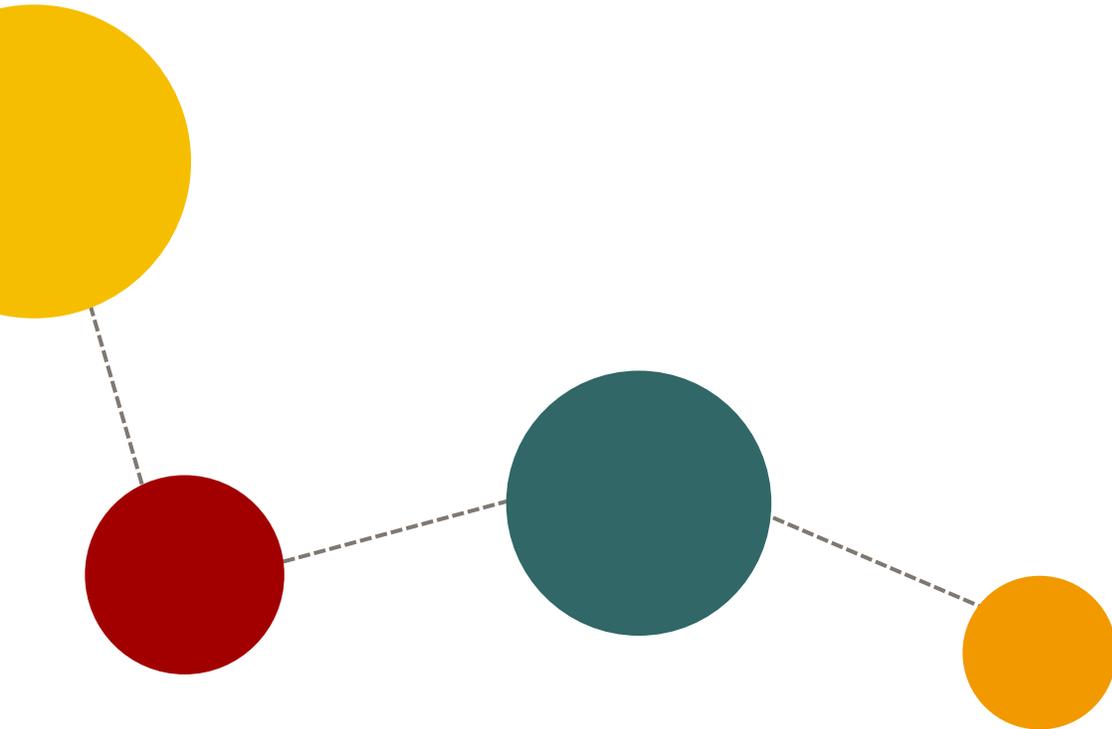




**Teamwork &
Communication Action Series**
BC PATIENT SAFETY & QUALITY COUNCIL

Teamwork & Communication Action Series

Evaluation Report: Cohorts 3 & 4



Acknowledgement

We acknowledge that our Vancouver office is located on land which is the unceded territory of the Coast Salish peoples, including the territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and sə́ilwətaʔt (Tsleil-Waututh) Nations, with staff and support from many communities across what is known today as British Columbia.

The BC Patient Safety & Quality Council

Our work leads to better health care for British Columbians.

We deliver the latest knowledge from home and abroad to champion and support high-quality care for every person in our province. This system-wide impact requires creativity and innovative thinking, which we combine with evidence-informed strategies to shift culture, improve clinical practice and accelerate our partners' improvement efforts.

We also understand that meaningful change comes from working together. We are uniquely positioned to build strong partnerships with patients, care providers, health leaders, policymakers, senior executives, academics and others. These connections enable us to nurture networks, recognize the needs of our health care system and build capacity where it is needed the most.

If you want to improve BC's health care system, visit [BCPSQC.ca](https://bcpsqc.ca) to access programs and resources that can help you start today.

Summary: Cohort 3

“[The Action Series] is a collective learning experience. If we are going to make meaningful change then many must engage personally and collectively. It was lovely to see how many people want to be part of this discussion with the hope of shifting behaviour.” – Action Series Participant

12 months after the Action Series, more than 86% of respondents said that:

- ✓ The Action Series improved their skills and knowledge on how to foster positive teamwork and communication.
- ✓ They applied the skills and knowledge learned during the Action Series.

25
TEAMS

238
PARTICIPANTS

As a result of participating in the Action Series, respondents reported positive change in:



Summary: Cohort 4

Following the Action Series, respondents indicated they achieved:

- ✓ More awareness of gaps and weaknesses in their teamwork and communication identified and hope for movement towards change and growth.
- ✓ Tools for future use as teams grow and expand.
- ✓ Valuable knowledge of the resources available.
- ✓ Stronger connections.
- ✓ Less triangulation as team members felt safer to talk directly with who they need to.
- ✓ Better communication with tools to support.

169
PARTICIPANTS

23
TEAMS

As a result of participating in the Action Series, respondents reported positive outcomes:



“The education components were great. I appreciate sharing this information on workplace culture, communication, conflict, teamwork, authentic leadership, etc. with the other teams that I participate on. This is one of the most useful education series that I have ever attended. Most education – I have plans to use, but this one I am incorporating into all I do. Great job and thank you!” – Action Series Participant

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OVERVIEW

Introduction

Although technical skills are ingrained as vital elements of health care delivery,¹ there is a growing body of evidence that highlights the importance of non-technical skills in influencing the outcomes of patient care and improving safety in the workplace. [1-4] Non-technical skills are defined as the social, personal and cognitive skills required for functioning in complex work environments such as health care. These skills include situation awareness, decision making, communication, teamwork and leadership – all elements of team culture. [1-2]

The pursuit of a healthy workplace, organizational culture, better patient safety and higher-quality care is continuous. [1-4] A systematic review confirmed a positive association between workplace and organizational culture and clinical and system-level patient outcomes across a variety of health care settings and countries. [3] This includes benefits such as reduced work-related conflict and stress, increased understanding of different communication methods and styles, reduced workplace bullying, improved job satisfaction and perceptions of workplace conditions. [3-5]

In response to ongoing requests from teams in British Columbia’s health care system, the BC Patient Safety & Quality Council launched the third and fourth cohorts of its Teamwork & Communication Action Series in March 2019 and October 2020, respectively. The program introduces teams to behaviours required for effective teamwork and communication along the continuum of care. Non-technical skills such as how we communicate, how we respond to the environment around us and how we work together in a team are crucial for achieving high-quality patient care.

The third Action Series was a 13-week series and the fourth cohort ran for 15 weeks. Both series were improved following feedback and lessons learned from previous cohorts and offered interactive learning sessions, coaching sessions and action periods supported with an activity guide for individuals and teams to apply their learning.

