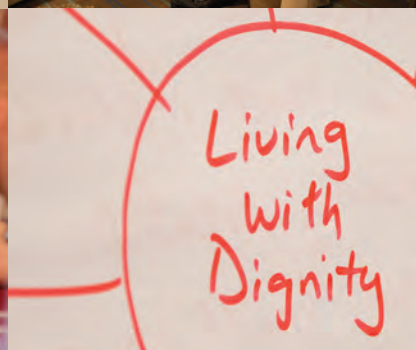




WHAT DOES IT TAKE?



Staff education vs med qu
Education + application - 100
whole person - life history - co
planning - complete admission
" education = families/b
councils
Staffing level



Continually re-evaluate cond
match patients with appropri
home-like environment
staying at home as long as
+ facilities



WHAT DOES IT TAKE TO BUILD A HEALTH SYSTEM IN BC WHERE QUALITY AND IMPROVEMENT ARE EMBEDDED INTO EVERYTHING WE DO?



WHAT DOES IT TAKE?

It takes a shared vision for a sustainable health system built on a foundation of quality.

It takes a provincial perspective to patient safety and quality improvement activities.

It takes collaboration between many partners who can share and learn together.

It takes a multi-faceted approach to ensure BC has the capability, support and expertise to make health quality a reality every day in every way.

1

MESSAGE FROM OUR CHAIR +
PROVINCIAL PATIENT SAFETY
& QUALITY OFFICER

3

ORGANIZATIONAL
OVERVIEW

MESSAGE FROM OUR

Chair + Provincial Patient Safety & Quality Officer



On behalf of the BC Patient Safety & Quality Council, it is my pleasure to present *What Does it Take?* – the Council's report to its partners for July 2010 to December 2012.

Our previous report – *Great Strides on the Path to Quality* – provided an overview of the Council's work from its establishment in 2008 through to July 2010. During this initial phase of our development, we worked hard on putting the foundational pieces in place – things our partners told us were needed in order to accelerate and improve health care quality for all British Columbians. We created a provincial forum for quality work through the BC Health Quality Network and developed a multi-level strategy to bring quality improvement learning opportunities to workplaces around the province. We acted as a conduit to national health quality efforts and supported their initiatives within BC. Through our awards program, we also shone a spotlight on people and teams making positive changes in BC.



This early work, which depended so much on the input and support of individuals and organizations throughout the system, set the stage for the tremendous growth we've experienced over the past two and a half years. Today, our Quality Academy professional development program has helped 119 individuals across all health authorities to gain the education, skills and confidence to lead improvement initiatives in their regions. The Council is supporting the Ministry of Health's Clinical Care Management strategy by offering guidance and practical tools to health authorities as they implement a range of clinical improvement initiatives. We're also providing leadership by bringing many stakeholders together under a common interest, whether it's for professional development at our Quality Forum or to discuss ways to improve surgery through the Surgical Quality Action Network.

At every step of the way, the Council looks to our ever-expanding circle of partners and collaborators to provide us with a "reality check" on what we're doing. Are we providing the leadership and support they need to travel further along the path to quality? And through our various programs and initiatives, are we doing what it takes to foster the building of a health system where quality and improvement are embedded into everything we do?

BC's health quality and improvement community still has a long road ahead in achieving wide-scale change and improvement across the health system. But we're making real and tangible progress toward this goal. To all the groups, individuals and organizations who have joined us on this journey, I express my thanks and appreciation.

Douglas Cochrane, MD FRCSC

Organizational Overview

In 2008 the British Columbia Patient Safety & Quality Council was created by the provincial government to enhance patient safety, reduce errors, promote transparency and identify best practices to improve patient care. Today, the Council continues to fulfil this **mandate by advising the Minister of Health on patient safety and quality of care issues, as well as by leading initiatives that encourage collaboration and coordination from stakeholders throughout the health system and across the province.**

Vision

A sustainable health care system built on a foundation of quality.

Mission

Provide system-wide leadership through collaboration with patients, the public and those working within the health system in a relentless pursuit of quality.

Objectives

.....
Bring a provincial perspective to patient safety and quality improvement activities.
.....

Facilitate the building of capability and expertise for patient safety and quality improvement in the BC health system.
.....

Support health authorities and other service delivery partners in their continuing efforts to improve quality.
.....

Improve health system transparency and accountability to patients and the public for the safety and quality of care provided in British Columbia.



Governance

The British Columbia Patient Safety & Quality Council receives its mandate from and is accountable to the Minister of Health. The Council consists of **seven members** – the Chair (the BC Patient Safety & Quality Officer) and four members appointed by the Minister, as well as two ex-officio members: a Ministry of Health representative and the UBC Academic Chair for Patient Safety.

Staff

The Council is supported by **staff members** who work out of its office in Vancouver as well as locations throughout the province. They are passionate about improving the quality of care in BC and many come from, or also work within, the health system.

Core Values

EXCELLENCE We believe excellence is guided by evidence-informed decision making, and that success will be found through mobilizing and energizing partners and stakeholders for change.

INNOVATION We will challenge the status quo and embrace new ways of thinking to support re-design within the health care system to achieve desired outcomes.

COLLABORATION We will foster an environment that embraces and celebrates the sharing of ideas to help us learn new and innovative ways of delivering care.

TRANSPARENCY We will build trust and respect by encouraging a culture of openness and accountability.

RESPONSIVENESS We will be responsive to the needs of the health care system and will embrace new opportunities to achieve a collective vision.

CONTINUOUS IMPROVEMENT We will support continuous improvement at the heart of our work and will nurture a culture of curiosity, learning and innovation to better assist the health care system in ensuring an improved patient experience.

QUALITY IN ALL AREAS OF CARE We will work across all areas of care so that our work positively influences the entire health care system.



An Overview of the Council's Work

The Council provides system-wide leadership to efforts designed to improve the quality of health care in British Columbia. Through collaborative partnerships with health authorities, patients, and those working within the health system, the Council promotes and informs a provincially coordinated, patient-centred approach to patient safety and quality improvement. It also provides advice and makes recommendations to the Minister of Health.

The Council undertakes a variety of activities in support of its mandate that are determined through extensive consultation with its stakeholders to define where it can best add value. Drawing on its resources, stakeholder relationships and the diverse expertise of staff, the Council is at once a leader, an advisor, a partner, a facilitator, an educator and a supporter.

Outside the province, the Council provides a bridge to the best knowledge in health care quality available across Canada and beyond. It seeks out national and international innovation of value to BC, adapts these new ideas to meet the needs of British Columbia's health system, and works with partners to put them in place.



“

“Having an organization such as the Council focus on quality has been very positive for BC’s health system. Council staff members have a good understanding of system change and what it takes to drive large scale improvement. They’ve also been able to offer practical tools and supports to those working across the system, such as front-line care providers, senior executives, board members, physicians and Ministry staff — all the people who are actively working to make change and improved quality of care happen.”

Heather Davidson

Assistant Deputy Minister, Planning and Innovation, Ministry of Health

Getting Started: 2009-2010

Following its establishment by the Minister of Health Services in 2008, the BC Patient Safety & Quality Council focused its early work on developing the foundation for a provincial approach to health quality. Much effort was spent on establishing the relationships, resources and tools required to support and grow a vibrant health quality community in British Columbia. An **external review**¹ recognized the Council's notable accomplishments during 2009-2010, grouped under three key themes:

COLLABORATION AMONGST HEALTH SYSTEM PARTNERS:

- Developed relationships with **health system partners**
- Established linkages to quality organizations and leaders within the health system
- Created the Health Quality Network
- Created the BC Quality & Safety Directors' Network
- Supported quality improvement collaboratives
- Provided BC representation on numerous national health quality committees and initiatives

BUILDING CAPACITY THROUGH EDUCATION:

- Developed *A Strategy for Building Capacity and Capability within BC*
- Launched the Quality Academy to build advanced capability among health care professionals
- Hosted the Provincial Forum on Disclosure of Adverse Events
- Launched the Virtual Learning Opportunities series
- Supported the spread of quality initiatives led by other organizations
- Supported educational opportunities led by other organizations

RAISING THE PROFILE OF QUALITY IMPROVEMENT IN BC:

- Developed *Measurement Strategies for Improving the Quality of Care: A Review of Best Practices*
- Developed *A Framework for Improving Clinical Quality in BC – Surgical Services*
- Supported other provincial quality organizations and leaders within the health system
- Issued Patient Safety Alerts & Learning Summaries
- Created **BCPSQC.ca**, inaugural progress report and **e-newsletter**
- Developed and disseminated the **BC Health Quality Matrix**
- In collaboration with the Canadian Patient Safety Institute, released the report *Patient Safety in Primary Care*
- Launched the annual BC Quality Awards
- Launched the “It’s Good to Ask” program for patients in BC

In July 2010, the Council also reported on its accomplishments over its first two years in the progress report, *Great Strides on the Path to Quality*. The report is available on the Council's website.

¹ Howegroup Public Sector Consultants Inc. *Ready for Action: BCPSQC Interim Evaluation 2009 & 2010*. British Columbia, November 2011.



