Our Relentless Pursuit Of Quality

HOW ARE WE GETTING THERE?

2016/17 Annual Report

BC PATIENT SAFETY & QUALITY COUNCIL

Working Together. Accelerating Improvement.

It is our pleasure to share this report, which documents the work of the BC Patient Safety & Quality Council during its 2016/17 fiscal year. Reflecting on these activities, we are struck by how our pursuit of quality has evolved over the past nine years alongside the priorities of our province's health care system. This pursuit is fuelled by adapting and constantly striving to provide value for British Columbia's health care system and the patients it serves.

In 2008 the Council began building the foundation for improving quality within the province, creating the BC Health Quality Matrix to help define and measure "quality." From the time of this foundational work, the Council has grown in size and in scope, supporting improvement at the point of care and creating a suite of learning programs that build health care professionals' capability to improve quality. Recent work has included leading initiatives to support teams and units to improve their culture, and ensuring the patient voice is at the centre of the health care system.

The Council is supported by more than 40 staff in every region of the province, and is led by nine Council members.

Along the way we have seen British Columbia's quality community grow, and the Council has been fortunate to work with countless partners – both organizations and individuals. Together, we continue to make progress towards a high quality and sustainable health care system. We thank you all.

Doug Cochrane
Chair
BC Patient Safety & Quality Council

Christina Krause
Executive Director
BC Patient Safety & Quality Council

The Council's members. Not pictured: Maura McGivern

02 ORGANIZATIONAL OVERVIEW

ABOUT US

The BC Patient Safety & Quality Council provides system-wide leadership to efforts designed to improve the quality of health care in British Columbia. Through collaborative partnerships with health authorities, patients, and those working within the health care system, we promote and inform a provincially-coordinated, patient- and family-centred care approach to quality. We also provide advice and make recommendations to the Minister of Health.

In support of this mandate, we undertake activities that are determined through extensive consultation with our partners and stakeholders to define where we can best add value. Drawing on our resources, relationships and the diverse expertise of our staff, we are at once a leader, an advisor, a partner, a facilitator, an educator, and a supporter. Our operating budget for this work in 2016/17 was $5.7 million.

We also provide a bridge to the best knowledge in health care quality available across Canada and beyond. We seek out national and international partnerships to learn of innovation of value to BC, adapt these new ideas to meet the needs of our health care system, and work with our partners to put them in place.

Our vision is high quality and sustainable health care for all. **How are we getting there?** By providing system-wide leadership through collaboration with patients, caregivers, the public, and those working within the health care system in a relentless pursuit of quality.

Visit ***www.bcpsqc.ca*** to download our 2017 – 2020 Strategic Plan.

OUR VISION

High Quality & Sustainable Health Care for All.

We work throughout our province's health care system.

Our work takes its shape from the priorities of British Columbia's health care system. We move to where we are needed, collaborating with patients, caregivers, the public and those working across all areas of care. We have seen an increasing number of individuals and organizations become engaged in creating a patient- and family-centred health care system and improving the quality of care. We are thrilled and motivated by the growth of this improvement community, and will continue to provide leadership and build connections to support these dedicated stakeholders.

We help make high quality care a reality.

Quality care is acceptable, appropriate and accessible. It is safe and effective. It is equitable and efficient. It recognizes that every patient has a unique journey, that local context is key, and that everyone touched by the system needs to be engaged in collaborative partnership to achieve high quality and sustainable health care for all. We help make quality care a reality by partnering with patients, each of British Columbia's health authorities, with health organizations and academic institutions, and with all who share our passion.

We believe a patient- and family-centred and inclusive approach is essential to improving quality of care.

Better health care is achieved through engaging patients, caregivers and the public as partners in care. We engage patients and caregivers in our work, and provide support and resources so that they are meaningfully included in activities led by health care organizations throughout the province.

OUR VALUES

COLLABORATION	We engage with our partners to co-create and achieve a collective vision.
TRANSPARENCY	Trust and respect occurs through a culture of openness and accountability.
RESPONSIVENESS	We adapt to the evolving needs of our partners and the health care system.
INNOVATION	We challenge the status quo and embrace new ways of thinking.
SHARING	We share widely the knowledge and learning created through our work, and value opportunities to learn from others.
EXCELLENCE	We strive for excellence in everything we do.

We are getting there by...

06 IMPROVING THE QUALITY OF PATIENT CARE

Over the past year, a key focus for the Council was to support improvement of the quality of care across the continuum. Through a variety of strategies, we engaged those working within the system, as well as patients and families, through initiatives, campaigns, distributed leadership models, and ensuring collaboration and learning across the system to accelerate improvements in care. We also developed and provided tools, learning events, and coaching to achieve and sustain improvements into the future.

CALL FOR LESS ANTIPSYCHOTICS IN RESIDENTIAL CARE

We want to provide the best care possible for care home residents – our mothers and fathers, grandmothers and grandfathers – who are living longer than any previous generation.

Living longer increases their likelihood of experiencing declines in health[1] that may include developing a dementia with associated behavioural and psychological symptoms.

Sometimes these symptoms result in residents receiving potentially inappropriate medications, such as antipsychotics[2] that can cause side effects such as increased drowsiness, impaired mobility and even unexpected death.[3] Research shows that 33% of residents in British Columbian residential care homes may have their quality of life affected because they are taking inappropriate antipsychotic medications.[3]

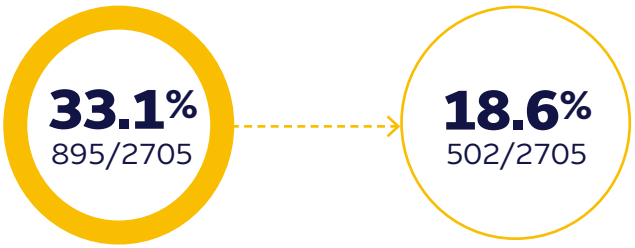
To address this, we launched a Call for Less Antipsychotics in Residential Care (CLeAR), a voluntary, provincial quality improvement initiative, with support from the Shared Care Committee. Through CLeAR we provide leadership and improvement support to residential care teams to improve the dignity and quality of care for residents with the behavioural and psychological symptoms of dementia (BPSD).

Wave 1, which featured 48 participating care homes, ran from October 2013 to December 2014, with Wave 2 running from September 2015 through December 2016 across 40 care homes.

The aim for CLeAR's second wave was for participating care homes to achieve a collective 33% reduction in antipsychotic use through evidence-based management of BPSD. To measure CLeAR's impact, participating care homes divided residents into two groups: an "Original Cohort" of residents who were admitted prior to the start of CLeAR, and an "Additional Cohort" of residents who were admitted to a care home after the start of CLeAR.

1,001 residents had their antipsychotics reduced or discontinued.

Residents *(in the original cohort)* being prescribed antipsychotics



"We have had a culture change. We now see nurses reaching for non-pharmacological intervention instead of medication, and the team is seeing excellent results with residents just coming alive, and showing more wellness in our homes."

Rachel Lewis,
Sun Pointe Village,
Kelowna

Original Cohort

Of the residents who were admitted to a care home prior to the start of CLeAR, **33.1% (895 of 2,705)** of residents were being prescribed antipsychotics.

43.9% of residents had their antipsychotics discontinued
393/895

35.3% had their antipsychotics reduced
316/895

Additional Cohort

Furthermore, of the residents who were admitted to a care home after the start of CLeAR, **46.9% (562 of 1,198)** of residents were being prescribed antipsychotics.

26.5% of residents had their antipsychotics discontinued
149/562

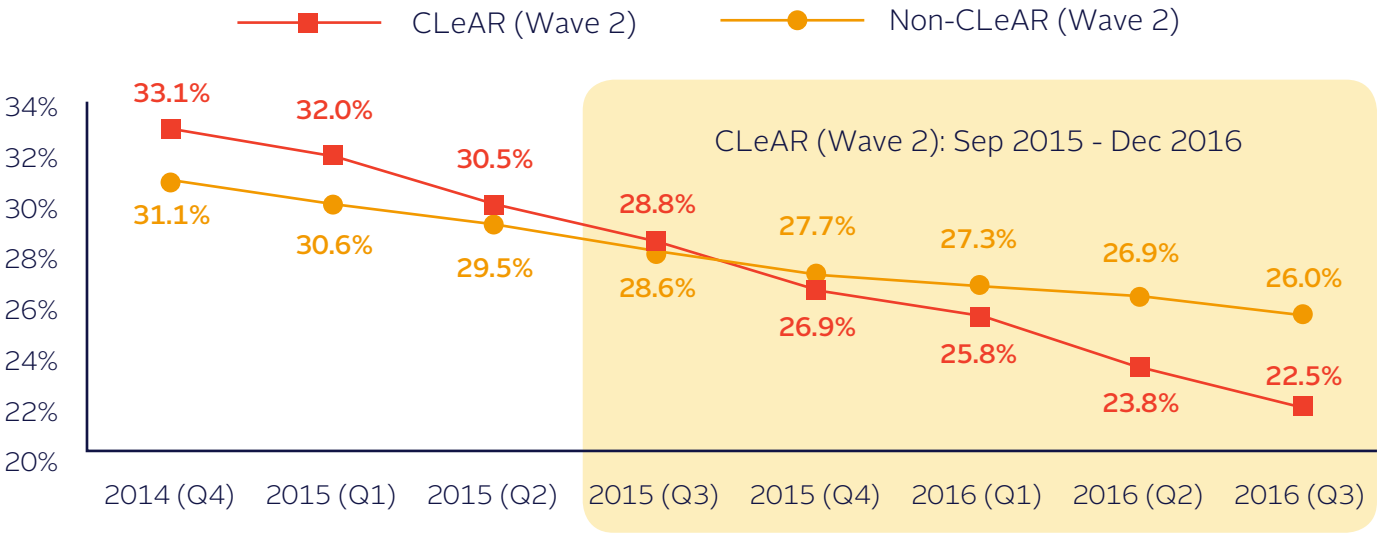
25.4% had their antipsychotics reduced
143/562

In every care home in British Columbia, clinicians monitor residents using interRAI's Resident Assessment Instrument–Minimum Data Set (RAI-MDS 2.0).

According to this data, provided by the Canadian Institute for Health Information, care homes that participated in Wave 2 **reduced the percentage of residents who are prescribed antipsychotics without having a diagnosis of psychosis from 28.8% to 22.5%.**

The data also shows that, over the course of the initiative, care homes that participated in CLeAR, as well as care homes that did not participate in CLeAR, decreased the percentage of their residents who are prescribed antipsychotics without a diagnosis of psychosis. Care homes that participated

Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis



in CLeAR achieved a greater, and statistically significant ($p < .05$), reduction in the number of these residents on antipsychotics (21.9% compared to 9.1%), in comparison to care homes that did not join CLeAR.

To learn more about the results from both Wave 1 and 2 of CLeAR, a comprehensive external evaluation will be available on our website later in 2017. Our website will also feature a video that captures the impact of CLeAR on care homes and their residents.

Looking Forward

We are dedicated to improving the dignity of care for British Columbia's seniors. Medication safety and appropriateness continue to be a priority for the Ministry of Health and British Columbia's Seniors Advocate as well as the Council. Wave 3 of CLeAR will launch in late 2017 to offer continued leadership and support for residential care leaders, physicians, staff, residents and families to implement evidence-based practices and strategies to improve quality.

SURGICAL IMPROVEMENT

Our vision for surgical care in BC is to use evidence-based, data-driven programs to decrease complications and infections, and to provide better outcomes for the 200,000 British Columbians who undergo surgery each year.

In order to achieve this vision, we focus on innovative approaches, improving teamwork and communication among surgical teams, tracking and evaluating patient outcomes, and disseminating best practices. In 2016/17 we continued supporting and evaluating work to improve surgical care and access to surgery, and began supporting new priorities identified by our stakeholders.

National Surgical Quality Improvement Program

The National Surgical Quality Improvement Program (NSQIP) is a risk-adjusted surgical data collection and outcome reporting tool developed by the American College of Surgeons. By gathering data from hundreds of participating hospitals throughout the United States and Canada, NSQIP helps organizations measure and understand their outcomes and compare them to comprehensive benchmarks.

We have supported hospitals across BC to participate in NSQIP since the program was implemented in the province in 2011.

Currently, there are 24 hospitals across BC contributing data, receiving reports, and undertaking improvement efforts. To support their efforts, the Council has developed a surgical improvement strategy that includes: building networks of point-of-care teams and surgeon champions to lead improvement; clinically-focused initiatives to reduce adverse outcomes and complications; and improving culture, teamwork, and communication in the surgical environment.

Between 2011 – 2015, there have been several areas of significant improvement in the surgical care provided in BC, including:

12,212 bed days were saved in 2015 → increasing capacity and improving access to surgery

Surgical site infection rates decreased **3.5%** ↓ **2.8%**

BC NSQIP teams are setting goals for improvement that are based on risk-adjusted reports, raw data and audits of current processes. The program aligns with the Ministry of Health's Strategic Priorities[4] by fostering high quality surgical care and reducing costs associated with adverse surgical events.[5]

In 2016/2017, we provided one-on-one support to surgical teams and site visits as needed to support ongoing improvement activities. We also provided guidance to BC Clinical and Support Services in negotiating the annual financial contract for NSQIP sites.

Colorectal surgical morbidity decreased **31.9%** ↓ **23.3%**

Overall, total complication rates decreased **9.7%** ↓ **6.9%**

Mean length of stay decreased **11.82** days ↓ **8.58** days

In July 2016, we joined with other Canadian NSQIP sites at the American College of Surgeons' annual NSQIP meeting, and BC teams also met informally at Quality Forum 2017. These meetings are an opportunity to bring together teams from NSQIP sites across Canada to share improvement strategies, challenges and accomplishments.

24

sites in BC participate in the National Surgical Quality Improvement Program

Looking Forward

An evaluation report on the first four years of NSQIP (2011-2015) from all 23 adult sites will be released later this year. The report will focus on improvements in care and reductions in morbidity and mortality, as well as the province-wide impact of NSQIP and improvement efforts on hospital days saved and increased access to surgery for patients.

Supporting Ministry of Health Surgical Priority Areas

Each of the province's 200,000 annual surgical patients has the opportunity to receive a high quality, patient-centred care experience. With procedures taking place at dozens of sites, and with a wealth of data available through the National Surgical Quality Improvement Program and beyond, the Council is well positioned to create and support networks that facilitate connections and learning among surgical teams, and to contribute to a planned and coordinated approach to improvement.

Planning for high quality surgical services in British Columbia is led by a Provincial Surgical Executive Committee (PSEC), which ensures that direction, planning and engagement, policy formation, and recommendations are consistent and coordinated. We are an active member of the committee and in 2016/17 we led a patient journey mapping process to describe the current state of the province's surgical processes from both the system and patient perspectives.

The mapping laid the groundwork for the Ministry of Health's strategies aimed at improving quality of surgical care, including a *Surgical Waitlist Management Policy*[4] and *Surgical Policy Objective and Strategy Map – Services for Patients Requiring Surgery.*[6]

In July 2016, a new Steering Committee for the Implementation of the Surgical Strategy was created. The Council is a member of the committee, which was formed to review and monitor quantitative metrics on key deliverables and to oversee implementation of these strategies. Among the committee's first steps was selecting 11 early adopter sites across health authorities to implement the strategies' components. These sites are providing an opportunity to assess feasibility, test changes, discover potential roadblocks, and seek innovative strategies that could be used to successfully scale and spread the strategy to all surgical sites in BC.