Action Series Structure

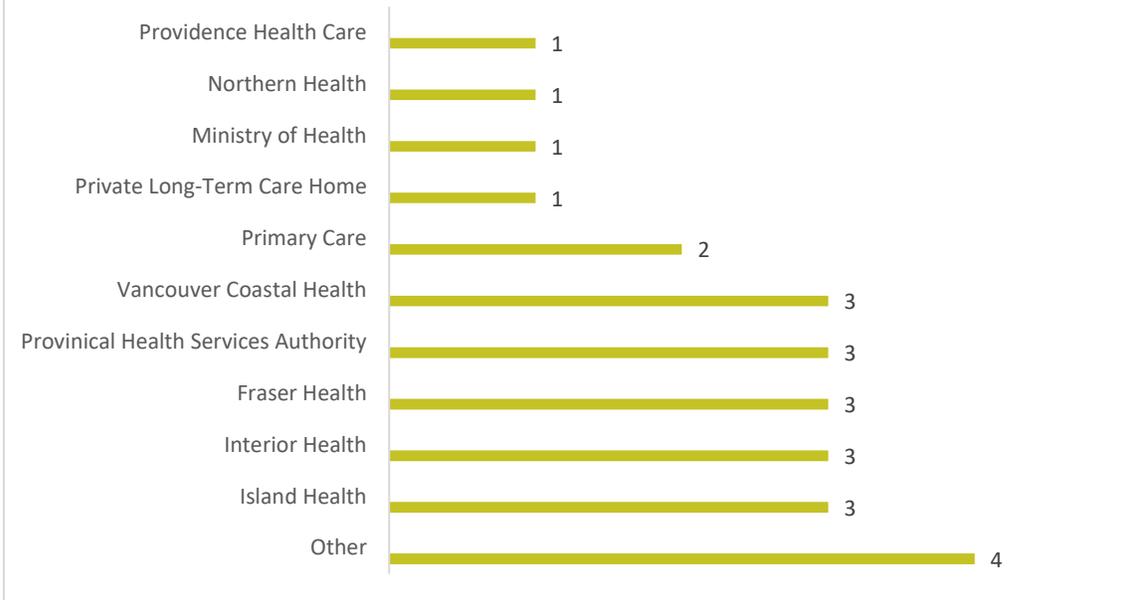
Cohort 1 of the Action Series was launched in February 2017 and 50 teams participated. The next year, cohort 2 was launched in January 2018 with 38 teams qualifying to participate. Learnings from the first two Action Series was leveraged before issuing the calls to action for cohort 3 in January 2019 and cohort 4 in August 2020.

Teams who applied for the third and fourth cohorts of the Action Series needed to demonstrate leadership support as well as a commitment to engage in sessions and activities. They signed up for five one-hour learning sessions that were complemented by activities designed to reinforce what they learned.

Twenty-five teams with 238 individuals participated in cohort 3 and 23 teams with 169 individuals participated in cohort 4. There was team representation from across the province and all health authorities, the Ministry of Health, Divisions of Family Practice and Doctors of BC. See Appendix A for a full list of participating teams in cohorts 3 and 4.

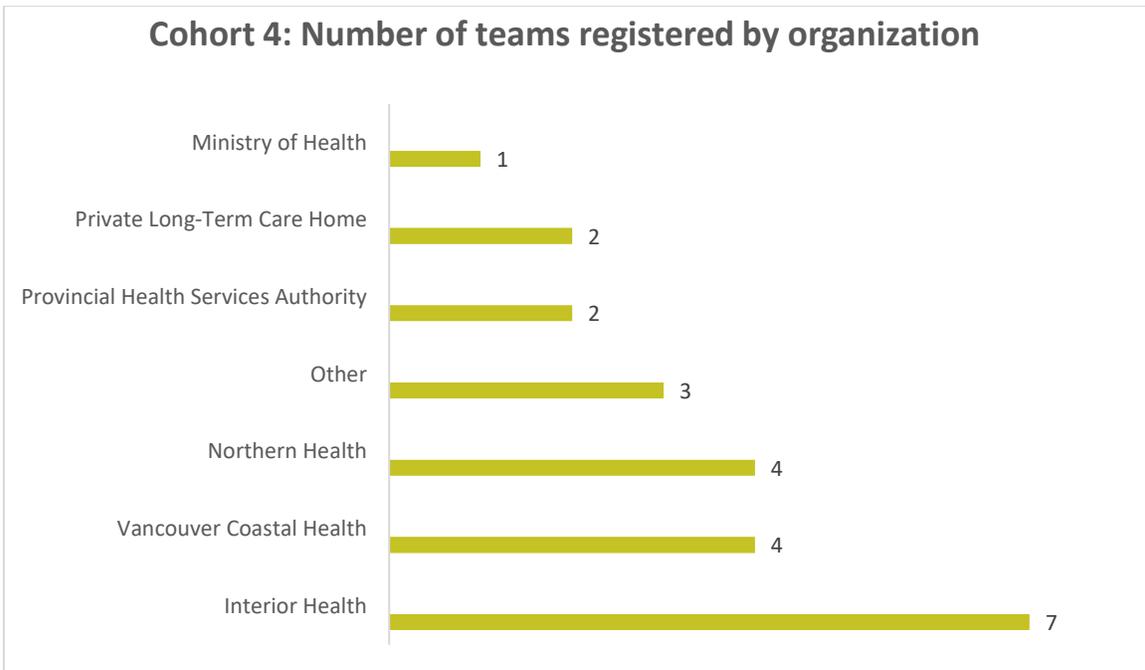
¹ Technical skills include skills needed to use a machine or perform an operation, for example. These are often referred to as “hard skills.”

Cohort 3: Number of teams registered by organization



Other includes Doctors of BC, Divisions of Family Practice, Bayshore Home Health and BC Patient Safety & Quality Council.

Cohort 4: Number of teams registered by organization



Other includes Divisions of Family Practice, OSNS Child & Youth Development Centre and Yukon-Home & Community Care.

The Action Series began with covering the foundations of teamwork and communication followed by a deep dive into unstructured and structured communication. Effectively navigating conflict as well as fostering trust and leadership concluded the Action Series.

Cohort 4 Roadmap



Teams had a two-week action period after each learning session to apply and practice their new knowledge. To earn a certificate of completion, they were required to attend each learning session as well as complete and submit homework from each action period. Teams received feedback from the Action Series facilitators on their homework submissions to support their learning.

To further aid the application of learning, optional coaching sessions were offered during action periods. Teams were encouraged to submit questions or challenges in advance of the coaching sessions. An organizational development consultant joined these sessions to offer expert advice and coaching. Many teams shared similar challenges and the coaching sessions provided ideas, tools, techniques and shared learnings on how to effectively address issues and reinforce content from the learning sessions and action period homework.

Purpose of the Evaluation Report

The purpose of this evaluation is to examine participant feedback as well as changes in participants' knowledge and behaviours related to teamwork and communication. Where possible, it also compares outcomes across all four cohorts of the Action Series. This evaluation report does not seek to measure the direct impact of the Action Series on patient outcomes. However, existing literature provides evidence that improving teamwork and communication will likely improve patient outcomes. [3]

This evaluation strives to learn from the following questions:

1. What was the engagement level of teams in the Action Series?
2. Did participants gain new knowledge related to teamwork, communication, building trust and navigating conflict?
3. What immediate- and medium-term impact did the Action Series have on the way participants worked as a team, communicated, built trust and navigated conflict?

4. What changes could be made to the structure of the Action Series that would improve its impact in the future?

Data Sources for the Evaluation

The following sources informed the data analysis for cohort 3:

1. **Needs assessment:** completed when a team signed up for the Action Series;
2. **Webinar evaluation surveys:** sent to participants at the end of every webinar (both learning and coaching webinars); and
3. **Follow-up evaluation surveys:** sent to every participant immediately after the Action Series ended and one year after completing the Action Series. Follow-up surveys were specifically designed to better understand the long-term impact the Action Series had on the participating teams.

Data comparison occurred across all three cohorts of the Action Series.

The data used for this evaluation offers valuable information about cohort 3 of the Teamwork & Communication Action Series, but it does have some limitations. Due to internal capacity and re-direction of Council resources to support the health care system's response to the COVID-19 pandemic, the three-month survey was not completed and the six-month survey was delayed until 12 months after the final webinar.

The following sources informed the data analysis for cohort 4:

1. **Pre-assessment:** completed when a team registered for the Action Series;
2. **Module evaluation surveys:** sent to participants at the end of every module (includes questions from learning session, coaching session and action period work); and
3. **Team assessments:** sent to every participant mid-Action Series, immediately after the Action Series ended and six months after completing the Action Series. Follow-up team assessments were specifically designed to better understand the short- and medium-term impact the Action Series had on the participating teams.

