PATIENT CARE QUALITY IMPROVEMENT

2013/2014 REPORT
Improvement through every concern

Published 2015
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Accessible
Timely
Consistent
Clear
Transparent
Introduction

THE PATIENT CARE QUALITY PROGRAM

The Patient Care Quality program administers a responsive provincial complaints management process that is clear, consistent, timely, transparent, and accessible, provided in each of BC’s health authorities through the Patient Care Quality Offices (PCQOs) and the Patient Care Quality Review Boards (Review Boards).

As an interface between patients, clients, residents, their families, and the complex health care system, the Patient Care Quality program draws on the experiences of individual patients to improve the way care is delivered locally, regionally and provincially.

On the front lines, health care workers are engaged in improving the quality of care in response to PCQO and Review Board findings and recommendations. The Ministry of Health monitors quality improvements underway in each health authority.

This report highlights some of the important improvement work going on across B.C. for the 2013/14 fiscal year, to capture a snapshot of the Patient Care Quality program’s impact from a health system perspective. It complements the Review Board 2013/14 Annual Report with a focus on quality improvements generated by PCQO and Review Board engagement. Presented here is a fraction of the ongoing work to improve the quality of health care and the experience of patients in B.C.

Executive Summary

IMPROVEMENT INSPIRED BY PATIENTS

This year we saw an extraordinary rate of quality improvements implemented at the health authority level – 2.5 times the number implemented last year, with a strong (89%) acceptance rate for recommendations. This speaks to the outstanding commitment of program partners to enhancing the experience of patients, clients, residents, and their families as they navigate our health care system.

Many improvements centred on new communication practices and materials, reflecting the theme of communication identified in the Review Board Annual Report. This is reflective of the growing, system-wide movement toward patient-centred care. How can we best engage patients and their families in their care? How can we promote meaningful conversations, build strong and trusting relationships, and fully support each individual on their health care journey? These are the kinds of questions being answered across the system, and they are reflected here in the connection between patient experience and quality care.

Improvements to education and awareness were highlighted in 2013/14, with a strong emphasis on ensuring health care providers have the information and tools they need to meet the needs of our diverse population. Improvements ranged from support for difficult conversations to technical training for new equipment, and they reflect the theme of staff training highlighted in the Review Board Annual Report.

From a system perspective, the impact of recommendations and improvements is broadening, with less concentration in the “getting better” area of care and greater representation in the “living with illness and disability” and “coping with end of life” areas. This speaks to the growing engagement of the public with the program along the entire continuum of care.
83 Patient Care Quality Review Board Recommendations

89% Recommendations Accepted by Health Authorities

75 Quality Improvements Completed

92% Quality Improvements Implemented

7 Patient Care Quality Review Board Cases
THE TOP FIVE COMPLAINT SUBJECTS

Patient concerns are an important part of broader quality improvement and they highlight a crucial piece of the patient experience puzzle: which aspects of care resonate strongly with patients and their families, and how these can be improved. As a result, each quality improvement made that addresses a patient’s concern supports patient-centered care.

PCQOs and Review Boards collect data on the types of concerns patients bring forward. A concentration of complaints might indicate a gap between public expectation and system capacity, an opportunity for system level quality improvement, or that a certain issue is more meaningful to how patients and their families experience health care.

For more information about complaints metrics, see the Review Board’s Annual Report at www.patientcarequalityreviewboard.ca.

The chart below summarizes the top five subjects of patient care quality complaints in fiscal 2013/14. The top five categories account for approximately 82% of the total number of complaints received by PCQO’s. The next page highlights some of the work happening in each region that corresponds with these categories. Of all concerns raised with the PCQOs, less than 2% escalate to the Review Boards for review. The vast majority of concerns are resolved, and improvements made, at the health authority level.

