

SSC Snapshot of PQI & FE

<ul style="list-style-type: none"> Leveraged the success of the GPSC Practice Support Program along with the learnings gained through the Cleveland Clinic visits in 2012/13. Built off the past experience of the SSC's Quality and Innovation projects. 	<p>ORIGINS</p>	<ul style="list-style-type: none"> Replicated the success of the GPSC Divisions of Family Practice for hospital based physicians. Wanted to create a similar vehicle for facility medical staff to organize and engage. First explored in the Doctors of BC (DoBC) policy statement "Partnering with Physicians" in 2013.
<ul style="list-style-type: none"> Early 2015 discussions were held with each health authorities' (HA) VP of Medicine and Director of Quality & Safety along with other HA senior staff, where quality and physician participation were discussed. All HA voluntarily invited the SSC to jointly develop and manage PQI. 	<p>FORMATION</p>	<ul style="list-style-type: none"> Negotiated between the DoBC and Ministry of Health (MoH) via the Physician Master Agreement – Dec 2014. All HA CEOs as well as Deputy Minister of MoH and CEO of DoBC signed the Memorandum of Understanding. SSC staff hired to work directly with local medical staff association (MSA) and support the HAs to launch initiative.
<ul style="list-style-type: none"> Source: SSC (\$8m/year). Approximately \$1.3m/year per HA (half for staff; half for sessional payment). 	<p>FUNDING</p>	<ul style="list-style-type: none"> Source: SSC (\$18m/year). Funding per year, based on facility size (i.e. beds) 301+ \$500k; 151 to 300 \$400k; 101 to 150 \$300k; 51 to 100 \$200k; 21 to 50 \$150k; 14 to 20 \$65k; 8 to 13 \$50k; 1 to 7 \$35k).
<ul style="list-style-type: none"> Shift the physician culture towards QI. Enhance physician capability/confidence of leading QI activities by providing targeted QI training and opportunities to work on a QI project. 	<p>PURPOSE</p>	<ul style="list-style-type: none"> Improve relationships/communication between medical staff and administration. Improve relationships/communication amongst medical staff and departments within a facility. Improve physician consultation and collaboration in health care decision making.
<ul style="list-style-type: none"> HA region. Any practicing physician. 	<p>SCOPE</p>	<ul style="list-style-type: none"> Site based. Medical staff that have privileges (Physicians, Dentists, Nurse Pract. and Midwives).
<ul style="list-style-type: none"> Joint Steering Committee within each HA. Representation: SSC; HA; Patient; Clinically Active Physicians. Decisions made through consensus. Fund holder: HA. 	<p>GOVERNANCE</p>	<ul style="list-style-type: none"> Executive and members of local MSA/physician societies. Decisions made by the local MSA/physician society working group and approved by local MSA/physician society executives, with input from HA partners where appropriate. Fund holder: non-profit physician societies or the hub society for non-incorporated MSAs.
<ul style="list-style-type: none"> Provincial PQI Network, with representation from all HA's. HA PQI Sponsor; HA Physician QI Advisor; HA Senior PQI Staff; SSC Reps. 	<p>ORGANIZATION AND COORDINATION</p>	<ul style="list-style-type: none"> SSC Working Group on Facility Engagement, with representations from MoH, HAs, DoBC and SSC, provides oversight and overall directions for FE.
<ul style="list-style-type: none"> Education/training and doing QI project. <ul style="list-style-type: none"> QI projects that are small in scale, small tests of change, time-limited and follow the IHI Model of Improvement. System level projects; addressing gaps in care; align with six QI dimensions. Physician led, supported by technical staff, sponsored by Joint Steering Committee. 	<p>FOCUS OF ACTIVITIES</p>	<ul style="list-style-type: none"> Primary use of funds is to pay for medical staff time participating in internal meetings and in meetings with HA. Secondary uses of funds can be for hiring staff to support the MSA, governance/administration, and other costs attributed to the purposes of FE Initiative.
<ul style="list-style-type: none"> Quality assurance. Purchasing equipment; IT projects. Engagement activities. As determined by the Joint SSC/HA Steering Committee. 	<p>OUT OF SCOPE</p>	<ul style="list-style-type: none"> Compensation for clinical services. Purchase of clinical equipment, real estate and vehicles. Advertising, with the exception of physician recruitment ads. Political/charitable donations. Meeting attendance that is required as part of maintaining privileges.