Gaining Momentum: 2010-2012

The external review of the Council's first two years confirmed that it had achieved critical short-term outcomes in 2009-2010 that would position it for longer-term success.

This included:

- Accomplishing the majority of activities for years one and two as outlined in the Council's strategic plan.
- Responding to changes in the provincial strategic context by revising planned activities.
- Carrying out additional activities to strengthen its ability to accelerate improvement in quality in BC.

In 2011, the Council developed a new three-year Strategic Plan that set the path for its next phase of development. Building on the foundational elements it had established in its first two years, the Council's **2012-2015 Strategic Plan** outlined areas of focused growth, including an expanded role in supporting the health system to implement quality improvement initiatives across the province.

Operationally, the Council's major activities during 2010-2012 map to four key objectives:

Supporting Clinical Improvement

Providing on-the-ground leadership, resources and support to accelerate the planning, implementation and evaluation of quality improvement initiatives.

Building Capacity & Capability for Improving Quality

Helping stakeholders at all levels of the health system gain the knowledge and tools they need to advance quality improvement principles and practices in their organizations.

Building a Quality Community

Continuing to build and improve provincial support for collaboration, networking, communications and engagement around quality improvement.

Bringing New Ideas into BC

Tapping into quality improvement experience and innovation beyond our borders for the benefit of British Columbia's health system.

This Report to Our Partners details the Council's work in fulfilling its role and responsibilities between July 2010 and December 2012.

OUR JOURNEY

2008-2012

2008

2009



FEB-08

Minister of Health announces creation of BCPSQC

NOV-08

Health Quality Network

FEB-09

BC Health Quality Matrix



AUG-09

Ministry of Health launches Clinical Care Management



OCT-09

First annual BC Quality Awards

NOV-09

It's Good to Ask

AUG-10

Quality Café



It's been an exciting five years for the BC Patient Safety & Quality Council. We're proud of the programs, resources and collaboratives that we launched – many of which were created and developed in collaboration with our partners.

2010



SEP-10

Quality Academy

FEB-11

Stroke & TIA Collaborative



MAY-11

Surgical Quality Action Network

JUN-11

Board & Executive Learning Series

OCT-11

Clinical Care Management Data Guide

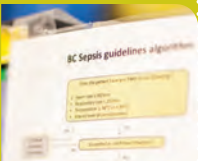
2011



MAR-12

First annual Quality Forum

2012



JUN-12

BC Sepsis Network

WHAT DOES IT TAKE TO SUPPORT
CLINICAL
IMPROVEMENT?



Across BC, health authorities and care providers work to improve

the quality of care they provide. These initiatives can make a big difference to patient outcomes at the local level. However, in order to advance wide-scale improvement, BC requires a sustained and concerted effort among many stakeholders. A major component of the Council's work is to provide leadership and coordination to accelerate and support this work.

Between 2010 and 2012, the Council expanded its role in supporting implementation of provincial activities designed to improve quality of care. While the majority of the Council's work is directed to supporting the various initiatives under the BC Ministry of Health's **Clinical Care Management** strategy, it also leads its own clinical improvement initiatives.

Clinical Care Management

Clinical Care Management (CCM) was introduced by the BC Ministry of Health in 2010 as part of its **Innovation and Change Agenda**. The goal of CCM is to *"Implement a guideline-driven clinical care management system to improve the quality, safety and consistency of key clinical services and improve patient experience of care."*

The Council provides support for the implementation of CCM and collaborates with the Ministry of Health and health care system by participating in various structures that include a steering committee and 11 clinical expert groups.

Foundational Support for Clinical Care Management

CCM's Steering Committee identified 11 clinical areas as the initial focus.

- Surgical Site Infection
- Surgical Checklist
- Stroke
- Sepsis
- Medication Reconciliation
- Care of Critically Ill Patients
- Seniors in Hospital Care
- Antimicrobial Stewardship
- Preventing Venous Thromboembolism
- Heart Failure
- Hand Hygiene

The Council is focused primarily on activities that support the implementation of CCM initiatives. This includes:

STAFFING AND CLINICAL EXPERT GROUPS

The Council created new staff roles to provide each of the 11 clinical areas with a dedicated Quality Leader and Clinical Leader. Together with the Ministry of Health, the Council also supported the formation of 11 Clinical Expert Groups consisting of representatives from each health authority, the Ministry of Health and the Council.

COLLABORATIVE PLANNING

The Council has worked closely with the Clinical Expert Groups, as well as other partners and health care communities, to determine how best to support the implementation of the CCM initiatives. Ongoing meetings are held with both leaders

and front-line clinicians to discuss readiness around areas such as change management support, data collection, infrastructure and communication strategies. These discussions serve to determine where the Council might be most helpful.

MEASUREMENT

A major piece of work in 2011 involved supporting the development of a **measurement strategy** for CCM. The Council facilitated a CCM Measurement Working Group to create operational definitions as well as to review and refine the measurement recommendations submitted by each of the Clinical Expert Groups.

The Measurement Working Group was responsible for developing a data guide to provide direction to all of BC's health authorities as they implement CCM. The document describes the complete set of key quality measures that are to be reported for each of the 11 CCM initiatives. For many of the measures listed in the guide, data will be collected and analyzed on a provincial scale for the first time.

The Measurement Working Group also developed a guideline for groups and organizations involved with CCM to set targets for these clinical improvements. This document has since been cited by other quality improvement organizations, including Accreditation Canada, as a standard resource for target-setting.



RESOURCES

The Council has provided a number of resources to support people and organizations engaged in CCM. This includes:

- Developing and/or adopting evidence-based guidelines for each clinical area that provide a foundation for the level of care that should be delivered at any site in BC.
- Developing and launching a series of online communication tools to support CCM. These are housed on the Council's website and offer resources, backgrounder documents, and information.
- Using social engagement strategies at multiple levels to engage and mobilize health care providers.
- Developing and launching **QExchange.ca**, an online collaborative platform that facilitates peer-to-peer discussion to build knowledge and spread improvement.

Targeted Support for Initiatives

In addition to providing foundational support for the implementation of CCM provincially, the Council is active within individual improvement initiatives. The Council uses support strategies tailored to meet each initiative's needs and opportunities. For example, it created the Surgical Quality Action Network (SQAN) as a way to bring many stakeholders together around a number of separate but related surgical improvement initiatives.

The Council has provided enhanced support for a handful of CCM initiatives to capitalize on existing momentum, leadership and local resources. Initiatives targeted for additional support were selected by the Council in collaboration with the province's health authorities, clinical and quality leaders, Clinical Expert Groups, and the Ministry of Health.



*Join the movement for
better quality health care.*

CCM Stroke Initiative

The CCM stroke initiative aims to standardize emergency department care for stroke and transient ischemic attack (TIA) patients through the proper use of evidence-based guidelines, protocols and pathways. This initiative ties into a larger provincial stroke strategy under the newly-formed Stroke Services BC.

Because of the provincial work already underway around stroke, this initiative had a head start on other CCM initiatives and was ready for implementation support in 2011. The Council's focus was to help ensure that improvement teams at each of the province's emergency departments had the training, tools and support they needed to start working on improvements.

The Council launched a province-wide **Stroke & TIA Emergency Department Collaborative** that featured a faculty of leading stroke neurologists and stroke care teams consisting of an emergency physician, an emergency nurse, a stroke nurse and a stroke survivor. Through the collaborative, the Council coordinated four learning sessions in locations around BC and supported teams with bi-weekly webinars, a website for sharing resources, and improvement coaching support.

Additional Council support for the initiative included:

- Working with Stroke Services BC and the BC Ambulance Service to finalize a coordinated pre-hospital stroke strategy for the province.
- Working with stroke coordinators and program managers across BC to ensure



