PHC Innovarium

Virani Innovation in Medicine

Inspired by innovation

Quality Improvement Road Map | 2025–2028

What if every day begins with curiosity?

Even small experiments in our routines can create big opportunities for care that's safer, faster, and smarter.

Dr. Eric Lam
Colorectal Cancer Biopsy

Every question can spark lasting change.

You already practice Quality Improvement—you just might not call it that. When you notice a pattern that concerns you, when you wonder if there's a better way to manage transitions of care, when you implement a workaround that actually works—that's the beginning of QI.

This three-year roadmap is about recognizing and amplifying the work of PHC Department of Medicine physicians to improve patient care and outcomes. It's about giving you the support, the data, the protected time, and the framework to turn your insights into evidence-based improvements that spread beyond your own practice.

We've seen what's possible: physician-led projects catching lung cancers earlier, making opioid prescribing safer, optimizing how we use resources. Thirty projects over five years through our Innovation Platform—this shows what we can accomplish when QI becomes integrated in how we go about our day-to-day work.

Innovation and QI are two sides of the same coin. Innovation creates new evidence and approaches. QI puts that evidence into practice—systematically, measurably, and in ways that improve safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness.

As we prepare for the new Jim Pattison Medical Campus, we're building more than new facilities. We're building a culture where continuous improvement is everyone's responsibility and everyone's opportunity.

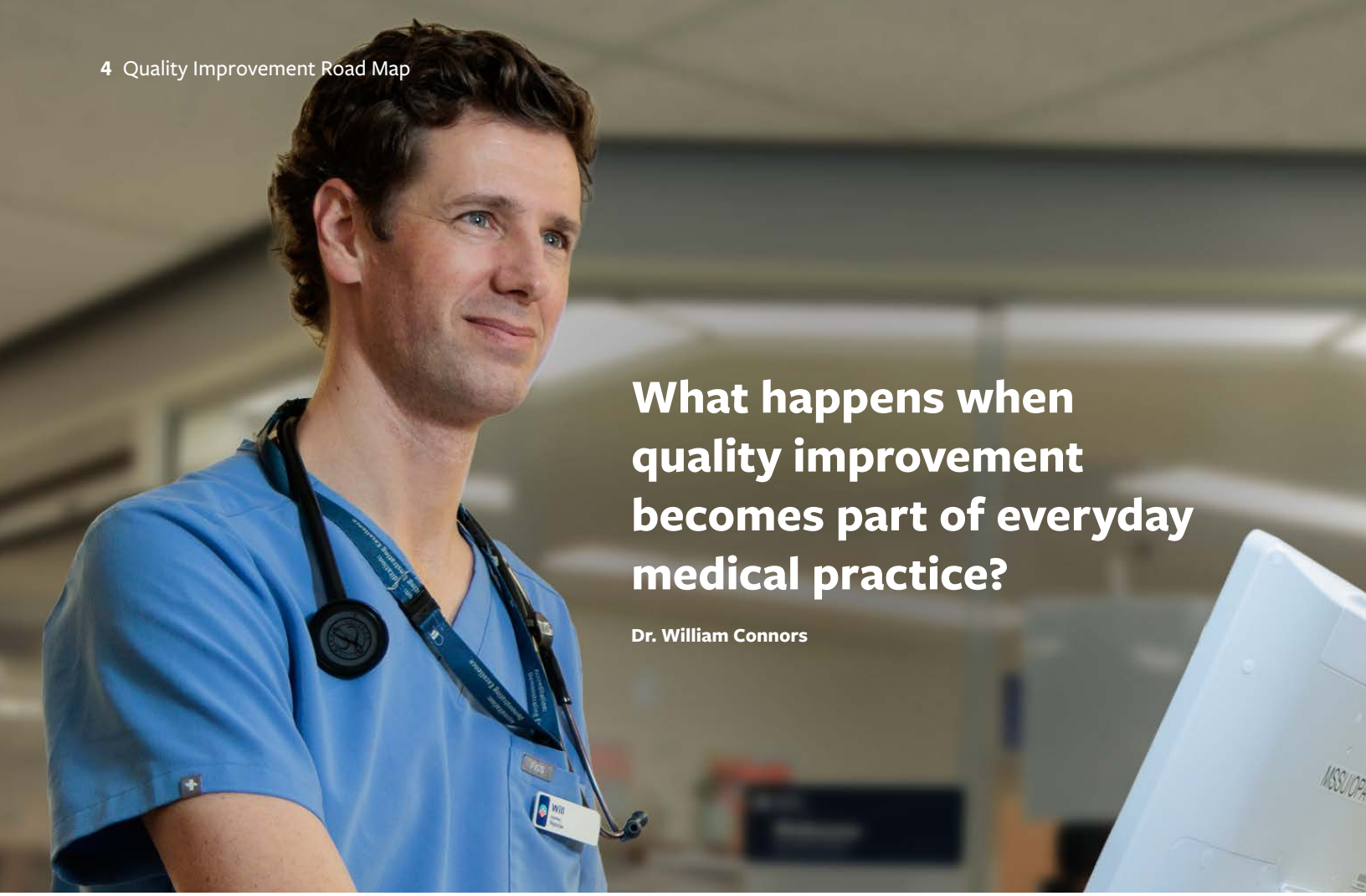
Your curiosity drives better care. Our three-year quality improvement roadmap has been developed to enable meaningful change.

