

Physician Learning Program

Annual 20**22** Report 20**23**

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Our Associate Deans' Letter

We are honoured to share with you our Physician Learning Program (PLP) Annual Report for 2022-2023. Reflecting on the past three years, we highlight the crucial linkages with dedicated physicians and interdisciplinary clinicians, health system organizations, and community partners who collaborate with our amazing team to innovate in adaptive ways to advance care for Albertans. Alberta is blessed with people who care, who strive, and who sacrifice in challenging circumstances to push for a vision of more equitable, effective, and sustainable health care.

We are executing on our vision that all Alberta physicians will care for patients in a supportive culture, driven by evidence-informed, reflective practice improvement. The crisis over the past three years has presented Albertans with unprecedented challenges that have burdened individuals, families, communities, institutions, and governments. Health care providers and systems are exhausted, and yet they continue to work exceptionally hard to provide excellent care to Albertans. We have been steadfast on executing on our PLP mission to create actionable clinical information by engaging with physicians, teams, partners, and patients to co-create sustainable solutions to advance practice.

With crisis comes the need for transformative change. PLP has become an essential partner in building an Alberta Learning Health System. Our work involves:

- Strengthening data infrastructure to enable clinical quality improvement
- Co-creating strategies for advancing practice across the care continuum through rich partnerships bridging primary and tertiary care
- Innovating and applying multi-method approaches to better understand our complex health care system to maximally influence practice
- Cultivating deep engagement with our community partners and clinical teams to support system transformation for more person-centred care and improved patient outcomes
- Being responsive to the needs of equity seeking groups such as women and people in vulnerable situations



Outstanding examples of this transformative work are highlighted in our 2022-2023 Annual Report. In sharing this work, we want to recognize the tremendous contributions and ongoing efforts from our talented and dedicated PLP team members.

PLP is a crucial partner in quality improvement and appropriateness initiatives across the care continuum. This work would not be possible without the ongoing support from our sponsor Alberta Health and our partners, with special thanks to Alberta Health Services including the Strategic Clinical Networks and Clinical Operations, the Primary Care Networks, the Health Quality Council of Alberta, the College of Physicians and Surgeons of Alberta, the Faculty of Medicine and Dentistry at the University of Alberta and the Cumming School of Medicine at the University of Calgary.



Associate Dean, Office of Lifelong Learning & Physician Learning Program
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Associate Dean, Continuing Medical Education and Professional Development Co-lead Physician Learning Program, University of Calgary





Introduction

Alberta's Physician Learning Program: Unique and impactful

In our healthcare system, there is an ever-present need to advance physician practice and improve patient care. The Physician Learning Program (PLP) uses flexible and innovative approaches to support physicians in moving evidence into practice, exploring clinical questions, and implementing solutions for improved patient outcomes and a more sustainable health system.

PLP is an essential partner in Alberta's learning health care system, and creates synergies by engaging, collaborating and co-designing with a range of stakeholders, including physicians, interdisciplinary healthcare professionals, patients, system, and community partners.

This engagement helps PLP identify the expertise and approach needed to effectively clarify priority issues, understand the context, and craft appropriate interventions in our knowledge transfer activities. PLP's expertise and approaches include:

- Human-centred design approaches that help us understand users' needs in context and engage in co-creation to ensure that the design of our tools and resources promotes quick and accurate comprehension
- Advanced data analytics techniques to convert fragmented health data into a format that can be easily understood and used, and significantly improve the efficiency of working with large datasets
- Qualitative approaches to provide a clear understanding of problems, mental models, affordances and constraints, and broaden the type of data and information included in our analyses.
- Knowledge transfer strategies to engage physicians and their teams to reflect on their practice data and identify opportunities for improvement.

Unlike any other group in Alberta across the care continuum, our comprehensive access to otherwise disparate healthcare data, our expertise with qualitative inquiry and implementation science, and our physician leadership allow us to provide meaningful feedback and contextualized information to physicians using a peer-facilitated, supportive, evidence-based approach.

PLP was recognized for having "measurable quality gains" by the Auditor General in 2017, and has attracted attention from across Canada, notably by the Ontario Ministry of Health, the Auditor General of Ontario, the Ontario Medical Association and the Centre for Health Innovation in Manitoba.

Vision and Mission

Our Vision

All Alberta physicians will care for patients in a supportive culture, driven by evidence informed, reflective practice improvement.

Our Mission

The PLP creates actionable clinical information by engaging with physicians, teams, partners, and patients to co-create sustainable solutions to advance practice.

Guiding Principles

The PLP is dedicated to moving evidence into practice – fostering a culture and environment where everyone works together to tackle our most pressing problems, advance patient care, and create a world class, sustainable health system.

To do so, we:

- Remain flexible in our approach to problems and solutions, responding to patients, clinicians, and health system needs.
- Use the best available data and evidence-based analysis to support decision-making.
- · Work with stakeholders to co-create solutions and implement and sustain them provincially.
- Integrate and advance improvement science to address clinical gaps.

Our Strategic Priorities

The Physician Learning Program is uniquely positioned to help physicians and their teams move evidence into practice. Working together with our strategic partners, we contribute to the delivery of a high quality, efficient, sustainable health-care system that benefits Albertans.

- Improving the delivery of patient care by supporting physicians and teams in data-driven quality improvement. The PLP works with its partners to support systems thinking on projects of significant impact, using a variety of techniques to analyze data and bridge the gap between knowledge and clinical practice.
- Improving and supporting health system sustainability through partnerships across the care continuum. We work with partners on projects and collaborations that span the continuum of care, thus facilitating a comprehensive approach to address clinical gaps in both primary and specialist care.
- Responding to the health needs of Albertans as they arise. The PLP supports Alberta's
 health system to address emerging health needs and will continue to build on our work to
 support physicians, teams, and key stakeholders during and after the COVID-19 crisis.



Our Team



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Professor, Department of Family Medicine Associate Dean, Office of Lifelong Learning Co-Lead Physician Learning Program

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Our Collaborators



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Edmonton Zone Section Chief, Gastroenterology

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Family Medicine

PLP Achievements

4,961

Physicians and staff/team members received reports with data, worked with aggregate data, or reflected on new data presented in feedback/engagement sessions.

98.6%

of physicians/health care providers agreed or strongly agreed that participation in a PLP audit and feedback project helped them reflect on their practice.

98.6%

of physicians/team members agreed or strongly agreed that the information in a PLP event was relevant to their practice

82.5%

of physicians/team members agreed or strongly agreed that they felt confident in implementing change in their practice.

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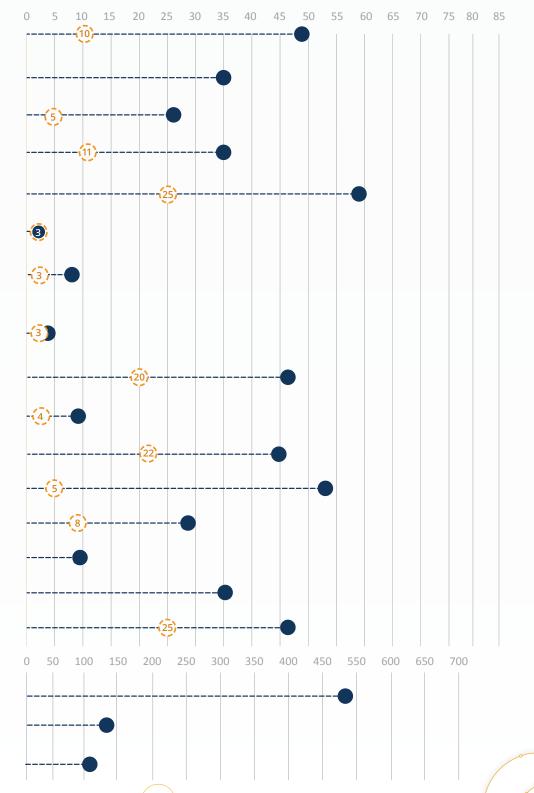
Target



Actual

2022-23 Outputs

- **49** stakeholder groups engaged for generation and scale of projects
- **35** previously completed projects in ongoing scale and spread
- 27 projects completed this year
- 35 new projects launched this year
- **59** active projects continuing to next reporting period
- 3 joint projects
- 7 evaluations of tools and resources being used by physicians and their teams
- 4 projects using measures of patient experience
- **46** physician engagement and audit & feedback sessions
- 9 quality improvement workshops
- **45** presentations to stakeholders
- 54 co-creation sessions hosted
- 28 tools and resources created
- 9 pathways and dashboards created
- **36** data reports created
- **46** publications, abstracts, and conference presentations
- 523 individual reports distributed
- **141** aggregate or team data reports distributed
- **108** tools and resources with ongoing availability



Awards and Notable Achievements

- Dr. Nonsi Mathe was selected as one of the 20 global Atlantic Fellows for Health Equity for 2022-23, a highly esteemed fellowship hosted by the Atlantic Institute at George Washington University. This program is composed of seven interconnected global initiatives, with representation from 68 countries. Atlantic Fellows work together across disciplines and borders to tackle the underlying causes of inequity. As the first Canadian health equity fellow and the second Canadian fellow overall, Dr. Mathe's objective for this fellowship is to devise approaches for PLP to integrate an equity perspective throughout its programming. As part of our objective of implementing a health equity focus, a PLP program for Autism is being established.
- Dr. Denise Campbell-Scherer was awarded the University of Alberta's 2022 Excellence in Leadership Award in October 2022. This annual award recognizes one outstanding leader or leadership team on campus for their awareness of and attention to issues and concerns that impact the quality of the work and learning environment and for their significant demonstration of exemplary leadership.
- Dr. Denise Campbell-Scherer and her co-authors were honoured to receive the 2022 CFPC Outstanding Family Medicine Research Article award for their publication on the PLP-partnered project that sought to understand and mitigate the impacts of the COVID-19 pandemic, carried out in collaboration with PLP, the Multicultural Health Brokers Cooperative of Edmonton, and the Illuminate Lab.
 - Campbell-Scherer D, Chiu Y, Ofosu NN, Hunter KH, Jabbour B, Luig T, Farooq S, Mahdi A, Gayawira A, Awasis F, Olokude F, Goa H, Syed H, Sillito J, Yip L, Belle L, Akot M, Nutter M, Farhat N, Wang Y, Jalal N, Khalif S, Chapagain S, Fernandez S, Azarcon S, Hama Z. Illuminating and mitigating the evolving impacts of COVID-19 on ethnocultural communities: A participatory action mixed methods study. *CMAJ*, 2021, 193(31): 1203-12. doi.org/10.1503/cmaj.210131
- Dr. Douglas Woodhouse won the second-place award at the 2023 Alberta College of Family Physicians
 Research Showcase in the Oral Presentation category for 'Virtual Audit and Group Feedback to Improve
 Inpatient Laboratory Test Utilization' based on work supported by the PLP that was published in BMJ
 Quality and Safety.
 - Ambasta A, Omodon O, Herring A, et al Repurposing the Ordering of Routine Laboratory Tests in Hospitalised Medical Patients (RePORT): results of a cluster randomised stepped-wedge quality improvement study *BMJ Quality & Safety* Published Online First: 10 May 2023. doi: 10.1136/bmjqs-2022-015611
- One of PLP's academic publications was very widely read, ranking #25 in the CMAJ Top 25 Most Read Papers of 2022.
 - Swaleh R, McGuckin T, Myroniuk T, Manca D, Lee K, Sharma A, Campbell-Scherer D, Yeung R (2021.) Using the Edmonton Obesity Staging System in the real world: a feasibility study based on cross-sectional data. *CMAJ*, 2021, 9(4): E1141-E1148; DOI: 10.9778/cmajo.20200231



Our Partners







































































































Programs and Projects

Supporting Family Medicine and Primary Care

Over the past five years, PLP has built a broad program of work in our Family Medicine and Primary Care pillar to support approximately 4,500 family physicians and their teams in Alberta. In addition to ongoing outreach, quality improvement workshops, and learning events developed and delivered with our Primary Care Network partners, we continue to focus on chronic disease in primary care, including managing attention deficit disorders across the life continuum, testing and managing lung disease, preventing second heart attacks, managing high cholesterol, and managing alcohol use disorder. We have multiple ongoing projects that promote appropriate testing, imaging, and prescribing, and support data-driven quality improvement work.

Managing alcohol use disorder in primary care: Quality improvement workshop series

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This webinar series provided family physicians and their teams with practical information for caring with patients with alcohol use disorder in the primary care clinic.

The prevalence of Alcohol Use Disorder (AUD) increased during the COVID-19 pandemic. Left untreated, this disorder can progress to Alcohol-Related Liver Disease (ALD) and cirrhosis, resulting in an increase in alcohol related (ALD) hospital admissions in Alberta. Early detection is crucial to reduce these trends, however, lack of clinician knowledge and confidence, and low patient motivation have been found to impact the care patients receive. Last year, family physicians, who are often the first point of contact for these patients, expressed interest in increasing their knowledge of how to manage AUD at any stage, prescribe medications to manage AUD, and prevent AUD complications.





Led by PLP Medical Director **Dr. Puneeta Tandon,** PLP adapted and delivered a three-part workshop series for family physicians, and their teams addressing:

- Alcohol Use Disorder 101 February 23, 2023 (179 registrants, 467 views*)
- Screening, brief intervention, and setting patient-centered goals February 9, 2023 140 registrants, 462 views*)
- Pharmacotherapy and Behavioural Therapy February 3, 2023 (149 registrants, 550 views*)

Building on our previous workshop series Managing Alcohol Use Disorder in Liver Disease, we adapted the content and discussions in this course for a primary care audience. The workshop series used a flipped classroom model where participants viewed pre-recorded videos and resources, and then participated in live, interactive sessions for each topic. Our presenters included **Dr. Monty Ghosh, Dr. Jessica Kirkwood, Dr. Jessica Mellinger, Dr. Gerald Winder,** and **Dr. Anne Fernandez**. As part of ongoing scale and spread, this workshop series will be available on both the Cirrhosis Care Alberta website and the PLP website.

Managing alcohol use disorder in primary care:

3 events: 103 Participants, 1479 Asynchronous viewings. Percentage of respondents who agree or strongly agree:



ADHD across the lifespan workshops



This webinar series provided information to assist family physicians in caring for patients living with ADHD, through all stages of life.

Attention-deficit hyperactivity disorder (ADHD) is a chronic neurobehavioral condition that affects many patients throughout their lives and is associated with occupational underachievement, psychiatric comorbidity, and substance abuse. It also impacts people's ability to manage chronic diseases, such as diabetes and obesity, that depend on making behavioral changes. Primary care physicians are at the forefront of helping patients with ADHD manage

^{*} asynchronous online views also include the Managing Alcohol Use Disorder in Liver Disease Series

symptoms and overcome functional impairments. Studies have identified gaps in recognizing and managing ADHD in primary care due to varied clinical presentations and developmental trajectories of ADHD, which are moderated by family environment, patient characteristics, and life events.

