

# Status & Needs Assessment:



UNIVERSITY OF  
TORONTO



SUSTAINABLE HEALTH SYSTEM  
COMMUNITY of PRACTICE

## Sustainable Inhalers across TAHSN-affiliated FHTs

### Background

The Inhalers Working Group of the Sustainable Health System Community of Practice sought to understand interest in sustainable inhaler practices across the 14 Family Health Teams (FHTs) affiliated with the Toronto Academic Health Science Network (TAHSN). As of June 7th, 2022, we had received input from 13 informants at 12 of the 14 FHTs to generate the current report.<sup>[1]</sup>

### Status

Action Level	Number of FHTs
Initiative Implemented	2
Partially Implemented or In Progress	6
Not Implemented or Status Unknown	6

[1] We collected information through 8 interviews and 5 email exchanges across 12 FHTs. Of the 14 academic FHTs, 6 are affiliated with 3 TAHSN hospitals (Unity Health, Sinai Health, Trillium Health Partners); 3 TAHSN hospitals are not affiliated with any FHTs (Baycrest, SickKids, Holland Bloorview).

### Needs Assessment

#### Overview

As of June 7th, 2022, six FHTs do not appear to have implemented or initiated sustainable inhaler work. Of those FHTs engaged, most were still planning for full implementation and most of the resident-led QI projects were set to end in early summer 2022. One FHT that had not implemented this work saw it as important but had put QI work on hold due to the pandemic; they intended to re-start the work in June 2022.

#### Factors affecting sustainable inhalers work

##### Awareness-raising role of the Community of Practice

The awareness of sustainable inhalers was almost always a result of a presentation by a colleague on the topic e.g., *through rounds*. There appeared to be a lack of physician familiarity with different inhaler options prior to these presentations.

##### Role of organizational factors

Pandemic related challenges limited the uptake of sustainable inhalers work: staff shortages, reallocation of existing staff, vaccination efforts, pause on QI work, and FHT's organizational capacity (e.g., *lack of designated clerical support staff*) that limited continuation of relevant work. A perceived lack of ownership of problem; some providers felt the advocacy work should be done at an organizational level, or pharmaceutical level.

Most FHTs have multiple sites and heterogeneity across sites limited FHT-wide implementation of sustainable inhalers work. Communication among sites, and communication between staff and leadership at different sites limited consistency of efforts and project continuity. EMR systems were not always consistent across different sites, requiring some duplication of effort. Only one FHT had environmental sustainability embedded in their strategic plan; they had developed a green committee because of this work. Some FHTs have their own strategic plan; some follow the strategic plan of the department of family medicine in the TAHSN hospital with which they are affiliated.

##### Importance of the prioritization of QI work across FHTs

Sustainable inhaler initiatives were categorized as QI work; however, FHTs can be under-resourced for QI work, e.g., high QI staff turnover. Although Quality Improvement Plans (QIPs) create a mandate for QI work across all FHTs, only some FHTs are planning to embed this work as part of their QIP. QI work on sustainability was typically clinician- or resident-led, rather than organization-led. Some FHTs offered sustainability as an option for a QI project to residents, however organization-wide change and continuity was often limited by resident schedules, or by variable clinician interest.

##### Limited overall engagement with environmental sustainability

Apart from sustainable inhaler prescribing, other environmentally sustainable initiatives, mostly informal, have focused on plastic and paper waste reduction. Factors that support environmental sustainability initiatives include lead physician/preceptor interest in the topic, support from colleagues, and a workplace culture that values environmental sustainability. Challenges arise from a lack of standardization for sustainable care: Measurement of outcomes was not always clear or established; EMR system prompts and aids were not always established; lack of patient knowledge on topic.