

Ready for Action:
BCPSQC Interim Evaluation
2009 & 2010

Summary Report

Version FINAL REPORT

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Introduction

About BC Patient Safety & Quality Council

The February 2008 Speech from the Throne detailed BC's vision of a provincial council to enhance patient safety, reduce errors, promote transparency and identify best practices to improve patient care. Accordingly, the BC Minister of Health established the British Columbia Patient Safety & Quality Council (BCPSQC) with a mandate to facilitate a province-wide perspective for quality improvement activities, build capacity and expertise for quality improvement, support health authorities and other service delivery partners in continuing efforts to improve the quality of care, and improve transparency and accountability to patients and the public for the provision of safe and quality care in BC.

Purpose and Scope of the Evaluation

This interim evaluation is based upon the work of the BCPSQC from January 2009 to December 2010 and considers activities and accomplishments completed during this two-year time period. While two years is a very short period over which to demonstrate medium-term (behavioural change and action) and long-term province-wide quality improvement (cultural change) outcomes, a multitude of activities integral to supporting the BCPSQC's vision and short-term outcomes have been achieved during this time. It was never the intention that this evaluation would draw definitive conclusions regarding the impact of the BCPSQC, but rather would aim to provide a clear and comprehensive picture of the successes, challenges and opportunities for improvement for the BCPSQC, and its most well known system interface, the Health Quality Network (HQN).

About this Summary Report

The BCPSQC defines quality as multi-dimensional and encompassing safety, effectiveness, acceptability, appropriateness and accessibility representing the patient experience in the system; and as including equity and efficiency representing the system's experience.¹ With the evolution of this definition of quality, throughout this report, where quality is used alone, it is understood to encompass safety.

The purpose of this summary report is to provide an overview of the BCPSQC's successes and to provide insight into opportunities for growth as the BCPSQC evolves into focusing on its medium-term outcomes. A more comprehensive Technical Report is available that details the BCPSQC's accomplishments over the past two years as well as provides a more detailed look at successes and opportunities for growth. This report begins by reviewing the evaluation framework, summarizing key accomplishments and highlighting key findings in three chapters:

- Chapter 1: Collaboration among Health System Partners
- Chapter 2: Raising the Profile of Quality Improvement
- Chapter 3: Building Capacity through Education

