BC Patient Safety & Quality Council

BC's Quality and Safety Community

Findings from an Environmental Scan and Stakeholder Consultation

Working Together, Accelerating Improvement

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Executive Summary

In April 2008, the BC Minister of Health Services established the British Columbia Patient Safety & Quality Council (the Council). The purpose of the Council is to provide advice and make recommendations to the Minister of Health Services on matters related to patient safety and quality of care, and to bring health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative, and patient-centered approach to patient safety and quality improvement in BC.

The Council commissioned an environmental scan to inform its strategic planning process, and to determine its place in the province where many organizations and groups in BC and across the country are already working towards improving the safety and quality of care. This scan involved one-hour interviews with key stakeholders working in quality and safety from across the province.

In order to determine how the Council can add value to an existing patient safety and quality structure, organizations were categorized with respect to the Council's five key areas of responsibility:

1. System-wide Leadership and Coordination
2. Measurement and Evaluation
3. Legislation and Regulation
4. Education and Professional Development
5. Information and Communication

Ten key themes emerged from those stakeholder consultations, in which participants discussed their particular challenges and quests for improvement in current leadership, education and training, business processes, performance and change management. These themes relate to organizational responsibility, building capacity, implementing quality initiatives and the public voice. The following 10 key themes are detailed within the report:

Overall, the consultations showed that while there are many organizations and groups already working towards improving patient safety and quality of care in B.C., there are also clear opportunities for the Council to add value to patient safety and quality improvement in the province.

The purpose of this report is:

1. To provide a brief overview of the current state of patient safety and quality improvement activity within BC, as reported by stakeholders during the consultation process; and
2. To highlight aspects of the Council's newly developed 3-year strategic plan that address the specific issues raised during the consultations [a full copy of the strategic plan can be found on the Council's website, www.bcpsqc.ca].

Acknowledgements

This report was prepared by the Howegroup Public Sector Consultants together with the BC Patient Safety & Quality Council. We wish to acknowledge and thank the individuals who participated in the interviews for this environmental scan and generously provided their thoughts and valuable insights into patient safety and quality improvement in British Columbia.

Representatives from the following organizations participated in the hour-long interviews that provided the data used to develop this report:

- BC Academic Health Council
- College of Physicians and Surgeons of BC
- College of Registered Nurses of BC
- Evidence to Excellence
- Fraser Health Authority
- Guidelines and Protocols Advisory Committee
- Healthcare Leaders' Association of BC
- Impact BC
- Interior Health Authority
- Northern Health Authority
- Patient Safety Chair, University of British Columbia
- Population and Public Health, Ministry of Health Services
- Primary Health Care, Medical Services Division, Ministry of Health Services
- Providence Health Care
- Provincial Health Services Authority
- Provincial Infection Control Network
- Provincial Perinatal Health Program, Provincial Health Services Authority
- Strategic Policy and Research, Ministry of Health Services
- Vancouver Coastal Health Authority
- Vancouver Island Health Authority
- Western Healthcare Improvement Network
- Canadian Patient Safety Institute
- Western Node, Safer Healthcare Now!
- Health Quality Council of Alberta
- Saskatchewan Health Quality Council
- Manitoba Institute for Patient Safety

Introduction

BACKGROUND OF THE BC PATIENT SAFETY AND QUALITY COUNCIL

The February 2008 Speech from the Throne detailed the Province of British Columbia's vision of a provincial council that would enhance patient safety, reduce errors, promote transparency and identify best practices to improve the quality of patient care. In May 2008, the BC Minister of Health Services, the Honorable George Abbott appointed Dr. Doug Cochrane to help create and lead the British Columbia Patient Safety & Quality Council.

The work of the Council builds upon that of the BC Patient Safety Task Force and aligns with the Province's long-standing commitment to improving the quality and safety of health care. In January 2005, the Province of BC announced $10 million to support additional patient safety efforts, which included $6 million over three years to support the Patient Safety Task Force, the provincial patient safety framework, the Provincial Infection Control Network (PICNet BC) and the first academic chair in patient safety at the University of British Columbia. An additional $2.3 million investment into the provincial Patient Safety & Learning System was announced in October 2007.

The purpose of the Council is to provide advice and make recommendations to the Minister of Health Services on matters related to patient safety and quality of care, and to bring health system stakeholders together in a collaborative partnership. The Council will promote and inform a provincially coordinated, innovative, and patient-centered approach to patient safety and quality improvement in British Columbia.

The mandate of the Council is to:

- Bring a provincial perspective to patient safety and quality improvement activities;
- Facilitate the building of capacity and expertise for patient safety and quality improvement;
- Support health authorities and other service delivery partners in their continuous effort to improve the safety and quality of care; and,
- Improve health system transparency and accountability to patients and the public for the safety and quality of care provided in British Columbia.

PURPOSE OF THE REPORT

As part of its strategic planning process, the Council wanted to understand the current work that was underway across the province related to patient safety and quality improvement and to hear from key stakeholders working to improve the system with regards to the successes and challenges they were experiencing. The Council then used this information as the foundation for the development of its three-year strategic plan. A full copy of the strategic plan is available on the Council website (www.bcpsqc.ca).

The purpose of this report is two-fold:

1. To provide an overview of the current state of patient safety and quality improvement activity within BC, as reported by stakeholders during the consultation process; and
2. To highlight key aspects of the Council's newly developed strategic plan that will address the issues that were raised during the consultation.

APPROACH

The environmental scan involved a comprehensive stakeholder consultation. One-hour in-depth interviews were conducted with 35 participants from September 15 to October 9, 2008. Participants were identified by the Provincial Patient Safety & Quality Officer, and were intended to represent the key stakeholders already working to improve the quality and safety of the health care system in the province.

Participants represented primary care, population and public health, acute care, regulatory bodies, academic partners, and provincial bodies. Participants were interviewed to identify current quality and safety initiatives, determine perspectives on the current quality and safety climate, and to develop an understanding of future priorities (strategic and operational). As well, participants were asked about the current barriers and successes they were experiencing related to quality and safety.

LIMITATIONS

There are several limitations associated with this report:

- This report does not include an exhaustive list of stakeholder initiatives, but rather references the initiatives that were raised by participants in the interview. The one-hour length of interviews did not allow the interviewee to relay all the quality and safety activity the organization is involved in.
- The environmental scan does not include input from several key groups, whose participation would have been valuable in providing a more complete picture of activity in the province. These groups include the BC Medical Association, representatives from home care and residential care, as well as other allied health professional groups, additional educational institutions, and patients.
- As with all qualitative approaches, the findings in this report reflect the beliefs and opinions of those participating in the interview.

ABOUT THIS DOCUMENT

The first section of the report provides an environmental scan of initiatives according to the Council's five key areas of responsibility:

1. System-wide Leadership and Coordination
2. Measurement and Evaluation
3. Legislation and Regulation
4. Education and Professional Development
5. Information and Communication

Following the current state assessment, the report details key findings from the stakeholder consultation and highlights the planned activities of the BC Patient Safety and Quality Council as outlined in the 2009-2012 Strategic Plan.

Environmental Scan

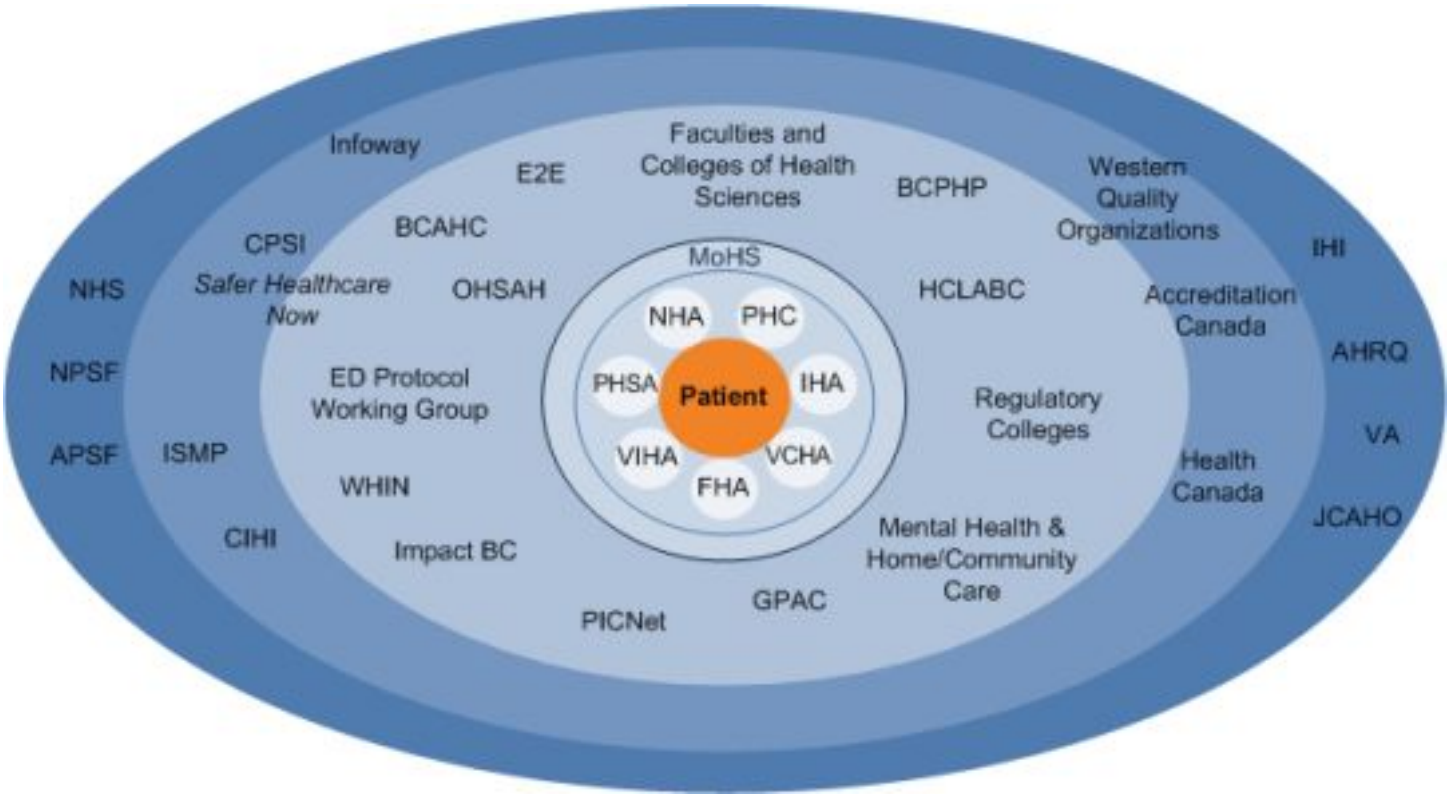
THE PATIENT SAFETY AND QUALITY COMMUNITY

The environmental scan is based on 35 interviews with 24 organizations active in BC (approach described in detail above). As shown in Figure 1, there are a multitude of regional, provincial, national and international organizations – all with important roles in improving the quality and safety of health care in BC and all working toward supporting, enhancing and/or delivering patient-centered care. While the environmental scan was not exhaustive, it does identify a cross-section of initiatives underway. This diagram, much like the quality and safety community itself, will evolve as more players are identified and as others are developed.

The environmental scan is presented by aligning the current quality and safety initiatives that were identified by participants with the Council's mandate.