Top 5 Patient Care Quality Complaints

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>Care (i.e. Acute, Ambulatory, Home and Community)</td>
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<tr>
<td>Attitude and Conduct</td>
<td>1262</td>
</tr>
<tr>
<td>Accessibility</td>
<td>1065</td>
</tr>
<tr>
<td>Communication</td>
<td>742</td>
</tr>
<tr>
<td>Discharge Arrangements</td>
<td>354</td>
</tr>
</tbody>
</table>

“Quality patient care is the core of our health care system. Patients are at the centre of the treatment process and they observe the whole process of care. The Patient Care Quality Program focuses on the patient’s experience to both resolve care quality concerns and to drive quality improvement and innovation in our health care system” Dr. John (Jack) H. Chritchley, Chair, Fraser/Vancouver Coastal/Provincial Health Services Patient Care Quality Review Boards.
**Improvements Resulting From Complaints to PCQO’s**

1. **Care**
   - “An IHA facility will be providing ‘Pre-Registration’ for patients presenting to the ED so that their name will be registered upon arrival, which will eliminate having people waiting who are unknown/not registered.”
   - “FHA will ensure that cardiac services staff training is tracked and documented with expectations that all staff will have the required training before using new equipment.”

2. **Attitude/Conduct**
   - “PHSA created 3 learning modules for the point of care teams that include building capacity at the point of care, having difficult conversations meaningfully, and building skill sets that strengthens the relationships with patients and families.”
   - “VCHA shared additional training through the Nursing Practice Education across the organization for staff to provide best practices for supportive bereavement and end of life care when dealing with families in crisis.”

3. **Accessibility**
   - “At an IHA facility, emergency department patients with diabetes now have access to nutritious meals after hours. Previously, there was only food with high sugar content available in the ED and only “admitted” patients could get a food tray from Nutrition Services.”
   - “NHA responded to long wait times on the phone to book diagnostic imaging appointments by adding an additional staff person to answer the phone and creating a toll-free-number.”

4. **Communication**
   - “Island Health Patients Access and Care Transitions Committee’s mandate is to enhance communication and coordination across program/service areas related to patient flow and transitions of care; the Committee is taking leadership on the development and implementation of a new protocol.”
   - “PHSA’s PCQO is working closely with care teams to build their capacity to manage issues at the point of care and are exploring the development of online learning modules for further reach and greater support for care conflict resolution.”

5. **Discharge Arrangements**
   - “VCHA is reviewing discharge Instructions with a view to improving the planning process for high risk patients, with emphasis on communication with patients and their family and identifying and ensuring the availability of necessary home and community supports.”
   - “FHA has standardized written discharge instructions that provide advice on what to look for when children are discharged from the ED and when to bring the child back. These have been implemented electronically at all sites.”
On The Ground

CARE QUALITY IMPROVEMENT TYPES

Care quality improvement comes in many shapes and sizes, from case specific resolution for a distressed patient to system wide changes in approaches to services related to care. Each is an important piece of quality improvement, and is a result of patients and families sharing their experiences; PCQO staff providing them with a space to be heard and have their concerns addressed; and the commitment of frontline care providers to making a difference in the way people experience care.

The graph below groups care quality improvements into broad types to show what kinds of actions have been taken by health authorities in response to review board recommendations in FY 2013/14.

PATIENT CARE QUALITY IMPROVEMENT TYPES

- New Communication Practice or Materials: 25%
- Education and Awareness: 25%
- Case Specific: 24%
- New Regional Policy or Process: 17%
- New Local Policy or Process: 6%
- Improved Patient Care Quality Office Process: 3%

The next page contains case examples to illustrate these care quality improvement types. Pseudonyms have been used and the names of facilities have been removed to protect patient and care provider privacy.
NEW POLICY

During a visit to the hospital for spinal fractures related to her osteoperosis, Mary was given a 350 mg oral dose of Seroquel XR (an anti-psychotic) in error by a registered nurse. The error was discovered and the Hospitalist and head nurse were informed.

As a result, the Health Authority evaluated its Incident Management Policy to improve the way it responds to and reviews medication events. Any event that results in moderate harm to a patient is tracked for recommendations to improve the quality and safety of care.

NEW COMMUNICATIONS PRACTICE OR MATERIALS

Mr. Jones was awaiting placement in a residential care facility, but his family felt it did not meet his needs. He was placed in the facility contrary to his daughter’s wishes.

As a result, an education series on communication called “You Make a Difference” was introduced to all staff members. The facility will now incorporate the family voice into their care planning model with open communication between families and staff.

EDUCATION AND AWARENESS

Bobby was admitted to hospital from a residential care facility, because of a decreased level of consciousness, hypothermia and an abnormally slow heart rate. He passed away four days later.

As a result, the Health Authority developed a region-wide, annual education program available to all staff in the identification, triaging, and treatment of strokes and transient ischemic attacks. Their goal is to ensure that all care staff have the skills necessary to identify strokes and transient ischemic attacks. To date, over 100 care aides and more than 50 nurses have completed the training.

IMPROVED PATIENT CARE QUALITY OFFICE PROCESS

Alaina contacted the PCQO when she read in the newspaper that the radiologist who interpreted her ultrasound was the subject of a radiology review and affected patients would be notified. Alaina had not been notified, but was hoping to have her ultrasound re-interpreted by a credentialed radiologist. The PCQO handled this as a request for information (RFI), rather than a care quality complaint, and referred it to another area, which may have resulted in a perceived lack of empathy.

As a result, the PCQO reviewed their intake procedures to ensure the correct categorization of contacts with patients and others (RFI, complaint or compliment), and to reinforce the awareness with other programs and services which may be contacted by patients of the importance of engaging the PCQO in the management of concerns.

NEW PROCESS

Candice felt that the PCQO response was insufficient when addressing her concerns that her daughter was recorded as her husband’s next of kin contact on a number of health records which contradicted the identity of a Representative duly appointed under the Representation Agreement.

The 48/6 Coordinating Committee is revising the Interprofessional Patient Care Plan Form and will consider including the addition of the existence of a Representation Agreement to the form.
Dimensions of Quality

BC HEALTH QUALITY MATRIX

The BC Health Quality Matrix on the next page is used to illustrate where Review Board recommendations and care quality improvements fall on the spectrums of care and quality.

The matrix shows the four areas of care and the five dimensions of quality. Each dot locates a recommendation on the matrix; some recommendations pertain to more than one area or dimension. Since many of the services provided by health authorities involve acute care (i.e., hospitals) there is a concentration of recommendation in the ‘getting better’ area of care. A few examples of recommendations to illustrate the categories are included.

For more information on the Matrix or the BC Patient Safety and Quality Council, visit: https://bcpsqc.ca
<table>
<thead>
<tr>
<th>AREAS OF CARE</th>
<th>Acceptability</th>
<th>Appropriateness</th>
<th>Accessibility</th>
<th>Safety</th>
<th>Effectiveness</th>
</tr>
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<tbody>
<tr>
<td>Staying Healthy</td>
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<tr>
<td>Getting Better</td>
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<tr>
<td>Living With Illness or Disability</td>
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<tr>
<td>Coping with End of Life</td>
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**Dimensions of Quality**

**Equity and Efficiency**

- Recommends that Island Health ensures involuntary patients are provided with a form 13 as soon as possible after admission, and that an explanation is documented within the patient’s medical record if the provision of this information is delayed.

The Mental Health and Substance Use practice resource team created an e-learning toolkit and breakdown of forms that are to be completed, and steps to follow for staff and physicians.

- Recommends that FHA conduct a review of what improvements can be made to ensure that elderly patients moving through multiple institutions receive appropriate care with specific focus on who the most responsible physician is and how this is communicated to the patient and family.

The most responsible physician (M.R.P.) will be identified on a white board in the patient’s room and when patients are transferred between FH sites. A Discharge Summary will be communicated and completed.
Recommends that FHA request that they be represented in the Ministry of Children and Family Development Inter-Ministerial Working Group, when reviewing diabetes care in schools.

Nursing Support Services will begin educating personnel within schools to enable delegation of glucagon administration in that setting.

Recommends that IHA review its wound care policies regarding the prevention and management of pressure sores for those patients assessed as a high risk.

At the time of the recommendation, work was underway in IHA to put in place a Project Leader to create decision support tools to support staff practice in the management of wound care.

Recommends that IHA ensure applicable health care facilities are complying with the Ministry of Health policy Assignment of Hospital Rooms to Support Patient Privacy, Dignity and Safety.

A review of all facility protocols has been completed to ensure compliance with the Policy Assignment of Hospital Rooms to Support Patient Privacy, Dignity and Safety. Facility protocols will be standardized and will be communicated to all those in leadership positions at facilities that are responsible for compliance with the policy.