Dr. Kristine Chapman
Physician Lead for Quality and Innovation
PHC Department of Medicine

Dr. Anita Palepu
Head, PHC Department of Medicine

We're building a culture where innovation shapes everyday care.

This roadmap guides our next three years and aligns our people, data, and culture around the same goal: *better outcomes for every patient.*



What happens when quality improvement becomes part of everyday medical practice?

Dr. William Connors

We're building a culture where innovation and quality shapes everyday care.

What we're working toward

A department where improvement is instinctive
Quality improvement becomes part of how we think, not something we do separately. When you notice something that could be better, you have the culture, support, and tools to act on it.

Physicians equipped to lead change
You have the QI skills, protected time, and resources to transform your observations into evidence-based improvements that spread across the department and beyond. Care that reflects what evidence tells us works. The gap between research and bedside shrinks. Best practices reach patients faster, and we measure what matters to ensure we're actually improving outcomes.

What guides our actions

We meet you where you are
QI isn't an add-on to your already impossible workload. It's integrated into existing work, orientation, and the structures you already navigate.

We invest in your capacity
This means recognizing education and mentorship, access to meaningful data, and advocacy for recognition and compensation for QI work—because this work has value.

We build a strong culture together
We're leveraging PHC's existing QI expertise and resources while creating new pathways that work for Medicine. Your input shapes how this unfolds.

Our plan to turn ideas into impact

GOAL 1

Develop and support a culture of continuous quality improvement within the Department of Medicine.

Culture underpins success

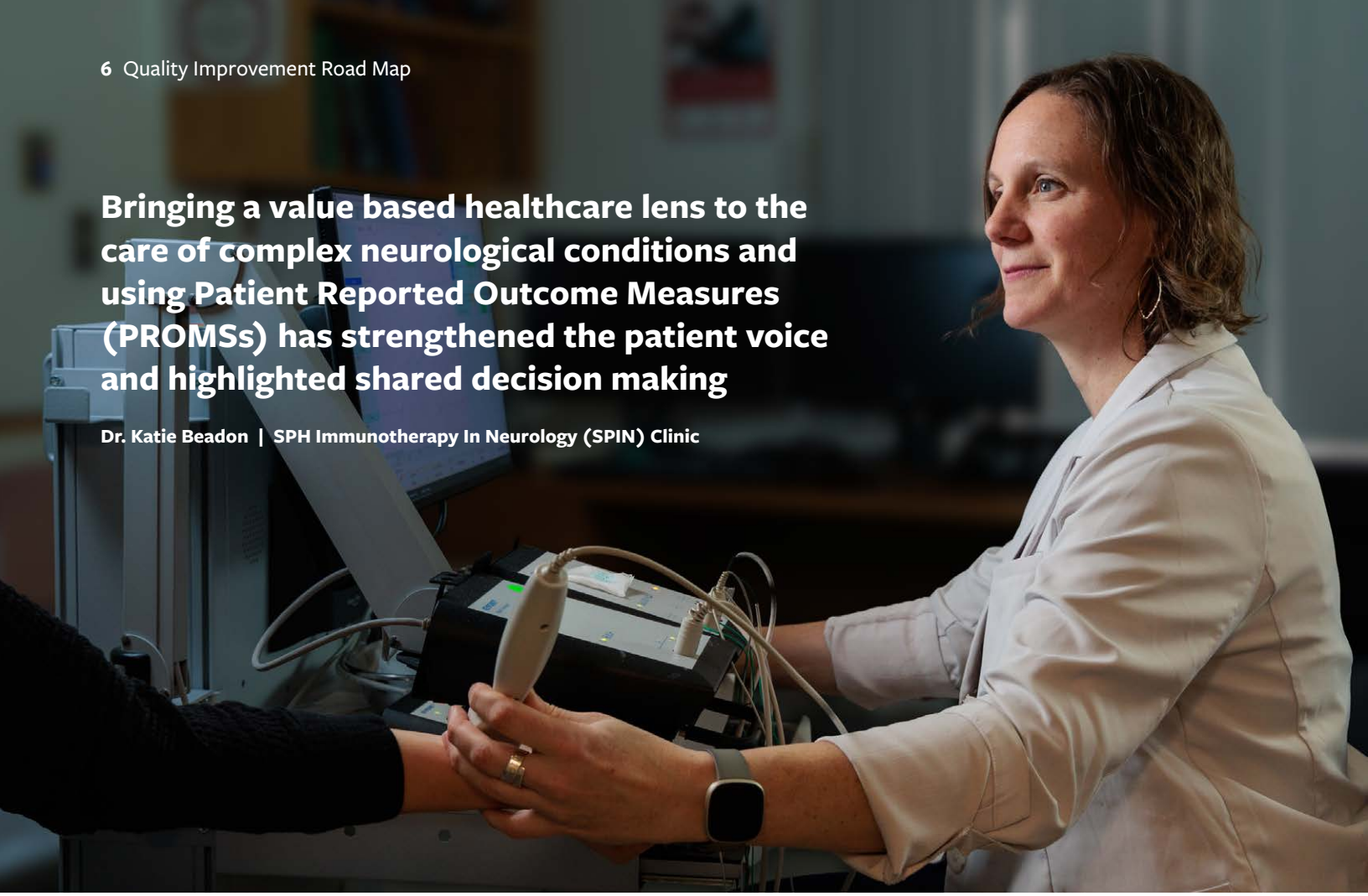
Quality Improvement shouldn't feel separate from clinical practice, it should be how we work. We're building a culture where clinical observations systematically improve care for all patients, where learning from outcomes is expected, and where asking "how can this be better?" is as natural as clinical reasoning itself. This cultural foundation is essential to everything else in this roadmap.

