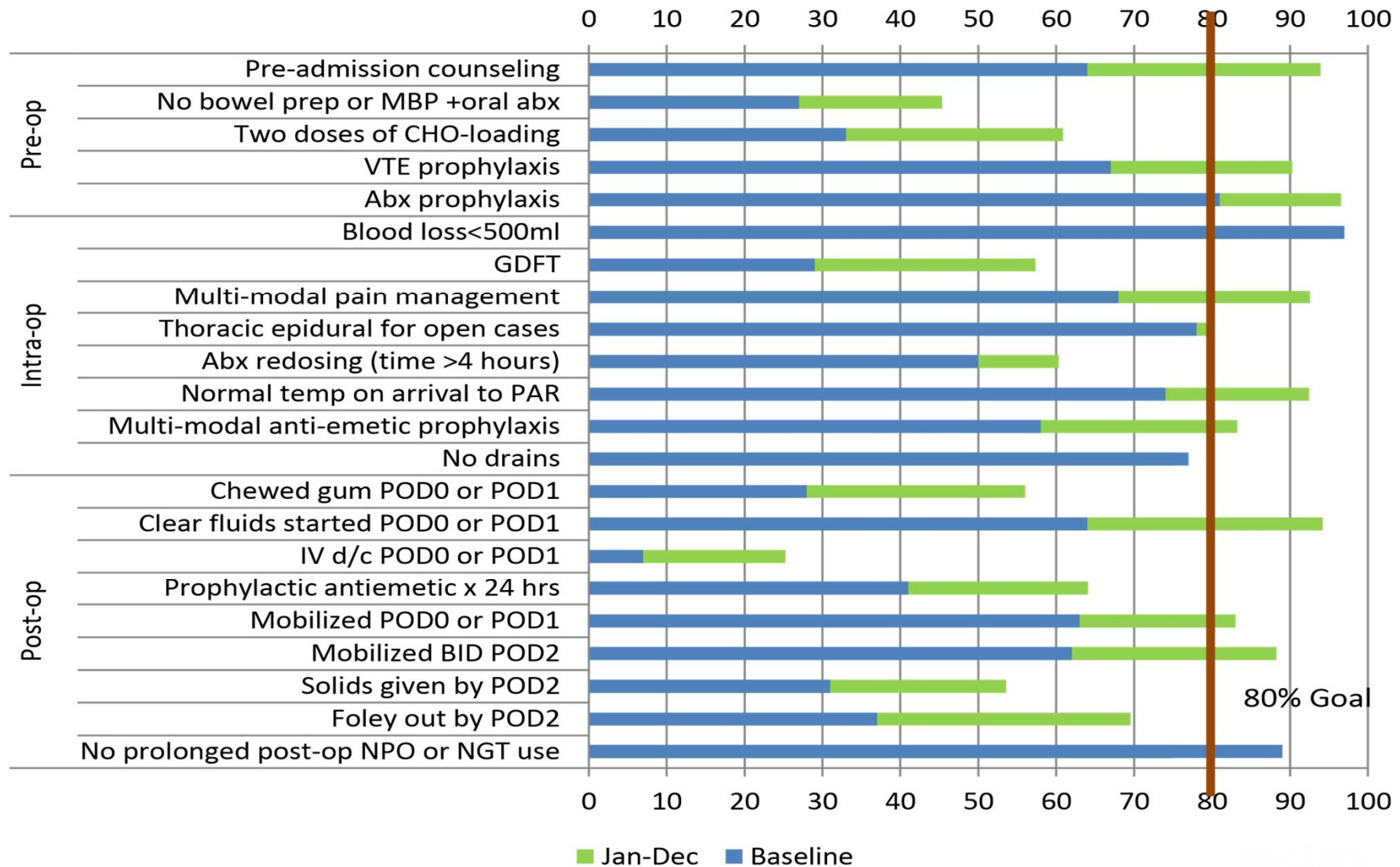
47% response rate

Outcomes



Process Changes (%) Jan – Dec 2015 n=1123

Scaling
Scree



Goal: 80% compliance on all pathway elements

Supporting Culture Change

Scaling
Deep

Provincial

- Multidisciplinary, passionate leadership
- Inclusive Communities of Practice

Hospital

- Hospital Teamwork: Core team + broader engagement of everyone on pathway
- Staff education

Patient

- Engage patient as partners in their care
- Patient education

Fun!



Scaling
Infrastructure

Sponsor: SSC

Co-Chairs:
Anesthesia,
Surgery,
Nursing/QI

Advisory Panel:
Anesthesia, Surgery,
Nursing/Admin
members from 6
regional HAs

- SSC: data support funding
- HA/Hospital: Staff time and backfilling

BC Hip
Arthroplasty
Collaborative

2
Patient
Partners

Organizational
Partner:
BC Patient Safety
& Quality Council

Anesthesia
COP

Surgery
COP

Nursing
COP

Nutrition
COP

Create and share resources

Patient Education Videos

- applicable to many surgical procedures
- English, Cantonese, Mandarin, Punjabi

Clinical Guidance Notes

- Mechanical Bowel Preparation
- Pre-operative Carbohydrate-Loading
- Goal-directed Fluid Therapy
- Opioid-Sparing Technique