FIGURE 1: ORGANIZATIONS WITH ROLES IN BC'S PATIENT SAFETY AND QUALITY COMMUNITY

(See Appendix A for list of acronyms)



SYSTEM-WIDE LEADERSHIP AND COORDINATION

Few organizations have a mandate for system-wide leadership and coordination, with most organizations having region- or service-specific mandates. Notable among key players for their system-wide leadership is the Canadian Patient Safety Institute (CPSI). CPSI provides national leadership in patient safety to health care delivery organizations through the identification of specific healthcare settings or services, conducting census reviews of the patient safety issues within the specific settings or services, and then partnering with organizations to implement recommendations. CPSI also develops research and action agendas for the spectrum of health care settings (e.g. acute, long-term care, emergency medical services).

Another CPSI initiative, Safer Healthcare Now!, has selected quick wins, known as "interventions" for implementation across the country. Interventions are designed for healthcare teams in acute care, and more recently, residential care. National Communities of Practice provide an online forum for healthcare teams to engage and build relationships with each other, discuss and share resources on SHN! interventions without geographical barriers. As of January 2009, there are currently 123 teams working on 10 interventions[1] across BC.

In BC, leadership and coordination tends to occur on a setting-specific basis. For example, the Provincial Health Officer provides leadership regarding public health issues and population health, and may be asked to undertake external reviews of the quality of systems and procedures within the public health and population health domain.

With regards to primary care, the Ministry of Health Services has invested in the development of Integrated Health Networks (IHN) and Divisions of Family Practice to coordinate the delivery of services in primary care. An IHN is a set of resources formally linked around the partnership of an identified complex, high-need patient population, their family doctors and their practice teams (nurses, dieticians, social work). IHNs are designed to provide the best primary care for a specific subset of the BC population (e.g. the frail elderly or people with mental health and addictions issues), helping them manage their health outside a health care institution. The Ministry's leadership is establishing successes within the primary care sector that can benefit and even be adapted within other settings, such as acute care, mental health and addictions treatment and home and community care. Similarly, the Divisions of Family Practice (a new initiative from the General Practice Services Committee, a joint committee of the BC Ministry of Health Services, the BC Medical Association and the Society of General Practitioners of BC) are designed to increase collaboration among general practitioners (GPs). This will improve primary care for patients with complex needs and unattached patients. It is expected to include collaboration with specialists in the future.

1. The 10 interventions include: Improved Care for Acute Myocardial Infarction; Prevention of Surgical Site Infections; Prevention of Ventilator-Associated Pneumonia; Prevention of Central Line - Associated Infections; Medication Reconciliation in both Acute and Long-Term Care; Prevention of Methicillin-resistant Staphylococcus aureus (MRSA); Prevention of Venous Thromboembolism; Rapid Response Teams and Prevention of Falls in Long-Term Care. For more information: www.saferhealthcarenow.ca.

In summary, at a national level, system-wide leadership and coordination is occurring in patient safety; at a provincial level, leadership and coordination is occurring for specific settings. This environmental scan included several organizations active in patient safety and quality across acute care settings. Due to the limitations of the approach, however, organizations that provide leadership and coordination outside of the MOHS within BC's home care and residential care settings have not yet been identified. BC health care delivery organizations have the opportunity to look to CPSI for system-wide leadership in respect to patient safety. Within health authorities, the search for leadership has traditionally been focused on responding to specific incidents or identified risk areas. A provincially-led patient safety and quality agenda could move some healthcare delivery organizations beyond risk management responses towards a more proactive approach. With respect to coordination, there are national and provincial events (conferences, networks) and places (e.g. Communities of Practice) to bring together members of BC's health care community. The Quality & Safety Directors' Network and the Evidence to Excellence initiative (with its focus on emergency services) are two excellent examples. However, navigating through the diverse patient safety and quality initiatives in the health care community remains complex.

In response to this need, one of the first steps of the Council will be to establish a Health Quality Network (HQN). The purpose of the HQN is to promote, enable and facilitate the improvement of the quality and safety of health services in British Columbia through leadership, collaboration and shared learning. Membership on the HQN will include health authorities, regulatory colleges, various divisions within the Ministry of Health Services, academic institutions and bodies, and key quality organizations from across the province such as Impact BC and Evidence to Excellence. The HQN membership list can be found at www.bcpsqc.ca.

MEASUREMENT AND EVALUATION

There are several organizations, both national and provincial, active in the area of measurement and evaluation. Many of the participants interviewed tended to focus on measurement required for their accreditation process (e.g. surgical site infection rates).

A relatively new development in patient safety measurement is the Patient Safety and Learning System (PSLS). The first system of its kind in Canada, PSLS is a web-based patient safety event reporting and learning tool for health care professionals that captures adverse event reports, safety hazards, near misses, as well as patient complaints. PSLS is currently in various stages of implementation across BC. Organizations leading and participating in these measurement efforts are looking for the most effective way to use the data to develop strategies for making improvements in the system.

Accreditation Canada has been very successful in building the profile of patient safety measurement at a national level, and has now begun to do the same for measuring quality. At a provincial level, the Ministry of Health Services and the health authorities have been measuring and monitoring patient/client satisfaction for several years. This requirement is included in the Government Letter of Expectation to all BC health authorities. Since 2003, the BC Patient Satisfaction Steering Committee (BCPSSC) has commissioned, overseen, and generated reports on province-wide patient surveys in different parts of the healthcare

system, such as long-term care, acute care (inpatient, maternity and paediatrics) and ambulatory cancer care. While survey results may have generated improvements in the patient experience, changes in that experience cannot be measured accurately as surveys are conducted at a single point in time. Province-wide patient satisfaction measurement has provided the foundation for using the patient perspective to guide decision-making and development of strategies for improvement.

