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Our Vision
By 2025, all Alberta physicians will care for patients in a supportive culture, driven by evidence-informed, reflective practice improvement.

Who we’re here for
The Physician Learning Program (PLP) is here to work with physicians and their clinical teams to help them advance their practice, those who know that there will always be room for improvement and are willing to champion that improvement. Together, we will make impactful change that will benefit health care providers and Albertans.

Why we do it
Our work brings health evidence into front line action, to improve clinical care for Albertans. We believe this starts with fostering a learning health care system.

How we do it
We create actionable clinical information and engage with physicians and teams to co-create sustainable solutions to advance practice. This includes:

- Helping physicians and teams recognize and address their learning needs
- Creating actionable information for the context in which it will be used
- Developing, adapting, and disseminating aggregate data reports for Alberta physicians and their teams
- Undertaking activities to spread and scale projects throughout the province.

We operate as one of the Alberta Medical Association’s physician benefit programs, supported by Alberta Health, and dedicated to improving clinical care for Albertans. We are governed by a steering committee with representatives from the Alberta Medical Association (AMA), Alberta Health (AH), Alberta Health Services (AHS), the Alberta Chapter of the College of Family Physicians of Canada (ACFP), and College of Physicians and Surgeons of Alberta (CPSA).
The Physician Learning Program is a highly innovative and effective program for advancing evidence-based clinical care for Albertans. Failure to implement high quality, evidence-based care in a consistent and timely way is a barrier to Albertans receiving optimal care. Physicians and clinical teams strive to not only stay abreast of the best evidence, but to achieve scaled, system-wide implementation. While other system stakeholders are focused on needed advancement of logistics for delivery of care, at the Physician Learning Program our unique contribution lies in supporting and advancing evidence-based clinical care. We work with physicians and teams to understand clinical context and problems in care with importance for patient outcomes. We transform data into actionable clinical information and engage with physicians and teams to co-create sustainable solutions to advance practice. Our vision aligns with the Future of Medical Education in Canada – Continuing Professional Development1 2019 report that promotes fostering a practice-based, data-driven quality improvement culture for physician practice improvement. PLP helps achieve the goals of increasing the value, appropriateness and quality of health care; improving patient outcomes and experience of care; improving population health; and, doing so in a way that advances development of a supportive work culture for healthcare providers.

We recognize that to affect meaningful change and advance practice, we need an engaged approach based on the principles of implementation science, knowledge translation, quality improvement, medical education, behaviour change, and human-centred design. Our team of interdisciplinary professionals places us at the cutting edge in the work of tackling the quality chasm. We interface and engage with all Alberta stakeholder groups focused on building a learning healthcare system in Alberta. Cited by the Auditor General of Alberta in the Better Healthcare for Albertans report2 and the College of Family Physicians of Canada Report Card for the Patients Medical Home transformation3, the PLP is recognized for our track record of quality improvement initiatives with measurable quality gains for Alberta.

Collaboration between our two Faculties of Medicine and our outstanding operational team positions us well to realize our ambitious vision and to create value for Albertans. We are grateful to our sponsors, Alberta Health and the Alberta Medical Association, as well as the physicians and teams we work with for their tireless dedication to improving care for Albertans.

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1Available at www.fmec-cpd.ca
2Auditor General Report - Better Healthcare for Albertans (May 2017), Executive Summary, page 4
3College of Family Physicians of Canada Report Card for the Patients Medical Home transformation (February 2019), Alberta Provincial report card, page 8
Our team

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Achievements of the year

2018/19 Targets

Engage with stakeholders to fully understand problems, needs & desired outcomes

75% of projects have had all desired outcomes met by the end of the project

Engage with stakeholders for scale and generation of projects

15+ stakeholder groups aligned

Develop a strategy for scale, spread & sustainability for each project

10 PLP projects at scale & spread stage

10 new projects initiated

15 new projects started, 13 new projects under consideration

25 active projects

28 active projects continuing to the next reporting period

5 projects closed

9 projects finished

10 projects aligned with Choosing Wisely

11 Choosing Wisely aligned projects

10 physician or team feedback sessions

11 enhanced audit and feedback sessions

7 tools or resources created

7 tools or resources completed

5 co-creation sessions hosted

6 human centered design co-creation sessions hosted

25 posters, publications, abstracts, and grants

26 posters, publications, abstracts, and grants

20 presentations to stakeholders

37 presentations to stakeholders at educational events and conferences

75 reports delivered by or with affiliates & partners

200 physicians have access to the ED dashboard

4500 physicians have access to the HQCA Patient Panel report

200 individual physician reports delivered by PLP

217 individual physician reports delivered
Understanding both sides of the adrenal insufficiency healthcare experience