Recommends that FHA to consider when appropriate, inviting a social worker or counsellor to family meetings to ensure family members are informed about the available bereavement services.

FHA has contacted its Professional Practice Integration (PPI) partner for direction with social work involvement. The goal would be for the Patient Care Quality Officer (PCQO) to be able to contact PPI and request a social worker to be present, as applicable to the unique situation. This partnership will also allow PCQO to identify families in possible need for bereavement services.
At The Ministry

UPDATES ON RECOMMENDATIONS TO THE MINISTER OF HEALTH

When the Review Board makes a recommendation to the Minister of Health, the Ministry responds to describe system level actions underway that address the opportunities highlighted by the Board’s review.

This section contains updates on the Ministry’s ongoing quality improvements in response to recommendations.

Recommendations to the Minister often call for systemic action with province-wide collaboration, which means responses can span several fiscal years and often include some post-improvement monitoring to evaluate the outcome of actions.

HOUSEKEEPING INSPECTIONS IN BC HOSPITALS

In August 2010, the Vancouver Coastal Patient Care Quality Review Board recommended that the Minister of Health have an appropriate body review and comment on the current methodology for conducting hospital inspections with regards to cleanliness.

The Board recommended that the review include both the internal and external inspection process to ensure that a satisfactory state of cleanliness is met at all times and that the requirements of the Vancouver Coastal Health Authority Infection Control Manual are always met. Further, they recommended that areas identified for improvement and time lines for that improvement should be clearly identified in the report and the process must be transparent.

The Ministry asked the Provincial Infection Control Network (PICNet) to conduct a review of health authority housekeeping policies and procedures from an infection prevention and control perspective. After reviewing PICNet’s final report, the Ministry tasked PICNet with developing provincial housekeeping best practice standards from an infection control perspective.

A best practice review was submitted to the Ministry by PICNet in 2013. The best practice review addresses each of the recommendations made in the initial review of current housekeeping practices and makes specific recommendations for a risk assessment matrix, education programs, roles and responsibilities, communication, and provincial audit strategies. A phased approach to implementation has been proposed, and the Ministry is working with health authorities to assess implementation requirements.
PATIENT FEES FOR NON-RESIDENTS OF CANADA

In November 2011, the Vancouver Island Patient Care Quality Review Board recommended that the Minister of Health have staff review the Non-Resident of Canada Agreements, visitor rates, Visitor Rate Sheets, and scripts used to describe these items to ensure that they are standardized across the health authorities and that Non-Resident of Canada Agreements and Visitor Rate Sheets are available in a number of different languages across the province.

The Ministry is taking steps to improve consistency and transparency in billing practices for NRC patients under the terms of the existing policy and annual review processes. The Ministry has raised this issue with health authority financial representatives to ensure that good practices are in place across BC.

Annually, the Ministry, together with health authority representatives, review and revise the rates charged to Non-residents of Canada for health care services provided by the province’s six health authorities. Health authorities are responsible for disseminating this information in their hospital and other facilities as appropriate. Health authorities also revise and update their public information to reflect any changes made through the annual rate review/setting process.

HOME OXYGEN PROGRAM

In April 2013, the Vancouver Island Patient Care Quality Review Board recommended that the Ministry of Health review the Home Oxygen Program to ensure Home and Community Care palliative patients are fully informed about subsidized home oxygen and its application process so they may apply for and receive all eligible subsidies in a timely manner. The Ministry reviewed information and resource materials for palliative home and community care clients through the Ministry and HealthLink BC websites.

The Ministry worked with health authorities to review the Home Oxygen Program. In order to improve information available to Home and Community Care patients, Home Oxygen Program managers created a memo for home health staff about oxygen therapy and palliative care in the home. They also made changes to webpages as required to improve information and readability.

Additionally, the Ministry added information about the Home Oxygen Program application process and coverage of oxygen under the program to the provincial patient and physician information sheets for BC Palliative Care Benefits Program to make it clear that although home oxygen is not covered under the BC Palliative Care Benefits Program, subsidized home oxygen is available through the Home Oxygen Program in each health authority.
Find Out More

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A copy of the Patient Care Quality Review Board Act may be obtained from www.patientcarequalityreviewboard.ca or by calling BC Laws toll free at 1 866 236-5544.