



ANNUAL REPORT 2018/2019

Patient Care Quality Review Board

www.patientcarequalityreviewboard.ca



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THE PATIENT CARE QUALITY REVIEW BOARD

Introduction

The Patient Care Quality Review Board (PCQRB) was established in 2008 by the [Patient Care Quality Review Board Act](#), which aims to provide a clear, consistent, timely and transparent method for addressing patient care quality concerns in British Columbia. The system of health care services offered by the five regional health authorities and the Provincial Health Services Authority is complex and involves hundreds of thousands of interactions each year. In addition to providing patient care, the people in this system work hard to reflect on and learn from these interactions in order to improve the services they offer. The PCQRB's role is to review concerns that were unable to be fully resolved at the health authority level and offer recommendations for improvement to the health authorities and the Ministry of Health.

The PCQRB is composed of a Ministry of Health department and six boards whose members have been appointed by the Minister. Each of the six boards is dedicated to reviewing responses from one of the five regional health authorities designated under the [Health Authorities Act](#) and the Provincial Health Services Authority. The boards stand independent from the health authorities and are accountable directly to the Ministry of Health.

This annual report provides an overview of the care quality concerns brought forward to the PCQRB for review and illustrates where the resulting recommendations have improved our health-care system for the benefit of all British Columbians.

Our Mandate

Under the [Patient Care Quality Review Board Act](#) and the [External Complaint Regulation](#), the PCQRB may review any patient care quality concern about the policies and procedures of services funded or provided by a health authority, either directly or through a contracted agency. They may also review concerns about services that were expected but not delivered by a health authority.

The PCQRB can only review complaints that have first been addressed by a health authority's Patient Care Quality Office, unless otherwise directed by the Minister of Health. If the PCQRB receives a concern that cannot be reviewed, the client will be redirected to the most appropriate investigative or regulatory body.

As a result of a review, the PCQRB can make recommendations to a health authority or to the Minister of Health to improve the way concerns are handled, improve the quality of patient care or resolve a specific care quality concern. Review requests, completed reviews and recommendations are monitored, tracked and reported.

The Review Process

Patients or their representatives can [request a PCQRB review](#) through an online form, or by mail, email, fax or telephone. Email or phone support, including assistance with translation, is available during regular business hours at contact@patientcarequalityreviewboard.ca and 1 866 952-2448.

When the PCQRB receives a review request, the relevant health authority's Patient Care Quality Office is notified and asked to provide a copy of any information related to the case. PCQRB department staff review the office's response and the facts of the case, seeking advice or clarification as needed from the health authority, the client, and any other relevant medical or legal resources. They then provide the relevant board with a comprehensive report that may include but is not limited to: an overview of the client's concerns, medical records, applicable guidelines and policies, and documentation of the investigation and response by the Patient Care Quality Office. This allows the board to conduct a comprehensive review as it relates to the patient's experience and the way in which the health authority's investigation was handled.

Once the review is complete, the board will send the client and the health authority a decision letter explaining their findings. This response may include recommendations to the health authority or the Ministry of Health. These recommendations are intended to both resolve individual concerns and to improve health-care processes, policies and services for future patients as well as care providers. If a recommendation is made, the health authority is required to respond to the board and the client about what any actions taken to address them.

EXECUTIVE SUMMARY

In total, the Patient Care Quality Review Board (PCQRB) received 575 enquiries between April 1, 2018 and March 31, 2019, relating to a broad range of care quality issues. This included 289 concerns that were referred to other bodies: 268 to the Patient Care Quality Offices, 15 to the College of Physicians and Surgeons of British Columbia, 3 to BC Emergency Health Services, one to the BC College of Nursing Professionals, one to the Emergency Medical Assistants Licensing Board, and one to the Public Guardian and Trustee of British Columbia.

The PCQRB accepted 90 review requests and completed a total of 72 board reviews and three early resolution reviews. The boards made 71 recommendations to the health authorities and five recommendations to the Minister of Health across 41 of those cases. Of these recommendations, 67 were concerned with care quality and seven with the appropriateness of a Patient Care Quality Office's response.