Early Adopter Sites

Health Authority	Site 1	Site 2
Provincial Health Services Authority	BC Children's Hospital	
Vancouver Coastal Health	Vancouver General Hospital	St. Paul's Hospital
Fraser Health	Royal Columbian Hospital	Eagle Ridge Hospital
Interior Health	Kelowna General Hospital	Royal Inland Hospital
Island Health	Victoria General Hospital	Royal Jubilee Hospital
Northern Health	Mills Memorial Hospital	Kitimat General Hospital & Health Centre

Early Adopter Site Leads Network

In November, the Council was asked to support the 11 early adopter sites to accelerate work and meet key deliverables. After assessing the health authorities' needs, the Council launched a provincial working group to address aspects of the waitlist management policy, and is now working to support physician engagement strategies.

An Early Adopter Site Leads Network was created to bring surgical team members together so that they could learn collectively, avoid duplication of efforts, work collaboratively through challenges, and provide support.

The network meets bi-weekly and includes representatives from the Ministry of Health, Doctors of BC, and the Specialist Services Committee, as well as surgical directors from each of the health authorities, and project managers or site leads from each of the early adopter sites.

Through conversations on these network calls, sites have been able to collaborate on educational resources for booking clerks, share processes for waitlist auditing, review challenges faced during their implementation process, and hear about pilot projects happening throughout BC that can inform work as it moves forward. Site leads have embraced this forum for information sharing and are now regularly connecting with each other.

The Council gathered formative feedback at the end of the first phase of implementation which will be used to inform provincial spread and refresh the provincial strategy. The network achieved consistency in the content of information that will be communicated to patients waiting for surgery, and in the role of a single point of contact that patients and health providers will reach out to for further information while on the surgical pathway.

The Early Adopter Site Leads Network will become part of the larger provincial Surgical Quality Action Network as implementation of the surgical strategy spreads provincially.

SQAN

SURGICAL QUALITY ACTION **NETWORK**

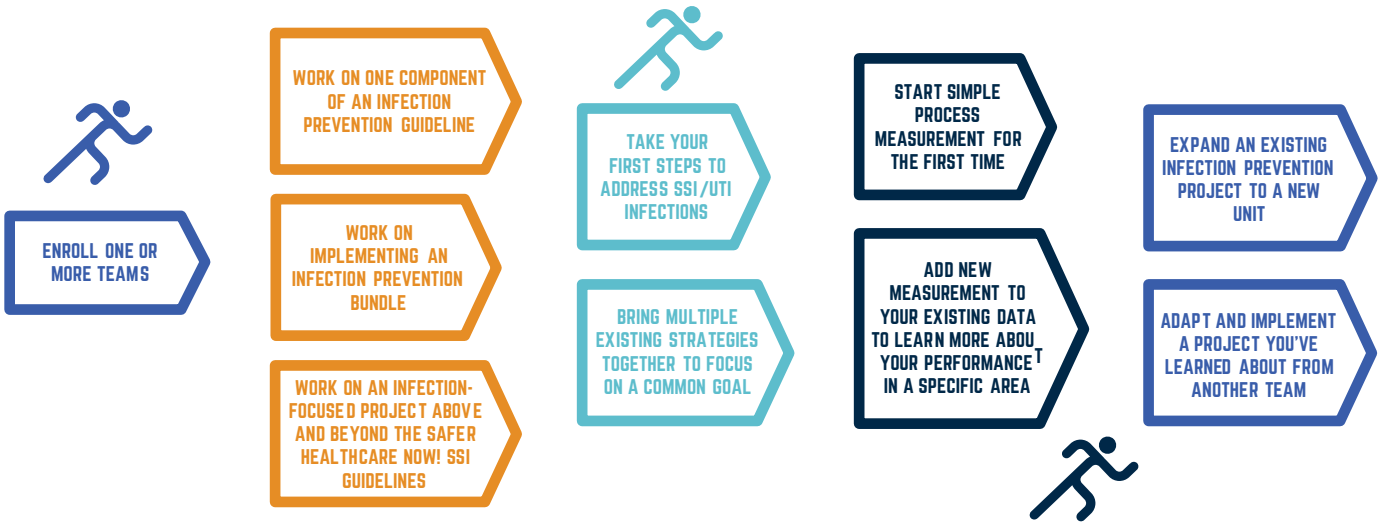
SQAN is an umbrella support structure for numerous surgical quality improvement initiatives. Currently numbering more than 800 multidisciplinary clinicians, and supported by the Council, it brings health care providers together to discuss best practice, share local innovations, and connect to improve surgical care for patients in BC.

The 10K: 10,000 Reasons to Race for Infection Prevention

In 2015, we launched an improvement collaborative to reduce infections occurring after surgery. With 10,000 surgical patients in BC suffering from a surgical site infection (SSI) or urinary tract infection (UTI) each year, the "10K" focused on 10,000 Reasons to Race for Infection Prevention and aimed to reduce SSIs and UTIs at participating teams' sites by 50% by November 2016.

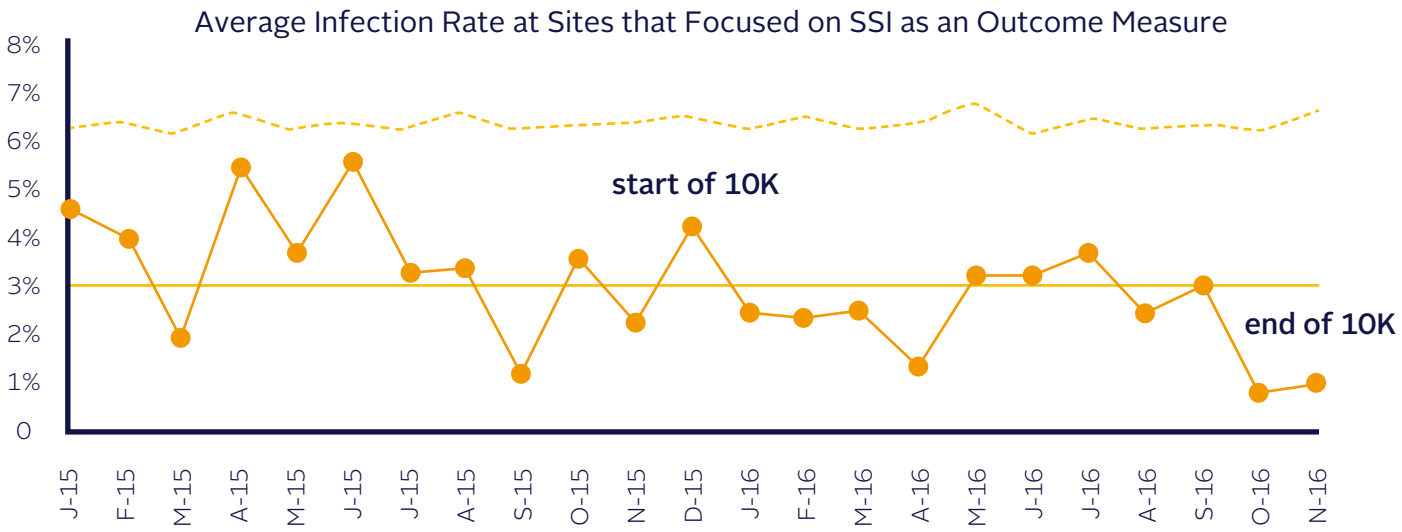
Twelve teams signed up to join the "race." Clinical faculty included a paediatric cardiac surgeon from BC Children's Hospital, an anaesthesiologist from Nanaimo Regional General Hospital and an operating room nurse from Vancouver General Hospital. The Specialist Services Committee provided funding to support the involvement of physicians and surgeons, and a partnership alliance ensured alignment with the Ministry of Health, BC Anaesthesia Society, Canadian Association of General Surgeons, Canadian Patient Safety Institute, Doctors of BC, Perianaesthesia Nursing Association of BC, Provincial Infection Control Network of BC, and Specialist Services Committee.

Teams started the "race" during a two-day launch event in October 2015, where they received information about best practices and guidelines, change ideas, hands-on guidance to improve teamwork and communication, measurement support, and coaching to define their local aim statement based on baseline data. Throughout the year, our support for the 10K teams included regional workshops, a mobile app with helpful resources, and coaching from improvement advisors. Virtual learning sessions covered topics identified by teams and included preventing catheter-associated UTIs, normothermia (normal body temperature), prophylactic antibiotics, and glycemic control.



Using data collected through their participation in the National Surgical Quality Improvement Program, teams measured SSI as well as UTI rates and evaluated process measures (measurement of best practices undertaken to reduce the infection rates). Participating 10K teams determined their own process measures and tracked compliance by team members as well as the SSI and UTI rates for their patients.

Many sites that participated in the 10K began using their NSQIP data consistently for improvement efforts, and some achieved 100% compliance with their process measures. For sites that focused on SSI as an outcome measure, there were some changes in infection rates that, while not significant, did indicate that improvements were being made. A full evaluation of the 10K will be available on our website later this year.



RELEASING TIME TO CARE RT2C

Those working at the point of care do so to provide high quality care for patients. However, their time is often occupied by tasks that don't add value, from unnecessary paperwork to hunting down the supplies they need.

That's why we offer support for health care teams to implement Releasing Time to Care, a program that supports point-of-care providers to lead changes in the workplace, and free their time for doing what matters most: providing care.

Originally developed in 2007 by the National Health Service in England, The Productive Series encompasses improvement programs in various areas, including Releasing Time to Care (RT2C) for acute, mental health, residential and community care settings, and The Productive Operating Theatre (TPOT) for operating room teams.

RT2C and TPOT focus on improvements driven by point-of-care staff, by empowering them to question current practice, define improvement goals appropriate to their work setting, to collect and analyze data related to prioritized measures, and to re-design and streamline the way they manage and work. RT2C teams have achieved significant and sustained improvements related to improving efficiency, safety and reliability of care, and patient and staff experience.

The program has been shown to improve health outcomes for patients, lower costs for the organizations, and support staff to spend more time with patients and families.[7, 8] In 2012, the Council provided a bridge to the best knowledge across Canada and beyond by supporting the implementation of RT2C as a demonstration project with Vancouver Coastal Health across four acute units at Richmond Hospital and Squamish General Hospital. Once it became evident the program worked within the BC context (the teams won a Quality Award in 2013), we began supporting the spread of RT2C and TPOT throughout BC in early 2014.

A one-time online survey was sent to a BC RT2C email distribution list, which includes point-of-care team members, managers, faculty, and executive leaders. Of the respondents:

89% found that RT2C adds value to their team

74% feel RT2C empowers their team to make decisions that guide improvement

76% feel RT2C helps their team improve patient safety

In 2016 we established a Provincial Leadership Committee for the program, which includes a representative from every participating organization as well as a member from the BC Nurses' Union. It supports participating leaders to guide the provincial direction of the program, collaborate with one another, and integrate the program into local contexts.

In total, 68 RT2C teams and 3 TPOT teams have now been trained across 35 sites and 10 organizations throughout the province. In addition, 43 facilitators ("faculty members") support the teams with learning and implementation.

Since teams set their own areas for improvement and define their own activities, outcomes vary across teams and units. Here are some of the successes by individual teams:

Five teams increased **DIRECT CARE TIME**, from 23% to 48%

HAND HYGIENE compliance improved from 67% to 81%

40% more patients feel able to **ACTIVELY PARTICIPATE** in their own care

One unit has been **MRSA-FREE** for over a year (62 weeks from 2016 to 2017)

NURSING INTERRUPTIONS reduced from 110 to 72 on a typical day

"Now that I've been a part of [Releasing Time to Care] for two years, I can really, honestly, truly say 100% that I see positive changes in the way we practice, the way the clinic runs, and in our patients."

Diane Okahori, Registered Nurse, South Community Health Centre

To learn more about RT2C, you can read a comprehensive evaluation available on our website in the summer of 2017.

Looking Forward

RT2C is a program with no fixed timeline that evolves and adapts to meet the needs of participating teams. Over the next year, we will continue supporting these teams to achieve their goals within the program and continue to provide leadership and guidance for the implementation and maintenance of RT2C across the province.

The Council will also be releasing a video that celebrates and reflects on the successes of teams to date, and provides an introduction to the program for other health care teams looking for resources and support. Success looks different to every participating team, as they set their own priorities and activities, and we look forward to sharing the positive outcomes generated by their dedicated efforts.

SEPSIS BC SepsisNetwork

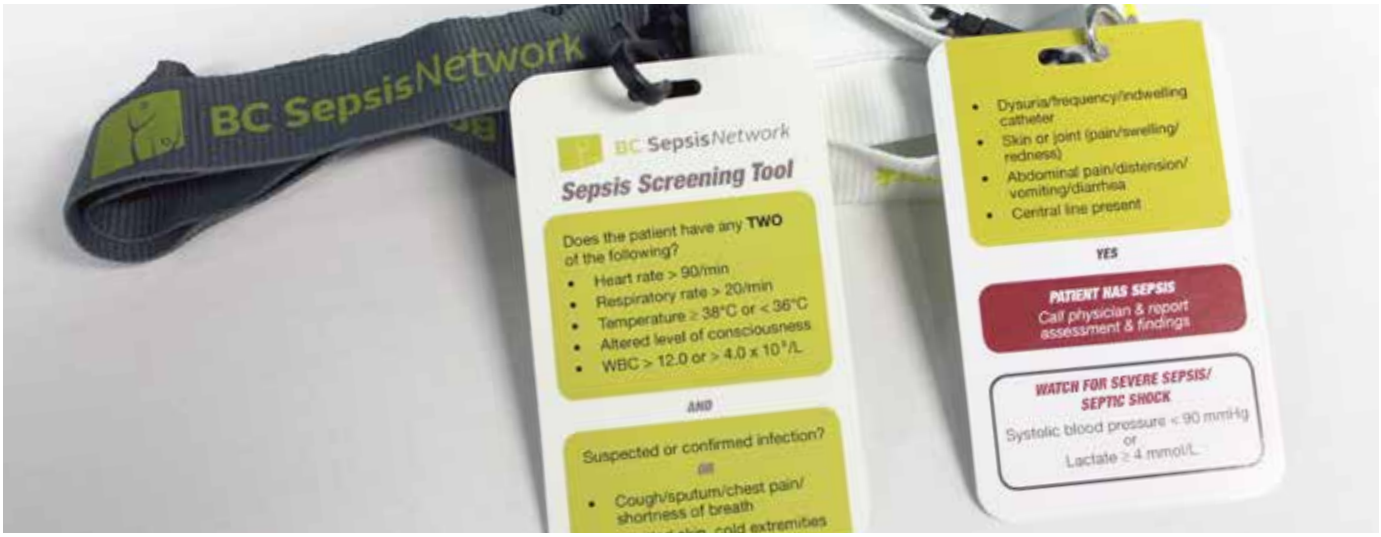
30,000 Canadians are hospitalized each year because of sepsis. More than 30% of these patients will die.[9]

These statistics were unacceptable for a group of passionate clinicians in British Columbia working to catch sepsis early, treat it effectively, and prevent it from turning severe, and to engage others in their improvement efforts.

In 2012, we created the BC Sepsis Network to connect physicians and nurses in every emergency department in the province who could champion sepsis improvement locally. We used principles of large-scale change and distributed leadership to provide a mechanism for sharing, learning and accelerating their work, with an aim of reducing morbidity and mortality associated with sepsis.

Membership in the Network began at 52 and has now increased to over 200 members to whom we send resources and updates on an as-needed basis.

Beginning in early 2015, we supported seven inpatient units across the province to improve sepsis recognition and treatment. Our Sepsis Inpatient Pilot Project culminated in the creation of the *BC Inpatient Sepsis Improvement Toolkit: Speed is Life* as a resource to help facilitate spread and support other sites to implement best practices in sepsis care. It was released on World Sepsis Day (September 13) 2016 and ongoing conversations with interested health authorities and national partners have resulted in early adoption, with two health authorities using the toolkit and implementing it across all of their acute care sites.



