

**Ready for Action:**  
**BCPSQC Interim Evaluation**  
2009 & 2010

**Technical Report**

**Version** FINAL REPORT

**Date** July 25, 2011

**Presented to** BC Patient Safety & Quality Council

## About the Evaluators

This report presents the results of an interim evaluation of the BC Patient Safety & Quality Council (BCPSQC). The evaluation was carried out by Wynona Giannasi and Christine Vandebek, independent consultants from the Howegroup Public Sector Consultants Inc., selected because they are conversant in the role of and activities of the BCPSQC and have 10 years of experience within BC's health system. The Howegroup independently conducted key informant interviews, a document review, and an analysis of administrative data for this 2-year interim evaluation of the BCPSQC.

## Acknowledgements

The Howegroup gratefully acknowledges the guidance, expertise and time from BCPSQC leaders and staff in the development of the evaluation framework and for providing insights into the context surrounding achieved outputs and outcomes. The BCPSQC's many partners – Senior Leaders and Directors within BC's health authorities, Ministry of Health representatives, leaders of organizations with specific quality improvement mandates, academic partners and representatives from regulatory bodies and professional associations – are sincerely acknowledged for taking time to reflect upon their experiences with the BCPSQC and the Health Quality Network (HQN). Their willingness to participate, along with their forthcoming suggestions on how to improve the BCPSQC and the HQN, has been invaluable. In keeping with the promise of confidentiality, individual stakeholders interviewed, and their respective organizations, have not been named in this evaluation.

# Executive Summary

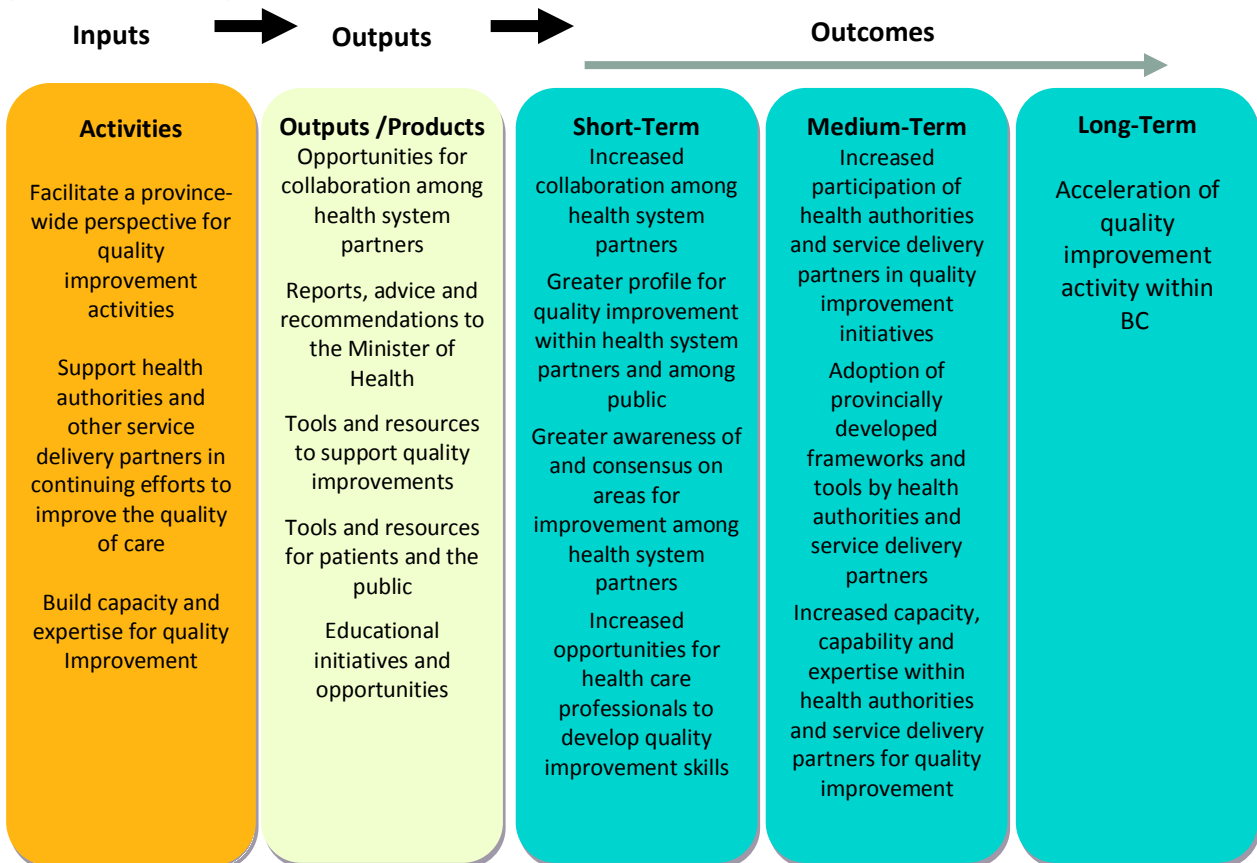
## Purpose and Scope

This interim evaluation of the BCPSQC considers activities and accomplishments completed from January 2009 to December 2010. The evaluation does not make claims of definitive conclusions regarding the impact of the BC Patient Safety & Quality Council (BCPSQC), but rather aims 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). Activities (referred to as outputs) and short-term outcomes to support achievement of the BCPSQC’s mandate are highlighted throughout this report.

## Evaluation Framework

To systematically evaluate the BCPSQC, an evaluation framework was developed. This framework is outlined in the logic model (see Figure E1) and illustrates how human and financial resources were utilized to carry out the activities that support the BCPSQC’s mandate. 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 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 E1: 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.

## **Expectations of the BCPSQC**

The BCPSQC has a clearly defined long-term goal of accelerating quality improvement activity within BC. In this interim evaluation, it was expected that the BCPSQC would achieve several short-term outcomes that precede behavioural change or action (medium-term outcomes). The evaluation report is divided into three chapters, each detailing areas of BCPSQC activity towards its short-term outcomes and exploring opportunities for growth and improvement.

### **Chapter 1: Collaboration among Health System Partners**

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. Most of these efforts have been focused on developing relationships with partners in BC, as well as nationally and internationally. The BCPSQC has clearly created opportunities for collaboration among health system partners. See Table E1 for a description of accomplishments (outputs) for each chapter.

### **Chapter 2: Raising the Profile of Quality Improvement**

Over the past two years, the BCPSQC has undertaken a number of initiatives to expand the awareness of quality improvement within BC's health system. Some of these efforts have been focused on developing relationships with BC's health system leaders. Others have included the development and provision of decision-making tools, formal reports and recommendations for specific target audiences

The BCPSQC has increased the profile for quality improvement among health system partners, and is moving towards increasing the same amongst the public. The BCPSQC has also focused on increasing awareness of areas for improvement among health system partners, as a prerequisite to fostering consensus on provincial priorities.

### **Chapter 3: 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 within BC 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. Through these initiatives, the BCPSQC has increased opportunities for health care professionals to develop quality improvement skills, knowledge and expertise.

**Table E1: 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"> <li>• Relationships with Health System Partners developed by BCPSQC Staff</li> <li>• Linkages to quality organizations and leaders within the health system</li> <li>• Creation of the Health Quality Network &amp; Working Groups</li> <li>• Leadership of BC Quality &amp; Safety Directors’ Network</li> <li>• Support for quality improvement Collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>• Measurement Strategies for Improving the Quality of Care: A Review of Best Practices</li> <li>• A Framework for Improving Clinical Quality in BC – Surgical Services</li> <li>• Guidance provided to other provincial quality organizations and leaders within the health system</li> <li>• Patient Safety Alerts</li> <li>• BCPSQC Website, Annual Report and E-newsletter</li> <li>• BC Health Quality Matrix</li> <li>• Patient Safety in Primary Care (a report completed in collaboration with Canadian Patient Safety Institute)</li> <li>• BC Awards in Quality Improvement &amp; Patient Safety</li> <li>• It’s Good to Ask Program</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy for Building Capacity and Capability within BC</li> <li>• Quality Academy, <i>building advanced capability for BC</i></li> <li>• Provincial Forum on Disclosure of Adverse Events</li> <li>• Learning Opportunities for Senior Leaders</li> <li>• Virtual Learning Opportunities for all Levels</li> <li>• Support for Spreading Quality Initiatives</li> <li>• Support for Educational Opportunities Offered by other Organizations</li> <li>• Access to National and International Quality and Safety Forums</li> </ul>

## 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? The interim evaluation findings affirm what the BCPSQC identified as critical success factors in 2008, namely increasing: the profile of quality improvement across BC, collaboration among health system partners, and the development of 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 quality improvement 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, particularly by increasing its role clarity and further engaging its diverse health system partners. See Table E2 below for a summary of opportunities to strengthen BCPSQC’s position.