Network of Clinicians

- champions
- mentors
- resource people

Data Set & Tools

- Processes & Outcomes

Webinars

- ERAS Basics
- Process Mapping
- Train-the-trainer
- Post-op Pain
- Run Charts
- Enhanced Recovery in NSQIP

www.enhancedrecoverybc.ca

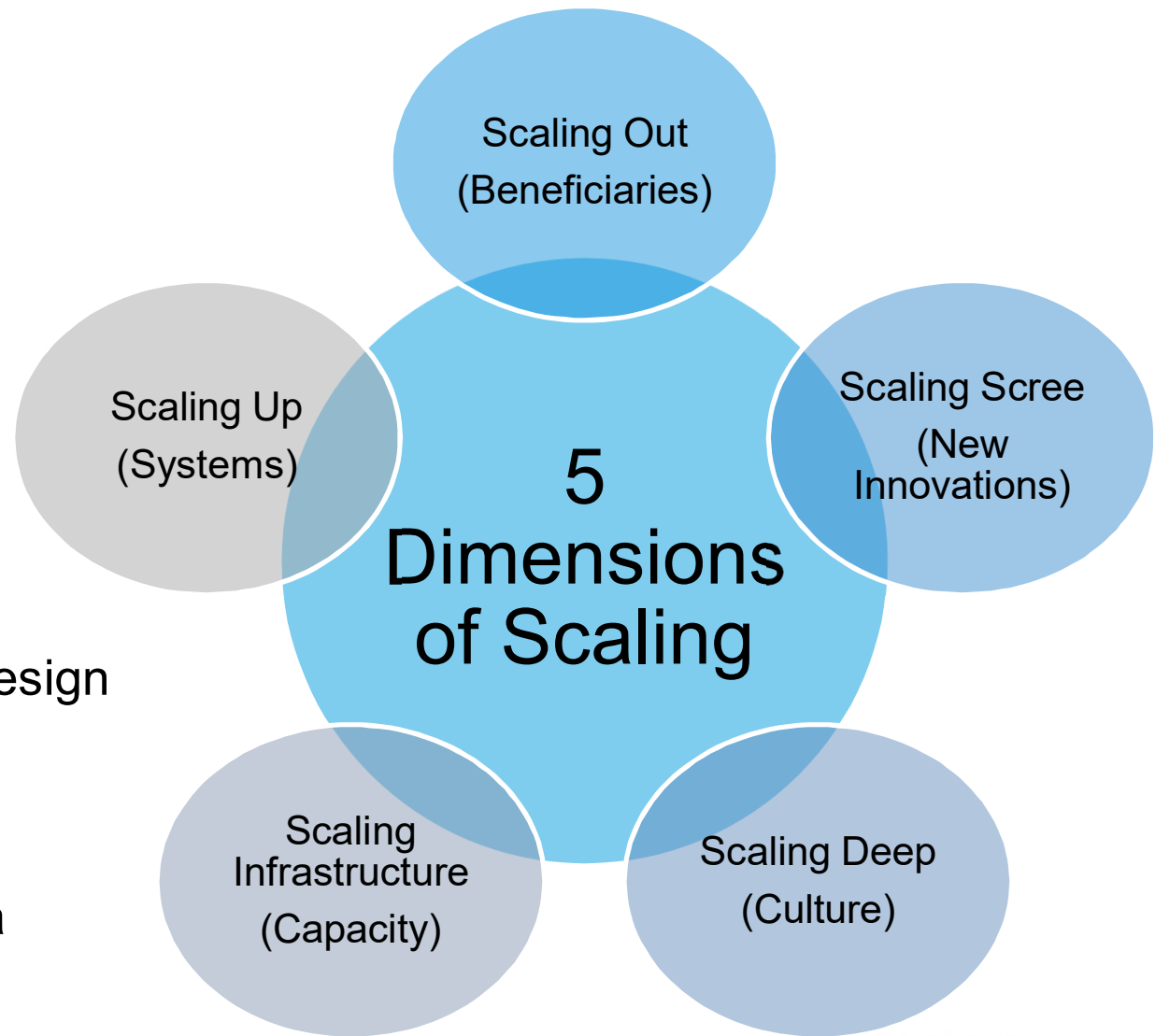
- order sets
- patient education materials
- staff education materials
- references
- data definitions and data collection tools
- presentations
- patient story video

- Engagement of MOH, Provincial Surgical Executive Committee (PSEC), HA, and hospital leaders
- Spread of Enhanced Recovery pathway and pre-surgical optimization included in 2015-2018 MOH Surgical Services Priorities

Thank You!

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Ridell, Darcy & Michele-Lee Moore (2015)
Tulloch, Gord (2018)
Here to There Consulting (2018)

PQI project Sustainability and spread

A physician perspective: Dr. Jason Wale, Island Health

I have no conflicts of interest to declare.



I receive no honorariums or finance.