Working in partnership with the **Edmonton Southside PCN**, we co-developed and delivered a 3-part quality improvement workshop series on ADHD. 12 PCNs participated in our pan-PCN events, which considered these limitations and provided family physicians with the necessary information to improve diagnosis, screening, and treatment at different stages of life. The learning events were presented by **Dr. Alice Leung**, **Dr. Alec Oskin** and **Dr. Tania Oommen**.

- ADHD in the pediatric population. Presented on October 4, 2022, by Dr. Alice Leung.
- ADHD in the adolescent population. Presented on October 25, 2022, by Dr. Alec Oskin
- ADHD in the adult population. Presented on November 15, 2022, by Dr. Tania Oommen

Feedback from participants confirmed that mental health and neurodevelopmental disorders remain high priority topics in primary care clinics. In the coming year, PLP will develop additional content to meet primary care physicians' learning needs about supporting families with behavioual concerns.



ADHD across the lifespan quality improvement workshop series

3 events: 337 Participants, 544 Asynchronous viewings.

Percentage of respondents who agree or strongly agree:

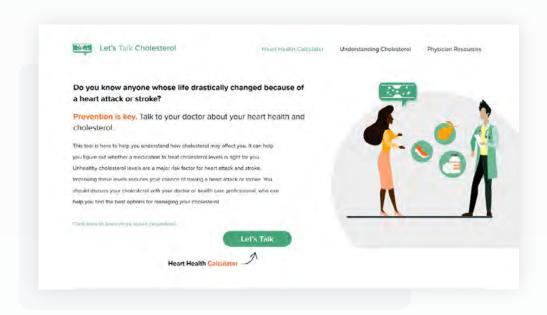


Development of an online cholesterol management tool



This shared decision making tool will help facilitate conversations between primary care providers and patients about cardiovascular risk and management options.

Cardiovascular disease is endemic in Canada and is the leading cause of death for women. Dyslipidemia (high cholesterol) affects one in three Canadian adults and accounts for almost half the population-attributable risk of heart attacks and one-quarter the risk of stroke. Dyslipidemia can be modified with effective, safe, and inexpensive treatment using cholesterol-lowering medications, such as statins. Unfortunately, only about 30% of patients who would likely benefit from statins are taking them.



PLP Medical Directors, **Dr. Sonia Butalia** and **Dr. Katrina Nicholson** are collaborating with the **Libin Institute of Cardiovascular Health** and **O'Brien Institute for Public Health** to co-design, implement, and assess a dyslipidemia clinical decision support tool for patients and health care providers. This work was funded by **Diabetes Canada.**

Interviews with fifteen primary care physicians and patients identified the need to create a shared decision-making tool for primary care physicians and patients that would help guide discussions about cardiovascular risk and treatment options. This tool may also be helpful in specialty care and for continued patient education as it will be accessible after clinic visits.

An expert panel has been established with five physicians representing cardiology, nephrology, endocrinology, and family medicine, along with an implementation scientist and a patient champion. The expert panel is responsible for content validation and appropriateness of language. To ensure patient engagement, a panel of five patient partners has been part of ongoing co-design activities to help validate personas and journey maps, test the interface designs, and provide their insights regarding the tool. This project has progressed to concrete design, testing, and content generation. This tool will be launched in summer 2023.

Managing lung disease in primary care



These learning events and resources will help improve lung disease testing, diagnosis, and management in primary care

Studies show there are persistent issues with misdiagnosis of patients with respiratory conditions in Canada, with an estimated 20-70% of patients with asthma and 70% of patients with chronic obstructive pulmonary disease (COPD) going undiagnosed. "The multifaceted intervention will provide clinically actionable data and educational resources to assist primary care providers in selecting the most appropriate lung test for diagnosing common respiratory conditions. "Both PLP offices collaborated with the **AHS Medicine**Strategic Clinical Network, and local Primary Care Network (PCN) partners (the Edmonton Southside PCN and the Mosaic PCN), to co-develop learning events addressing lung health and diagnosis of lung disease. To meet the needs of our PCN partners in each location, these events were tailored to the local context, resulting in related, yet distinct events.

HQCA panel report - Lung health metrics

PLP Medical Directors **Dr. Katrina Nicholson** and **Dr. Oliver David** collaborated with physician and system leaders from the **Health Quality Council of Alberta** (HQCA) and the **Respiratory Health Section of the Medicine SCN** to identify and include new chronic lung health metrics on the HQCA Panel Reports. Primary care providers can now view their patients with confirmed diagnosis of asthma and/or COPD and whether they have had pulmonary function tests ordered in the past 10 years. The HQCA report is available to all primary care physicians in Alberta through a virtual interactive dashboard.

Lung testing flow map

PLP is using a human-centred design approach to engage family physicians in co-design sessions to test and provide feedback on a draft lung testing decision making tool. This tool will help physicians identify which test, spirometry versus full pulmonary function test, is appropriate to order for a patient. The draft lung testing flow map will be user-tested at the *Mosaic Data to Decisions – Lung Health* session and the final version of this decision-making tool will be deployed to Specialist Link in summer 2023.

Mosaic data to decisions - Lung health

A Data to Decisions event focusing on lung health was co-designed by PLP Medical Directors **Dr. Katrina**Nicholson, **Dr. Oliver David**, and **Dr. Saadia Qaiser**, with physician leads **Dr. Yvonne Kangong**, and **Dr. Ali**Chatha from the Mosaic PCN in partnership with the Respiratory Health Section of the Medicine SCN and the HQCA.

This in-person event will allow physicians and their teams within Mosaic PCN to review their own HQCA panel data regarding chronic lung health topics in real time, with a focus on COPD and asthma. **Dr. Naushad Hirani** will present educational content on best testing practices. Dr. Katrina Nicholson, Dr. Oliver David and Dr. Saadia Qaiser will facilitate reviewing data, sharing patient stories, and identifying relevant quality improvement opportunities. This event will be delivered in May 2023.

Breathe Easy: Choosing the right lung test f or the right patient

Led by the PLP Senior Medical Lead, **Dr. Rose Yeung**, this workshop was organized in collaboration with the **Edmonton Southside PCN** and **Respiratory Health Section of the Medicine SCN** with the aim of supporting primary care providers in identifying patients at risk for chronic lung disease and providing a useful guide for selecting the most appropriate objective lung function test for patients. This event focused on improving diagnosis of lung disease, to help improve prescribing practices, urgent care utilization, and patient health outcomes. Information on confirming a diagnosis with appropriate objective lung function testing was also presented.

The quality improvement workshop was presented on April 4, by **Dr. Ron Damant**, **Dr. Jacqueline Tay**, and **Dr. Tina Nicholson**, with 125 registrants and 70 participants, representing **13 different PCNs**. To support ongoing scale and spread, the event recording and pearls of practice resources are available on our website.



Breathe Easy: Choosing the right lung test for the right patient:

4 events: 125 registrants and 70 participants.

Percentage of respondents who agree or strongly agree:







Physician reports for polypharmacy and sedative use in seniors



This report provided participating family physicians with individualized practice data on prescribing patterns and non-medical treatments for treating insomnia in seniors.

Poorer health outcomes are often experienced by patients who are taking ten or more medications, which is called polypharmacy. As part of our ongoing collaboration with **Northern Alberta Primary Care Research Network (NAPCReN)** and PLP Medical Director **Dr. Donna Manca**, this ongoing project distributes reports to participating physicians with practice data and resources to support patient care.

Using data from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), we provided individualized data and benchmark comparisons to physicians on their prescribing practices, along with information on managing insomnia and optimizing prescribing and deprescribing. Now in its third year, the reports were distributed to 82 physicians in March 2023, to inform data-driven practice reflection, and to evaluate the impact of past practice changes, with the goal of improving patient outcomes.

Geriatrics update: Clinical pearls course



This event provided healthcare providers with data and education to support improved care for elderly patients receiving anticoagulation therapy.

In Alberta, even though 92% of frail patients with non-valvular atrial fibrillation had indications for anticoagulation, only 50% received anticoagulant medication. Furthermore, only 43% of those who received medication received a direct oral anticoagulant (DOAC) as recommended by current Canadian guidelines. These data highlighted the need to develop an educational intervention to improve the use of anticoagulation for elderly patients with atrial fibrillation to reduce stroke risk.

PLP Medical Director, **Dr. Douglas Woodhouse**, physician lead **Dr. Heidi Schmaltz**, the **Office of Continuing Medical Education & Professional Development** at the Cumming School of Medicine, University of Calgary and the *Geriatrics Update: Clinical Pearls Course* planning committee developed an outline of the educational content and delivery methods for the intervention.

The *Geriatrics Update: Clinical Pearls Course* was attended virtually by 120 participants who received education on appropriate use of anticoagulation for elderly patients. Clinical pharmacist **Mathew Hodgson** presented on how to choose between warfarin and DOACs and **Dr. Adrienne Cohen** presented on how to evaluate the potential risks and benefits of continuing anticoagulation therapy in the setting of frequent falls. PLP medical director **Dr. Douglas Woodhouse** facilitated an interactive virtual workshop which provided 40 participants with the opportunity to review provincial aggregate level data and discuss an approach to anticoagulation for frail patients.

Physician reports for use of asthma medications



This project makes it easier for family physicians to identify patients with asthma in their CPCSSN data and provide timely resources and individualized prescribing pattern reporting to optimize their care

For the 12% of Albertans living with asthma, it is important that they manage long term control of their disease and receive immediate treatment of acute exacerbations. This ongoing project with NAPCReN is now in its second year and is led by PLP Medical Director **Dr. Donna Manca**. Last year, this project was launched to develop and test a new asthma case definition for CPCSSN, and to distribute a first cycle of

reports to participating physicians and provide individualized practice data as well as benchmark comparisons for asthma medication use. We sent reports with updated data to 82 physicians in March 2023. In addition to practice data, the reports provided links to helpful resources on asthma, including two PLP webinars presented by **Dr. Mohit Bhutani** in 2021 (<u>Asthma management</u>, <u>Asthma gone wild</u>).

Understanding contextual factors for secondary prevention of myocardial infarction in primary care.



By understanding the patient and contextual factors that affect adherence, we will be better able to help patients reduce the risk of a second heart attack.

People with a history of heart attack (myocardial infarction) have a high risk of experiencing an additional event, with significant implications for individual suffering and death, as well as health system cost. The COVID-19 pandemic contributed to a spike in risk factors like poorly controlled hypertension. This new project, led by PLP Physician Liaison **Dr. Terrence McDonald** at the University of Calgary, is exploring secondary prevention of myocardial infarction in primary care, and focusing on how to mitigate poor health outcomes through understanding the impact of continuity of care and health care utilization among people who are adherent or non-adherent to evidence-based strategies for prevention of a heart attack. This project aims to understand the contextual factors that may inform prevention of repeat heart attacks in the primary care setting for patients discharged from the Mazankowski Alberta Heart Institute. The objective is to use this information to support improvement initiatives in primary care broadly. Findings from this project will provide insight on patient challenges, support the development of patient and clinical resources, and support quality improvement initiatives in primary care.

Physician Reports: Hypertension



This report provided participating family physicians with individualized practice data to help advance care for patients living with hypertension

One in five Albertans live with high blood pressure (hypertension). Untreated hypertension is the leading driver of heart attacks, stroke, kidney injury, and vision loss, and is also a risk factor for serious COVID-19 outcomes. In an expansion of our ongoing collaboration with NAPCReN, and led by PLP Medical Director **Dr. Donna Manca**, this new project designed, developed, and distributed feedback reports for family physicians on the prevalence of hypertension among their patient panel, with data on the proportion of their patients with hypertension who have had their blood pressure measured in the clinic within the past 7 and 12 months. Reports with individualized and benchmark practice data were distributed to 82 physicians in March 2023. Aggregate data from this project was featured in our knowledge transfer and quality improvement workshop for primary care physicians *Mercury Rising: Hypertension in patients with diabetes*. We will distribute follow up reports next year. These reports assist physicians in evaluating the impact of their practice changes, with the goal of improving patient outcomes.





Concussion webinar series



This webinar series provided primary care physicians, allied health, and community sports coaches with information and online resources that support concussion diagnosis and treatment.

Over 200,000 Canadians experience a concussion each year. To help disseminate best practices for concussion recognition and treatment in primary care, PLP and the L3 Office at the University of Alberta collaborated with the **AHS Population Health Promotion** team to plan and deliver a three-part webinar series in the Spring 2023, at the beginning of the spring sports season. These sessions included recommendations for concussion management and the latest protocols. In addition to primary care physicians, the webinar series was also relevant for community members including coaches and physical education teachers.

The 3-part event included:

- Updates to pediatric concussion care: The Living Guideline for Pediatric Concussion Care, Dr. Jennifer Dawson. And, Improving concussion awareness and recognition in the community: Implications for physicians, Dr. Stephanie Cowle. Tuesday, April 18, 2023. 210 people registered for this live or asynchronous event.
- Concussion Diagnosis and Management: Utilizing the Concussion Awareness Training Tool, Dr. Shelina Babul, Tuesday, April 25, 2023. 219 people registered for this event.
- When symptoms do not resolve: what are our options for patients with concussion symptoms? Dr. Constance Lebrun and Dr. Terry de Freitas, Tuesday, May 2, 2023. 227 people registered for this event.



Palliative care webinar series



This webinar series will help family physicians and their teams increase their knowledge and build skills related to palliative care

Adults and children diagnosed with life-shortening illnesses can benefit from palliative care. Recognizing that additional education on palliative care would be beneficial for family physicians and their teams to care for these patients, PLP partnered with the L3 Office and the **Department of Oncology (Palliative Care Division)** at the University of Alberta to plan, develop, and deliver a webinar series on palliative care for family physicians. Preliminary discussions suggest that appropriate topics may include conducting serious illness conversations with patients and families, understanding the roles and challenges of both primary and consultant palliative care provision, and coordinating care for patients in the community. This event, which is planned for spring 2024, will provide participating physicians the opportunity to pursue credits for carrying out a practice quality improvement cycle on this topic.



Supporting Cardiology

We are pleased to provide an update on our cardiology pillar, which is currently focused on preventing second heart attacks.

Adherence to guidelines for prevention of secondary myocardial infarction



Learnings from this project will help reduce the chance of patients having a second heart attack.