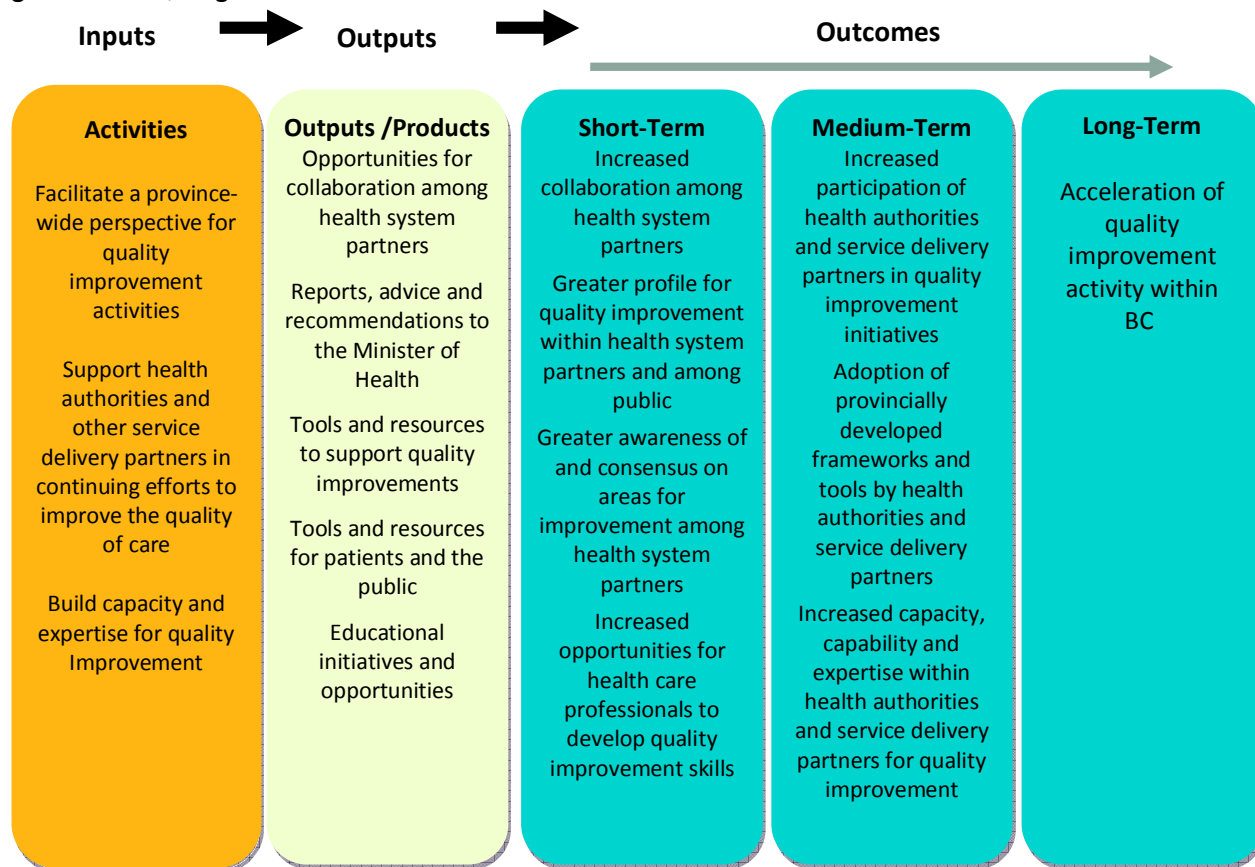
Evaluation Framework

To systematically evaluate the BCPSQC, an evaluation framework was developed and illustrates how human and financial resources were utilized to carry out the activities that support the BCPSQC's mandate (please see the logic model in Figure 1). Operational goals were also mapped against three of the four BCPSQC strategic directions: (1) bring a provincial perspective to quality improvement activities; (2) facilitate the building of capacity and expertise quality improvement; and (3) support health authorities and other service delivery partners in their continuing efforts to improve the quality of care. A fourth strategic direction — to improve transparency and accountability to patients and the public for the quality

¹ Please refer to the BC Health Quality Matrix (<http://www.bcpsqc.ca/reports/bc-health-matrix.html>)

of care provided in BC—was not included since fulfillment of this strategic goal is a shared responsibility with the Ministry of Health (Ministry), health authorities and other service delivery partners.

Figure 1: BCPSQC Logic Model



Evaluation Data Sources

Data from a number of sources provided multiple lines of evidence for this interim evaluation. This included both quantitative data and a document review demonstrating the BCPSQC’s efforts over the past two years, as well as stakeholder interviews with representatives from the Ministry, health authorities, regulatory colleges, professional associations, academic and improvement organizations.

Evidence of Efforts: Key Accomplishments

Over the past two years, the BCPSQC has undertaken a number of efforts to support increased collaboration within BC's quality improvement community and increase coordination of initiatives; expand the awareness of quality improvement within BC's health system; and, build capacity and capability within BC to address the learning needs of health care professionals. Table 1 summarizes BCPSQC's most notable accomplishments. Several key accomplishments are highlighted in this report.

Table 1: BCPSQC's Notable Accomplishments (Outputs)

Collaboration amongst health system partners	Raising the profile of quality improvement	Building capacity through education
<ul style="list-style-type: none"> • Relationships with Health System Partners developed by BCPSQC Staff • Linkages to quality organizations and leaders within the health system • Creation of the Health Quality Network & Working Groups • Leadership of BC Quality & Safety Directors' Network • Support for quality improvement Collaboratives 	<ul style="list-style-type: none"> • Measurement Strategies for Improving the Quality of Care: A Review of Best Practices • A Framework for Improving Clinical Quality in BC – Surgical Services • Guidance provided to other provincial quality organizations and leaders within the health system • Patient Safety Alerts • BCPSQC Website, Annual Report and E-newsletter • BC Health Quality Matrix • Patient Safety in Primary Care (a report completed in collaboration with Canadian Patient Safety Institute) • BC Awards in Quality Improvement & Patient Safety • It's Good to Ask Program 	<ul style="list-style-type: none"> • Strategy for Building Capacity and Capability within BC • Quality Academy, <i>building advanced capability for BC</i> • Provincial Forum on Disclosure of Adverse Events • Learning Opportunities for Senior Leaders • Virtual Learning Opportunities for all Levels • Support for Spreading Quality Initiatives • Support for Educational Opportunities Offered by other Organizations • Access to National and International Quality and Safety Forums

Chapter 1: Collaboration among Health System Partners

Success: BCPSQC is developing and fostering relationships within the health care community

Perceptions of the BCPSQC are being shaped by positive points of contact with leadership and staff. Stakeholders report having great respect for BCPSQC leaders, and pointed to the leadership as being credible, supportive and well connected. Stakeholders commented on the positive relationships that have been developed between quality improvement organizations through the BCPSQC staff and the positive impact this is having on advancing the provincial quality improvement agenda. It is through these positive relationships with the BCPSQC leadership and staff that stakeholders across BC's quality improvement organizations are forming foundational relationships with the BCPSQC and consequently with each other.

When the BCPSQC started its work in 2008, many stakeholders approached a potential relationship with the BCPSQC with caution. Their initial expectation was that the BCPSQC would take on a more limited, mostly advisory role. Two years later, evaluation participants have considerably greater expectations of the BCPSQC. Whether implicit or explicit in their comments, evaluation participants indicated that the BCPSQC had earned their trust. They are ready to see the BCPSQC evolve, particularly through the HQN to play a greater role in implementing quality initiatives.

Success: BCPSQC has increased collaboration among health system partners

The BCPSQC has created opportunities for collaboration amongst health system partners. Evaluation participants from all stakeholder groups spoke of the significant impact the BCPSQC has had, and continues to have, in bringing organizations together to build relationships and encourage collaboration across the health system.

Highlighted Accomplishment: Creation of the HQN & Working Groups

The primary vehicle for bringing stakeholders together is the HQN. The BCPSQC launched the HQN in 2009 to promote, enable and facilitate the improvement of the quality of health services in BC through leadership, collaboration and shared learning. This interdisciplinary network brings together more than 30 organizations including BC's health authorities, universities, professional associations and health quality groups. In the spring/summer of 2009, the BCPSQC created four Working Groups to support its efforts: Education & Capacity Building, Patient & Public Engagement, Measurement & Indicators and Patient Safety Event Reporting. The four Working Groups were a core component of the BCPSQC's first 3-year strategic plan and provided an opportunity for HQN members from across the health system to work together towards common quality improvement goals.

The BCPSQC's greatest accomplishment is first bringing relevant stakeholders together to share knowledge. The HQN is increasing communication between parties that have had difficulty communicating in the past.
– Improvement Organization Leader

The HQN has made a noticeable and positive impact on nurturing new and continuing to strengthen existing relationships. Stakeholders participating in the HQN had an increased understanding of others' contributions improving the quality of care in BC. HQN member satisfaction (average of 92%) exceeded the targets outlined in BCPSQC's Strategic Plan (70% in Year 1 and 80% in Year 2). Using attendance as a proxy for levels of commitment, Improvement Organizations appear most engaged, with most attending more than half of

the quarterly HQN meetings. As the HQN is evolving from an information exchange network to a collective problem-solving and action-based network, there are examples of quality leaders from health authorities, improvement organizations and the Ministry who have started meeting regularly and collaborating on provincial quality initiatives. Members reported that the HQN provides a sense of connectedness, and several commented on the value of the opportunity to bridge silos through focusing on a shared quality agenda.

Opportunity for growth: key partners are aware of only fractions of BCPSQC's activities

While the majority of evaluation participants understood BCPSQC's general purpose, awareness of specific activities was limited. Lack of awareness limits stakeholders' ability to recognize opportunities to work with the BCPSQC towards improved quality. Awareness of the Quality Academy (most predominantly among those involved in the HQN) was the greatest, followed by the BC Health Quality Matrix and the BCPSQC's commitment to the Surgical Safety Checklist. However, most evaluation participants were only able to identify only one or two of the BCPSQC's significant accomplishments with very few mentions of initiatives such as *It's Good to Ask*, the BCPSQC's support of the Western Node of *Safer Healthcare Now!* or webcasts of Institute for Healthcare Improvement's forums. The BCPSQC has used both print (e.g. the *Great Strides on the Path to Quality* report), online and e-newsletter (the *Provincial Connector*) platforms to create awareness of its activities. The quality of these, in particular the website, received a few positive mentions. However, these marketing efforts have mostly utilized a "pull" strategy, relying on the intended recipient of the messaging to pull information to themselves.