Culture change happens when leaders model it, when we recognize physicians doing this work, and when improvement becomes visible in our everyday structures—from orientation through reappointment.

When QI becomes "how we do things here," we create a department that consistently delivers exceptional care and attracts others who want to be part of something better.

Our actions for change

- **Embed QI from day one—New physicians will see QI expectations in orientation and throughout their career with us, normalizing improvement as core to practice**
- **Celebrate and amplify QI wins—We'll share success stories so physicians can see themselves in this work and be inspired by their colleagues**
- **Activate peers as champions—QI spreads through trusted relationships; we're empowering physician champions**
- **Department of Medicine leaders see quality improvement as a priority**



Bringing a value based healthcare lens to the care of complex neurological conditions and using Patient Reported Outcome Measures (PROMSs) has strengthened the patient voice and highlighted shared decision making

Dr. Katie Beadon | SPH Immunotherapy In Neurology (SPIN) Clinic

GOAL 2

Build capacity for QI expertise and initiatives within the Department of Medicine.

Everyone can be a change-maker

Most physicians didn't receive formal QI training, yet many are already identifying opportunities to improve care. The gap isn't interest or insight—it's access to methodology, data, and support to transform observations into systematic improvements.

We're building capacity by integrating QI into existing structures rather than creating parallel tracks. Our Innovation Platform will embed QI methodology into project development and evaluation. We'll promote QI training and meaningful data that informs practice. And we'll advocate for changes that recognize and reward physician involvement in improvement work - because this work has tangible value for patient outcomes.

When physicians have the skills, time, and resources to lead QI initiatives, clinical insights translate into lasting change that spreads across the department and beyond.

Our actions for change

- **Integrate QI into the *Virani Innovation in Medicine Platform* (*VIM*) projects**
- **Expand QI training—Increase the percentage of physicians with formal QI education, making expertise accessible across all divisions**
- **Advocate for access to meaningful data—Remove barriers to the metrics and analytics physicians need to identify problems and measure improvement**
- **Recognition—Push for systems that value and compensate QI work.**

DOM Innovation enabled us to support Women's Health using quality improvement structures.

Dr. Sabrina Gill | Women's Health Clinic

GOAL 3

Enhance health outcomes by implementing and measuring evidence-based best practices.

Bringing research to life

Closing the gap between research findings and bed side practice often takes years. Meanwhile, many physicians practice without consistent feedback on quality metrics—missing critical information that could inform their approach to care.

We're accelerating the adoption of best practices and creating systematic feedback loops. Data already exist in our systems, but accessing and applying them effectively requires support. By monitoring key performance indicators, implementing robust Morbidity and Mortality processes, and actioning quality insights from accreditation reviews, we're creating pathways for evidence to reach patients faster and for physicians to see the impact of their work.

When physicians receive meaningful feedback and have clear processes to implement improvements, patient outcomes improve measurably.

Our actions for change

- **Action accreditation insights—Address recommendations from the Accreditation Canada reviews to drive targeted quality improvements**
- **Morbidity and Mortality (M&M) Rounds—Develop consistent, robust M&M that systematically identify QI opportunities**
- **Monitor and action KPIs—Track key performance indicators and use them to advance quality care and outcomes**

Our culture of improvement starts here.

Co-creating the path forward

The Department of Medicine work plan spans from 2025-2028. An advisory group with leaders from the Department, Quality PAC, Quality team, Data Analytics, and PHC Leadership helped us build this plan. The PHC Office of Strategy & Results provided facilitation support. Initial ideas were sent out via survey to the Dept. of Medicine Division Heads for validation and then iteratively refined.

Our ongoing commitment

We have translated this roadmap into a strategic work plan that outlines our objectives and key results for the years ahead.

To remain accountable for achieving our workplan, we will monitor progress on a 6 monthly basis, including monitoring key performance indicators and levels of participation by members and Department leaders to ensure we are achieving desired outcomes overall.

We will also report our progress on the Department's website.

medicine.providencehealthcare.org

Quality Improvement starts with one question:
How can care be better?

Providence Health Care
How you want to be treated.

We would like to acknowledge that the work guided by our Department of Medicine Quality plan, will be delivered on the unceded, traditional and ancestral lands of the Coast Salish People, in particular, the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh).