BOARD QUALITY PERFORMANCE COMMITTEE BRIEFING NOTE

Date: July 21, 2015

Agenda Item	Patient Care Quality Review Board (PCQRB): Fraser Health Response to Recommendations - 2015/2016: Q1 Update
Submitted By	Dr Elizabeth Brodkin, Vice President Patient Experience
Guests Participating	Karim Suleman, Managing Consultant, Patient Care Quality Office
Time Required	10 minutes
Expected Outcome	□ Decision X Discussion X Information

Purpose

Provide the Fraser Health Board Quality Performance Committee with recommendations and actions arising from complaints investigated by the Patient Care Quality Review Board (PCQRB) during 2015/16: Quarter 1.

Summary

The PCQRB reviewed 8 complaint files in Quarter 1, resulting in 17 recommendations to Fraser Health, of which 6 are fully implemented. The remaining 11 are partially implemented to date. Of the 17 recommendations, 9 are related to clinical operations, 6 to communication, and 2 to education for staff and physicians. There were a total of 5 recommendations to Home Health, 3 each to MICY and MHSU, and 2 each to the PATH, Emergency and Surgery programs.

Upon receipt of recommendations from the PCQRB, Fraser Health must:

- provide the Minister of Health and the PCQRB with a written response to the recommendations, which include action(s) taken or proposed to be taken, within thirty (30) business days of the PCQRB issuing its recommendations; and
- provide a written response to the complainant following receipt of the PCQRB's recommendations to outline the action(s) taken or proposed to be taken in response to the recommendations[1].

The PCQO works in collaboration with the appropriate operational lead(s) to ensure a complete and timely response to PCQRB recommendations, including final approval of response letters by the CEO and VP Patient Experience before signature by the Board Chair. The PCQO tracks status of implementation of recommendations which have been accepted for action by the operational area. The PCQO also provides semi-annual reports to the MoH on the status of recommendations not fully implemented at time of written response to the PCQRB and complainant. This is particularly important in view of the fact that some recommendations require additional time and resources to be fully implemented. The PCQRB recommendations with the Fraser Health response are listed in Appendix 1.

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1 http://fhpulse/quality_and_patient_safety/patient_care_quality_office/Documents/Complaints%20Management%20PCQO%20Policy%20-%20June%202014%20Final.pdf

Appendix 1
PCQRB Recommendations 2015/2016: Q1

During 2015/2016: Q1, 8 reviews resulted in 17 recommendations from the PCQRB, as follows:

A. Surgery – ARHCC (2 recommendations)

1. *That the Fraser Health Authority and the Local Department Head of Surgery meet with the patient in-person and explain why each surgery was necessary; how the communication arose after the second surgery and the findings that ultimately required her to undergo three surgical excisions; and to answer any further questions the patient may have.*

Fraser Health Response:
Accepted as written: The Managing Consultant for the Patient Care Quality Office will organize a meeting with you and your care providers to answer any outstanding questions you may have. This meeting will be scheduled within two months of the date on this letter.
Status: Partially Implemented (Accountability with Dr Michael Newton)

2. *That the Fraser Health Authority review with medical staff the legislated governance under which the PCQO is mandated to operate; and to review with medical staff its escalation protocol and the reasons why it had to be initiated in this case.*

Fraser Health Response:
Accepted as written: The Patient Care Quality Office (PCQO) will liaise with the new Vice President, Medicine and the new site Medical Coordinators to ensure medical staff are aware of the PCQO process to address care quality concerns.
Status: Partially Implemented (Accountability with Dr Roy Morton)

B. MICY – RCH (3 recommendations)

1. *That the Fraser Health Authority and the local Head of Obstetrical Care at Royal Columbian Hospital review and reassess the guidelines and protocol regarding "high-risk" pregnancies and deliveries. This review should include:*
    a. The possible use of a patient safety and learning module for staff;
    b. Improvements to charting and equipment for the recognition of "high-risk" pregnancy status identification;
    c. Identification of who is the most responsible physician from pre-admission to delivery; and,
    d. Improvements in handover between attending obstetricians to ensure that the "high-risk" documented information alerts are communicated through all stages of labour and that continuity of care is assured.