I don't know all of what they do. I read the newsletter and go to their website when I think of it.

– Health Authority CEO

Evaluation participants who were most engaged in BCPSQC activities, either through collaborating with members of the BCPSQC team in regular meetings, or as part of HQN Working Groups, were more knowledgeable about, and more affirming of, the BCPSQC's role in facilitating a provincial approach to quality. A number of interviewees self-identified that their awareness of the BCPSQC's activities and significant accomplishments was limited. Stakeholders expressed their desire for more information from the BCPSQC and also recognized their role in seeking clarity and taking ownership in becoming more engaged with the BCPSQC.

Opportunity for growth: stakeholders are uncertain about the role and responsibilities of the BCPSQC and the HQN

Evaluation participants drew on their experience with the BCPSQC to identify specifically where they sought increased clarity. Reflecting on their comments about the BCPSQC's relationship with the Ministry, several Health Authority Senior Leaders and a few Ministry representatives and Health Authority Directors identified a need for: (1) increased clarity on the roles and responsibilities of the BCPSQC; and (2) a distinction from the roles and responsibilities of the Ministry and health authorities.

A number of evaluation participants also voiced their desire for more clarity on the role of the HQN. Several Ministry representatives and Health Authority Senior Leaders, and all Health Authority Directors identified the need for clarity on the purpose of the HQN. Specifically, stakeholders were seeking clarity around understanding what the HQN must do to succeed, knowing when one has been successful within the HQN, and obtaining feedback about

participation in the HQN. While the purpose is clearly articulated in the HQN's Terms of Reference, reflected in meeting agendas, and in an operational plan for the HQN, there appears to be a low level of awareness among stakeholders of the HQN's purpose. The lack of role clarity can pose a challenge to the development of partnerships, as it is not apparent to stakeholders how they can work with the BCPSQC towards shared objectives. The lack of communication regarding the shift in March 2010 from the HQN functioning solely as an information-sharing network to a problem-solving network, may have contributed to these perceptions.

Opportunity for growth: health authority leaders would like more frequent contact with BCPSQC leaders.

As important partners in the implementation of quality initiatives, every health authority clearly indicated the BCPSQC has not adequately engaged senior leaders, CEOs in particular, with respect to incorporating their perspectives in provincial planning. The fact that Health Authority Senior Leaders are expressing the desire for more interaction speaks to the solid foundation of trust, credibility and respect the BCPSQC has already achieved from this stakeholder group. Health Authority Directors also underscored the importance of engaging senior leaders, as they are the pivotal entry point for increased participation of health authorities in quality efforts. These efforts comprise one of the BCPSQC's key medium-term outcomes.

The BCPSQC needs to draw in and develop more meaningful linkages with executives. The agents of change are CEOs and Boards and the BCPSQC hasn't (yet) developed a relationship with these groups.
– Health Authority VP

A concrete example of engaging Senior Leaders includes the BCPSQC leveraging the Leadership Council as a mechanism to increase collaboration and dialogue, as well as to increase the profile of provincial quality achievements. Health Authority Senior Leaders suggested BCPSQC leaders meet annually with themselves, individually, or through the Provincial Leadership Council. Several Health Authority CEOs suggested that the Chair of the BCPSQC have a regular presence at the Leadership Council.

Opportunity for growth: professional associations, regulatory bodies, improvement organizations and academia bring expertise to the HQN that have not been mobilized towards achieving improvements in quality.

Although it is clear that the BCPSQC has brought value by fostering relationships, particularly through the HQN, the BCPSQC could do a better job of engaging partners outside the realm of the health authorities and the Ministry. Evaluation participants from regulatory bodies, professional associations and academic organizations stated incongruence with their knowledge of the BCPSQC and the relevance of their expertise to the work of the HQN. They asked to make a greater contribution to the HQN by having their skills more fully utilized.

Stakeholders are undoubtedly committed to the HQN, as demonstrated through their attendance at meetings and support of the provincial network. There is room for the BCPSQC to better engage all members by harnessing their skills and expertise during meetings and through Working Groups. Making the most of these members' expertise has the potential to increase the relevance of HQN activities to them. As it has in the past, the BCPSQC can also continue to use the HQN to serve as a forum to 'shine the light'

I know very little about the BCPSQC. I really don't know what role to play. Brainstorming [at meetings] is ok, but I need a clear purpose and need to know how to contribute. I'd rather have a more detailed agenda and come prepared, ready to discuss specific issues and be hands on.
– Regulatory Body Representative

on the good work of its member organizations— all working toward the common goal of increasing quality improvement activity within BC.