The average time to complete a review in 2018/19 was 209 business days, with a median time of 211 business days. This falls outside the expected 120 business days, and the PCQRB has been undergoing significant process improvement to correct this. The average time to communicate findings and recommendations was 4.6 business days, with a median of five business days. This is within the expected 10 business days. The Patient Care Quality Offices responded to recommendations within their mandated timelines in 34 out of 40 cases.

BOARD MEMBERSHIP

Board members are appointed by the Minister of Health based on their expertise and experience. Members are eligible to serve terms of one to three years and may be reappointed to consecutive terms at the discretion of the minister. Current employees of the health authority, including board members and contractors, are not eligible to serve on the boards.

This year, we would like to acknowledge the contributions of departing board members Hanne Madsen, Dr. Robert Ross and Rita Virk.

<p>Fraser Health Board</p> <ul style="list-style-type: none"> • Vivienne Chin, chair • Peter Buxton, Q.C. • Dr. Romyne Gallagher • Dr. Gillian Hodge • Marion Lochhead 	<p>Interior Health Board</p> <ul style="list-style-type: none"> • Thomas Humphries, chair • Pauline Blais • Donna Horning • Roy Kahle • Steven Puhallo
<p>Island Health Board</p> <ul style="list-style-type: none"> • Richard Swift, Q.C., chair • Ann Beamish • Henry Ellis • Dr. James Houston • Dr. John Miller • Nancy Slater 	<p>Northern Health Board</p> <ul style="list-style-type: none"> • Lorraine Grant, chair • Dr. David Bowering • Elizabeth MacRitchie
<p>Vancouver Coastal Health and Provincial Health Services Board</p> <ul style="list-style-type: none"> • Robert Holmes, Q.C., chair • Barbara Hestrin • Susan Morrow • Ambrose Ng • Dr. Sharon Salloum • Brian Stamp • Dr. Stephen Tredwell 	

2018/19 EXPENDITURES

Expenditures	Actual \$ 2018/19
PCRB Board Members	
Board member meeting fees and expenses	\$109,464
Total	\$109,464
PCORB Department	
Board support personnel	\$1,112,094
Board support travel	\$12,931
Legal expenses and professional services	\$1,183
Office business and information systems	\$21,755
Total	\$1,147,963
Total Expenditures	\$1,257,427

