



PHYSICIAN PRACTICE
IMPROVEMENT PROGRAM

Action Plan Template

Identify up to three opportunities for improvement that would be beneficial to you or your group.

	Goal
1. What is the opportunity or gap?	Physicians involved in a clinical adverse event are not being consistently offered supports as per section 5.1 of AHS's Disclosure of Harm Procedure (link). Note that CPSA's standard of practice for Disclosure of Harm specifies that regulated members must co-operate with other team members, including hospital administration.
2. What is your SMART goal?	To ensure that 100% of physicians involved in a disclosure of harm procedure are offered support in writing.
3. Who will lead the change?	Physicians and administrative staff.
4. Who will help implement the change and how will they need help?	Administrative staff may need help in defining the appropriate supports and drafting a letter template with relevant contact information for affected physicians. The letter will need approval via AHS channels.
5. How will you identify the root causes of the issue?	Lack of awareness of the need for support for physicians and a culture of being reluctant to access mental health supports.
6. Considering root causes, what is a potential intervention which may be tested to improve the challenge you are facing?	Add a form letter outlining support options which is routinely distributed to all physicians involved in a disclosure of harm procedure.
7. What resources are needed?	Education for physicians and other team members about the resources available.
8. What is the timeline?	Work can begin immediately and a review of CAE documentation in 6 months should establish that the letter is routinely being distributed to involved physicians
9. What barriers may compromise success?	Reluctance to add another step to the Disclosure of Harm procedure. Challenges with keeping support information up-to-date.
10. What strategies will you employ to mitigate the barriers identified?	Use the standard of practice and AHS procedure as teaching materials and emphasize the importance of formal (e.g. PFSP) and informal (team de-brief)

	Goal
	methods for managing the stress related to communicating a clinically adverse event.
11. How will achieving the goal be identified or measured?	Establish a reporting system which includes the number of letters sent out with each CAE management procedure.
12. What strategies will you employ to evaluate and sustain the change?	Encouraging physician leaders to speak about their experience accessing supports after disclosure of harm e.g. at M&M rounds.