As well, the toolkit is highlighted as an evidence-based improvement resource in the *Hospital Harm Improvement Resource: Sepsis*[10] from the Canadian Patient Safety Institute/Canadian Institute for Healthcare Improvement.

Fraser Health has now implemented key aspects of the inpatient toolkit, including screening tools and a pre-printed order set, across all inpatient units at its 12 hospitals. All sites use point-of-care champions to run floor huddles, educate staff to recognize sepsis early, and empower them to act. Champions also wore "sepsis green" t-shirts to increase visibility and awareness of the topic. During the six-week implementation of the toolkit at Surrey Memorial Hospital, team huddles reached over 300 nurses and staff.

Together with Fraser Health, we are creating a spread package to support health authorities promoting uptake of the inpatient sepsis toolkit which will be finalized later in 2017.

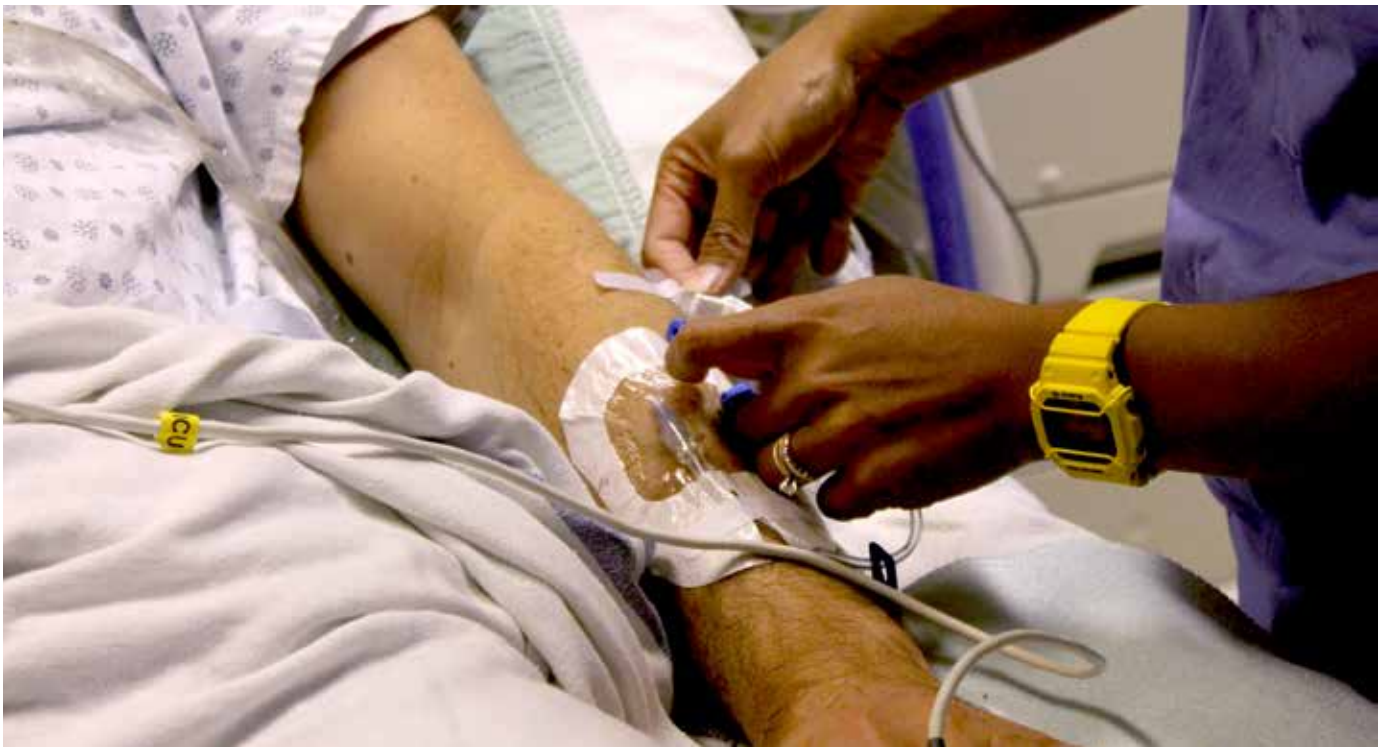
The BC Sepsis Network continues to be a highly visible member of the global sepsis community, participating in the first Annual Global Sepsis Congress and annual World Sepsis Day campaigns, and it has been an early adopter of new Centre for Disease Control sepsis resources.

The Council continues to provide leadership to its network members following the release of the Third International Consensus Definitions for Sepsis and Septic Shock. In February 2016, we published a comprehensive document clarifying proposed changes and detailing the impact on provincial guidelines. We also distributed new screening cards and an updated sepsis algorithm with the revised guidelines.

Looking Forward

Championing early detection and treatment of sepsis to save lives, in emergency departments and inpatient settings, is a continuing priority in our work. We are updating the emergency department guidelines to reflect new advances and international best practices, and will distribute them to the BC Sepsis Network and make them available on our website. In the coming months, we will continue to promote adoption and use of the updated ED guidelines and the inpatient toolkit, and support consistency in the integration of sepsis quality metrics in electronic health systems.

CRITICAL CARE



Every patient in British Columbia's 30 intensive care units (ICUs) should receive timely, appropriate, effective and safe care.

In 2016/17 we supported clinical improvement within those ICUs so that they could move towards achieving that goal. This included carefully maintaining blood glucose in a safe range for patients on intravenous insulin, as well as reducing pain, agitation and delirium experienced by patients to improve comfort and provide the best chance of recovery.

In 2016, the Critical Care Working Group evolved to be a province-wide forum to promote, enable, influence, discuss, and facilitate improvement in the quality of care for critically ill patients across BC. The group includes administrative and physician leads from all health authorities, as well as a patient partner.

To date, the working group has focused on transport of the critically ill; provincial bio-containment strategies; extra-corporeal life support (ECMO) across health authorities; improving prevention, identification and treatment of pain, agitation and delirium; and improving glycemic control among critically ill patients.

The Council chairs and provides administrative support to the group and its members. We also meet with health authorities on a quarterly basis to discuss opportunities to pursue quality improvement initiatives and facilitate connections between health authorities doing similar work.

In the spring of 2016, the Canadian Patient Safety Institute led a national improvement collaborative that included 12 teams from across BC. The Council served as faculty and created an additional support program for BC teams to promote collaborative problem solving. Many participating ICUs substantially improved their assessment, documentation, and treatment of pain, agitation, and delirium by focusing on standardized assessment tools, documentation training and overall awareness.

After this improvement collaborative concluded in the spring of 2017, we maintained its positive momentum by forming and supporting a multidisciplinary working group of point-of-care clinicians with a shared interest in preventing, identifying and managing pain, agitation, and delirium in their ICUs.

Looking Forward

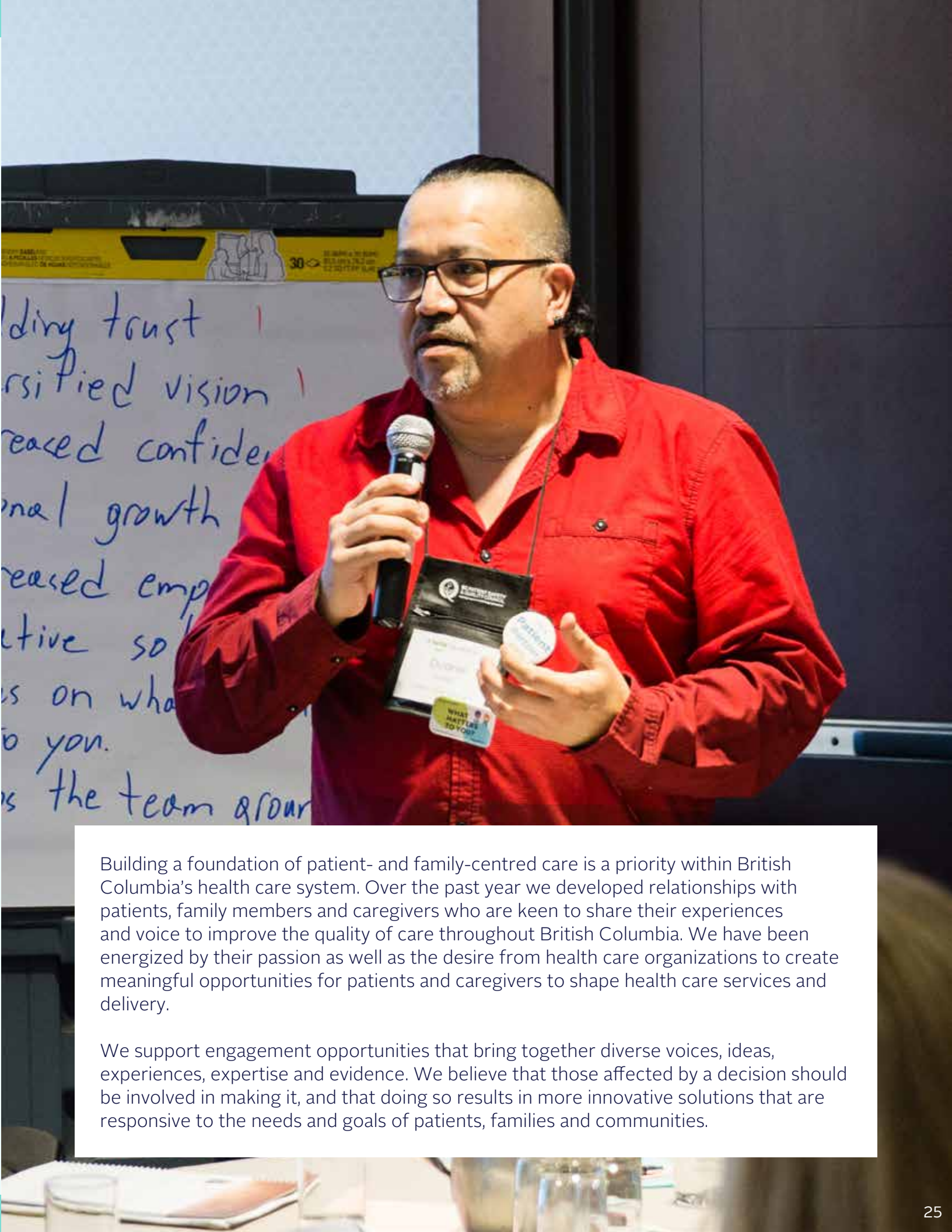
In partnership with the health authorities, point-of-care clinicians and patient partners, the Council is leading the development of patient- and family-centred education resources to enable patients and families to prevent, identify and manage pain, agitation, and delirium in ICUs. Resources will be tested and reviewed over the summer and released as part of Canadian Patient Safety Week in October 2017.

At Vancouver General Hospital, clinical champions are helping to prevent, identify and manage the experience of pain, agitation, and delirium among critically ill patients. Critical care teams regularly review patients' charts to identify if they are at risk, and they include physiotherapists and occupational therapists who promote early mobility in order to help prevent pain, agitation and delirium.

The hospital is an active member of the pain, agitation and delirium working group that the Council supports, sharing ideas on how to improve care for critically ill patients as well as developing and testing resources for patients and families.

We are getting there by...

24 ADVANCING THE PATIENT VOICE & PATIENT- AND FAMILY-CENTRED CARE



Building a foundation of patient- and family-centred care is a priority within British Columbia's health care system. Over the past year we developed relationships with patients, family members and caregivers who are keen to share their experiences and voice to improve the quality of care throughout British Columbia. We have been energized by their passion as well as the desire from health care organizations to create meaningful opportunities for patients and caregivers to shape health care services and delivery.

We support engagement opportunities that bring together diverse voices, ideas, experiences, expertise and evidence. We believe that those affected by a decision should be involved in making it, and that doing so results in more innovative solutions that are responsive to the needs and goals of patients, families and communities.

PATIENT VOICES NETWORK

Patient Voices Network

From our learning programs to our provincial campaigns, we have always aimed to keep the patient perspective at the heart of our work.

Patients and their families are the reason for our efforts, and meeting their needs requires listening to and learning from their experiences. In our new role supporting the Patient Voices Network (PVN), we have a greater ability to amplify those perspectives through authentic engagement between patients and health care partners, and a greater responsibility to support patients and families in everything we do.

In 2009, as part of the Patients as Partners program, the Ministry of Health created PVN "to create mechanisms for patients, their families, caregivers, and community stakeholders to participate in health care system changes." PVN was administered by ImpactBC until 2015 when the Ministry of Health transferred the responsibility for coordinating and leading it to the Council, given the alignment with our mandate to "engage and inform the public as active participants in their own care."

PVN is a community of patients, families, and caregivers working together with health care partners to improve the health care system. In PVN, a "patient partner" is defined broadly to include not just patients, but caregivers and family members as well. We recruit and support patient partners, while working with health care partners to identify and promote local, regional and provincial opportunities for engaging the patient perspective in health care transformation.

In 2016/17, PVN supported 202 engagement opportunities across the province. 331 new patient partners joined PVN, along with 232 people who registered as "Friends" to receive news and updates on patient engagement and PVN activities, bringing the Network to over 860 members.

In November 2016 we began surveying patient and health care partners to learn more about their engagement experiences and evaluate the impact of these opportunities. To date we have received 15 completed evaluations from health care partners, and 35 from patient partners:

- **93%** of health care partners agreed that the patient voice and perspective added value to the initiative
- **91%** of patient partners agreed that they were able to express their views freely
- **87%** of health care partners agreed that involving patients was an effective use of their time
- **89%** of patient partners felt that their voices were heard

Along with increasing the number of patient partners included in PVN, we have also focused on numbers and diversity of PVN members to reflect the range of lived experiences in our communities. In particular, we worked to identify best practices for engaging an Indigenous perspective. We collaborated with numerous partners across the province in this work, including the First Nations Health Authority, BC Association of Aboriginal Friendship Centres, Métis Nation BC, health authority Aboriginal Program leads, BC Elders Communication Center Society, individual First Nations, and PVN members. As a result of our shared efforts to bring these voices forward in our work, 15% of new patient partners in 2016/17 identified as Indigenous.

Oversight & Advisory Committee

To co-design, guide and support the activities of PVN, we created an Oversight & Advisory Committee to ensure the patient voice is at the core of PVN planning and initiatives. This began with the development of a strategic direction that supports the advancement of patient- and family-centred care in BC, consistent with the *BC Patient-Centered Care Framework*.[11]

We co-chair the committee with a patient partner and it is comprised of equal numbers of health care and patient partners. The committee held seven meetings in 2016/17, including two in-person meetings to facilitate program planning.

To learn more about PVN's work in 2016, you can download its annual report from our website.

Looking Forward

Our work ahead continues to focus on broadening diversity in PVN, with the goal of ensuring that patients of all ages, cultural backgrounds and abilities are given the opportunity to guide change and improvement in health care. Our initial focus is on reaching more Indigenous, youth, working-age, and male patient partners. We will also launch a three-year strategic plan to set out priorities for the Network and a database for tracking engagement opportunities, in order to support meaningful evaluation of PVN activities.

"WHAT MATTERS TO YOU?" DAY

WHAT MATTERS TO YOU?