2018/19 REVIEWS



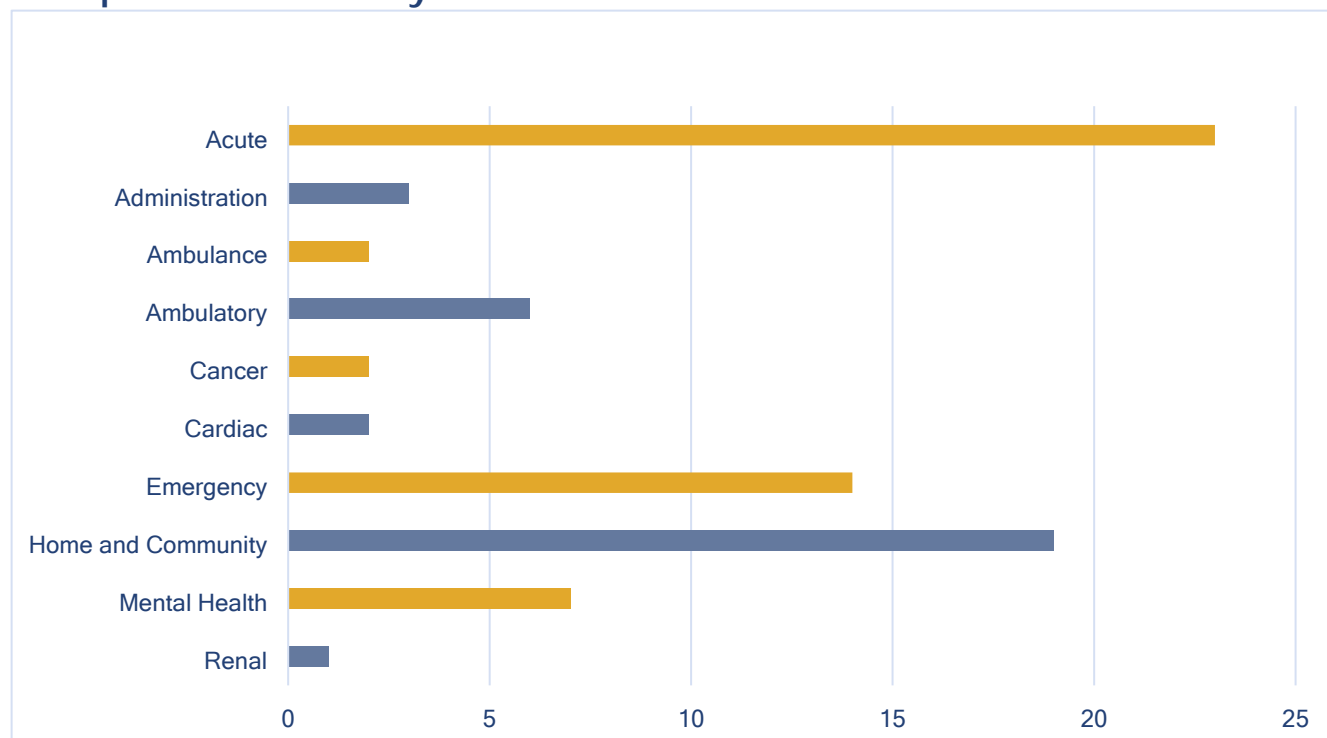
Reviews by Health Authority

The number of review requests¹ varies annually in total and by health authority, usually reflecting between 1-2% of a health authority's total complaints. Variability between health authorities involves many factors, including population size and growth, demographic distribution, population health, and the number and types of services provided by the health authority. Review requests received by the Patient Care Quality Review Board reflect only the patient care quality concerns that were unable to be resolved to the patient or representative's satisfaction through the health authority's Patient Care Quality Office and not the relative number of concerns about health authority services.