Opportunity for growth: Stakeholders seek more focus on tangible outcomes

While numerous evaluation participants spoke of the positive impact the BCPSQC has had on advancing the provincial quality agenda, a minority questioned whether BCPSQC had made enough tangible impact over the past two years. In some cases, the further removed evaluation participants were from BCPSQC, the higher their expectations may have been and the less aware they were of achievements. These evaluation participants explained their desire to see a more tangible (quantifiable) impact by the BCPSQC taking a lead role in facilitating a provincial approach to quality.

Shedding more light on their expectations, a few evaluation participants pointed to areas where the BCPSQC could impact the quality of patient care. The Surgical Safety Checklist is one way for the BCPSQC to have a more direct impact in patient safety. Emergency department flow initiatives are another opportunity for the BCPSQC to directly impact access to care. Some of these interviewees were already looking forward to tangible outcomes of a longer-term nature (i.e. improvements in health outcomes) that may take a number of years to achieve.

I wish they would focus less on the big reforms and more on practical change. I want to hear: 'We implemented this practice (e.g. like the Surgical Safety Checklist) and it worked. These are the outcomes.' Or, say: 'it didn't work'.

– Ministry representative

Realizing the evolution of the HQN, evaluation participants spoke of the need for the HQN to mature from 'just networking' to making more tangible headway on improving BC's provincial quality climate. Evaluation participants reported that the HQN generated a lot of discussion but not enough action. Several evaluation participants believed that the Working Group model offered potential to expand membership outside of the HQN, involving front-line health care providers. The distance of HQN membership from the front-line had been identified by a few participants as one of the challenges, preventing the HQN from progressing from high-level, broad discussion to tangible outcomes. Thus, engaging members with regular direct patient contact, perhaps through Working Groups would help bring the discussion to a more practical level.

Chapter 2: Raising the Profile of Quality Improvement

Success: BCPSQC has focused on increasing awareness of areas for improvement among health system partners

As a prerequisite to fostering consensus on provincial priorities, the BCPSQC focused a great deal of its efforts on increasing awareness of areas for improvement among health system partners. The BC Health Quality Matrix and conversations at the HQN have broadened awareness of the multiple facets of quality improvement.

The establishment of a network that allows health system partners to relate and share knowledge of areas for improving quality operated as the foundation for this outcome. This foundation is now in place through the HQN. Adoption of the BC Health Quality Matrix (a medium-term outcome) is still underway and, by design, has the potential to enhance awareness of areas for improvement. With much of the groundwork in place, the BCPSQC may now continue to work on building consensus on priority areas for quality. This is being accomplished through Clinical Care Management and the agreement on other the priority areas.

Success: BCPSQC has increased the profile for quality amongst health system partners

The short-term outcome of increasing the profile of quality was assessed as completely achieved due to the numerous accomplishments (outputs) and as supported by evaluation participants. When asked to describe the impact BCPSQC had over the past two years, the strong majority of stakeholders believed that the BCPSQC has had a positive impact by elevating the profile of and increasing the focus on quality in the province. This belief was shared by many Ministry representatives, Improvement Organization Leaders and Health Authority Directors.

I think the BCPSQC's most significant accomplishment has been raising the profile of patient safety and quality. Here, within our organization, we are working hard to raise the profile of patient safety and quality as well. Before the BCPSQC, there wasn't anyone that was really out there beating that drum.

– Health Authority CEO

Evaluation participants also pointed to evidence of an increased focus on quality within their own organizations. This is evidenced by quality improvement being noted as a top priority for senior leaders, and an increase in human resources dedicated to quality improvement within the Ministry. While Accreditation Canada and the global quality movement are acknowledged as having increased this across BC's health system, it is fair to report that it has also advanced as a result of the BCPSQC's efforts. BCPSQC's focus on raising the profile of quality among health system partners is critical as it moves towards achieving its medium-term outcomes.

