



# CPD ECOACH

## SAMPLE RESPONSE – THE COLD STANDARD

### STEP 1: DEFINE YOUR TOPIC

**1.1** Think back to what inspired you to learn more about this topic or improve your practice. Briefly summarize the encounter or situation. Consider the following questions as you reflect:

- What about the situation made you want to improve your knowledge?
- What specifically piqued your interest?

Response:

I needed some additional guidance on how to proceed with patients presenting with upper respiratory tract infections during the era of COVID-19 and the subsequent increase in virtual care. Similarly, I wanted to align my practice with the Choosing Wisely Canada recommendations on how to reduce the unnecessary prescribing of antibiotics for patients in my practice, especially in this difficult healthcare landscape.

**1.2** What topic or area of practice would you like to focus on?

Response:

Reducing the unnecessary use of antibiotics for upper respiratory tract infections (URTIs).

**1.3** What specifically would you like to improve in your practice? Define your improvement goal(s). It should be specific, measurable, achievable, realistic, and time-bound (SMART) to facilitate your success in achieving it. List your SMART goal(s) in the box below.

Response:

Over the next year, I hope to be more judicious in prescribing antibiotics for sinus congestion. When clinically possible, I will provide a delayed prescription for all in-person and virtual visits if symptoms persist for >7 days when there is no improvement with nasal corticosteroids. I aim to have provided 90% of my patients presenting with sinusitis with delayed prescriptions.

Similarly, I plan to see patients with a sore throat in-person if there is high suspicion for bacterial pharyngitis. I will then use predictive scores to determine if a throat swab or an antibiotic prescription is required.

**How much time (in hours) have you spent working on this step? Response: 1 hour**

## STEP 2: SELF-DIRECTED ASSESSMENT: MEASUREMENT

### STEP 2A: CREATING A MEASUREMENT STRATEGY

**2A.1** List one or more measures you can use to assess your progress towards your improvement goal(s).

Response:

- Total number of patients presenting with the following indications (baseline past 12 months): suspected/confirmed COVID-19, ear pain, sore throat, sinus congestion, COPD exacerbation, suspected pneumonia, influenza-like illness, bronchitis, common cold, asthma, URTI (upper respiratory tract infection), LRTI (lower respiratory tract infection)
  - Audit a sample of charts to determine if an antibiotic was prescribed to determine surrogate baseline of antibiotic prescription
- Implement delayed prescription template
- Number of delayed prescriptions administered
- Number of patient follow-up calls/visits for same chief complaint (and whether antibiotic was prescribed at that point)

**2A.2** After considering the different types of information sources, you may need to refine the measures you listed previously. Did you refine your list of things to measure?

Response: No

**2A.2a** If yes, what are your new measures?

Response: N/A

**2A.3** How will you collect the information for your measures?

- If you are using an EMR, what queries will you run?
- If you are using other existing information sources, what are they?
- If you are creating your own information source, describe your collection process.

Response:

Using EMR data, conduct a search for all patients seen by me with a billing code for pharyngitis, URTI, sinusitis, or otitis media from last year's cold season and identify cases in which antibiotics were prescribed.

I will perform a retrospective chart audit of 15 patients who presented with an RTI in my clinic over the past 2 months, and see the course of action I took. I will also begin a prospective chart audit, recording my prescribing patterns based on The Cold Standard. The information will all come from patient charts.

**2A.4** What do you predict your practice baseline will be?

Response:

No formally documented delayed prescriptions.

**STEP 2B: GATHERING THE INFORMATION**

**2B.1** Was your baseline what you expected? If not, does it change your improvement plan?

Response:

Baseline was higher than expected, which validated my improvement plan.

**How much time (in hours) have you spent working on this step? Response: 2 hours**

**STEP 3: CREATE AN IMPROVEMENT PLAN**

**3.1** Based on your comparisons with clinical guidelines or other ways you evaluation your success, what values for your measures will indicate success? How will you know when you have achieved your improvement goal(s)?