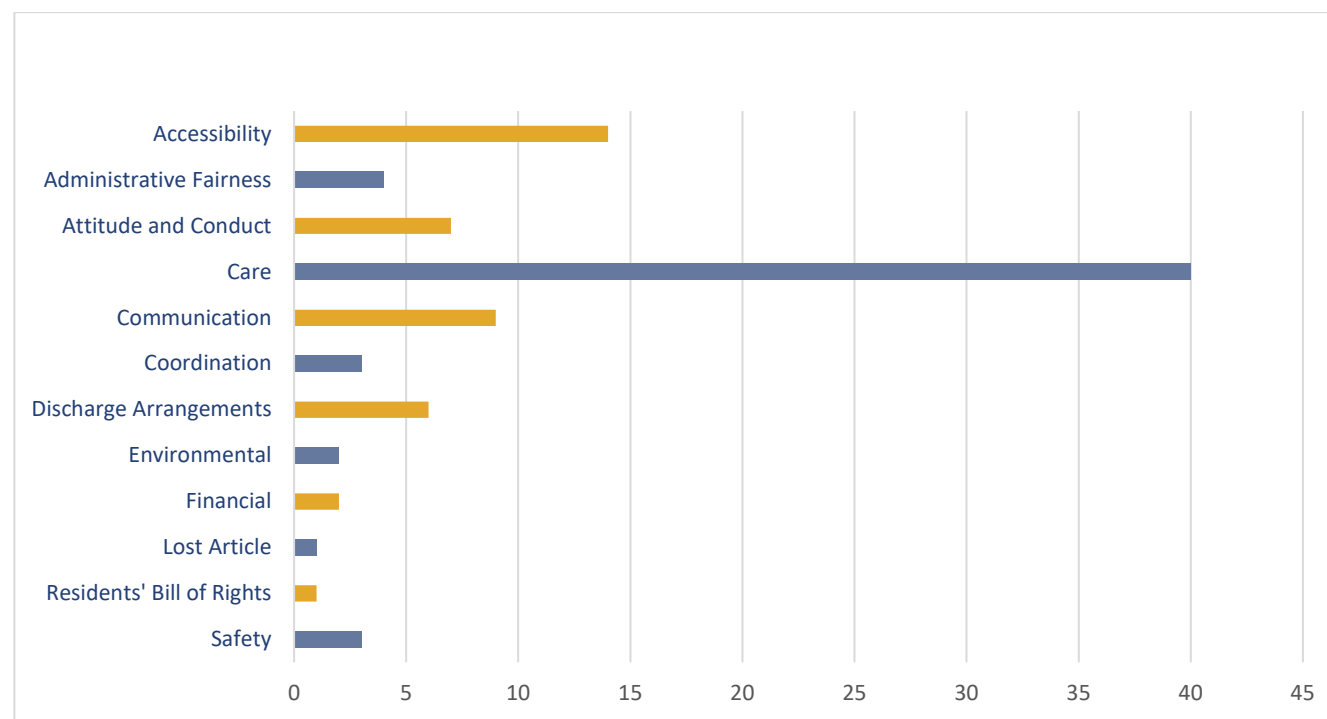
	ACCEPTED	COMPLETED
Fraser Health	20	25
Interior Health	15	15
Island Health	16	14
Northern Health	5	2
Provincial Health Services	8	2
Vancouver Coastal Health	26	17

¹ This report counts both cases that have been reviewed by the boards through the full PCQRB review process and cases accepted by the PCQRB department and resolved through an early resolution process.

Completed Reviews by Health-Care Sector



Completed Reviews by Subject

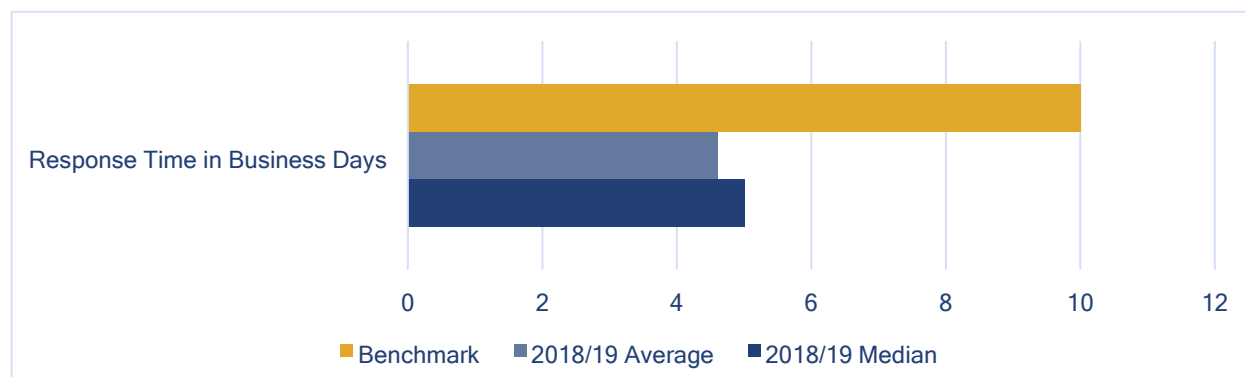
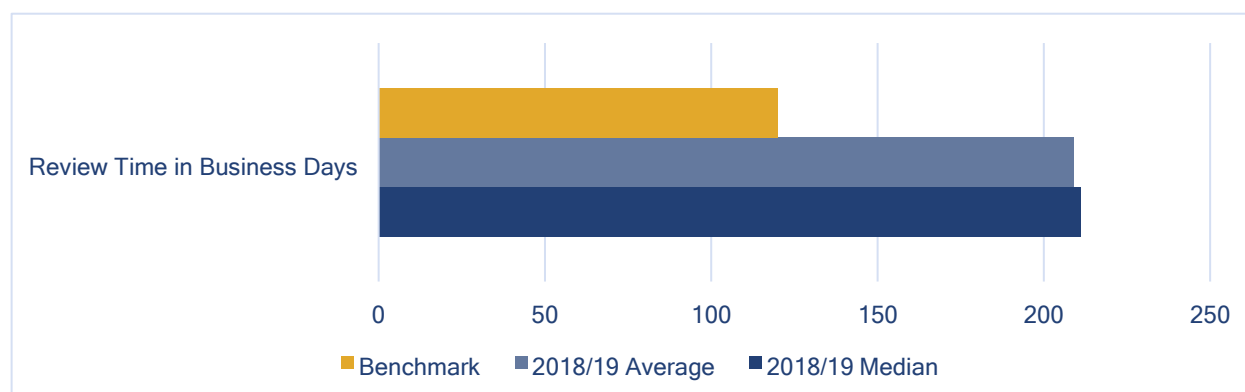


