



*building advanced  
improvement capability  
for BC*

September 2010 - February 2011



BC Patient Safety  
& Quality Council

## *Information Call*

*May 28, 2010*

*Working Together, Accelerating Improvement*



## Today's Call

- BCPSQC
- Aim & Objectives
- Overview of Quality Academy
- Curriculum
- Supports and Benefits of Participation
- Quality Projects
- Enrolment Process



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

*Facilitate the building of capacity and expertise for patient safety and quality improvement.*

**Strategic Directions**

*Support health authorities and other service delivery partners in their continuing effort to improve the safety and quality of care.*

*Improve transparency and accountability to patients and the public for the safety and quality of care provided in BC.*



## Aim

*The aim of the Quality Academy is to provide participants with the capability to effectively lead quality and safety initiatives including the teaching and advising of others in the process of improving health care quality.*



## Overview

Five residency sessions held over a 6 month period:

<i>September 20 – 23</i>	<i>Vancouver</i>
<i>October 25 – 27</i>	<i>Kelowna</i>
<i>November 29 – December 1</i>	<i>Victoria</i>
<i>January 10 – 12</i>	<i>Prince George</i>
<i>February 21 – 22</i>	<i>Surrey</i>

Participants will undertake a quality improvement project as part of the Quality Academy to apply the curriculum with the support of expert faculty



## Curriculum Overview

- Built upon the learning and experience from:
  - NHS Institute for Innovation and Improvement;
  - Intermountain Healthcare's Advanced Training Program.
- Skills and knowledge of various quality improvement tools and methods.
- Critical thinking skills to understand strategic opportunities to improve the quality of care.



## Objectives

Participants will build their knowledge, skills and confidence around the core components of quality improvement including:

- Process and systems thinking;
- Personal and organizational development;
- Involving patients, users, carers, staff and the public;
- Making improvement a habit: initiating, sustaining and spreading change;
- Delivering on cost and quality;
- Problem solving/internal consultancy skills; and
- Innovation for improvement.

Participants will demonstrate acquired knowledge through design, implementation and evaluation of an improvement project related to the mission, vision and values of the organization.



## Supports

- Webinars between residency session
- A Faculty Mentor
- A dedicated website
- Discussions with faculty and participants
- A network of improvement experts







## Quality Projects

Projects will be required to meet the following criteria:

1. explicitly address one or more dimension of quality, based upon the BC Health Quality Matrix;
2. relates to the strategic or business plan of the organization;
3. supported by an organizational Executive Sponsor;
4. has a measurable aim statement;
5. progress toward the aim can be made within six months;
6. has the support of a clinical champion (where the project occurs in a clinical area);
7. incorporates the patient perspective; and
8. baseline data is available or can be obtained for the outcome measure.



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		DIMENSIONS OF QUALITY				
AREAS OF CARE		ACCEPTABILITY	APPROPRIATENESS	ACCESSIBILITY	SAFETY	EFFECTIVENESS
		Care that is respectful to patient and family needs, preferences, and values.	Care provided is evidence-based and specific to individual clinical needs.	Ease with which health services are reached.	Avoiding harm resulting from care.	Care that is known to achieve intended outcomes.
<b>STAYING HEALTHY</b> Preventing injuries, illness, and disabilities.						
<b>GETTING BETTER</b> Care for acute illness or injury.						
<b>LIVING WITH ILLNESS OR DISABILITY</b> Care and support for chronic illness and/or disability.						
<b>COPING WITH END OF LIFE</b> Planning, care and support for life-limiting illness and bereavement.						
		<p><b>EQUITY</b> Distribution of health care and its benefits fairly according to population need.</p> <p><b>EFFICIENCY</b> Optimal use of resources to yield maximum benefits and results.</p>				

The BC Health Quality Matrix was developed in collaboration with the members of the BC Health Quality Network which includes health authorities, the Ministry of Health Services, the Ministry of Healthy Living and Sport, academic institutions and provincial quality improvement groups and organizations.



## Quality Project Example – Reduce adverse events and surgical complications

Quality Dimension: *Safety*

Alignment to Strategic Priority: *Clinical Care Management (MoHS – Key Result Area)*

### Aim Statement:

*By February 2011, the surgical site infection (SSI) rate, for general surgery, will be less than 2% in all hospitals.*

### Outcome Measure:

*Percent of general surgical patients who develop a SSI post-discharge (long-term plans to do 30 day surveillance).*

### Process Measures (based upon evidence-based guidelines)

*Percent of surgical patients with “on time” prophylactic antibiotic administration*

Target: *95% antibiotic administration within 60 minutes prior to surgical incision*

*Percent of surgical patients with appropriate prophylactic antibiotic discontinuation - within 24 hours after surgery end time.*

Target: *95% [For cardiothoracic surgery, recent evidence suggests antibiotics could be discontinued 48 hours after surgery]*

*Percent of surgical patients with appropriate hair removal*

Target: *95% no hair removal or clipping*



## Expectations/Commitment

Participants completing the Quality Academy will receive a certificate of participation from the BC Patient Safety & Quality Council. Participants are expected to meet the following requirements to obtain certification:

1. attendance at all residency sessions (with exceptions for extraordinary circumstances such as illness);
2. presentation of project results and completion of a written project summary at the end of the program; and
3. demonstration of progress towards the aim of their project by the end of the program.

In addition, participants will be expected to:

1. actively participate in all residency sessions and webinars;
2. complete monthly project summaries to be shared with Faculty Mentor and Executive Sponsor;
3. complete group assignments and tasks related to the development of their project as required; and
4. participate in the evaluation of the Quality Academy program.



## Enrolment

### Process

1. First cohort: 30 participants
2. On-line application to be completed
3. Executive Sponsor Form

### Cost of Participation

1. Following acceptance into the Academy, participants will complete an on-line registration process.
2. Tuition: \$1995
3. Quality project: anticipated time required approximately ½ day per week
4. Travel and accommodation:
  - 5 in-person residency sessions (rotate across HA's where there are participating students)
  - 15 days in total



## Key Dates

<b>June 22, 2010.....</b>	<b>Notification of Acceptance Begins (NEW!!)</b>
July 15, 2010.....	Deadline for Applications
September 1, 2010.....	Last Day for Refunds
September 8, 2010.....	Pre-course Teleconference
September 20 – 23, 2010.....	Residency Session 1 (Vancouver)
October 25 – 27, 2010.....	Residency Session 2 (Kelowna)
November 29 – December 1, 2010.....	Residency Session 3 (Victoria)
January 10 – 12, 2011.....	Residency Session 4 (Prince George)
February 21 – 22, 2011.....	Residency Session 5 (Fraser Valley)



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# *Questions?*

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