

CHIEF PROGRESS REPORT

October 2019 Edition

“The world hates change, yet it is the only thing that has brought progress”

-Charles Kettering-

This is my inaugural newsletter with the hope that I will be able to publish monthly moving forward. I know this is ambitious these days, when there are so many demands on our time, but I want these communications to be regular and focused with input from Professional Staff members as to the content.

I would like to acknowledge Dr. Gary Ing for his 25 years of service as Chief of Staff. Gary gave up a lot to do what he did for the hospital and was truly a dedicated professional who we will not soon forget. We now have to build on this good work, and we have a lot of work to do.

When I took over the role of Chief of Staff, I had an idea but did not truly appreciate the awesome responsibility charged to the position. The Chief of Staff is accountable to the Board for supervising and overseeing, through and with the Medical Advisory Committee, the quality of clinical care provided by the Professional Staff to all patients in the Corporation. That is a big deal and such a broad concept that it made me wonder how do you improve quality? Well, I’ve had some time to think about it and have come up with a plan to implement over my term as Chief of Staff. Some of these are quick fixes, others will take a massive culture change, but in my opinion, all are necessary to get to the next level when it comes to the quality of the care we deliver to our patients.

My plan involves the following five principles:

- 1. A robust Morbidity and Mortality (M&M) framework**
- 2. Professional Staff Engagement**
- 3. Recruitment and Retention**
- 4. Performance and Leadership Management**
- 5. An Academic and Research Vision**

This newsletter will focus on the Morbidity and Mortality Framework. For a long time, we have become so used to the term QCIPA that is used as a noun in our hospital. While there is a role for QCIPA legislation in how certain cases are reviewed, it is not how most cases should be reviewed. In my research across many high functioning organizations, there is always a mix between cases reviewed under QCIPA and those under M&M. We were one of the only hospitals with nearly all cases reviewed under QCIPA. It's time we changed that, and the time is now.

I would like to change the name and function of our quality committee, the Medical Quality Assurance (MQA) Committee. Moving forward, this committee will be called the Quality Practice Committee (QPC) and it will be a sub-committee of the MAC. The terms of reference have been developed and are awaiting adoption but once completed, this committee will oversee all the M&M rounds in the hospital. We will be implementing the Ottawa Model for Morbidity and Mortality (OM3). This involves appropriate case selection, a structured case analysis with inter-professional and interdisciplinary involvement. M&M rounds will be run by Departments with a dedicated facilitator trained in the model with the outcome being a "bottom lines" slide that will be sent to the QPC. From there, a discussion around the recommendations will happen so that they can "act" on them and report to the MAC. These recommendations can include cognitive debiasing strategies, development of policies and procedures, or changes to the way a Division or Department works. All this to find ways that an adverse outcome in a similar patient could be mitigated in the future.

Starting a robust M&M framework where none existed before will be one of those massive overhauls that will take time, effort, patience and dedication. I do believe that we have the knowledge and expertise to make this happen. So, let's get it done. We have been working with the Patient Representative's Office who have shouldered the burden of QCIPA meetings for too long. We will be working closely together with them to ensure a smooth path forward. Over the next several weeks, I will be meeting with the Department Chiefs to go over the model in more detail and am looking for Professional Staff members with interest and expertise to help with the process. One member of each Department will be requested to sit on the QPC, but anyone interested will have a chance to impact change and I am looking for champions to step forward and help with the this culture change.

Until next month,



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Do you have questions, comments or thoughts about the topic discussed this month? Any ideas for future newsletters? Feel free to contact me anytime by e-mail wassim.saad@wrh.on.ca