Opportunity for growth: Stakeholders unaware of the BCPSQC's input into the Ministry's direction

While the majority of stakeholders were aware of the Ministry's influence on the BCPSQC, most were unaware of the BCPSQC's input into the Ministry's direction. Stakeholder perceptions of the BCPSQC's position relative to the Ministry varied greatly, particularly between the Ministry and the health authorities. Ministry representatives were most likely to view the relationship between the BCPSQC and the Ministry as one where the two interact in a mutually beneficial way, each influencing each other. However, health authority representatives were unaware of the BCPSQC's success in influencing/advising the Ministry. These evaluation participants conveyed their impression that the BCPSQC's relationship with the Ministry had limited its ability to impact

certain aspects of improving quality throughout the province, most notably their expectation of a movement towards the public reporting of health quality indicators. A number of evaluation participants also perceived an increasing presence of Ministry representatives and initiatives at HQN meetings (upon review, this was not substantiated in records of attendance at HQN meetings). Consequently, when asked what they would like to see the BCPSQC do differently in the future, a number of evaluation participants believed that the BCPSQC should be more independent from the Ministry.

Opportunity for growth: BCPSQC has expanded awareness of quality; yet stakeholders feel that opportunities for improvement in home and primary care have not been emphasized enough.

Stakeholders indicated a desire to see the BCPSQC’s attention balanced across care settings. Evaluation participants—including many Ministry representatives, several Health Authority Senior Leaders and Directors and Improvement Organization Leaders, and all Professional Association/Regulatory Body representatives reported that the BCPSQC had put more energy into acute care than other health care settings. A few added that they believed this acute care focus had emerged because of data with respect to risk in the acute care setting, as well as proven approaches for improving quality in acute care being more readily available. Nonetheless, many evaluation participants shared the desire to see the BCPSQC increase its focus on other care settings. Most commonly, they indicated a desire for a focus on community/home care, followed by primary care.

I would like to see more of a patient focus – making it personal. We’re users of the system and we [leaders] can relate to personal stories.

– Health Authority Senior Leader

Opportunity for growth: stakeholders seek more focus on the patient’s experience.

First identified in 2008, stakeholders’ desire for the BCPSQC to enable health care providers and the system to engage with and listen to the patient/public has continued to grow. For some health authority representatives, patient engagement had become more salient because of visible efforts to build these channels, such as patient advisory bodies. Several believed that the BCPSQC could do more to focus on the patient experience. Suggestions include putting a face to patient safety by profiling a specific patient’s experience or adverse event that would increase momentum around engaging patients; tracing patient pathways to identify opportunities for improvement; and, increasing the extent to which the BCPSQC interfaces with patients (i.e. building on the work of the Public & Patient Engagement Working Group).

Chapter 3: Building Capacity through Education

Success: BCPSQC is building capacity through education

Over the past two years, the BCPSQC has both developed and begun to implement a strategy for building capacity and capability to address the learning needs of health care professionals. This includes those with quality improvement portfolios, those in leadership roles, and those at the front-line. This short-term outcome was assessed as completely achieved. In the past two years, the BCPSQC has provided a multitude of opportunities for health care professionals at many different levels to enhance their skills, knowledge and expertise in improving quality. The Quality Academy was the most frequently mentioned of BCPSQC's suite of educational opportunities. It was noted among the BCPSQC's significant achievements, particularly by leaders from improvement organizations, health authorities, academic organizations and the Ministry. Stakeholders spoke from varying levels of familiarity with the Quality Academy. Some pointed towards the Quality Academy as visible evidence of the BCPSQC's work. Others relayed positive reports from Quality Academy participants, noting the energy the Quality Academy is harnessing to build and develop quality improvement skills throughout the health authorities.

The Quality Academy was developed to focus on the skills and competencies in patient safety and quality improvement that our organization values. The focus of the Quality Academy has been on quality and safety improvement and, from the feedback I've heard, the focus has been right. The program planners have really grasped what was needed in the province.

– Health Authority CEO

Highlighted Accomplishment: The Quality Academy

In September 2010, the BCPSQC launched the Quality Academy, a six-month professional development program aimed at increasing the capability of health care professionals to lead quality improvement initiatives, including the teaching and advising of others in the process of improving health care quality. The first cohort of the Quality Academy brought together 28 health care professionals from across the province for five residency sessions. Ninety-five percent of the program participants felt that the Residency sessions met their expectations. A comprehensive evaluation of the Quality Academy is currently underway and will be published in fall 2011.