Among people who have had a myocardial infarction (MI), there is a high likelihood of a second MI. This project is a companion for the primary care project on secondary prevention of heart attacks presented earlier and is part of our broader program of work focused on preventing secondary myocardial infarction. Led by PLP Physician Project Lead **Dr. Robert Welsh**, with support from **Dr. Pishoy Gouda**, this project is evaluating whether patients discharged from hospital following a myocardial infarction are following the care guidelines for prevention of further heart attacks, such as filling their prescription medications and completing laboratory testing. De-identified data for a cohort with 10 years of medication data is currently being analyzed, to understand adherence to care guidelines and whether other patient comorbidities are a factor in adherence behaviours. We anticipate that combining these data with the related primary care project will yield rich insights on how to advance care for secondary prevention of heart attacks. Findings from this project will provide insight on patient engagement, and support the development of patient education and resources, clinician tools and resources, and inform data driven quality improvement initiatives.

Supporting Critical Care

Critical care is a resource-intense environment where expensive drugs, complex technologies, and highly specialized care contribute to a large component of our health care expenditures. Our work in this area supports a sustainable health care system.

Improving quality and value in critical care

PLP is an essential partner in four critical care projects with the **Critical Care SCN** and physician researchers using eCritical & Connect Care. These projects are mostly funded by **Partnership for Research and Innovation** in **the Health System (PRIHS)**, which is co-sponsored by Alberta Innovates and AHS. Collectively, these projects represent extremely substantive opportunities to improve value and quality of care.

PLP is working with critical care physicians across the province on initiatives addressing low-value blood use, avoidable dialysis, and other clinical improvement objectives. PLP is using expertise in peer-driven, facilitated audit and group feedback, implementation science, data analytics, data visualization, and human-centred design to achieve the goals of the Quintuple Aim.





Optimizing safe and effective use of human albumin solutions in critical care in Alberta

Albumin is a protein made by the liver that helps keep fluid in the bloodstream - it is overused in many clinical settings. PLP Medical Director **Dr. Selena Au** and physician lead **Dr. Daniel Niven** facilitated audit and group feedback sessions with the goal of reducing the use of low-value albumin at 16 adult intensive care units (ICUs) in Alberta.



This project has optimized safe and effective use of albumin in critical care leading to positive system and patient impacts.

Between November 2017 and March 2023, the PLP albumin initiative has had significant impacts on patient systems outcomes:

- low-value albumin use has been reduced by 49%
- 3,235 fewer patients received an unnecessary blood product
- 14,130 bottles of albumin were not used, resulting in 2,932 kg of biomedical waste saved
- \$938,638 saved



The PLP has delivered **1,115 audit and feedback reports** to ICU physicians and other healthcare workers in Alberta, and 288 health professionals have attended PLP-facilitated educational sessions.

The PLP co-developed a Tableau data dashboard with the **Critical Care SCN** and **Critical & Connect Care** to sustain the success of this facilitated audit and group feedback intervention. The dashboard will support frontline users to continue monitoring their albumin ordering practices, and it will provide the Critical Care SCN the ability to ensure sustained improvement.



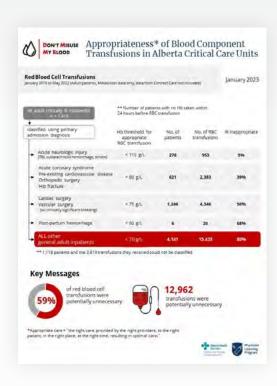
Don't misuse my blood: Reducing avoidable blood tests and blood transfusions in patients admitted to critical care and high-risk surgical units in Alberta



This project has the potential to optimize the use of blood transfusions which will benefit patients and the system.

PLP medical director **Dr. Sonia Butalia**, physician lead **Dr. Daniel Niven**, and the **Critical Care SCN** are collaborating on an initiative to reduce unnecessary blood testing and transfusions of five blood products at all 41 Alberta adult ICUs, cardiovascular ICUs, critical care units, pediatric ICUs, and high-risk surgery and trauma units across the province.

PLP has completed the analysis of baseline blood transfusion utilization and Dr. Daniel Niven has disseminated data reports to provincial leaders and physician champions. The use of potentially low value blood transfusions has been consistent over the past five years and there are significant opportunities to improve the appropriateness of care. Our preliminary data analysis shows that 59% of red blood cell transfusions, 38% of plasma transfusions, and 30% of platelet transfusions may be of low value. Implementing an



intervention that improves appropriateness of care has the potential to eliminate over 5,000 unnecessary red blood cell transfusions and 1,600 unnecessary platelet transfusions; reducing unnecessary exposure of patients to blood products, saving these limited and precious resources and having potential cost savings of up to \$2 million per year.

PLP will support data analysis, data visualization, and the development of individual and aggregate data reports that will be delivered every two months to support continuous quality improvement. PLP will also support facilitated audit and group feedback sessions to help front-line clinicians evaluate their use of blood transfusions and find opportunities to reduce low value care.

Dialyzing Wisely



This project has the potential to avoid the use of life-long dialysis resulting in improved patient quality of life and system benefits

Dialysis is used in approximately 10% of critically ill patients, and use of dialysis has been growing by more than 10% each year. Recently published evidence from the Alberta-led STARRT-AKI trial found that early initiation of dialysis increases the chance that a patient will require life-long dialysis.

PLP medical director **Dr. Selena Au**, physician lead **Dr. Oleksa Rewa**, and the **Critical Care SCN** are developing audit and feedback reports as one component of a multi-faceted intervention aimed at aligning physician practice with best evidence for use of dialysis.

PLP has supported the Critical Care SCN in data analysis and visualization, using human centred design expertise to develop baseline site level aggregate data on three clinical topics: dialysis initiation criteria, continuous dialysis utilization, and intermittent dialysis utilization. Site level aggregate data have been presented to 42 physicians during meetings at six sites across the province. Early preliminary findings suggest that up to 59% of acute dialysis could be deemed early or inappropriate starts. These data highlight a significant opportunity to avoid life-long dialysis, resulting in improved quality of life and potential cost savings by implementing interventions to optimize use of dialysis at the 21 adult and pediatric ICUs across Alberta.

Calgary Zone Department of Critical Care Medicine Physician Practice Metrics Dashboard



A dashboard for critical care physicians will allow them to reflect on their individual practice and inform quality improvement initiatives.

PLP medical director **Dr. Selena Au** is collaborating with **eCritical** & **Connect Care** and physicians in the **Department of Critical Care Medicine** in the Calgary zone to develop a data dashboard to provide critical care physicians timely access to individual practice data to support quality improvement initiatives.

PLP collaborated with eCritical to develop individual and aggregate data metrics on readmission, reintubation, post-cardiac arrest temperature management, and sedation practices. PLP hosted two co-design workshops with 17 intensivists and 20 allied health professional participants to define over-sedation and identify data metrics to inform this topic. PLP also engaged 13 intensivists and eight members from leadership, management, and other allied health professionals in a user-testing workshop on mock data visualizations for the first three topic areas.

PLP has created a data dashboard requirements document which will inform the development of an eCritical dashboard that critical care physicians and teams will be able to use for quality improvement.



Supporting Diabetes and Obesity Care

PLP has an extensive program of work supporting clinical improvements in diabetes and obesity care, and we benefit from a strong team of house experts, including Drs. Darren Lau, Rose Yeung, Donna Manca, and Denise Campbell-Scherer, as well as strong partnerships in the health care system. This year, we delivered a 6-part webinar series on preventing diabetes and its complications. In addition, other projects seek to understand the impact on continuity of care on diabetes, assist patients using continuous glucose monitors, and develop an online cholesterol management tool to improve cardiovascular health. We have also provided family physicians with individual practice data and resources to improve care for patients living with obesity and diabetes.

Preventing diabetes and its complications webinar series



This webinar series provided health care providers with information and tools to advance care for patients living with diabetes

In partnership with the AHS Diabetes, Obesity, and Nutrition SCN (DON SCN), Diabetes Canada, and the Alberta Diabetes Institute, a 6 webinar series was developed and delivered to inform physicians and clinical teams on recent Alberta-based data and tools, pathways, and research opportunities available for patients with prediabetes and diabetes.

- 1. Type 2 Diabetes Remission: How to make this a healthier reality. Held on June 15, 2022 was presented by **Dr. Norm Boule** and **Dr. Rose Yeung**. 273 physicians and others attended, plus 149 asynchronous online views.
- 2. Stop the finger pokes! What you need to know about continuous glucose monitors. Held on June 29, 2022 was presented by Dr. Darren Lau, Dr. Rose Yeung and Dr. Donna Manca. 309 physicians and others attended, plus 44 asynchronous online views
- 3. In-the-moment health coaching to prevent or delay Type 2 diabetes an Alberta virtual diabetes prevention program. Held on Sept 13, 2022, this webinar featured **Dr. Peter Sargious** and **Dr. Jane Ballentine**. 103 physicians and team members attended, plus 151 asynchronous online views.
- 4. Toe-morrow never dies: An approach to the diabetic foot. Held on Sept 20, 2022, this webinar featured Dr.
 - Michael Yan. 59 physicians and team members attended, plus 44 asynchronous online views.
- 5. Top 10 pediatric hormone tests ordered by family doctors. Held on Sept 27, 2022, this webinar featured **Dr. Kate Potter**. 28 physicians and team members attended, plus 22 online views.



6.Addressing Food Insecurity and Diabetes Through Healthy Food Prescriptions. Held on Oct 13, 2022, this webinar featured **Dr. David Campbell**. 70 physicians and team members attended, plus 40 online viewings of the recording on our website as ongoing spread and scale.

Combining live and asynchronous viewings, this 2021-22 webinar series provided 1,271 health care providers with information on diabetes and supplements our 2020-21 diabetes webinar series *The Diabetes Updates*, which has now been viewed 777 times online. Webinar recordings and additional resources have been uploaded to both the PLP and the L3 website for asynchronous access. In support of knowledge transfer and advancing practice, we distributed tools and resource bundles to all registrants following the event, and information from the event may inform quality improvement cycles.

Preventing diabetes and its complications webinar series

3 events: 337 Participants, 544 Asynchronous viewings.

Percentage of respondents who agree or strongly agree:



Mercury Rising: Optimizing blood pressure in diabetes



This quality improvement workshop provided aggregate practice data and addressed management of hypertension in patients living with diabetes

The CPCSSN is a multi-disease electronic medical record surveillance system for primary care. Emerging information from CPCSSN indicates that there was a marked decrease in the number of blood pressure measurements in Alberta primary care clinics during the COVID-19 pandemic. Preliminary data analysis suggests that approximately 60% of patients had not had a blood pressure measurement for over one year, which is particularly problematic for patients with diabetes. Hence, a program to raise the awareness of this issue for this high-risk population is necessary to increase blood pressure target achievement in people with diabetes. To address this need, PLP led by senior medical director Dr. Rose Yeung and in collaboration with the Edmonton Southside PCN (ESPCN) and (NAPCReN), delivered a primary care quality improvement workshop on hypertension in diabetes, presented by PLP Medical Director Dr. Donna Manca and PLP Physician Liaison Dr. Darren Lau. The quality improvement workshop was held on January 31, 2023, and featured aggregate data developed for the Physician reports: Hypertension project and focused on management of hypertension in patients with diabetes. The event drew registrations from 12 PCNs. 152 registrants received a curated resource bundle and participants who attended the facilitated quality improvement workshop received guidance and information to support completing a related quality improvement cycle for credits.



Managing obesity in primary care quality improvement workshop series



Participants learned about a collaborative clinical approach to assessment and management to support care for their patients living with obesity

Obesity has been declared a chronic disease by national and international medical associations. Despite the urgency to improve provider education and training in obesity management, no widely recognized programs have been implemented to date. Many healthcare providers are left feeling ill-prepared and lacking the knowledge and confidence to effectively address weight concerns with their patients. Complicating this issue further, misinformation regarding the chronicity and complexity of obesity has led to negative attitudes and unrealistic expectations on the part of both the healthcare provider and patient. As a result, providers are not routinely discussing weight and many patients feel uncomfortable bringing it up.

As part of our ongoing partnership with the **Edmonton Southside PCN**, we co-developed and delivered a pan-PCN quality improvement workshop series on managing obesity for primary care physicians and their teams. 11 different PCNs participated in the workshops, which featured a condensed version of the <u>5AsT toolkit</u>, and the <u>5As</u>

<u>Framework for Obesity Management in Adults</u>. Participants also learned about the <u>Edmonton Obesity Staging</u>

<u>System Dashboard</u> in the CPCSSN database which was co-developed with PLP. These flipped classroom events each included a live didactic education session with case-based discussions, and a data-driven quality improvement session with PCN improvement facilitators.

- Managing obesity in primary care: Screening and assessment. Held on April 12, 2022 was presented by Dr. Denise Campbell-Scherer. 100 participants and 164 asynchronous online viewings.
- Managing obesity in primary care: A collaborative clinical approach. Held on April 26, 2022, this event featured a presentation by Dr. Denise Campbell-Scherer and panelists Dr. Tasneem Sajwani and Dr. Andrea Milne-Epp. 120 participants and 135 asynchronous online viewings.









Kidney Disease Detection And Prevention In Primary Care



This clinical pathway will support primary care providers to optimize kidney and cardiovascular outcomes in persons living with Diabetic Kidney Disease.

Recent and evolving evidence from large, high-quality randomized controlled trials indicate that sodium glucose transport inhibitors have benefits beyond glucose control in diabetes. An increase in sodium glucose transport inhibitors may extend kidney life for eligible persons with Diabetic Kidney Disease, resulting in improved quality of life and reducing health care expenditures by delaying the need for dialysis and kidney transplant. PLP Medical Director **Dr. Katrina Nicholson**, physician lead **Dr. Louis-Phillippe Girard** and the **Kidney Health Section of the Medicine SCN** are collaborating to increase the appropriate use of sodium glucose cotransporter-2 inhibitors for persons living with Diabetic Kidney Disease.

The development of a clinical decision support tool and pathway will support primary care providers to optimize kidney and cardiovascular outcomes in persons living with Diabetic Kidney Disease, including the appropriate prescribing of sodium glucose cotransporter-2 inhibitors (SGLT2i). A working group was established with PLP providing human-centered design support for the development of the pathway. PLP has conducted two rounds of usability testing with a total of 10 participants interpreting clinical use cases in conjunction with a draft pathway to arrive at decision points. Key findings from the sessions have informed iterative drafts of the decision support tool and pathway, which will be deployed to Specialist Link in Fall 2023.

