



**BC Patient Safety
& Quality Council**



Strategic Plan

2009-2012

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Background

The BC Patient Safety & Quality Council was founded upon the vision of the Honourable George Abbott, Minister of Health Services to create a body that would be responsible for guiding the quality and safety of health care by providing a provincial perspective and coordination across the continuum of care. Since the announcement of the Council in the Speech from the Throne in the spring of 2008, much work has been accomplished; the structure of the Council has been formulated, members appointed and the fundamental foundational work to move this vision into reality has been completed with the guidance of staff from within the Ministry of Health Services. As well, Health Authority and other organizations involved in patient safety and quality have provided input and direction to this Strategic Plan.

About This Strategic Plan

This Strategic Plan sets out the vision, strategic directions and goals for the BC Patient Safety & Quality Council (the Council) for 2009 through 2012. It represents the collective work of the Council, guided by input received from members of BC's patient safety and quality community. This Plan is designed to help the Council and its partners to focus on our common patient safety and quality goals. It tells the health care community and the public what the Council aims to accomplish in partnership with stakeholders, and sets out performance indicators and targets for assessing progress for the next 3 years. Tactics for achieving the Council's goals are outlined in a more detailed, one-year Operational Plan. This Strategic Plan will be updated annually and results will be reported publicly, in alignment with the government's continuing commitment to accountability, openness and integrity.

Purpose of the British Columbia Patient Safety & Quality Council

The Council was established to provide advice and make recommendations to the Minister of Health Services on matters related to patient safety and quality of care, and to bring health system stakeholders together in a collaborative partnership to promote and inform a provincially coordinated, innovative, and patient-centred approach to patient safety and quality improvement in British Columbia.

Key Roles & Responsibilities

The Council's five key areas of responsibility are in system-wide leadership and coordination, supporting measurement and evaluation, legislation and regulation, education and professional development, and information and communication. The Council's strategic directions, detailed in this report, are grounded in the objectives stated in its Terms of Reference.

Who We Serve

The Council serves three key stakeholder groups:

- Minister of Health Services, as an advisor;
- Health service delivery organizations and health professionals, as an enabler and facilitator; and
- The public, as a proponent of open communication and patient-centred care.

What We Do

The Council advises the Minister of Health Services on matters related to health care quality and patient safety. The Council is uniquely positioned to convey priorities to the Minister of Health Services as well as gather input from and communicate priorities across its network of stakeholders. In providing advice to the Minister of Health Services, the Council brings a strategic focus to the potential of programs, initiatives and legislation to accelerate patient safety and quality improvement in BC. Following significant health care events in the province, the Council may also be asked to perform external reviews to examine the quality of care processes at specific sites. Recommendations to the Minister of Health Services will be grounded in decisions that improve the quality of services provided in the health system. Evaluating the performance of health service delivery organizations or ongoing monitoring of their performance is beyond the mandate of the Council.

The Council will develop tools and support initiatives that will assist health service delivery organizations to make improvements to the quality and safety of care they provide, and will work to increase opportunities for educational and professional development of health professionals. The Council will work together with stakeholders from across the province to support health system change to achieve high quality care.

The Council serves the public by acting as a proponent of health system transparency and accountability. The Council accomplishes the promotion of innovative and patient-centred care through its advice to the Minister of Health Services and by building the knowledge and skill capacity for the advancement of patient safety and quality improvement. The Council also works with the Ministry of Health Services and health service delivery organizations to incorporate the patient/public voice into quality initiatives.

Strategic Context

The current environment in BC includes many organizations with important roles in safety and quality improvement, who are working to support, enhance and/or deliver quality care. As the Council solidifies its role, it is essential that it add value to an already active and established community. The following strategic context is informed by and includes an analysis of the internal and external environments in which the Council is operating.

The Council has a clear mandate and vision. This represents a significant strength for the Council. The structure of the Council also represents several strengths. The Council's leadership is respected by stakeholders within BC's patient safety and quality community. Its modest size promotes nimble decision-making and consensus-building. The Council members and committed stakeholders support the Council's province-wide focus on quality. The Council has the mandate to bring together a group of diverse stakeholders to support a province wide focus on quality across the continuum. A challenge will be to achieve this within the Council's limited financial and human resources.

The Council's strategic context is rich with opportunity. Among the most notable of these opportunities is the desire of health care professionals and those working within the system to strengthen quality and safety within BC. The health system exhibits readiness to build on existing quality and safety programs. A significant driver is the increasing interest of the public in the quality of health care.