Adrenal insufficiency is a rare, life threatening-condition that occurs when the body does not produce enough of the hormones cortisol and aldosterone. Adrenal insufficiency is often difficult to diagnose, resulting in inappropriate treatment.

To better understand the local clinical context, we informally surveyed Edmonton endocrinologists on their current management and education of patients living with adrenal insufficiency. Based on chart reviews of their last known patient with adrenal insufficiency, we found marked inter-practitioner variation in what and how patient education is provided.

To explore this problem, we gathered endocrinologists and patients together to discuss what it is like to live with adrenal insufficiency. The gathering brought insights to endocrinologists by displaying gaps in patient knowledge, lived experience of adrenal crisis, and patient difficulties accessing healthcare.

Based on these sessions, we identified a strong need for adrenal crisis resources that would inform healthcare providers and provide quick, credible information to act upon. Together, we worked with patients and endocrinologists to develop an adrenal insufficiency emergency card and an official letter from the Division of Endocrinology & Metabolism to be included in the educational toolkit that endocrinologists can give to their patients living with adrenal insufficiency.

Appropriateness of care initiative: Antimicrobial stewardship in asymptomatic bacteriuria

Inappropriate use of antimicrobials in treatment of asymptomatic bacteriuria is a commonly recognized issue across health care. Overuse of urine tests including both urinalysis and urine cultures as routine tests or tests of nonspecific symptoms, combined with treatment of positive urine test results is an inappropriate use of resources. This overuse can result in unnecessary antibiotic therapy with potential patient harm, including the development of bacterial resistance, adverse and allergic reactions to antibiotics, and promotion of serious infection.

We identified a gap in knowledge with physicians and their teams regarding best practices in urinary infection testing. Together, we created an algorithm to support a consistent testing process in order to reduce unnecessary urine testing and antibiotic use.
Reducing blood loss in hip and knee replacement surgery

There is a risk of substantial blood loss during total hip and knee replacement surgeries. Clinical evidence supports tranexamic acid (TXA) as a safe and inexpensive way to reduce blood loss and red blood cell transfusions. Anesthesiologists at Calgary’s South Health Campus hospital asserted that TXA was used inconsistently at their site. We started this quality improvement project aiming to increase intravenous TXA use in hip and knee replacement surgery.

We retrieved administrative data to characterize TXA use and post-operative red blood cell transfusions at the South Health Campus. Consenting anesthesiologists received confidential reports on their individual and site-average practice. In October 2016, we hosted a feedback session where anesthesiologists discussed and identified factors contributing to their TXA practice. From these discussions two key factors emerged: the preference of the orthopedic surgeons, and an inconsistent approach to dosage and timing. To discuss the appropriate use of TXA, anesthesiologists and surgeons held a joint meeting in January 2017. We measured the rates of TXA and red blood cell in the year following the PLP intervention, and in May 2018 invited participants to a second facilitated audit and feedback session.

Post intervention, TXA use increased for both hip (67% to 74%) and knee (62% to 83%) surgeries. We determined that patients who did not receive TXA were 2.3 times more likely to receive a blood transfusion, whereas the use of red blood cell transfusions decreased by 37% in hip (5.2% to 3.3%) and 74% in knee (2.5% to 0.6%) surgeries in patients who received TXA.
Understanding the nature of obesity patients in Canada

Over 14 million Canadians live with obesity, which is a major driver for chronic diseases. Managing obesity is hampered by misinformation about its complexity and chronicity, which results in unrealistic expectations by healthcare providers and patients. Here lies an opportunity to create effective, scalable interventions to improve the prevention and management of obesity and related comorbidities.