Physician reports for diabetes management



These reports provide individualized practice data and resources to help advance care for patients living with diabetes

To help advance care for patients living with diabetes, we developed and distributed basic and enhanced diabetes reports for participating physicians as part of our ongoing collaboration with NAPCReN. Led by PLP Medical Director **Dr. Donna Manca**, this project is now in its fourth year - reports were distributed to 82 physicians in March 2023. In addition to providing individualized practice data and benchmark comparisons from CPCSSN data on key measures for patients with diabetes, the reports included information on blood pressure assessments and control for patients in the physician's panel. Since its launch in 2020, this project has distributed **258 reports** with individualized and benchmark practice data.

A new, enhanced report focused on diabetes and chronic kidney disease was also designed, developed, and distributed this year. To support optimized prescribing, we provided individualized practice and benchmark data on the use of prescription medications recommended by the CDA for diabetic patients with cardiac and renal conditions. Additional resources were also distributed, including links to our 2022 Diabetes webinar series, Preventing diabetes and its complications, and our January 2023 quality improvement workshop, Mercury Rising - Optimizing blood pressure in diabetes workshop. This project will continue next year, with updated data.

Co-creating resources to guide treatment for diabetes using continuous glucose monitoring in adults with type 2 diabetes



We are co-creating improved patient education resources to help Albertans living with diabetes use advanced glucose monitoring technology

The first line therapy for adults with type 2 diabetes is behaviour modification focused on improving nutrition and physical activity. An important breakthrough in diabetes medical therapy is continuous glucose monitoring (CGM), in which patients wear sensors that continuously sample interstitial fluid glucose, which eliminates the need for painful and inconvenient finger pricks necessary for traditional capillary blood glucose monitoring and allows for

testing during sleep. Clinical trial data show that CGM improves glucose levels, and importantly reduces life threatening hypoglycemia. These technologies are quickly evolving and there is a lack of well-accepted educational materials developed with patient and provider engagement to help patients make the best use of CGM, and to guide clinicians on how best to train or advise patients

This project is led by Senior Medical Director **Dr. Rose Yeung**, Medical Director **Dr. Donna Manca**, and Medical Liaison, **Dr. Darren Lau**, and aims to improve glucose levels for people living with diabetes, aligned with **Diabetes Canada**'s standards of care. We are using human centered design approaches to develop and test tailored CGM support materials. In collaboration with patients with diabetes using CGMs, paper and multimedia resources are being produced that will support patient and clinician education for using these devices and understanding glucose data to support diabetes self-management.

Reshape T1D Study (https://www.reshapet1d.com/)

Physician reports for the Edmonton Obesity Staging System Dashboard



This report provides participating family physicians with information on using the CPCSSN dashboard tool to identify patients living with obesity and other co-morbidities, and provided additional resources to support patient care

The CPCSSN is a multi-disease surveillance system of electronic medical records, which features the Edmonton Obesity Staging System in a dashboard data-presentation tool (EOSS-DPT), supporting primary care physicians in caring for patients with obesity. This project, led by PLP Medical Director **Dr. Donna Manca**, in partnership with (Northern Alberta Primary Care Research Network) **NAPCReN**, launched four years ago, and has been developing and distributing individual physician reports regarding use of EOSS-DPT with comparison data and resources since its launch, with reports sent to 82 physician sentinels in March 2023.

This report includes resources to assist and inform primary care providers on obesity management, and aims to support physicians in caring for their patients living with obesity. Helpful resources included links to the 2020 Canadian Obesity Guidelines ("Obesity in adults: a clinical practice guideline") and our extensive webinar series on the guidelines. PLP Co-Lead Dr. Campbell-Scherer was an executive member and co-author of these guidelines, which have been downloaded more than 359,900 times to date and cited 309 times in other academic work, with adaptions for use in Ireland and Chile published and launched this year. In 2022, we partnered with the Office of Lifelong Learning at the University of Alberta to launch an accompanying virtual 5AsTeam (5AsT) training program to support physicians and interdisciplinary teams in advancing their skills in the management of obesity and type 2 diabetes. Our Alberta-created 5AsT primary care tools that provide a foundation for this course were developed with the Edmonton Southside Primary Care Network, and have now been translated into 5 languages and downloaded in 49 countries and currently 567 downloads, and were shared as part of the PLP-NAPCReN EOSS reports.

Understanding type 1 diabetes lived experience through patient and clinician co-designed research: The reshape T1D study



This project will support quality improvement initiatives by providing helpful information on how people with type 1 diabetes are engaging with the healthcare system in Alberta.

A new project being carried out in partnership with PLP launched this past year. The Reshape T1D study is the first study that seeks to understand how people who live with type 1 diabetes interact with healthcare systems in Alberta for diabetes quality improvement. The uniqueness of this project stems from its involvement with people

living with type 1 diabetes and clinicians working in type 1 diabetes care settings as research partners from the very beginning to the end of the project. This project is being carried out as a doctoral research project by **Jamie Boisvenue**, supervised by PLP Senior Medical Director **Dr. Rose Yeung**, with support and funding from multiple partners, including PLP, the **Alberta Diabetes Institute**, **Diabetes Action Canada**, **Alberta SPOR Support Unit**, School of Public Health at the University of Alberta, the Government of Alberta, and Alberta Health Services. With extensive patient, clinician, and partner involvement, the ReshapeT1D study will be able to assess questions that are directly relevant to clinicians for improving clinical practice.

Continuity of care in diabetes



This project is examining how continuity of care affects health care utilization and health outcomes for rural and urban patients living with diabetes.

People living with chronic conditions like type 2 diabetes are often transferred between healthcare settings, for example: during admission to hospital from the community; transfer between hospital wards or inpatient departments; discharge from hospital into the community; and possible readmission to hospital. High continuity of care with a family physician reduces care fragmentation, which results in better patient care. It is also associated with reductions in emergency department visits and hospitalizations for chronic conditions managed by family physicians.

Many patients with diabetes receive ongoing care from primary physicians. This PLP-partnered project, led by PLP Physician Liaison **Dr. Terrence McDonald** at the University of Calgary, aims to understand the impact of continuity of care among patients with diabetes in Alberta. It will describe the number and geographic distribution of patients with diabetes in Alberta, examine how often patients with diabetes visit a family physician annually, and will further our understanding of the relationship between family physician and primary care clinic continuity and patient health outcomes for patients with diabetes in Alberta in order to target improvement initiatives.

Supporting Diagnostic Radiology and Laboratories

Re-purposing the ordering of routine laboratory tests in hospitalized medical patients

Choosing Wisely Canada (CWC) and the Canadian Institute of Health Innovation (CIHI) estimate that Canadians receive over one million unnecessary laboratory tests each year. In the inpatient setting, low-value laboratory testing often occurs in the form of daily repetitive use of routine tests and is associated with hospital-acquired anemia, which may lead to increased blood transfusions, prolonged hospitalization, and higher mortality for patients. PLP medical director **Dr. Douglas Woodhouse** and physician lead **Dr. Anshula Ambasta** developed and implemented virtual facilitated audit and group feedback sessions as one component of a multifaceted intervention bundle to reduce routine daily laboratory testing.



This pilot project reduced unnecessary laboratory testing and saved system resources, and will be spread provincially

The intervention bundle was implemented across eight medical units and four tertiary care hospitals in Calgary with an associated:

- 14% overall reduction of routine tests
- Cost savings of \$1.15 per patient day

- 20% increase in routine test-free patient days
- No worsening in patient safety endpoints.

This multifaceted intervention will be implemented provincially through the Re-purposing the Ordering of Routine Laboratory Tests in Hospitalized Medical Patients (RePORT) project. PLP will support the development and delivery of facilitated audit and group feedback sessions at 14 sites across the province. Two sessions will be facilitated at each site and will include hospitalists, internists and medical learners. These sessions aim to optimize laboratory testing by allowing physicians the time to reflect on their unit-level data and engage in peer discussions to identify barriers and facilitators to optimize test ordering practices.

A pilot session has been facilitated at the University of Alberta Hospital with 16 physicians, with twenty-seven additional sessions to be implemented in the future. As part of broad dissemination efforts, this work was presented at Family Medicine Summit in spring 2023.

- Woodhouse D. Re-purposing the ordering of routine laboratory tests in hospitalized medical patients (RePORT). Oral presentation delivered at the Alberta College of Family Physicians - What's Up Doc? Research Showcase — Banff, Canada on March 4, 2023.

My practice: Addressing variation in radiology prioritization



This project may identify opportunities to improve the value of Musculoskeletal diagnostic imaging.

Alberta spends \$457 million annually on 2.9 million diagnostic imaging (DI) procedures; however, wait times for diagnostic imaging (CT and MRI) are significantly higher than in other provinces, which can lead to delays in necessary surgery or treatment. Choosing Wisely Canada recommends improving the value of diagnostic imaging and the Canadian Association of Radiologists estimates that up to 30% of these procedures are low value.

PLP medical director **Dr. Oliver David** and physician lead **Dr. Richard Walker** are working with **AHS Diagnostic Imaging (Calgary Zone)** to investigate variation in prioritization of diagnostic imaging referrals based on AHS CT and MRI prioritization guidelines. This project will review musculoskeletal (MSK) requisitions to identify which referrals incur the most variation, and to evaluate the association between MSK prioritization and patient wait times.

A prospective chart review of 300 MSK requisitions and an evaluation of DI prioritization has been completed by **Dr. Richard Walker** and colleagues. Radiologists will be engaged using surveys and interactive practice improvement sessions to discuss the variation in the prioritization of MSK diagnostic imaging referrals. These discussions with peers may identify additional interventions or opportunities to improve the value of diagnostic imaging.

Addressing the value of hormone testing



This project identified the opportunity to reduce variation in hormone testing.

Alberta is spending about \$2.1 million each year on approximately 370,000 tests of common hormones. While the testing can provide valuable insights in certain situations, clinicians agree that a significant proportion of hormone testing is of low value. Using Choosing Wisely Canada recommendations and other guidelines, a project led by PLP Medical Director **Dr. Katrina Nicholson** with physician lead **Dr. Simrit Brar** is examining utilization of five common hormone tests in Alberta, with the aim of reducing low-value hormone testing. Preliminary data analysis indicates that there is an opportunity to reduce variation, further discussions will provide insight into whether drug policy or other interventions may be effective.

Supporting Emergency Medicine

PLP's ongoing work with socializing the emergency department dashboards continues to provide physicians with access to data, and supports practice improvement.

Using the emergency department practice improvement dashboard – Provincial spread



Connect Care implementation provides the opportunity to develop a provincial emergency medicine dashboard based on the success of a Calgary zone pilot project.

PLP has supported the use of facilitated audit and group feedback to help Calgary Emergency Department (ED) physicians review individual performance reports using an AHS Tableau Dashboard. All 242 Calgary ED physicians have access to an individual dashboard and 70 physicians have participated in facilitated audit and group feedback sessions to identify and discuss opportunities for practice change. Connect Care implementation provides an opportunity for the provincial spread of a facilitated audit and group feedback intervention for ED physicians.

AHS Clinical Departments of Emergency Medicine in Calgary Zone and Edmonton Zone, and AHS Data and Analytics, facilitated by the Emergency SCN have developed an Emergency Medicine Practice Improvement Dashboard in Connect Care that includes metrics for adult and pediatric patients using emergency services in Alberta.

PLP medical directors **Dr. Douglas Woodhouse** and **Dr. Jennifer Thull-Freeman**, with physician lead **Dr. Brian Holroyd**, are discussing the development of a provincial audit and group feedback intervention using this dashboard.

Pediatric emergency room dashboard



Connect Care implementation provides the opportunity to develop a provincial emergency medicine dashboard based on the success of a Calgary zone pilot project.

The PLP is engaging system partners including the **AHS Calgary Zone Emergency Medicine** to discuss using Connect Care to develop a physician dashboard for pediatric emergency room (ED) services across the province. **Dr. Antonia Stang** and **Dr. Jennifer Thull-Freedman** are facilitating these ongoing discussions. A provincial dashboard would provide ED physicians the opportunity to reflect on their practice with the goal of improving care of pediatric patients by increasing adherence to evidence-based practice, improving efficiency of care, and reducing inappropriate testing and treatments. PLP contributes knowledge and skills to this discussion based on our work in bronchiolitis and ongoing partnership with the Emergency SCN on the a provincial ED Dashboard in Connect Care.





Supporting Gastroenterology and Hepatology

We are pleased to share updates on our projects in gastroenterology and hepatology. PLP benefits from considerable in-house expertise with Medical Directors Dr. Puneeta Tandon and Dr. Kelly Burak, and we continue to work with the Digestive Health SCN. Our provincial scale and spread of the dyspepsia and low value endoscopy project culminated in audit and feedback sessions in Edmonton this year, and we have ongoing work to help improve care for people living with cirrhosis and other GI diseases.

Optimizing the use of gastroscopy for dyspepsia in low-risk patients in the Edmonton zone (PLP Edmonton)



This two-part project identified differences in primary care and specialist physicians' mental models for referrals and consultations for endoscopy, and aims to reduce the number of low-yield endoscopies being performed in the Edmonton zone.

Many patients worry they may need a scope of their stomach (known as a gastroscopy) because common conditions like heartburn and bloating have similar symptoms to more serious illnesses that need treatment. When people do not have risk factors, the chances of worrisome illnesses are very low. The issue is that if patients are scoped when they do not require it, there is a strain on the use of resources, which increases wait times, and misallocates limited resources.

This project originated in the Calgary zone, where it reduced the number of low-yield endoscopies in adult patients without alarm symptoms by 50%. Based on its success, a follow-on spread and scale project to the Edmonton zone was launched, composed of two projects - the audit and feedback project and a complementary project that offered new insights into when and why physicians were referring patients for consultation. We used cognitive task analysis to examine physicians' mental models about referral for consultation and clinical practices, as well as review of the characteristics of patient cases being scoped.

These projects were carried out in partnership with the **AHS Digest Health SCN** and PLP Physician Project Leads **Dr. Sander V. van Zanten** and **Dr. Dan Sadowski.** Our findings emphasized the importance of understanding physician's mental models for referral. A key driver behind family physicians referring for dyspepsia and gastroenterologists accepting referrals/performing endoscopies in patients without alarm symptoms was reassurance and reducing risk - both groups of physicians wanted to reassure the patient and rule out the chance. of something more serious. Another key driver was looking to reduce health system costs, as an endoscopy was likely less costly to the system than having a patient make repeat visits to primary care clinics or emergency departments.