Fraser Health Response:

a. Accepted as written: The Department Head of Obstetrical Care at Royal Columbian Hospital (RCH), Dr Laurie Neapole, has reviewed the file. RCH is one of the few hospitals in the province that has the resources to provide care for both high risk mothers and babies. RCH is also a referral center for hospitals in Fraser Health and for British Columbia. The Perinatal Team at RCH is a 24/7, in-house team of Obstetrics, Neonatology, Anesthesia as well as rapid availability of ICU, Interventional Radiology and full specialist support, including Surgery, Neurosurgery, Intensive Care, Cardiology, Infectious Disease, Internal Medicine, Renal, Urology. RCH Perinatal program participates in the Managing Obstetrical Risk Effectively Obstetrics (*MORE Ob*) program (since 2012). This national program promotes patient safety and involves all care providers, including nurses, midwives, general practitioners (GP's) and obstetricians (OB's). Topics in *MORE Ob* include communication, lack of hierarchy and

rehearsing emergencies. Following this case, the team participated in "skills drills" with a focus on uterine rupture as part of the *MORE Ob* program. During monthly "Morbidity and Mortality" rounds, identified cases are presented for discussion and recommendations to improve the patient experience. This case was reviewed at the "M&M" rounds at RCH shortly after the event, and was also reviewed in a multidisciplinary patient safety review.

b. Accepted as written: There is continuing collaboration between Anesthesia and the Perinatal program to outfit an emergency cart for sudden patient emergencies. Educational rounds regarding emergency care for a sudden deterioration in maternal status, including "mock code ob" simulation drills have been conducted. In the case of sudden patient deterioration, there is immediate availability of anesthesia, the ICU team and other necessary resources. Early Recognition of the Deteriorating Obstetrical Patient Protocol was adopted by the RCH Perinatal program (including education of all nursing staff in spring of 2015). To date 90% of all nursing staff has attended. This protocol includes an Obstetrical track and trigger tool that monitors vital signs and indicators for all obstetrical patients, when their obstetrical status moves into a high risk category. High risk Antepartum workshops were held in January and February of 2015 where 90 RNS attended. Topics included: Assessment of High Risk Antepartum Conditions, Fetal Non-Stress Test Interpretation and Documentation. The "Baby Pause" is Fraser Health developed initiative whereby the healthcare providers discuss the fetal and maternal status in a structured format whenever a new provider comes into the patient room. The incoming nurse or midwife, general practitioner, or obstetrician discuss the fetal and maternal status, review the fetal monitor strip, and categorize the tracing. This review takes place in the room with the patient and family participating in the discussion to formulate a clear plan together.
c. Accepted as written: The MRP (Most Responsible Physician) is clearly identified for all patients. If there is an emergency, the in-house obstetrician on call will attend any patient immediately.
d. Accepted as written: The handover between obstetricians is always face-to-face. There is one "on call" pager for the obstetrician on call at RCH. The OB coming off call hands the pager to the OB coming on call and provides a detailed handover of ongoing patients. The on call OB then goes to the caseroom and reviews the patients with the charge nurse and nursing staff. This was discussed at RCH Department of Obstetrics meeting in May 2015, and at the RCH Perinatal Council, ensuring the use of Baby Pause and part of care giver handover.

Status: Fully Implemented

2. *That the Fraser Health Authority arrange for an outside expert consultant to review the Fraser Health Authority's recent implementation of the Baby Pause and Skills Drill protocol and evaluate the effectiveness of the process with emphasis on fetal monitoring and offer a copy of that report to the complainant when it is available.*

Fraser Health Response:

Accepted as written: The Executive Director of the Maternal Infant Child and Youth program has approached Perinatal Services BC to identify a clinical expert who can work with the program Quality lead to support the development of an evaluation process for the Baby Pause.