**Table E2: Evaluation of Short-Term Outcomes and Opportunities to Further 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"> <li>• Increase clarity on BCPSQC's role in bringing stakeholders together and advising and making recommendations to the Minister on health care quality</li> <li>• Increase focus on including patient's perspectives on the health care experience</li> </ul>
<i>Greater awareness of and consensus on areas for improvement among health system partners?</i>	Somewhat Achieved	<ul style="list-style-type: none"> <li>• Increase focus on home/community care and primary care</li> <li>• Utilize existing assets such as HQN and Quality Academy to build awareness of and work towards consensus on areas for improvement</li> </ul>
<i>Increased collaboration within BC's quality improvement community?</i>	Completely Achieved	<ul style="list-style-type: none"> <li>• Improve awareness of BCPSQC's activities and achievements</li> <li>• Increase clarity of role and responsibilities of BCPSQC as well as HQN</li> <li>• Engage health authority CEOs and Boards</li> <li>• Connect with and better utilize expertise of HQN members from Improvement Organizations, Professional Associations and Regulatory Bodies</li> <li>• Use Working Groups as a model to work towards tangible outcomes (and possibly include frontline)</li> </ul>
<i>Increased opportunities for health care professionals to develop improvement skills?</i>	Completely Achieved	<ul style="list-style-type: none"> <li>• Improve utilization of current educational opportunities and continue to build BCPSQC's educational offerings</li> </ul>

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.

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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.<sup>1</sup>

The BCPSQC joined a rich and diverse quality improvement environment. As such, in the fall of 2008 a current state assessment of BC's quality community was conducted through a comprehensive consultation with key stakeholders to determine how the BCPSQC could best 'add value'. Stakeholders from quality organizations representing primary care, population and public health, acute care, regulatory bodies, academic partners, and national bodies were consulted. Findings centred on identifying current quality improvement initiatives, determining perspectives on the quality improvement climate, and developing an understanding of future strategic and operational priorities of the BCPSQC.

Through collaborative partnerships with health authorities and other health care providers and leaders, the BCPSQC promotes and informs a provincially coordinated, innovative, and patient-centered approach to quality in BC and provides advice and makes recommendations to the Minister of Health. The Council serves three key stakeholder groups:

- The Minister of Health, as an advisor;
- Health service delivery partner organizations (i.e. health authorities, improvement organizations, professional associations and regulatory bodies) as a connector and facilitator; and
- The public, as a proponent of open communication and patient-centered care.

The BCPSQC's vision of a health care system built upon a foundation of quality has provided the opportunity to add value to the work already underway across the province, to fill the gaps identified in the current environment and to continue to support and advance the work needed to achieve sustainable, quality care for all British Columbians.

### Purpose and Scope

This interim evaluation is based upon the work of the BCPSQC from January 2009 to December 2010. 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). Activities (referred to as outputs) and short-term outcomes to support the BCPSQC's mandate are highlighted throughout this report.

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<sup>1</sup> Please refer to the BCPSQC's definition of quality (which encompasses safety) on page 8 of this report.

## About this Technical Report

In viewing quality through multiple lenses (individual patient/client, population and system-wide), 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. (Please refer to the BC Health Quality Matrix on page 26). 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 technical report is to provide a comprehensive look at the BCPSQC's activities and accomplishments to date, and to provide insight into areas for improvement as the BCPSQC evolves into focusing on its medium-term outcomes. This report begins by detailing the comprehensive evaluation framework and data sources used in this evaluation, which aimed to provide a balanced qualitative and quantitative analysis of the BCPSQC. Three chapters provide evidence of efforts to date (outputs), evaluation findings (outcomes) and opportunities for growth related to the BCPSQC's short-term outcomes. The report closes with conclusions about BCPSQC's progress toward meeting its intended outcomes.

## Evaluation Framework

To systematically evaluate the BCPSQC, an evaluation framework was developed. Operational goals from the 2009/10 and 2010/11 operational plans were mapped against three strategic directions (also noted as critical success factors) laid out in the 2009-2012 Strategic Plan<sup>2</sup>:

1. **Strategic Direction#1:** Bring a provincial perspective to quality improvement activities.
2. **Strategic Direction#2:** Facilitate the building of capacity and expertise for quality improvement.
3. **Strategic Direction#3:** Support health authorities and other service delivery partners in their continuing efforts to improve the safety and quality of care.

It is important to note that the evaluation framework outlines how BCPSQC activities are expected to lead to intended outcomes. The fourth strategic direction of the BCPSQC is to improve transparency and accountability to patients and the public for the safety and quality of care provided in BC. With this strategic direction, the BCPSQC's role was one of providing advice to the Minister; not the implementation of this advice, nor affecting outcomes related to transparency and accountability to patients and the public. Evidence of advice and efforts related to the measurement of quality improvement are reported throughout Chapters 1, 2 and 3.

The evaluation framework is based upon the assumption that BC's health care community is committed to high quality patient care and that achieving large-scale change requires coordination and collaboration amongst multiple partners. Hence, BCPSQC's progress toward achieving outcomes is being, and will be realized, through province-wide improvements to quality. The ultimate impact—acceleration of activities to improve quality within BC—will benefit health system partners across the province.

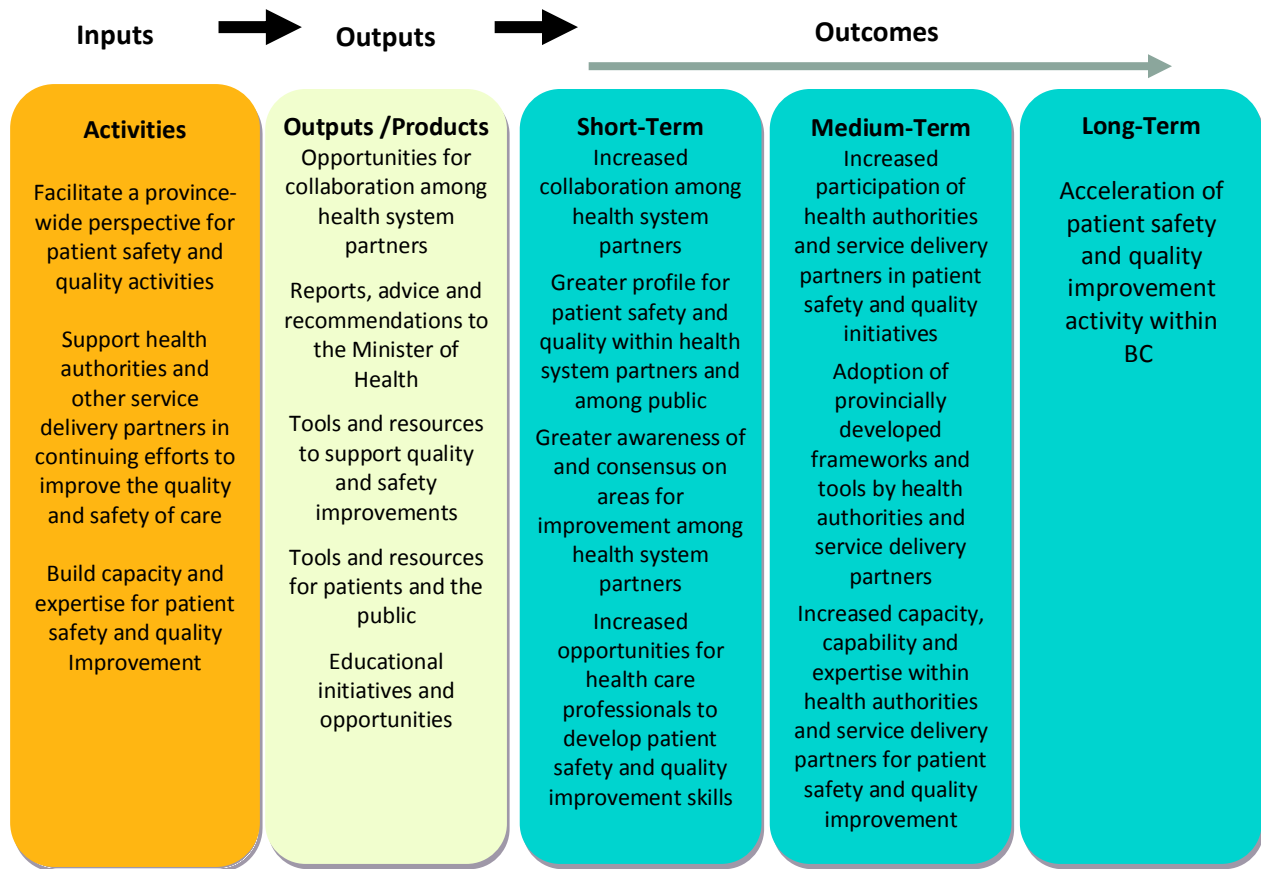
### Logic Model

A logic model (Figure 1) has guided the evaluation process and was developed in collaboration with BCPSQC leaders. It illustrates how human resources (from BCPSQC leaders and staff and HQN members) and financial resources (from the BCPSQC's operating budget) are utilized to carry out activities that support the BCPSQC's mandate (*inputs*). The logic model demonstrates how inputs are used to develop opportunities for system-wide collaboration, educational opportunities, tools, resources, products, reports and advice to the Minister (*outputs*).