Findings from the mental models of referral study were incorporated into the second project, that examines physician practices for investigating dyspepsia to assess the proportion of gastroscopies performed in Edmonton for the indication of dyspepsia (i.e., indigestion) in patients that are low risk and have no appropriate indications for this test. **Five audit and feedback sessions with gastroenterologists were carried out** in the Edmonton area, where 28 gastroenterologists reviewed the data on low value endoscopies, and explored options for changing their practice going forward, to reduce the number of low value endoscopies. In support of broader dissemination, a manuscript is in development, and this project was featured in several presentations:

- Dr. Sander V. van Zanten and Dr. Dan Sadowski presented at city wide grand rounds for the Edmonton area on February 8, 2023, and summarized the key themes regarding facilitators and barriers that emerged at the site audit and feedback sessions, to promote knowledge transfer among gastroenterologists who did not attend audit and feedback sessions. Copies of reports are being distributed.
- Wong C. Dyspepsia Management. Oral presentation delivered at the Alberta Society of Endoscopic Practice —Banff, Canada on January 21, 2023.

A six month follow up survey will be distributed to physicians who participated in the audit and feedback sessions, to understand how their practice may have changed because of their participation. The physician project leads and gastroenterology medical directors from both PLP offices are exploring opportunities for follow-on provincial initiatives to further support optimizing diagnostic testing in Alberta.

Province wide discussions have begun with the aim of building on these projects in the Calgary and Edmonton Zone to reduce the number of endoscopies for low value indications like dyspepsia. The aim is to have a more standardized provincial approach integrated with Connect Care, in support of a sustainable health care system and improved patient access and outcomes.

Mid-term implementation evaluation of an evidence-based best practice order set for the management of liver cirrhosis



This project aims to identify information that may help improve the implementation and integration of the new cirrhosis order set in daily practice

The Cirrhosis Care Alberta Program has launched a comprehensive website, <u>CirrhosisCare.ca</u>, and developed a cirrhosis care bundle (with order sets and decision algorithms) that supports clinicians caring for patients living with cirrhosis, with the aim of improving health and reducing the cumulative length of stay in hospital. This PRHIS-funded project is led by principal investigator **Dr. Puneeta Tandon**, a PLP Medical Director in Edmonton. The order set was set to launch via the Connect Care digital system to 9 health care facilities in Alberta, and is underway following a delay due to the COVID-19 pandemic.

The PLP Implementation Science Team, led by **Dr. Denise Campbell-Scherer**, is collaborating with **Dr. Puneeta Tandon** to conduct a mid-term evaluation of the implementation process of the intervention, that is, the 'order set'. This evaluation focuses on four hospital sites within Alberta where the order set has been launched through Connect Care. Our project involves understanding how researchers embedded in this project have been making sense actively during the pandemic and their efforts to deploy the order set and support its uptake. This evaluation also aims to understand how clinicians and front-line staff make sense of the order set, which then enables them to use it in their practice. The evaluation also includes exploring the factors that enable or hinder the order set's use in daily practice. Knowledge from this mid-term evaluation may provide guidance to improve the implementation efforts that will best optimize and enable the use of the order set in routine practice.

Supporting Infectious Disease Medicine and Antimicrobial Stewardship

Antimicrobial resistance poses a significant threat to global public health. If left unchecked, currently treatable infections could become deadly, while life-saving treatments like chemotherapy and transplantation could be rendered unsafe. PLP has an ongoing program of work, led by PLP Medical Director Dr. Lynora Saxinger, who serves as medical lead for the AHS Antimicrobial Stewardship for Northern Alberta, and other colleagues. We are proud of our recent and current work on COVID-19, which has illuminated issues for people living in vulnerable ethnocommunities. Our bronchiolitis and urinary tract infection projects, which aim to reduce inappropriate antibiotic use, are both in the spread and scale stage.

Understanding and mitigating the impacts of COVID-19: Vaccine Hesitancy



This vaccine project gathered mass qualitative data in real-time to understand emergent issues to inform action, and helped increase COVID-19 vaccination uptake in ethnocultural and immigrant communities in Edmonton.

- During the COVID-19 pandemic, PLP co-lead Dr. Denise Campbell-Scherer, the Illuminate Lab, and the
 Multicultural Health Brokers Co-operative of Edmonton (MCHB) carried out a project that revealed the
 entangled health and social impacts of COVID-19 on ethnocultural and immigrant communities in real time,
 with a focus on finding solutions. The paper received the 2022 CPSA Outstanding Family Medicine Research
 Article Award, for their PLP-partnered publication:
- Campbell-Scherer D, Chiu Y, Ofosu NN, Hunter KH, Jabbour B, Luig T, Farooq S, Mahdi A, Gayawira A, Awasis F, Olokude F, Goa H, Syed H, Sillito J, Yip L, Belle L, Akot M, Nutter M, Farhat N, Wang Y, Jalal N, Khalif S, Chapagain S, Fernandez S, Azarcon S, Hama Z. Illuminating and mitigating the evolving impacts of COVID-19 on ethnocultural communities: A participatory action mixed methods study. CMAJ, 2021;193(31): 1203-12. doi.org/10.1503/cmaj.210131

Building on the findings from the partnered Illuminate project described above, our new project continues and extends our close work with our community partners, the MCHB. This project is tackling the challenge of addressing misinformation and promoting access and uptake of vaccination in these communities. Using a participatory approach, we collected and analyzed mass qualitative data in real-time across a large sample to understand key issues in order to develop interventions to help improve COVID-19 vaccination uptake. In this work we have been linking with the Primary Care Networks for dissemination and uptake of these lessons as well as numerous engagement meetings with community groups and religious organizations. This project included creating information including 10 vaccine education videos in eight languages, facilitating access through pop-up vaccination clinics, and supporting community outreach to support Primary Care Networks (PCNs), physicians, allied health providers, pregnant women, and families. It leveraged the expertise and tireless work of PLP Medical Director Dr. Eliana Castillo, a member of the National Advisory Committee for Immunization and expert on the evolving COVID in pregnancy situation in Alberta. Lessons learned informed strategies to bridge the informational and cultural divide that aggravates poor health, and how to navigate emergency situations. This project furthers the COVID-19 response and recovery in Alberta, and supports a sustainable healthcare system and improved outcomes for Albertans.

Appropriateness and stewardship in asymptomatic bacteriuria: Diagnosis and management of urinary tract infection in long term care



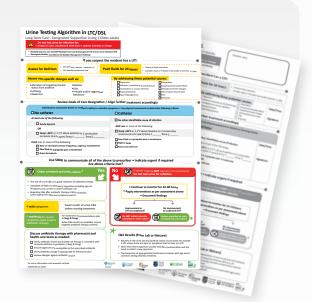
By reducing low value urine testing in asymptomatic patients in long term care settings, this project promotes appropriate antibiotic prescribing and reduces medical waste in Alberta.

Inappropriate use of antimicrobials in the treatment of asymptomatic bacteriuria (ASB) is a commonly recognized issue across health care. PLP continues to collaborate with the **AHS Antimicrobial Stewardship group** to support decision making for appropriate urine testing, with PLP having previously co-developed adult and pediatric algorithms that have reduced unnecessary testing. This new project, led by PLP Medical Director **Dr. Lynora Saxinger**, extended the program work with an adaptation for the long term care setting, and involved updating the Long-Term Care urinary tract infection (UTI) care and management checklist initially developed by Towards Optimized Practice (TOP). Our human centered designer worked with the multidisciplinary project team to co-design the new tool, in alignment with the design and utility of the previously designed suite of tools for pediatric and adult diagnosis and management of UTI. Use of this tool in long term care will support appropriate testing and prescribing, and will improve patient care and outcomes.

Co-creations with 10 members of the Appropriateness & Stewardship in Asymptomatic Bacteriuria (ASAB) team informed revisions to the algorithm, while user testing with nurses/nurse practitioners informed improvements in the Connect Care CIS integration, and supported further tool refinement. Extensive user testing sessions included participants from AHS operated LTC facilities, AHS wholly owned subsidiaries, contracted partners (primarily DSL), and some provincial programs (e.g., Seniors Health, QI and Pharmacy Services). The final revision of the tool was approved with the ASAB group, and the **finished algorithm** is available on the PLP website and the "Do Bugs Need Drugs?" resource library. Other knowledge transfer and implementation opportunities are being explored, with the goal of spreading access to the algorithm to other long term care providers and facilities.

We had broad consultation on this project and wish to acknowledge our participating stakeholders, which included: Provincial Seniors

Health & Continuing Care, North Zone Seniors Health Clinical Nurse Educators and Clinical Support, Central Zone Seniors Health Clinical Nurse Educators and Clinical Support, Capital Care Norwood, Capital Care Grandeview, Capital Care Strathcona, Shepherds Care, Tuoi Hac Golden Age Manor, Kensington Cottages (DSL), Edmonton People in Need Shelter Society, Citadel Care Centre, Chinook Care Centre, and Balwin Villa.





Supporting Medicine

We are pleased to present updates on our projects in the Medicine pillar, which include improving outcomes for patients with lower back pain, and advancing care for people living with amyotrophic lateral sclerosis and adrenal insufficiency.

GLA:D Back for Lower Back Pain



Findings from this project will improve access to high quality care for low back pain, promote evidence-based treatment and better outcomes for patients suffering from back pain.

Lower back pain is responsible for much pain, disability, and expense in Alberta, and non-optimal management with opioids can also drive addiction. Most patients with low back pain seek care from family physicians who are less able to provide effective, guideline-based interventions due to several recognized barriers, including, lack of affordable access to physiotherapy and related interventions; shortage of physician training in these therapies; and barriers in time and reimbursement to deliver these interventions. As a result, most low back pain care provided in Alberta does not meet the needs of patients. The Good Living osteoArthritis in Denmark (GLA:D) back program is an evidence-based education and exercise program aimed to give both patients and physicians sustainable ways to reduce chronic and recurrent low back pain.

This project, led by Professor of rehabilitation medicine **Dr. Greg Kawchuk**, is examining the results of implementing the GLA:D back program in Primary Care Networks across the province and how the Alberta Back Care pathway has influenced physician management of patients with low back pain. With physician and patient stakeholder feedback, PLP is using human centered design approaches to develop resources for physicians caring for patients with lower back pain to improve patient outcomes and advance care in primary care settings.

Developing an Amyotrophic lateral sclerosis Tableau dashboard



Findings from this project will improve the uptake of more effective, but time sensitive, interventions for people suffering from ALS.

Amyotrophic Lateral Sclerosis (ALS) is a fatal and progressive motor neuron disease with no known cure. The goal of ALS treatment is to improve symptoms and quality of life and, for many, increase life expectancy. Factors that can extend and improve quality of life include receiving the standard of care medications riluzole or edaravone, nutritional support, non-invasive ventilation, and care delivered by a multidisciplinary team specializing in ALS. Two critical issues that greatly impact ALS care are the timing of diagnosis and access to a multidisciplinary care clinic. Diagnosing ALS can be long and complex, with multiple studies and reviews having shown an average delay of 8.0 to 15.6 months from symptom onset to ALS diagnosis. This diagnostic delay has remained unchanged for over a decade.

The PLP is working with PLP Physician Lead **Dr. Wendy Johnston** and the **University of Alberta ALS Multidisciplinary Clinic** on a project to create a Tableau dashboard that continuously monitors the proportion of patients with ALS who are eligible for the two standard of care medications, along with other important patient characteristics such as demographics, scores on the ALS Functional Rating Scale (ALSFRS), and forced vital capacity. Preliminary findings indicate that 77% of patients were eligible for one of the new medications, and 33% were eligible for the other new medication. Increasing proportions of patients on these medications will indicate that referrals to the clinic are happening earlier in their disease progression. Findings from this project will help address the knowledge-to-action "gap for clinicians, support better patient outcomes, and will inform a knowledge dissemination event next year.

Adrenal insufficiency toolkit development for patient education to prevent adrenal crisis



The co-designed patient support tools will help people living with adrenal insufficiency manage their stress dosing, which should improve their health outcomes and reduce hospital visits.

Adrenal insufficiency (AI) is an uncommon hormonal disorder where the adrenal glands are not working properly, and adrenal hormone replacement in the form of steroid medications (e.g., prednisone, hydrocortisone, dexamethasone) is required. Replacing these hormones appropriately helps reduce symptoms of fatigue, aches, nausea, etc. related to their deficiencies, and ensures that blood pressure remains at safe levels. Under stressful circumstances like infection or surgeries, medication adjustments known as "stress dosing" are needed and require special education and instructions. Working together with patients living with AI and physicians in the Division of Endocrinology and Metabolism at the University of Alberta, we co-created a patient education toolkit. User testing is complete, and the next steps will be implementation and evaluation of the tool with integrated knowledge transfer activities led by the Division of Endocrinology & Metabolism. This project builds on our previous AI project that focused on understanding the burden and healthcare utilization of adrenal insufficiency in Alberta outpatient clinics.

Supporting Oncology

As our new oncology pillar grows, we are excited to be collaborating with the Cancer SCN on a multiphase project to support the co-development of resources that will improve cancer diagnosis and outcomes, as well as a project that will examine cancer screening rates since the onset of the COVID-19 pandemic.

Cancer SCN - Community strengths grant: Research, education, and clinical decision supports for primary care practitioners.



This project will help improve the cancer diagnosis process for rural Albertans and newcomers to Canada by understanding the relevant barriers and developing tools to support primary care physicians and their teams.

When it comes to accessing health services, rural and remote communities have specific challenges with diagnosing cancer because of their smaller size, more widely dispersed populations, and limited health care resources. Research has shown that newcomers to Canada have a later cancer stage at diagnosis compared to regional averages. However, unlike rural and remote citizens, newcomers face deterioration in health outcomes over time, including cancer outcomes, which suggests that limited access to health services may be contributing to these poorer outcomes. The **Cancer SCN** is working on a multi-phase project with numerous **PCNs** and clinics that support newcomers and newcomer communities across Alberta to understand what is working for these groups and how they are finding solutions to challenges during the cancer diagnostic process. Findings will help to inform the co-development of education materials and clinical decision support tools for primary care practitioners in these communities to better detect and appropriately support cancer diagnosis. This strengths-based application will then allow strengths-based approaches in other Alberta communities to improve poor cancer diagnosis outcomes (e.g. diagnostic delays and relative later stage of disease).

The **Cancer SCN** has partnered with the PLP for several phases of this project, with PLP Medical Director **Dr. Lee Green**. In the first phase, the project aim is to understand primary care approaches to cancer diagnosis in these communities using Cognitive Task Analysis - CTA. We will compile a detailed understanding of mental processes for cancer diagnosis of primary care practitioners in rural/remote and newcomer dense communities and identify if education and decision support tools are warranted. The CTA findings will guide tool development or modification, which will be undertaken in a follow-on human centred design project.

Low value cancer screening in Alberta



Findings from this project will inform outreach in primary care to help improve cancer screening and promote better health outcomes for Albertans.

Cancer is a leading cause of death worldwide, and early detection plays a crucial role in improving patient outcomes. To this end, several provincial screening programs have been implemented in Alberta, targeting breast, cervical, colorectal, and lung cancers. However, the COVID-19 pandemic disrupted healthcare services, leading to a reduction in cancer screening rates.