Status: Partially Implemented (Accountability with Dr Morton (VP) / Loraine Jenkins (ED MICY)

3. *That the Fraser Health Authority ensure that following the delivery of a baby who is placed in the NICU or is deceased, all efforts must be made to place the family in a private room to alleviate the emotional strain on the family while continuing medical and supportive care for the mother.*

Fraser Health Response:
Accepted as written: In the unfortunate circumstances when a baby is deceased, efforts will be made to ensure that the family is able to move to a private room. This process was approved by the RCH Perinatal Council, a committee of nursing, administration, physicians, midwives, social work, and auxiliary staff. Direction has been given to all Patient Care Coordinators and in-charge nurses to make the environment as comfortable as possible for the family in their difficult time.
Status: Fully Implemented

C. Home Health – Maple Ridge (3 recommendations)

1. *That the health authority review the intake and triage process for Home Health services to ensure that clients receive the quality of health care they require in a timely manner by implementing a bring forward and checklist system regarding the documentation process requirements needed for acceptance into the Home Health and or CSIL Programs.*

Fraser Health Response:
Accepted as written: The Executive Director, and the Director, Clinical Operations for New Westminster Health Services will lead a review of the Home Health intake process to identify opportunities for improvement to the quality of patient care including but not limited to timeliness of referrals and service starts; waitlist development; documentation processes for tracking waitlists and monitoring of wait lists; and communication with clients and families about delays in service. This process will take place by September 2015, and will result in the development of a quality improvement plan for the Home Health Service Line, as well as recommendations to be brought forward to the Home Health Clinical Services Network Team.

In addition, the Executive Director, New Westminster Health Services will lead a review of the current process for the CSIL (Community Supports for Independent Living) as well as the CLBC (Community Living BC) shared client program to identify process gaps (including the lack of a checklist and monitoring system for documents and processes related to applications) and improvement opportunities. The purpose of this review will be to make recommendations to the Home Health Clinical Services Network Team regarding the best oversight and operational structure to oversee these programs in the new structure, as well as priorities for improvement to ensure these provincially mandated programs are delivered in a highly patient centered, effective way. This review will take place by September 2015, and recommendations will be presented by December, 2015.
Status: Partially Implemented (Accountability with Vivian Giglio (VP) / Catherine Butler (ED HH)

2. *That the health authority use this case as an example to implement an in-service training module to provide training and information for all medical staff to recognize pertinent care quality issues regarding life threatening issues that can arise for spinal cord injured patients.*

Fraser Health Response:
Accepted as written: The Director, Clinical Operations for New Westminster Health Services will lead a review of the clinical education offered through the Home Health Clinical Resource Team related to spinal cord injured patients to determine what gaps exist in terms of education for both professional and non-professional care providers. We will use this case as an example of the gaps and inconsistencies that exist in practice and identify the critical elements that need to be developed and incorporated into future education for Home Health / Home Support staff. This review will be done with content experts in spinal cord injured patients from Fraser Health by December, 2015.
Status: Partially Implemented (Accountability with Vivian Giglio (VP) / Catherine Butler (ED HH)

3. *That the health authority should ensure that the health authority and Home Health staff have access to a consulting medical professional if they have any questions regarding spinal cord injury.*

Fraser Health Response:
Accepted as written: The Home Health Regional Medical Director, Dr. Grace Park provides regular consultation to Home Health offices on issues related to clinical care. Dr. Park also facilitates advanced consultations with other specialized physicians when needed. In the new organizational structure, the Home Health offices are aligned with acute care sites in communities and will now have access to additional acute based medical resources for specialized consultation if required.
The Director, Clinical Operations for New Westminster will work with Dr. Park to ensure there is a process in place for Home Health offices / staff to access a consulting medical professional for questions related to providing services for spinal cord injured patients. This will be developed and communicated to all Home Health managers and clinical leaders in Q3 of 2015/16.
Status: Fully Implemented

D. Mental Health & Substance Abuse – Eating Disorders Clinic (3 recommendations)

1. *That the health authority review the step-out portion of the Fraser East Eating Disorder program and evaluate its effectiveness based on clinical evidence.*

Fraser Health Response:
Accepted as written: According to the Clinical Practice Guidelines for the BC Eating Disorders Continuum of Services: Patients suited to low intensity outpatient treatment are medically stable and present with low to moderate medical and psychiatric symptoms. Although their eating disorder and comorbid psychiatric symptoms have an impact on their day-to-day lives, they are nevertheless able to maintain some level of functioning in one or more life domains. That is, their symptoms do not preclude them from attending school or work, maintaining one or more friendships or relationships, or participating in personally meaningful activities.