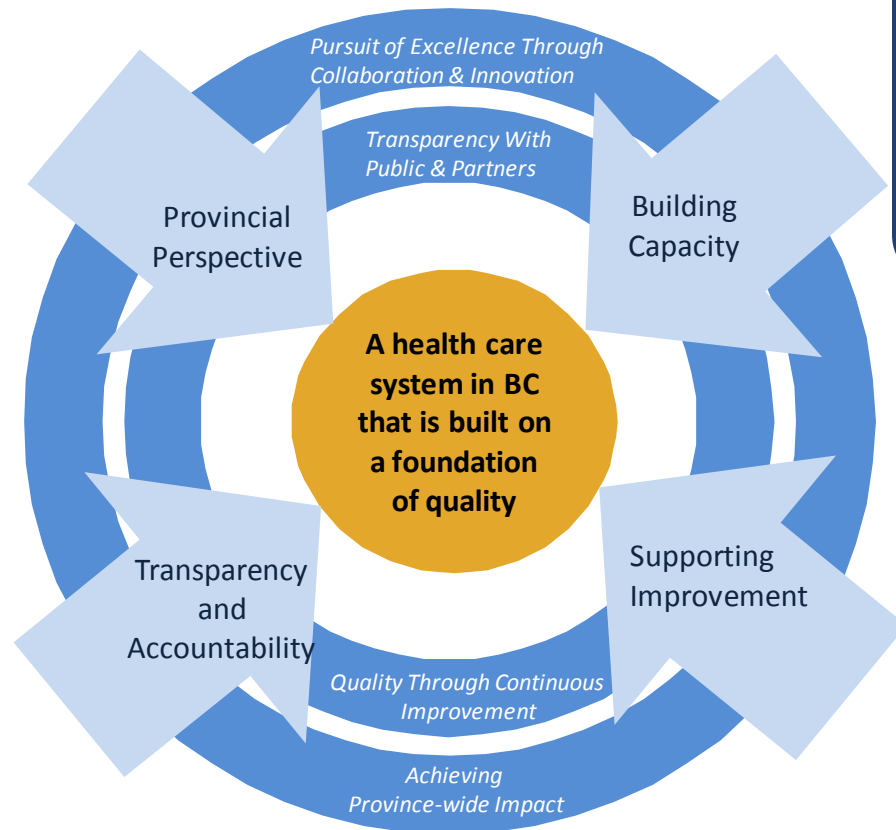
While there are committed stakeholders across BC, there is some variation to which quality is engrained in the health care system. Health service delivery is often perceived as being financially driven, rather than driven by the quality of its services. For both historical and practical reasons, the health care system has developed silos of care (e.g., by care setting, by health profession). These partitions often contribute to quality and safety issues for patients and clients. There is no question that the health system is complex and this makes change challenging. Staff in health authorities and the patient safety and quality community have undergone and are continuing to undergo considerable change. The prevalence of change initiatives makes it increasingly more difficult to engage organizations and staff within the health system in capacity building and the development of sustainable solutions. While measurement of change is an essential component of the transformation, there is also a sense of exhaustion with reporting and accountability. As a result, quality may be assumed and not measured consistently. Finally, the potential for a change in government direction in 2009 may introduce additional change initiatives, reporting and accountability expectations to the health system.

This 3 year Strategic Plan is built upon an environmental scan that was completed in September 2008 to ensure that the work of the Council adds value to the work already underway across the province. It aims to fill the gaps identified in the current environment and to continue to support and move forward the work needed to achieve the Council's vision – of a healthcare system built upon a foundation of quality.

Vision, Mission and Values

The BC Patient Safety & Quality Council's **vision** is a health care system in BC that is built on a foundation of quality. Our **mission** is to provide system-wide leadership through collaboration to improve the quality of our health care system.

Figure 1: Vision, Values and Strategic Directions



Vision

A health care system in BC that is built on a foundation of quality.

Mission

To provide system-wide leadership through collaboration to improve the quality of our health care system .

Four core **values** support the Council's vision:

- Pursuit of excellence through collaboration and innovation
- Transparency with public and partners
- Quality through continuous improvement
- Achieving province-wide impact

Strategic Directions & Goals

The Council's mandated objectives serve as the foundation for four strategic directions (summarized with aligned goals in Table 1 below):

1. Bring a provincial perspective to patient safety and quality improvement activities;
2. Facilitate the building of capacity and expertise for patient safety and quality improvement;
3. Support health authorities and other service delivery partners in their continuing efforts to improve the safety and quality of care; and
4. Improve transparency and accountability to patients and the public for the safety and quality of care provided in British Columbia.