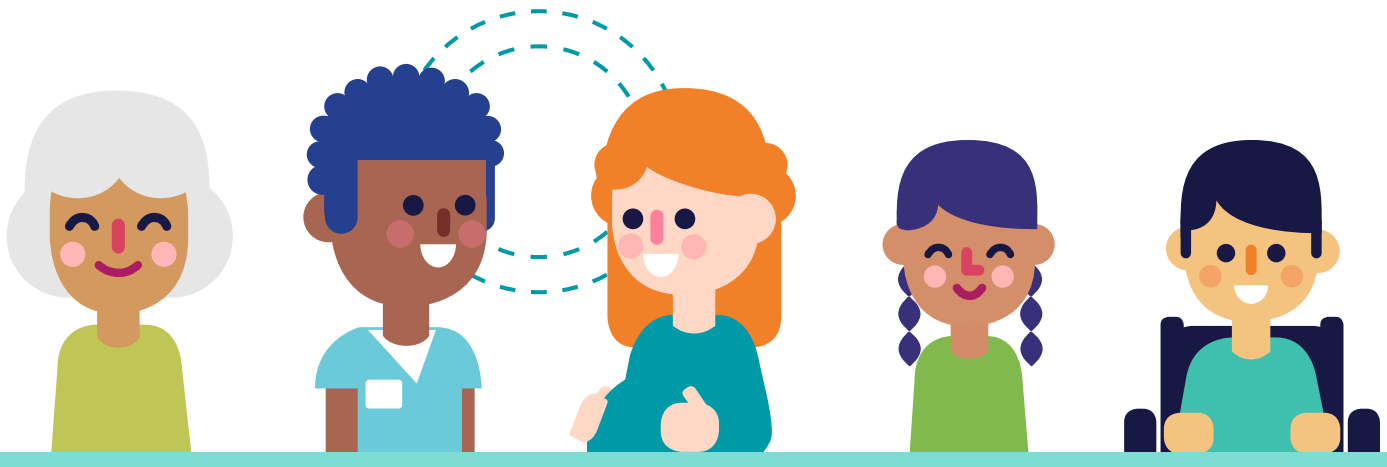
"What matters to you?" is a simple question that can have a big impact on quality of care.

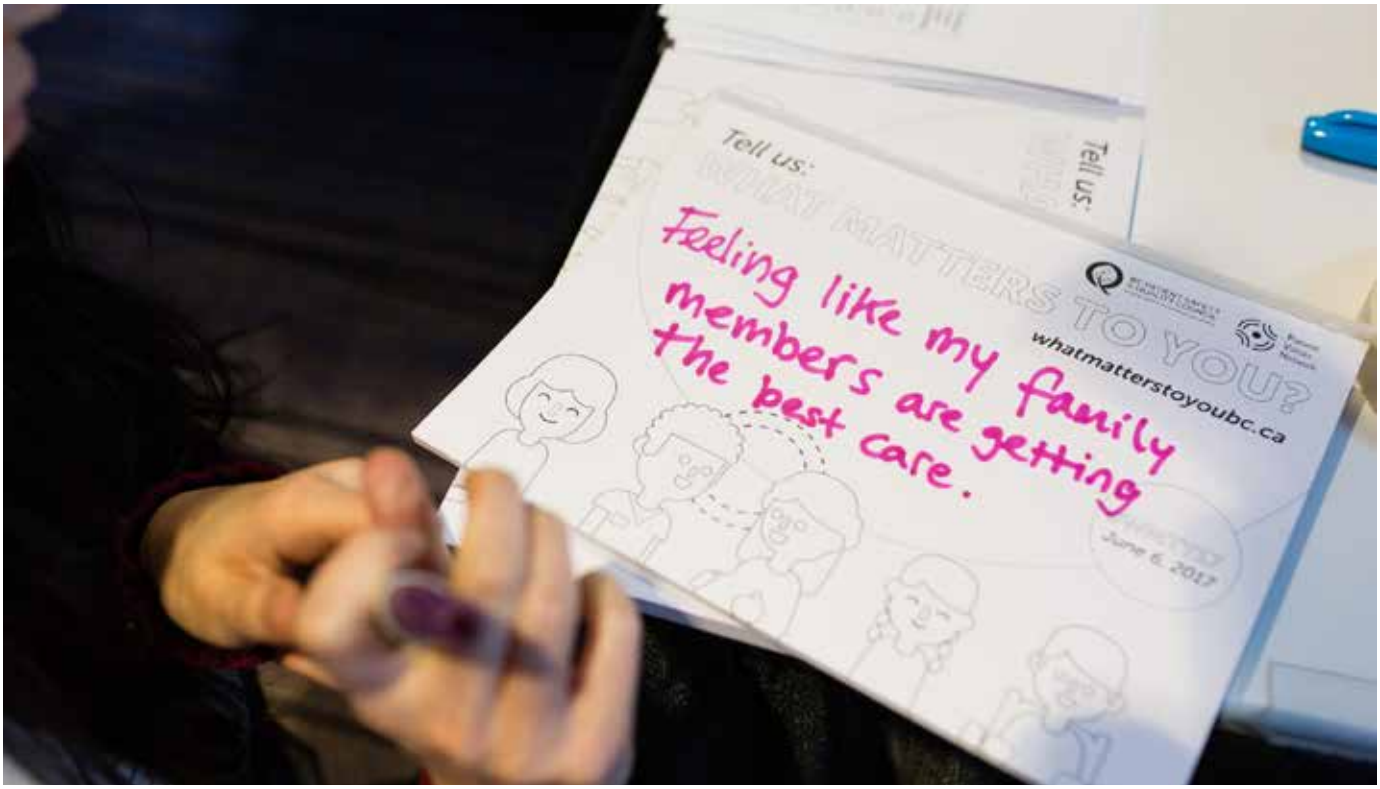
When providers have a conversation about what really matters to the people they care for, it helps them to perform their work more effectively and provide care that is more patient- and family-centred. To support health care providers in this work, we launched a provincial campaign with a simple question aimed at transforming and improving care.

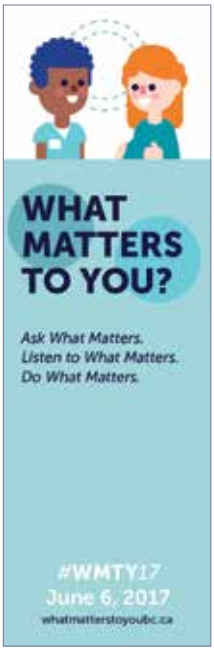
"What Matters to You?" Day started in Norway in 2014 with the aim of "encouraging and supporting more meaningful conversations between people who provide health and social care and the people, families and carers who receive health and social care."

What began as a national effort has gained momentum as an international movement, with 32 countries participating. The day encourages as many providers as possible to have a "What matters to you?" conversation with people they support or care for. While "What Matters to You?" Day is a single event, people are encouraged to have multiple conversations and to keep having these conversations beyond the day itself. The key purpose is to promote dialogue and deep listening between providers and the people they care for.

We launched this campaign in February 2017, encouraging providers and patients to have these conversations on June 6, the internationally-recognized "What Matters to You?" Day. We created a campaign video and a number of resources, including a Getting Started Kit, that provided tips and suggestions for patients and providers to support participation.







Looking Forward

"What Matters to You?" Day will culminate on June 6, 2017, but our vision extends far beyond that date, to a future where every meeting between patients and providers begins with this meaningful conversation.

To that end, we will be documenting and gathering stories from patients, family members, and providers who participated in "What Matters to You?" Day to understand how the campaign impacted the quality of care. We will also evaluate our strategies and resources with the aim of continually improving the initiatives that we offer. A report will be produced by the end of 2017 and made available on our website.

CULTURAL SAFETY & HUMILITY IN CARE

Quality care respects individuals for their unique perspectives and acknowledges their cultural contexts.

To foster quality care that is safe and appropriate for Indigenous people, the Council has built a partnership with the First Nations Health Authority (FNHA). While early in our work together, we have been actively collaborating with FNHA to promote Indigenous cultural safety and humility, build capability and capacity within the system, ensure that Indigenous people are part of the Patient Voices Network, and hardwire an Indigenous lens into quality across BC's health care system.

To ensure the health and well-being of Indigenous people, care must be provided in a culturally-safe health care system. Cultural safety is defined as "an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health system."[12] In July 2015, the FNHA led the development of a Declaration of Commitment on Cultural Safety & Humility which was signed by the Ministry of Health along with the chief executive officers from all of the province's health authorities.

The declaration outlines the actions necessary to embed cultural safety and cultural humility into the health care system. In March 2017, at the Best of Both Worlds event, all 23 regulatory bodies in British Columbia also endorsed the Declaration.

Cultural Safety & Humility Campaign (#itstartswithme)

The Council has supported FNHA and health authorities across BC in advancing the goals of the declaration. This began with a campaign called *#itstartswithme*, in which all those involved in the health care system were invited to make a public commitment towards achieving cultural safety and humility. The Council partnered with FNHA to provide an advisory role on the launch of this cultural safety and humility campaign.

We provided advice on campaign strategy and supported the development of resources related to the public launch of the campaign. As partners in this work, we have been actively promoting the campaign since June 2016.

Cultural Safety & Humility Webinar Series

To further advance awareness and action on cultural safety and humility, together with FNHA we launched a year-long webinar series in October 2016. The monthly sessions are intended to provide opportunities for dialogue, action and spread. Speakers include representatives from across the province and country, and the webinars showcase and highlight regional work and challenge participants to take action.

The series develops skills needed to advance cultural safety and humility, and to understand and integrate this work into practice or interaction with Indigenous clients. It also advances the Declaration of Commitment on Cultural Humility & Safety.

After webinars, participants were asked to complete an evaluation. On average:

95% agreed with the statement, "I will apply what I learned today in my work"

94% would recommend the webinar series to a colleague

91% said the session helped them understand how cultural safety and humility contribute to quality

Webinars in the report period: **1737 total attendance**

328 attendees

Leading a Framework for Cultural Safety & Humility

Joe Gallagher
First Nations Health Authority

297 attendees

Learning and Advancing the Recommendations of the Truth & Reconciliation Commission

Shelley Joseph
Reconciliation Canada

366 attendees

The Importance of Story to Cultural Safety

Vanessa Mitchell & Brad Anderson
Interior Health

530 attendees

Intergenerational Trauma & Institutional Avoidance

Evan Adams
First Nations Health Authority

216 attendees

Pursuing Cultural Safety: From Unearthing Bias to Realizing Reconciliation

Vishal Jain, Carol Peters & Dina Lambright
Fraser Health

The Best of Both Worlds

The Best of Both Worlds was a one-day event created in partnership with FNHA that was part of Quality Forum 2017. A planning committee led the development of the event and included representatives from First Nations health directors, Indigenous health leads from the province's health authorities, and representatives from FNHA. 260 participants met for a full-day workshop examining how western health care systems can incorporate Indigenous concepts of health and wellness into their quality frameworks, and how the health system can be made equitable, accessible, and inclusive for Indigenous people in BC.

The morning began with a territorial welcome and blessing, and a round dance including drummers and dancers from BC First Nations, followed by three rapid-fire plenary presentations on Indigenous health and cultural safety. Breakout sessions in the later morning and afternoon were divided into four streams that reflected the four colours of the Lakota medicine wheel:

- Cultural safety
- Developing a First Nations quality agenda
- Allyship[i]
- Quality Improvement

The event also included a historic signing by all 23 health profession regulators in BC, who declared their commitment to making the health system more culturally safe for Indigenous people. In signing the Declaration of Commitment to Cultural Safety and Humility, BC regulators are the first in Canada to make the pledge. They join the CEOs of the BC health authorities, who signed the Declaration in July 2015.

[i] Reconciliation is a shared responsibility between Indigenous and non-Indigenous peoples. Allies acknowledge this shared responsibility and recognize that although they are not Indigenous themselves they can support and make a focused effort to better understand the struggles of Indigenous peoples. Translating this support into action, allies can function as human resources to help accelerate improvement in Indigenous health and wellness.

Following the event, participants were invited to share their feedback through an online evaluation survey:

91% of participants who completed evaluations agreed that they learned new concepts or ideas

94% said that the content enhanced their knowledge

"It was amazing to be in a room full of people who wanted to learn more about indigenous health care. The speakers were great."

"I liked that it was very inclusive. I never felt like a spectator. I felt encouraged to become part of the dialogue."

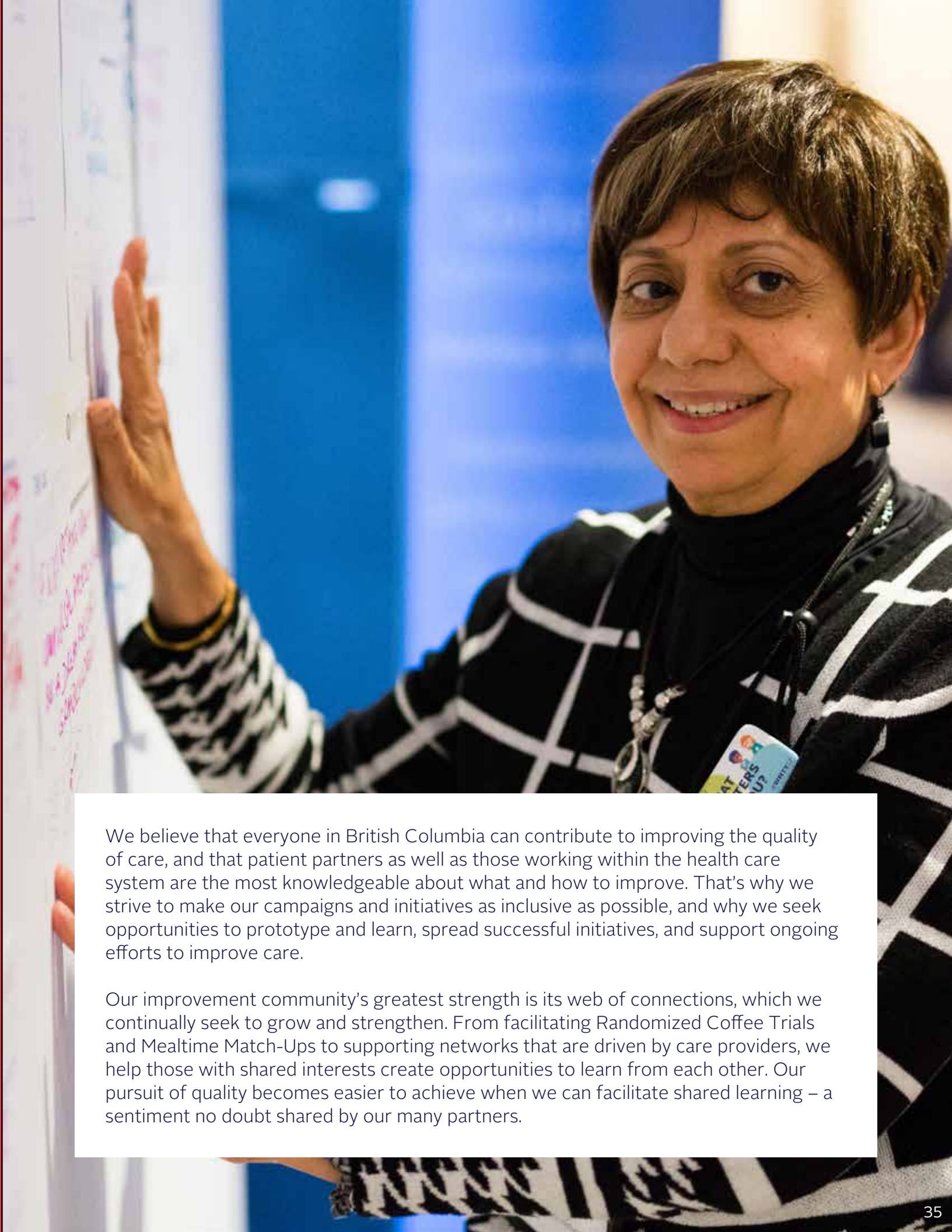
"This was not token participation by a few leaders; rather the event fully incorporated Indigenous ways of celebrating, leading, and working together on health care issues."

Looking Forward

In the year ahead we will continue to partner with FNHA in advancing the Declaration of Cultural Humility & Safety. We will do this by conducting our own organizational cultural safety and humility self-assessment and developing a corresponding action plan. We will also partner to bring stakeholders together in order to define quality from an Indigenous perspective, and will update the BC Health Quality Matrix as appropriate. Our monthly cultural humility and safety webinar series with FNHA will continue until November 2017, and we will also feature Indigenous perspectives in Quality Forum 2018 programming.