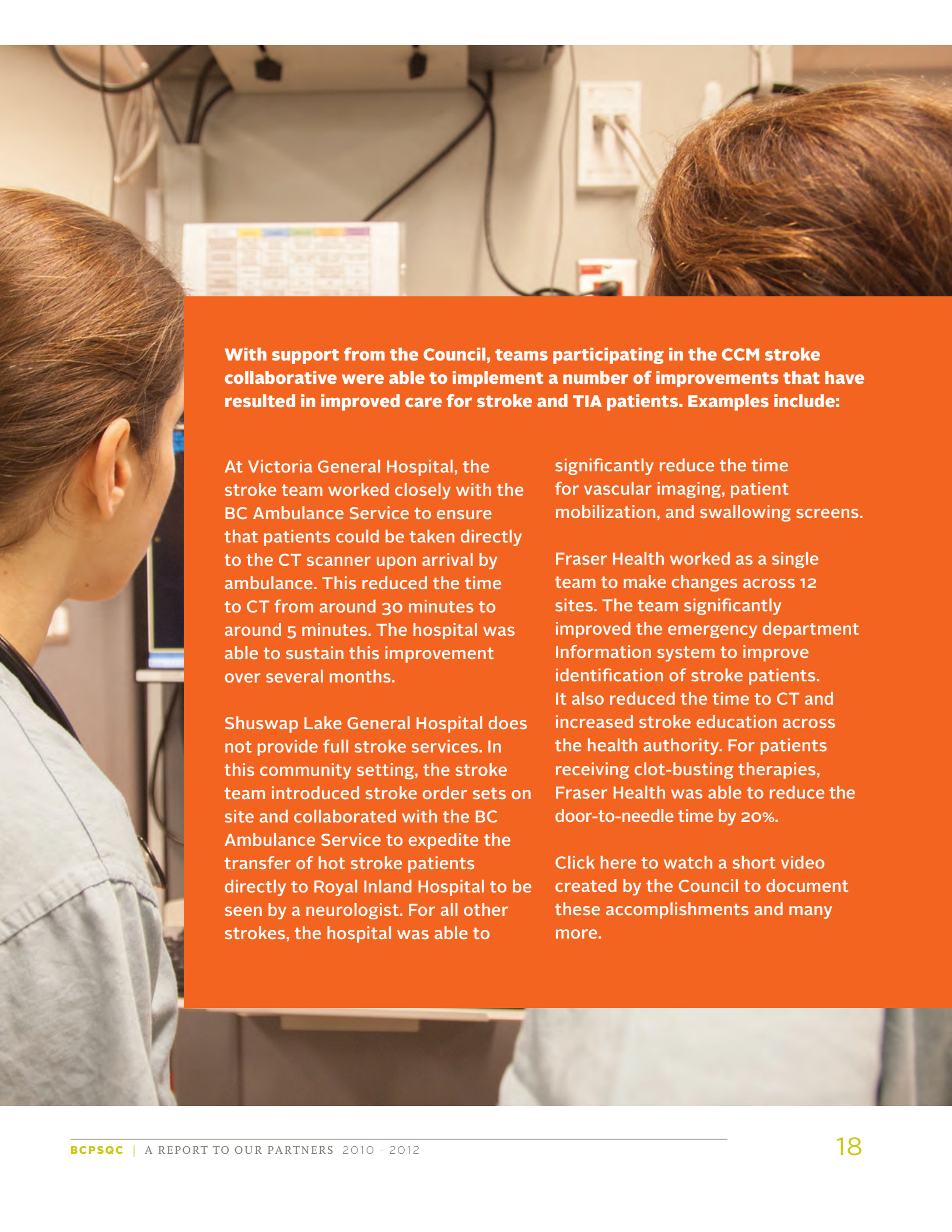
they could disseminate learning from the collaborative within their respective health authorities.

- Developing **resources**, including a Collaborative Charter, a pre-work package, a guideline summary of best practices, a change package, and a detailed collaborative measurement strategy.
- Working with partners to facilitate data collection of CCM key measures.
- Working with the Heart & Stroke Foundation of BC and Yukon to coordinate public engagement efforts.

Initial results show that all participating teams in the collaborative have been able to make multiple changes to improve the quality of care they provide for stroke patients.

In 2012, the Council transitioned primary responsibility for supporting the CCM stroke improvement initiative to Stroke Services BC. This represents a significant achievement – and CCM's ultimate goal – of embedding improvement work into existing provincial organizational structures.





With support from the Council, teams participating in the CCM stroke collaborative were able to implement a number of improvements that have resulted in improved care for stroke and TIA patients. Examples include:

At Victoria General Hospital, the stroke team worked closely with the BC Ambulance Service to ensure that patients could be taken directly to the CT scanner upon arrival by ambulance. This reduced the time to CT from around 30 minutes to around 5 minutes. The hospital was able to sustain this improvement over several months.

Shuswap Lake General Hospital does not provide full stroke services. In this community setting, the stroke team introduced stroke order sets on site and collaborated with the BC Ambulance Service to expedite the transfer of hot stroke patients directly to Royal Inland Hospital to be seen by a neurologist. For all other strokes, the hospital was able to

significantly reduce the time for vascular imaging, patient mobilization, and swallowing screens.

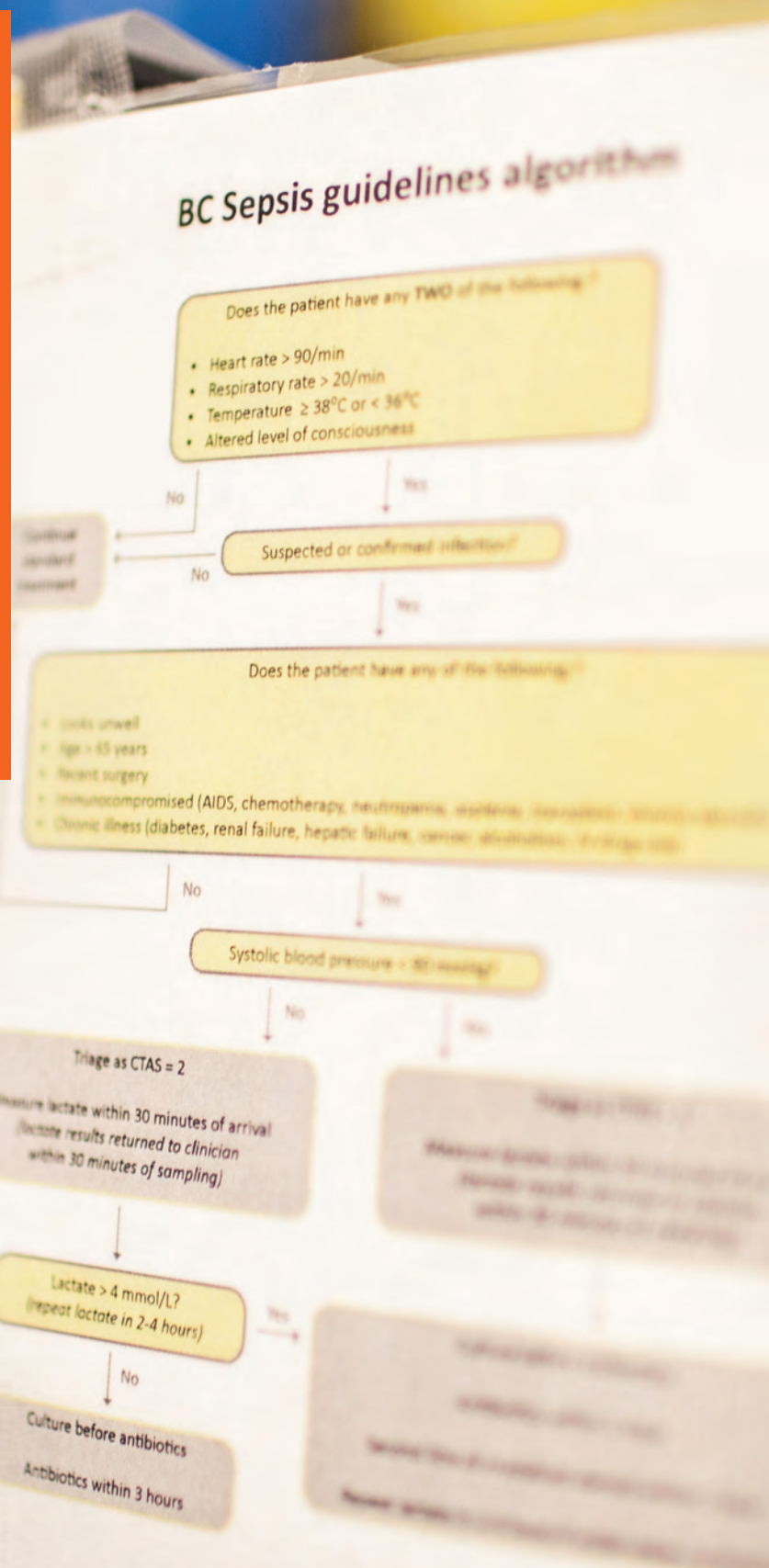
Fraser Health worked as a single team to make changes across 12 sites. The team significantly improved the emergency department Information system to improve identification of stroke patients. It also reduced the time to CT and increased stroke education across the health authority. For patients receiving clot-busting therapies, Fraser Health was able to reduce the door-to-needle time by 20%.

[Click here to watch a short video created by the Council to document these accomplishments and many more.](#)

CCM Sepsis Initiative

The CCM sepsis initiative aims to reduce sepsis morbidity and mortality rates throughout BC by identifying sepsis patients early, using best clinical practices, and achieving seamless transitions of care.

To advance this initiative, the Council looked to a distributed leadership model. This grassroots approach supports local leaders to lead the charge for quality improvement, with support from the Council. This model depends on the effective engagement of enthusiastic leaders who are personally motivated to address issues of care that affect their patients.



BC SEPSIS NETWORK

In June 2012, the **BC Sepsis Network** was established. The Council sought commitment from local sepsis leaders who work in emergency departments across BC to participate in the network and champion quality improvement locally. The network aims to grow a movement of local clinicians and stakeholders who are working together to improve quality of care and decrease sepsis mortality province-wide.