The Eating Disorders team carefully examines client circumstances and clinical progress when consideration is given to a step out period in therapy. For some individuals recovery from an Eating Disorder may take years and often happens in non-linear stages. Clients are only considered for a step out process after a significant trial of active treatment where clinical progress has reached a plateau or there has been minimal progress. Every effort is made to provide the client with appropriate resources and support during the step out period. The step out portion allows for the possibility of clients returning back into active treatment with the Eating Disorders team.

Experience has shown that after completion of the 18 months group & individual therapy of the ED services the step out process has been very successful with specific clients on a case by case basis as it provides them with an opportunity to use the skills and knowledge acquired in our services in their respective community.

The step out portion also offers the following benefits: opportunities to consolidate and work on rehabilitation and recovery plans for the clients once they have had an opportunity to learn proper coping skills., encourages clients to integrate back within their respective milieus/community in a timely manner so that they can works towards continued recovery, and allows for flow through within the program so that clients can receive timely intervention so that people are not left on the waitlist with minimal service. Reducing waitlist times and allowing individuals to access treatment quicker leads to better recovery rates.
Status: Fully Implemented

2. *That the health authority ensure that the Eating Disorders Program provides the complainant with adequate, evidence-based reasoning for her personal step-out from the program.*

Fraser Health Response: Accepted as written.
Status: Fully Implemented

3. *That the health authority ensure that individualized care plans be developed for clients of the Eating Disorders Program that includes input from the patient, the health authority, the family physician and other health professionals involved in the patient's care.*

Fraser Health Response: Accepted as written: All care plans are individualized for Eating Disorder clients. It is a standard practice that care plans for ED clients are created in collaboration with the client, ED Therapist, Family Physician and other health care professionals involved in the care of the client. Every effort is made to engage the client in this process along with their community and family supports and that treatment recommendations are based on readiness and symptomatology
Status: Fully Implemented

E. Emergency (RCH) (2 recommendations)

1. *That the Fraser Health Authority arrange for consultation by an expert in dental injuries, preferably a specialist in oral and maxillofacial surgery, to assess the need for possible changes in Emergency Department process to ensure timely and appropriate care for patients presenting with dental injuries.*

Fraser Health Response:
Accepted as written: The Regional Medical Director for Emergency Medicine will work with Dr. Curtis Gill, FHA Division Head of OMF surgery, to visit a Fraser Health site to review current processes. Administrative support has been approved to support this project. Fraser Health will request a final report and will review recommendations. The site visit will be completed by July 31, 2015.
Status: Partially Implemented (Accountability with Dr Letwin (VP) / Dr Barclay (ED PMD)

2. *That the Fraser Health Authority request that the College of Dental Surgeons of British Columbia provide them with a list of dentists in the catchment area of each of their hospitals, who are willing to provide 24-hour emergency dental care, so that Emergency Department staff are able to provide this information to patients who might benefit from emergency dental care.*

Fraser Health Response:
Accepted as written: The Regional Medical Director for Emergency Medicine has requested a list from the College of Dentistry. The Executive Director of the College is creating the list and will present that list to Fraser Health. Fraser Health anticipates the list to be completed by July 31, 2015.
Status: Partially Implemented (Accountability with Dr Letwin (VP) / Dr Barclay (ED PMD)

F. PATH (CGH) (2 recommendations)

1. *That the health authority have a medical professional review the patient's file and provide an explanation to the complainant of the terminology used in the radiology report*

2. *That the health authority conduct a further home assessment for the patient in order to ensure that services are meeting the patient's needs.*