More recently, the BC Patient Satisfaction Steering Committee has adopted a more continuous approach for measuring the patient experience in BC's 104 Emergency Departments (ED), with particular attention on access to and perceptions of quality of care delivered. ED leaders were engaged in designing a monthly report that includes a handful of satisfaction indicators that will provide the most value to supporting improvement. ED leaders also have access to teleconferences and a Technical Advisor to provide coaching on interpreting the results within these monthly reports.

The Council will work with the BCPSSC to establish further linkages between survey results and opportunities for improvement across the health system. The goal is to ensure more of the patient satisfaction survey results are utilized to drive quality improvement activities across the province.

Other organizations are also utilizing measurement to support improvement efforts. In the ED setting, the Evidence to Excellence initiative works with teams from health authorities to improve access to emergency services and improve care related to sepsis. In acute and long-term care, SHN! promotes ongoing measurement of adherence to key patient safety and quality processes. In primary care, Impact BC creates the momentum for change through measuring quality (e.g. hospitalizations and mortality for patients with chronic disease).

LEGISLATION AND REGULATION

There are numerous organizations mandated to protect the public by ensuring healthcare providers follow their professional standards and practices. The Ministry of Health Services is the key player in the legislation sector. Patient safety and quality is on the forefront of the government agenda, as reflected in the February 2008 Speech from the Throne and in legislation. The following is some of the legislation in place to support patient safety and quality improvement in BC: The Patient Care Quality Review Board Act, the Health Professions Act and the Apology Act.

The Patient Care Quality Review Board Act, was passed in May 2008. This Act requires health authorities to establish Patient Care Quality Offices to receive and process complaints about health care delivery and services. The Act also establishes Patient Care Quality Review Boards for each health authority to review complaints not resolved by the Patient Care Quality Office at the health authority level. The Boards will monitor and provide reports and recommendations to the Minister and the health authorities on the complaints being received, the process for complaint review and any other matters as directed by the Minister. The Act ensures there are clear, consistent, timely and transparent mechanisms in place to hear the patient voice and act upon complaints.

The Council will seek to establish relationships with both the Patient Care Quality Review Boards and the BC Patient Satisfaction Steering Committee. The Council may receive requests for advice from the Minister of Health Services initiated from recommendations the Minister receives from the Patient Care Quality Review Boards regarding quality issues.

The Health Professions Act (HPA) supports high-quality, patient-focused care by providing a common regulatory structure for the governance of health professions in BC. The HPA establishes healthcare professions as regulated professions; the establishment and authority of professional colleges is grounded in the HPA.

The Apology Act, innovative legislation in Canada, promotes an open and non-punitive patient safety culture, allowing healthcare providers to apologize to patients and families when disclosing an adverse event, without concern that this apology will be used in legal proceedings. Providing a safe environment for healthcare providers to disclose adverse events helps to support increased transparency in the system and will also support opportunities for learning when adverse events occur.

As part of its mandate, the Council will provide advice to the Minister of Health Services on amendments or enabling legislation to support quality and safety.

Two key regulatory bodies have provided input to this environmental scan – the College of Physicians and Surgeons of BC (CPSBC) and the College of Registered Nurses of BC (CRNBC). CPSBC engages in both proactive and reactive quality and safety initiatives. Proactively, the College has established a number of programs such as the maintenance of educational standards and licensure requirements, periodic peer review of physicians and their practices, accreditation of diagnostic and non-hospital treatment facilities, and review of prescribing practices. The College also acts in response to incidents and complaints.

CRNBC is working to promote a culture of patient safety among the general public. The College recognizes that making a complaint about unsafe or inadequate quality care (whether perceived or real) may be eschewed in some cultures, and is developing an awareness campaign to inform the public that it is okay to make complaints and encourage the public to ask questions about the care received.

To promote safe and quality health care throughout BC, both CPSBC and CRNBC provide learning and development opportunities for their members, and both continue to work with the education sector to embed quality and safety into the physician and nursing curriculum.

The regulatory organizations, however, are unable to review systemic issues: each College is responsible for its own members and does not have the legislative ability or jurisdiction to work together to identify systemic issues and collaborate on system-wide improvements.

The BC Patient Safety & Quality Council may from time to time evaluate critical patient safety and quality issues in BC as part of its strategic direction to support health authorities and other service delivery partners in their continuing effort to improve the safety and quality of care. As such, the Council may be requested by the Minister of Health Services or by health authorities to undertake external reviews of critical incidents and/or issues related to the quality of care, providing the opportunity to address systemic issues and make recommendations for system-wide improvements.

EDUCATION AND PROFESSIONAL DEVELOPMENT

There are numerous organizations engaged in educational and professional development opportunities focused on patient safety and quality. Some education is delivered in formal institutional settings (applies to all health care providers) or in regulatory environments (i.e. office and chart audits led by professional Colleges). Education and professional development is also delivered through conferences, workshops and networking opportunities (i.e., Health Care Leaders' Association of BC, Western Healthcare Improvement Network), orientation sessions (all health authorities), or as quality and safety initiatives (i.e., SHN! interventions).

While it is appropriate for organizations to educate and provide professional development opportunities to their members and staff, tailored to their specific roles and needs, there is also an identified need for collaborative learning and development opportunities for healthcare providers/leaders. The BC Academic Health Council (BCAHC) is a not-for-profit organization linking BC's health authorities and educational institutions. One of BCAHC's key initiatives is to facilitate collaborative and interprofessional practice. Under this model, healthcare providers are trained together and are placed in healthcare organizations as a team. This enables students to learn as a team and apply their knowledge in a collaborative model in the practice environment. In a resource-challenged environment, this model stands to provide the most benefit in primary health care as well as in rural communities.