To start this project, we adopted a population lens to understand how to strategize for appropriate interventions. We extracted data from the Northern Alberta Primary Care Research Network (NAPCReN) database and mapped the Alberta population according to the Edmonton Obesity Staging System (EOSS), which is a better predictor of mortality than body mass index. With this information, we were able to understand what diseases are most strongly influencing EOSS scores in Alberta.

Edmonton Obesity Staging System: Visualizing the data

Once we understood the distribution of the Albertan population according to the EOSS, we interpreted the data to create actionable information for physicians. To garner interest on this issue, we created an aggregate data report that explained the problem and provided physicians steps they could take in their practice. We directed physicians to an EOSS dashboard that we developed in partnership with NAPCReN to help track and manage comorbidities of patients living with obesity that is available as part of their data presentation tool.
Reducing low-value care for children with bronchiolitis

Bronchiolitis is the leading cause of infant hospitalization in Canada. Practice guidelines do not recommend routine use of certain diagnostic tests and medications in managing bronchiolitis. Prior studies suggest that low-value interventions are commonly administered to bronchiolitis patients in the emergency department. In this project we aimed to establish baseline management of bronchiolitis in Calgary emergency departments and deliver audit and feedback reports to pediatric emergency physicians to identify strategies for practice improvement.

We queried administrative data to characterize bronchiolitis management of infants by Calgary pediatric emergency physicians. Consenting physicians received confidential, baseline reports on their individual and group-average practice. In November 2017, pediatric emergency physicians, respiratory therapists, nurses, hospitalists, and learners, attended a facilitated feedback session. Stakeholders discussed the variance between practice guidelines and current practice. They identified strategies to reduce low-value interventions, including: individual self-reflection on practice; following a care pathway; aligning with in-patient care; and receiving repeated data reports.

To evaluate the intervention, data was collected for the subsequent six months and participants were invited to a second facilitated feedback session in December 2018. In the six months following the intervention, the use of chest x-rays decreased from 21% to 18%, while respiratory viral tests decreased from 32% to 21%. Similarly, steroid use decreased from 13% to 5% and salbutamol decreased from 22% to 12%.
Post-colonoscopy colorectal cancer: quality matters!

Colonoscopies are recommended as the primary method of screening for colorectal cancer by many experts, including the Canadian Association of Gastroenterology. A post-colonoscopy colorectal cancer (PCCRC) is a cancer diagnosed between 6 months and 60 months after a colonoscopy that reported no cancer. Currently, Alberta’s PCCRC rate is higher than the national average indicating that there may be an issue in the quality of colonoscopies being performed.

To gain a better understanding of colorectal cancer incidence in Alberta, we looked at the data. We identified factors contributing to PCCRC and determined the PCCRC rate of Alberta’s healthcare providers. Using this information, we created a report for healthcare professionals who perform colonoscopies that identified contributing factors and proved information on how to reduce PCCRCs. Our partnership with the Alberta Colorectal Cancer Screening Program allowed us to send the reports to over 500 healthcare professionals that perform colonoscopies in Alberta. Of the 500 healthcare professionals that received aggregate reports, 93 physicians registered for and received individualized reports. Over 90 recipients registered to receive confidential, individualized report that summarizes their practice on PCCRCs during the study period.

Collaboration with Mosaic Primary Care Network
“Data to Decisions”

The Physician Learning Program played an integral part in a Mosaic PCN sponsored program, “Data to Decisions” which engaged 150 family physicians in 6 sessions on data informed practice improvement. The sessions focused on paneling and continuity, colorectal cancer screening, and team based care.

The initiative oriented physicians to data informed quality improvement processes to help with quality improvement within each of the clinics. After each session, there was an increase in physician participation in PCN improvement initiatives (such as the Patient Care Coordinator program). We saw an overall increase in the number of physicians who are paneling their patients as well as an increase in colorectal cancer screening.
Completed projects

ARCH: Developing knowledge translation tools need to implement person-centred addiction care in the acute care setting

Addiction affects many Albertans, and is associated with a high burden of morbidity, mortality, and increased acute healthcare utilization. A significant proportion of people who use drugs and/or excessive alcohol also face social marginalization, in the form of unstable housing, low income, and deterioration in other important determinants of health and well-being.