Data comparison occurred across all four Cohorts of the Action Series.

EVALUATION RESULTS

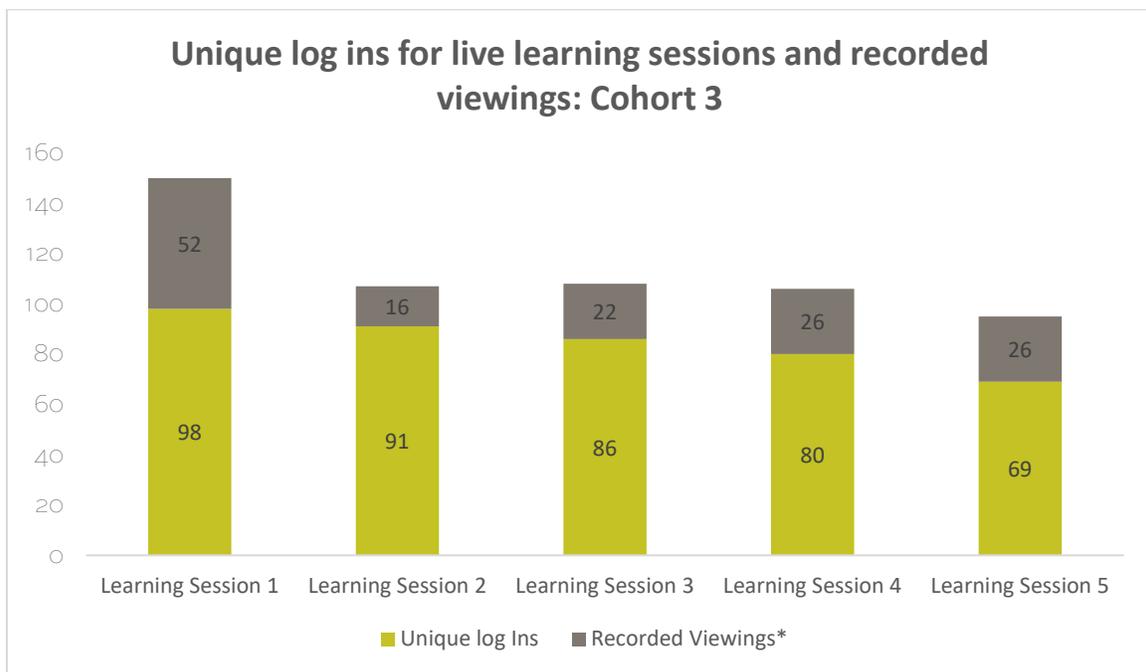
Four components of the Action Series were evaluated for this report. Each component is presented individually and concludes with the overall impact and lessons learned.

- Learning Sessions
- Coaching Sessions
- Action Periods
- Overall Impact

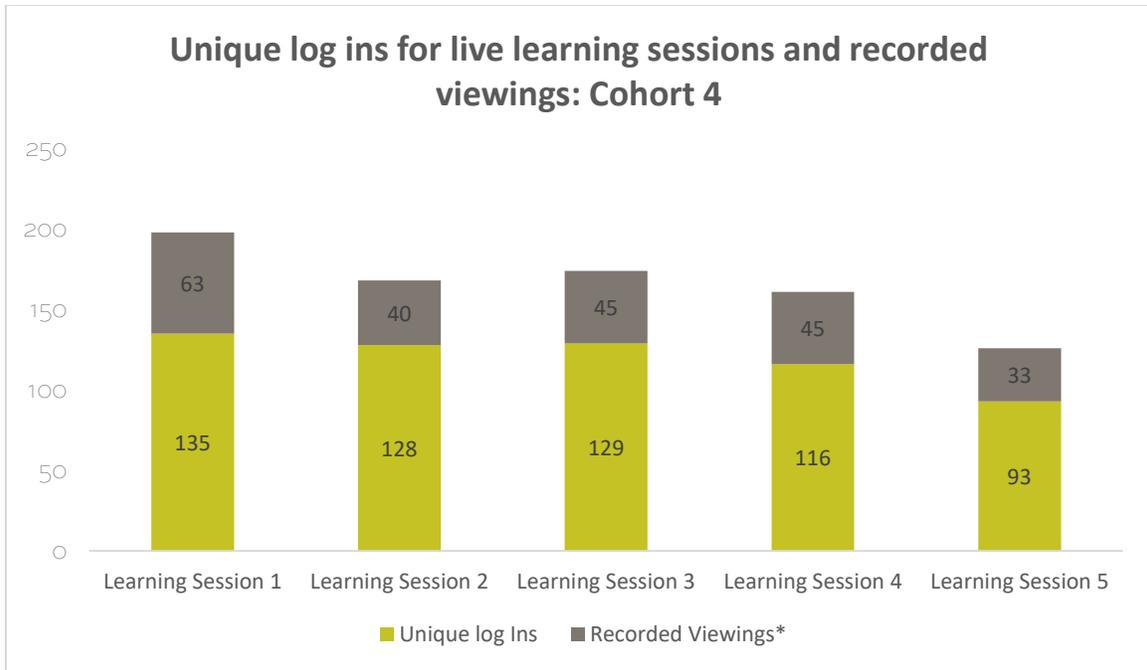
For cohort 3, participants were surveyed at the end of every learning session and coaching session, and for cohort 4, participants were surveyed at the end of every module. The survey for each module included questions about the learning session, coaching session and action period homework. This change was made to help reduce survey fatigue for participants.

Learning Sessions

The five interactive learning sessions taught new skills and techniques for participants to practice and hardwire into their everyday work.



**This number represents the number of times the recording of each learning session was viewed from March 1 – June 30, 2019.*



**This number represents the number of times the recording of each learning session was viewed from October 2020 – February 2021.*

Teams had the option of logging in individually or as a team; a password-protected recording was available for those unable to attend. Given that teams could log in to the learning sessions together, the data indicates the number of unique log ins, not exact number of participants.

Historically, the first session of the series always attracts the largest number of unique log ins and recorded viewings. It is typical for a few teams to withdraw from the Action Series after the first learning session due to capacity restraints, which accounts for the slight drop in attendance from learning session 1 to learning session 2. Overall, the total number of unique log ins and recorded viewings stayed consistent with a slight drop in the last session. Participants’ availabilities vary so the option to join the learning session live or watch a recording helps keep participation rates from dropping over the course of the series.

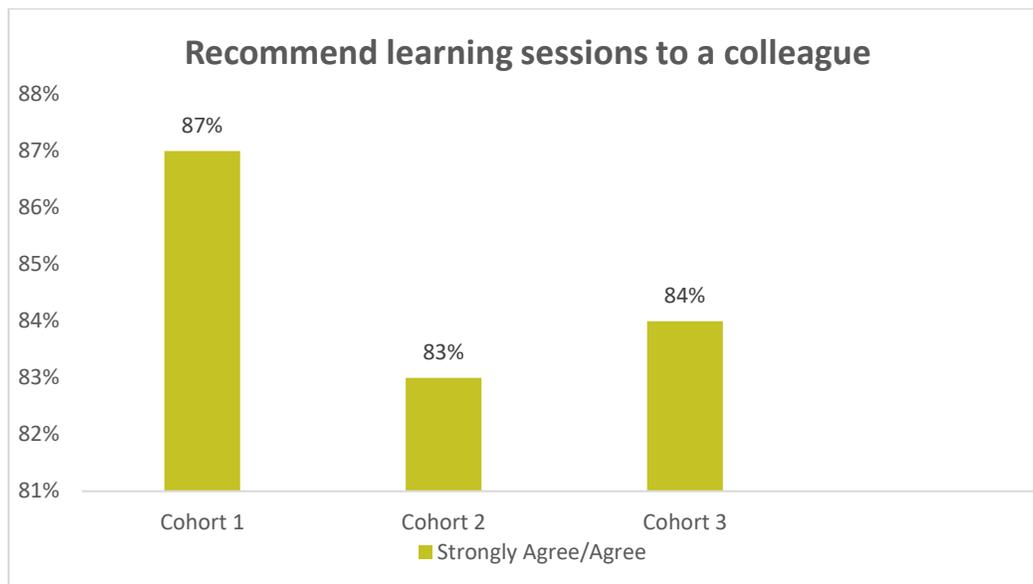
Participant Feedback

For cohort 3, over the course of all five learning sessions, 225 surveys were submitted and indicated positive results overall. And for cohort 4, over the course of all five modules, 234 surveys were submitted and also indicated positive results overall.

