

# BCPSQC INTERIM EVALUATION

HIGHLIGHTS

February 23, 2011

# About the evaluation

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## *About the Evaluators*

- Conducted by independent evaluators, Wynona Giannasi and Christine Vandebek of the Howegroup Public Sector Consultants Inc.

# About the evaluation

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## *Included examination of:*

- ❑ Evidence of efforts ('outputs'):
  - Stakeholder participation (e.g. attendance records)
  - Utilization of reports & resources (e.g. downloads)
  - Perception of BCPSQC initiatives (e.g. survey data)
    - e.g., Energy Index, HQN and Working Group surveys
  - Reports, tools, and advice provided by BCPSQC
- ❑ In-depth interviews with 52 stakeholders focused on impact ('outcomes').
  - ❑ Health Authority CEOs, VPs and Directors, Improvement Organizations, Ministry of Health Services representatives, Regulatory Bodies and Professional Associations and Academic Partners

# About the evaluation

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## *To identify:*

- Short-term outcomes and progress towards medium-term outcomes
  - 2 years is too short a time period to demonstrate province-wide action and change in patient safety and quality improvement
- Answer the question:
  - *Is BCPSQC on the right track towards province wide-action and change?*

# Our sincere thanks for...

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- ❑ Taking time from your busy schedules to reflect upon your experience with the BCPSQC and HQN both in interviews and surveys.
- ❑ Your willingness to participate and your forthcoming suggestions on how to improve the BCPSQC, including the HQN.

# Outline

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- Achievements
- Challenges to Moving towards Medium-Term Outcomes
- Conclusion



# ACHIEVEMENTS

# Evidence of BCPSQC Efforts

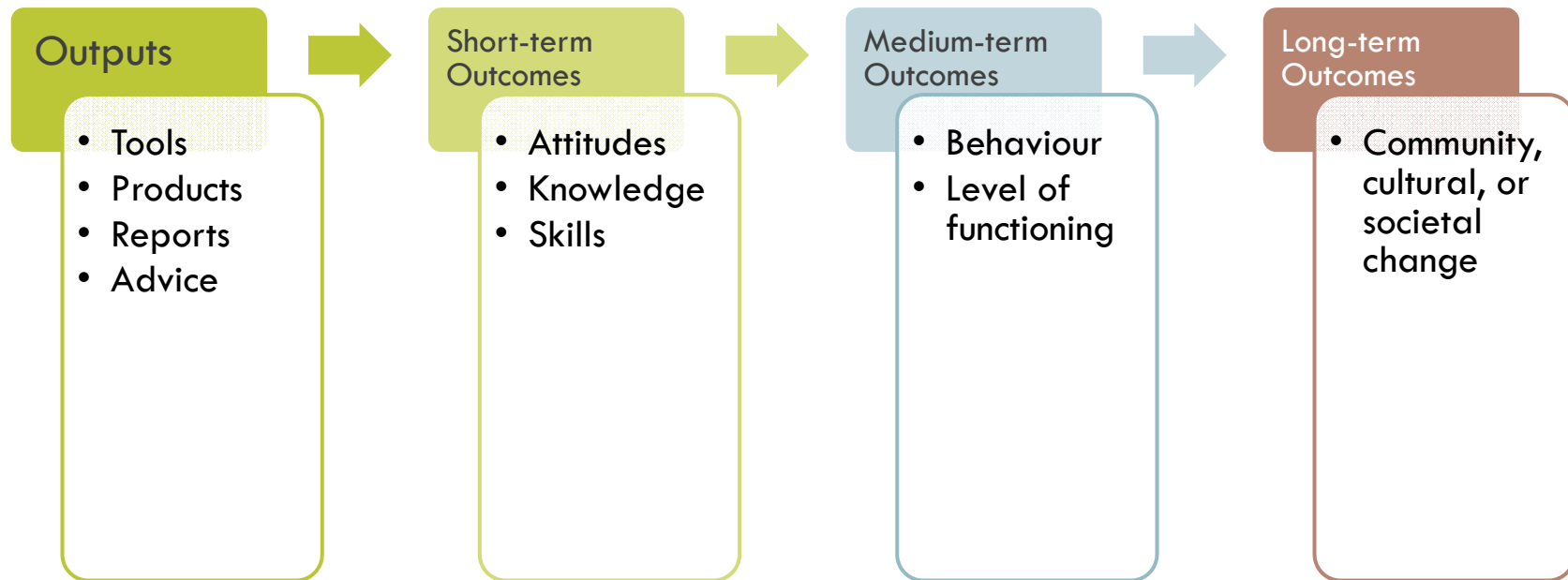
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## Outputs

- Opportunities for collaboration among health system partners (*HQN and Working Groups*)
- Tools and resources for patients and the public (*Good to Ask*)
- Educational initiatives and opportunities (*Quality Academy and Virtual Learning Opportunities/Webinars*)
- Tools and resources to support quality and safety improvements (*i.e. Health Quality Matrix*)
- Reports, advice and recommendations to the Minister of Health Services