The Western Healthcare Improvement Network (WHIN) provides professional development opportunities for its members primarily through an annual conference. It also supports the quest for a client-centered, evidence-based and outcomes focused health system by providing networking opportunities for practitioners. The challenge faced by WHIN, however, is that an informal approach to networking does not necessarily make provisions (e.g. time or people) that allow members to collaborate, share knowledge and resources.

The Health Care Leaders' Association of BC's Leaders for Life program is provides professional development opportunities for BC's healthcare executives. Currently, only a small portion of the program is dedicated to quality and patient safety; however, HCLABC is planning to expand the focus on quality and safety within their leadership program.

Within its first year, the Council will initiate discussions with the Health Care Leaders' Association of BC to work towards incorporating patient safety and quality dimensions into Leaders for Life program.

The Canadian Patient Safety Institute (CPSI) and Safer Healthcare Now! (SHN) are involved in education and professional development from a quality initiative capacity. Premised on supporting organizations to deliver safe and quality healthcare, they are able to influence a wide range of healthcare professionals, including health care providers and leaders. For example, SHN!'s Getting Started Kits are designed to engage healthcare teams and clinicians in a dynamic approach for quality improvement. SHN! has also launched web-based Community of Practice (CoP) for healthcare professionals involved in implementing the SHN! interventions. CoPs facilitate online discussion, file sharing, events calendars and more across the country for specific quality issues. These CoPs are ideal for engaging teams in rural health authorities who may otherwise feel disconnected from SHN! interventions or quality activity in general. An opportunity exists to allow healthcare teams and clinicians to build relationships across the country to share resources and experience.

In summary, there is a well established education and professional development sector within BC. There are different systems and structures in place to support student, graduates, and practicing professionals using different methods of teaching, providing networking and conference opportunities and focusing on specific quality initiatives.

The Council will continue to support and work with the Western Node of Safer Healthcare Now! to ensure the 123 teams working in BC receive the support they require to implement changes to improve the quality of care. For example, the Council is providing leadership for a Western Canadian MRSA Collaborative designed to support hospitals and facilities efforts to reduce transmission of MRSA. As well, work will be undertaken to develop, pilot and implement new quality improvement bundles – a set of evidence-based elements essential to improving clinical outcomes – that have been identified as priorities by members of BC's Health Quality Network.

INFORMATION AND COMMUNICATION

All of the stakeholders interviewed in the consultation process mentioned a role their organizations play in information and communication related to quality and safety of health care. These elements are embedded in all aspects of leadership and coordination; measurement and evaluation; legislation and regulation, education and professional development. Communication and information is not seen as a separate process, but rather as fundamental to core business processes of all organizations.

Some organizations have taken on very specific leadership roles in communication that are noteworthy for their influence over other organizations. For example, the Institute for Safe Medication Practices Canada (ISMP) publishes safety bulletins that advise of emerging risks in medication safety and how organizations can take steps to reduce these risks.

The Council is working with ISMP Canada to provide access to these bulletins for health care facilities in BC as part of its role to communicate provincially on matters related to quality and safety.

The Council recently launched its website www.bcpsqc.ca, which provides a forum for communicating information related to the Council's activities, in addition to highlighting some of the significant achievements related to patient safety and quality improvement in BC (see the Celebrating Achievements section). A quarterly e-newsletter will also be used to share information to stakeholders across the province on new and emerging issues related to quality and safety. The Health Quality Network, and the other groups in which the Council will participate, will also provide an additional avenue for communicating with key stakeholders across the province.

Key Themes from Participant Interviews

Ten key themes, detailed below in Table 1, emerged during the stakeholder consultation process. These themes reflect the issues and challenges highlighted by participants in their quests for improvement in current leadership, education and training, business process, performance and change management.

These themes, along with the environmental scan of current safety and quality activities in BC, informed the Council's strategic planning process. Below is a description of each theme and an overview of how the Council plans to address the issues raised through its three-year strategic plan.

Council Mandate	Theme Identified
Organizational Responsibility	1. Getting Boards and Leaders on Board 2. Managing Change and Sustainability without Additional Resources
Building Capacity	3. Embedding Quality and Safety in Education 4. Building the Right Team
Implementing Quality & Safety Initiatives	5. Integrating Quality & Safety Across Business Processes 6. Sharing Data with the Public 7. Aligning Performance Measurement Expectations 8. Coordinating Provincial Improvement Activities 9. Working with the Health Authority Perspective
The Patient/Public Voice	10. Listening to the Patient/Public Voice

Organizational Responsibility

GETTING BOARDS AND LEADERS ON BOARD

While participants in the consultation process acknowledged there is undeniable support for improving the quality and safety of care, they also noted a historical tendency for financial performance indicators to dominate over those related to patient safety and quality improvement.

Recognizing the importance of board and executive leadership and commitment to quality and safety, the US-based Institute for Healthcare Improvement (IHI) pioneered a "Get Boards on Board" program last year.

As part of this initiative, boards are required to spend 25 per cent of their meeting time on quality and safety issues. Although BC health authorities are reporting high-level quality and safety indicators alongside financial indicators to their Boards, there was a general consensus from participants that financial indicators remain the primary focus. Participants indicated that putting a human face to patient safety and quality is a very successful method for ensuring that patient safety and quality is on the Board's agenda. Several individuals pointed out that landmark patient safety failures, such as the recent discovery of inaccurate cancer testing in Ontario and Newfoundland, are increasing Board members' awareness of their duty to uphold patient safety and quality. CPSI is responding to this need in Canada by developing curriculum for governance that both addresses the duty of Board members to take notice of quality and safety issues and arm senior leaders with the skills to communicate with their Boards in a way that allows them to challenge the patient safety status quo.