This project aims to assess the impact of COVID-19 on cancer screening rates in Alberta, particularly for breast, cervical, colorectal, and lung cancers. The goal is to identify the reduction in screening and recovery time and estimate the current screening deficit for both high-value and low-value screening. The project also seeks to understand whether the reduction is similar across all patient subgroups (socioeconomic status, age, urban vs. rural, whether the patient is part of a primary care network). In addition, the project will identify factors that influence the receipt of high-value screening for all types of screening activities. Led by physician lead **Dr. Finlay McAlister**, PLP will employ a data-driven methodology to investigate the impact of COVID-19 on cancer screening rates in Alberta. Overall, the project will leverage cancer registry data to analyze the impact of COVID-19 on cancer screening rates and identify factors that influence the uptake of high-value screening.



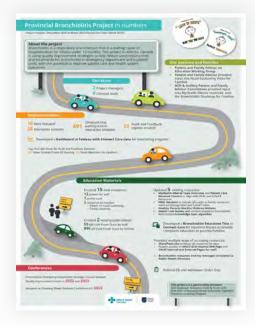


Supporting Pediatrics

PLPs program of work in pediatrics is currently focused on improving bronchiolitis treatment and advancing care for pediatric patients living with neurodevelopmental disorders.

Reducing low-value care in bronchiolitis management: A provincial initiative

For infants under 12 months, bronchiolitis is the most common respiratory infection and one of the most common causes of emergency room visits and hospitalization for children. PLP Assistant Dean Dr. Michelle Bailey, with physician leads **Dr. Daina Thomas, Dr. David W Johnson,** and **Dr. Lindsay Long** in collaboration the **AHS Maternal Newborn Child and Youth (MNCY) SCN** and **AHS IHOT** delivered a data-informed practice improvement program addressing practice gaps in treatment of infants presenting with bronchiolitis. This initiative improved resource utilization with a 14% reduction in chest x-rays while improving bronchiolitis management as demonstrated by increased adherence to practice guidelines





This multifaceted intervention improved resource utilization with a 14% reduction in chest x-rays while improving bronchiolitis management as demonstrated by increased adherence to practice guidelines.

Bronchiolitis audit and group feedback sessions

PLP Assistant Dean **Dr. Michelle Bailey** collaborated with the **MNCY SCN** to develop and deliver audit and group feedback sessions as part of a multi-faceted intervention to improve management of bronchiolitis in Alberta.

PLP and the MNCY SCN co-created individual physician and aggregate site level data reports, with PLP leading the work on statistical analysis, data visualization, and report generation. PLP supported the development of facilitated audit and group feedback sessions using these data reports to engage physicians and teams in discussions about opportunities for practice improvement.

The virtual delivery of the sessions allowed for efficient and effective spread of the intervention to engage 491 clinicians, in 28 interactive sessions at 16 sites across all five provincial zones. This initiative has improved resource utilization with a reduction in chest x-rays, while improving bronchiolitis management as demonstrated by increased adherence to practice guidelines. Connect Care data will be integrated into a Tableau dashboard to support sites to monitor their progress in managing bronchiolitis care in children.

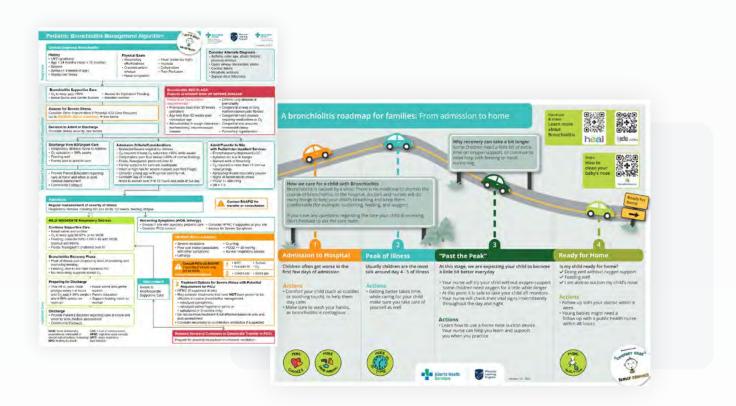
As part of our ongoing efforts to support broad knowledge transfer and dissemination, this work was presented at two conferences this past year.

- Bailey MJA, Solbak NM, Thompson E, Long L, Thomas D, Johnson DW. Implementation of a
 multifaceted audit and feedback intervention to scale and spread bronchiolitis appropriate care in
 Alberta. Presented at the International Audit and Feedback Summit 2022 on October 26, 2022
- Solbak N. A progress update on a provincial initiative to spread and scale bronchiolitis care.
 Presented at Alberta Health Services Emergency Strategic Clinical Network Quality Forum, Red Deer, Alberta, February 22, 2023.



Bronchiolitis decision support tools

Educational materials and decision support tools have been created as part of this multi-faceted intervention to improve bronchiolitis management in children in Alberta. The development of these resources was driven by the needs and questions of participating sites and their families. The library of work includes a total of 15 new resources, five updated resources, and two videos. Family resources have been evaluated in collaboration with Alberta Children's Hospital & Stollery Patient and Family Advisory Committees.



Understanding positive parenting moments for children living with Fragile X



As part of our broader program of work on neurodevelopmental disorders in children, this project will improve care for pediatric patients in primary care

People who have the genetic disorder called Fragile X syndrome are unable to produce a key protein needed for brain development, which results in developmental delays, learning disabilities, and social and behavioural problems. There is no cure for this disease, however important motor and life skills can be learned with early intervention and supportive treatments. Working with physician liaison **Dr. Francois Bolduc**, and our partners in the Fragile X program at the **Stollery Childrens' Hospital**, and the L3 Office, PLP collaborated on graduate student **Karen Kelm's** thesis project that used cognitive task analysis to understand positive parenting moments



for families living with Fragile X syndrome. Having a greater understanding of Fragile X and how it influences a child's behaviour was found to lead to more successful parenting moments. The study focused on mothers, who highlighted the importance of being able to recognize when a child is genuinely facing limitations due to their condition rather than using it as an excuse to avoid something they don't want to do or find challenging. Other findings emphasized the importance of parental self-care as a prerequisite for caring for the child, and recognizing and accepting help from other people in the community and the child's life who can provide support and help shape positive parenting moments.

During our recent quality improvement workshop series Managing ADHD across the life continuum, participants articulated a need for more information on caring for patients with neurodevelopmental disorders in the primary care clinic. As part of the follow-on knowledge transfer activities for this project, next year, PLP will develop a workshop that will provide a general overview of neurodevelopmental disorders and some of the related rare conditions, while including a familial approach to sharing stories and lessons learned from personal experiences of parents.

Healthcare Utilization and Autism



This project is examining the relationship between time to autism diagnosis and healthcare utilization in Alberta with a health equity lens.

One in 66 children in Canada live with autism. In Alberta, the wait time for referral for diagnosis of autism is up to 18 months long. This delay is a substantial health care gap, as the time to diagnosis can have a significant impact on access to healthcare among individuals with autism. An early diagnosis is crucial for access to early intervention, access to healthcare specialists, and reduced stigma and exclusion. As part of PLP's focus on health equity, our first project will focus on understanding the factors associated with autism and effects of delayed diagnosis on long term health care utilization and health care access in Alberta. This program of work explores the intersection of time to diagnosis and healthcare utilization among individuals diagnosed with autism in Alberta. PLP is currently building a stakeholder coalition, which includes a strategic relationship with **Autism Edmonton**, a key community partner for autism in Alberta. This project is being led by **Dr. Nonsi Mathe**, as part of her Atlantic Health Equity Fellowship, in collaboration with PLP Physician Liaison **Dr. Daniel Morena De Luca**, the new CASA Chair for Autism and chair of the PRISMA group at the University of Alberta.

Management of pediatric urinary tract infections in calgary and edmonton emergency departments



Individualized and aggregate practice data will help clinicians in emergency departments and urgent care sites with optimal prescribing practices for urinary tract infections in children.

Antimicrobial stewardship aims to reduce antibiotic resistance. **Dr. Joan Robinson**, **Dr. Cora Constantinescu**, **Dr. Alena Tse-Chang**, and **Dr. Jennifer Thull-Friedman** are leading this project in collaboration with **AHS Calgary and Edmonton Zone ED** to examine antibiotic use for pediatric emergency visits for UTIs. PLP has supported the co-creation of aggregate level data reports for 14 emergency and urgent care sites in Calgary and Edmonton. These reports include an algorithm that covers the diagnosis and management of these patients including data as well as urinalysis, urine culture, and antibiotic prescribing data.

Aggregate reports will be distributed to the 14 emergency and urgent care sites in Calgary and Edmonton. Fifty-four physicians practicing at these sites will be eligible to consent to receive their own individualized practice reports. Increased adherence to antibiotic prescribing guidelines will be assessed by re-pulling site and individual level data.

Supporting Psychiatry

PLP has launched a psychiatry pillar and will be building a program of work in this area. Our current project focuses on depression and prescribing practices.

Practice patterns among clinicians caring for patients with depression



Understanding prescribing practices for patients with depression will support quality improvement initiatives and improve health outcomes for Albertans.

Depression is a psychiatric disorder that is associated with emotional, physical, and cognitive symptoms that may have a profound impact on an individual's functioning. One in 15 adults (6.7%) are affected by depression in any given year, and one in six people (16.7%) will experience depression at some time in their life. Since depression is often underdiagnosed and undertreated, particularly among certain groups, the true prevalence of depression may be higher than what is reported in surveys. Antidepressants play a significant role in treatment because of their demonstrated efficacy and wide availability. This new project is led by PLP Medical Director **Dr. David Ross**, Chair of the Department of Psychiatry at the University of Alberta. The project's aim is to map out and understand patterns of antidepressant prescription in Alberta to inform quality improvement. The project will also examine health equity considerations and will include an economic analysis to examine the cost differential between prescribing practices. This work will inform subsequent work on advancing practice for depression care.

Supporting Surgery

PLP and the AHS Surgery SCN have collaborated closely on projects to enhance patient care and improve access to data for quality improvement. This year, we are excited to see the continued provincial spread and scale of projects that enhance patient outcomes through appropriate antimicrobial prophylaxis and the use of tranexamic acid. These partnerships are crucial to the system because they address the post-COVID surgical wait list crisis and the new central referral system for surgical consultation.

Patient and provider experiences with the integrated province-wide central referral system for surgical consultation



By understanding how the new central referral system is affecting patients and health care providers, this project is supporting the province-wide roll-out.

Alberta is rolling out a central referral system for surgical consultations called the Facilitated Access to Specialized Treatment (FAST) Program. The goal of FAST is to improve surgical access for patients and reduce wait times. As part of the evaluation process for the roll-out, this project was created to generate ongoing feedback to understand the experiences of healthcare providers and their teams, patients, and families using the new central referral system to inform the work of the roll-out committee. The project began with a pilot study in the Edmonton Zone which ended in 2022. The main phase of the study is currently underway and will support the evaluation of the FAST roll-out carried out by AHS. By gathering and quantifying mass qualitative data in real time, the research methods in this project can identify emergent patterns in responses from patients and health care providers, which can inform communication strategies and adjustments to the implementation roll-out. This PLP-partnered project is a collaboration with the AHS Surgery SCN, and the Illuminate Lab at the University of Alberta. It is being led by Dr. Mary Brindle, Dr. Sanjay Beesoon, Dr. Sandy Berzins, and PLP co-lead Dr. Denise Campbell-Scherer.

Alberta surgical initiative - Reduction in Clinical Variation



This collection of projects will help reduce wait times for Albertans who need surgery.

Approximately 70,000 people in Alberta were waiting for surgery at the time of the AHS Review in 2019, and 50% were considered waiting longer than clinically appropriate. The PLP team, led by the PLP Medical Director **Dr. Katrina Nicholson,** in collaboration with **AHS Alberta Surgical Initiative** led by **Dr. Stewart Hamilton** and **AHS IHOT** led **Dr. Donald Dick** are focusing on reduction of clinical variation of 17 procedures identified by AHS Alberta Surgical Leadership Executive team in this multi-year initiative. The aim is to improve the provision of surgery within our province, by reducing clinical variation to promote equity and timely access to appropriate procedures using the latest evidence and guidelines.

This project facilitates leadership from the specific specialties to generate effective change strategies within each of the identified surgeries. PLP will use its expertise in peer-to-peer driven change, human-centred design, and implementation science to support the Alberta Surgical Initiative. The current active focus is on the following five surgical procedures: panniculectomy, hip and knee revision, carpal tunnel, tonsillectomy, and breast reduction.

Panniculectomy

PLP supported and facilitated the co-creation of panniculectomy clinical indications using a human-centred design approach to engage surgeons. This project has been handed over to the AHS Surgical Initiative to connect with leaders to implement the new guidelines across Alberta.

Hip and knee revision

PLP is supporting the **Alberta Bone and Joint Health Institute (ABJHI)** in the preliminary review of hip and knee revision surgery rates throughout Alberta. Preliminary data has been prepared and needs further analysis.

Carpal tunnel surgery

PLP has supported the initial discovery phase of this project by helping to conduct an ongoing literature scan. Further steps will be determined in the upcoming plans.

Tonsillectomy

PLP has attended preliminary meetings regarding this surgical area. Next steps are in development and involve session planning.

Breast reduction surgery

PLP has supported the initial discovery phase of this project by helping to conduct an ongoing literature scan. Further steps will be determined in the upcoming plans.

Supporting Women's Health

We are pleased to report on projects in our growing Women's Health pillar. Our current program of work includes three projects focused on optimizing testing, interventions, and prescribing during pregnancy, and several other projects are being considered. Many of our other projects include aspects of women's health and health equity more broadly and are included in other sections of our annual report.



Operative vaginal delivery practices in Calgary zone



This project supports improvements in the rates of surgical childbirth interventions in Alberta.

Childbirth carries risks regardless of the mode of delivery, however, operative vaginal delivery (OVD) carries with it several perinatal and maternal risks. In 2018 and 2019, data from Calgary hospitals showed OVD rates of between 13.1% and 29.6%. PLP Medical Director Dr. Jackie Thurston and physician lead **Dr. Maryam Nasr-Esfahani** collaborated with **AHS Calgary Zone Obstetrics and Gynecology (OBGYN)** on this project that assessed variation in rates between Calgary hospitals and provided individual physicians access to practice data with opportunities to discuss their OVD practices, OVD guidelines, and opportunities for improvement using facilitated audit and group feedback. Monitoring of OVD rates showed a downward trend, with a 9.9% reduction in OVD at Calgary's highest rate hospital.