Accountability with Petra Pardy, ED Chilliwack

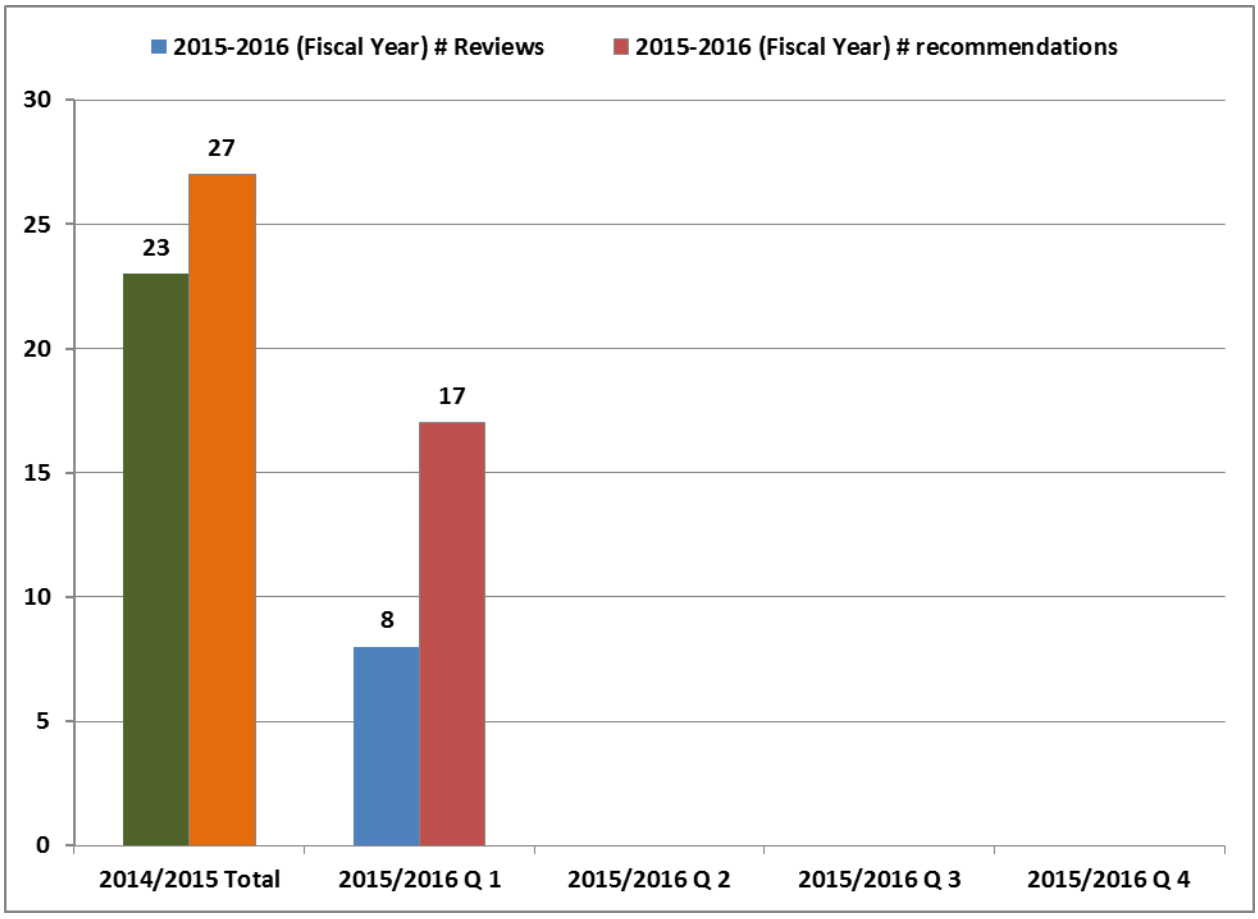
G. Home Health (Newton) (2 recommendations)

1. *That the health authority explains to the complainant the difference in admission requirements and care provided at a hospice residence and a residential care facility and how those might be related to the home care assessment of the client in this case.*

2. *That the health authority have the Head of the Home Care Nursing program explain to the complainant:*
    a. *what would have been the expected level of Home Health care and next steps for her mother when her health began to decline; and,*
    b. *what care and monitoring by nursing staff and resident care aid staff is expected and what is the process of reporting and responsiveness within the system when either the family or the care provider have concerns that a higher level of treatment or diagnostic care might be required or that the client needs physician care; and,*
    c. *who determines the eligibility criteria in ensuring timely access to respite care and what steps are taken from the point of decision to placement.*

Accountability with Keith McBain

Appendix 2
Fraser Health 2015/2016 PCQRB Current Profile



Highlights: Fraser Health received a total of 17 recommendations from 8 reviews by the PCQRB in Quarter 1 of fiscal year 2015/2016. There were a total of 23 recommendations from 27 reviews last fiscal year (2014/2015). There are currently 26 Fraser Health files open at the PCQRB.