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<sup>2</sup> [http://www.bcpsqc.ca/about/documents/BCP\\_2009\\_Strategic\\_Plan.pdf](http://www.bcpsqc.ca/about/documents/BCP_2009_Strategic_Plan.pdf)

**Figure 1: Logic Model**



Through the logic model, progress towards the BCPSQC’s long-term vision of accelerating improvements in the quality of care provided in BC is evaluated by:

- Positively influencing attitudes, knowledge and skills within the first two years (short-term outcomes).
- Changing behaviours and level of functioning within three to four years (medium-term outcomes).

The short-term outcomes are the focus of this interim evaluation.

### Evaluation Data Sources

Data from a number of sources provided multiple lines of evidence for this evaluation. Firstly, the evaluators conducted a review of quantitative data demonstrating BCPSQC’s efforts over the past two years. This included evidence indicating:

- Stakeholder participation in BCPSQC initiatives (attendance records);
- Utilization of BCPSQC resources (website downloads); and
- Perceptions of BCPSQC work and activities (survey data following educational opportunities, HQN and HQN Working Group meetings in addition to the Energy Index survey<sup>3</sup>).

<sup>3</sup> The Energy Index measures four key domains in relation to the activity of the Health Quality Network: climate, connection, content and context; and asks individuals to respond to statements based upon how important it is,

Secondly, the Howegroup conducted a review of additional documents demonstrating BCPSQC’s efforts over the past two years including:

- Monthly team member activity logs (referred to as ‘Team Reflections’); and
- Reports and recommendations provided to partners.

Finally, the evaluators conducted one-to-one, semi-structured interviews with key stakeholders to understand BCPSQC’s achievement of short-term outcomes. Participants were selected for evaluation interviews in collaboration with BCPSQC leaders to represent key stakeholder groups.

#### 52 Evaluation Participants

- 14 representatives from the Ministry of Health
- 13 Health Authority Senior Leaders (including 6 CEOs, 1 COO, and 6 VPs of Medicine/Quality)
- 6 Health Authority Quality and Safety Directors
- 6 representatives from regulatory colleges and Professional Associations
- 3 leaders from academic organizations (referred to as Academic Leaders)
- 10 leaders from organizations with specific quality improvement mandates or interests (referred to as Improvement Organization Leaders)

Interviews were conducted by the Howegroup in-person or by phone between October 12 and December 3, 2010. Throughout this report, these interviewed stakeholders are referred to as evaluation participants.

### Expectations of the BCPSQC

The BCPSQC has a clearly defined long-term goal: to accelerate quality improvement activity within BC. It is expected the BCPSQC should have achieved several short-term outcomes that must precede behavioural change or action (medium-term outcomes). The evaluation report is divided into three chapters, each detailing areas of BCPSQC activity towards its short-term outcomes. These chapters and the relevant short-term outcomes, include the following:

Chapter	Expected Short-Term Outcomes
<b>1. Increasing Collaboration among Health System Partners</b>	- Increased collaboration within BC’s quality improvement community
<b>2. Raising the Profile of Quality Improvement</b>	- Greater profile of quality within health service delivery partners and among public - Greater awareness of, and consensus on areas for improvement among health system partners
<b>3. Building Capacity through Education</b>	- Increased opportunities for health care professionals to develop the capability and capacity to lead quality improvement initiatives.

and then how true it is within the HQN. The concept of measuring organizational or a network’s energy highlights the extent to which a network has mobilized the full available effort of its people in pursuit of its goals.

## Detailed Findings

Chapter 1: Increasing  
Collaboration among Health  
System Partners

Chapter 2: Raising the Profile of  
Quality Improvement

Chapter 3: Building Capacity  
through Education

# Chapter 1: Increasing Collaboration among Health System Partners

## Relevance of BCPSQC's Design and Delivery

When the BCPSQC was established in 2008, there were many organizations and groups already working towards improving quality of care in BC. A consultation with these organizations and groups, including health authorities, academic leaders, regulatory colleges, Ministry representatives and other provincial quality organizations and leaders within the health system, revealed the desire for better coordination and alignment of quality initiatives within BC.<sup>4</sup> Inspired by international and national successes, such as those from the UK National Health Service (NHS) Institute for Innovation and Improvement, Health Quality Council of Alberta and the Safer Healthcare Now! (SHN) campaign, the BCPSQC recognized several opportunities to bring together quality leaders from across the province for a more coordinated approach to improvement. The BCPSQC made a long-term investment in providing leadership to and coordinating efforts within BC, recognizing that this would create the momentum for many of its desired medium-term outcomes. The more that health system partners could learn from one another, and work together, the more they would be aware of, and come to consensus on priorities for the province.

This chapter begins by describing the tangible products of BCPSQC's collaboration activities (outputs), then, proceeds to link these outputs to BCPSQC's success in increasing collaboration among health system partners. It concludes with opportunities for growth in furthering collaboration across the province.

## Evidence of Efforts

Over the past two years, the BCPSQC has undertaken a number of efforts to increase collaboration within the health system and to increase coordination of quality initiatives. These efforts are noted below and described in detail throughout this chapter. Most of these efforts have been focused on developing relationships with partners within BC, across Canada, and internationally. Relationships and familiarity with a wide range of organizations has enabled BCPSQC leaders and staff to act as “connectors”, linking those working to improve quality of care with each other, and with other organizations outside of BC.

### Output: Opportunities for Collaboration Amongst Health System Partners (see descriptions below, pages 14-18)

1. Relationships with Health System Partners Developed by BCPSQC Staff
2. Linkages to Quality Organizations and Leaders within the Health System
3. Creation of the Health Quality Network & HQN Working Groups
4. Leadership of the BC Quality & Safety Directors' Network
5. Support for quality improvement Collaboratives

<sup>4</sup> BC Patient Safety & Quality Council. BC's Quality and Safety Community: Findings from an Environmental Scan and Stakeholder Consultation. 2008.

## Relationships Developed by BCPSQC Staff

BCPSQC leaders and staff actively pursue and develop relationships with key stakeholders within BC, across Canada and internationally. In BC, the BCPSQC has developed relationships with a wide range of health system partners including:

- Health authorities – partners due to their impact on the delivery of health care across the province.
- Improvement organizations – partners who provide opportunities to leverage existing resources, ideas and data to support quality improvement, and to help build the capability and capacity for improvement.
- The Ministry – partners who mandated the establishment of the BCPSQC in 2008 under Minister Abbott’s direction, and consequently, work with and fund the BCPSQC – and the Minister who receives advice and recommendations from the BCPSQC on quality throughout BC’s health system.
- Regulatory colleges, professional associations and academic organizations – partners who provide opportunities to impact quality improvement with health care delivery professionals and students entering into the health care field.

## Linkages to Key Organizations Outside the Province

Relationships have been developed with leaders from across the continuum of care and also with individuals from provincial governments, provincial and national Quality Council’s and quality and safety organizations, as well as international quality improvement organizations and leading health systems.