Table 1: Strategic Directions and Goals

| | |
|---|--|
| <p>Bring a provincial perspective to patient safety and quality improvement activities.</p> | <ul style="list-style-type: none"> • Develop and integrate a common language for health care quality and safety. • Establish and support a forum for networking, coordination and collaboration. • Support health authorities to translate their commitment to quality into action. |
| <p>Facilitate the building of capacity and expertise for patient safety and quality improvement.</p> | <ul style="list-style-type: none"> • Increase access to patient safety and quality improvement learning opportunities. • Support the integration of quality improvement and patient safety into curricula for health care providers. |
| <p>Support health authorities and other service delivery partners in their continuing effort to improve the safety and quality of care.</p> | <ul style="list-style-type: none"> • Leverage the current strengths in the patient safety and quality improvement community. • Determine the applicability of quality improvement programs for province-wide implementation. • Provide health authorities and service delivery partners with tools to facilitate patient safety and quality improvements. • Explore the development of a BC measurement framework for quality for use by Health Authorities and Ministry of Health Services. • Support consistent use and methodologies for the surveillance of adverse events. • Advise on legislative reform to support patient safety and quality improvement activities. • Evaluate critical patient safety and quality issues in BC. |
| <p>Improve the transparency and accountability to patients and the public for the safety and quality of care provided in British Columbia.</p> | <ul style="list-style-type: none"> • Engage and inform the public as active participants in their own care and develop programs and activities for this purpose. • Raise awareness of Council achievements and activities, and accomplishments within the health system related to quality improvement and patient safety. • Collaborate with Ministry of Health Services Strategic Policy and Research on provincial patient satisfaction surveys. • Demonstrate transparency in the communication of patient safety and quality data to the public and health care community. |

Strategic Direction #1: Bring a provincial perspective to patient safety and quality improvement activities.

Goal #1: Develop and integrate a common language for health care quality and safety.

| Activity | Performance Indicator | Target |
|--|---|-------------------|
| Develop a BC Health Quality Matrix to provide a common definition and framework for quality. | Publication of BC Health Quality Matrix on BCPSQC website. | Complete (Year 1) |
| Work with Health Authority Boards and Senior Leadership to develop provincial standards for reporting safety events. | Develop a provincially standardized process and template for communicating safety events. | Complete (Year 2) |
| Initiate discussions around alignment of indicators and reporting expectations (e.g., Accreditation Canada, <i>Safer Healthcare Now!</i> , PICNet, CNISP). | Percentage of indicators for which a common definition is achieved. | 60% (Year 2) |

Goal #2: Establish and support a forum for networking, coordination and collaboration.

| Activity | Performance Indicator | Target |
|--|---|--|
| Establish a BC Health Quality Network: a forum for bringing key stakeholders together to discuss and work on issues related to quality improvement and patient safety. | Percentage of HQN members self-rating Network as effective and accelerating patient safety and quality improvement within BC. | 70% (Year 1), 80% (Year 2), 90% (Year 3) |
| | Percentage of Working Group members self-rating on group effectiveness as effective. | 70% (Year 1), 80% (Year 2), 90% (Year 3) |
| | Percentage of Working Group's aims that were achieved as outlined in their respective Charters. | 70% (Year 1), 80% (Year 2), 90% (Year 3) |
| Continue to work with existing groups (Quality & Safety Director's Network and Risk Managers). | Under development. | |

Goal #3: Support health authorities to translate their commitment to quality into action.

| Activity | Performance Indicator | Target |
|---|---|-------------------|
| Establish a formal mechanism to support health authority Boards and Senior Leadership Teams to build a culture driven by quality. | Guidance, through position papers and other materials, provided to health authority Boards and Senior Leadership. | Complete (Year 2) |
| Investigate opportunities for transformational change. | | |

Strategic Direction #2: Facilitate the building of capacity and expertise for patient safety and quality improvement.

Goal #1: Increase access to patient safety and quality improvement learning opportunities.

| Activity | Performance Indicator | Target |
|---|--|-------------------|
| Support Collaboratives ¹ as appropriate to support improvement at the front-line. | Percentage of Improvement Teams who meet at least one goal for Council supported Collaboratives. | 50% (Year 1) |
| Develop a provincial mechanism for running Collaboratives to support improvement at the front-line. | Provincial mechanism for running Collaboratives is in place. | Complete (Year 2) |
| Support provincial and national educational programs, workshops and conferences focused on patient safety, quality improvement and system transformation. | Number of educational programs, workshops and conference supported. | Ongoing |
| | Percentage of participants rating educational programs, workshops and conference as useful and/or meeting the program goals. | 75% (Years 1 – 3) |

¹ A Collaborative is a structured methodology where Improvement Teams from many hospitals, facilities or sites work together on a specific improvement goal. Collaboratives offer participants a specific set of steps — called a change package or sometimes a “bundle” — that have been shown to improve outcomes when reliably implemented. Teams learn from experts and from each other as they implement and refine the steps over a defined period of time.