# How achievements are evaluated

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# How achievements are evaluated

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## Short-Term Outcomes

- **Greater profile for patient safety and quality** within health system partners and public
- **Increased collaboration** among health system partners
- **Greater awareness of and consensus on areas for improvement** among health system partners
- Increased opportunities for health care professionals to develop **patient safety and quality improvement skills**

## Medium-Term Outcome

- Increased participation of health system partners in patient safety and quality initiatives
- Adoption of provincially developed frameworks and tools by health system partners
- Increased capacity, capability and expertise within health authorities and service delivery partners for patient safety and quality improvement

## Long-Term Outcome

- Acceleration of patient safety and quality improvement activity within BC

# Greater profile for patient safety and quality within health system partners

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## *Advanced by:*

- Reports, advice and recommendations to the Minister of Health Services

### Example Reports:

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- BC Health Quality Matrix & Handbook
- Measurement Strategies for Improving the Quality of Care: Best Practice Review
- Education for Quality and Safety Leaders: A Needs Assessment and Program Review
- Patient Safety in Primary Care

# Greater profile for patient safety and quality within health system partners

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## *Advanced by:*

- Reports, advice and recommendations to the Minister of Health Services (continued)

### Example Advice:

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- Public Reporting of Health Care Quality Indicators
- Quality as a Business Strategy: Supporting Health System Transformation in British Columbia
- A Framework for Improving Clinical Quality in BC – Surgical Services

*The BCPSQC has helped to shape the strategic priorities of the Ministry (especially on the development of specific projects).*

– Ministry representative

# Greater profile for patient safety and quality within health system partners

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## *Advanced through:*

- Relationships with BCPSQC leaders
  - Facilitating VP Quality/Medicine meetings
- The Quality and Patient Safety Awards Program
  - 8 awards celebrated in 2009
  - 6 awards in 2010
- BCPSQC communication activities for target audiences:
  - Safety Alerts
  - Provincial Connector e-newsletter launched March 2009 with 16 issues in 2 yrs
  - BCPSQC Website

# Greater profile for patient safety and quality within health system partners

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# Greater profile for patient safety and quality within health system partners

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## *Evaluation Findings:*

- Most emphasized as BCPSQC's province-wide impact
- Stakeholders point to evidence of outcome, such as:
  - ❑ The very existence of the BCPSQC
  - ❑ Senior leaders being 'in the room'
  - ❑ HR dedicated to patient safety and quality within Ministry
- Opportunity for activity that will increase profile of patient safety and quality among public.

*Patient safety and quality is now on the radar where it hadn't been previously. There is more collaboration with respect to patient safety and quality and more resources. This wouldn't have happened without the Council.*

- Ministry of Health Services representative

# Increased collaboration among health system partners

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## *Advanced through:*

- Relationships developed by BCPSQC leaders & staff
- HQN, credited as the primary vehicle for bringing health system stakeholders together
  - Working Groups provided opportunity to work together

In past 2 years, BCPSQC also:

- Chaired Quality Directors' Network
- Supported Collaboratives (e.g. Western Node MRSA Collaborative, Evidence 2 Excellence collaborative)

*What the BCPSQC is doing well they do very well. The HQN is bringing people together. We look to the BCPSQC for guidance because of their national and international linkages.*

- Health Authority CEO

# A closer look at the HQN

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## *Key Facts:*

- Brings over 30 organizations together to collaborate, build capacity and capability on patient safety and quality issues and provide advice to the Ministry
- Meets quarterly - 8 times before end of 2010
- Established 4 Working Groups: Education & Capacity Building, Public & Patient Engagement, Measurement & Indicators, and Patient Safety Event Reporting

# A closer look at the HQN

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## *Evaluation Findings:*

- Meetings energize, motivate and enable a community feel
  - ▣ Energy Index demonstrated the connection between what matters to HQN members individually and to HQN as a group is strong and a significant source of energy
- A review of HQN agendas and minutes and in-depth interviews indicate it has evolved...
  - From presentation format to increased discussion and co-presented topics
  - From information-sharing network into one that actively works towards a shared vision and problem solving

# A closer look at the HQN

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## *Evaluation Findings:*

- Spoke highly of the HQN's capacity for:
  - ▣ Relationship Building – increased mutual respect for and understanding of challenges faced by health system partners
  - ▣ Knowledge Transfer - including positively influencing their organizational practices

*It's been motivating to hear about the patient safety and quality initiatives / movement in the province. It's been good to hear that other people have similar issues and challenges in moving patient safety and quality work further. It's made me hopeful that we can have a single vision for patient safety and quality in the province.*

- Improvement Organization Leader

# A closer look at the HQN

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## *Evaluation Findings:*

- Capacity for Relationship Building and Knowledge Transfer bodes well for moving towards more medium-term (action-oriented) outcomes.
- Noted potential for Working Groups as a model for moving towards more tangible outcomes.