To further support this work, the Council has helped raise the profile of sepsis through a number of activities:

- Developing a “Call to Action” to engage clinicians, quality leaders and health care administrators in sepsis improvement.
- Developing and distributing the **BC Sepsis Guide to Improvement**, which includes the evidence-based BC Sepsis Guidelines, driver diagrams for improvement ideas and operational definitions for sepsis measurement.
- Developing a downloadable, quick-reference **algorithm** based on the BC Sepsis Guidelines.
- Creating an educational sepsis presentation for network leaders to adapt/revise and use for teaching within their own sites.
- Launching a province-wide poster campaign in emergency departments which featured a series of **colourful posters** depicting key facts about sepsis and encouraged participation in the BC Sepsis Network.
- Creating an **online repository** of sepsis tools, documents, resources and recorded learning sessions.

- Linking to and promoting international sepsis awareness events such as World Sepsis Day (see page 48).
- Creating a monthly newsletter for Network members.
- Hosting monthly webinars.
- Facilitating an online community on **QExchange.ca** so that members of the Network can share stories, resources, and discuss improvement.
- Publishing an article in the BC Medical Journal titled “***Emergency management of sepsis: The simple stuff saves lives.***”

Surgery

The Council’s provincial focus enables it to integrate separate but related surgical quality initiatives and provide centralized support for individuals and teams.

SURGICAL QUALITY ACTION NETWORK

The Council created the **Surgical Quality Action Network** (SQAN) as an umbrella support structure for numerous surgical quality improvement initiatives. Currently numbering more than 550 members, SQAN brings health care providers together to discuss best practices and support the application of change concepts to improve surgical care for patients in BC.

SQAN provides a forum to bring together provincial initiatives as well as local innovation on best practice and improvement initiatives in surgery. The network's members also collaborate online through QExchange.ca.

SQAN brings together a number of surgical improvement initiatives taking place across BC.

BC National Surgical Quality Improvement Program (NSQIP)

Led by the American College of Surgeons, **NSQIP** is a comprehensive surgical database and quality improvement program that helps organizations measure and understand their own outcomes as well as compare them to benchmarks established by other participating sites.

The project involves the collection of 135 different data variables, including pre-operative risk factors, details of the surgical procedure, and post-surgical outcomes. By learning how their data compares to that of peer hospitals throughout North America, hospitals are able to respond to priority needs and then monitor the success of their quality improvement interventions. In BC, **participating sites** began contributing their data in spring 2011 and received their first semi-annual reports by summer 2012. Based on the findings, sites are forming action teams to address key areas for improvement.

The Council's role is to provide ongoing support to the 24 BC sites participating in NSQIP. Initial work included facilitating contract development and privacy impact assessments to help the sites navigate the process. The Council continues to coordinate monthly conference calls to build community and knowledge among the key players at each of the NSQIP sites, including surgeon champions, surgical clinical reviewers and administrative leaders.

View "**The Future of Surgery in BC**" – a short video created by the Council that details BC's participation in NSQIP.

CCM Surgical Initiative

As part of the NSQIP initiative, 24 hospitals in British Columbia are already tracking their **surgical site infection rates** and comparing them to other hospitals. The Council is also working to provide appropriate support to all surgical sites across the province to reduce surgical site infections.



PRE-OP

Date _____

Ward _____

PRECAUTION ALERT

PATIENT COMMUNICATION

Language Spoken _____

Translator Name _____

Phone number _____

PERSONAL BELONGINGS/CLOTHING

PATIENT VERIFICATION

Identification band on patient _____

Allergy band on patient _____

"Refer to Caution Sheet" _____

Consents Complete

- Surgical
- Transfusion

Transfusion Refusal _____

Oral or Surgical Procedure _____

Options for Care Orders _____

Verified _____

PLEASE INITIAL

YES _____ N/A _____

HART RELATED

Caution Sheet completion sheet

Hard copy of all chart orders sent to CCM

Pre-op antibiotic sent to CCM

To C.C. noted on chart

Physician orders

Medication reconciliation

and in chart (prescription)

Care of prescription

pharmacy

Results of CX

CCM Surgical Checklist Initiative

The use of the surgical checklist has become an international standard practice in the operating room. The surgical checklist has been shown to contribute to better teamwork and communication, increased efficiency and reduction of complications. However, in practice the checklist has been a challenge to implement.

Since its inception in 2008, the Council has supported national initiatives to encourage implementation of the surgical checklist in BC. Under CCM, the Council has also developed a number of additional tools to accelerate its uptake.

They include:

- A guide for executives to support the initiative.
- Support for teamwork and non-technical skills improvement work.
- Checklist guides, templates and demonstrations.

[Click here to learn more.](#)

Non-Technical Surgical Skills

Good surgical outcomes depend on technical excellence, but a surgical team's performance is also affected by the cognitive and inter-personal skills that team members bring to the job. The Council supported an analysis of team behaviours and non-technical surgical skills in British Columbia Children's Hospital operating rooms to explore the feasibility of measuring behaviours and interactions as a way to improve workflow and team interactions. The study also audited the surgical safety checklist and assessed workspace layout.

The project used simple counts of room in-and-outs as well as observations to assess compliance with the components of the checklist and note the quality of interactions. Behavioural interactions were also assessed and graded using the non-technical skills assessment tools.² Teams received feedback through debriefings.

The study found that although highly-functional teams are common, there remains plenty of opportunity for improvement.

² Flin R, Yule S, Paterson-Brown S, Rowley D, Maran N. *The Non-Technical Skills for Surgeons System Handbook v1.2*. Aberdeen; 2006.

“

“Our Surgical Day Care unit had completed the SQAN Operating Room Culture survey and the communications results were not very good. So when we attended a SQAN event on communication and learned about team huddles, we knew we needed to try it. We now bring everyone together in the morning and the afternoon, including housekeeping and unit clerks. The staff love it, and we're able to talk about and deal with issues much sooner.”

Nancy Reichheld
Manager, PARR and SDC, Victoria General Hospital



The heightened pressure to produce, combined with dysfunctional interactions, can detract from overall efficiency and put patients at risk. As a result of these findings, the Council is assessing culture more broadly within surgical services. It is also looking at assessment and training approaches to address these issues.

Operating Room Culture

Studies have shown a relationship between surgical team culture and the rate of adverse events. Culture is also a major factor in change management, influencing surgical departments' engagement for implementing improvement initiatives such as the surgical checklist and NSQIP.

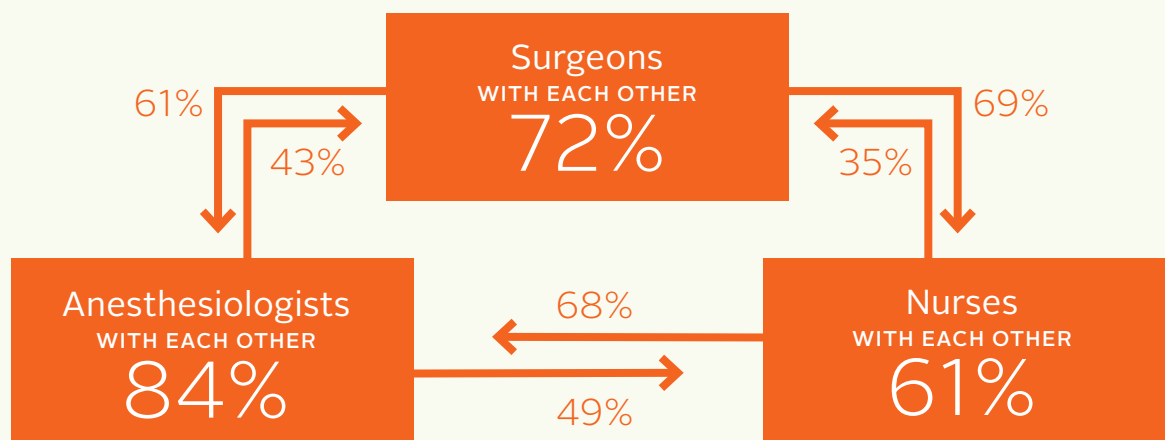
In early 2012, the Surgical Quality Action Network led a **culture initiative** that included the use of the Safety Attitudes Questionnaire to measure safety culture in operating rooms. The survey was completed by staff in 70 acute care units across 14 BC hospitals and measured culture, teamwork and communication.

The data identified aspects of culture that require improvement. For example, results showed significant gaps in the perception of communication and collaboration between operating room caregivers (see diagram below).

Improvement initiatives are now targeting these aspects of culture at the unit level. Areas of focus include:

- Physician-nurse teamwork
- Teamwork in the operating room
- Respectful communication amongst team members
- Perceptions of management
- Appropriate management of problem personnel
- Feeling comfortable discussing errors

The Council is supporting the culture initiative through teleconference presentations, workshops, and toolkits for teams to implement. Another survey is planned that will include additional sites in 2013.



Percentage of OR caregivers reporting "high" or "very high" levels of communication and collaboration with other OR caregivers across the 14 participating hospitals.