As part of the Council's goal to support health authorities in enacting their commitment to quality, the Council will work to establish formal mechanisms to support health authority Boards and Senior Leadership in building a culture driven by quality. The Council will also work towards standardizing the reporting of patient safety events to Boards across the province.

The Council will participate and support upcoming dialogues with leaders from around the world who have achieved significant results in quality and will participate in the development of a road map to achieve the Council's vision of a health care system built on a foundation of quality.

MANAGING CHANGE AND SUSTAINABILITY WITHOUT ADDITIONAL RESOURCES

According to some interviewees, BC's health care community, including both health service organizations and professional groups, has a long tradition of negotiating for additional resources. Several participants suggested BC's healthcare community may have an entrenched "add-on" mentality, in which any change to processes of care must be accompanied by additional financial or health human resources. This tradition has carried over to processes of care that are critical to patient safety. For example, leadership from the Safer Healthcare Now! campaign shared concerns that some healthcare teams may view interventions as time-limited initiatives, discontinuing measurement of patient safety processes, and observed lapses in adherence to interventions. The "add-on" mentality can therefore make it challenging for quality and safety improvement activities to be sustained beyond project completion.

In BC's Practice Support Program, the use of incentives for General Practitioners following new Chronic Disease Management protocols was generally found to be successful. Although feedback on the Emergency Department Decongestion Pay for Performance Program was mixed, incentives were generally thought to be an acceptable way to engage physicians because of their source of compensation. However, some participants suggested that encouraging teams to participate in quality and safety initiatives by providing them with additional time-limited financial and health human resources was problematic as this positions core quality and safety activities as also time-limited, analogous to the implementation of new information systems or technology. It was suggested that providing additional resources may make the sustainability of projects more complicated. Several participants indicated the need for a shift from providing incentives to establishing accountability.

Building Capacity

EMBEDDING QUALITY AND SAFETY IN EDUCATION

Interviews from the health authorities raised the issue of explicitly embedding quality and safety in the education system, which would help build a culture of quality and safety across the organization. Participants suggested that while safe and quality care is implicitly taught in the current curriculum for all healthcare providers, it may be necessary to include explicit formal learning outcomes with respect to quality and safety infrastructure (tools, processes and structures) in the curriculum. Several participants also identified a need for a greater emphasis on safety and quality at all levels within the system: undergraduate, post-graduate and within the practice environment. In addition, ensuring that existing staff understand their individual responsibility for quality – for example, by building this responsibility into orientation, training and ongoing professional development – would also build capacity for safety and quality within the organization.

Healthcare providers are currently trained individually in separate learning environments and are then expected to work collaboratively in the practice environment. Many interviewees suggested it may be more effective for healthcare providers to learn as a team so that they learn to work well together, and more importantly, learn how to communicate effectively about patient care. Several participants from health authorities highlighted results from their recent patient safety culture surveys, which showed that teamwork across units (e.g. at patient transfer points) is one the areas in need of greatest improvement.

Participants from health authorities, colleges and the BC Academic Health Council (BCAHC) emphasized the need to collaborate on health human resource planning, stating there is a need for key groups to plan for healthcare provider needs, provide input into the appropriate curriculum and a willingness to work together to provide practice placements for students. BCAHC is focusing its efforts on bringing the health authorities and educational institutions together to shape education – including quality improvement and patient safety – for and with healthcare providers. Recognizing needs within both the existing and future workforce, there is some excellent work led by BCAHC in rural communities to train current healthcare providers in a team environment.

The Council will support both provincial and national educational programs, workshops and conferences focused on quality and safety. As well, the Council will work together with academic partners to explore the development of a graduate level degree or certification program in Patient Safety & Quality Improvement.

BUILDING THE RIGHT TEAM

A common theme throughout interviews with health authority leaders was the need to build, and engage, the right team to lead and support quality initiatives. Several participants provided examples in the province where the successful implementation of SHN! interventions was compromised because the initiative did not start with the right team. Stakeholders spoke of grounding teams through a shared vision – the common motivators that matter to system leaders and healthcare professionals, such as commitment to patients, economic interests, and recruiting and retaining talented healthcare providers and leaders.

Representatives from several health authorities provided examples of exemplary clinician engagement in the acute care setting through clinician leadership and collaboration on quality initiatives. The key was involving health care providers in specific and meaningful ways, rather than involving them merely for the sake of addressing the stakeholder group. For example, one health authority has a quality council in which physicians and nurses co-lead patient safety and quality improvement initiatives. Information, resources, and responsibility are shared openly among administrators and professional healthcare providers.

Implementing Quality & Safety Initiatives

INTEGRATING QUALITY & SAFETY ACROSS BUSINESS PROCESSES

According to many of those who participated in the consultation process, health authorities have typically built their quality and safety infrastructure (including executive-level quality and safety portfolios and dedicated quality and safety directors) into a vertical business process, meaning accountability for safety and quality rests at the top. However, health authorities are keen to advance a culture where patient safety is everyone's responsibility, with quality and safety firmly embedded across all business processes – even those which do not involve direct interaction with patients.

There are examples within the province where inroads are being made in integrating quality and safety throughout entire organizations. For example, the development of patient safety policies supported by Senior Leadership designed to increase the learning and reporting from adverse events. As well, several health authorities mentioned work to integrate quality and safety professionals within the procurement process to ensure patient safety is considered during the selection of equipment and supplies.

SHARING DATA WITH THE PUBLIC

Public reporting on indicators is integral to developing, supporting and sustaining a transparent and accountable culture of quality and safety. Most interviewees shared a desire for increased openness with staff and the public, though several expressed apprehension about sharing data when its quality is limited by the variability in manual data collection procedures and fragmented data systems. Additionally, some participants noted that there are varying measurement approaches from organizations for similar patient safety and quality indicators. Other individuals highlighted the challenge of knowing which patient safety and quality indicators were most valuable to share with British Columbians and how to do this in a consistent and clear way.