Referrals to Other Investigative and Regulatory Bodies

	REFERRALS
BC College of Nursing Professionals	1
BC Emergency Health Services	3
College of Physicians and Surgeons of BC	15
Emergency Medical Assistants Licensing Board	1
Patient Care Quality Offices	268
Public Guardian and Trustee of British Columbia	1

Review and Communication Completion Times

The average and median time to complete a review in 2018/19 notably exceeded our mandated 120 business days. The Patient Care Quality Review Board has been undergoing significant process improvement to correct this, as well as communicating closely with clients who have been affected.



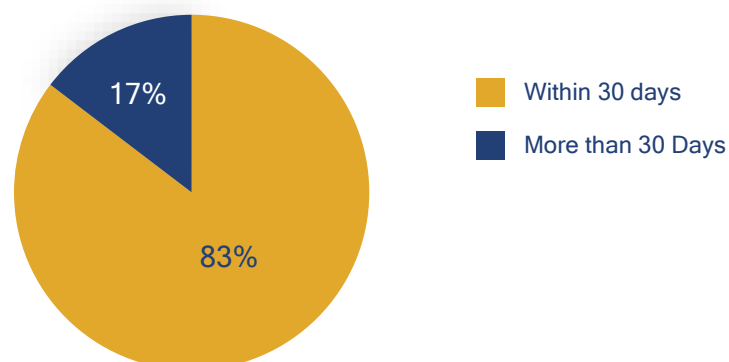
2018/19 RECOMMENDATIONS



Recommendations by Health Authority

	REVIEWS WITH RECOMMENDATIONS	REVIEWS WITHOUT RECOMMENDATIONS
Fraser Health	8	17
Interior Health	13	2
Island Health	6	8
Northern Health	2	0
Provincial Health Services	1	1
Vancouver Coastal Health	11	6

Health Authority Response Time



Recommendations and Responses

Fraser: Home and Community Care Information Materials

PCQRB Recommendation

1. That the health authority creates or revises an existing hard copy booklet outlining in detail the range of home and community care resources available, as well as information on eligibility and access to those services. There should be an area in the booklet where the interim supports discussed at a discharge planning meeting can be documented and provided to the family prior to discharge.

Health Authority Response

1. Accepted with modification, partially implemented.

Information on the range of home and community care resources, eligibility and access to services is available on the Fraser Health website. Resources are updated on the website, as they are subject to change. Staff can print hard copies of these resources to provide to families/patients. In cases where a community has a booklet available, the information regarding the health authority's services will be updated every six months to ensure the most current information is provided.

The health authority's communications team is currently restructuring the website so that information is more concise and includes all levels of information for the provision of care to seniors in one place. Staff will have the ability to print relevant information for families and patients. Printouts will have an area where the interim supports discussed at the discharge meeting can be documented. Patients and families will have access to this online information. The beta version is complete and in testing, and the anticipated finish date is Sept. 1, 2019.