- The BCPSQC meets quarterly with the Health Quality Council of Alberta, the Saskatchewan Health Quality Council, the Manitoba Institute for Patient Safety, and the Canadian Patient Safety Institute (CPSI).
- *It’s Good to Ask* is modeled on successful initiatives in Manitoba (*It’s Safe to Ask*) and Alberta (*It’s Okay to Ask*).
- BCPSQC supports the Western Node of SHN. The Node provides teams in BC with collaborative opportunities, workshops, on-line learning, and telephone and face-to-face consultation.
- The BCPSQC participates in an international collaboration/learning network with leading health systems and improvement organizations (the NHS Institute for Innovation and Improvement; Jönköping County (Sweden); South Central Foundation (Alaska); Care Oregon; Intermountain Health Care (Utah)).

## Creation of the Health Quality Network

During the stakeholder consultation in 2008, stakeholders indicated their desire for a more proactive and coordinated approach to improving the quality of care. The BCPSQC launched the HQN in 2009 to promote, enable and facilitate the improvement of the quality and safety of health services in BC through leadership, collaboration and shared learning. Likened to a Community of

Practice<sup>5</sup>, this interdisciplinary network addresses the dimensions of quality outlined in the BC Health Quality Matrix (acceptability, appropriateness, accessibility, safety, effectiveness, equity and efficiency) across the continuum of care.

- The HQN brings together more than 30 organizations including BC's health authorities, universities, professional associations and health quality groups.
- The HQN meets quarterly. Eight meetings were held from January 2009 to December 2010.

Prior to the HQN forming, many of its members had not had the opportunity to sit at the same table and discuss quality improvement from a provincial, multidisciplinary perspective.

- On average 40 members attend each HQN meeting (with the strong majority joining in person).<sup>6</sup>
- During the eight meetings from January 2009 to December 2010, 111 different members were in attendance.
- HQN member satisfaction (average of 92%) exceeded the targets outlined in BCPSQC's Strategic Plan (70% in Year 1 and 80% in Year 2).
- HQN members who participated in HQN Working Groups had the highest level of commitment to attending HQN meetings

A review of HQN attendance revealed that one quarter of these members attended at least half of the meetings. Figure 2 demonstrates that the commitment to HQN meetings varies among stakeholder groups. Using attendance as a proxy for levels of commitment, Improvement Organizations appear most engaged, with most attending more than half of HQN meetings.

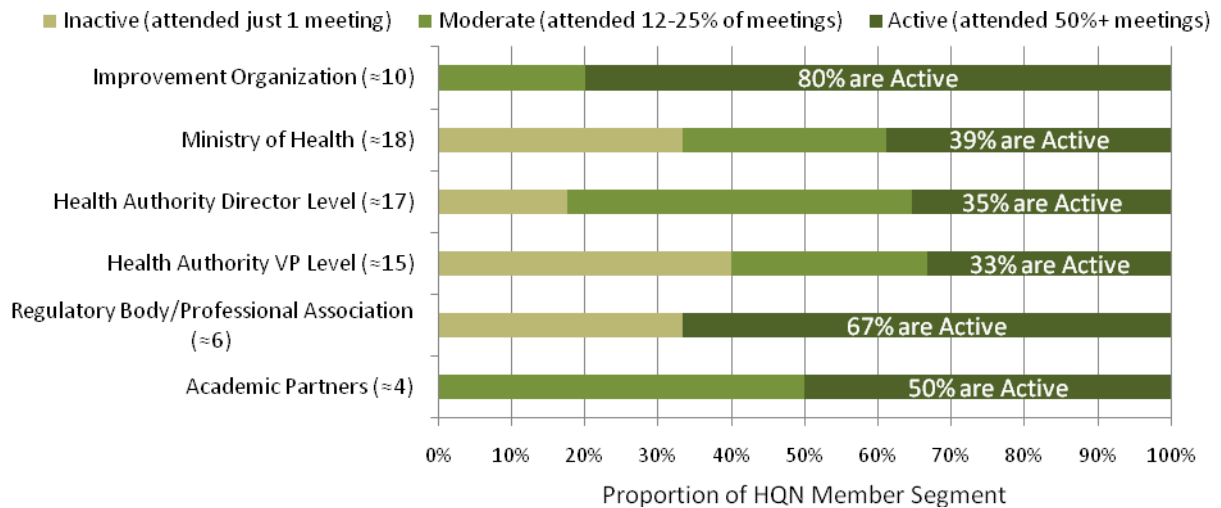
As a note of caution to the reader, at first glance it may appear that regulatory bodies/professional associations and academic partners are more engaged than they are due to the smaller sample size of these groups. Interestingly, while Ministry and Health Authority Directors represent the majority of attendees, their engagement may not represent the engagement of the organizations per se, but is reflecting the change in membership and addition of new members part way through the evaluation period.

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<sup>5</sup> A Community of practice (CoP) is comprised of a group of people who share a common interest. The group can evolve naturally because of the members' common interest in a particular domain or area, or it can be created specifically with the goal of gaining knowledge related to their field. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves personally and professionally. CoPs can exist through in-person meetings and/or virtual forums.

<sup>6</sup> Recognizing the value of the face-to-face presence (always the intent of the HQN), there is no longer an option to dial into meetings.

**Figure 2: Attendance Levels by HQN Member Segment**



Source: BCPSQC. HQN Attendance Records (February 2009 to November 2010).

The HQN is evolving from an information exchange network to a collective problem-solving and action-based network. As an overall trend, agenda/minute reviews reveal an increase in dialogue during meetings amongst members discussion and a decrease in didactic presentations. This finding is also supported by evaluation participants.

### Creation of HQN Working Groups

In the spring/summer of 2009, the BCPSQC created four Working Groups to support efforts in: 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 goals.

- The **Education & Capacity Building Working Group** met eight times starting in April 2009, and completed its educational strategy in 2010. This Working Group has seen its contributions put into action with the launch of the Quality Academy, virtual learning opportunities and other educational events reviewed in Chapter 3. Feedback from Working Group members indicate a score of at least 4 out of 5 on a number of meeting success indicators, including appropriateness of pre-circulated information/materials and agenda items, clear meeting objectives, good level of discussion, and extent to which objectives were met. The Education & Capacity Building Working Group met and exceeded the targets outlined in the Strategic Plan for Working Groups, as measured by achieved aims in the Working Group's Charter.
- The **Public & Patient Engagement Working Group** was established in August 2009 and has met six times. This group, chaired by a public member and with membership consisting of other public members, continues its work in spreading the *It's Good to Ask* program launched in 2009 to health

care providers. This Working Group is aligned with the Patient Voices Network.<sup>7</sup>

- The **Measurement & Indicators Working Group** met eight times starting in April 2009, and developed the *Measurement Strategies for Improving the Quality of Care: A Review of Best Practices* report. The Working Group also developed principles for public reporting of key quality indicators.
- The **Patient Safety Event Reporting Working Group** began in May 2009 and met four times. This Working Group identified parallels with work underway in the province, including the work of the BC Patient Safety & Learning System. As such, this Working Group is no longer meeting.

Overall, Working Group evaluations indicate member satisfaction with meetings. The Education and Capacity Building Working Group appears to have slightly higher ratings, perhaps attributable to successful, tangible outputs, namely the Quality Academy.

### Leadership of BC Quality & Safety Directors' Network

The BCPSQC Executive Director chairs the Quality & Safety Directors' Network, a small, well connected group of seven quality improvement Directors working across BC's health authorities. Through its quarterly meetings, this informal network has significantly increased collaboration and information sharing on quality and safety topics. The group takes the opportunity to delve deep into issues, share best practices and spread knowledge. This forum leverages the unique 'power' of existing informal relationships between quality professionals across BC's health authorities to effectively collaborate to improve quality across BC.

### Support for Collaboratives Spearheaded by Other Quality Organizations

From January 2009 to December 2010, the BCPSQC has supported a number of collaboratives. A collaborative is a short-term (6- to 15-month) learning system that brings together a large number of teams from hospitals or clinics to seek improvement in a focused topic area. Teams learn from experts and each other as they implement and refine the steps. The BCPSQC provided financial and leadership support for collaborative projects in partnership with other quality organizations, including:

- Leadership and support for the Western Node MRSA Collaborative, with the goal of reducing hospital-acquired MRSA infections. Of the sixteen active teams, eight were from BC. For example, the Vancouver General Hospital 3 North team showed significant and steady improvement in the UV marker measure, attaining rates of 90% appropriate cleaning.
- Expertise and funding for the Evidence 2 Excellence collaborative – which focused on improving care for septic patients in emergency as well as improving patient flow through emergency departments.