While BCPSQC's other educational initiatives, such as virtual learning opportunities, are considerably less well known, they have been well received by the limited stakeholders that were aware of their existence.

I wish to thank you, the BCPSQC Quality Academy Faculty, for sharing your knowledge and experiences and to say that I very much appreciate your commitment and your extraordinary effort to make the teachings relevant. The Quality Academy has been for me one of the most incredible learning opportunities; it has been an eye opening and game changing experience.

– Program Participant

Opportunity for growth: BCPSQC can optimize on current educational opportunities, and continue to build its educational offerings.

Evaluation findings indicate that the minority of stakeholders are familiar with the suite of educational offerings provided and supported by the BCPSQC. While the BCPSQC has made a strong name for itself in the realm of educational opportunities through the Quality Academy, other educational offerings, most relevant to a relatively wide audience within BC's health system, are not well known. There are opportunities to increase awareness and utilization of Virtual Learning Opportunities. In the immediate term, it is recommended that the BCPSQC focus on increasing awareness and utilization of educational opportunities among a targeted audience, the HQN.

Conclusion

This interim evaluation was designed to provide a comprehensive picture of the BCPSQC's successes and areas for growth. Essentially, the evaluation intended to answer the question: is the BCPSQC on the right track to meet its longer term outcomes? Findings affirm what the BCPSQC identified as critical success factors in 2008, namely: increasing the profile of quality improvement across BC, increasing collaboration among health system partners, and the developing quality improvement skills, knowledge and expertise. The BCPSQC achieved these short-term outcomes by:

- Accomplishing the majority of activities for year one and two outlined in its Strategic Plan;
- Responding to changes in the provincial strategic context by revising planned activities; and
- Carrying out additional activities to strengthen its ability to accelerate improvements in quality in BC.

The BCPSQC is now at the stage of focusing on achieving its medium-term outcomes, aimed at supporting stakeholders' work towards improving the quality of patient care. The BCPSQC can continue to strengthen its position to achieve medium-term outcomes by increasing its role clarity and further engaging its diverse health system partners. Table 2 below summarizes these opportunities.

Table 2: Evaluation of Short-Term Outcomes and Opportunities to Strengthen BCPSQC's Position

Expected Short-Term Outcomes	Interim (2-Year) Evaluation	Opportunities to Strengthen BCPSQC's Position to Move Towards Medium Term Outcomes
<i>Greater profile for quality improvement within health service delivery partners</i>	Completely Achieved	<ul style="list-style-type: none"> • Increase clarity on BCPSQC's role in bringing stakeholders together and advising and making recommendations to the Minister on health care quality • Increase focus on including patient's perspectives on the health care experience
<i>Greater awareness of and consensus on areas for improvement among health system partners?</i>	Somewhat Achieved	<ul style="list-style-type: none"> • Increase focus on home/community care and primary care • Utilize existing assets such as HQN and Quality Academy to build awareness of and work towards consensus on areas for improvement
<i>Increased collaboration within BC's quality improvement community?</i>	Completely Achieved	<ul style="list-style-type: none"> • Improve awareness of BCPSQC's activities and achievements • Increase clarity of role and responsibilities of BCPSQC as well as HQN • Engage health authority CEOs and Boards • Connect with and better utilize expertise of HQN members from Improvement Organizations, Professional Associations and Regulatory Bodies • Use Working Groups as a model to work towards tangible outcomes (and possibly include frontline)
<i>Increased opportunities for health care professionals to develop improvement skills?</i>	Completely Achieved	<ul style="list-style-type: none"> • Improve utilization of current educational opportunities and continue to build BCPSQC's educational offerings

Without exception, evaluation participants made clear that there is a great deal of goodwill towards the BCPSQC, and a genuine desire to see it succeed in its long-term objective of accelerating quality improvement in the province. Stakeholders, in particular the health authorities, had great expectations of the BCPSQC. Reflecting back on the past two years, it is evident that stakeholder's relationships with and their expectations of the BCPSQC had matured significantly. When the BCPSQC started its work in 2008, stakeholders showed readiness for the BCPSQC to advise and support their organizational capacity for quality improvement. Since its inception, the BCPSQC team has built relationships and demonstrated its capabilities. As a result, BCPSQC's partners show greater readiness for the BCPSQC to lead the delivery of province-wide patient quality initiatives