Medication

PATIENT MEDICATION JOURNEY PROCESS MAPPING

It is well known that as patients transition through different settings of care (e.g. from home to hospital to residential care), they face a greater risk for an adverse drug event. Communication problems between settings of care are a significant factor in these occurrences.

There are several initiatives underway to address this issue, such as medication reconciliation and integrated health networks for chronic disease management. As a complement to this work, the Council convened two meetings that focused on gaps in communication between various prescribers as well as those dispensing medications.

The Council worked in partnership with the Shared Care Committee — a joint committee of the BC Medical Association and the Ministry of Health — which is working to improve health outcomes and the patient journey through the health care system. The Council held process mapping sessions in February and May 2011, bringing health care providers together to map the interfaces of ongoing management of medications throughout the continuum of care. Participants represented a variety of professions, all health authorities, rural and urban communities as well as patients.

A comprehensive map was created to illustrate a **patient's medication journey**. The map has been presented to a number of stakeholders, and they have used it to inform their work.

Reviews of Quality of Care

From time to time, Dr. Doug Cochrane, the Council's Chair and Provincial Patient Safety & Quality Officer, is asked to act as an independent reviewer or counsel on health care issues related to quality.

RADIOLOGY REVIEW

In 2011, Dr. Cochrane was appointed by the Minister of Health to lead an independent two-part investigation to ensure that all radiologists currently practising in BC are appropriately credentialed, and to address issues of health authority appointment, re-appointment and College credentialing in the context of quality assurance for physician practices. Dr. Cochrane also worked with the College of Physicians and Surgeons to define quality assurance processes and peer review.

Dr. Cochrane's report and recommendations (**part 1** | **part 2**) resulted in a number of changes for health authorities and the College, and included providing advice on the management of adverse events.



Partnership Initiatives

The Council supports a number of initiatives that are also working to improve care in CCM's clinical areas, including:

- Supporting and working with the Western Node of **Safer Healthcare Now!** to provide support to BC sites working on evidence-based interventions.
- Supporting **Safer Care for Older Persons in residential Environments** (SCOPE), which is funded by Health Canada and led by the University of Alberta. The SCOPE project is testing a quality improvement model in seven nursing homes in Alberta and BC. Its aim is to improve the safety and quality of care delivered to elderly Canadians living in nursing homes and to improve the quality of work life for staff (primarily care aides) in nursing homes.
- Supporting existing front-line quality improvement collaboratives such as **Evidence 2 Excellence** and the **national positive deviance research project**.

Council staff members also serve as faculty on numerous national collaboratives, including:

- **Stop Infections Now**, Canadian Patient Safety Institute
- Medication Reconciliation Initiative, Canadian Patient Safety Institute
- **Safer Healthcare Now!**
- National Venous Thromboembolism Collaborative

Looking Ahead

DIGNITY IN RESIDENTIAL CARE

In January 2013, the Council will begin coordinating an 18-month learning and improvement initiative to support residential care facilities in BC to take action on improving dignity for seniors through reducing the use of antipsychotic drugs.

Numerous initiatives across the province are currently working to improve quality of care for seniors in residential care. The Council sees an opportunity for collective action, bringing key stakeholders together around the issue of antipsychotics in a way that aligns with ongoing efforts and the strategic priorities of the province.

Through the Council, residential care centres will be invited to join in this initiative to share resources and guidelines, receive improvement coaching and support, collectively learn and problem solve, and support the development of new care strategies to reduce the use of antipsychotics in residential care. The initiative aims to reduce the number of seniors in residential care on antipsychotics by 50% by the end of 2014.

WHAT DOES IT TAKE TO BUILD

CAPACITY & CAPABILITY FOR IMPROVING QUALITY?



The Council recognizes that supporting improvements in quality requires

knowledgeable and skilled people at all levels of BC's health system, from students to middle managers, and from front-line care providers to health care executives.

One of the first initiatives the Council undertook as an organization was to develop a multi-level strategy for bringing quality and patient safety professional development opportunities to those working in the health system across the province. The Council is also committed to supporting educational institutions to incorporate quality into health and medical curricula.

Since 2010, the Council has launched a number of initiatives to support the building of capability and capacity for improvement. Many of the learning opportunities offered by the Council directly support people's capacity to participate in and facilitate specific quality improvement initiatives. Others serve more generally to raise the level of knowledge on clinical topics as well as quality improvement.

Quality Academy

In September 2010, the Council launched the **Quality Academy**, a program designed to build the capacity and capability for quality improvement across the province.

The Quality Academy is a professional development program that helps participants gain knowledge, skills and confidence to effectively lead quality and safety initiatives within their own organizations. The program also emphasizes a role for graduates to teach and advise others on quality improvement work.

Delivered over a six-month period, the program consists of five in-person residency sessions that are held in different locations around the province.

Core components of the curriculum include:

- Process and systems thinking;
- Initiating, sustaining, spreading and supporting large-scale change;
- Personal, organizational and board development;
- Engaging and developing relationships with patients, caregivers, staff and the public;
- Delivering on cost and quality; and
- Innovation for improvement.³

Participants are required to apply the knowledge and skills they acquire through the program by leading improvement projects within their own organizations. To support their learning and work, the Quality Academy provides access to an expert faculty at in-person residency sessions, an assigned mentor and regular webinar sessions.

The Quality Academy has proven extremely popular, with full enrolment during each of its first five cohorts. Participants have come from every health authority and have included bed-side clinicians, clinical managers, directors, as well as quality improvement specialists. As of December 2012, 119 participants had completed the program and an additional 34 participants were mid-way through Cohort 5.

In addition to ongoing refinements to the curriculum since the Quality Academy was launched, the Council completed a formal curriculum review in September 2012. An updated curriculum and program structure was introduced for the program's fifth cohort.

Watch a short video created by the Council to provide an overview of the Quality Academy.



“When there’s a problem, people tend to rush in to make quick fixes. I loved Quality Academy because it really helped me focus. It taught me to slow down and take the time to analyze and strategize first, to think about the barriers, and to measure my progress. Not only do I continue to use the different quality tools for my own work, I’ve been able to spread my learning to others at Northern Health.”

Denise Murray RN, BSN

*Regional Coordinator, Decision Support Tools, Northern Health,
Graduate, Quality Academy Cohort 3*

3 Bevan H. *How can we build skills to transform the healthcare system?* Journal of Research in Nursing. March 2010; 15(2): 139 – 148.



An external evaluation in 2011 of the Quality Academy's first cohort showed that overall, participants found the Quality Academy to be very valuable to their personal learning and development. Many also reported spreading the knowledge they gained to others in their organizations.

Program participants, faculty mentors and executive sponsors all report that program participants increased their quality improvement knowledge and skills as a result of the Quality Academy. Results from self-assessment questionnaires point to improvement in knowledge and skill level for every topic taught in the Quality Academy. In fact, all content areas significantly increased from the pre- to post-assessments.

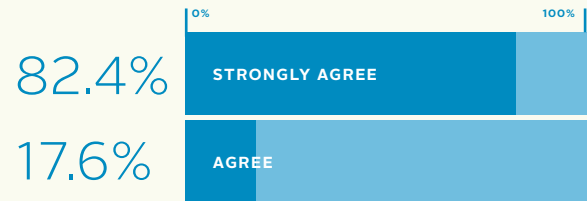
The most significant improvements in knowledge and skill level were in:

- Complexity Science;
- Positive Deviance;
- Reliability Science;
- Systems Theory; and
- Social Movement Theory.

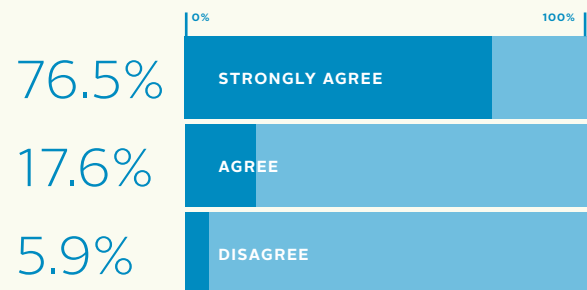
In September 2012, graduates of the Quality Academy's second cohort completed an evaluation on how completing the program has impacted their work since graduating in September 2011.

Results include:

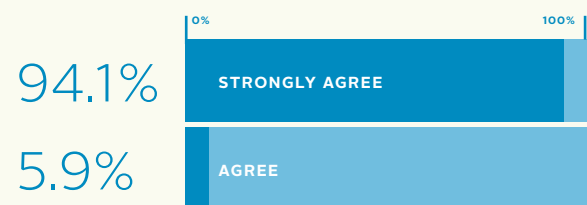
I apply the skills I learned at the Quality Academy to my current work.



My training at the Quality Academy has increased my effectiveness in my job.



I have mentored others in Quality Improvement since attending the Quality Academy.



Support for Quality Academy Alumni

As more people graduate from the Quality Academy, there is an increasing need to support their continued growth as health quality leaders and capitalize on their role as local quality trainers. The Council developed a plan to build on the momentum created through the Quality Academy. In 2012, the Council offered its first Quality Academy Graduate Workshop, which brought together past participants to expand on material covered in the program and discuss emerging issues in improvement work. Nearly 50 graduates from three cohorts attended the full-day workshop. Another full-day alumni session will be offered at Quality Forum 2013.