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<sup>7</sup> The Patient Voices Network is led by ImpactBC in collaboration with Patients as Partners and the Ministry of Health. The Patient Voices Network creates mechanisms for patients, their families and other community stakeholders to participate in primary health care changes that will positively affect their lives. The Patient Voices Network brings patients together from BC to connect, share their experiences and learn from each other.

- Safe Surgery Saves Lives Collective, led by SHN and the CPSI: a learning network of healthcare professionals working on surgical safety across Canada.

## Evaluation Findings

### **BCPSQC has created the opportunities for collaboration among health system partners.**

In addition to the quantifiable outputs detailed above, this short-term outcome was assessed as completely achieved. Evaluation participants from all stakeholder groups spoke of the significant impact the BCPSQC has had to date in bringing organizations together to build relationships and encourage collaboration across the health system. This significant achievement was noted by many Improvement Organization Leaders and Health Authority Directors, as well as several Ministry representatives and Health Authority Senior Leaders.

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*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

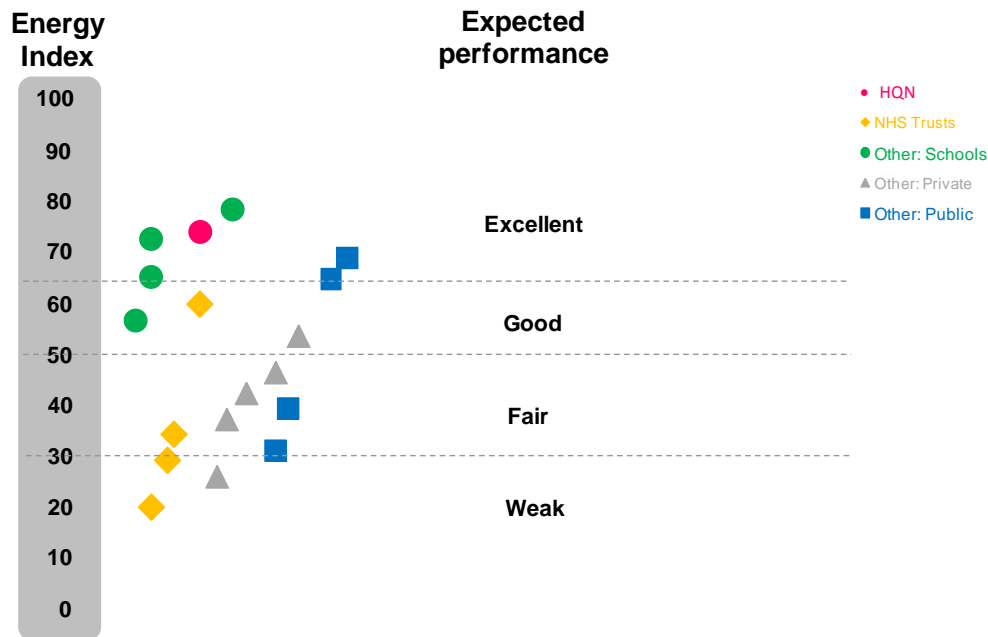
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The HQN was credited as the primary vehicle for bringing stakeholders together. The HQN has made a noticeable and positive impact nurturing new and continuing to strengthen existing relationships. Each stakeholder group that reported participation in the HQN had an increased understanding of others' contributions improving the quality of care in BC. There are also examples of quality improvement leaders from health authorities, improvement organizations and the Ministry who have started meeting regularly and collaborating on provincial quality initiatives.

Evaluation participants stated that HQN meetings energize and motivate, and enable them to feel part of a community. 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. They also spoke of how the HQN had changed their way of working together, being more inclusive, collaborative, open and willing to share solutions.

These perceptions are also strongly supported by the results of the Energy Index undertaken in 2010. The Energy Index provided the BCPSQC an opportunity to understand the HQN's energy, creating an understanding of what drives and what "saps" energy within the HQN. The Energy Index measures on 4 key domains: climate, connection, content and context. It asks individuals to respond to statements about the HQN based on importance and truth. Ideally, a network would want its score to indicate a purposeful energy source - highly focused and high energy. The response rate to the Energy Index survey was 60%, with the most responses coming from health authorities and the Ministry. The HQN's Energy Index is 73.96 – which is deemed to be an excellent score (as illustrated in Figure 3).

Figure 3: HQN Energy Index Score Compared to Scores of Other Organizations



Source: Stanton Marris. Using and harnessing organisational energy: The Health Quality Network’s Energy Index Results. July 2010.

The climate and connection HQN members have to the Network are the biggest sources of energy.

- The Content of what members do energizes them; however, there are issues that could be addressed in relation to providing feedback and stretching members’ abilities.
- The Context in which members work tends to be as important as it is true. Structures for decision making and lack of feedback on progress sap member’s energy.
- The Climate scores show that people feel respected and listened to, yet may not be as fully energised and productive as they could be.

The most important factors contributing to the level of energy included:

- Being of proud of what one does.
- Having members around them who are energized and productive.
- Believing the purpose of the HQN was worthwhile.

The factors that had the largest gaps between importance and truth (“energy sappers”) were:

- Understanding what the HQN must do to succeed.
- Knowing when one has been successful within the Network.
- Obtaining feedback about participation in the HQN.

These gaps were also reflected in the in-depth interviews with many participants feeling that the HQN had lost clarity on its sense of purpose in recent months. This, in part, stemmed from a lack of communication regarding the shift from the HQN functioning solely as an information-sharing network to

a movement to include a collective problem-solving focus that occurred in March 2010.

## Opportunities to Grow

By fostering stronger relationships, BCPSQC has created opportunities for increased collaboration and laid the foundation for increased participation in quality initiatives. However, not all stakeholders are equally engaged in the BCPSQC or the HQN. Targeted engagement of specific groups of stakeholders will help strengthen BCPSQC's ability to achieve its long-term vision.

### **Key partners are aware of only fractions of BCPSQC's activities, limiting their ability to recognize opportunities to work with the BCPSQC towards improved quality.**

While the majority of evaluation participants understood BCPSQC's general purpose, awareness of specific activities was limited. 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 (described on pages 23 and 34). However, most commonly, evaluation participants were 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 SHN, or webcasts of Institute for Healthcare Improvement (IHI) 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.

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*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

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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. Several Health Authority Senior Leaders, Directors, Improvement Organization Leaders, regulatory bodies and academic partners believed the BCPSQC could do more to increase awareness of its activities. Interviewees added that the BCPSQC should create greater awareness at various levels within partner organizations, from senior leaders to front-line staff.

### **Stakeholders are uncertain about the role and responsibilities of the BCPSQC and the HQN, and this can be a barrier to the development of partnerships.**

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 from all stakeholder types interviewed 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. While the purpose is clearly articulated in a 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 articulated 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.

**Stakeholders said...**

→ More clarity is needed on the purpose and direction of the HQN.

**BCPSQC listened by...**

→ Following the evaluation period, in February 2011, the HQN began working on an action plan.

**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.

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*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

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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.

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.

## **Professional associations, regulatory bodies, improvement organizations and academia bring expertise to the HQN that has 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. This is evidenced by the type of relationships developed by BCPSQC leaders and staff. 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 (see Figure 2 on page 16). This is even the case for stakeholders who aren't necessarily engaged in the HQN (i.e. they don't sit on Working Groups and their issues aren't explicitly discussed during meetings). There is room for the BCPSQC to better engage 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' on the good work of its member organizations— all working toward the common goal of increasing quality improvement activity within BC.

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*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

## **Stakeholders commend the BCPSQC for fostering relationships within the health care community and are keen to start working in teams towards tangible outcomes.**

When the BCPSQC joined 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. 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.

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*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

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The desire to see projects with tangible outcomes was also reflected in evaluation participants' comments about the HQN. 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 improvement 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.

#### Stakeholders said...

- Working Groups offer potential to bring discussions to a more practical level and include frontline health care professionals as Working Groups move towards action.

#### BCPSQC listened by...

- Continuing the work of the Patient and Public Engagement Working Group and creating two new Working Groups to support quality activities in the province: Communications and Measurement.

# Chapter 2: Raising the Profile of Quality Improvement

## Relevance of Design and Delivery

The engagement of senior leaders in BC's health system has been a priority for the BCPSQC since its inception. The BCPSQC has recognized senior leadership as critical in achieving improvements in quality in BC. For example, leaders of health care service delivery organizations play a critical role in making quality a top organizational priority. As well, leaders of other organizations, such as regulatory bodies, professional associations and improvement organizations play an indispensable role in elevating awareness of and prioritizing quality across BC's health system.