Fraser: Home and Community Care Information and Palliative Care Assessment

PCQRB Recommendation

1. That the health authority ensures that prior to discharge, patients and their families are clearly advised and provided resource material outlining in detail the range of home and community care resources available, including personalized information regarding the process to access these resources, as well as any interim or ongoing supports that have been agreed on or have been declined.

2. That the health authority develops a mechanism (such as a checklist, or an electronic application) that would identify those who would benefit from a palliative care assessment and a standardized process to trigger the referral.

Health Authority Response

1. Accepted with modification, partially implemented.

Fraser Health carefully considered the PCQRB's recommendation. Information outlining the range of home and community care resources, eligibility and access to services is available on the Fraser Health website. All community resources are updated on the website as they change, and staff are reminded to print a hard copy as needed. Fraser Health made the authority-wide decision to keep material updated online to ensure the most up-to-date information is always available and to prevent outdated hard copies from being inadvertently provided to patients and families.

In cases where a community has a booklet available, the information regarding Fraser Health services will be updated every six months to ensure patients and families have the most current information. (Note: the information contained in community booklets covers a wide range of services and is not specific to Fraser Health delivered services).

Additionally, the Fraser Health communications team is currently restructuring website information in a way that is more concise and includes all levels of information for the provision of care to seniors in one place. Staff will have the ability to print relevant information for patients and families, and the printouts will have an area where the interim supports discussed at the discharge planning meeting as well as other important information can be documented. Patients and families will also have access to the same online information to ensure that the material remains current. The beta version is complete and in testing, with an anticipated finish date of Sept. 1, 2019.

1. Accepted with modification, partially implemented.

The Fraser Health hospice palliative care team has an established palliative care consultation, and findings from the Patient Care Quality Office investigation identified that the rehabilitation team at the care centre involved in this case did not recognize that the patient was on a palliative trajectory. As a result of the investigation, the palliative care team is currently in the process of implementing education for staff with a focus on when to refer to palliative care for consultation and assessment.

Fraser: Scabies Response Policy

PCORB Recommendation

1. That the health authority and the residential care home involved in this case collaboratively review their scabies response policies to ensure a standardized approach to communicating with patients and families regarding possible and confirmed cases of scabies.

Health Authority Response

1. Accepted as written.

Fraser Health's Infection Control Manual - Residential Care (part 3 - standards, IC8:0200 Scabies) is currently under review. The manual will be revised to clearly articulate that individual residents and families of suspected and confirmed scabies cases will be notified.

Communication will include information on scabies, treatments required for cases of contact and any precautions that need to be implemented.

Fraser: Palliative Care Communication

PCORB Recommendation

1. That the health authority updates the complainant about steps taken to improve communication with family members of palliative patients over the last three years.

Health Authority Response

1. Accepted as written, implemented and ongoing.

All social workers at the hospital involved in this case and the palliative care consult team members, including nurse clinicians, received education about long-term care eligibility criteria and admission processes. Social worker documentation standards are reviewed on an ongoing basis with the involvement of both the hospital-based clinical practice leader and the Fraser Health regional clinical practice leader for social work.

Ongoing education for the palliative care consult team is provided to best support patients and families, recognizing that end-of-life experiences are complex and multifaceted, with the most recent formal education being a one-day course on Dignity Therapy in January 2018.

The palliative care program is partnering with the hospital involved to support the implementation of the Actively Dying Pre-Printed Order and Protocol to support patients with dying well, to support families in understanding what is happening and ensure grief and bereavement support are provided.

Fraser: Hospital Cleaning Audits

PCORB Recommendation

1. That the health authority reviews British Columbia Best Practices for

Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs to ensure that appropriate cleaning audits and cleaning checklists are in place, and that cleaning audit information is made available by contractors to the health authority to ensure appropriate standards are met.