On average, and for all five of the cohort 3 learning sessions, 90% of the participants agreed that the content was appropriate for their needs and for Cohort 4, 91% of the participants agreed the content was appropriate for their needs.

“I like the fact it puts into words what I know to be true and important for a healthy team culture. It is a great way to acknowledge trust issues we have and that it’s important to tackle them in order to have a positive work environment.” (Cohort 4 participant)

As well, over the first three cohorts of the Action Series, an average of 85% of participants strongly agreed or agreed in recommending the learning sessions to a colleague.



In the fourth cohort, participants were surveyed after each module; 85% of participants strongly agreed or agreed in recommending the modules to a colleague.

Open-ended survey questions were also asked after each session in cohort 3 and 4 to solicit feedback on what ideas resonated most with participants, what they liked best and what could have made the session better. Participants highlighted the value of:

- Highly participatory sessions with different engagement activities, especially sharing ideas on a whiteboard and in virtual breakout rooms for interactive conversations and debriefs.
- Tools and strategies that can immediately be applied at work, as well as the opportunity to listen to real-life scenarios and work through case studies to self-reflect, practice tools and develop new skills through role playing.
- Periodic check-ins to confirm that the amount and pace of information is working for the whole group.

Key Learnings

Survey feedback from participants indicated opportunities for improvement in the following areas:

- Space out sessions to ensure that participants have enough time to apply what is being learned.
- Build upon previous concepts to support participants to integrate new information.
- Allocate more time for fewer topics to have a greater impact on learning and more time for interactivity.
- Provide reading material at least a week in advance for participants to prepare.
- Summarize key takeaways after each session for participants to refer to.
- Provide examples of how teams do their action period work.

Triangulation is a big thing with me...I'm the type of person that people really open up to and before you know it...I've been caught in their camp. Through hard lessons, I'm learning to have coaching conversations instead of being part of a camp!" (Cohort 3 participant)

Coaching Sessions

Coaching sessions provided participants with the opportunity to share challenges and questions with other teams. Often these issues were common amongst the teams and surfaced during the action period work. An organizational development consultant joined the Action Series facilitators for each coaching session to offer learnings, tools and resources to address the barriers teams faced.

Coaching sessions were not mandatory but highly promoted by the facilitators after every learning session. In addition, reminder emails were sent out prior to each session. Teams submitted their questions in advance of the sessions and gained practical tools and resources to support their day-to-day work and challenges they faced.

Based on previous cohort 1 and 2 recommendations, two coaching sessions were planned to be offered at three- and six-months for cohort 3. Due to the unusual circumstances of the COVID-19 pandemic, a coaching session was offered 12 months after the Action Series finished instead. This offered participants the chance to reconnect with the group and receive expert coaching in discussing any ongoing or new teamwork and communication challenges. Participants from cohort 4 were surveyed and it was determined they did not have capacity to participate in a post-series coaching session.

"Sense-making² - I have heard about this concept before but with what has been happening at my work environment recently, I realized that I have been doing this quite a bit lately. I realized that I need to ask more questions and be curious to get accurate information and rely less on my own 'gap filling'." (Cohort 3 participant)

Cohort 3

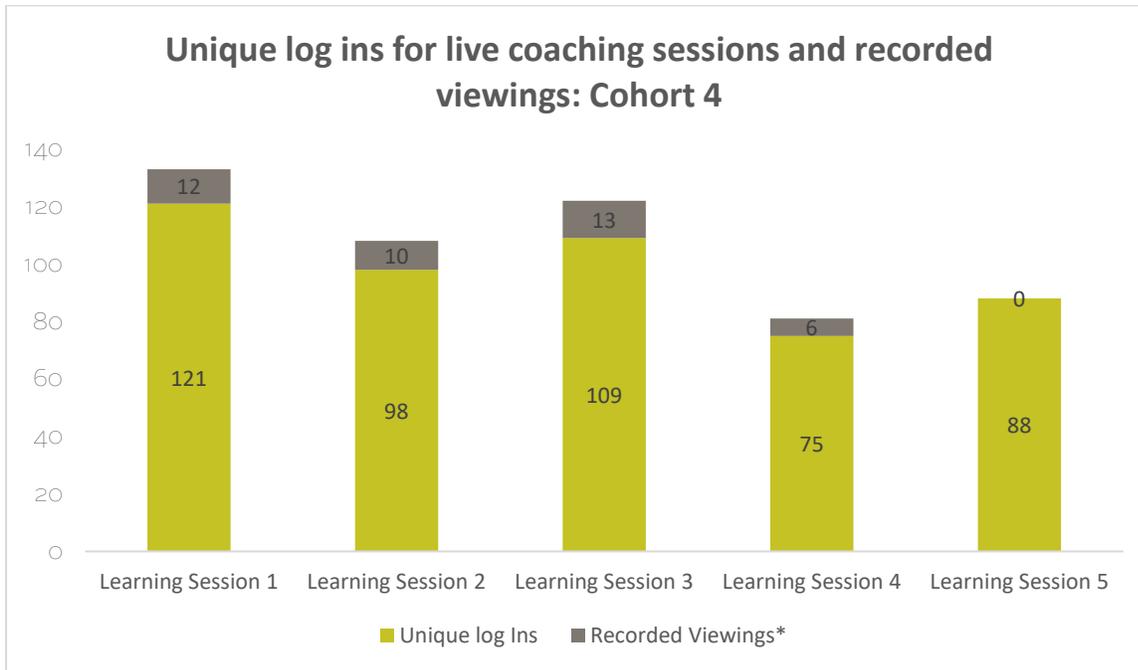
Participants found the coaching sessions very useful and the reinforcements by the facilitators resulted in a significant increase in survey results compared to cohort 2:

- 92% of participants would recommend this session to a colleague (increase from 74% from cohort 2).
- 98% of participants said the content was appropriate for their needs (increase from 82% from cohort 2).

² Sense-making is defined as: the process of individuals collectively creating reality in their everyday life in organizations; it is an ongoing process that involves assigning meaning to experiences and creating order out of events by making sense of them. [8]

Cohort 4

Although optional, attendance rates for coaching sessions for cohort 4 was very comparable to the learning sessions:



Participants identified several common themes during the coaching sessions of both cohorts:

- Use tools written in consistent language to gain courage and confidence to approach difficult conversations.
- Shift mindsets from judgement to curiosity whenever there is a problem.
- It is normal to feel vulnerable when you are learning because you are admitting that you do not know something and are open to changing.

Participant Feedback

Participants provided similar recommendations on how to improve the coaching sessions in both cohort 3 and 4:

- Unpack certain topics more, such as mitigated speech and the experience cube.
- Provide more “real-life” examples and scripted answers to guide practice.
- Build in time to answer evaluation questions at the end of a session; make the questions as specific as possible to the session and use the feedback to inform the next session.
- Include visuals such as flow charts as reminders of what was previously learned and use them to walk through and discuss an example.

Key Learnings

Survey feedback from participants indicated strengths and opportunities for improvement in the following areas for both cohort 3 and 4:

- These sessions provided the opportunity to apply concepts and see how they can be incorporated into daily work.