This chapter begins by describing the BCPSQC's tangible products (outputs) that are helping to raise the profile of quality in BC, and then proceeds to link these outputs to the BCPSQC's success. It concludes with opportunities to further accelerate the provincial quality agenda.

## Evidence of Efforts

Over the past two years, the BCPSQC has undertaken a number of initiatives to expand the awareness of quality within BC's health system. These initiatives are noted below and described in detail throughout this chapter. Some of these efforts have been focused on developing relationships with leaders in BC's health system. Others have developed decision-making tools, formal reports and recommendations for key audiences.

<b>Output: Reports, Advice and Recommendations to the Minister of Health (see descriptions below, page 24)</b>
Public Reporting of Health Care Quality Indicators
A Framework for Improving Clinical Quality in BC – Surgical Services
<b>Output: Tools and Resources to Support Quality Improvements (see descriptions below, pages 25-27)</b>
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 (and Handbook)
Patient Safety in Primary Care
Best Practices in Measurement Strategies
BC Awards in Quality Improvement and Patient Safety
<i>It's Good to Ask Program</i>

## Advice to the Minister

The BCPSQC's terms of reference outlines specific responsibilities for providing advice and making recommendations to the Minister of Health to facilitate a clear and consistent strategic direction for quality in BC. To date the BCPSQC has provided the following advice to the Minister:

- *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

The BCPSQC developed a comprehensive quality framework for surgical services in BC including both measurement and improvement strategies. This was presented to both the Provincial Surgical Advisory Council and Acute Care Council. This output fulfilled it's the BCPSQC's intention, outlined in its Strategic Plan, of reviewing existing quality improvement programs for applicability and use.

- BCPSQC staff and leaders have been invited to sit on six provincial committees to support quality improvement initiatives.
- The BCPSQC conducted a review of surgical measurement programs and developed the surgical framework in the form of a recommendation to the Minister (*A Framework for Improving Clinical Quality in BC – Surgical Services*).

## Patient Safety Alerts

As proposed in its Strategic Plan, the BCPSQC worked with health authorities to develop a standardized process and template for communicating patient safety events. While the BCPSQC was not asked to conduct any external reviews during the 2-year evaluation period, safety alerts have been issued and shared across the province:

- The BCPSQC issued four Patient Safety Alerts: one each in May 2010 and July 2010 and two in October 2010.
- The Alerts were also shared with members of the HQN during meetings throughout 2010.

## BCPSQC Website, E-Newsletter and Annual Report

The BCPSQC launched its website in the Spring of 2009. The website was used as the initial communication tool to convey the BCPSQC's mandate, announce Council members and share the BCPSQC's strategic direction. The website was re-launched in the Spring of 2010 once the BCPSQC's branding strategy was developed. The new website has clear sections for healthcare providers, administrators and the public. It also hosts a multitude of information including: news, tools and resources, reports, initiatives to support the promotion of quality improvement across the province, and upcoming learning opportunities.

BCPSQC launched its e-newsletter, the *Provincial Connector*, on March 19, 2009.

- Sixteen issues of the *Provincial Connector* were published during the evaluation period.
- In 2010, approximately 25% of recipients opened the *Provincial Connector* and 11% clicked through to read more information on the BCPSQC website. As a benchmark, average open rates for email campaigns, across industries, are reported at 22% and click-through rates at 5%. Average open and click-through rates are typically even lower for the health care industry.

In July 2010, BCPSQC published its inaugural report to its partners, *Great Strides on the Path to Quality: A Report to Our Partners*. This report fulfilled BCPSQC's intention, outlined in its Strategic Plan, to publish an annual report.

- Between July and December 2010, there were 289 downloads of this report.

## BC Health Quality Matrix

The BC Health Quality Matrix is a framework aimed at providing a common language and understanding about health care quality. It was created through the collaboration of more than 30 member organizations of the HQN, in order to define quality in the context of its various dimensions, and to reflect the various areas of care within which health care professionals operate. The Matrix provides a structure for the quality of services provided as viewed by the recipient and the providing system, and the value (cost/outcome) of these services. As proposed in BCPSQC's Strategic Plan, Matrix is intended to be flexible—suitable for use in strategic planning, program development and evaluation, and performance measurement—and ultimately, contribute to a common understanding of quality. Matrix was accompanied by a guide to demonstrate the various uses of the Matrix (the Handbook).

## Patient Safety in Primary Care

In partnership with the CPSI, the BCPSQC organized a nationwide collaboration of primary care experts to advance research and promote information exchange around patient safety in primary care. The results of this work included a review of the existing white and grey literature on patient safety in primary care, and identified two major themes: missed or delayed diagnosis and medication management. Key informants, including patients, emphasized improved communication as an important focus for enhancing patient safety. A major issue is the management and transfer (handover) of patient information between providers, both within and external to primary care.

- The *Patient Safety in Primary Care* report published in mid-December 2010 was downloaded 189 times before the end of the 2010 calendar year.

## Best Practices in Measurement Strategies

The Measurement & Indicators Working Group of the HQN developed the *Measurement Strategies for Improving Quality of Care: A Review of Best Practices* in 2010. The report provides a summary of how measurement systems are designed and used to advance the quality of healthcare. The information is intended for use by those working within the health system to help inform their own quality measurement systems. Information includes best practices for selection of indicators, displaying and analyzing data, and using data to drive improvement at different levels of an organization. The report is based upon a review of quality improvement literature, an examination of measurement practices utilized by high performing organizations, and consultation with experts in health care measurement.

## BC Awards for Quality Improvement and Patient Safety

The BCPSQC established the BC Awards in Quality Improvement and Patient Safety to recognize expertise, passion and leadership in health quality and patient safety in BC. The Awards recognize individuals, health care teams and facilities that have implemented measures or engaged in initiatives to improve the quality of care in BC.

- In 2009, the BCPSQC celebrated eight awards: one for *leadership in quality and patient safety* and seven (one from each health authority) for *excellence in quality and patient safety*.
- In 2010, there were six awards: one each for *leadership in quality and patient safety* and *excellence in improving the patient experience*, and four for *excellence in quality and patient safety*.
- In 2010, the BCPSQC fulfilled another commitment in its Strategic Plan by partnering with the BC Patient Satisfaction Steering Committee to recognize health system partners addressing quality and safety issues from provincial patient satisfaction surveys.

## *It's Good to Ask* Program

As a targeted effort to raise the profile of quality improvement among patients and the public, the BCPSQC launched *It's Good to Ask* in November 2009. Developed through the Patient and Public Engagement Working Group of the HQN, *It's Good to Ask* is a health literacy program designed to help patients and their families gain a better understanding of, and become more active in, their own care. The launch of the program signalled fulfillment of BCPSQC's goal, outlined in its Strategic Plan, to develop a tool for engaging patients and public as partners in care and make this available to all health authorities. *It's Good to Ask* is modeled on successful initiatives in the United States (Ask Me 3), Manitoba Institute for Patient Safety (It's Safe to Ask) and the Health Quality Council of Alberta (It's Okay to Ask).

- *It's Good to Ask* includes:
  - A worksheet for patients and families with three easy questions they can ask their doctor, nurse, pharmacist, or other members of their health care team to better understand their health.
  - A medication safety card to help patients and families inform health care providers of the medications being taken so they can be provided with safe health care.
  - A brochure that health care providers can display to help patients and families communicate with them, using the questions on the worksheet.

## Evaluation Findings

### **BCPSQC has increased the profile for quality amongst health system partners, and is moving towards increasing the profile amongst the public.**

The short-term outcome of increasing the profile of quality was assessed as completely achieved due to the evidence of outputs detailed above, and as supported by evaluation participants. Most evaluation participants noted this when asked to describe the impact BCPSQC had over the past two years. A strong majority 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. Positive points of contact with BCPSQC's leadership and staff contributed to this increased profile. Evaluation participants spoke of the respect they have for BCPSQC leaders, highlighting leadership as being credible, supportive and well connected. They also remarked on the competence and responsiveness of staff. These comments all point toward the significance positive relationships between the BCPSQC and its key stakeholders on advancing quality improvement.

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*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

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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.

Finally, the BCPSQC's focus on raising the profile of quality among health system partners is critical as it moves towards achieving its medium-term outcomes. BCPSQC has always attached importance to the involvement of patients and the public, and continues its work to raise the profile of quality among the public through *Its Good to Ask* and other public communication channels.