We are getting there by...

34 ENGAGING THE SYSTEM IN QUALITY



We believe that everyone in British Columbia can contribute to improving the quality of care, and that patient partners as well as those working within the health care system are the most knowledgeable about what and how to improve. That's why we strive to make our campaigns and initiatives as inclusive as possible, and why we seek opportunities to prototype and learn, spread successful initiatives, and support ongoing efforts to improve care.

Our improvement community's greatest strength is its web of connections, which we continually seek to grow and strengthen. From facilitating Randomized Coffee Trials and Mealtime Match-Ups to supporting networks that are driven by care providers, we help those with shared interests create opportunities to learn from each other. Our pursuit of quality becomes easier to achieve when we can facilitate shared learning – a sentiment no doubt shared by our many partners.

QUALITY FORUM 2017

In 2011, the Council saw an opportunity to bring together those working to make health care better in British Columbia.

If there was a way to share approaches to improving quality of care, and learn from others, change throughout the province's health care system could be accelerated. We began planning what would become Quality Forum 2012, and were amazed and invigorated by the energy of participants working together, making connections, and uniting to solve common problems.

Now a three-day conference held annually in Vancouver, the Quality Forum has sold out in each of its six years while more than doubling in size.

Quality Forum 2017 brought together more than 1,200 participants over its three days. First, a "pre-Forum day" featured two full-day sessions: we partnered with the Joint Collaborative Committees to examine how to improve patients' primary, surgical and rural care journeys, as well as with the First Nations Health Authority to dive deep into health care quality as seen through an Indigenous

lens. These sessions were followed by Health Talks, an evening event where eight speakers shared their hopes for health care and where we honoured the eight winners of the 2017 Quality Awards.

The event's main two days of programming welcomed 950 people from across the continuum of care and geographical regions of the province. Programming was guided by a steering committee that included representatives from provincial stakeholders and featured plenary speakers, oral and poster presentations, field trips, breakout sessions and interactive workshops on a wide range of topics related to providing quality care.

This year, in response to feedback from participants, we increased the number of opportunities for them to connect with new faces and to strengthen existing relationships. We organized Mealtime Match-Ups, which partnered individuals with leaders for a quick meeting, as well as Randomized Coffee Trials, which paired two people at random who wanted 30 minutes to connect with a peer.

Looking Forward

We are already looking forward to the next Quality Forum, which will take place in Vancouver from February 21 to 23, 2018. Each year has brought new opportunities, programming, and diversity of content, as well as the opportunity to recognize, celebrate and advance the spread of successful initiatives across the province.

In evaluations after Quality Forum 2017:

95% of participants agreed that the Forum ignited action to improve quality of care for patients and providers

93% agreed that it created and strengthened connections and collaboration across all areas of care

87% agreed that it shared effective strategies and leading practices to stimulate and sustain improvement

To learn more about Quality Forum 2017, we have a summary of its impact available on our website.

CHANGE DAY BC

In February 2015, with the support of dozens of partners across BC, we launched Change Day BC, a campaign that invited anyone involved in health, social, or community care to pledge to make one small change to improve the quality of health care.

Originally created by the UK National Health Service in 2013, Change Day is now an annual time of collective action that highlights the power of individual acts and grassroots leadership to positively impact quality of care, and fosters connections and positivity in the health care system.

The Council led the work of Change Day BC in 2015, in partnership with 51 organizations across the province. Partners included the health authorities, Divisions of Family Practice, professional societies and associations, Indigenous organizations, and other community agencies such as Interior Community Services and Camp Kerry. We were also supported by more than 250 "Ambassadors" — volunteer grassroots leaders who supported Change Day BC in their communities and organizations. The campaign culminated in Change Day BC, held on October 15, 2015.

Our goal for Change Day BC was to gather 5,000 pledges, from health care providers, support staff, patients, volunteers, caregivers, and anyone else committed to creating positive change. Pledges could be big or small; single acts or sustained efforts; group activities or solo endeavours. This was an ambitious goal, and we far exceeded it, ending the campaign with 7,877 pledges. Each pledge represented an individual who was taking action and making a positive difference in the lives of patients, residents, volunteers, or colleagues. We were deeply moved by the dedication, creativity, and compassion evident in those thousands of pledges.

To document the participation and action in the health care system, and summarize our learnings from the campaign, we published a report on Change Day BC in June 2016. It was shared with health care organizations and partners across the province, and is also available on our website.

We created four short videos highlighting particularly impactful pledges and their outcomes, each on a different theme.

Amy Horrock, Dietitian, Northern Health. Amy pledged to spend a day drinking thickened fluids and eating pureed foods so she could better understand the experience of her clients in residential care.

Kathy MacNeil, Vice President of Quality, Safety, and Experience, Island Health. Kathy spread Change Day within Island Health, which encouraged individuals at every level to be grassroots leaders.

Michael Orendain, Licensed Practical Nurse, Delta View Campus of Care. Michael asked his team to join him in spending a half-day wearing incontinence pads, to learn how their residents feel.

Katie Quirk, Clinical Operations Manager, Burnaby General Hospital. Katie roamed the hospital with a coffee cart, to engage point-of-care staff in using Change Day to bring forward improvement ideas.

We also created a companion document for the videos, which includes discussion questions and ideas for health care teams who want to implement change effectively. It is available to download from our website.

89% of participants who responded to our post-Change Day survey *had already acted* on their pledge

8% of participants who responded to our post-Change Day survey *were working* on their pledge

96% of surveyed participants had sufficient support throughout the campaign

Looking Forward

Change Day BC inspired and engaged providers and patients across the province in exciting ways, creating positive ripple effects across the system. There was widespread reach across most geographic areas in BC, and the campaign provided an opportunity to grow our network while facilitating improvement and change.

Based on the high level of energy and engagement generated from Change Day 2015, as well as direct requests from partners and Ambassadors, we began planning another Change Day early in 2017. The next Change Day BC will take place on November 17, 2017.

CHANGE AMBASSADORS NETWORK BC

Change Day BC created tremendous momentum and excitement across the health system.

To sustain that momentum, and support the more than 250 self-identified Change Ambassadors who led the campaign in their regions and organizations, we created the Change Ambassadors Network BC (CAN-BC) in July 2016.

CAN-BC provides support and fosters connections between our Change Ambassadors and others interested in leading change in the health care system. It is open to everyone, and we welcome participation from any individual passionate about improving the health system. Since its launch, the network has grown from 250 to over 480 members.

The initial activities of CAN-BC include a quarterly webinar series, which profiles the work of members and shares their insights and lessons with others to build capability and foster development of skilled change management, and a Randomized Coffee Trial (RCT) program. These trials randomly link Change Ambassadors each month to connect and learn from each other. Discussions can happen in person, by phone, or virtually. The RCTs are creating networks across the province which we are tracking through a series of network maps.

CAN-BC has also been leveraged as an effective conduit for sharing information about our campaigns and fostering participation. For example, in March, CAN-BC hosted a breakfast at Quality Forum 2017 that gathered over 130 members who learned about the Network and its upcoming activities, including "What Matters to You?" Day, and took home resources to develop their skills as ambassadors of change.

CAN-BC held a breakfast session at Quality Forum 2017. The session provided Network members, as well as any interested Forum attendee, to learn about CAN-BC's purpose and its upcoming activities. ShelleyLynn Gardner, a rehabilitation assistant at Surrey Memorial Hospital and CAN-BC member, shared her experience.

I joined the CAN-BC network as it aligns so closely with the values and principles of the Fraser Health Engagement Radicals. Both networks are looking to connect care providers with tools and ideas to further the health care experience for both patients and staff. I see both networks encouraging the move towards a very collaborative relationship where the patient and caregiver develop the care plan together as a team.

To connect with fellow CAN-BC members, I attended the breakfast session at Quality Forum 2017. Upon entering the room at the breakfast the energy was infectious. You could feel the positivity in the room and the energy that everyone there wanted more. Wanted to do more to engage with their team, do more to engage with their patients and do more to engage with their leadership. These were the movers and shakers that will re-define health care for the future. Free thinking minds that are encouraged by obstacles and not satisfied with the status quo. Even in the short time we had to mingle and meet others, it was an amazingly diverse group of people passionate about changing the face of health care in BC.

One of my best connections I made was with Fatima Al-Roubaiai [a leader of capability development at BCPSQC]. She introduced me to the Pink Socks Tribe, and opened my network of movers and shakers by a thousand. I have been connected to folks all over the world engaging in similar work - providing the best care and looking at health care design in a brand new way. I had no idea there were so many amazing folks engaging in similar things as we do here, along with aches, pains and advice for success.

You can't hit a home run sitting on the sidelines. Be brave and step into the game. It may take some time to get your feet under you but there is an entire team behind you in the CAN-BC network. At least if you come into the game and decide that it is not for you, you can say you tried. I have found it invaluable for resources and making connections, no matter where you practice and in whatever capacity.

From 250 members in 2016 to **486 MEMBERS** at the end of March 2017

Looking Forward

The Council will continue to grow the network and support its members in connecting with one another, developing their skills, and sharing their ideas to advance quality in the BC health care system.

TEAMWORK & COMMUNICATION ACTION SERIES

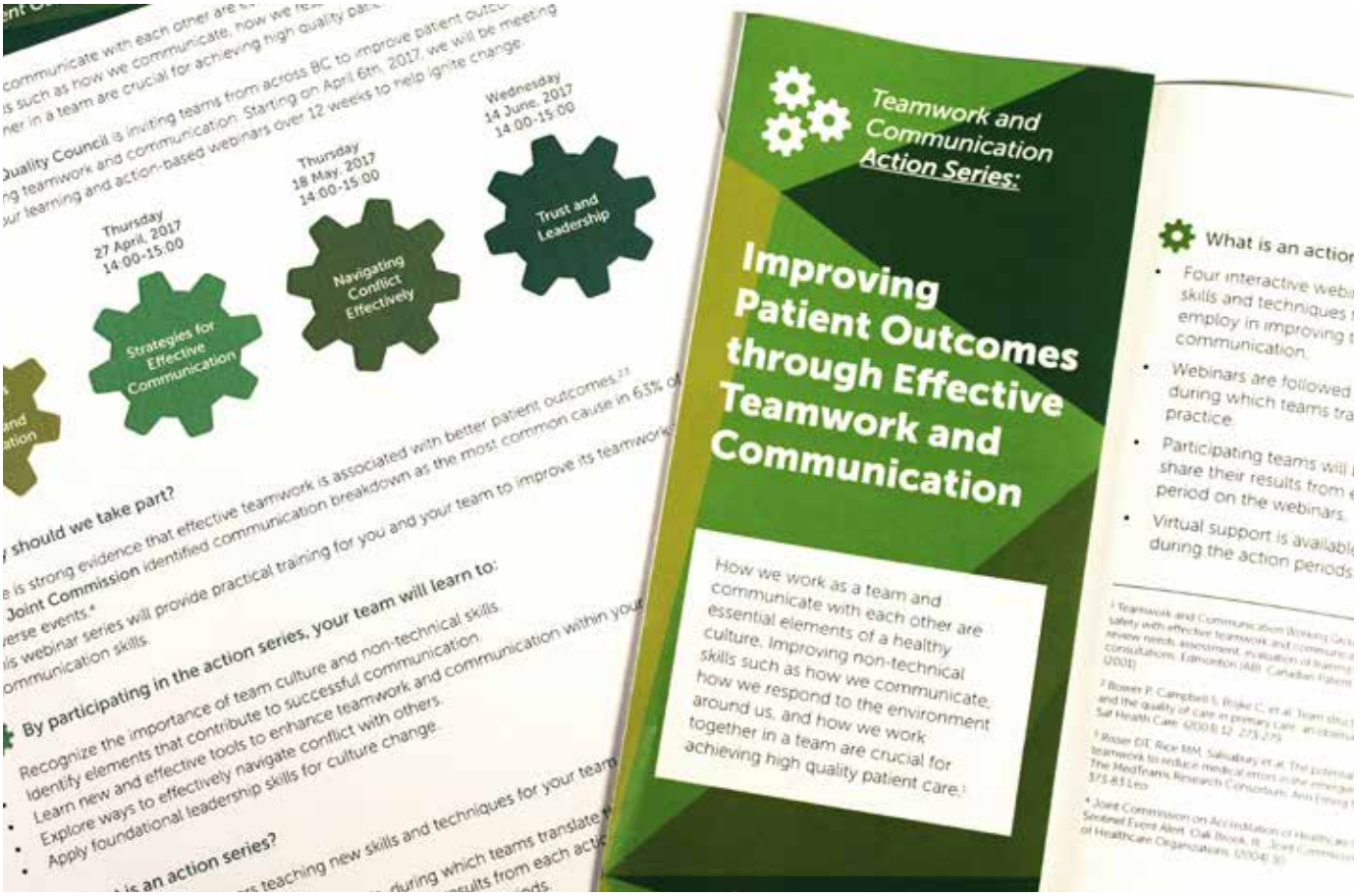
Non-technical skills such as leadership, teamwork and communication are critical components of high-quality care, a view supported by evidence that failure to communicate effectively is a leading cause of adverse events.[13]

Fostering healthy team cultures by developing these skills creates the conditions necessary for those working in the health care system to speak up for patient safety, place trust in their colleagues, and engage with their work.

Recently we began hearing from partners who were seeking resources to support their non-technical skills development, and in response we launched a four-part online learning and action series in February 2017.

The Teamwork & Communication Action Series is a virtual program that brings teams together over a 12-week period for four learning-and action-based webinars. Each one-hour webinar teaches new skills and techniques to the participating teams, and is followed by a three-week action period during which teams put their new skills into practice. We also provide individual coaching to teams throughout the series.

Participation in the action series was open to any team in BC that included at least two people with different roles (for instance, nurses, physicians, pharmacists, care aides). The action series was announced in February and 50 teams signed up before registration was capped in early March.



Looking Forward

The positive reception for this action series, demonstrated by its robust enrolment and active engagement of participants, reinforces that health care teams embrace the opportunity to develop their non-technical skills, and want to build strong and resilient teams. This action series will conclude at the end of June and will be followed by an evaluation of learning outcomes and value for participants, in order to refine and improve the program. A second action series has been planned for January 2018 and 25 teams are currently on a waitlist. We look forward to learning how the action series has impacted and benefitted the participating teams, and the patients under their care.

2017 QUALITY AWARDS

Improving quality of care is a collective effort that requires all of us, but there are also individuals and teams that stand out for their exceptional dedication, incredible efforts, and inspiring results.

Launched in 2009, our Quality Awards program recognizes the people and projects that improved the quality of care in BC in unique and inspiring ways. Anyone can submit a nomination, and any project or individual is eligible for consideration if their work involves health care. As a result, the Quality Awards have celebrated a diverse array of initiatives and individuals who embody the vast range of skills and positive qualities present in our health system.

Award categories honour projects in the four areas of care as defined by our Health Quality Matrix (staying healthy, getting better, living with illness, and coping with end of life), a leader in quality, an everyday champion, and an individual who creates an outstanding workplace culture. In 2017, we launched a new category that celebrates a patient, family member or caregiver who advanced the patient voice.

Winners and runners-up are chosen by a judging panel comprised of many of our provincial and national partner organizations. We aim to amplify their work throughout the province and within their organizations, while spreading successful innovations and solutions to challenges that others might be experiencing.

The 2017 winners received a $2,500 sponsorship to support and disseminate learning from their quality improvement initiatives or to support ongoing learning and development. They attended Quality Forum 2017, where they were celebrated in a ceremony at Health Talks, and where the winners of the four "areas of care"-based categories shared their work through rapid fire presentations.

To learn more about the 2017 Quality Awards winners and runners-up, visit our website.