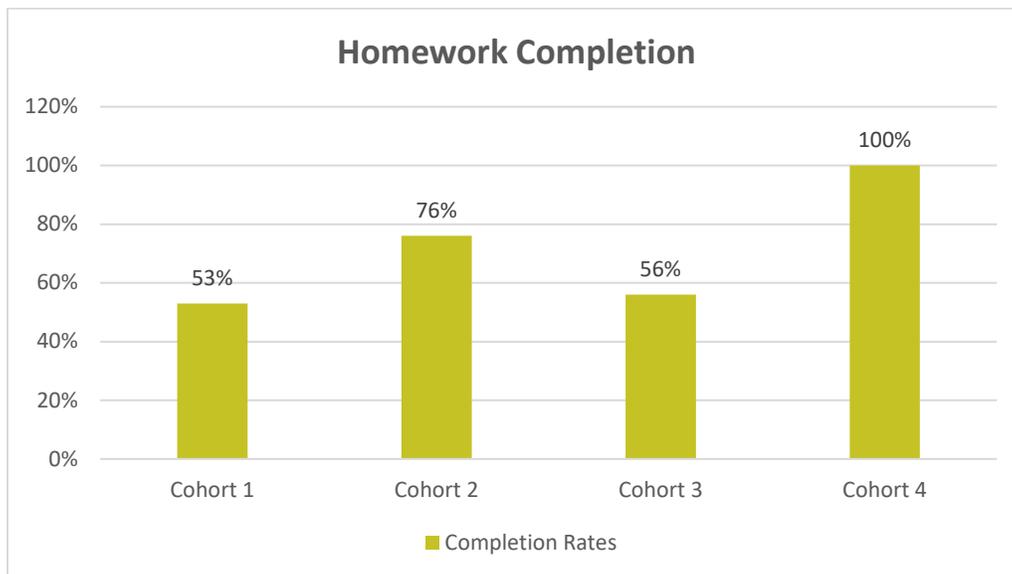
- Dedicated time for personal reflection at the end of sessions to formulate questions and synthesize understanding is important.
- Remove jargon or explain it as much as possible through everyday examples makes new concepts more tangible.
- Continue to offer coaching sessions as a distinct opportunity for teams to enhance their learning.

"I really liked the idea that everyone on a team has the potential to be a leader and show initiative. Our team has incorporated the 15s30m³ activity in our huddles and I really think it increases trust and will help make small improvements in our environment." (Cohort 3 participant)

"...focusing on the impact rather than the intent and that everyone is coming from a place of doing their best, changes the mindset positively." (Cohort 3 participant)

Action Period Work

Action period work is the crux of the Action Series, building on the concepts – such as a teamwork agreement and structured communication tools – from the learning sessions and incorporating them into everyday practice. Action period guides were emailed to teams after each learning session and teams had mandatory homework activities to complete together as well as independently to reflect and enhance their learnings. The guides also included two to three optional activities and provided teams with tools and templates, detailed instructions on how to complete the activities as well as relevant resources and materials.



³ 15 seconds 30 minutes (15s30m) is an activity that helps people identify how they could spend 15 seconds on a task now which could save someone else 30 minutes or more later. [9]

“We agreed not to mitigate our speech, so the participation in the action periods was authentic and allowed space for everyone to share their feedback.” (Cohort 3 participant)

Finding time as a team to complete action period work for cohort 2 was the same barrier faced by cohort 3 participants. When teams did manage to come together, they found they had too much to discuss in the short time they had set aside. To address this, teams tried to:

- Schedule regular team huddles.
- Block off additional “Action Series” time to meet outside of the sessions.
- Connect virtually using a video feature.
- Dedicate a clear lead contact to submit homework and incorporate accountability measures.

Teams wished they had started the above actions from day one of the Action Series. Based on this learning, in the fourth cohort participants were offered an orientation session where tips and tricks for successfully completing homework were introduced. They also received a welcome package that included a calendar with a checklist to help stay on track and facilitators provided reminders of what homework is due when. Although homework completion rates were 100%, teams continued to struggle with finding the time to connect to complete the homework due to capacity constraints.

For cohort 5, facilitators will continue to emphasize tips on successful homework completion during the orientation session. In the upcoming series, a Learning Management System will be used to improve the program’s delivery and participants will have more time during the learning sessions to walk through the action period homework.

Key Learnings – Cohort 3

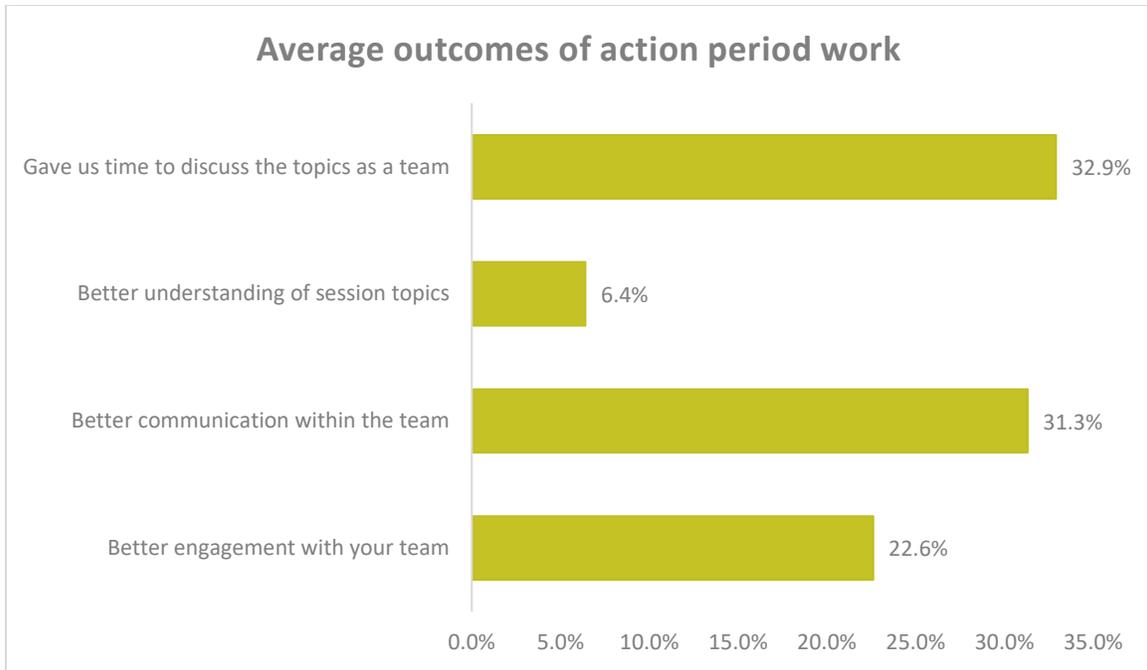
Survey feedback from participants indicated opportunities for improvement in the following areas:

- Develop more detailed evaluation questions to better understand what action period activities work best.
- Provide more time to complete the action period work.
- Create more detailed explanations of the action period homework assignments with an easy format to submit.

Key Learnings – Cohort 4

Survey feedback about the action period homework was collected from participants after each module. On average for all five modules, 72% of participants said the action period homework was very valuable or valuable for their learning and 90% of participants agreed the homework was appropriate for their needs.

Participants were also asked about outcomes of their action period homework.