Goal #2: Support the integration of quality improvement and patient safety into curricula for health care providers.

| Activity | Performance Indicator | Target |
|--|---|-------------------|
| Work with the BC Academic Health Council and other partners to establish a plan to embed patient safety and quality improvement into formal and on the job education programs. | Number of education partners with written plans to integrate patient safety and quality competencies into education of health care professionals. | Year 2 and 3 |
| Work with the BC Health Care Leaders' Association to incorporate patient safety and quality dimensions into <i>Leaders for Life</i> Program. | <i>Leaders for Life</i> program includes learning outcomes at the appropriate level for health care leaders. | Complete (Year 2) |
| With academic partners, explore the development of graduate level degree/certification program in Patient Safety and Quality Improvement. | Potential for program explored with partners. Under development. | Complete (Year 1) |

Strategic Direction #3: Support health authorities and other service delivery partners in their continuing effort to improve the safety and quality of care.

Goal #1: Leverage the current strengths in the patient safety and quality improvement community.

| Activity | Performance Indicator | Target |
|--|--|--|
| Develop and maintain Directory of BC Quality & Safety Initiatives (stratified according to the BC Health Quality Matrix). | Directory of BC Quality & Safety Initiatives is online. Number of hits on Directory webpage. | Complete (Year 1) Baseline (Year 1), 5% increase (Year 2), 5% increase (Year 3) |
| Receive recommendations from the Minister of Health Services initiated from the Patient Care Quality Review Boards regarding patient quality issues. | Respond to recommendations from the Minister, and integrate into Council's workplan. | 100% of recommendations will be responded to within one month (Years 1 – 3) |
| Continue to support Western Node of <i>Safer Healthcare Now!</i> for BC teams. | Percentage of BC Improvement Teams enrolled in <i>Safer Healthcare Now!</i> that are Active or At Goal (as defined by <i>SHN!</i>). | 60% (Years 1 – 3) |

Goal #2: Determine the applicability of quality improvement programs for province-wide implementation.

| Activity | Performance Indicator | Target |
|---|--|---------------|
| Review existing quality and safety programs relevant to Home and Community Care for provincial applicability and use. | Number of quality improvement programs reviewed. | 1 (Year 1) |
| Review existing programs for provincial applicability and use. Initial focus will be on surgical care (National Surgical Quality Improvement Program) and obstetrics (More OB). | Number of quality improvement programs reviewed. | 2 (Year 1) |

Goal #3: Provide health authorities and service delivery partners with tools to facilitate patient safety and quality improvements.

| Activity | Performance Indicator | Target |
|---|---|----------------------------|
| Work with the Western Node of <i>Safer Healthcare Now!</i> to develop, pilot and implement new quality improvement bundles ² across the continuum of care. | Number of Getting Started Kits piloted in BC. | 1 (Year 2 and Year 3) |
| Support and work with Canadian Patient Safety Institute on national initiatives (e.g., Surgical Safety Checklist; critical incident taxonomy). | Percentage of ORs using the Surgical Safety Checklist. | 50% (Year 2), 75% (Year 3) |
| Collaborate with Western Quality Organizations on common patient safety and quality initiatives. | Number of initiatives adopted as a result of collaboration with Western Quality Organizations (e.g., <i>SHN!</i> , education partners, etc.). | 2 (Year 1-3) |

Goal #4: Explore the development of a BC measurement framework for quality for use by Health Authorities and Ministry of Health Services.

| Activity | Performance Indicator | Target |
|---|---|-------------------|
| Based upon the BC Health Quality Matrix, identify indicators and develop operational definitions across the continuum of care at the <i>system</i> level. | Complete and make available system level indicators. | Complete (Year 2) |
| Based upon the BC Health Quality Matrix, identify indicators and develop operational definitions across the continuum of care at the <i>Health Authority</i> and <i>facility</i> level. | Complete and make available health authority and facility level indicators. | Complete (Year 3) |
| Based upon the BC Health Quality Matrix, identify indicators and develop operational definitions across the continuum of care at the <i>program</i> level. | Complete and make available program level indicators. | Complete (Year 3) |

² A bundle is several scientifically grounded elements essential to improving clinical outcomes, typically a set of three to five practices or precautionary steps that lead to a given aim (e.g., reduce Ventilator-Associated Pneumonia).