The Addiction Recovery Community Health (ARCH) initiative delivers person-centered, wraparound supports that meet patients where they are and espouses a harm reduction philosophy.

ARCH has had tremendous success in Edmonton and was looking to share its approach so that compassionate, wraparound support would be available to patients across the province. To help the program scale up, we partnered with ARCH to create an implementation manual to be used by healthcare leadership in Alberta’s largest cities. With this manual we told ARCH’s story—what they did, how they did it, and most importantly, why they did it. The manual was created to invite others to adopt the unique approach, provide relationship-based care for patients at risk, and save lives. An online, interactive map was created to help healthcare providers find and connect patients with inner city services across all major cities in Alberta.

Central zone antibiotic stewardship – Antimicrobial prescribing for acute diarrheal infections

A physician from the Central Alberta Zone approached the PLP with data regarding inappropriate antimicrobial prescribing for acute diarrhea. 326 patients with 361 positive samples from the Communicable Disease and Organism Monitoring Database were matched to antimicrobial prescriptions from 95 prescribers in the Alberta Central Zone. Guidelines state one should assess the patient for severity and travel history before prescribing an antimicrobial. There is concern that many prescribers are not following these guidelines and misuse of antimicrobials can contribute to antimicrobial resistance.

With the help of Central Zone physicians and AHS, PLP developed educational letters to be mailed to Central Zone physicians, specifically the 95 physicians who prescribed antimicrobials for acute diarrheal infections.
Active projects

Supporting appropriate proton pump inhibitor prescribing in Albertan primary care

Proton Pump Inhibitors are a group of drugs used to reduce stomach acid production. In Alberta, over 450,000 people were dispensed proton pump inhibitor (PPI) medications from community pharmacies in 2016/17. Over half of patients taking a PPI in Alberta may not have a proper indication, representing avoidable medication burden, health risks and system costs. Chronic PPI use has been associated with adverse health events that should be minimized if the use of PPI is no longer indicated. PPI use should be continuously evaluated and de-prescribed whenever possible. In many cases, there is a valid indication for starting PPI therapy, but it is very often continued long past the time where its use is required.

We engaged with physicians and patients to understand and explore how to support appropriate PPI prescribing in primary care. We found that patients had difficulty describing their symptoms and often misused the term acid reflux. There was a gap in healthcare provider knowledge surrounding what was classified as long-term PPI therapy and the adverse health impacts associated with PPIs.

We created a best practices document on long term PPI therapy for primary care physicians. We also used geographic heat maps to determine areas of higher use in order to tailor and target interventions. In addition, we created prescription tools and patient education materials to help patients better describe their symptoms and speak with their family physician about their use of PPIs.
Hysterectomy trends and practices in the Calgary zone

Hysterectomy is the 6th most common surgery performed in Canada and accounted for 41,841 operations in 2016-17. Although there has been a decline in Canadian hysterectomy rates since the 1980s, there remains a disparity in jurisdictional rates that cannot be accounted for by patient population or geographical factors alone, suggesting it may be partly accounted for by inappropriate use (or lack of use) of hysterectomy as a surgical modality for treatment.

Current guidelines do not provide a benchmark for hysterectomy rates; however, they do offer recommendations on how best to treat benign gynecological conditions, with hysterectomy being one option. Current guidelines also recommend vaginal hysterectomy for non-cancerous gynecological conditions, with laparoscopic hysterectomy when a vaginal approach is not possible. Nonetheless, data still suggests that 56% of non-cancerous hysterectomies were being performed abdominally, compared to 32% vaginally and 11% laparoscopically.

This study aimed to assess the rates of hysterectomies, specifically whether there was an increase during the 2012-2017 period, and to describe medical and surgical practices used by physicians. An accurate reflection of hysterectomy rates and evaluation of these practices allowed participating physicians to identify practice trends and opportunities for quality improvement.