Although PLP's active engagement in this project is complete, we continue to monitor potentially avoidable rates of surgical intervention during delivery and the associated reduction in complications (approximately 20%) for such interventions. We will continue to track and report on this initiative and disseminate findings to other Zones for possible spread. In support of knowledge transfer and broad dissemination, this project was presented at a conference last year.

Thurston J, Nasr-Esfahani M, Peterson A. Using the Calgary Audit and Feedback Framework to address
operative vaginal delivery rates at four community hospitals. Presented delivered in person at the SOGC
Annual Clinical and Scientific Conference, Quebec City, Quebec, June 9 2022.

Reducing Type And Screen As Standard Order For Elective C-Sections



This project supports improvements in the rates of surgical childbirth interventions in Alberta.

CWC recommends that routinely performing a type and screen test at the time of delivery is unnecessary, unless there was no prior test during the current pregnancy and/or the risk of maternal hemorrhage or transfusion is high. PLP Medical Director **Dr. Jackie Thurston** and physicians leads **Dr. David Johnson** and **Dr. Phillipa Brain** are collaborating with **AHS Calgary Zone OBGYN**, **Family Medicine Calgary Zone**, **Grey Nuns OBGYN** and **Transfusion Medicine Calgary** on this project that aims to maintain safe practices for patients while reducing wasted resources through unnecessary testing and reducing unnecessary loss of blood stores. This project will consult stakeholders from the **MNCY SCN**, **Grey Nuns Hospital** and **Foothills Medical Center** to identify strategies that reduced practice variation and increased adherence to Choosing Wisely guidelines at these sites.

PLP conducted six interviews with OBGYN physicians at urban and regional centers in Alberta to understand potential causes of the unnecessary ordering of type and screen tests. These stakeholder interviews, current testing rate data, and consultations with anesthesiology, lab services, and transfusion medicine informed the development of a pre-delivery order set as an intervention strategy to reduce practice variation and increase adherence to Choosing Wisely guidelines.

A pre-delivery Connect Care order set approved by anesthesiology, OBGYN lab services, and transfusion medicine will be implemented at eleven sites across Alberta. Practice variation and adherence to Choosing Wisely guidelines will be monitored to identify whether further interventions, such as audit and feedback, may be needed.

OBGYN Pathway Development



Four care pathways for women's health issues in the primary care clinic will help referrals to specialists and improve patient outcomes

PLP Medical Director **Dr. Katrina Nicholson** and physician lead **Dr. Shunaha Kim-Fine** collaborated with **AHS Calgary Zone Pelvic Floor Clinic, Calgary and Area PCNs, Specialist Link,** and **Calgary Zone Urology and OBGYN Divisions** to develop and deploy four common pathways for women's health with the aim of increasing family medicine's capacity to handle common issues without referral to specialist. At the outset of the initiative, wait times for common problems like urinary incontinence, impacting 20% of women, were more than twelve months.

PLP supported the development of four pathways deployed on Specialist Link in 2021:

- Bleeding After Pregnancy Primary Care Pathway
- Female Urinary Incontinence Primary Care Pathway
- Abnormal Uterine Bleeding Primary Care Pathway
- Post-menopausal Bleeding Primary Care Pathway

There were 1775 downloads of these four Women's Health Primary Care pathways from April 2022 to March 2023. PLP will support evaluation of the impact of these pathways on wait times and appropriateness of referrals in the Calgary Zone.

Optimizing antibiotic use in pregnancy



This project aims to improve antibiotic use in obstetrical care.

A common concern in health care is the inappropriate use of antibiotics to prevent infections, A common concern in health care is the inappropriate use of antibiotics to prevent infections, which is contributing to global concerns about bacterial resistance to antibiotics and puts lives at risk. In obstetrical care, antibiotics are used to prevent infections associated with birth and with surgeries. PLP is collaborating with the **AHS**Antimicrobial Stewardship group and clinicians in Women's Health to support decision making to optimize infection prevention. This includes understanding peoples' allergy history and creating tools and resources for provider and patient education. This new project extends PLP's program of work in optimizing antimicrobial use in surgical care. We are carrying out knowledge transfer activities to move this information into family practice and obstetrical care, and system wide acute care via ConnectCare. PLP Medical Directors Dr. Eliana Castillo and Dr. Lynora Saxinger, and the PLP human centered design team will revise and update existing tools to be used for the obstetrical management of infection prevention.





Building Internal Capacity at PLP

Health Equity

One of the primary strategic goals of PLP is to operationalize health equity. This means taking a systematic approach to incorporate equity-enhancing elements into the programming offered by PLP. The importance of this objective cannot be overstated, as it is essential to address disparities in health outcomes across different populations.

To achieve this goal, PLP has enlisted the expertise of **Dr. Nonsi Mathe**, who was recently awarded the Atlantic Fellowship for Health Equity. As the lead for this initiative, Dr. Mathe will utilize her fellowship year to both learn and implement measures that will help build institutional capacity for equity within PLP.

The effort to operationalize health equity within will involve a variety of approaches, including identifying and addressing systemic barriers that prevent individuals and communities from accessing healthcare services. It will also involve developing and implementing programs that promote equitable distribution of resources and services, as well as utilizing data resources to develop actionable information for physicians and teams

To achieve these objectives, PLP will need to collaborate with various stakeholders, including policymakers, healthcare providers, and community organizations. Through these partnerships, PLP hopes to create sustainable, long-term solutions that will address health disparities and promote health equity for all.

Workplace culture and quality improvement in healthcare settings

Workplace culture is important for supporting our team's daily work, and our interactions with our health system partners. To better understand the impact of workplace culture on quality improvement in health care, we completed some rapid literature reviews, and shared information with PLP staff and medical directors to build our internal capacity and understanding of:

- The relationship between workplace culture and QI success in health care settings
- The evolution of virtual QI during the pandemic and beyond





Building Capacity for Physician Practice Improvement

MYPI - Virtual platform to support physician practice improvement



PLP Medical Directors **Dr. Kelly Burak**, **Dr. Katrina Nicholson**, **Dr. Oliver David** and **Dr. Doug Woodhouse** are collaborating with the CME&PD at the University of Calgary to develop My Practice Improvement (MyPI), a digital learning environment to support participation in the College of Physicians and Surgeons of Alberta (CPSA) Physician Practice Improvement Program (PPIP). To meet the requirements of PPIP physicians will need to incorporate three activities into their practice at least once over a five-year cycle: 1) practice-driven quality improvement, 2) CPSA Standards of Practice quality improvement and 3) a personal development activity. MyPI is an easy-to-use online tool that coaches physicians to complete cycles of continuous quality improvement and enables them to receive continuing professional development (CPD) credits for these PPIP activities.

A full redesign of the content in MyPI has been completed based on extensive user feedback and internal evaluation. The new design offers more effective coaching for physicians, and easier methods to include templated activities. Templated activities provide physicians with more guidance to create an effective PPI activity and align with common clinical encounters and provincial quality improvement initiatives. MyPI was launched in April 2023.

My Lifelong Learning Plan – Accredited virtual platform for physicians

The L3 Office at the University of Alberta developed and launched a self-paced educational tool that uses a quality improvement approach. The <u>MyL3Plan</u> is a free online self-assessment tool that supports physicians in recognizing areas for improvement, and then planning and carrying out a PPI learning cycle by identifying appropriate resources and learning opportunities to achieve their learning goals, as they complete a PPI learning cycle in each of the following areas:

- 1. Practice-driven quality improvement activity using objective data (CQI)
- 2. Personal Development or wellness activity (PD)
- 3. Standards of Practice quality improvement activity (SOP)

Fully aligned with the CPSA regulatory requirements, this resource guides physicians through a five-step cycle and allows physicians to receive credits with their respective professional college. Launched in 2022, this support tool is integrated in our PLP primary care quality improvement workshops and can also be used with projects in primary or tertiary care for any of the three types of PPI cycles.



Peer coaching for practicing professionals

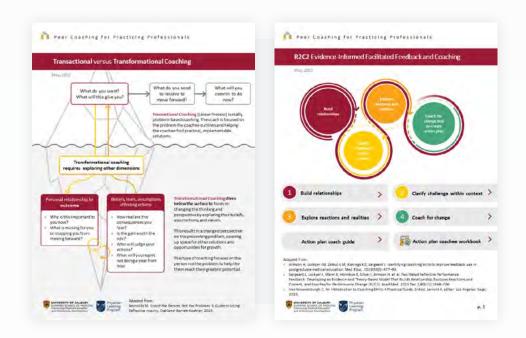


This blended course will help participants develop core coaching skills and support the development of a coaching for change culture in a Learning Healthcare System.

Coaches encourage others to constantly improve and find their own solutions through increased self-awareness. A **Peer Coaching** course was developed by physician leads **Dr. Heather Armson** and **Dr. Maria Bacchus** in collaboration with **PLP Calgary and CME&PD at the University of Calgary.** The course will increase participants' core coaching skills and support the development of a coaching for change culture and community of practice.

The Peer Coaching course consists of online self-learning modules, an online discussion forum, educational resources, interactive virtual workshops, and peer coaching conversations. An extensive evaluation of an eight-week pilot with eleven participants will inform content and ongoing delivery of the course.

This blended course will help participants develop core coaching skills and support the development of a coaching for change culture in a Learning Healthcare System







Individual and aggregate quality improvement sessions and workshops, co-learning sessions, and physician engagement events

Physician Engagement and Audit and Feedback Sessions

Hamilton S (Facilitator), **Blaak J** (Facilitator), **Bailey M** (Facilitator). Reduction in Clinical Variation – Development of Clinical Indications Panniculectomy. Co-design session hosted by PLP and AHS (ASI and IHOT), April 7, 2022.

Campbell-Scherer DL (Presenter), Bortolotto L (Moderator). Managing obesity in primary care: Screening & assessment. Workshop + QI series hosted by PLP and Edmonton Southside PCN, April 12, 2022.

Campbell-Scherer DL (Presenter), Sajwani T, Milne-Epp A (Panelists), Randhawa B (Moderator). Managing obesity in primary care: A collaborative clinical approach. Workshop + QI series hosted by PLP and Edmonton Southside PCN, April 26, 2022.

Au, S (Presenter and Facilitator). Rationale – Albumin Use in the ICU Audit and Feedback. Workshop hosted by PLP and AHS, May 11, 2022.

Yeung R, Senior P, Mathe N (Presenters). Sharing PLP diabetes data. Webinar hosted by PLP, August 26, 2022.

Sargious P, Ballentine J (Presenters), **Yeung R** (Moderator). Preventing diabetes and its complications: In-the-moment health coaching to prevent or delay Type 2 diabetes - an Alberta virtual diabetes prevention program. Webinar series hosted by PLP, L3 and Diabetes Obesity and Nutrition SCN, September 13, 2022.

Yan M (Presenter), **Yeung R** (Moderator). Preventing diabetes and its complications: Toe-morrow never dies: An approach to the diabetic foot. Webinar series hosted by PLP, L3, September 20, 2022.

Woodhouse D (Presenter and Facilitator).: Stroke vs bleeds antil coagulation, atrial fibrillation, and frailty. Workshop at the Geriatrics Update: Clinical Pearls Course, September 22, 2022.

Potter K (Presenter), **Yeung R** (Moderator). Preventing diabetes and its complications: Top 10 pediatric hormone tests ordered by family doctors. Webinar series hosted by PLP, L3, September 27, 2022.

Sadowski D, van Zanten SV (Facilitators). Optimizing the use of gastroscopy for patients with dyspepsia: Grey Nuns. Audit & Feedback series hosted by PLP and Digestive Health SCN, October 3, 2022.

Sadowski D, van Zanten SV (Facilitators). Optimizing the use of gastroscopy for patients with dyspepsia: Misericordia. Audit & Feedback series hosted by PLP and Digestive Health SCN, October 4, 2022.

Leung A (Presenter), Brothers-Palfrey D (Panelist), **Campbell-Scherer DL** (Moderator). ADHD across the lifespan: ADHD in the pediatric population. Workshop + QI series hosted by PLP and Edmonton Southside PCN, October 4, 2022.

Thomas D (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Chinook Regional ED. Audit & Feedback series hosted by PLP and AHS, October 19, 2022.

Bailey M (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Stollery Educator Business Meeting. Audit & Feedback series hosted by PLP and AHS, October 25, 2022.

Oskin A (Presenter), McConnell S (Panelist), **Campbell-Scherer DL** (Moderator). ADHD across the lifespan: ADHD in the adolescent population. Workshop + QI series hosted by PLP and Edmonton Southside PCN, October 25, 2022.

Johnson D (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Grande Prairie Regional ED. Audit & Feedback series hosted by PLP and AHS, October 28, 2022.

Long L (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Stollery Residents Session. Audit & Feedback series hosted by PLP and AHS, November 2, 2022.

Ambrose H, Smith K (Facilitators). Alberta Bronchiolitis Quality Improvement Project: Audit & Feedback series hosted by PLP and AHS, November 9, 2022.

Ambrose H (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Grey Nuns Community Hospital. Audit & Feedback series hosted by PLP and AHS, November 15, 2022.

Oomen T (Presenter), Clarke K, Mackay M (Panelists), **Campbell-Scherer DL** (Moderator). ADHD across the lifespan: ADHD in the adult population. Workshop + QI series hosted by PLP and Edmonton Southside PCN, November 15, 2022.

Ambrose H (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Bonnyville Health Centre. Audit & Feedback series hosted by PLP and AHS, November 16, 2022.

Bailey M (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Northern Lights Inpatient Session. Audit & Feedback series hosted by PLP and AHS, November 16, 2022.

Bailey M (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Chinook Regional Inpatient Session. Audit & Feedback series hosted by PLP and AHS, November 17, 2022.

Sadowski D, van Zanten SV (Facilitators). Optimizing the use of gastroscopy for patients with dyspepsia: Royal Alexandra. Audit & Feedback series hosted by PLP and Digestive Health SCN, November 17, 2022.

Sunderani B (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Ponoka Hospital. Audit & Feedback series hosted by PLP and AHS, November 17, 2022.

Long L (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Grande Prairie Regional Inpatient Session. Audit & Feedback series hosted by PLP and AHS, November 21, 2022.

Sadowski D, van Zanten SV (Facilitators). Optimizing the use of gastroscopy for patients with dyspepsia: University of Alberta Hospital. Audit & Feedback series hosted by PLP and Digestive Health SCN, November 22, 2022.

Armson H (Presenter), Bacchus M (Presenter). Peer Coaching for Practicing Professionals: Core Coaching Skills and Principles workshop hosted by Office of Continuing Medical Education & Professional Development, Cumming School of Medicine, University of Calgary, November 30, 2022.