WINNER Automated Texting and Email for Post-discharge Follow-up
St. Paul's Hospital

RUNNER-UP Patient's View
BC Children's Hospital

WINNER ICU Wishing Well Project
Intensive Care Unit,
Vancouver General Hospital

RUNNER-UP Grief & Grub for Guys
Prince George Hospice Society

WINNER John Barsby Wellness Centre
John Barsby Community School

RUNNER-UP Get Checked Online
BC Centre for Disease Control

WINNER Assisted Peritoneal Dialysis
BC Provincial Renal Agency

RUNNER-UP The Prince Rupert Interprofessional Student-led Model Clinic
Northern Health & University of British Columbia

WINNER Lisa Young
Leader, Infection Prevention & Control,
BC Emergency Health Services

RUNNER-UP Jessica Coulter-Brown
Former Patient Care Aide
Vancouver Coastal Health

WINNER Louise Johnson
Quality Coordinator
Park Place Seniors Living

RUNNER-UP I-CAN Project
UBC School of Nursing

WINNER Delia Cooper

RUNNER-UP Carolyn Canfield

WINNER Cheryl Ward
Interim Director of Indigenous Health,
Provincial Health Services Authority

RUNNER-UP Jane Garland
Medical Director, Mental Health Programs, Outpatient Department
BC Children's Hospital

Looking Forward

We look forward to the ninth year of the Quality Awards, and the opportunity it provides to celebrate the exceptional work happening all across our health system. We will be launching the nomination period for the 2018 Quality Awards in May 2017.

OUR COMMUNICATIONS

The Council's work requires a common vision and language on describing quality in British Columbia.

It needs resources and supports that enable change to be led locally. It also relies upon people's experiences voiced through storytelling to engage care providers, patients and the public. To help this happen, we connect with a diverse and growing group of people with a variety of offline and online tools.

We use social media and newsletters to spread our work widely, to help us start conversations, and to join conversations which are already taking place. Using intelligent design strategies, we create resources that display data and information effectively. We build resilience and sustainability within the health care system by providing ways for people with similar interests to connect with each other. And we remember that a personal connection is invaluable and irreplaceable.

The Council's Twitter account has grown from 4788 to 5392 followers

4

The Council's Facebook account has grown from 537 to 813 followers

3

The Council's LinkedIn account has grown from 429 to 566 followers

2

The Council's newsletter has grown from 3896 to 4553 subscribers

5

Communications Working Group

The Council leads a communications working group that is comprised of people working in communications and quality and safety roles in the province's health authorities and health organizations.

The group comes together to learn about successful communications strategies, tools, and approaches to engage internal and external stakeholders and promote patient safety and quality initiatives. Case studies are shared and ample time is devoted to open discussion so that members can share challenges, project updates, and more.

The group met online five times in 2016/17. Topics included presentations from the Canadian Patient Safety Institute about its new SHIFT to Safety initiative and the organization's plans for Canadian Patient Safety Week, and from BC Children's Hospital about Patient's View, a family-initiated safety reporting system that was a 2017 Quality Award runner-up.

From engaging health professionals, patients and families to creating resources and materials, communications strategies form the foundation of many quality and safety initiatives. Conversely, quality improvement is a priority throughout the health care system but an area unfamiliar to many communications professionals. These meetings provide a rare opportunity for these two groups to learn about and from each other, and to collaborate when possible.


View this newsletter in your browser

BC PATIENT SAFETY & QUALITY COUNCIL

CULTURAL SAFETY AND CULTURAL HUMILITY
Webinar Action Series

Our Next Webinar with Nadine Caron
April 13 | 1200-1300 PST | WebEx

Save the date! The sixth webinar in our year-long Cultural Safety & Humility Action Series with the First Nations Health Authority is happening on April 13. Join us to learn from Dr. Nadine Caron, the first female Indigenous general surgeon in Canada.

We'll share the details of Nadine's presentation soon, but add this special event to your calendar now! No pre-registration is required to participate in the Action Series webinars; simply follow the link on the event page at 1200 PST on April 13.

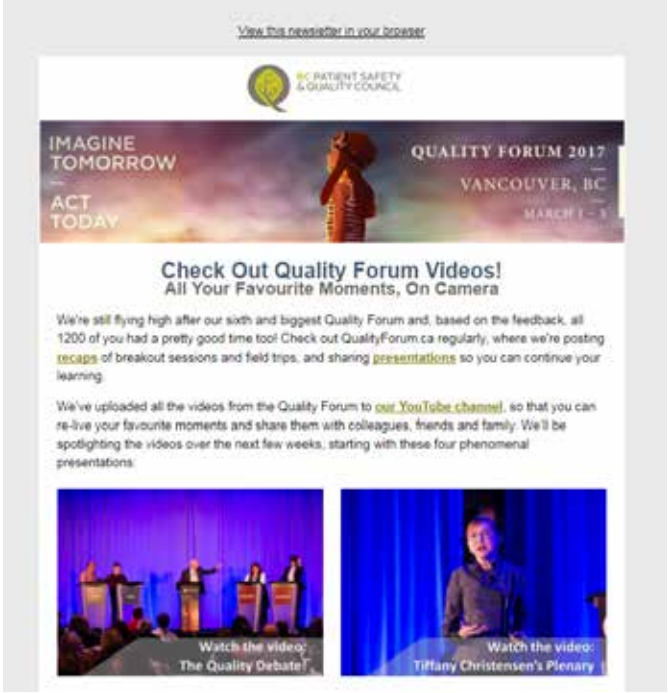
Click to Learn More

If you missed previous webinars, you can watch them all on the FNHA website!

Patient Voices Network | ANNUAL REPORT 2016

Our First Year with the Patient Voices Network
Read Our 2016 Annual Report!

In December 2015, the Ministry of Health transferred responsibility and oversight of the Patient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BC PATIENT SAFETY & QUALITY COUNCIL

IMAGINE TOMORROW
ACT TODAY
QUALITY FORUM 2017
VANCOUVER, BC
MARCH 1 – 3

Check Out Quality Forum Videos!
All Your Favourite Moments, On Camera

We're still flying high after our sixth and biggest Quality Forum and, based on the feedback, all 1200 of you had a pretty good time too! Check out QualityForum.ca regularly, where we're posting recaps of breakout sessions and field trips, and sharing presentations so you can continue your learning.

We've uploaded all the videos from the Quality Forum to our YouTube channel, so that you can re-live your favourite moments and share them with colleagues, friends and family. We'll be spotlighting the videos over the next few weeks, starting with these four phenomenal presentations:

Watch the video: The Quality Debate

Watch the video: Tiffany Christensen's Plenary

We are getting there by...

48 BUILDING CAPABILITY

Supporting those working within the health care system as well as patients and caregivers through building capability is required to advance quality.This means teaching a broad view of what is required for improvement and hosting learning opportunities for a wide variety of audiences. And because both the needs of our health care system and the latest knowledge on what it takes to improve quality of care are constantly evolving, we continually update our learning opportunities' formats and content in response.

From one-hour webinars and one-day workshops to intensive professional development programs, we reach participants at times convenient to them and with topics relevant to their work. In doing so, we create an ever-expanding network of patients and people working within the health care system who are equipped with the resources, skills and knowledge they need to improve quality of care.

QUALITY ACADEMY

At the core of advancing quality is ensuring that there is a broad base of individuals who have the capability to lead improvement.

Twice per year we run our Quality Academy – a professional development program that equips participants to effectively lead quality and safety initiatives within their organizations. Both cohorts in 2016/17 filled to capacity (in fact, all 13 cohorts to date have done so).

Delivered over a six-month period, the Quality Academy consists of five in-person residency sessions. To support their learning and work, the Quality Academy provides access to an expert faculty at in-person residency sessions, an assigned mentor and regular webinar sessions.

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

- Improving quality and safety;
- Process and systems thinking;
- Engaging others;
- Leading change;
- Measurement and using data; and
- Innovation, spread and sustainability.[14]

The curriculum is learner-centred and aligned with principles of adult learning so that participants can navigate the content in ways that are most meaningful for them. Participants learn from a variety of leading experts and are exposed to a diverse collection of tools, techniques, and frameworks for quality improvement.

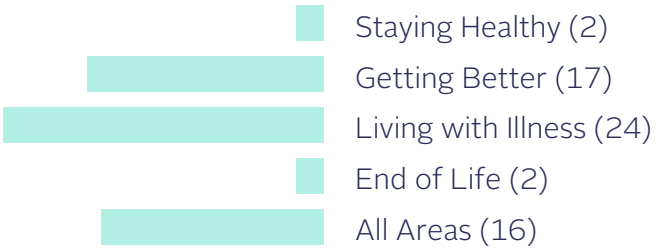
Participants are provided with opportunities to not only develop skills and knowledge of various quality improvement tools and methods, but also to develop critical thinking and leadership skills to examine how to strategically use opportunities and tools to improve the quality of care. We also support them to teach and advise others on quality improvement work.

As of March 2017, there have been 13 cohorts of the Quality Academy, and 397 graduates. Our two cohorts in 2016/17 featured 61 participants from health authorities as well as numerous health and residential care organizations. They work throughout the continuum of care – for example, in: primary care and community services, acute care, residential care, end-of-life care, and mental health.

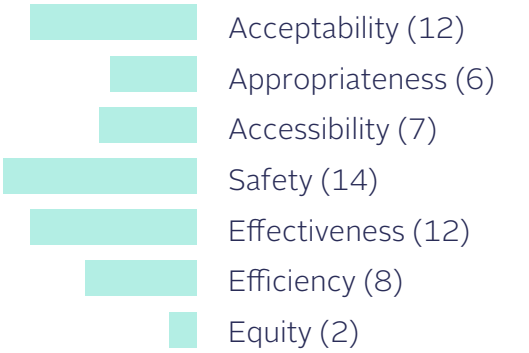
During their time in the Quality Academy, participants apply their new skills and knowledge by leading improvement projects within their own organizations. We support them along the way by providing individual coaching and support.

Each project must address one or more dimensions of quality, based on the Health Quality Matrix. These projects are having an impact across British Columbia's health care system – here is a snapshot of the 61 projects by participants in cohorts 12 and 13, broken down by area of care and dimension of quality.

Quality Academy Projects by Area of Care

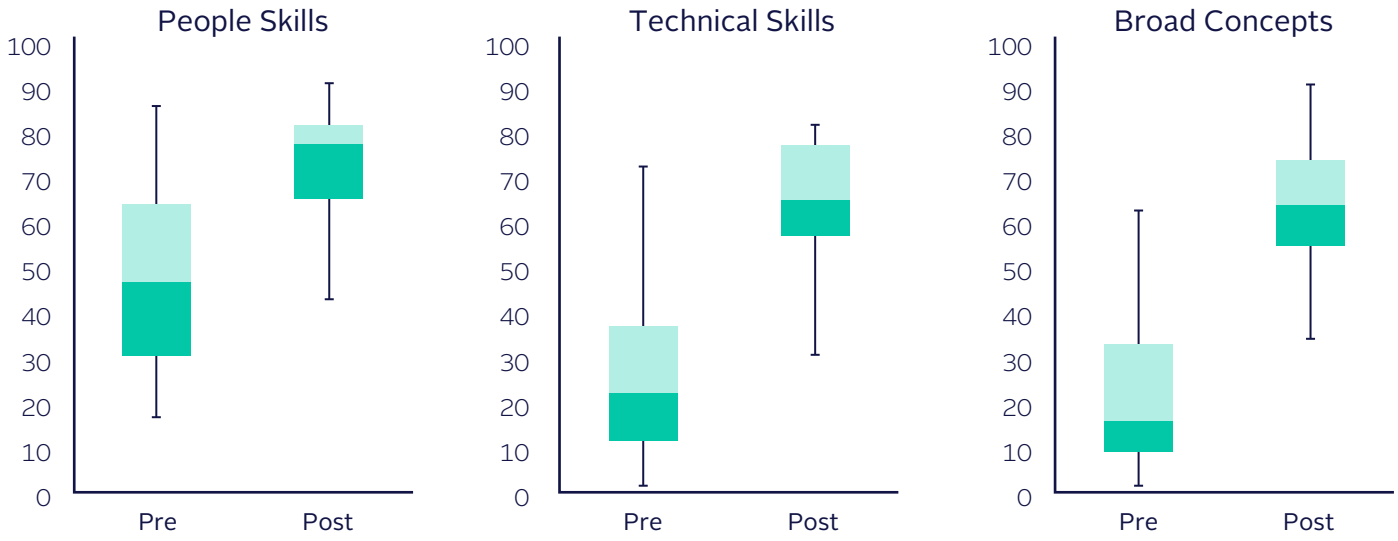


Quality Academy Projects by Dimension of Quality



After each residency, participants were asked to rate their confidence in the following competencies: people skills (e.g., group facilitation, teamwork principles), technical skills (e.g., data for improvement, project management), and broad concepts (e.g., systems thinking; social movement theory). These self-assessments are completed prior to the start of the first residency and again at the end of the program. Below are boxplots showing the changes in each of the skill areas.[i]

Participants' Average Self-Rated Knowledge and Skills, Cohorts 12 and 13



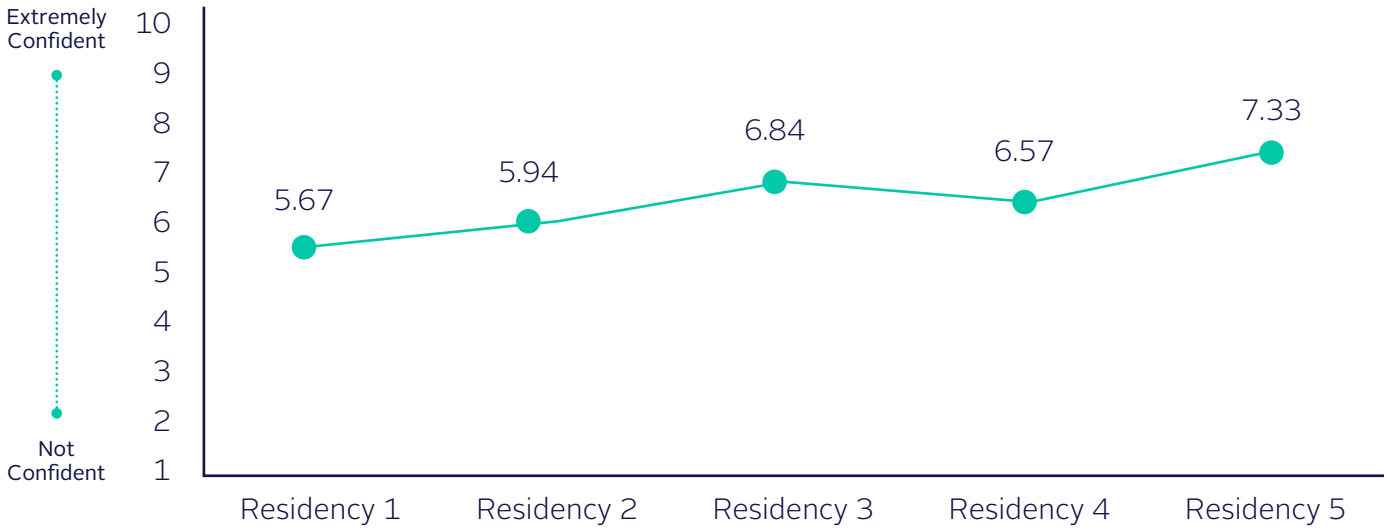
Participants are asked to rate themselves using the following scale:

No knowledge:	This content is entirely unfamiliar to you.
Information Stage (1-20):	You know what the content is.
Skill Stage (21-40):	You can use the content knowledge in identified situations.
Knowledge Stage (41-60):	You know how, when, and where to apply the content knowledge.
Understanding Stage (61-80):	You have experience with the content area to the point that you can adapt it to a situation and can explain its application in the situation to others.
Wisdom Stage (81-100):	You can teach the theory and how to apply it.