Goal #5: Support consistent use and methodologies for the surveillance of adverse events.

| Activity | Performance Indicator | Target |
|---|---|-------------------|
| Explore potential of Trigger Tool ³ use in home and community care settings. | Initial literature review undertaken. | Complete (Year 2) |
| Support implementation of Trigger Tool in adult and pediatric acute care settings. | Number of Health Authorities that are using the Trigger Tool. | 6 (Year 2 and 3) |

Goal #6: Advise on legislative reform to support patient safety and quality improvement activities.

| Activity | Performance Indicator | Target |
|--|--|---------|
| Provide advice to the Minister of Health Services on amendments or enabling legislation to support quality and safety. | Advice to Minister is comprehensive in that it includes existing and new legislation and regulation amendments where required. | Ongoing |

Goal #7: Evaluate critical patient safety and quality issues in BC.

| Activity | Performance Indicator | Target |
|--|---|-------------------|
| Develop a formal process for critical incident reviews. | Formal process to conduct external reviews of critical incidents and/or quality issues. | Complete (Year 1) |
| Conduct external reviews of critical incidents and issues as requested by the Minister of Health Services and/or health authorities. | Number of external reviews of critical incidents and issues. | Ongoing |

³ The Global Trigger Tool for Measuring Adverse Events provides an easy-to-use method for accurately identifying adverse events (harm) and measuring the rate of adverse events over time. Tracking adverse events over time is a useful way to tell if changes being made are improving the safety of the care processes.

Strategic Direction #4: Improve transparency and accountability to patients and the public for the safety and quality of care provided in British Columbia.

Goal #1: Engage and inform the public as active participants in their own care and develop programs and activities for this purpose.

| Activity | Performance Indicator | Target |
|---|---|----------------------|
| In partnership with key stakeholders, develop tools to support the engagement patients/public as partners in care across the continuum of care. | Tools to engage patients/public as partners in care across all areas of need are complete and made available to health authorities. | Complete (Year 1 -2) |

Goal #2: Raise awareness of Council achievements and activities, and accomplishments within the health system related to quality improvement and patient safety.

| Activity | Performance Indicator | Target |
|---|---|---|
| Develop a Communication Strategy to reach the public. | Communication Plan approved and implemented. | Complete (Year 1) |
| Facilitate Celebrating Individual and Team Achievements in BC on Council website. | Media coverage (in the public domain) about Council activities. | Baseline (Year 1), increase 10% (Year 2), increase 20% (Year 3) |
| Implement an annual process for provincial Patient Safety & Quality Awards. | Names of awardees published online. | Ongoing |

Goal #3: Collaborate with Corporate Policy and Research Division of the Ministry of Health Services on provincial patient satisfaction surveys.

| Activity | Performance Indicator | Target |
|---|---|-------------------|
| Work with Patient Satisfaction Survey Steering Committee to establish further linkages between survey results and opportunities for improvement across the health system. | Formal process to engage partners to address quality and safety issues arising from provincial patient satisfaction survey. | Complete (Year 1) |
| Assess the importance of findings in provincial patient satisfaction surveys, and promote the use of survey results to drive quality improvement activities in BC. | Number of projects accessing and utilizing the data from this survey. | Years 2 and 3 |

Goal #4: Demonstrate transparency in the communication of patient safety and quality data to the public and health care community.

| Activity | Performance Indicator | Target |
|---|--|-------------------|
| Commission the Patient Safety & Learning System team to write provincial <i>Adverse Events Report</i> . | Publication of provincial Adverse Events Report on BCPSQC website. | Complete (Year 1) |
| Develop and release BCPSQC Annual Report. | Publication of Annual Report on BCPSQC website. | Ongoing |

Resource Summary

The Council has an operating budget of \$1.75 million in its first year. Exercising sound fiscal management practices and effective Human Resources policies and procedures to accomplish its goals, the Council plans to allocate its funds in 2009-2010 as detailed in Table 2.

Table 2: Resource Allocation

| Core Area | 2009-2010 Plan |
|---|-----------------------|
| <i>Investment Required to Achieve Goals</i> | |
| Quality and Patient Safety Initiatives | \$ 418,000.00 |
| Human Resources | \$ 685,000.00 |
| <i>Governance and Partnerships</i> | |
| Council Operations | \$ 404,500.00 |
| Network and Working Group Collaboration | \$ 67,500.00 |

In recognition that a portion of BC's patient safety and quality needs may not be predictable, the Council has set aside a 10% contingency during its first year of operation.