“A bit more structure and guidance around how to facilitate this discussion. Because the expectation was that it would just happen and everyone would come together but in reality someone has to facilitate these sessions internally.” (Cohort 4 participant)

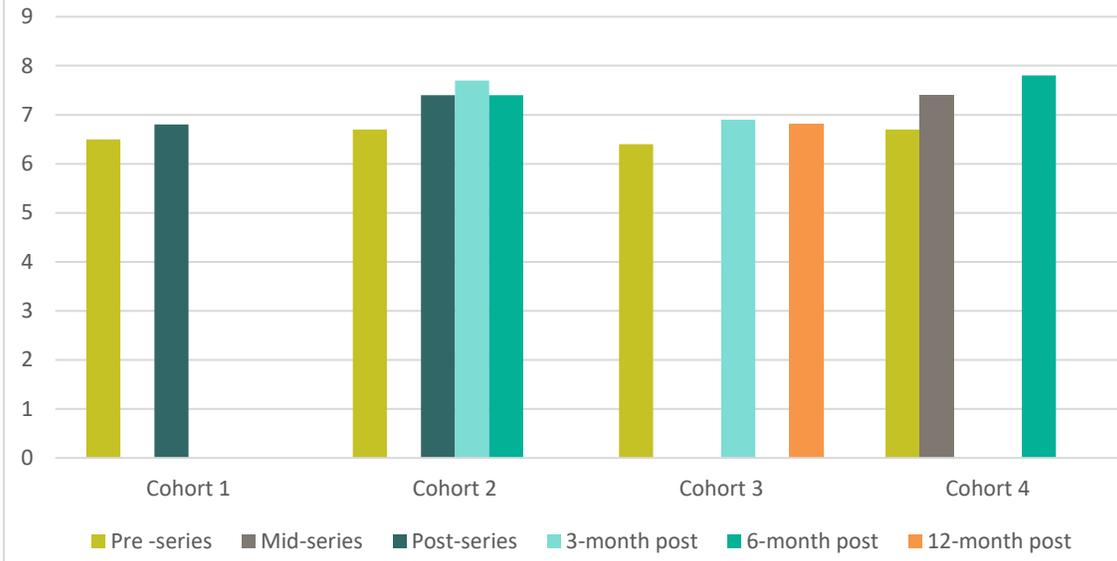
“We needed to set aside more time to work on it. We were not great at collaboratively working over Zoom, so practice will hopefully improve this. Many on the team were away for the meeting, so picking dates that work for more people would be great.” (Cohort 4 participant)

Overall Impact

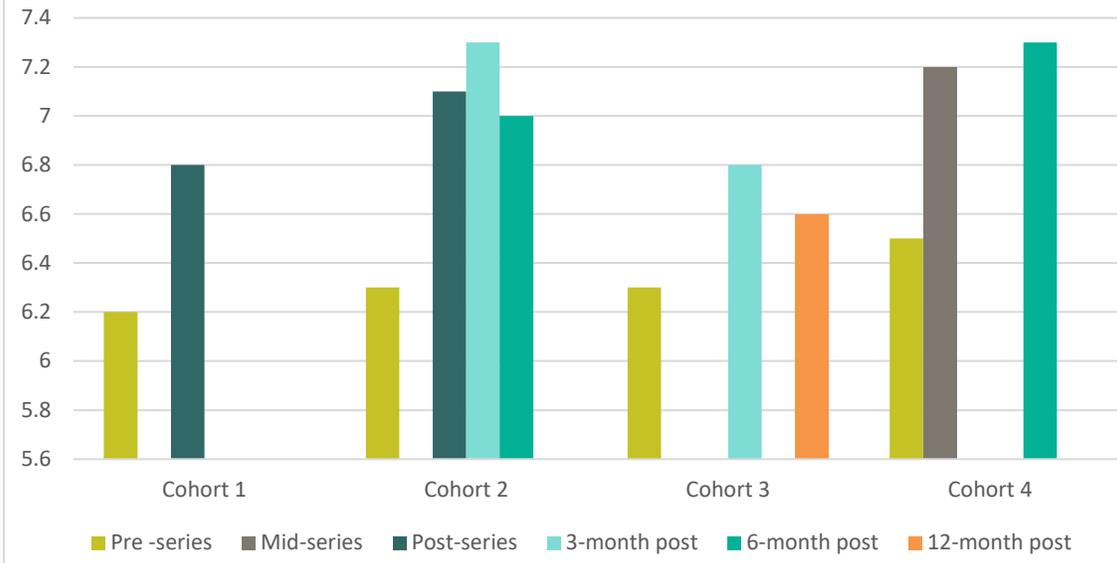
This section of the evaluation report contains data that was obtained from evaluation surveys completed before the Action Series began and at various intervals depending on the cohort.

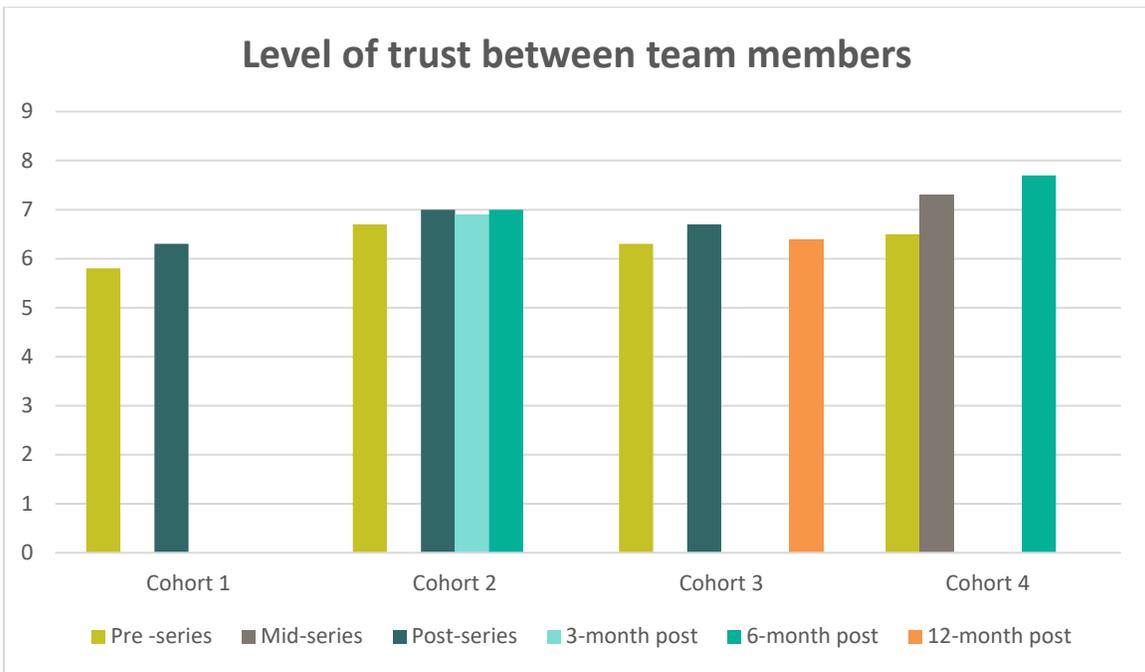
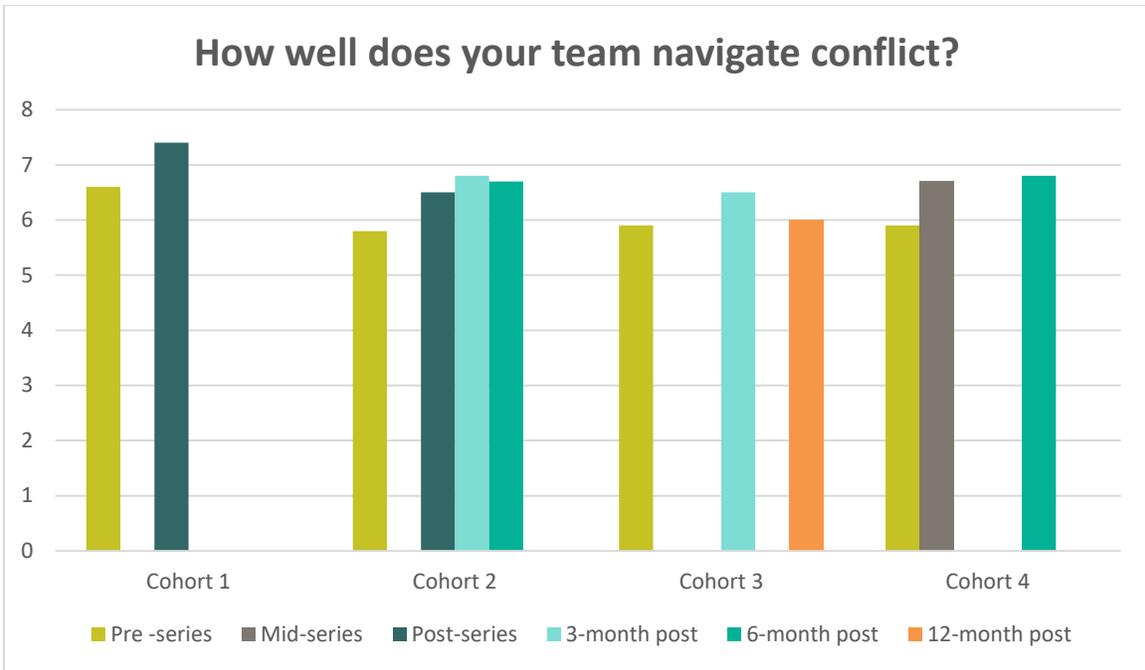
Participants were asked to rate their team for each question on a scale from 1 to 10, with 1 being “Not well at all” and 10 being “Extremely well.”