[i] Self-ratings are displayed with a box plot. The centre of the box is the median self-rating among the participants. The upper end of the box is the third quartile, and the lower end is the first quartile. The top "whisker" indicates the highest self-rating, and the lower "whisker" indicates the lowest self-rating.

After each residency, participants were asked to rate their confidence in leading quality and safety initiatives in their organizations:

Participants' Average Confidence in Leading Quality and Safety Initiatives, Cohorts 12 and 13



At each residency, participants are asked to rate the quality of the information presented.

95% of participants in cohort 12
95% of participants in cohort 13

AGREED: **The information was communicated clearly and effectively**

95% of participants in cohort 12
94% of participants in cohort 13

AGREED: **The information was presented at an appropriate level for this stage in my career**

Looking Forward

The Quality Academy's fourteenth cohort starts in April 2017 and registration for cohort 15 opens in May. We look forward to surpassing 400 graduates who are leading improvement in their roles at work.

CLINICIAN QUALITY ACADEMY

Feedback for our Quality Academy was so strong, and demand so high, that we responded by creating a similar professional development program that was tailored to the needs and schedules of practicing clinicians: Clinician Quality Academy.

The program's first cohort ran from April to November 2016, with 28 clinicians participating.The Clinician Quality Academy uses the same framework as the Quality Academy with modifications related to content (e.g., a focus on clinical roles), learning modalities (e.g., more case studies and peer learning), and scheduling (e.g., shorter in-person learning time) to be more reflective of the needs and expectations of practicing clinicians. The program consists of four in-person residencies over an eight month dimensions.

We partnered with the UBC Division of Continuing Professional Development, the College of Family Physicians of Canada, and the Joint Clinical Committees (General Practice Services Committee, Shared Care Committee, Joint Standing Committee on Rural Issues and Specialist Services Committee) in order to incorporate their perspectives on the development and delivery of the Clinician Quality Academy. Representatives from each group sit on the program's advisory committee, where they provide feedback, input and guidance on its development and delivery.

During their time in the Clinician Quality Academy, participants apply their new skills and knowledge by leading improvement projects within their own organizations. They are paired with an experienced improvement advisor for additional support.

Each project must address one or more dimensions of quality, based on the Health Quality Matrix. These projects are having an impact across British Columbia's health care system.

Here is a snapshot of the 28 projects by cohort 1 participants, broken down by area of care and dimension of quality.

Clinician Quality Academy Projects by Dimension of Quality

- Acceptability (5)
- Appropriateness (3)
- Accessibility (5)
- Safety (4)
- Effectiveness (3)
- Efficiency (5)
- Equity (3)

Clinician Quality Academy Projects by Area of Care

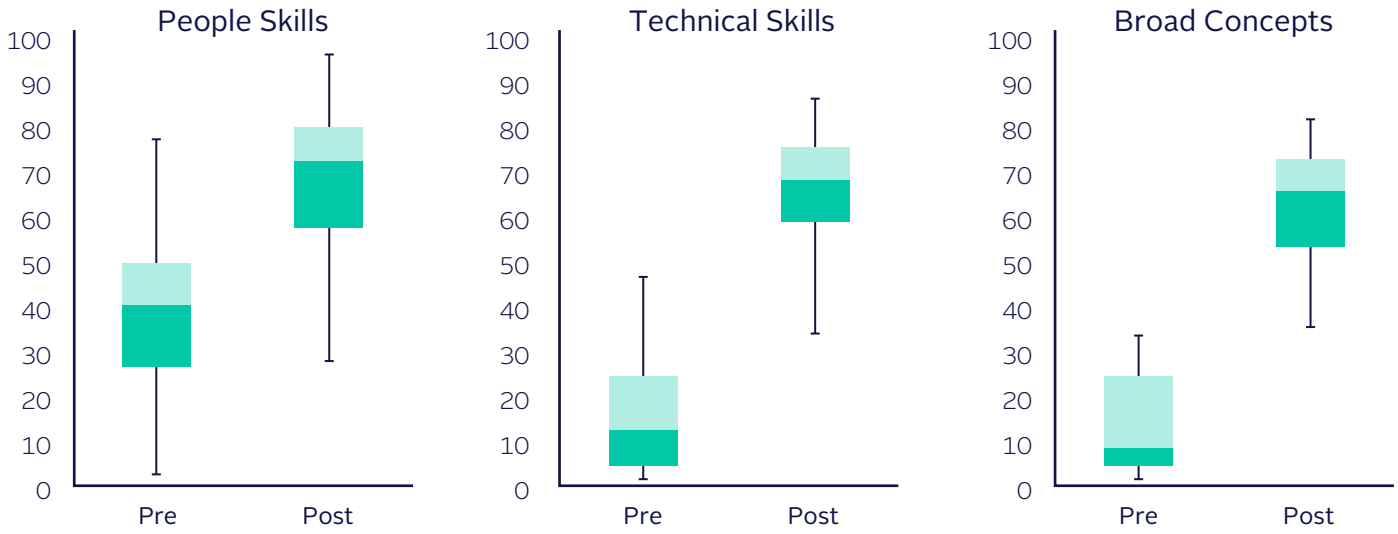
- Staying Healthy (4)
- Getting Better (12)
- Living with Illness (8)
- End of Life (1)
- All Areas (3)

Engaging People in Improving Quality (EPIQ) is a resource we created to help bring people along on the pursuit of quality and to guide improvement efforts within the context of health care.

Designed as a teaching resource for those who want to spread knowledge of quality improvement in health care, specifically graduates of Quality Academy and Clinician Quality Academy, EPIQ is intended to make teaching others easier to do by providing teaching materials, including slides, speaking notes, and activities. It's available as a free download, in PDF and PowerPoint form, from our website.

After each residency, participants were asked to rate their confidence in in the following competencies: people skills (e.g., group facilitation, teamwork principles), technical skills (e.g., data for improvement, project management), and broad concepts (e.g., systems thinking; social movement theory). These self-assessments are completed prior to the start of the first residency and again at the end of the program. Below are boxplots showing the changes in each of the skill areas.[i]

Participants' Average Self-Rated Knowledge and Skills, Cohort 1



Participants are asked to rate themselves using the following scale:

No knowledge:	This content is entirely unfamiliar to you.
Information Stage (1-20):	You know what the content is.
Skill Stage (21-40):	You can use the content knowledge in identified situations.
Knowledge Stage (41-60):	You know how, when, and where to apply the content knowledge.
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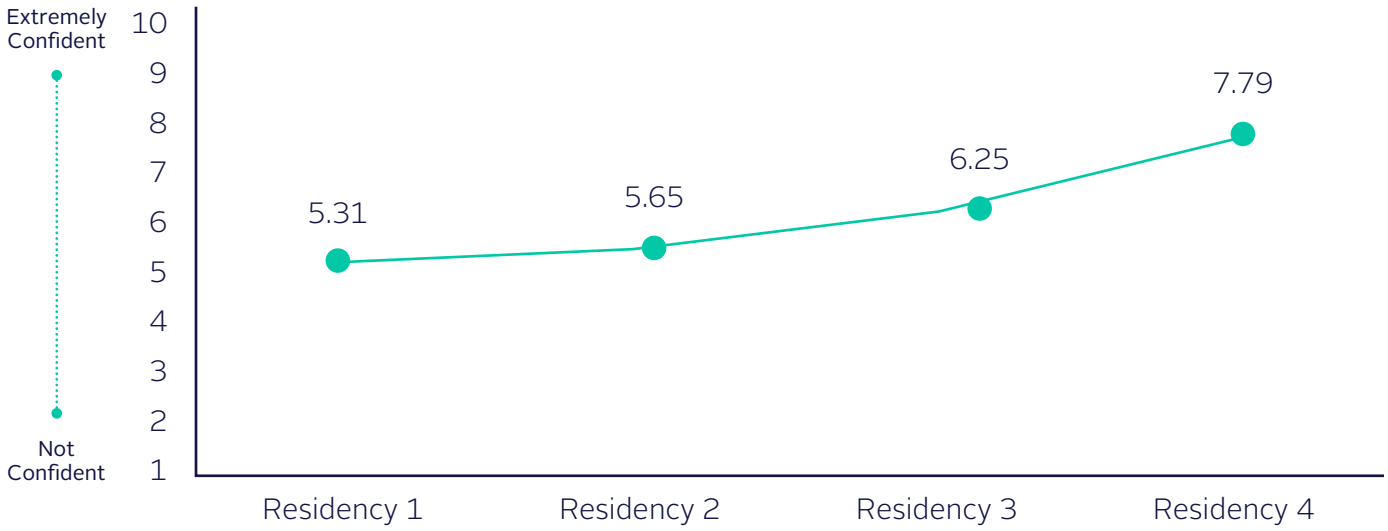
[i] Self-ratings are displayed with a box plot. The centre of the box is the median self-rating among the participants. The upper end of the box is the third quartile, and the lower end is the first quartile. The top "whisker" indicates the highest self-rating, and the lower "whisker" indicates the lowest self-rating.

After each residency, participants were asked to rate their confidence in leading quality and safety initiatives in their organizations:

Participants' Average Confidence in Leading Quality and Safety Initiatives, Cohort 1



At each residency, participants are asked to rate the quality of the information presented.

95%
of participants in cohort 1

AGREED:
The information was communicated clearly and effectively

95%
of participants in cohort 1

AGREED:
The information was presented at an appropriate level for this stage in my career

Looking Forward

Building on the momentum and feedback we received for the Clinician Quality Academy's first cohort, we will launch its second cohort in April 2017. Improving on our first cohort, we will work more closely with participants on their projects and tailor the content to their specialties as much as possible.

BOARD & EXECUTIVE QUALITY LEARNING SERIES

It is important for board members and executives within the province's health authorities to stay up to date with the latest knowledge and thinking related to effectively governing and leading for quality and safety. That's why, on an annual basis, we invite them to our Board & Executive Quality Learning Series.

Six of these professional development events have taken place since 2011, building participants' knowledge, skills and confidence in a variety of topics which are guided by input from a planning committee. The committee, which includes representation of senior executive and board members from each of the health authorities, the Ministry of Health and the Council, develops the curriculum to address unique needs in the province's health system and it recruits expert speakers to facilitate content areas. Participants are given opportunities to reflect and share across their organizations.

The most recent learning session took place last March, at Quality Forum 2017, with 76 participants. The key topic for the day was Patient- and Family-Centered Care (PFCC). The session included a conversation with Forum plenary speaker and patient advocate Tiffany Christensen on partnering with patients. Margaret MacDiarmid, a board member at Vancouver Coastal Health, also led a discussion on making the BC health system more patient- and family-centred.

100%

of participants who completed evaluations agreed with the statement, **I found this session to be beneficial**

100%

of participants agreed with the statement, **I would be interested in attending more Board & Executive sessions in the future**

Looking Forward

In the fall of 2017, the Council will open registration for the next Board & Executive Quality Learning Series, which will take place at Quality Forum 2018. As well, the Council is currently putting together a one-day program on board governance in quality and safety that will be launched in the fall of 2017. The aim of this program is to ensure that boards responsible for overseeing care in British Columbia have the skills and knowledge to govern effectively in relation to the quality of care.

STUDENT INTERNSHIPS IN QUALITY IMPROVEMENT

Students represent the future of our health care workforce and their summer breaks are a wonderful opportunity to introduce them to improvement work.

Over the past four years the Council has supported students to obtain summer employment so that they can participate in quality improvement projects. Each year we are inspired by their work.

The internships have the dual purpose of providing teams within health care organizations with a new member to move projects forward, and students with the opportunity to build skills and understanding of quality improvement as well as experience working with a multidisciplinary team. Our funding provides a wage for students and covers costs for knowledge translation or dissemination of their project results.

In 2016 we supported seven students on clinical improvement teams around the province, embedded in various health authorities and within our own team. They began by attending an education session, along with students from Lower Mainland-based post-secondary institutions, that covered a range of topics, including quality improvement methodology, measurement and principles of data display.

The focus of their projects expanded beyond surgical improvement, which had been the internships' focus our three previous years. Project selection was focused on three priority areas: care of frail, complex seniors; Indigenous health; and improvement in surgical care. Students were involved in data collection, analysis, and summarizing of results for their respective projects.

The Council supported students to share their work, and a number of them presented at conferences, meetings, and Quality Forum 2017.

Of the students who attended the 2016 Student Education Day:

100% gained introductory knowledge of quality improvement concepts

100% learned useful presentation strategies

90% learned useful data analysis and display methods

100% will be able to use the information in summer project and future work

2016 Student Internship Projects

Designing an Intercultural Tool for Head Injury Prevention Awareness among First Nations in the Central Okanagan
Kelowna General Hospital, Kelowna

Measuring Hand Hygiene Knowledge, Attitudes, and Practices among Patients
BC Cancer Agency, Vancouver

Improving Delirium Care in our Elderly Population through Routine Screening & Standardized Order Sets
St. Joseph's General Hospital, Comox

Evaluating Safe Medication Practices and Factors Contributing to Medication Error
Fort St. John Hospital, Fort St. John

Implementation of an Enhanced Recovery after Surgery Program for Gynecological Oncology Surgery
Vancouver General Hospital, Vancouver

Using Interactive Technology to De-escalate Challenging Behaviours in Elderly Hospitalized Patients with Dementia/Delirium – The Mindful Garden
Peach Arch Hospital, White Rock

Advancing Critical Care and Sepsis
BC Patient Safety & Quality Council, Provincial

"This summer studentship is such a great idea - not only for the student but for those of us working with the student because it allows us to complete some quality improvement work we otherwise would never have made a priority. The data the student presents is very motivating because clinical people like to look at data and come up with ways to make improvements. Thank you so much for allowing us this opportunity!"

Looking Forward

The Council will support 10 internships in the summer of 2017, with projects in mental health, residential care, critical care and Indigenous health, among others. Over 60 project proposals were submitted, and altogether the 10 projects that were chosen received over 100 applications from students.

WORKSHOPS

Our full-day workshops provide opportunities for participants to dive deep into specific, and often unique, topics related to improving quality of care.

Feedback from participants has been overwhelmingly positive, leading our partners to ask for additional offerings and topics delivered throughout the province.

In 2016/17 we focused on developing a suite of one-day, in-person workshops for general audiences across a range of topics.

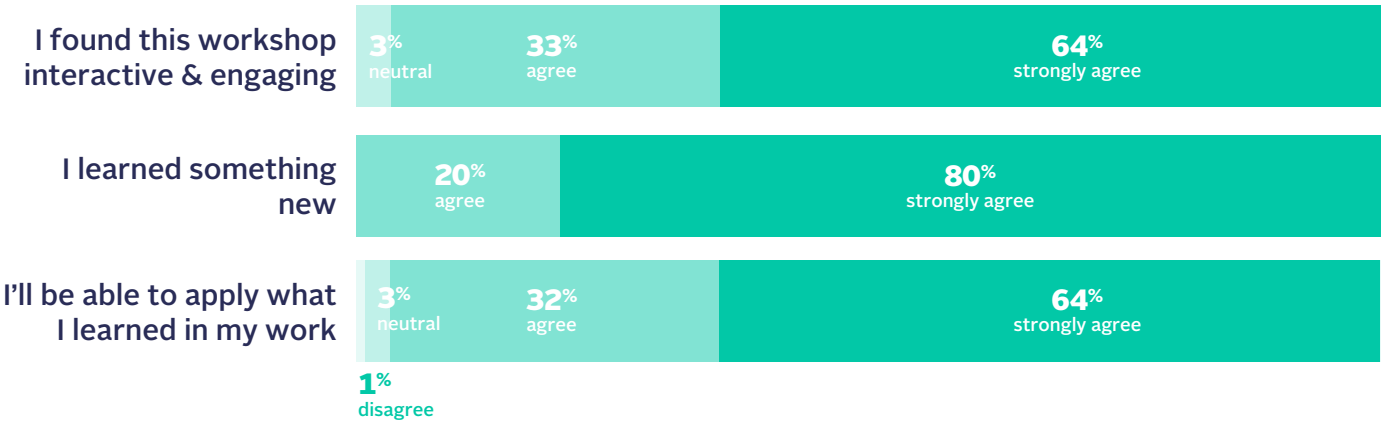
The series includes a collection of in-depth, rotating topics with regularly scheduled offerings over the course of each year.