Au, S (Presenter), **Blaak J** (Presenter). Calgary Zone Department of Critical Care Medicine Physician Practice Metrics Dashboard: Quality Improvement Rounds hosted by PLP, Nov 24, 2022.

Long L (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Chinook Regional Inpatient RN & RT Session. Audit & Feedback series hosted by PLP and AHS, November 24, 2022.

Johnson D (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Grande Prairie Family Medicine Session. Audit & Feedback series hosted by PLP and AHS, November 28, 2022.

Armson H (Presenter), Bacchus M (Presenter). Peer Coaching for Practicing Professionals: Orientation workshop hosted by Office of Continuing Medical Education & Professional Development, Cumming School of Medicine, University of Calgary, November 23, 2022.

Bailey M (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Grande Prairie Regional Inpatient Session. Audit & Feedback series hosted by PLP and AHS, December 5, 2022.

Long L (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Stollery Inpatient Session. Audit & Feedback series hosted by PLP and AHS, December 6, 2022.

Sadowski D, van Zanten SV (Facilitators). Optimizing the use of gastroscopy for patients with dyspepsia: Sturgeon. Audit & Feedback series hosted by PLP and Digestive Health SCN, December 7, 2022.

Au S (Presenter), **Blaak J** (Presenter). Calgary Zone Department of Critical Care Medicine Physician Practice Metrics Dashboard: Quality Improvement Rounds hosted by PLP, Dec 13, 2022.

Armson H (Presenter), Bacchus M (Presenter). Peer Coaching for Practicing Professionals: Coaching for Change workshop hosted by Office of Continuing Medical Education & Professional Development, Cumming School of Medicine, University of Calgary, December 14, 2022.

Au S (Presenter). Calgary Zone Department of Critical Care Medicine Physician Practice Metrics Dashboard: Quality Improvement Rounds. Critical Care KPI Dashboard Creation Workshop hosted by PLP, Jan 26, 2023.

Manca D, Lau D (Presenters), **Yeung R** (Moderators). Mercury Rising - Optimizing Blood Pressure in Diabetes. Workshop + QI hosted by PLP and Edmonton Southside PCN, January 31, 2023.

Long L (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Northern Lights Quality Council Bronchiolitis Session. Audit & Feedback series hosted by PLP and AHS, February 28, 2022

Fernandez A (Presenter), Winder G, Mellinger J (Panelists), Tandon P (Moderator). Managing alcohol use disorder in primary care: Screening, brief intervention, and patient-centered .goals. Flipped Classroom series hosted by PLP and CirrhosisCare Alberta, February 23, 2023.

Ambasta A, **Woodhouse D** (Facilitators). Optimizing Daily Laboratory Testing. Facilitated Facilitated a series of audit and group feedback session hosted by PLP and AHS, 2022 - 2023

Woodhouse, D (Presenter). cRitical cAre opTimIzatiON of ALbumin ordEring (RATIONALE) in Alberta. Session hosted by AHS, March 1, 2023.

Winder G (Presenter), Fernandez A, Mellinger J (Panelists), Tandon P (Moderator). Managing alcohol use disorder in primary care: Pharmacotherapy and behavioural therapy. Flipped Classroom series hosted by PLP and CirrhosisCare Alberta, March 2, 2023.

Burak, K (Presenter). cRitical cAre opTimIzatiON of ALbumin ordEring (RATIONALE) in Alberta. Session hosted by AHS, March 7, 2023.

Bailey M (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Red Deer Regional Inpatient. Audit & Feedback series hosted by PLP and AHS, March 8, 2023.

Johnson D (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Red Deer Regional ED. Audit & Feedback series hosted by PLP and AHS, March 8, 2023.

Ghosh SM, Kirkwood J (Presenters), Tandon P (Moderator). Managing alcohol use disorder in primary care: Alcohol use disorder 101. Flipped Classroom series hosted by PLP and CirrhosisCare Alberta, March 9, 2023.

Thomas D (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Rural Community RT Community of Practice. Audit & Feedback series hosted by PLP and AHS, March 10, 2023.

Bailey M (Facilitator). Alberta Bronchiolitis Quality Improvement Project: Red Deer Regional Inpatient Nurses Session. Audit & Feedback series hosted by PLP and AHS, March 13, 2023.



Conference and stakeholder presentations

Ambasta A, **Woodhouse D.** Reducing Lab Utilization in Acute Care - Results of a Virtual Audit and Feedback Intervention Bundle. Oral presentation delivered virtually at the 2022 Choosing Wisely National Meeting. May 2022.

Bailey MJA, Solbak NM, Thompson E, Long L, **Thomas D**, Johnson DW. Implementation of a multifaceted audit and feedback intervention to scale and spread bronchiolitis appropriate care in Alberta. Oral presentation delivered virtually at the International Audit and Feedback Summit 2022 —Virtual on October 26, 2022

Boisvenue JJ, McGuckin T, Campbell-Scherer D, Yeung RO. Using linked administrative and electronic medical record data to describe the micro and macrovascular complications among males and females living with type 1 diabetes. Poster presentation delivered at the International Diabetes Epidemiology Group (IDEG) Symposium —Porto, Portugal on December 2, 2022.

Boisvenue JJ, McGuckin T, Campbell-Scherer D, Senior P, Yeung RO. Describing the Sex-Specific Differences in Microvascular and Macrovascular Complications in People Living with Type 1 Diabetes. Oral presentation delivered at the International Diabetes Federation (IDF) — Lisbon, Portugal on December 6, 2022.

Boisvenue JJ, Yeung RO. A mixed methods approach to reshaping healthcare through patient and clinician led research in understanding type 1 diabetes lived experiences and clinical care in Alberta. Oral presentation delivered at the Division of Endocrinology, Critical Appraisal and Research Rounds, University of Alberta —Edmonton, AB on June 20, 2022.

Boisvenue JJ, Yeung RO. The Reshape T1D Study: Using the strengths of participatory quantitative ethnography to understand the type 1 diabetes lived experience in Alberta. Oral presentation delivered at the Alberta Diabetes Institute Seminars, Alberta Diabetes Institute, University of Alberta —Edmonton, AB on June 23, 2022.

Boisvenue JJ, Yeung RO. Reshaping healthcare through patient and clinician led research in understanding type 1 diabetes lived experiences in Alberta: Using the strengths of quantitative ethnography with lived experiences to promote quality improvement. Oral presentation delivered virtually at the International Society of Quantitative Ethnography 2021 Conference —Virtual on November 6, 2021.

Campbell-Scherer DL. Cultivating care. Plenary delivered at the EMBLive Conference —Oxford, UK on July 19, 2022.

Campbell-Scherer DL. Implementing obesity staging in medical practice. Oral presentation delivered virtually at the Diabetes Kongress —Berlin, Germany on May 27, 2022.

Campbell-Scherer DL. Obesity management in primary care in Canada. Invited presentation delivered virtually at the Cardiovascular Metabolic Management Conference —Foshan, China on June 10, 2022.

Campbell-Scherer DL. The 5As Team approach to holistic obesity assessment and management in primary care. Invited presentation delivered at the Congress on Obesity —Lancaster, UK on September 7, 2022.

Campbell-Scherer D, Chiu Y, Ofosu NN, **Hunter KH**, **Jabbour B**, Luig T, Farooq S, Mahdi A, Gayawira A, Awasis F, Olokude F, Goa H, Syed H, Sillito J, Yip L, Belle L, Akot M, Nutter M, Farhat N, Wang Y, Jalal N, Khalif S, Chapagain S, Fernandez S, Azarcon S, Hama Z. Illuminating and mitigating the evolving impacts of COVID-19 on ethnocultural communities: A participatory action mixed methods study. Invited presentation delivered at the FMF 2022: CFPC Outstanding Family Medicine Research Article Award Presentation —Toronto, ON Alarcon November 9, 2022.

Campbell-Scherer DL, **Yeung RO**, Myroniuk T, **Mathe N**, **Hunter**, **K**. Embracing complexity, advancing medical practice, and the need for wicked teams. Workshop delivered at the EBMLive Conference —Oxford, UK on July 18, 2022.

Crick K, Maracle B, Novak K, Sadowski D, van Zanten S. Choosing wisely: Gastroscopy for upper gastrointestinal symptoms in patients <65 years has a low-yield of clinically important findings. Oral presentation delivered at the Gastroenterology Research Day on April 26, 2022.

Kelm K, **Barber T**, Bolduc FV. Perspective on the Principles of Care: A cognitive task analysis of human knowledge, capturing expertise in Fragile X to achieve best possible health outcomes. Poster presentation delivered at the Gordon Research Conference on Fragile X and Autism-Related Disorders —Lucca (Barga), Italy on May 15, 2022.

Lofters A, Khalil L, Sopcak N, Shea-Budgell M, Meaney C, Fernandes C, Moineddin R, **Campbell-Scherer D**, Aubrey-Bassler K, **Manca D**, Grunfeld E. Opportunities to Improve Quality of Care for Cancer Survivors in Primary Care: Findings from the BETTER WISE Study. Abstract submitted to Multinational Association of Supportive Care in Cancer, on Dec 12, 2022.

Luig T, **Ofosu NN**, Chiu Y, Yeung RO, Lee KK, **Campbell-Scherer D**. From "doing" engagement to mutuality: a research partnership to enhance obesity and diabetes care for immigrant and refugee communities. Poster presentation delivered at the EBMLive Conference —Oxford, UK on July 18, 2022.

Manca DP, Campbell-Scherer D, Fernandes C, Grunfeld E, Lofters A, Latko K, Cheung H, Wong M, Shea-Budgell M. Improving primary prevention and screening: Knowledge synthesis and actionable recommendations for the BETTER Program. Poster presentation delivered at the 50th NAPCRG Annual Meeting —Phoenix, Arizona on November 18, 2022.

May C, LeMaster J, Mair F, **Campbell-Scherer D**, MacFarlane A, Sturgiss L, Summers Holtrop J. Adoption, implementation, and sustainability of primary care innovations using Normalization Process Theory. Accepted (not presented) for Workshop at 50th NAPCRG Annual Meeting.

Nicholson T, Woodhouse D. Demystifying Physician Practice Improvement: The Future of CPD. Oral presentation delivered at the Cabin Fever 2023 conference – Banff, AB on February 3, 2023 Niven DJ, Shariff K, **Law S**, Robertson K, Soo A, Zuege DJ, Bagshaw SM, Au S, Harris J, Stelfox HT. De-implementation of Low-value Albumin Fluid Resuscitation in Critical Care – Customized KT during a Pandemic. Presentation delivered virtually at the KT Canada Scientific Meeting —Virtual on May 06, 2022

Niven DJ, Shariff K, **Law S**, Robertson K, Soo A, Zuege DJ, Bagshaw SM, Au S, Harris J, Stelfox HT. De-Implementation of Low-value Albumin Fluid Resuscitation in Critical Care – Customized KT during a Pandemic. Presentation delivered virtually at the Choosing Wisely Canada 2022 National Meeting —Virtual on May 25, 2022.

Ofosu NN, Campbell-Scherer D, Luig T, **Yeung R**, Chiu Y, Lee KK. Contextualizing diabetes and obesity care for immigrant and refugee populations. Poster presentation delivered at the 50th NAPCRG Annual Meeting — Phoenix, Arizona on November 21, 2022.

Ofosu NN, Jabbour B, Berzins S, Beeson S, **Heatherington M, Cohen J, Brindle M, Campbell-Scherer D**. Pilot study: patient and family experiences with the Alberta surgical initiative to reduce surgical wait times. Poster presentation delivered at the Family Medicine Summit —Banff, AB on March 3, 2023.

Ofosu NN, Jabbour B, Berzins S, Beeson S, **Heatherington M, Cohen J, Brindle M, Campbell-Scherer D**. Pilot study: primary care, surgical and referral teams' experiences with the Alberta Surgical Initiative to reduce surgical wait times. Poster presentation delivered at the Family Medicine Summit —Banff, AB on March 3, 2023.

Ofosu NN, Luig T, Chiu Y, **Yeung RO**, Lee KK, **Campbell-Scherer D**. Contextualizing diabetes and obesity care for immigrant and refugee populations. Oral presentation delivered virtually at the Alberta Diabetes Institute Seminar Series —Edmonton, AB on June 6, 2022.

Ofosu NN, Luig T, Chiu Y, **Yeung RO**, Lee KK, **Campbell-Scherer D**. Healthcare provider perspectives on challenges and opportunities for diabetes and obesity management in immigrant communities. Oral presentation delivered at the Family Medicine Research Day —Edmonton, AB on June 10, 2022.

Sinclair A, Budiyanto I, Mereu L, Opgenorth A, Ghosh M, **Campbell-Scherer D, Yeung RO**. Co-creating an adrenal insufficiency patient toolkit using human-centred design. Poster presentation delivered virtually at the Diabetes Canada & The Canadian Society of Endocrinology and Metabolism (CSEM) —Virtual on November 9, 2022.

Solbak N. A progress update on a provincial initiative to spread and scale bronchiolitis care. Presented at Alberta Health Services Emergency Strategic Clinical Network Quality Forum —Red Deer, AB on February 22, 2023.

Thurston J, Nasr-Esfahani M, **Peterson A**. Using the Calgary Audit and Feedback Framework to address operative vaginal delivery rates at four community hospitals. Oral presentation delivered at the SOGC Annual Clinical and Scientific Conference —Quebec City, QC on June 9 2022.

Tymkow K, Luth W, **McGuckin T, Campbell-Scherer D**, Johnston W. Eligibility of newly diagnosed people with amyotrophic lateral sclerosis (ALS) for Riluzole and Edaravone: a single site retrospective chart review. Poster presentation delivered virtually at the 2022 ALS Canada Research Forum —Virtual on April 27, 2022.

Tymkow K, **McGuckin T**, Luth W, **Campbell-Scherer D**, Johnston W. Eligibility, prescription, and dispensation of riluzole and Radicava(R) for newly diagnosed people with Amyotrophic Lateral Sclerosis (ALS): a single site retrospective chart review. Poster presentation delivered virtually at the 33rd International Symposium on ALS/MND —Virtual on December 5, 2022.

van Zanten S, Novak K, Maracle B, **Campbell-Scherer D, Crick K**, Sadowski D. Choosing wisely: Gastroscopy for upper gastrointestinal symptoms in patients <65 years has a low-yield of clinically important findings. Oral presentation delivered at the Digestive Disease Week on May 21, 2022.

Woodhouse D. Re-purposing the ordering of routine laboratory tests in hospitalized medical patients (RePORT). Oral presentation delivered at the Alberta College of Family Physicians - What's Up Doc? Research Showcase — Banff, AB on March 4, 2023.

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