Board & Executive Quality Learning Series

The Council offered two sessions of the Board & Executive Quality Learning Series. This program built participants' knowledge, skills and confidence around the role of boards and senior leadership teams in the core components of health care quality improvement. Topics covered included: board and executive leadership for quality; tackling the cost and quality imperative; studying international case studies; and strategies for improving quality of care. The learning series has attracted 152 attendees over the two sessions. [Click here to learn more.](#)



Quality Café

Since 2010, the Council has offered a webinar learning series aimed at building improvement capability. Formerly known as Virtual Learning Opportunities, the program was re-introduced in September 2012 as the **Quality Café**, a monthly lunchtime webinar series that covers three areas: the introduction of broad topics relevant to quality and safety; the application of specific practical tools for quality improvement; and the exploration of successful innovations in BC. Many sessions support learning around the quality improvement initiatives currently underway through the CCM and NSQIP initiatives.

Topics have included:

- Effective Data Display
- Positive Deviance
- Checklist Action Series
- Accreditation Canada's Required Organizational Practices
- Human Factors Procurement
- Patients for Patient Safety Canada
- Next Generation Clinical Leadership
- Generations Talkin'
- Disclosure of Unanticipated Medical Outcomes
- Six Thinking Hats
- Polarity Mapping
- Twitter 101 for Health Care Professionals
- Lessons from an Award-Winning Walk-in Crisis Counselling Clinic

In total, the 12 webinars have been watched live by more than 350 visitors and have received high marks from participant evaluations.

93.5%

of participants who completed an evaluation agreed or strongly agreed with the statement, "I learned something new at this session."

79.6%

of participants who completed an evaluation agreed or strongly agreed with the statement, "I would like to learn more about this topic."

78.3%

of participants who completed an evaluation agreed or strongly agreed with the statement, "I will be able to apply this new learning to my work."

Quality Forum

In March 2012, the Council hosted its first **Quality Forum**. The two-day event offered a unique opportunity for 440 attendees from across the province to connect, share ideas and learn from fellow health care providers.

The development of Quality Forum 2012 was led by a 14-member steering committee that included representation from BC's health authorities, regulatory bodies, academic institutions, the Ministry of Health and ImpactBC. The aims of Quality Forum 2012 were to offer a BC-focused learning event that would support the following objectives:

- Support ongoing efforts to improve care and accelerate improvement;
- Showcase successes and leading practices;
- Discuss challenges we are facing in enhancing the quality of care and inspire action in addressing these challenges;
- Strengthen and foster engagement and the development of networks and collaborations; and
- Identify effective ways for health leaders to be catalysts for change.

To kick off Quality Forum 2012, the Council presented Health Talks: Bold Ideas to Transform Health Care. The event, which attracted more than 200 attendees, celebrated the recipients of the BC Quality Awards for 2012. It also featured a series of Pecha Kucha-style presentations. Ten speakers were invited to describe their hopes for a better health care system in fast-paced and engaging presentations that each used 20 slides, shown for exactly 20 seconds each. This approach was well received and generated tremendous energy and discussion during the Forum afterwards.

You can watch all 10 presentations on the Council's YouTube page: www.YouTube.com/BCPSQC



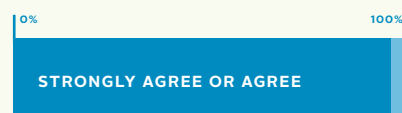


The program featured internationally recognized plenary speakers, more than 50 rapid fire **presentations**, over 100 storyboards, and a Pecha Kucha-style Health Talks event. Three full-day pre-Forum events included a social media camp, a workshop for Quality Academy graduates, and a meeting of the Critical Care Network sponsored by the Ministry of Health.

The Quality Forum attracted clinicians, policy and decision makers, quality improvement leaders, patients, researchers, administrators and executive team members. There was an overwhelmingly positive response from attendees to all aspects of the Forum. Based on participant feedback (highlights of which are shown to the right), the Council has made the Quality Forum an annual event.

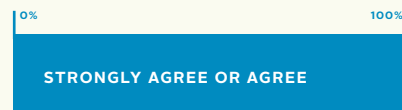
I will be able to apply the knowledge gained to my work.

94%



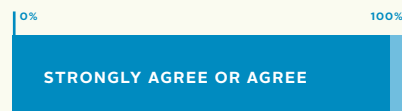
I learned new ideas or concepts.

97%



The Forum met its objective to support ongoing efforts to improve care and accelerate improvement.

94%



Capacity-Building Events

The Council provides **learning opportunities** through workshops and meetings on a variety of quality topics. These include:

ORGANIZATIONAL READINESS FOR CHANGE WORKSHOP - OCTOBER 29, 2010

At **this event**, 58 people from across BC learned about large scale change, quality and safety culture and measurement for improvement.

UNLEASHING CREATIVE ACTION AT THE FRONT-LINE - FEBRUARY 7 & 8, 2011

Part of Clinical Care Management implementation support, this two-day workshop offered positive deviance training and skill mastery.

MEDICATION RECONCILIATION: CONNECTING SECTORS AND SPARKING ACTION – JUNE 6 & 7, 2011

Presented in partnership with Safer Healthcare Now!, this event brought together 147 health care professionals working on medication reconciliation. Together they identified key strategies and practices to effectively manage medication reconciliation at discharge and transfer.

UNLEASHING CREATIVE ACTION AT THE FRONT-LINE - NOVEMBER 1 & 2, 2011

This interactive, applied learning workshop focused on social innovation to improve quality of care, and set the stage for liberating structures to facilitate change.

ONLINE LEARNING OPPORTUNITIES

The Council organized online learning sessions that were related to CCM clinical areas:

- Medication Reconciliation in Long-term Care (November 15, 2011)
- Ethics in Quality Improvement and Evaluation (November 16, 2011)
- Early Sepsis Management: The Research Behind What We Do (November 24, 2011)
- Glycemic Control in Critical Care (November 30, 2011)
- Venous Thromboembolism (VTE) Prevention: Evidence and Execution (December 1, 2011)
- Teamwork and Communication (December 1, 2011)
- Teamwork & Communications - Strangers in Crisis (December 6 & 7, 2011)
- Sepsis Care & Process Mapping in the ED (December 9, 2011)
- Medication Reconciliation in Long-term Care (December 13, 2011)
- The BC ICU Database (January 16, 2012)
- Implementation and Auditing Strategies for VTE (January 17, 2012)

SQAN EVENTS

The Surgical Quality Action Network has organized two annual provincial meetings, each a two-day event that attracted more than 200 attendees from across BC.

At Kickstarting Surgical Improvement in BC (November 2011) and **Spotlighting Surgical Improvement in BC** (November 2012), surgical teams shared their stories and learned from speakers from across North America.



NSQIP SUPPORT

The Council hosted a number of events to launch and support the National Surgical Quality Improvement Program:

- Getting a Head Start on NSQIP (March 2, 2011)
- Current Procedural Terminology Workshop (November 29, 2011)
- Data Analysis Workshop (February 8, 2012)
- Enhancing NSQIP: Statistics and Quality Improvement (May 24 & 25, 2012)
- Building an Action Plan for Teamwork and Communication (June 7 & 8, 2012)
- Economic Impact Evaluation of NSQIP (September 20, 2012)

Sharing Expertise

The Council is also represented on a number of health-related committees, working groups and advisory groups throughout BC. Council employees also deliver dozens of presentations throughout BC on topics that include:

- Positive deviance
- Patient perspective
- Patient safety
- Cost and quality
- Organizational energy
- **Twitter 101**
- **The value of social media**
- Health care culture
- Medication journey process mapping
- Disclosure of unanticipated medical outcomes

Members of the Council have also delivered presentations at the Institute for Healthcare Improvement's National Forum and the International Forum on Quality and Safety in Healthcare.

Patient Safety Alerts and Learning Summaries

While health authorities have been relatively successful in spreading the lessons learned from critical incidents within their region, the spread of information beyond health authority boundaries remains a challenge. The Council collaboratively developed an initial process for the voluntary provincial dissemination of anonymized safety alerts and learning summaries. Additional work is currently underway to revise the process and re-launch provincial dissemination in 2013.

Looking Ahead

QUALITY ACADEMY FOR CLINICIANS

In Spring 2013, the Council will launch a version of the Quality Academy geared toward practicing clinicians. This condensed version of the highly-successful Quality Academy program aims to help front-line clinicians engage as champions for quality and take on stronger leadership roles within the health system. The program is being developed in partnership with the BC Medical Association.

INSTRUCTIONAL RESOURCES

In response to demand from Quality Academy graduates, the Council has begun developing a series of modules to support alumni to teach others the basics of improvement work. A series of five modules provide a standardized set of materials that can be used by Quality Academy grads to build capacity among their teams. The complete package will be completed in early 2013 and will include presentation slides, a facilitator's guidebook and an instructional toolkit.