Some health authorities are developing and making annual performance reports available and sharing results on an ongoing basis with staff. Additionally, these health authorities are posting Infection Control reports online and making other safety and quality performance reports available on their websites. Some organizations are still working on developing effective structures and processes for using data to guide organizational learning.

The establishment of a provincial reporting system for adverse events, the Patient Safety & Learning System, has enabled the opportunity for a provincial view of the types of events that are occurring. Though PSLS is in varying stages of implementation across the province, the Council will commission the PSLS central office to write a provincial Adverse Events Report in its first year.

ALIGNING PERFORMANCE MEASUREMENT EXPECTATIONS

Several health authority participants identified the need for standardized patient safety and quality indicators in BC, citing frustration with a number of disparate reporting requirements. One example is the difference in how surgical site infections are reported. Sites focus on measuring the proportion of patients who received prophylactic antibiotics within one hour before surgical incision, while Accreditation Canada requires them to measure the outcomes themselves, though data may be less reliable. With the realization that measurement of surgical site infections is problematic, Safer Healthcare Now! has focused on measuring the processes of care critical to the outcome of less surgical site infections.

Looking beyond the reporting expectations of national and regulatory organizations, health authorities themselves use a wide array of performance measurement schemas. Some health authorities, for example, participate in the American College of Surgeons National Surgical Quality Improvement Program. The human resources required to support performance measurement frameworks is significant and signals the need for further development of decision support systems.

Health authority participants were clear on their desire to use their resources for delivering safe, high quality care to patients rather than reporting duplicate performance indicators. In response, the Council will develop a BC Health Quality Matrix to provide a common definition and framework for quality in the province. Over the next three years, the matrix will provide the foundation for the development of a measurement framework including the identification of indicators and operational definitions across the continuum of care at the system level, health authority level and at the program level to provide consistency across definitions and indicators being reported.

The Council also recognizes the value of measurement in driving improvements in the quality care. As such, a review of existing measurement and associated quality improvement programs in the areas of home and community care, surgical care and obstetrics will be undertaken to determine the applicability and value of these programs for implementation in the province.

COORDINATING PROVINCIAL IMPROVEMENT ACTIVITIES

Those working in quality and safety are active and interconnected, and some organizations are also balancing multiple quality initiatives. These initiatives may include the implementation of information management and technology, business process reengineering, and education and training that support patient safety and quality within their organization. Most health authorities referred to specific quality and safety initiatives throughout the stakeholder consultation. Many mentioned that they faced challenges in implementing medication reconciliation as it competes with other initiatives for limited health human resources. One informant suggested that Accreditation Canada's standards may be too ambitious given the current state of information systems and that a focus on patients with multiple medications might be a more realistic starting point.

WORKING WITH THE HEALTH AUTHORITY PERSPECTIVE

There are many interconnected organizations leading various quality and safety initiatives across the province. All health authorities representatives, for example, mentioned they are tackling the same challenges, such as reducing infection rates, implementing medication reconciliation, and conducting processes to respond to adverse events (e.g. Root Cause Analysis), and said they benefit greatly from connecting with other health authorities through existing structures (such as the Quality & Safety Directors' Network, the Healthcare Leaders' Association of BC, and the Western Healthcare Improvement Network).

Participants from health authorities reflected a desire for guidance from the Council, rather than directives. Health authorities are willing to collaborate with each other, though there is some reluctance to use each other's tools without being involved from the onset of specific initiatives, given the importance and value of local cultures and processes.

Several participants identified a need for a provincial perspective in prioritizing initiatives and working together to determine which health authorities will guide which initiatives – engaging each other as needed and working toward a common goal, and utilizing provincial and national organizations for support.

The Council will work to support standardization of performance measurement indicators through participating in discussions around the alignment of indicators and reporting expectations with key bodies such as Accreditation Canada and Safer Healthcare Now!

In response to concerns raised by participants regarding the number of change initiatives in progress within each organization and across the province, the Health Quality Network will aim to coordinate the timing and sequencing of quality and safety initiatives, and reduce the potential for duplicated efforts.

The Council has a mandate to bring together a diverse group of stakeholders to support a provincial focus on quality across the continuum of care. To that end, the Council's strategic plan is designed to help the Council and its partners to focus on common patient safety and quality goals. The Council will facilitate that common focus and collaboration among stakeholders by establishing a Health Quality Network.

The Patient/Public Voice

LISTENING TO THE PATIENT/PUBLIC VOICE

Many interviewees identified a need for increased commitment to listening to the patient voice. Ministry-led initiatives to obtain patient feedback across the province (i.e. satisfaction surveys, Conversation on Health) are in place. However, some felt that it remains a challenge to integrate the patient voice into the decision making infrastructure across organizations.

In April 2008, one health authority's Senior Executive Team endorsed the establishment of a region-wide Patient Advisory Committee (PAC). With leadership from the Executive Director of Quality and Safety, the PAC's focus is bringing the patient/public voice into the decision making process – making healthcare more transparent and influencing a patient-centred culture.

It is important that the Council support mechanisms for health care providers and the system to engage with and listen to the patient/public. In partnership with key stakeholders, the Council will work to develop tools to support the engagement of patients and the public as partners in their own care. As well, as previously mentioned, the Council will work with the BC Patient Satisfaction Steering Committee to establish further linkages between survey results and opportunities for improvement across the health system. The goal is to ensure that the patient voice is utilized to drive quality improvement activities across the province.

