

## HEALTH QUALITY NETWORK MEETING

### MINUTES

June 10, 2009 (Wednesday)

9:30 a.m. to 3:30 p.m.

Delta Vancouver Airport Hotel  
Sea Island Ballroom – East  
3500 Cessna Drive, Richmond, BC

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**Present:** Per Participant List attached

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#### 1. WELCOME AND CALL TO ORDER

Dr. Cochrane, Chair, welcomed everyone to the meeting and called the meeting to order at 9:30 a.m.

#### 2. WORKING GROUP UPDATES (CHAIRS)

##### a. Measurement & Indicators

Ms. Trerise, Chair of the Measurement & Indicators Working Group, presented the Working Group's Charter, which was distributed at the meeting, outlining its work plans and evaluation indicators for the next year.

##### b. Education & Capacity Building

Dr. Maclure, Chair of the Education & Capacity Building Working Group, presented the Working Group's Charter, reviewing its work plan and evaluation indicators for the next year. The Charter was distributed at the meeting.

##### c. Patient Safety Event Reporting

On behalf of Ms. Miller, Chair of the Patient Safety Event Reporting Working Group, Ms. Krause presented the Working Group's Charter, which was distributed at the meeting, describing its work plans and evaluation indicators for the next year.

##### d. Patient Engagement

Ms. Krause, Chair of the Patient Engagement Working Group, hoped to pull this Working Group together in the next three weeks. There will be patient representation on this Working Group.

### **3. SYMPOSIUM UPDATE: ACHIEVING WORLD CLASS HEALTH CARE**

Dr. Dan Horvat, Assistant Professor, Northern Medical Program, UBC, made a presentation on the Transformation Meeting held on June 7 & 8. The purpose of the meeting was to build a dialogue with international participants to achieve sustainable, world class health care.

Dr. Horvat highlighted the work of South Central Foundation, Alaska; Jonkoping Health Care Services, Sweden; National Health Services, U.K.; South Central Strategic Health Authority, NHS; and Care Oregon, U.S.A., and the changes that these organizations have gone through.

Dr. Horvat felt that leadership, approach and structure are most important, and it is essential to build a “trust” relationship.

Mr. O’Reilly noted that the NHA is the first Health Authority who looked at change and transformation, and there is an opportunity for other Health Authorities and health care organizations to learn from them.

### **4. ADVERSE EVENT REPORTING: PSLS**

Ms. Taylor made a presentation on PSLS. She provided an overview and reviewed for Council Members the pilot evaluation results and provincial implementation.

Interface of the PSLS with other systems such as HCPP claims reporting and linkage with patient experience data was discussed. Ms. Taylor noted that HCPP is sufficiently involved in the development of the claims module, but PSLS is not currently interfaced with any system. She is happy to look at how linkage can be done to avoid duplication and improve efficiency.

### **5. HEALTH QUALITY MATRIX & USERS’ GUIDE**

Dr. Cochrane advised that a handbook is being developed to support the use of the Health Quality Matrix.

The Health Quality Matrix was discussed. The new definition for “End of Life” is “Planning, care and support for life-limited illness and bereavement”. The key change to the previous draft was to bring “Efficiency” into a fundamental role with “Equity”. The Matrix was revised to include:

- Equity: Distribution of health care and its benefits fairly according to population need.
- Efficiency: Optimal use of resources to yield maximum benefits and results.

Ms. Butler raised the issue of workplace safety and wellness. Ms. Weir commented that the Matrix focuses on the patient outcome, and workplace safety is a different strategy.

### **6. SURGICAL PROGRAM REVIEW**

Dr. Taylor made a presentation on the work undertaken by Dr. Dave Matheson and himself on behalf of the Council to assess current surgical quality improvement programs and surgical quality improvement measurement tools. Dr. Taylor advised that six surgical quality improvement measurement tools were identified and compared, and a “made in B.C.” tool was also considered.

The recommendation was to adopt the National Surgical Quality Improvement Program (NSQIP) from the American College of Surgeons as the major on-going measurement tool for a B.C. surgical quality improvement program. Dr. Taylor noted that the NSQIP is a nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care; it allows for valid comparison of outcomes among all hospitals in the program; it facilitates identifying “best practices” and dissemination of shared learning across the sector; and is currently the only true surgical database (most of the others are audit tools).

This program is being used at FHA and is being trusted by physicians.

The annual cost of this program is US\$35,000 per facility, which is a major concern for Members. There was also a comment that not one program is good for all facilities.

The next step for the Surgical Program Review is to take into consideration the recommendations provided by Dr. Taylor and Dr. Matheson and further explore in detail what a comprehensive surgical quality program would look like in B.C. (including both measurement and quality improvement aspects).

**7. BC PSQC QUALITY & SAFETY AWARDS**

Ms. Krause distributed to Members the submission requirements for the Excellence in Quality & Patient Safety Award and Leadership in Quality & Patient Safety Award, and encouraged nominations from Members. The deadline for nominations is July 10, 2009.

**8. HQN MEMBER ANNOUNCEMENTS**

Dr. Cochrane briefed Members on his presentations to Health Authority Boards, his participation in the CAHSPR (Canadian Association for Health Services and Policy Research) Conference, and CPSI’s work on primary care patient safety that the Council supports.

Dr. Cochrane invited Members to share updates, thoughts and new ideas. Some members provided information on the work that is being undertaken.

**9. NEXT MEETING**

The next meeting will be held on **Wednesday, September 9, 2009, from 9:30 a.m. to 3:30 p.m.** (location to be advised).

**10. ADJOURNMENT**

There being no further business before the HQN, the meeting adjourned at 3:30 p.m.



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D. D. Cochrane, M.D., Chair

August 17, 2009

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Date