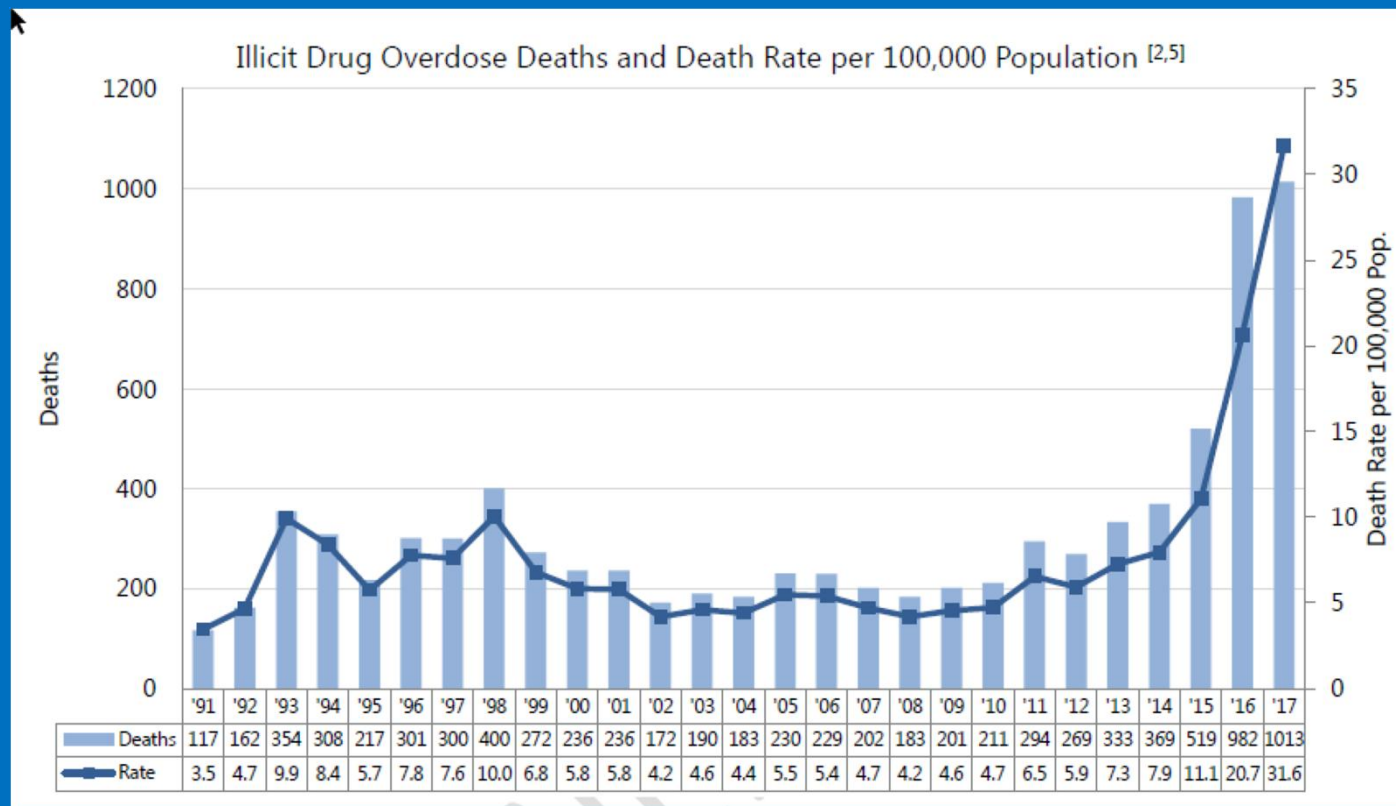
Pre- PQI : My Office



Pre-PQI : My staff support



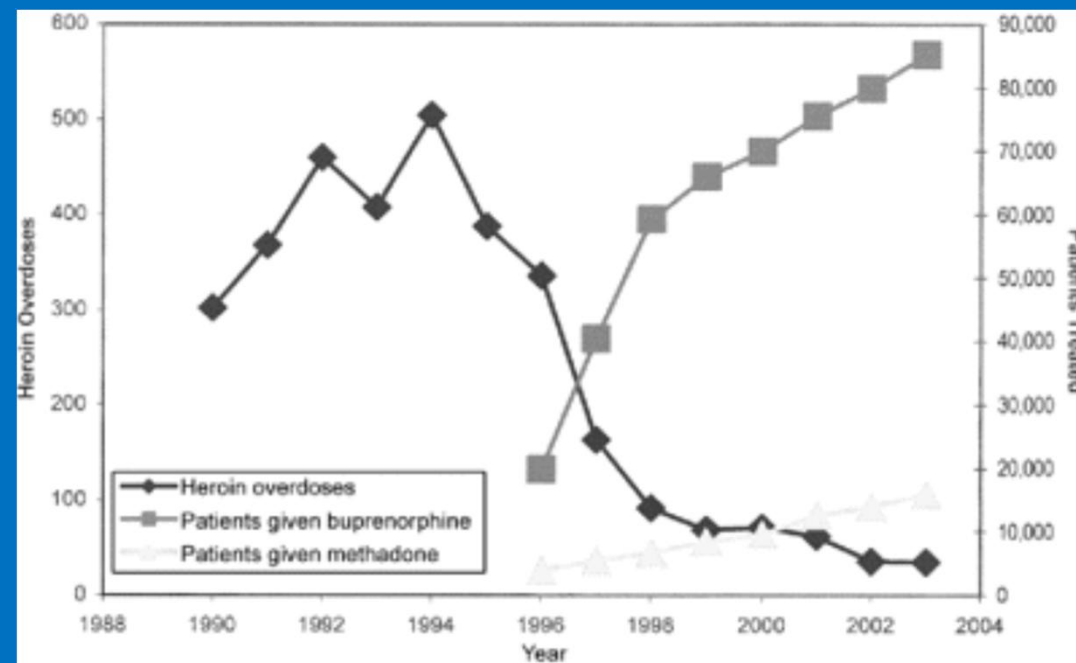
My PQI project from 2016/17: Fentanyl Crisis and ER response



My PQI project from 2016/17:



