

## London Health Sciences Centre: Raising the CQI Bar

### **Andrea Baumann**

Director, WHO Collaborating Centre in Primary Care Nursing  
& Health Human Resources  
Scientific Director, McMaster Site, Nursing Health Services Research Unit  
Hamilton, ON

**This Special Issue** of the Canadian Journal of Nursing Leadership spotlights London Health Sciences Centre (LHSC), in London, Ontario, one of Canada's largest acute care teaching hospitals, which employs over 5,000 health science professionals dedicated to excellence in patient care, teaching and research. LHSC has a commitment to patients and their families to offer compassionate and high-quality care while providing a wide range of services. The work reflected in the papers of this Special Issue represent the mission of the organization, which emphasizes the spirit of inquiry and discovery and a dedication to lifelong learning.

The impetus for this Special Issue was a continuous quality improvement (CQI) exercise that resulted in over 120 innovative CQI and safety initiatives across the organization. A shared governance framework provided the platform for front-line management, point-of-care staff and clinical educators to address issues they felt were critical to patient care.

The paper by Burkoski and Yoon provides an overview that describes the context and depth of the CQI exercise. The additional papers offer a sampling of the many important outcomes of the individual initiatives, which address multidisciplinary concerns across the spectrum of care. The CQI initiative mobilized the entire organization to look at key themes within the quality improvement paradigm. The activities were interesting and diverse, and they represent the multiplicity and complexity of a large healthcare organization. Each topic includes an assessment of a clinical intervention and the creation of best practices.

While these topics may look simple at first glance, they are far from it. They represent significant aspects of the entire healthcare continuum. The topics range from an intervention for the care of the elderly in an acute care setting to the effectiveness of simulation for orientation of new staff.

Two papers focus on the evaluation of clinical interventions that have made valuable contributions to the reduction of infection, a matter of paramount importance given the increase in outbreaks in Ontario hospitals since 2004. Both the waste removal (Morrow et al.) and the oral care (Letsos et al.) initiatives detail effective strategies for reducing overall infection rates in targeted populations.

Two papers cover the spectrum from the very young to the very old. The focus on early colostrum delivery (Pletsch et al.) is highly topical. This innovation is relatively new and will be of great interest to readers who work with premature and critically ill newborns. The problems of dementia and confusion in acute care (Feyerer et al.) are more common than we would like to think. Often those with dementia are taken out of their familiar environments and chemically restrained by unnecessary medications. The elderly can quickly spiral into secondary complications. This multidisciplinary intervention was unique; it took time out from a very active medical ward and introduced an idea not typically seen in acute care.

The paper on pain relief (Davison et al.) addresses an age-old problem that confronts point-of-care staff on a daily basis. The issue of pain is an ongoing and perplexing problem; thus, any evidence-based recommendation that improves patient comfort is welcome. In this case, the study led to the cessation of a practice that was not found to be effective. As a result, patient risk of pain and possible complications has been reduced.

The use of simulation in the context of staff orientation (Lamers et al.) presented a more interesting and interactive experience for nurses new to a clinical setting compared to a traditional orientation, and proved to be more effective as well. The post-orientation survey demonstrated a high satisfaction rate.

The final paper focuses on a staffing structure commonly called “the Nursing Resource Team” (Vaughan and Slinger), detailing the factors that are essential for maintaining a healthy work environment.

Together, these papers represent the impact of involving the health workforce in addressing salient issues. They add to the information that improves care, and they facilitate in-depth examination of different phenomena that result in both practice changes and the addition of new approaches. The process was staff-led, and the results have led to system redesign. As Burkoski and Yoon have reported, the overall initiative yielded evidence-based practice “firsts,” and an over 80% decrease in incidence reports was observed across several clinical units.

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