Patient Safety & Quality Frameworks in other Provinces

OVERVIEW OF PROVINCIAL COUNCILS

Over the last five years, a number of provinces have launched quality councils or other patient safety organizations. Provincial approaches vary in focus and degree of development (i.e. organizational maturity). Regardless of the approach and area(s) of emphasis, each province is responsive to provincial politics, key stakeholders at the time of formation, and the existing quality and safety infrastructure.

Saskatchewan launched the first health quality council – the Saskatchewan Health Quality Council (SHQC) – in 2002. At this time, the Council has led a great deal of the development of quality improvement activity within the province. Of the provincial councils in Canada, it is the largest and most mature, and has concentrated its efforts on developing quality improvement initiatives and spreading knowledge throughout the province. SQHC is led by an appointed panel of provincial, national, and international health leaders, including experts from clinical care, system administration/management, health system research, health policy, and quality improvement. The SHQC provides health system quality and performance leadership to the provincial quality and safety community.

Also established in 2002 and formerly known as the Alberta Health Services Utilization and Outcomes Commission, the Health Quality Council of Alberta (HQCA) primarily focuses on reporting directly to Albertans on the quality, safety and performance of health services and the health system. Among its notable achievements is the development and adoption of the Alberta Quality Matrix for Health through its Health Quality Network, which will be the basis for the development of indicators to measure health service quality. HQCA also issues an annual Health Report to Albertans. HQCA credits its success to building relationships across the health system. Being established by the Ministry of Health and Wellness as an arm's length organization has also contributed to the Council's success.

Established in 2004, the Manitoba Institute for Patient Safety (MIPS) is funded by a grant from the Ministry of Health to promote, coordinate and facilitate activities that have a positive impact on patient safety and quality of health care for Manitobans. MIPS extends its relatively small budget through partnerships with professional colleges and faculties of health sciences and manages a notable suite of initiatives for its size.

Entering a full quality and safety community in 2005, the Ontario Health Quality Council (OHQC) is still actively working to bring a provincial perspective to a rather fragmented quality landscape. Striving to become a "trusted, independent voice dedicated to informing the public about the quality of its publicly-funded health system," the OHQC concentrates on provincial reporting. Approximately 85 per cent of its efforts are on reporting, with a smaller focus on quality initiatives. Positioned between Ontario's Local Health Integration Networks (analogous to BC's health authorities) and the Ontario Ministry of Health, OHQC is working to find its niche.

New Brunswick's Health Council (NBHC) is in its formative year. Its mandate includes patient/citizen experience and measuring, monitoring and reporting on health system performance (including but not limited to performance indicators related to quality and safety).

OPPORTUNITIES TO WORK TOGETHER

All provincial councils expressed enthusiasm about working with the BC Patient Safety & Quality Council. Several noted the current practice of established interprovincial meetings. One council recommended revising the format of these meetings to increase the formal level of collaboration between councils.

Maintaining the relationships already established with the other provincial quality councils and national bodies, the Council will continue to participate in the Western Quality Organizations network, and will seek to establish partnerships on safety and quality initiatives as appropriate. As well, the Council will work closely with the Canadian Patient Safety Institute on national initiatives designed to improve the safety and quality of care, such as the implementation of the surgical safety checklist and national guidelines for disclosure of adverse events.

Conclusion

This is an exciting time for quality improvement and patient safety in BC. The establishment of the BC Patient Safety & Quality Council provides an opportunity to raise the profile of quality improvement in the province. The learning and valuable insights provided by the stakeholders in this consultation will provide the foundation for the future work of the Council. Their participation and enthusiasm for this important work is crucial to the success of not only the Council, but to the overarching goal of improving the quality of health care in British Columbia.

Appendix A: List of Acronyms from Figure 1

AHRQ	Agency for Healthcare Research and Quality (www.ahrq.gov)
APSF	Australian Patient Safety Foundation (www.apsf.org)
BCAHC	BC Academic Health Council (www.bcahc.ca)
BCPHP	BC Perinatal Health Program (www.bcphp.ca)
CIHI	Canadian Institute for Health Information (www.cihi.ca)
CPSI	Canadian Patient Safety Institute (www.patientsafetyinstitute.ca)
E2E	Evidence to Excellence (www.evidence2excellence.ca)
FHA	Fraser Health Authority (www.fraserhealth.ca)
GPAC	Guidelines and Protocols Advisory Committee (www.bcguidelines.ca)
HCLABC	Health Care Leaders' Association of BC (www.hclabc.bc.ca)
IHA	Interior Health Authority (www.interiorhealth.ca)
IHI	Institute for Healthcare Improvement (www.ihi.org)
Infoway	Canada Health Infoway (www.infoway-inforoute.ca)
ISMP	Institute for Safe Medication Practices Canada (www.ismp-canada.org)
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations (www.jointcommission.org)
OHSAH	Occupational Health and Safety Agency for Healthcare in BC (www.ohsah.bc.ca)
MoHS	BC Ministry of Health Services (www.gov.bc.ca)
NHA	Northern Health Authority (www.northernhealth.ca)
NHS	National Health Service, UK (www.nhs.uk)
NPSF	National Patient Safety Foundation, UK (www.npsf.nhs.uk)
PHC	Providence Health Care (www.providencehealthcare.ca)
PHSA	Provincial Health Services Authority (www.phsa.ca)
PICNet	Provincial Infection Control Network (www.picnetbc.ca)
VA	Veterans Administration (US) (www.va.gov)
VCHA	Vancouver Coastal Health Authority (www.vch.ca)
VIHA	Vancouver Island health Authority (www.viha.ca)
Western Quality Organizations	BC Patient Safety & Quality Council (www.bcpsqc.ca) Health Quality Council of Alberta (www.hqca.ca) Saskatchewan Health Quality Council (www.hqc.sk.ca) Manitoba Institute for Patient Safety (www.mbips.ca)
WHIN	Western Healthcare Improvement Network (www.whin.org)