Problem



Solution

Local success

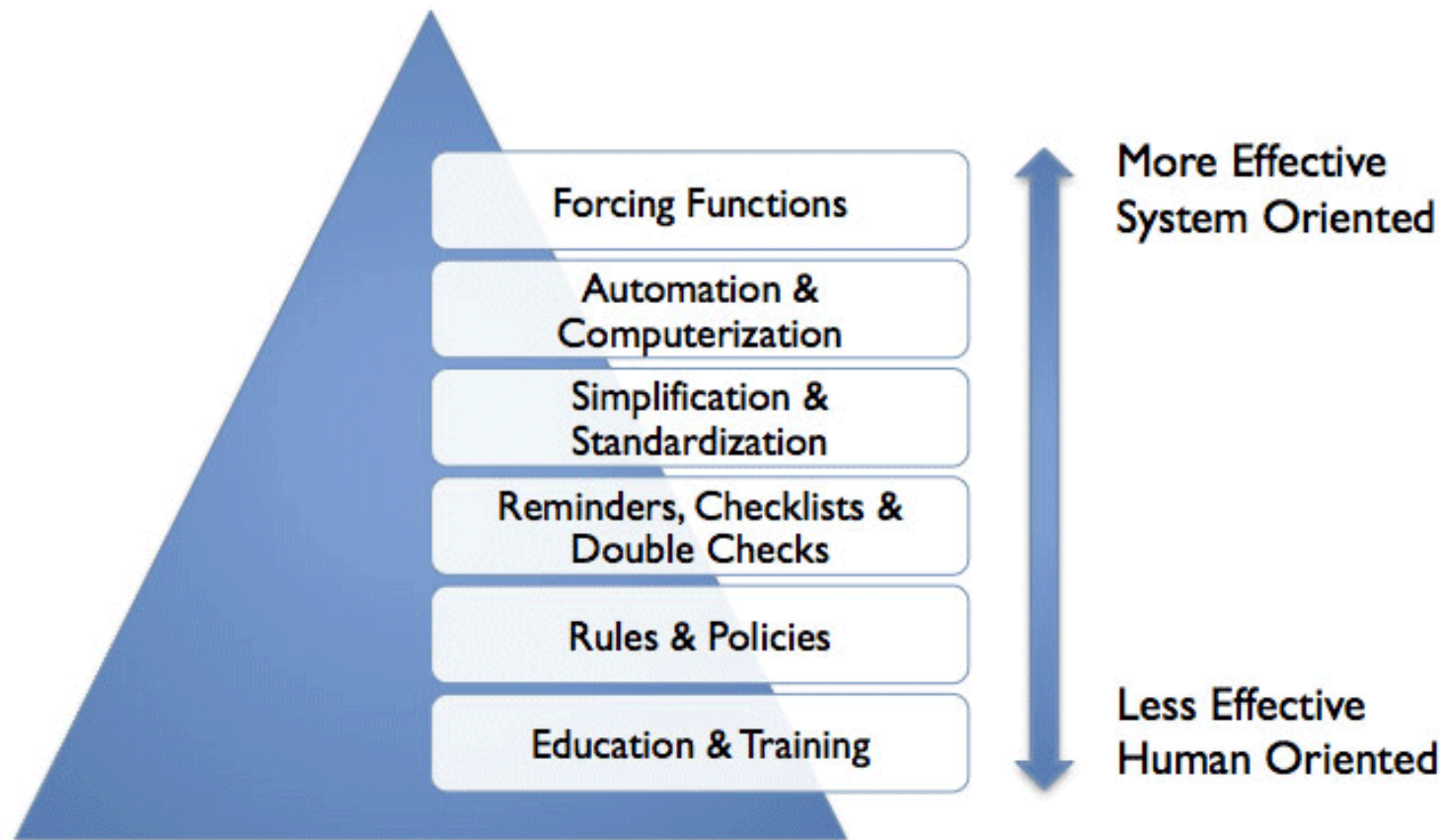
- More than 160 patients referred from VGH and RJH in Victoria.
- NNT of 4.6 to achieve patients who are maintained in therapy at local addiction treatment centers.

PQI Funding is over..... Now what?