Response:

Would want to set a % reduction in prescriptions or pre/post implementation of The Cold Standard.

**3.2** Generate your improvement plan.

**Action Plan**

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

Fill in table below, left previous response as example.

Action Steps	Timeline	Resources/ Supports	Potential Challenges	Results
Set up EMR templates for delayed prescription handout.	1 day (March 7, 2021)	EMR User group support	Can't be done in my EMR	Can track how many delayed prescription handouts are generated in the EMR within a specific time frame.
Create a "URTI" visit template that includes a check box for a delayed prescription and delayed prescription patient hand out. This is a great way have clinicians connect with data managers or EMR vendors to learn the power of the EMR.	1 week (March 13, 2021)	MOA Office Manger Public Health	Note used for 100% of visits	Ease of documentation with built in reminders of red flag symptoms  Easier data pulls



Alternately, one could also track this on paper or do an electronic spreadsheet for short period of time to see effect.

**3.3** Which CanMEDS-FM roles do your goals fit under?

Enter “X” in the appropriate rows.

	<i>CanMEDS Role</i>	<i>Description</i>
X	Medical Experts	<i>As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe-patient care. Medical Expert is the central physician role in the CanMEDS Framework and defines the physician’s clinical scope of practice.</i>
X	Communicator	<i>As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.</i>
	Collaborator	<i>As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.</i>
	Leader	<i>As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.</i>
	Health Advocate	<i>As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.</i>
X	Scholar	<i>As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.</i>
	Professional	<i>As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.</i>



**3.4** How confident do you feel about following through on your plan (on a scale from 0 to 10 with 10 being very confident)?

Response:

8- I think there are actionable steps I can take when seeing patients with respiratory tract infections. Whereas before I was quicker to provide antibiotics on the spot, I might now consider giving patients delayed or viral prescriptions as something tangible that patients can take home for symptom management.

**3.5a** If you answered **less than 7**, what might you change in your plan to increase your confidence?

Response: N/A

**How much time (in hours) have you spent working on this step? Response: 2 hours**

## STEP 4: EVALUATE THE IMPLEMENTATION

**4.1** Did you observe any changes in your measures?

Response: Yes

**4.1a** Describe the changes.

Response:

Using the templates made it easier to have a standard approach to sinus congestion and reduced my rate of prescribing antibiotics for both in-person and virtual visits. Given I was not using a delayed prescription patient handout before the QI project, I was very happy to see I used it over 80% of the time when assessing a patient with sinus congestion.

**4.1b** What are some reasons why there was no change? Do you need to reconsider your improvement plan? If so, how?

Response: N/A

**4.2** Did you encounter challenges or barriers while implementing your improvement plan?

Response: Yes

**4.2a** If yes, what were the challenges and how did you manage them?

Response:

- Breaking patient expectations from past history of sinus congestion.
- Started using the viral prescription to help with patient symptom management and patient education.

**4.3** Has there been a change in your comfort level/confidence in managing the situation/encounter?

Response: Yes

**4.4** Has there been a change in your comfort level/confidence related to this topic?

Response:

Yes. I am more comfortable with this topic as I can follow the algorithm outlined in the Cold Standard.

**4.5a** Describe any steps you can take to further increase your comfort level/confidence.

Response:

I will consider expanding the sinus congestion visit template to include all URTI and bronchitis diagnoses and template the viral prescription in my EMR.

**4.6** How will you use the results of your improvement plan to inform your practice in the future? What strategies will you use to address any areas that need further improvement? How will you overcome potential barriers?

Response:

I will spend time annually to review antibiotic prescriptions I've written to ensure my rate of prescribing does not gradually increase over time.

**4.7** Describe your next steps.

I will share my results with my practice colleagues and attempt clinic-wide spread of the initiative.

**How much time (in hours) have you spent working on this step? Response: 3 hours**

**Total time spent on Steps 1 to 4 (in hours): 8 hours**

**Mainpro+ credits earned: 24**