How well does your team work together?



How well does your team communicate?





Overall, the results from cohort 3 tell us that there are improvements from the beginning to the end of the series but the data also shows those improvements were not sustained at the one-year mark. This may be because teams were facing a pandemic as well as turnover with team members. Cohort 4 shows sustainment of improvements at the six-month mark.

There was an opportunity for participants in the fourth cohort to incorporate learnings and resources that assist teams with start up and sustainability. An orientation session and final wrap-up session at the beginning and end of the series respectively, were incorporated.

The orientation session focused on an introduction to the series with basic Zoom training. 71% of participants strongly agreed or agreed that the orientation session was a helpful introduction to the Action Series and 78% of participants strongly agreed or agreed that the session provided a basic understanding of the Zoom platform.

The wrap-up session focused on joy at work and sustainability. 71% of the participants agreed or strongly agreed this session was helpful to end the series. Actions such as implementing time into teams' schedules to continue the work were suggested. Teams were reminded how important it is to revisit their Teamwork Agreement, which is available for teams on [BCPSQC.ca](https://www.bcpsqc.ca).

What Participants Said

It can be challenging to make the time to build culture and improve teamwork and communication in busy health care environments. However, two major themes from participants' qualitative feedback emerged: the Action Series created a space to get to know each other and that they had the time to practice new tools. Action periods were highlighted as safe places for teams to work through certain subjects and grow together through shared learning. Participants also found that having to submit assignments kept them accountable and although coaching sessions were optional, they felt they were a key part of the learning process.

"Empathy is a powerful tool in conflict resolution but our brain is not ready to be there when we feel threatened, therefore it is important to create a time to explore the conflict using these tools so that we can have empathy in our resolution process." (Cohort 3 participant)

"Understanding how patterns of behaviours can lead to conflict by not addressing [them] and the need to be uncomfortable and that it's completely expected to be uncomfortable." (Cohort 3 participant)

In cohort 3, participants were asked what idea resonated most with them 12 months after the Action Series:

- *"The complexity of people and how that impacts relationships and trust."*
- *"The concept of distributed leadership and that everyone has a role to play."*
- *"How difficult it is to be vulnerable with your team."*
- *"The idea of psychological safety - I hadn't thought about that as being important but I realize that when I don't feel safe with my leaders, I cannot be myself, which is exhausting."*



Six months after the fourth cohort, participants stated:

- *“I loved taking this course. It opened my eyes to see how others perceive problems and situations differently than I would have seen them! Thank you!”*
- *“This was an amazing opportunity for our team to build on the strengths that were already present to some degree and improve on them.”*

In both cohorts, participants identified four valuable results of the Action Series. The most common themes were:

1. Establish a common language as a team to address conflict.

“Having the opportunity to hear about others’ conflict and communications styles [and] to get to know one another more so that we can approach each other with more understanding and empathy.”

(Cohort 3 participant)

2. Learn the importance of self-reflection to change behaviour.

“To be reflective about my own actions and how they may be interpreted by others. Not to take it personal if my actions are misinterpreted. To remain curious in times of conflict.”

(Cohort 3 participant)

3. Change how we work together in person and virtually.

“Learning about the huddles to improve our sense of team even when we are all working remotely.”

(Cohort 3 participant)

4. Learn new skills together.

“We worked together as a team on the same project rather than separate items, got to see each other more as people.”

(Cohort 3 participant)

Both Action Series resulted in common changes at a team level, which team members attributed directly to their participation in the series:

- A dedicated space to share stories and have honest yet kind conversations.
- Renewed energy and momentum to working on team dynamics.
- Stronger, more collaborative response to COVID-19.
- Positive change in communication patterns with people in the organization who did not attend the Action Series.

Overall Key Learnings for Cohort 3

- Include a welcome package and orientation session to start the Action Series off and help teams stay on track and work virtually.
- Summarize each learning session and share it immediately afterwards as a reference for action periods and coaching sessions.
- During coaching sessions, implement breakout room discussions using Liberating Structures,⁴ to allow participants practice time to translate theory into real-life application.

⁴ Liberating Structures are series of participatory and inclusive facilitation techniques. [10]



- Incorporate a final wrap-up session with sustainability resources to support teams to maintain improvements.
- Offer coaching sessions to teams after the series to support ongoing improvement work.
- Improve the evaluation design to better capture the impact of the optional coaching sessions and action period work.

Learnings from COVID-19 – Cohort 3

As a result of the COVID-19 pandemic, there was an increase in teams working remotely and interacting virtually. The 12-month survey highlighted how the Action Series enhanced the ability of some teams to work through a public health crisis.

“As a result of the global pandemic, our teamwork shifted from in-person meetings to working from home. By using video conferencing applications such as Zoom and Skype, our team was able to effectively communicate and manage the work we needed to do as a team to prepare the health care facilities we support across British Columbia for potential surges in COVID-19 patients. This Action Series helped us achieve this objective.” (Cohort 3 participant)

Considering the impact of the pandemic on staff, future offerings of the Action Series will continue to consider the implications of “Zoom fatigue” when designing sessions, coaching and action periods to reduce virtually induced burnout and exhaustion. Different solutions to try and mitigate the impact of this in the upcoming Action Series include pre-recorded didactic content, turning cameras on and off at specific points and sharing tips for effectively using online platforms.

Overall Key Learnings for Cohort 4

- Integrate more cultural safety and humility experiences and examples.
- Integrate more diversity, equity and inclusion experiences and examples.
- Implement a Learning Management System to improve registration process and course content management.
- Divide course material between asynchronous training (self-scheduled pre-session work) and synchronous training (scheduled interactive learning).

In summary, improved teamwork and communication is well recognized as the gold standard in workplace culture. [6-7] We will continue to implement feedback to offer an enhanced version of the Action Series each year.