#1: Symbiosis -Use the health authority structure



How to make sustainable changes within HA

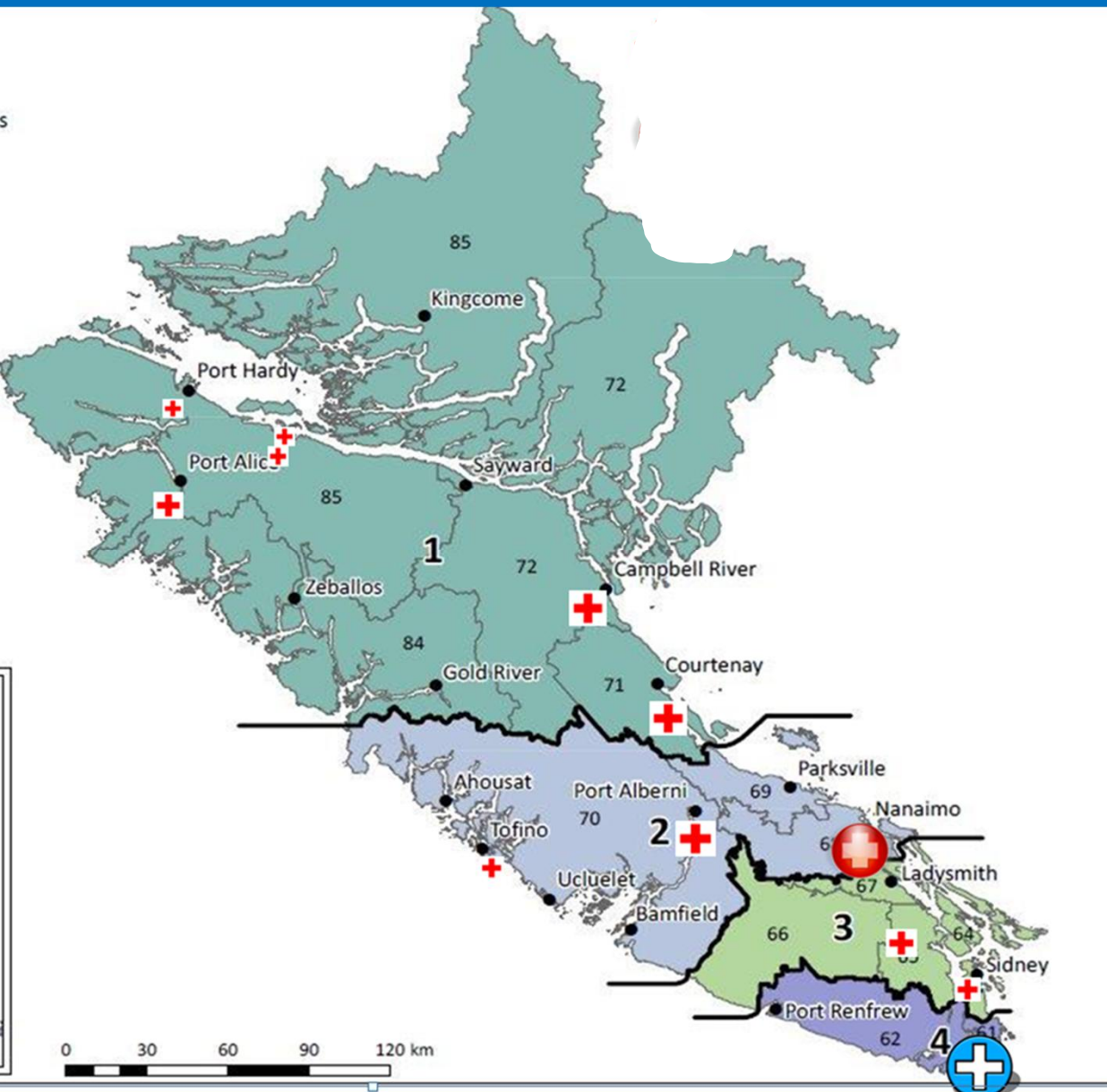


#2: Relationships- Who will keep this going?

- HA sponsor involved to remove barriers to sustainability and spread.
- Identify the HA agents who are most interested in maintaining your project.

#3: Celebrate Success





Challenge of Spread:

- 4 Geographic Zones
- 9 Major hospital ER's
- 6 smaller ER's
- Over 120 ER Physicians
- Over 800 ER nurses

All of us have a spectrum of allegiance



People are most loyal to the smallest tribe
that they belong to.



Need Local Champions.

The path ahead...

? Fewer projects with
more support/integration

? Departmental/ Group
projects

? Utilize Facility
Engagement and Health
System Redesign
synergy







Rapid Access to Consultative Expertise An Innovative Model of Shared Care

Margot Wilson, RN, MSN

Director, Shared Care & Digital Care/Virtual Health

Providence Health Care

November 19th, 2018

No Disclosures



Why RACE Came to Be at Providence Health Care

Joint partnership between Providence Health Care and the Shared Care Committee, in collaboration with Vancouver Coastal Health



The Problem

Communication

Collaboration

There just isn't a communication *network*

In an urban setting, it's really difficult to know the *different subspecialties*

As a patient I want my doctors to be *connected*

We really need a *simple way* for communication

Communication is best when it's directly *physician to physician!*

Some Specialties are *impossible to access!*

It seems the 'good old days' of *conversing in the hallway* are gone. Is there a way to bring that back?

Relationships



ROCE

Rapid Access to Consultative Expertise - RACE

- One phone line with a selection of specialty services
- Request for urgent advice within 2 hours
- Started at PHC in June 2010 with 5 services
- Currently at 43 services
- >40,000 calls
- New Technology RACEApp+ started July 2015
- ~1000 calls per month
- ~400 specialists
- Many family physicians (800+ on the app)



Current Services

Regional

- Cardiovascular Risk & Lipid Management
- Eating Disorders -Psychiatry
- Emergency Medicine
- Endocrinology
- General Cardiology
- General Internal Medicine
- General Pediatrics
- Geriatric Psychiatry
- Geriatrics
- Hand and Upper Limb Orthopedic Conditions
- Heart Failure
- Infectious Diseases
- Leg, Ankle, Foot Orthopedic Conditions
- Nephrology
- Neurology
- Obstetrics & Gynecology
- Ophthalmology
- Otolaryngology/Ear, Nose & Throat
- Parkinson's Disease and other Movement Disorders
- Psychiatry – Adult
- Radiology
- Respiriology
- Rheumatology

Provincial Services

- Addictions Medicine
- Cardiac Transplant
- Child & Adolescent Psychiatry
- HIV Care, Treatment, and Prophylaxis
- Medical Assistance in Dying Advice
- Medical Refugee Health
- Pediatric Gastroenterology
- Pediatric Infectious Diseases
- Pediatric Orthopedic Conditions
- Pediatric Rheumatology
- Perinatal Addictions
- Perinatal Psychiatry
- Physical Medicine and Rehabilitation
- Sleep Disorders Service
- Sexually Transmitted Infection
- Thrombosis
- Trans Gender Care
- Tropical and Post-travel Medicine
- Urology
- Vascular Surgery