WHAT DOES IT TAKE TO SUPPORT
BC'S QUALITY
COMMUNITY?



Across BC, dozens of organizations are actively working to improve quality across the health system. The Council is supporting many of these efforts by bringing people together to collaborate on common issues.

The Council continues to help develop and support strong networks, offering a forum for people and organizations from across the province to share, learn and celebrate their achievements together.

Coordinating Provincial Networks

THE HEALTH QUALITY NETWORK

The Council's **Health Quality Network** (HQN) provides an active forum for more than 30 organizations across the province that share an interest in improving quality of care. Membership includes BC's health authorities, universities, professional associations and colleges, and other health quality groups.

The HQN brings stakeholders together quarterly to share information and collaborate on issues of common interest, and to take this learning back to their respective organizations. The HQN continues to be instrumental in providing guidance and feedback for the Council's work. Its members also contribute to quality improvement through two HQN sub-groups:

Communication Working Group

The Communication Working Group brings together communications and quality leaders from each of the health authorities to identify, recommend and implement communication strategies, tools and approaches to engage stakeholders and promote quality initiatives in BC. For example, the group identified an opportunity to talk about the accomplishments of the BC Stroke & TIA Collaborative during Stroke Awareness Month. Working with Stroke Leads in their respective organizations, communications representatives in the working group were able to share local stroke care improvement stories internally and through local media.



Post-Secondary Academic Working Group

Post-secondary institutions that train health professionals have an important role in ensuring that BC's workforce has the knowledge, skills and resources to support health quality when they begin their careers.

In Summer 2012, this working group was established to:

- Help expand awareness and enhance information exchange around quality and safety activities, initiatives and best practices;
- Provide stewardship for beginning development of tools/resources to support curricular enhancements to health professional education; and
- Establish and support sustainable processes to help educational institutions draw from current knowledge around evidence informed patient-centered care, best practices, and safety and quality across education, government, health services and research.

QUALITY & SAFETY DIRECTORS' NETWORK

The Council chairs the Quality & Safety Directors' Network, which brings together health authorities' quality directors to collaborate and share learning in order to promote, enable and facilitate improvement of the quality and safety of health services.

Providing Opportunities to Connect

CREATING PERSONAL CONNECTIONS

The Council believes in the value of face-to-face interaction to build sustainable, productive connections across the health quality community. The Council coordinates and hosts numerous events, workshops and meetings that bring people together around targeted quality improvement topics and initiatives. Council staff members also regularly travel to organizations throughout the province to present on a variety of patient safety and quality topics.



DEVELOPING ONLINE COMMUNICATIONS AND ENGAGEMENT

The Council aims to be a trusted source of resources and information on improving quality for the health care community. Online technologies help the Council encourage two-way communication, respond to the needs of BC's health community, and support improvement initiatives throughout the province.

The Council is committed to ensuring its stakeholders have equal, cost-effective access to information and resources, no matter where they are in the province. To accomplish this, the Council has strategically adopted and developed a number of online tools and technologies for communicating with stakeholders and supporting interaction within our networks.

Website

The Council's website (www.bcpsqc.ca) is the hub of its online activity. In mid-2012, the Council undertook a strategic web audit to determine audience needs and identify opportunities for improvement. The Council launched its new website in December 2012. The website's new design makes it easier for health care providers to find quality improvement resources, learn about upcoming events and news, and find out about improvement activities in their areas of work.

E-newsletter

Every two weeks, the Council issues an **email newsletter** to health care professionals across the province. Newsletter content includes news, events and resources from the Council and its partners.

Twitter

The Council engages with British Columbians and people from around the world **via Twitter** by providing quality improvement information, sharing best practice, and promoting news and events.

In summer 2012, the Council launched a monthly Twitter conversation, called **#QualityChat**, which has attracted participants from as far away as the United States, Australia and United Kingdom. The Council also provides presentations to stakeholders on how to use Twitter so that they can join and contribute to this growing community.

Q:Exchange

The Council developed **QExchange.ca**, an electronic community of practice that enables health care providers to take the quality improvement work they do offline and bring it online. A beta version of the website launched in Summer 2012, allowing users from across the province to engage in improvement discussions and share resources and relevant events. As of December 2012, four groups have been brought onto the site: the BC Sepsis Network, Critical Care, Quality Academy, and the Surgical Quality Action Network. The site continues to grow and expand its offerings to serve the quality community.

Additional Social Media Tools

YouTube and Vimeo The Council's online educational resources include more than **120 publicly-available videos** (such as Quality Forum 2012's plenary presentations and Health Talks' Pecha Kucha presentations) and webinar recordings. The Council's videos have received more than 28,000 views.

SlideShare Almost 120 presentations delivered by speakers at Quality Forum 2012 are hosted on the Council's **SlideShare account**. The Council has also posted a number of presentations that it has developed. All told, the presentations have received over 31,000 views.

Flickr The Council's **Flickr account** hosts images from Quality Forum 2012.

Storify Often the Council will encourage live-tweeting on Twitter during an event or presentation. **Storify** is used to highlight tweets that stood out or provoked discussion.

Embracing the Patient Experience

Paying attention to patient perspectives on care is a key element of providing quality health care. Through its connection to the **Patient Voices Network** — a Patients as Partners, Ministry of Health initiative administered by ImpactBC — the Council involves patient representatives on various working groups, project committees and steering committees. The Council is also represented on the Province's Patient Reported Experience Measures Committee.

The Council is working to cultivate and stimulate a broader discussion around how to bring the patient experience into quality improvement projects in BC through Quality Forum presentations and Quality Café webinars. Patient experience education has also been incorporated into Quality Academy curriculum.



“Although they're very concerned about quality, health care professionals tend to focus just on their own area. What's missing is the broader perspective, especially when it comes to transitions in care. The BC Patient Safety & Quality Council is able to bring all those pieces together, and support the involvement of patients who have experienced gaps in care. I don't think we can achieve change in the health system without having a Quality Council working alongside a supported patient network.”

Johanna Trimble
BC Patient Voices Network





Celebrating Achievement

The Council organizes the BC Quality Awards annually to celebrate individuals and teams who have made positive, sustainable achievements in improving health care quality. First introduced in 2009, the awards profile quality initiatives and enable the recognition of significant achievements.

Each year, the Council has responded to stakeholder feedback by refining the award categories and nomination process.

In 2012, the Council introduced the Everyday Champion Award, which engaged others to vote online.

[Click here to learn more.](#)



How does quality improvement affect the patient experience? This valuable perspective was the specific focus for two members on the judging panel for the 2011 Quality Awards: the Vancouver Sun's health issues reporter and a member of the Patient Voices Network.

After the awards were announced, both judges wrote about their experiences reviewing the 39 award submissions. Vancouver Sun reporter Pamela Fayerman wrote about five submissions that she found particularly important and newsworthy. A public representative also shared her thoughts through a blog on ImpactBC's website:

"As the 'patient' representative on the judging committee, I tried to imagine how the patients affected by each of these submissions would benefit from their efforts... I was honored to be given this wonderful opportunity to view the world of the 'doers' in health care."

Links to these posts can be found at www.bcpsqc.ca.

Quality Award Winners

2010 (click here for more info)

AWARD FOR LEADERSHIP IN QUALITY AND PATIENT SAFETY

Annemarie Taylor, *BC Patient Safety & Learning System, Provincial Health Services Authority*

AWARD FOR EXCELLENCE IN IMPROVING THE PATIENT EXPERIENCE

Informed, Prepared, Educated:
The Waiting Room Potential Captured,
BC Children's Hospital Emergency Department, Provincial Health Services Authority

Awards for Excellence in Quality and Patient Safety

STAYING HEALTHY – PREVENTING INJURIES, ILLNESS AND DISABILITIES

Metabolic Syndrome Program Team,
St. Paul's Hospital, Providence Health Care

GETTING BETTER – CARE FOR ACUTE ILLNESS OR INJURY

Northern Health PharmaNet (Medinet)
Pilot Medication Reconciliation at Admission Team, *Northern Health*

LIVING WITH ILLNESS – CARE AND SUPPORT FOR CHRONIC ILLNESS AND/OR INJURY

Involved Care Project, Penticton Regional Hospital - Renal Team, *Interior Health*

COPING WITH END OF LIFE – PLANNING, CARE AND SUPPORT FOR LIFE-LIMITING ILLNESS AND BEREAVEMENT

Let's Talk: Advance Care Planning in Fraser Health, *Fraser Health*

2011 (click here for more info)

AWARD FOR LEADERSHIP IN QUALITY

Sanjiv Gandhi, *BC Children's Hospital Cardiac Surgery, Provincial Health Services Authority*

Awards for Excellence in Quality and Patient Safety

STAYING HEALTHY – PREVENTING INJURIES, ILLNESS AND DISABILITIES

Pharmacists and Immunization Working Group, *Pharmacy Division, Ministry of Health*

GETTING BETTER – CARE FOR ACUTE ILLNESS OR INJURY

A Walk In Crisis Counselling Team,
Nanaimo Walk-in Crisis Counselling Clinic, Vancouver Island Health Authority

LIVING WITH ILLNESS – CARE AND SUPPORT FOR CHRONIC ILLNESS AND/OR INJURY

BC Mental Health and Addictions START Program, *BC Mental Health and Addictions, Forensic Psychiatric Hospital, Provincial Health Services Authority*

COPING WITH END OF LIFE – PLANNING, CARE AND SUPPORT FOR LIFE-LIMITING ILLNESS AND BEREAVEMENT

Renal End of Life Team, *Providence Health Care*

ACROSS THE PROVINCE

BC Provincial Renal Medication Reconciliation for all Dialysis Patients in BC, *BC Provincial Renal Agency*

WHAT DOES IT TAKE TO BRING

NEW IDEAS TO THE HEALTH SYSTEM?



