## OUR VISION

Exceptional patient-and-family-centered critical care.

## OUR MISSION

We lead critical care through our commitment to clinical care, education and research.

Our definition of critical care excellence is: best clinical outcomes, exceptional patient and family experience and patient and staff safety.

## GUIDING PRINCIPLES

<table>
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<tr>
<th>Collaboration</th>
<th>We empower each other and work together.</th>
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<tr>
<td></td>
<td>How do we know that we are following our guiding principles?</td>
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<td>Multidisciplinary teamwork is evident in our clinical care, education and research.</td>
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<tr>
<th>Accountability</th>
<th>We do what we say and take ownership for the outcome of our actions.</th>
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<td>Clear expectations and regular feedback.</td>
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<th>Respect</th>
<th>We demonstrate mutual admiration for the experience and expertise of others.</th>
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<td>DCCM is regarded by members to be a great place to work. We model professionalism.</td>
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<tr>
<th>Excellence</th>
<th>We exceed expectations and push boundaries in pursuit of better care.</th>
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<td>Nationally recognized for clinical care, education and research.</td>
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<th>Safety</th>
<th>We mitigate risk of physical and psychological harm.</th>
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<td>We report near misses and adverse events and focus on system improvement.</td>
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The Department of Critical Care Medicine (DCCM) is a joint clinical and academic department, Alberta Health Services – Calgary Zone and Cumming School of Medicine (CSM), University of Calgary. It is comprised of members spanning multiple disciplines dedicated to improving the care and health of critically ill patients and their families.
Focus Area: CLINICAL CARE

Goal:
Exceptional patient care that uses best practices to optimize patient health outcomes.

Activities:
1. Identify the needs of patients and the critical care team to optimize patient care and co-develop metrics to measure performance.
2. Develop a strategy to align clinical guidelines, pathways and performance metrics with current and future clinical information systems.

Objectives:
Develop a framework for quality management.

Targets:
Develop clinical metrics by July 2020.

Develop and implement a clinical care review & feedback strategy by July 2021.
**Goal #1:**

**Objective:**
Successful transition of critical care medicine residency program to Competence By Design (CBD).
Successful implementation of CBD transition plan.

**Activities:**
1. Train all physicians on the fundamentals of CBD and support them during the transition.
2. Evaluate effectiveness of the CBD program.

**Targets:**
- Implement physician development sessions by July 2019.
- Develop a local CBD evaluation plan by July 2020.
- Develop & implement CBD metrics by July 2020.

**Goal #2:**

**Objective:**
Professional development to support DCCM members pursuit of excellence.
Continuous growth and development of members.

**Activities:**
1. Solicit feedback to inform professional development opportunities.
2. Establish expectations for participation in professional development activities.
3. Foster a culture of growth.
4. Incorporate educational activities into the accountabilities of all physicians and CSM faculty.

**Targets:**
- Develop a plan to increase coaching and mentorship capacity by July 2020.
- Professional growth plans are developed & reviewed regularly (yearly for physicians & CSM faculty).
Focus Area: RESEARCH

Goal #1:
Increase interdisciplinary research infrastructure.

Objective:
Maximize impact of departmental investments in research.

Activities:
1. Complete implementation of existing DCCM Clinical Research Strategic Plan.
2. Develop and implement a framework for prioritizing investments in research that leverage existing departmental strengths.
3. Establish research fund development strategy.
4. Support interprofessional research collaborations across departmental sites.

Goal #2:
Increase member capacity for research.

Objective:
Capacitate members to engage in research.

Activities:
1. Incorporate research activities into the accountabilities of all physicians and CSM faculty.
2. Encourage development of interdisciplinary research teams with synergistic interests and expertise.
3. Develop an interdisciplinary research training strategy.

Targets:
- 50% increase in No. members involved in research projects by 2021 (compared to 2018)*.
- 10% increase in grant funding $ by 2021 (compared to 2018)*.
- 25% increase in No. peer reviewed publications by 2024 (compared to 2018)*.

* Number of publications with at least one DCCM member in the authorship list (no double counting for multiple DCCM authors)
* Grant funding awarded to DCCM members as Nominated Principal Investigator or Principal Investigator (no double counting for multiple DCCM members)
* Involvement in research spans a spectrum from identifying eligible patients, consenting eligible patients, being site Principal Investigator, to being a study Principal Investigator.
* Immunology/inflammation, neurocritical care, medical education, health services research and recovery from critical illness.
Focus Area: LEADERSHIP

Goal:
Develop a Just Culture.

Objective:
Provide leadership and support for a Just Culture.

Activities:
1. Leadership communication to all members that patient and staff safety is a departmental priority.
2. Discuss quality of care at every ICU executive meeting and at unit meetings.

Objective:
Align all quality assurance activities with Just Culture principles.

Activities:
1. Educate all members on the principles of Just Culture and their application to the department.
2. Task the Quality Assurance Committee to champion Just Culture principles that includes patient and team perspectives.

Targets:
Develop a leadership strategy for implementing vision, mission & guiding principles into all DCCM activities by July 2020.

Develop & implement an evaluation strategy for a Just Culture by July 2020.

2 AHS Just Culture philosophy supports an environment where everyone feels safe, encouraged, and enabled to discuss quality and safety issues where reporting and learning are key elements. This means that reporting is conducted within a psychologically safe environment where there is demonstrated respect and support for the individual, and the potential for human and systems fallibility is acknowledged. Everyone can trust that those within the organization will demonstrate, through their behaviours and decisions, a fair and consistent approach to responding to issues raised.