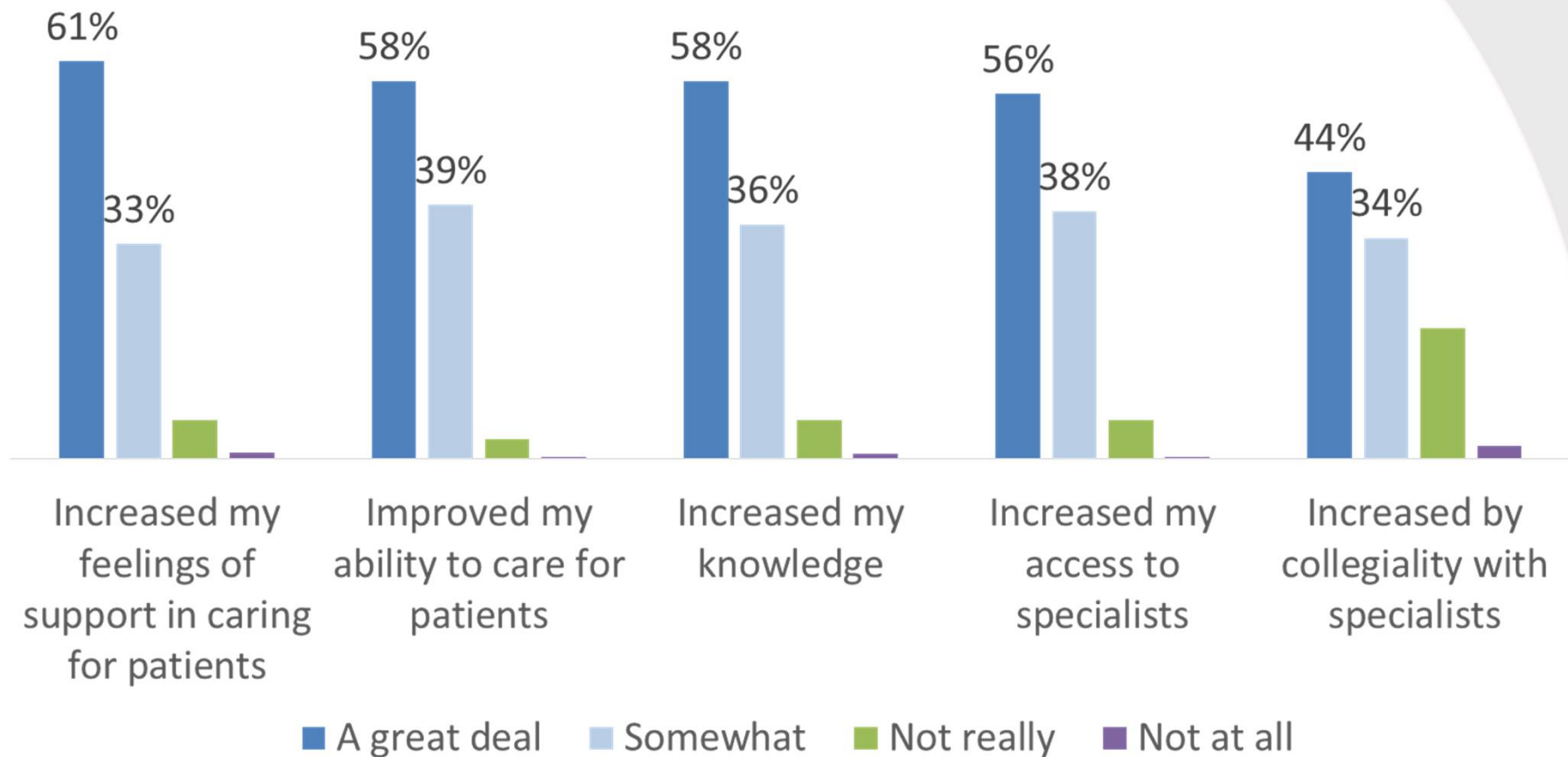


Metrics - 2012 Evaluation

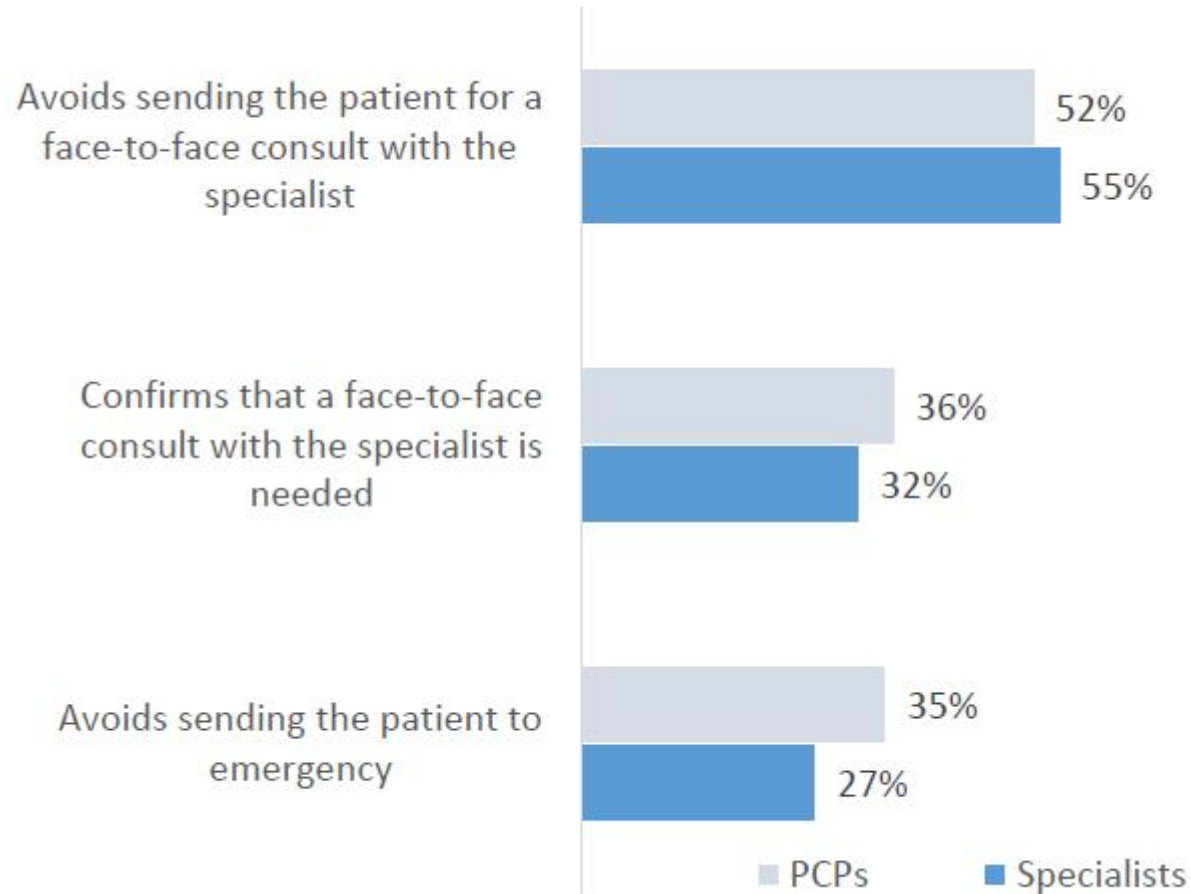
- 78% of calls answered within 10 mins
 - 90% are <15 min in length
 - 60% avoided face-to-face consults
 - 32% avoided ED visits
 - Up to \$200 cost avoidance per call
- User-friendly 'decision support tool'
 - Improves clinical judgment
 - Receive medical education
 - Increases knowledge capacity



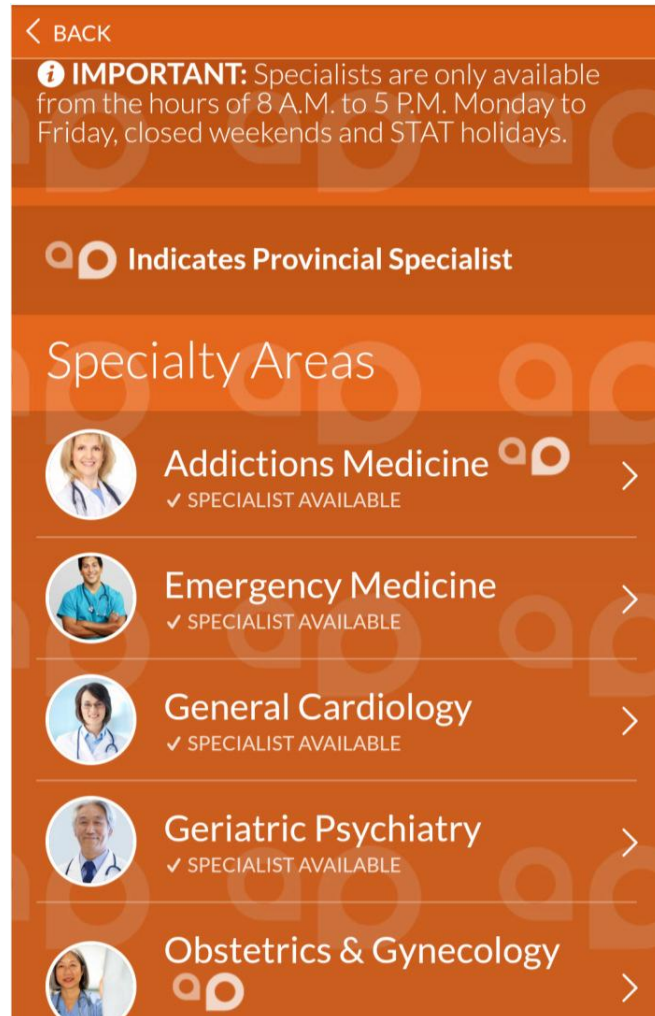
How RACE Impacts Family Practice



System Outcomes



RACEapp+



- Search 'RACEapp+' on the app store
- www.raceapp.ca
- Web based
- Ability to exchange billing information
- Ability to add a professional photo
- Specialists chooses preference on how to receive the contact
 - Phone
 - SMS
 - Email
- Interaction is still voice to voice

Value for the Provider...

"I find myself educating pediatricians, GPs, and even other psychiatrists about more complicated psychiatric issues in children. Both sides of the conversation seem to enjoy the collaboration"

"I got confirmation that the situation was normal, and I didn't have to subject the child to extra bloodwork or an ultrasound."

"I learn something about the types of patients and resources available to front-line clinicians and physicians, and they learn something about child and adolescent psychiatry"

"The app is awesome, tap, tap, tap and I got a call back within a couple of minutes"

"It has given me a level of professional satisfaction, professional empowerment and improved patient care."