### **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. At the same time, evaluation sources suggest that the BC Health Quality Matrix had been utilized by only a handful of health system partners. Evaluation participants are also asking for the BCPSQC to pay more

attention to healthcare settings outside of acute care. In terms of highlighting areas for improvement in other settings, the *Patient Safety in Primary Care Research Report* was launched towards the end of the evaluation period. The impact of this activity is yet to be fully determined.

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.

#### Stakeholders said...

- The HQN has increased their awareness of areas for improving quality. However, other members of their organizations may not have this same awareness.

#### BCPSQC listened by...

- Plans are underway for an opportunity to increase CEOs and Health Authority Boards of Directors' exposure to areas of quality through the Quality Academy (described in Chapter 3). BCPSQC is also looking at opportunities to include physicians and front-line clinicians in its Quality Academy programs.

## Opportunities to Grow

### **Most stakeholders believe the Ministry influences the BCPSQC, but few are aware the BCPSQC also provides 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 quality improvement in 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. These perceptions make it clear that it would be beneficial for the BCPSQC to continue its role in providing advice to the Minister and Ministry. Additionally, increasing awareness of reports, advice and recommendations will demonstrate the BCPSQC's role in providing advice to the Minister.

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

Evaluation participants from all organization types 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 believe 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 are 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.

## Stakeholders validate the importance of raising the profile of quality by focusing 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:

- A few used the term “put a face to patient safety”. Specifically, they believed that profiling a specific patient’s experience or adverse event would increase momentum around engaging patients.
- Evaluation participants also used the familiar catchphrase “through the patient’s eyes”. Senior leaders representing health authorities, Ministry, and Professional Association/Regulatory Body stakeholders, spoke of tracing patient pathways to identify opportunities for improvement.
- Others spoke of increasing the extent to which the BCPSQC interfaces with patients. This is in addition to the Chair and membership on the Public & Patient Engagement Working Group. Two suggestions were furthering the It’s Good to Ask initiative, and including more patient/family representatives in BCPSQC Working Groups.

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*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

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### Stakeholders said...

- It is important for the BCPSQC to continue to focus on the patient experience as a provincial effort.

### BCPSQC listened by...

- Continuing its work to spread *It’s Good to Ask* to the public through health system partners, the HQN’s Patient & Public Engagement Working Group will also be expanding its website resources aimed at patients, clients and their families.
- The BCPSQC is also mapping the patient journey and ensuring patient representation at key planning meetings.

# Chapter 3: Building Capacity through Education

## Relevance of Design & Delivery

The BCPSQC has learned from other high-performing organizations that building skills for improvement at every level in the organization is one of the essential factors to support large-scale change. This includes the change required for acceleration of quality across BC's health care system.<sup>8</sup> The BCPSQC has recognized that increasing both the capability and the capacity for improvement will enable their stakeholders to apply their knowledge to practice. In addition to this being one of the four key areas of the BCPSQC's mandate, education also became one of the BCPSQC's four spheres of activity. The acquisition of new knowledge and skills in quality improvement was an important achievement in BCPSQC's first few years (short-term outcome). Accordingly, BCPSQC and its partners developed a strategy for building capacity and capability within BC. This strategy was geared toward developing skills for improvement at every level in the organization, from the senior executive team to the front-line, in order to facilitate this type of large-scale change.

This chapter begins by describing the tangible products of BCPSQC's education activity (outputs). It concludes by linking these outputs to the BCPSQC's success in increasing opportunities for health care professionals to develop skills, knowledge and the capability to lead quality initiatives.

## Evidence of Efforts

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. Educational initiatives and opportunities are noted below and described in detail throughout this chapter.

### Output: Educational Initiatives and Opportunities (see descriptions below, pages 32-36)

1. Strategy for Building Capacity and Capability within BC
2. Quality Academy
3. Provincial Forum on Disclosure of Adverse Events
4. Learning Opportunities for Senior Leaders
5. Virtual Learning Opportunities for all Levels
6. Support for Spreading Quality Improvement Initiatives
7. Support for Educational Opportunities offered by other Organizations
8. Access to National and International Quality and Safety Forums

<sup>8</sup> Bevan H, Ham C, Plsek P. The Next Leg of the Journey: How do we make High Quality Care for All a Reality? 2008.

## Strategy for Building Capacity and Capability within BC

The Education and Capacity Building Working Group was established with the goal of building the capability of the health care system to support and lead initiatives and efforts to improve quality of care. The Working Group focused primarily on identifying ways to provide professionals working in the system with the capability to lead quality initiatives. A lesser focus centered on how to embed quality and safety into the lessons in educational curricula of undergraduate health care programs. The Working Group drew on the knowledge and expertise of leaders from across the province.

One of the tangible outputs from the Working Group is the provincial, multi-level strategy to bring quality and patient safety education opportunities to workplaces and educational institutions. The provincial strategy recognizes the value of supporting front-line quality initiatives involving people from different disciplines, as well as the need to integrate quality improvement and patient safety themes into the curricula at universities. The strategy was informed by an educational needs assessment survey conducted by the Working Group, as well as an environmental scan of approaches to quality improvement training programs from Canada, the US and the UK. The resulting report—*Education for Quality and Safety Leaders: A Needs Assessment and Program Review*—identified a number of opportunities. These included increasing access to broader formal certification based curriculum programs, as well as enhancing knowledge about specific safety and quality improvement tools.

- Made available on the BCPSQC's website, this report has been downloaded 183 times over a seven-month period.

Following this report, the BCPSQC implemented or supported several educational opportunities, including:

- The Quality Academy
- Virtual Learning Opportunities
- Supporting educational opportunities offered by other organizations, such as the ConCourse project with the University of British Columbia.
- Targeting specific spread initiatives, such as the global trigger tool, surgical safety checklist, Safer Care for Older Persons (in residential) Environments (SCOPE), and Positive Deviance. These are all described in details on page 35.

## 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 and safety 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.

- With mentorship from a Faculty Mentor and support from their Executive Sponsor, program participants also demonstrated their acquired knowledge through designing, implementing and evaluating an improvement project related to the mission, vision, and values of their organization.
- Throughout the Quality Academy, participants built their knowledge, skills and confidence around the core components of quality improvement including: process and systems thinking, personal and organizational development, involvement of 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.
- A comprehensive evaluation of the Quality Academy is currently underway and will be published in fall 2011.

### Provincial Forum on Disclosure of Adverse Events

In June 2010, the BCPSQC hosted a provincial forum on Disclosure of Adverse Events. Invitations were extended to key leaders for quality, safety and medicine in the province, including health authorities, the Canadian Medical Protective Association, Health Care Protection Program and Regulatory Colleges.

- This Forum provided 40 participants with an opportunity to exchange knowledge and share their perspectives on the topic of disclosure.

### Learning Opportunities for Senior Leaders

The BCPSQC developed a primer on legislated responsibilities for health authority Board members that complements the CPSI/ Canadian Health Services Research Foundation toolkit for Governance for Patient Safety and Quality.

Additionally, the BCPSQC developed a learning module on quality for emerging health care leaders. The module was designed in partnership with the *Leaders for Life* education program, offered by the BC Health Care Leaders' Association in partnership with Royal Roads University. The *Leaders for Life* program aims to increase the number and ability of health care leaders in BC. This fulfilled BCPSQC's intention, as outlined in its Strategic Plan, to incorporate quality dimensions in this program.

### Virtual Learning Opportunities for all Levels

In May 2010, BCPSQC launched its Virtual Learning Opportunities – webinars that: (1) introduce broad topics relevant to quality; (2) demonstrate the application of specific practical tools for quality improvement; and, (3) highlight successful innovations in BC.

- Between May and December 2010, eleven Virtual Learning Opportunity webinars were recorded and made available on the BCPSQC website.
- Overall, 82% of participants were satisfied, indicating that the webinar was an effective use of their time. This exceeded the target of 75% participant satisfaction.

**Table 1 indicates that real-time participation in the Virtual Learning Opportunities by topic.**

**Table 1: Virtual Learning Opportunities**

Virtual Learning Opportunity	Date	Attendance	Median Rating <i>Effective Use of Time</i> (out of 5)
An Introduction to Human Factors	05-May-10	46	5
The Bedside Observer Project	20-May-10	39	4
Process Mapping	27-May-10	39	4
Effective Data Display	19-Aug-10	18	5
Positive Deviance Display	26-Aug-10	20	5
Surgical Checklist Tips	02-Sep-10	24	5
Accreditation Canada ROPs	07-Oct-10	35	4
Human factors Device Procurement	14-Oct-10	13	5
Patients for Patient Safety Canada	21-Oct-10	15	4
Next Generation Clinical Leadership	04-Nov-10	23	4
Generations Talking	09-Dec-10	20	3

Source: BCPSQC. Virtual Learning Opportunity Registrations and Surveys.