In jurisdictions across Canada and internationally, health care providers are continually challenged to improve the quality of the care they provide. Many of the improvement priorities identified for BC's health system are also the focus of health providers in other parts of the world.

By developing and maintaining strong, collaborative relationships with peer organizations and quality innovators beyond our province, the Council is able to introduce the best ideas and practices into BC's health system.

Working with National and International Peers

The opportunity for collaboration and sharing across quality council organizations provides opportunities to leverage resources, knowledge and expertise to bring to BC. Maintaining a presence on the national level amongst related organizations is key to the Council's ability to understand and learn from other jurisdictions.

The Council's activities outside BC include:

- Participating on the Canadian Patient Safety Institute's National Working Group on Teamwork and Communication, which assessed teamwork education programs with the aim of developing or adopting a program to be available at the national level.
- Leveraging the work that has been done nationally by the **Canadian Patient Safety Institute** and adapting it to BC's needs, which reduces pressure on the province's research and development resources.
- Partnering internationally with several key improvement organizations around sepsis improvement.
- Supporting the work of the **Institute for Safe Medication Practices Canada** to disseminate medication safety alerts to BC's health authorities.
- Assisting other provinces (Newfoundland, Alberta, Saskatchewan and Ontario) to launch the National Surgical Improvement Program.

- Contributing to the Western Health Quality Network (an informal working alliance).
- Sitting on the Canadian Institute for Health Information's Health Indicator Working Group.
- Sitting on the **Accreditation Canada** – Annual Quality Conference Committee.
- Christina Krause, the Council's Executive Director, is an international member of the **National Health Service's Change Model** Leadership Group and a member of the international Energy for Change Advisory Group.

Supporting National Initiatives

Much of the Council's early improvement work served to facilitate local uptake of nationally-driven quality improvement initiatives. While provincially-led initiatives now receive the majority of the Council's energy and resources, the Council continues

to support the work of its national partners within BC, including:

- Partnering with the Canadian Patient Safety Institute for **Safer Healthcare Now!** by providing support to BC sites working on evidence-based interventions, including:
 - Surgical Checklist Action Series
 - Falls Virtual Learning Collaborative
 - Medication Reconciliation in Home Care Virtual Action Series
 - Central Line Associated Blood Stream Infection Virtual Action Series
 - Acute Myocardial Infarction Virtual Collaborative
 - Safer Healthcare Now! VTE Collaborative
- Collaborating with the **Institute for Healthcare Communications Canada** to offer a Disclosure of Unanticipated Medical Outcomes workshop.



“The bridges the Council has created with major quality organizations outside of BC have been quite spectacular – nobody else is doing what the Council has done. It's developed strong connections with groups like the NHS in the UK and Utah's Intermountain Healthcare, bringing them in to share their knowledge on topics like innovation for sustainability and standardization of care. These organizations have also provided tools, expertise and materials, which the Council has added to and implemented in leadership training and evaluation in BC.”

Dr. Patrick O'Connor

Vice President, Medicine, Quality and Safety, Vancouver Coastal Health



Learning from International Quality Leaders

The Council's connections with quality improvement leaders worldwide create a conduit for the spread of international best practices and innovations within BC. The Council has invited a number of internationally-recognized individuals and organizations to share their knowledge with BC's health quality community. This has included:

- Organizing for Jim Easton, the National Director for Transformation for the UK's **National Health Service**, to meet with leaders in BC to share learning from its quality initiative that resulted in a £4 billion savings over one year.
- Working with the **NHS Institute for Innovation and Improvement** to deliver workshops in BC:
 - A one-day session explored the NHS' Sustainability Model as a diagnostic tool to help identify strengths and weaknesses in improvement project implementation plans. More than 100 participants with operational oversight or in leadership roles for improvement initiatives attended.
 - An interactive one-day mini-course on Releasing Time to Lead. Targeted at senior leaders within the health system, this session focused on techniques for team productivity and covered key aspects of personal productivity based upon the modules from the NHS Institute for Innovation and Improvement's Productive Leader program.
- Featuring learning from Utah's **Intermountain Healthcare** at the Board and Executive Learning Series' second session.



On September 13, 2012, the Council brought to BC the first annual World Sepsis Day – a global event to raise awareness for sepsis and bring attention to the goals of the Global Sepsis Alliance. Local leaders within the BC Sepsis Network organized activities in 10 hospitals across BC and the Council led a number of provincial awareness-building activities.

Chief among these was BC's participation in an international Twitter chat about sepsis. Beginning in Australia early in the day and moving throughout the UK before ending in Canada, organizations worldwide facilitated a global conversation based on local hot topics and challenges in sepsis care. Almost 300 people sent 1,100 tweets throughout the chat about how to improve sepsis care. [Click here to learn more.](#)

- Inviting international speakers to speak at the Quality Forum and at Surgical Quality Action Network meetings to introduce new ideas and concepts.
- Supporting a pilot project across three units at Vancouver Coastal Health (VCH) to empower nurses to drive changes for better patient care. The Council supported VCH staff to receive training on Releasing Time to Care through its partnership with CareOregon. The nurse-driven approach features the use of visual data boards and daily communication huddles to identify areas of waste, interruptions and patient care issues. The Council also serves on the steering committee and has shared learning from the pilot with the Health Quality Network's members.

Capturing the Impact of Improvement Initiatives

The Council is working in collaboration with Interior Health and Dr. Craig Mitton, a health economist at the University of British Columbia, to develop and test strategies for implementing “allocative efficiency.” This approach aims to develop strategies to harvest cost savings that result from quality improvements and re-allocate the funding to support additional system transformation goals.



“We spent three days visiting CareOregon and learning about how it’s using Releasing Time to Care to improve the patient experience. Seeing the enthusiasm of its staff for this initiative made us really excited to try out this nursing-led approach ourselves. Back home, we’re seeing how even small changes on the unit can free up time for patient care. For example, for the cost of a shelving unit to create a second supply storage area, we can save our nurses an estimated 80 hours of walking time per patient per year.”

Audra Leopold, LPN

3 North, Richmond Hospital





WHAT WILL IT TAKE?

During the past two and a half years, the BC Patient Safety & Quality Council has gained significant momentum in fulfilling its mission: to provide system-wide leadership through collaboration with patients, the public and those working within the health system in a relentless pursuit of quality.

It is clear that the efforts of the Council and its many stakeholders are now beginning to gain traction in embedding quality throughout the health system.

We are committed to building on the momentum created by our collective accomplishments so far. We will continue to engage many partners who can share and learn together. We will continue to foster a shared vision for a sustainable health system built on a foundation of quality. And we will continue to bring a provincial, multi-faceted approach that ensures BC has the infrastructure, support and expertise to make health quality a reality every day in every way.

But we also know that it will take more effort to truly advance and sustain system-wide change. In addition to our current work, the Council will focus on other strategic areas of need:

- Continuing to expand our circle of stakeholders by reaching out beyond the health authorities to also engage groups that include primary care providers, residential care facilities and researchers.
- Strengthening professional competence by increasing quality improvement learning opportunities, including launching a version of the Quality Academy geared toward practicing clinicians and offering coaching and mentoring support to our partners.
- Examining the value derived from quality improvement by quantifying health care dollars that are saved as a result of quality initiatives.
- Facilitating the system-wide spread of quality by offering guidance, training and expertise on large scale change thinking, distributed leadership and strategic engagement.

To everyone who has played a role in the accomplishments detailed in this report, thank you. We are thrilled that so many people across BC's vast health system share our commitment to quality, from the care providers who work on the front-line to quality champions in management and executive roles. You make improvement happen. We look forward to continuing to work with you to ensure delivery of the best care possible for every patient in the province.

If you would like to work with one of the initiatives detailed in this report, download resources to help you improve quality of care, or simply learn more about the Council and its team members, visit www.bcpsqc.ca.



**650 WEST 41ST AVENUE
SUITE 610, NORTH TOWER
VANCOUVER, BC V5Z 2M9
T: 604 668 8210 • F: 604 668 8220 • TOLL-FREE: 877 282 1919
E: INFO@BCPSQC.CA • TWITTER: [@BCPSQC](https://twitter.com/BCPSQC)
WWW.BCPSQC.CA**