My Practice: Adult ER dashboard

This project focuses on a key question regarding physician practice improvement: Can peer-to-peer facilitated audit and feedback improve physician attitudes towards performance reports and willingness to change their practice?

Partners: Department of Emergency Medicine (University of Calgary), AHS (South Health Campus and Foothills)
Improving the appropriateness of sedative prescribing to seniors

Antipsychotics and sedatives are often prescribed to seniors to treat behavioural and psychological symptoms of dementia. Both Choosing Wisely Canada and the Canadian Geriatrics Society recommend against using pharmaceuticals as a first choice for treatment as there are effective non-pharmaceutical approaches to manage most disruptive behaviours as well as insomnia.

Our analysis of a cohort of seniors from January – March 2018 showed variation in antipsychotic and sedative prescribing rates between and within zones.

To engage with physicians and care teams in Wetaskiwin, we partnered with the Seniors Health Strategic Clinical Network to deliver education and data-driven practice improvement. Together we were able to create relevant metrics that are meaningful to physicians using provincial administrative datasets.

Consenting physicians received individual prescribing reports for the 2017 year. We partnered with AHS Clinical Analytics to craft an algorithm that assigns the most responsible prescriber to patients, re-creating a proxy prescribing panel without an electronic medical record.

Physicians also participated in a facilitated audit and feedback workshop and discussed their reactions to the data, barriers and facilitators to change, and ideas for practice change. Before leaving, they prioritized their ideas and documented their personal commitments to change.

In June 2019, participants will receive a copy of their commitments and an updated practice report. The Strategic Clinical Network and PLP would like to spread this collaborative education and practice improvement model to interested Central Zone communities in Fall 2019.
Supporting sage opioid prescribing

Between January 2016 and March 2017, there were 741 deaths due to opioid drug overdoses in our province. Data from Alberta’s Triplicate Prescription Program Atlas in 2016 showed that 6488 physicians prescribed in excess of 90 oral morphine equivalents a day for at least one patient; which according to the new Canadian guidelines is a threshold that places patients at increased risk for harm. There is clearly a need for further education and quality improvement measures to support physician opioid prescribing behaviors.

A collaboration between the CPSA, PLP, and the University of Calgary CME&PD Office led to the establishment of an Opioid Information Repository for the Calgary Coalition for Safe Opioid Prescribing, hosted on the PLP website. We have seen an increase in website traffic coinciding with the uploading of new guidelines/research papers and webinars/meeting recordings. This collaboration has also resulted in the development of an online course “Wise prescribing and de-prescribing: Opioid skills for the frontline clinician”, which will be launched in the spring of 2019.

Evaluation of low value prenatal thyroid stimulating hormone testing in Alberta

It is believed that contradictory guidelines may be leading to the over ordering of low value prenatal thyroid stimulating hormone (TSH) tests. Between August 2015 and March 2018, 115,480 prenatal TSH tests were ordered in Alberta. About 73% of those tests were ordered for women with no personal history of thyroid disease or past abnormal TSH tests. Fewer than 0.2% of low value TSH tests returned a result outside the normal range. We also found that the majority of low value TSH tests were being ordered in the first 12 weeks of pregnancy suggesting they were being ordered by primary care physicians.

We are developing a feedback session for Calgary Primary Care Networks where we can provide regional or individual data to assist physicians in improving the appropriateness of ordering TSH blood tests for prenatal women.
Choosing Wisely Alberta is part of a ground-breaking international and national campaign which encourages physicians and patients to engage in a conversation about the appropriateness of tests, investigations and treatments. The goal is to avoid or reduce unnecessary and low-value care to decrease the risk of harm to patients. Choosing Wisely Alberta is a partnership involving the Alberta Medical Association, Alberta Health, Alberta Health Services, and the College of Physicians and Surgeons of Alberta.

The Choosing Wisely Alberta Symposium – Beyond Awareness to Implementing Change was co-developed with the Physician Learning Program. This Symposium was held on March 18, 2019 in Calgary and engaged 147 clinicians, patients and system leaders from across the province in a discussion about how to prioritize and implement Choosing Wisely recommendations in Alberta.