The BCPSQC also led a three-part Medical Reconciliation series to support BC health care providers in their efforts to prevent adverse drug events. Forty-two learners participated, representing front-line staff in mental health, home care, long-term and acute care.

## Support for Spreading Quality Improvement Initiatives

### *Spread of Global Trigger Tool across BC Health Authorities*

The BCPSQC supported the province-wide uptake of the Global Trigger Tool<sup>9</sup>—a tool that enables hospitals to identify adverse events, assess levels of harm and track the effectiveness of their improvement efforts. With support from the BCPSQC, leaders at Vancouver Coastal Health and Providence Health Care worked to educate and support other health authorities in implementing the tool, and to help users to develop skills to use it tool reliably. Through webinars, in-person education sessions in the health authorities requesting the training, and through the development of a community of practice around the Trigger Tool, the BCPSQC supported BC’s health authorities to identifying and learning from adverse events.

### *Spread of Surgical Safety Checklist*

BCPSQC has been instrumental in planning and developing two key initiatives within BC to support the implementation of the Surgical Checklist: (1) the Safe Surgery Saves Lives workshop held in March 2010 in Vancouver (in partnership with CPSI); and (2) the Surgical Checklist Action Series (led by the Western Node of SHN).

<sup>9</sup> Developed by the Institute for Healthcare Improvement.

### *Safer Care for Older Persons in Residential Environments*

Safer Care for Older Persons (in residential) Environments (SCOPE) is a two-year study (2010-2012) funded by Health Canada. SCOPE is currently being conducted in a total of seven nursing homes in Alberta and British Columbia. The purpose of SCOPE is to test a quality improvement (QI) model to improve the quality of care to elderly Canadians living in nursing homes and to improve the quality of work life for staff (primarily care aides) in nursing homes. The study is modeled on the Safer Healthcare Now (SHN!) national initiative which successfully enabled frontline teams, primarily in acute care, to use quality improvement methods to implement new knowledge into direct patient care.

A session sponsored by the BCPSQC was held in Kelowna to bring together quality improvement Teams from Alberta and BC, researchers, clinical staff, and quality improvement experts. Teams for the pilot study come from Alberta and British Columbia from all seven facilities. Each team was made of frontline providers including health/residential care aides, LPNs and rehabilitation staff who are responsible for the day-to-day provision of care to residents.

### *Positive Deviance*

In fall 2009, a Canada-wide research project was launched to pilot Positive Deviance (PD) for reducing the incidence of hospital-acquired infections. The PD methodology enlists front-line staff to develop and lead improvement initiatives that are acceptable and sustainable within their own specific work environment. The BCPSQC supported the Canadian Positive Deviance Project and actively provides coaching, local training, and close mentoring on Positive Deviance to the two BC sites – Vancouver General Hospital and Kelowna General Hospital.

## **Support for Educational Opportunities Offered by other Organizations**

The BCPSQC provided funding for the ConCourse project, led by the Academic Chair in Patient Safety at the University of British Columbia. The ConCourse project develops online educational resources to support quality improvement as a major theme in the medical school's undergraduate curriculum.

- The ConCourse project included the launch of a Youtube channel in November 2009, and features five short clips of patient safety leaders describing new initiatives in quality improvement.
- Up to the end of 2010, the clips together have been viewed more than one thousand times.

## **Access to National and International Safety and Quality Forums**

### *Canada's Forum on Patient Safety & Quality Improvement*

Canada's Forum on Patient Safety and Quality Improvement is an annual national event that focuses on the needs and expectations of front-line practitioners and decision-makers. It provides them with hands-on approaches to learning and skill development for patient safety and quality improvement across the entire continuum of care.

- BCPSQC sponsored this conference in 2009 and 2010.
- BCPSQC's Executive Director co-chaired the 2010 Forum.

### *Canadian Healthcare Safety Symposium (Halifax Series) webcast for BC*

The Halifax Series is a Canadian health care safety event that brings together leaders within health care and other industries around the world to share different ideas, knowledge, skills and attitudes. The focus is on the realization of potential opportunities for improvement of health care safety in Canada.

- Between 2009 and 2010, BCPSQC sponsorship provided this learning opportunity to 32 health care delivery sites across BC via webcast of the symposium.

### *Institute for Healthcare Improvement (IHI) National Forum webcast for BC*

IHI's National Forum on Quality Improvement in Health Care is an annual event that brings together 6,000 practicing physicians, nurses, health care leaders; managed care professionals and health professions' students to focus on the latest solutions to dramatically change the experience and safety of patient care in all health care settings. Thousands more join via satellite broadcast.

- BCPSQC has supported access to this event via satellite webcast during the past two years.

## Evaluation Findings

### **BCPSQC has increased opportunities for health care professionals to develop knowledge, skills and expertise to improve quality of care.**

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. Evaluation participants 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 through health service delivery organizations.

Other initiatives, such as the BCPSQC's virtual learning opportunities, received significantly fewer mentions. Of the limited mentions of the webinars, stakeholders

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*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

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*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

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commented positively on the value of these educational opportunities. These perceptions are consistent with Virtual Learning Opportunities survey findings.

## Opportunities to Grow

### **The 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.

## Evaluation Conclusion

This interim evaluation was designed to provide a comprehensive picture of the BCPSQC’s successes and areas for growth toward meeting its long-term outcomes. Outcomes describing a change in knowledge and skills are generally considered to be short-term achievements, and are essential to achieving medium- and longer-term change. This evaluation was intended to answer the question: is the BCPSQC on the right track?

The interim evaluation findings affirm what the BCPSQC identified as critical success factors in 2008, namely: (1) collaboration amongst health system partners; (2) increasing the profile of quality cross BC; and (3) increasing the capability to lead quality. 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 strategic context within the province, and addressing new needs, by revising planned activities; and
- Carrying out additional activities—such as bringing in-person and virtual learning opportunities to a wider array of health system partners—to strengthen its ability to accelerate improvements in quality in BC.

The HQN, BCPSQC’s leadership and team, and the Quality Academy have been the BCPSQC’s most valuable assets in achieving pre-requisites for change.

The BCPSQC is now at the stage of focusing on achieving its medium-term outcomes – those aimed at impacting stakeholders’ behaviours – in order to reach the long-term goal of accelerating improvements in quality in BC. As shown in Table 2, the BCPSQC can continue to strengthen its position to achieve medium-term outcomes through increasing its role clarity and regularly (and appropriately) engaging its diverse health system partners.

**Table 2: Evaluation of Short-Term Outcomes and Opportunities to Further 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 (and among public)</i>	Completely Achieved	<ul style="list-style-type: none"> <li>• Increase clarity on BCPSQC’s role in bringing stakeholders together and advising and making recommendations to the Minister on health care quality in BC</li> <li>• Increase focus on including patient’s perspectives on the health care experience</li> </ul>
<i>Greater awareness of and consensus on areas for improvement among health system partners</i>	Somewhat Achieved	<ul style="list-style-type: none"> <li>• Increase focus on home/community care and primary care</li> <li>• Utilize existing assets such as HQN and Quality Academy to build awareness of and work towards consensus on areas for improvement</li> </ul>
<i>Increased collaboration within BC’s quality improvement community</i>	Completely Achieved	<ul style="list-style-type: none"> <li>• Improve awareness of BCPSQC’s activities and achievements</li> <li>• Increase clarity of role and responsibilities of BCPSQC as well as HQN</li> <li>• Engage health authority CEOs and Boards</li> <li>• Connect with and better utilize expertise of HQN</li> </ul>

		<ul style="list-style-type: none"> <li>members from improvement organizations, professional associations and regulatory bodies</li> <li>Use Working Groups as a model to work towards tangible outcomes (and possibly include frontline)</li> </ul>
<i>Increased opportunities for health care professionals to develop quality improvement skills</i>	Completely Achieved	<ul style="list-style-type: none"> <li>Improve utilization of current educational opportunities and continue to build BCPSQC's educational offerings.</li> </ul>

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 improvements in quality of care in the province. Stakeholders, especially 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. 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 quality initiatives.