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APPENDICES

Appendix A: List of Participating Organizations – Cohort 3

Organization	Unit	Area of Care
Bayshore Home Care Solutions	Pediatrics/Specialty Nursing Services	Home & Community Care
BC Patient Safety & Quality Council	Patient & Public Engagement Team	Professional & Practice Support
Division of Family Practice	Thompson Region	Primary Care
Doctors of BC	Physician Quality Improvement	Corporate Services
Balfour Medical	Community Rheumatologist	Primary Care
Fraser Health	Laboratory	Diagnostic & Pharmacy Services
Fraser Health	Innovation, Planning & Transformation	Home & Community Care
Fraser Health	Operating Room	Acute Care
Infinity Medical	Medical Services	Home & Community Care
Interior Health	Communications & Culture	Corporate Services
Interior Health	Home Support	Home & Community Care
Interior Health	Laboratory	Diagnostic & Pharmacy Services
Island Health	Learning and Performance Supports	Corporate Services
Island Health	Public Health Nursing	Public Health

Island Health	Physician Quality Improvement	Corporate Services
Providence Health Care	Lower Mainland Biomedical Engineering	Acute Care
Ministry of Health	Professional Regulation & Oversight Branch	Professional & Practice Support
Northern Health	Practice Support Program	Primary Care
Provincial Health Services Authority	Infection Prevention & Control	Home & Community Care
Provincial Health Services Authority	Infection Prevention & Control	Acute Care
Provincial Health Services Authority	Ambulatory Care Services	Corporate Services
Vancouver Coastal Health	VGH Leukemia/Bone Marrow Transplant Program	Acute Care
Vancouver Coastal Health	VGH Urology, Gynecology & Plastic Surgery	Acute Care
Vancouver Coastal Health	VGH Laboratory	Diagnostic & Pharmacy Services
Vantage Living Inc.	Brandt's Creek Mews, Monashee Mews, Mount Ida Mews	Long-Term Care

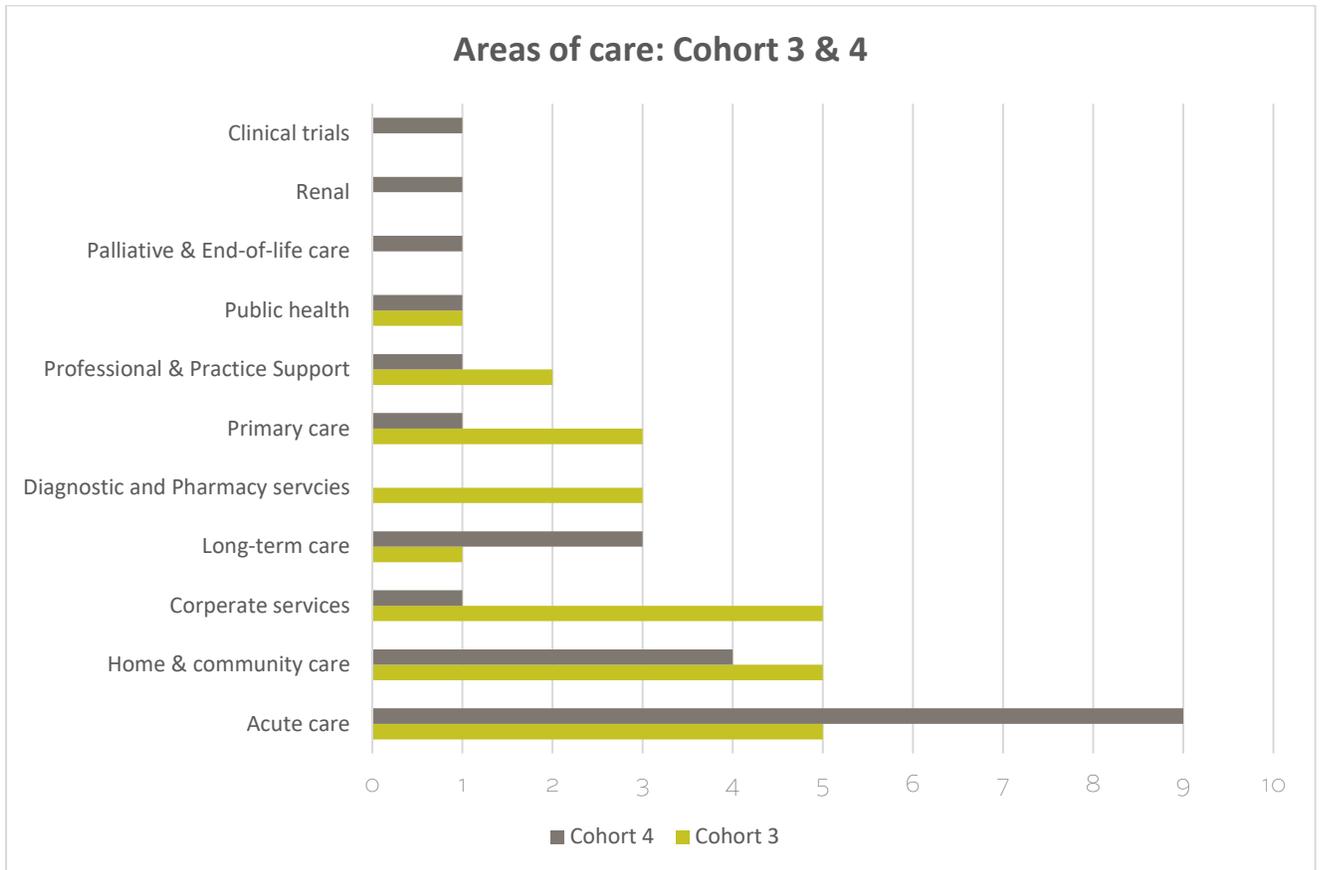
Appendix B: List of Participating Organizations – Cohort 4

Organization	Unit	Area of Care
BC Cancer	Clinical Trials Department	Clinical Trials
BC Children's Hospital	Pediatric Intensive Care Unit	Acute care
Divisions of Family Practice	Surrey-North Delta	Primary Care
Glacier View Lodge (team 1)	Nursing	Long-Term Care
Glacier View Lodge (team 2)	Nursing	Long-Term Care
Interior Health	High Acuity Response Team (HART)	Acute Care
Interior Health	Home Health Nursing	Home & Community Care
Interior Health	OR/MDR	Acute Care
Interior Health	Palliative Care Services	Palliative & End- of-Life Care
Interior Health	Royal Inland Hospital Kidney Clinic	Acute Care
Interior Health	South Similkameen Diagnostic and Treatment Centre	Acute Care
Interior Health	Thompson Cariboo Shuswap Renal Program	Renal
Ministry of Health	HSIAR Division	Corporate
Northern Health	Dunrovin Park Lodge	Long-Term Care
Northern Health	Practice Support Program	Professional & Practice Support
Northern Health	Physician Quality Improvement	Acute Care

Northern Health	West Cluster Leadership	Acute Care, Long Term Care, Diagnostics, Rehab, Support Services and Community Managers
OSNS Child & Youth Development Centre	Clinical Administration	Home & Community Care
Vancouver Coastal Health	Richmond Home & Community Care	Home & Community Care
Vancouver Coastal Health	North Shore Chronic Disease Services / Diabetes	Public Health
Vancouver Coastal Health	Vancouver General Hospital- Emergency Department	Acute Care
Vancouver Coastal Health	Richmond Hospital OR	Acute Care
Yukon	Health & Social Services, Continuing Care & Community	Home & Community Care

Appendix C: Area of Care

Participating teams from Cohort 3 and 4 came from different backgrounds. The breakdown of teams below is similar to previous cohorts of the Action Series.



Appendix D: Reasons for Participating

Upon joining the Action Series, teams were asked to identify why they wanted to participate. There was a variety of responses with “better communication with the team” being the most common reason for cohort 3 and “increased skills on how to be an effective team member” being the most common reason for cohort 4.

Response	Cohort 3	Cohort 4
Better teamwork	73%	38%
Better communication within the team	86%	47%
Reduced conflict within the team	55%	25%
Better outcomes for patients	45%	31%
Happier team	65%	27%
More engaged team	63%	32%
Increased skills on how to be an effective team member	67%	52%
Other	3%	3%



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