A total of 30 abstracts were presented at the meeting, including two oral and seven poster presentations from the Physician Learning Program:

- Reducing blood loss in hip and knee replacement surgery
- Reducing low-value care for bronchiolitis patients in the emergency department
- Post-colonoscopy colorectal cancer in Alberta: quality matters!
- Transforming the lore: Optimizing urinary tract infection (UTI) diagnostics in Alberta Health Services
- Improving the appropriateness of prescribing to seniors using audit and feedback
- Engaging physicians and patients to promote appropriate proton pump inhibitors prescribing in primary care
- Improving physician performance using optimized data and facilitated feedback
- Improving obesity prevention and management in primary care in Alberta
- Presenting data to engage the hearts & minds of healthcare professionals: The case of the “We Can Change This Together” UTI video

In addition, PLP leadership delivered two workshops:

- Enhancing the effectiveness of audit and feedback
- Using human-centred design to enhance implementation
With the visionary support of Alberta Health and the Alberta Medical Association, the Physician Learning Program is poised to take the next step in its evolution: to tackle the challenge of fostering collaborative, meaningful, and respectful physician practice improvement. The PLP serves as a trusted partner in supporting physicians and teams in using evidence-based clinical information and quality improvement methodology to co-create solutions to move evidence into practice. We have aligned with key stakeholders, to serve as an implementation hub with the skills to integrate best available evidence on problems of clinical importance. Using health system data, expertise in the facilitation of audit & feedback and human-centred design, we co-create tools and resources to support meaningful change. With a collaborative focus, and leveraging the power of our two faculties of medicine, the PLP’s expertise in implementation science and medical education make it a crucial partner for system integration. By enabling physicians to care for patients in a supportive culture driven by evidence-informed reflective practice, PLP will help ensure Albertans are cared for in sustainable healthcare system.
Presentations, publications, and grants

Presentations

Canadian Conference on Medical Education (April 2018):
- CAFF-einating audit and feedback for professional development: The Calgary Audit and Feedback Framework (CAFF) increased physician action planning for change.
- The role of audit and feedback in continuing medical education: are physicians able to accurately predict their own practice?

Choosing Wisely Canada National Meeting (April 2018):
- The role of audit and feedback in choosing wisely: Are physicians able to accurately predict their own practice?
- Workshop – Measurement: Using facilitated audit and feedback to support Choosing Wisely initiatives for primary care physicians
- The nudge project: Co-creating solutions to management of urinary tract infections in community ER
- Antimicrobial stewardship in asymptomatic bacteriuria: Using human-centred design to promote appropriate care

International Audit and Feedback Summit (May 2018):
- Plenary panel: Overcoming barriers to engagement and behaviour change in clinical audiences – supporting primary care in Canada

Edmonton Southside PCN:
- The ESPCN Story: Beyond the numbers (June 2018)
- HQCA Panel Reports in Practice (February 2019)

Practice-based Research Network Conference NAPCRG (June 2018)
- Using human-centred design to better support primary care obesity management

Evidence Live 2018 Conference (June 2018)
- Using human-centred design to better support primary care obesity management: 5As Team at Home

Alberta Health Services Quality Summit (October 2018):
- Optimizing the use of gastroscopy for otherwise healthy patients with dyspepsia
- The nudge project: Innovative engagement solutions to address management of urinary tract infections (UTI) in a community ER
Presentations, publications, and grants

Presentations (continued)

Department of Medicine Quality Improvement Day (November 2018)
- Understanding the educational needs of patients with adrenal insufficiency

Canadian Society of Endocrinology and Metabolism Professional Conference (November 2018)
- Understanding the educational needs of patients with adrenal insufficiency will lead to improved quality of care and clinical outcomes

Alberta Health Services Calgary Zone Medical Advisory Committee (January 2019):
- Optimizing the use of gastroscopy for otherwise healthy patients with dyspepsia

Emergency SCN Improvement and Innovation Forum (February 2019):
- Reducing low-value care for bronchiolitis patients
- AR dashboard