Health Authority Response

1. Accepted as written.

Business initiatives and support services (BISS) and Sodexo (contracted cleaning services) report on numerous quality audits that are presented and discussed with key health authority personnel. BISS tracks and reports on several key performance indicators relating to housekeeping services provided by Sodexo to ensure they meet the contract performance targets. Fraser Health has dedicated managers who act as liaisons between Sodexo and the site staff.

Results are incorporated with Consolidated Performance Reports, which are produced for each period and reviewed by BISS management team. Results are presented quarterly at the Customer Service Committee and made available to site leadership, Infection Prevention and Control and the regional quality council. The audits and service requirements satisfy the requirements of the British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs standard.

As a result of this recommendation, the BISS regional director for EVS (housekeeping), Waste and Integrated Service Models will reach out to the unit and site director to ensure there is greater awareness among management at the hospital involved of what BISS does and how results are made available.

In addition, complaints received in the future that pertain to cleaning services and audits will be directed to the BISS regional director for EVS, Waste and Integrated Service Models, to

ensure a fulsome response is provided to the complainant.

Fraser: Patient Privacy and Dignity

PCORB Recommendation

1. That the health authority develops a policy to specifically address the maintenance of dignity and privacy in acute care settings.
2. That the seniors residence involved in this case review its pain assessment tools to align with current best practices.
3. That the seniors residence aligns its Skin Health & Wound Prevention Management Policy with the Braden Scale Interventions Algorithm, which better emphasizes prevention and allows for low subscale values to be acted upon appropriately.

Health Authority Response

1. Accepted with modification, in progress.
2. Accepted as written, fully implemented.
3. Accepted as written, fully implemented.

Fraser: Access to Community Supports

PCORB Recommendation

1. That the health authority connects the clients in this case with an advocacy service to assist them in obtaining additional community support.

Health Authority Response

1. Accepted as written, implemented and ongoing.

Fraser Health acknowledges the challenges the clients in this case are facing and appreciates how difficult this time is for them. Although there have been several conversations and home visits with them both over a number of months about their service needs and how to contact community resources, Fraser Health recognizes that these discussions have not always been helpful to them.

In light of the PCQRB's recommendation, Fraser Health followed up with the team lead for primary care and the manager for primary care in the clients' area to provide the clients with contact information should they require additional support and are unsure how to access the community resources available to them.

Fraser: Transfer of Infant Patient

PCQRB Recommendation

1. That the health authority assesses the feasibility of increasing the number of beds in the unit the patient was transferred from and increasing to a full-time social worker to enhance overall care quality and improve communication and involvement with families.

Health Authority Response

Response pending at time of publication.

Interior: Echocardiogram Wait Times

PCQRB Recommendation

1. That the health authority provides the client with detailed information regarding its Routine Echocardiogram Wait Time Strategy, including steps already taken to address wait times and planned actions.

2. That the health authority makes information about its Routine Echocardiogram Wait Time Strategy publicly available.

Health Authority Response

1. Accepted as written.

Interior Health will provide a detailed response to the client regarding steps taken and future plans to address echocardiogram wait times as outlined in the Routine Echocardiogram Wait Time Strategy.

2. Accepted as written.

Interior Health will make information about our Routine Echocardiogram Wait Time Strategy, and our progress on the recommendations, publicly available through corporate web channels (e.g., website, social media).

Interior: Transfer of Personal Effects and Valuables to Third Parties

PCQRB Recommendation

1. That the Client Valuables and Personal Effects Policy be expanded to require that patients consent in writing to the transfer of their personal belongings to a third party, including a personal representative.

Health Authority Response

1. Accepted as written.

The Client Valuable and Personal Effects Policy will be amended to reflect this change.

Interior: Discharge of Vulnerable Adults

PCQRB Recommendation

1. That the health authority develops or updates best practice guidelines for complex discharge cases involving vulnerable adults and shares the outcome of the review with the client.