*There is a change in behaviour for working together, being more open and sharing solutions.*

- Health Authority Senior Leader

*BCPSQC is on the right track in terms of creating the foundations and linkages necessary to really push this to the next level.*

- Improvement Organization Leader

# A closer look at the HQN

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## *Evaluation Findings:*

- HQN members are ready for action
  - ▣ Through Energy Index, HQN members indicated they do not necessarily understand what the HQN must do to succeed and see this as important
- Desire for:
  - **More clarity on purpose**, articulated in Terms of Reference
  - **Movement towards tangible outcomes** consistently reflected in meeting agendas and in an operational plan.

*The challenge is to move from information exchange towards the next layer: action.*

- Academic Leader

# Increased opportunities for health care professionals to develop patient safety and quality improvement skills

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## *Evaluation Findings:*

- Quality Academy is the most familiar effort for moving towards this outcome.

In past 2 years, BCPSQC also:

- Offered 11 Virtual Learning Opportunities
  - Each with 13-46 ‘real-time’ participants, total of 8400 hits
- Developed sessions for health care leaders & Boards
- Supported educational opportunities offered by partners:
  - E.g. Global Trigger Tool & Surgical Safety Checklist education
- Increased access to national and international safety and quality forums (Halifax Series, IHI National Forum)

# A closer look at the Quality Academy

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## *Key Facts:*

- A 6-month professional development program launched in September 2010
- Cohort 1:
  - Brought together 28 healthcare professionals from around the province
  - On average, 95% of participants felt the Residency sessions are meeting their expectations.
  - Evaluation underway
- Cohort 2 starts April 2011

# A closer look at the Quality Academy

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## *Evaluation Findings:*

- Noted among the BCPSQC's most significant and visible achievements
- Confidence that it is an effective way to move towards increased capacity, capability and expertise for patient safety and quality improvement (medium-term impact)

*The Quality Academy is very encouraging and has huge potential to get people thinking in a similar way and communicating with each other through a safety and quality lens.*

– Improvement Organization Leader

# Greater awareness of and consensus on areas for improvement among health system partners

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## *Evaluation Findings:*

- Room to grow
- Efforts are helping BCPSQC move towards this outcome:
  - Health Quality Matrix
  - Patient Safety in Primary Care research report (partnership with CPSI)
- Perceived acute care focus and desire for more focus on community/home care and primary care

*We need to consider the impact before patients access acute care and after they leave.*

– Improvement Organization Leader



# MOVING FORWARD

# Challenges to meeting medium-term outcomes

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## 1. Limited awareness of BCPSQC activities and achievements

- Unless directly involved in the development/implementation, activities were not on their radar

## 2. Stakeholders not aware of BCPSQC pathways for advising Ministry

- Perceived Ministry influence at HQN meetings
  - Review of attendance shows average of 38% from health authorities, 24% from Ministry (not increasing over time) 23% from improvement organizations, 9% from academic institutions and 6% from regulatory bodies/professional associations.
- Desire for BCPSQC to seek independence from the Ministry

# Challenges to meeting medium-term outcomes

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## 3. **Expectations for province wide public reporting not met**

- Working Group formed and developed *Measurement Strategies for Improving the Quality of Care: A Review of Best Practices*. but stakeholders hoping for more impact
- Opportunity for role clarity

## 4. **Senior HA Leaders not adequately engaged**

- Leaders want to shape provincial patient safety & quality roadmap

## 5. **Expertise of HQN members not fully utilized**

- Particular room to grow in leveraging expertise and efforts of Improvement Organizations, Regulatory Bodies and Professional Associations and Academic Partners.

# Concluding thoughts: BCPSQC is on the right track

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- ❑ There is a genuine desire to see the BCPSQC succeed and goodwill towards the BCPSQC
- ❑ BCPSQC demonstrates success in achieving short-term outcomes
  - ❑ Increasing the patient safety and quality profile across BC
  - ❑ Facilitating collaboration among health system partners
  - ❑ Enhancing patient safety and quality improvement skills
- ❑ Evidence that expectations of and relationships with BCPSQC have matured since 2008
  - ❑ Readiness for action

# Concluding thoughts: BCPSQC is on the right track

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- BCPSQC is on the right track and should:
  - ▣ Continue to offer educational opportunities (like the Quality Academy) that increase capacity, capability and expertise for patient safety and quality improvement
  - ▣ Continue to bring stakeholders together through the HQN, developing an action plan that increases the participation of partners in patient safety and quality initiatives
  - ▣ Strengthen its ability to engage partners in patient safety and quality initiatives by BCPSQC leaders and staff:
    - Increasing role clarity
    - Regularly engaging its diverse health system partners