- Improves access to care
- Improves patient care
- Improves provider relationships
- Patient Coordination Costs Avoided
- Reduces ED Visits

Challenges of Spread and Sustainability

- Expansion across specialties
- Increased uptake by family physicians
- Expansion across BC
- Expansion across Canada
- Creation of the App
- Provincial governance
- Provincial administration



**One size does not
fit all**

Leverage **Leadership**

Keep is **simple**

Engage **champions**

“RACE in a BOX”

The reach of
relationships

Talk about it

Avoid replacing well
established effective
communication lines

Respect what works
well

Adaption not
Adoption

Share everything

Remuneration

Marketing is key

The power of
partnerships

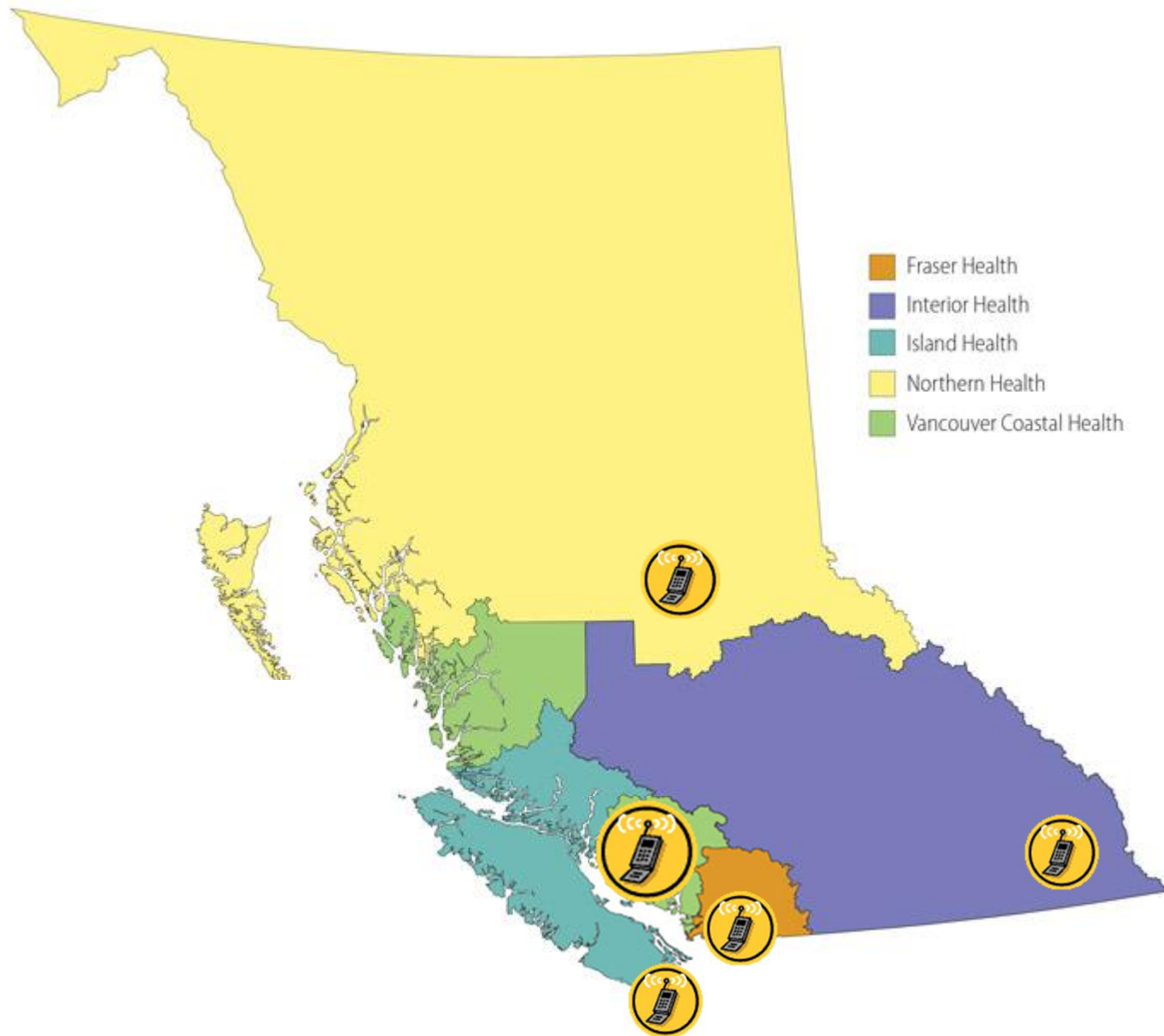
Requires **criteria** for
specialist participation

- Response time
- collegial interaction
- knowledge transfer

Spread Learnings

**RACE**

Provincial RACE Spread



National Spread



Vancouver

- Canadian Foundation for Healthcare Improvement (CFHI) Collaborative
- Canadian College of Family Physicians
- The Royal College of Physicians and Surgeons of Canada
- Canada Health Infoway



RACE Triple Aim Potential

A) Enhance the care experience by:

- providing knowledge transfer
- improving the specialist/primary care interface through improved communication
- simplifying the patient journey

B) Improve Population Health

- access to specialty care enhance
- increase capacity of specialists

C) Control per capita cost of health care

- reduce avoidable consults and emergency visits



Patient Perspective

*“...I think the RACE program is a wonderful idea because it will allow my GP to **access** expertise on a specific problem without my having to be referred and having to wait a number of months to see a specialist when perhaps only minor **advice** might be needed....”*



www.RACEconnect.ca



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@RACEconnect1

