The value of **"physician quality leaders"** in the Fraser Health Authority

Marshall Cheng, MD, **Angela Tecson**, RN,
Lesli Matheson, MSW, **Dave Williams**, MBBS

This case study explores the Fraser Health Authority's (FHA) experience with the Physician Quality Leader (PQL) program, an initiative designed to embed physicians, who have formal training in quality improvement, into leadership roles. Surveys of stakeholders and participants indicate a high positive impact. PQLs have become trusted partners in system-level decision-making; they are respected for their clinical insight and quality improvement expertise. Executive leadership has reported effective collaboration with PQLs, highlighting improved alignment between frontline care and strategic goals. Overall, the PQL program has strengthened a culture of continuous improvement and multidisciplinary engagement across the FHA.

KEY WORDS: physician leaders, quality improvement, engagement

Cheng M, Tecson A, Matheson L, Williams D. The value of "physician quality leaders" in the Fraser Health Authority. *Can J Physician Leadersh* 2025;11(3): 152-155. https://doi.org/10.37964/cr24799

Hospitals require effective leadership to navigate today's complex and dynamic health care environment. A cross-sectional study in the United States[1] found that top-performing hospitals were led disproportionately by physicians. Hospitals with physicians appointed to their hospital boards receive higher ratings by patients and show lower morbidity rates.[2] In addition, health care quality improvement (QI) results in better patient outcomes, hospital performance, and staff morale.[3] However, although more physicians are entering leadership roles in health care, there are

limited leadership models that emphasize QI and patient safety.[4] Among the diverse group of professionals assuming leadership positions in health care, physicians with QI training offer a unique perspective and a skill set that will help shape the future of health care.[4,5]

The Fraser Health Authority (FHA) is the largest and fastest-growing public health authority in British Columbia. It serves 1.9 million people with 13 acute care hospitals, 9 community hospitals, and an outpatient and surgery centre. In 2020, the FHA recognized the need for physician leaders trained in advanced QI methods. As a result, it created positions of "physician quality leads" (PQLs) in its Clinical Quality and Patient Safety (CQPS) portfolio. The aim was to support hospital and program leadership in achieving improvement in FHA's defined quality and safety priorities using continuous QI methods.

A PQL is a physician passionate about fostering a culture of improvement and safety in clinical services. PQLs are responsible for establishing evidence-based patient care models to enhance patient safety at their acute care site or in their program. They are also accountable for promoting QI and supporting QI initiatives in their assigned hospital. The PQL is an FHA-funded contractual position of 1-year duration. Applicants are screened and interviewed by senior CQPS leadership. Initially, PQLs were assigned to all acute care hospitals in the FHA. The FHA has now expanded the responsibilities of the PQLs into medical programs such as the critical care, medicine, and mental health networks, and the maternal infant child and youth program. Currently, 17 PQLs have been assigned to hospitals and medical programs. All have completed the physician QI certification program, an initiative of Doctors of British Columbia's Specialist Services Committee. In addition, they received coaching, teaching, and leadership training. As a result of these initiatives, in 2023, Accreditation Canada recognized FHA's dedication to continuous QI efforts.

PQLs bridge the gaps between clinical care, administrative strategy, and QI science to ensure that decisions are made with an understanding of patient care, operational efficiency, and data-driven approaches. They serve as QI advisors, coaches, mentors, and teachers, engaging physicians and frontline staff and supporting leadership. PQLs provide value by fostering collaboration, developing quality of care and patient safety initiatives, and promoting QI.

“

PQLs bridge the gaps between clinical care, administrative strategy, and QI science to ensure that decisions are made with an **understanding of patient care, operational efficiency, and data-driven approaches.**

Health care comprises a host of special interest groups; their members use specialized systems and approaches to their work. However, collaboration across medical disciplines improves patient outcomes and leads to more effective use of available resources. PQLs work across medical disciplines, bridging gaps between health care providers and fostering collaborative improvement efforts. They collaborate with hospital leadership to create local quality governance structures and committees.

In a recent survey of PQLs in the FHA, 100% reported feeling confident speaking up about patient safety concerns to hospital administration, and 96% believed their administrators acted on their suggestions. PQLs are members of local quality steering committees and hospital-based QI working groups. They offer physician insight into quality and patient safety and have been instrumental in incorporating quality into strategic visions.