Choosing Wisely Alberta Symposium (March 2019):
- 2 workshops - Using human-centred design to enhance implementation
- 2 workshops - Enhancing the effectiveness of audit and feedback
- Reducing blood loss in hip and knee replacement
- Reducing low value care for bronchiolitis patients in the emergency department

Family Medicine Summit (March 2019):
- Using data and resources to improve the care of older patients with polypharmacy
- Optimizing the use of gastroscopy for otherwise healthy patients with dyspepsia

Calgary Division of Respiratory Medicine Education Retreat (March 2019):
- Future of medical education in Canada (CME&PD and PLP)

Enhancing the Effectiveness of Audit and Feedback (February 2019)
- Reducing blood loss in hip and knee replacement surgery
- Reducing low value care for bronchiolitis patients in the emergency department
Presentations, publications, and grants

Presentations (continued)

*Mosaic PCN (6 presentations in 2018-2019):

- Panel management
- Team based care
- Attachment and continuity

Posters

*Alberta Health Services Quality Summit (October 2018):*

- Encouraging self reflective practice through facilitated audit and feedback
- Reducing low-value care for bronchiolitis patients
- Reducing blood loss in hip and knee replacement surgery

*Office of Health and Medical Education Scholarship (OHMES) Symposium (February 2019):*

- Reducing low-value care for bronchiolitis patients
- Reducing blood loss in hip and knee replacement surgery

*Family Medicine Summit (March 2019):*

- Appropriateness of antipsychotic and sedative prescribing to seniors in Alberta
- Prenatal TSH testing practice

*Choosing Wisely Alberta Symposium (March 2019):*

- Post-colonoscopy colorectal cancer in Alberta: Quality matters!
- Transforming the lore: Optimizing urinary tract infection (UTI) diagnostics in Alberta Health Services
- Improving the appropriateness of prescribing to seniors using audit and feedback
- Engaging physicians and patients to promote appropriate proton pump inhibitors prescribing in primary care
- Improving physician performance using optimized data and facilitated feedback
- Improving obesity prevention and management in primary care in Alberta
- Presenting data to engage the hearts & minds of healthcare professionals: The case of the “We Can Change This Together” UTI video
Presentations, publications, and grants

Publications and published abstracts


Noël G, Pasay D, Campbell-Scherer D, & Saxinger, L (Submitted). Antimicrobial Stewardship in Asymptomatic Bacteriuria: Co-creating to promote appropriate care.

Grants (led by PLP or with substantive engagement by PLP)

**Alberta Innovates/PRIHS** - Cirrhosis Care Alberta Program.
(PI - Puneta Tandon, PLP collaborators - Denise Campbell-Scherer, Kelly Burak)

**Chief Medical Officer Calgary Zone (MA) Quality Improvement Initiative** - Joining Forces to Improve Acute Bronchiolitis Care at the Alberta Children’s Hospital: An ED and Inpatient QI Collaborative.
(PI - Antonia Stang)

**CIHR/SPOR** - De-implementing low value care: a research program of the Choosing Wisely Canada Implementation Research Network.
(PI - Jeremy Grimshaw, Local PI - Shawn Dowling, PLP collaborators - Denise Campbell-Scherer)

**CIHR/SPOR PIHCI Network** - A structured process informed by data, evidence, and research-network: An approach to support primary care practices in optimizing the management of patients with complex patients.
(PI - Michelle Griever, PLP collaborators - Denise Campbell-Scherer, Donna Manca)
Presentations, publications, and grants

Grants (continued)

Institute of Health Economics - Biosimilars Implementation in Alberta. (PI - Denise Campbell-Scherer, PLP collaborators - Thea Luig)

NOVAD: Novo Nordisk Alberta Diabetes Fund - Addressing clinical and social determinants of health to advance obesity and diabetes prevention and management in vulnerable newcomer ethnocultural communities. (PI - Denise Campbell-Scherer, PLP collaborators - Rose Yeung, Donna Manca, Thea Luig)

Office of Health and Medical Education Scholarship (OHMES) - Audit and group feedback: What works for whom and in which context: A realist evaluation of the Calgary Physician Learning Program