Workshops are delivered in a rotation of single offerings. In 2016/17, we delivered four workshops:

- Game On! Using Gamification for Health Improvement (April 2016)
- Being an Effective Change Agent (June 2016)
- Unleashing Creative Action (November 2016)
- Data-driven Improvement (January 2017)

Each workshop is evaluated using a standardized survey of participants, with questions on learning outcomes and satisfaction. Feedback from the workshop facilitators is also considered and sessions may be revised accordingly to enhance future offerings.

Participants from all four workshops were invited to complete evaluations, which we have combined:



QUALITY CAFÉ

QUALITY CAFÉ
Your Monthly Dose of Quality

Once per month we invite people to grab their lunch and join us at the Quality Café.

Online and accessible, this hour-long lunch-and-learn series builds improvement capability through webinars that cover three areas: the introduction of broad topics relevant to quality and safety; the application of specific practical tools for quality improvement; and the exploration of successful innovations in BC.

Each month's Café features a new guest and topic related to improving quality of care, enabling us to provide varied learning opportunities that showcase recent research and innovation related to the full spectrum of improvement skills.

These short sessions emphasize interaction and engagement by using a suite of tools to allow for audience participation, application of knowledge and audience feedback. Their online format helps us reach individuals who may not have the time or support to attend full programs or workshops, and to create an online repository of previous sessions that can be viewed at a later time.

On average, over 90 participants attend each Quality Café. Sessions in 2016/17 included:

APRIL 2016 — Linking Ideas to Action with Driver Diagrams

Growing Ideas & Taking Action to Create Shifts... in Real Time — **MAY 2016**

JUNE 2016 — To Map or Not To Map: Is Patient Journey Mapping Right for Me?

Design Principles for Health Care — **JULY 2016**

AUGUST 2016 — Effective Meeting Management

Integration of Research and Improvement — **SEPTEMBER 2016**

OCTOBER 2016 — The Science Behind Resistance

CLeARing a Path to Improved Care for Residents with Dementia — **NOVEMBER 2016**

JANUNARY 2017 — Making Your Data Stick: Keys to Effective & Memorable Presentation

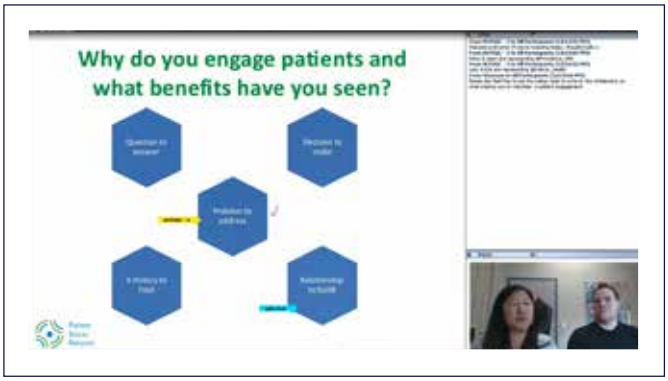
The Patient Voice as Co-Leader — **MARCH 2017**

Participants at all 10 webinars were invited to complete evaluations, which we have combined:

94% of participants who provided feedback agreed that they learned something new at the session

93% said that they will be able to apply this new learning to their work

90% would recommend the session to a colleague

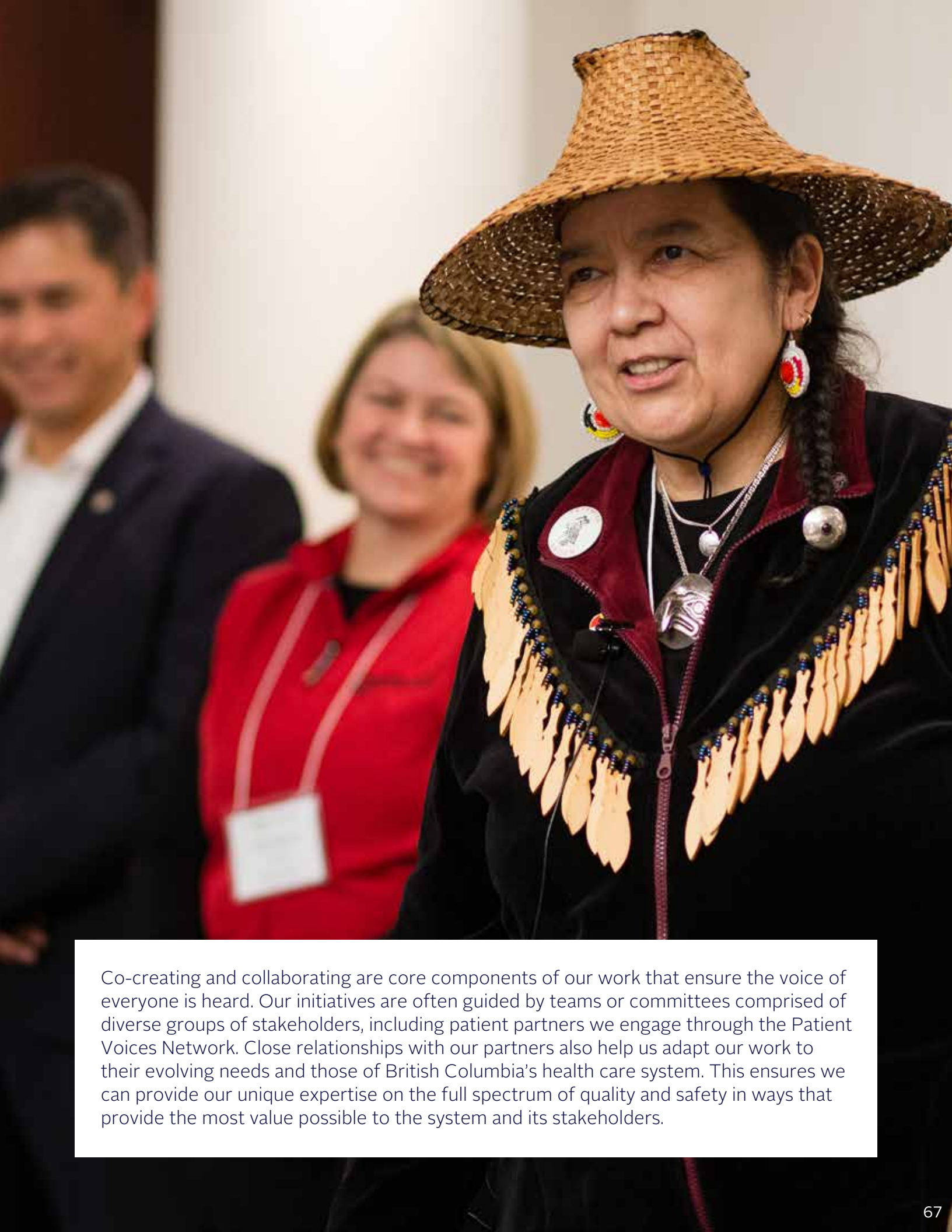


Looking Forward

The Quality Café will present 10 webinars in the next year, and diversify session topics to cover the full spectrum of improvement skills.

We are getting there by...

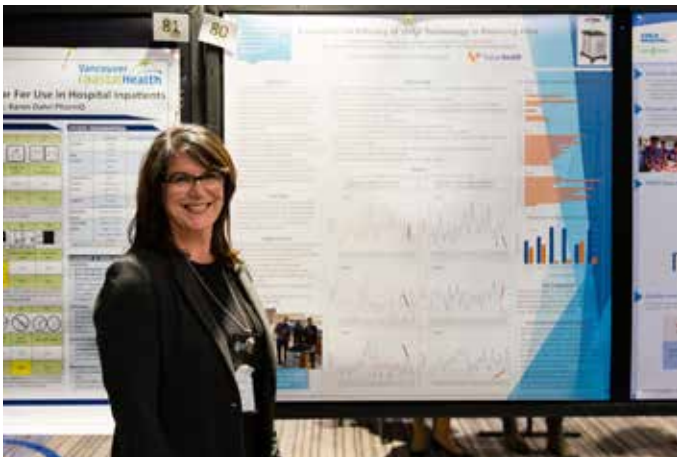
66 SUPPORTING OUR PARTNERS



Co-creating and collaborating are core components of our work that ensure the voice of everyone is heard. Our initiatives are often guided by teams or committees comprised of diverse groups of stakeholders, including patient partners we engage through the Patient Voices Network. Close relationships with our partners also help us adapt our work to their evolving needs and those of British Columbia's health care system. This ensures we can provide our unique expertise on the full spectrum of quality and safety in ways that provide the most value possible to the system and its stakeholders.

We shared our knowledge and learning at numerous events throughout the province. Whether we were delivering a presentation or displaying a storyboard, we worked to spread best practices and teach others about improving quality. We also sponsored events organized by our partners – outreach that enabled us to strengthen existing relationships with stakeholders, spread our improvement resources, and provide opportunities for those working in the health system to develop skills and leadership in quality improvement.

In 2016/17 we supported a review led by our chair, Doug Cochrane, in his role as British Columbia's patient safety and quality officer, of the functioning of a new electronic health record system at Nanaimo Regional General Hospital. We also participated in the BC Medical Quality Initiative (BC MQI), which is a governance structure developing ways to improve the quality of medical care. We participated on the BC MQI's medical quality oversight committee and on numerous other committees and working groups, such as the Standing Committee on Health Services & Population Health, that are led by the Ministry of Health, health authorities and health organizations.



The past year provided us with many opportunities to establish new partnerships. We began supporting the BC Centre for Palliative Care's efforts to improve conversations about end-of-life issues and to integrate a palliative approach to care, by contributing our expertise and knowledge in change management strategies. We also joined the National Health Engagement Network (NHEN), a pan-Canadian group of leaders who work to promote and support patient and public engagement. And through PVN, we developed relationships with several Indigenous organizations in BC, including the BC Association of Aboriginal Friendship Centres and Métis Nation BC, to facilitate Indigenous participation in the Network.

In 2016/17 we also collaborated with many national, international and provincial counterparts to explore opportunities to share and learn, and to support implementation of strategies within BC as relevant and aligned to system priorities. From Releasing Time to Care, which originated in England's National Health Service, to the BC Sepsis Network, which is an active member in a global community improving care for sepsis, we supported improvement in British Columbia's health care system by identifying and adapting initiatives and resources from outside our borders. And through "What Matters to You?" Day and Change Day BC, we learned from international partners about new ways to engage health care professionals in quality and providing patient- and family-centred care.

The Ministry of Health, its health authorities, and many of its health organizations share our commitment to improving the quality of health care. The value that we provide for these stakeholders – our partners – is our ability to respond to their needs and priorities with innovative resources, learning opportunities, and forums for collaboration.

70 LOOKING FORWARD

Our relentless pursuit of quality pushes on in 2017/18. You will find us throughout British Columbia, working across the continuum of care, ensuring everyone's voice is included and accelerating our partners' improvement efforts. You will also find us in places not yet known, providing responsive leadership and support for our evolving health care system.

We are fuelled by the passion that care providers have for improving quality of care, and by how enthusiastic patients are to be partners in doing so. They share our belief that a high quality and sustainable health care system will be achieved by a patient- and family-centred and inclusive approach. We cannot wait to see, support, share and spread their achievements!

Our pursuit is in tandem with more people and organizations in our province than ever before. *How are we getting there?* Together.

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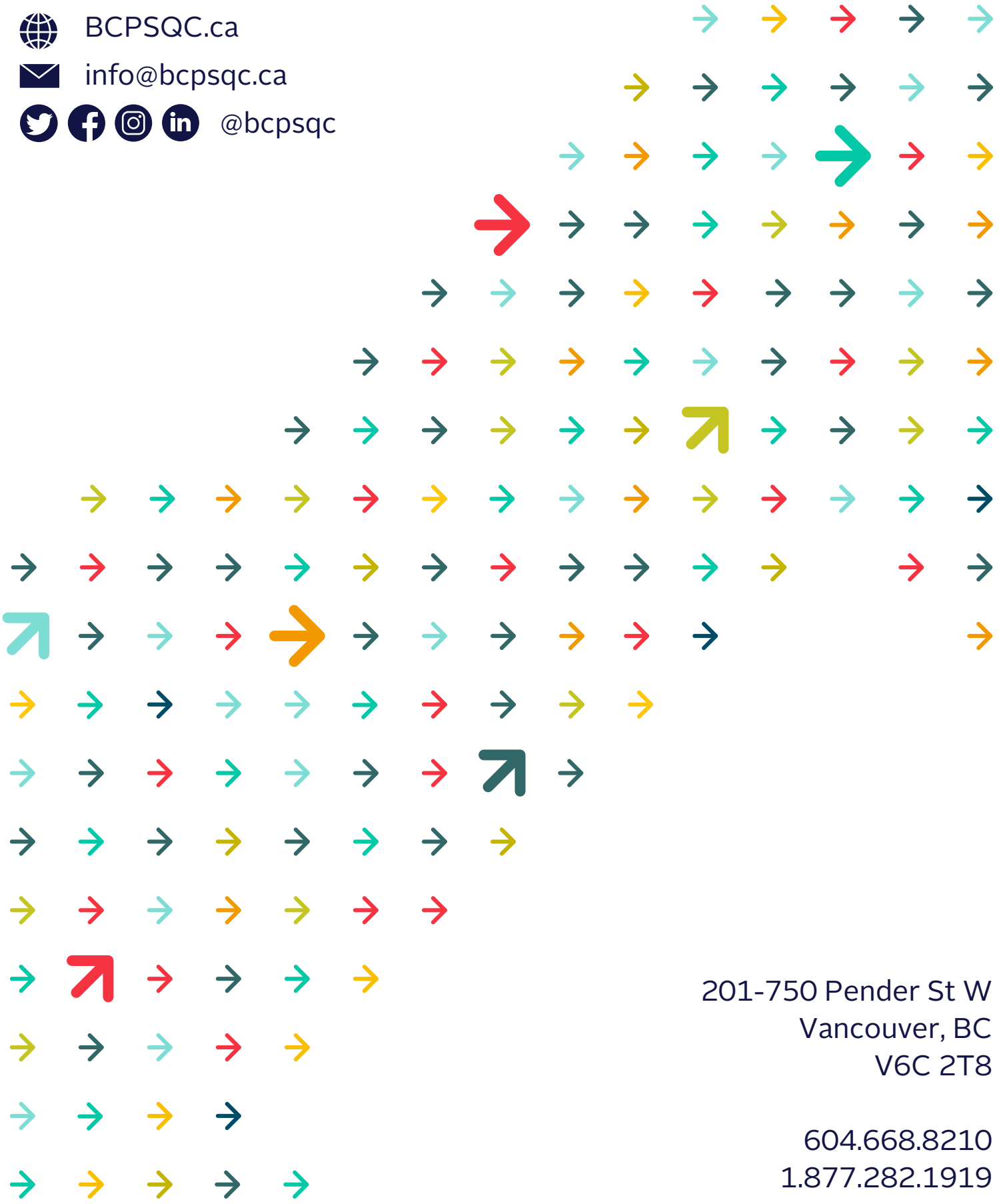

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