In a 2024 survey among senior FHA administration, five of seven (71%) hospital administrators felt that PQLs were willing to collaborate with major hospital initiatives. Four of the seven strongly agreed that PQLs collaborated on key initiatives. PQLs also actively collaborate with other quality teams to advance patient care. For example, togetherQI (tQI) is a FHA quality improvement team enabling acute care and long-term care hospital teams to use QI at point-of-care. PQLs will often provide physician engagement and a physician perspective on tQI projects. As data experts, PQLs will take part in planning data collection and interpretation for QI projects.

As effective leaders, PQLs are drivers of quality care. In 2024, for example, PQLs led communications about and implementation of criteria-led discharge in the FHA's access and flow portfolio. They performed interdepartmental mapping of hospital patient flow and developed patient transfer protocols. PQLs support FHA innovation, such as artificial intelligence predictive tools and contribute to the FHA's reputation as an innovative health care leader. They directed work with information technology experts on artificial intelligence monitoring and surveillance tool development, such as sepsis risk and surveillance tools. PQLs continue to direct the prioritization of data collection in the staged roll-out of the FHA's new electronic medical record system.

Health care system leadership and transformation requires physician and frontline health care provider engagement.[4] PQLs effectively promote QI among medical and allied staff. Recently, PQLs developed and implemented leadership-supported quality and safety walkabout

rounds at an acute care hospital to further engage frontline health care providers in continuous improvement. In a 2025 survey of senior hospital administrators, 80% of responders felt that PQLs helped shift culture toward continuous learning and improvement.

PQLs added depth to the FHA CQPS portfolio by providing links among physician clinicians, QI methods, and leadership. They achieved this through QI expertise, collaboration, and advocacy for quality patient care and safety. The FHA believes in the value of PQLs. Among surveyed hospital administrators, 83% agreed that PQLs enhance patient care quality and safety. Recently, a hospital administrator stated: "I love both my PQI leads… and truly would not know what to do without their ongoing passion and leadership. This is a great role for our sites."

Despite the demonstrated value of PQLs, several challenges remain. Balancing clinical responsibilities with leadership and QI activities can limit time for engagement and project follow-through. Embedding PQLs into existing hospital governance and quality structures requires alignment with multiple stakeholders, and resistance to new practices can slow adoption. Scalability to other health authorities is untested. We believe that success would depend on organizational culture, resources, and leadership support. Finally, sustainability of the role relies on continued funding, institutional recognition, and formalized career pathways to retain experienced PQLs. Currently, the FHA is planning a study to illustrate the value of this role. They hope to see positive results to help them advocate for PQLs in other health authorities.

References

1. Goodall AH. Physician-leaders and hospital performance: is there an association? Soc Sci Med 2011;73(4):535-9. https://doi.org/10.1016/j.socscimed.2011.06.025
2. Veronesi G, Kirkpatrick I, Vallascas F. Clinicians on the board: what difference does it make? Soc Sci Med 2013;77:147-55. https://doi.org/10.1016/j.socscimed.2012.11.019
3. Backhouse A, Ogunlayi F. Quality improvement into practice. BMJ 2020;368:m865. https://doi.org/10.1136/bmj.m865
4. Donaldson LJ. Safe high quality health care: investing in tomorrow's leaders. BMJ Qual Safe 2001;10(suppl 2):ii8-12.
5. Pronovost PJ, Miller MR, Wachter RM, Meyer GS. Perspective: physician leadership in quality. Acad Med 2009;84(12):1651-6. https://doi.org/10.1097/ACM.0b013e3181bce0ee

Authors

Marshall Cheng, MD, FRCPC, physician lead, Fraser Health Authority Physician Partnerships

Angela Tecson, RN, BSN, Mstat Director, Fraser Health Authority.

Lesli Matheson, BA, MSW, executive director, Fraser Health Authority Clinical Quality and Patient Experience.

Dave Williams, MBBS, FRCPC, FACP, MBA, executive medical director, Fraser Health Authority Clinical Quality and Patient Safety.

Disclosure: This study received no funding or sponsorship.

Correspondence to: marshall.cheng@fraserhealth.ca