Health Authority Response

1. Alternative action taken.

Interior Health is currently in the process of developing a health authority-wide discharge escalation process that supports quality care transitions for the complex/vulnerable population in our acute inpatient care settings. An Interior Health Discharge Escalation Toolkit is in final stages of development and will include the following resources and implementation plan to support clinicians and leaders:

- A Discharge Escalation Algorithm.

- Standard Work Templates for components within the escalation process including:
 - Daily structured team rounds;
 - Site-wide access and flow bed meetings;
 - Family/interdisciplinary team meetings; and
 - Collaborative care planning meetings.
- A guide for supporting complex client discharges.

All tools/resources will be available on the Interior Health InsideNet for ease of access. In addition, a communication and education plan is in development.

Many of these initiatives have been operationalized already over the past 12 to 18 months. Regionalization and standardization of this work serves to strengthen and further embed the initiatives.

Interior Health commits to communicating this work to the family member who raised this concern.

Interior: Physiotherapy Priority Intervention Guidelines for Physiotherapy Services

PCORB Recommendation

1. That the health authority provides the client with a copy of the Physiotherapy Priority Intervention Guidelines for Physiotherapy Services to assist the client in understanding the current eligibility criteria for this service.

Health Authority Response

1. Accepted as written.

A patient care quality officer will communicate with the client and provide the client with the guidelines as recommended.

Interior: Emergency Department Triage and Hospital Falls Prevention

PCORB Recommendation

1. That the health authority writes a second response to the client to answer the four questions asked of the Patient Care Quality Office that were left unanswered in the first response. These include:

- What information comes up when a person presents to the emergency department for treatment?
- Is there a way to have an alert pop up for certain conditions, such as a VP shunt?
- What does the triage nurse do and how do they determine who will be seen and in what order?
- How do all the departments [within the Emergency Department] connect?

2. That the health authority makes improvements to the emergency department triage process at the hospital involved in this case and reviews its policy AH100 - Emergency Department Triage and Reassessment in Waiting Room and Ambulance Stretchers by including protocols, as necessary, to ensure that in the event a patient does not respond when their name is called in the waiting area, that there be a robust follow-up to ensure they are located and called again as soon as possible. Also, that the hospital's emergency department audit and improve adherence to the Canadian Triage and Acuity Scale (CTAS) guidelines, as per Interior Health policy.

3. That the health authority develops and implements a formal falls prevention policy.

Health Authority Response

1. Accepted as written.

The Patient Care Quality Office will work with the program area to compose a second response to the client. The PCORB will be copied on the response.

2. Alternative action taken.

Interior Health acknowledges the stress and anxiety of patients and families waiting for care in the emergency department. Triage nurses will be reminded to communicate to patients and families the importance of letting the triage nurse know if they are leaving the area for any reason and to advise when they return. Many emergency departments across the health authority have posted signage requesting patients and their family members report any changes in condition while waiting for care. This signage will be amended with the addition of wording directing patients and families to report any changes in condition or any need to leave the immediate area for any reason. The network director for emergency services has commenced this revision to the poster.

Patient Voices Network members will be consulted both through the emergency department network and through the hospital's Patient Care Committee regarding the poster. Patient Voices Network members will also be consulted on strategies to fulfill the intent of this recommendation to ensure that patients are not missed when the triage nurse calls their name to be assessed further. The emergency department network will implement the revised poster across the health authority in all emergency departments. This work will be finalized by the summer of 2019.

Leadership for the emergency department at the hospital will review the available CTAS data for their site for the last 18 months to analyze the trend in wait times and explore opportunities for improvement. CTAS education of all nursing staff will be reviewed to determine the current state of education, and any gaps will be addressed with the next CTAS education session at the hospital.

3. Alternative action taken.

The hospital has a falls prevention program that has been in place for over a decade. It is regrettable that the patient experienced falls despite the presence of a very active program at the hospital. The quality improvement consultant responsible for falls prevention is

working on two Clinical Practice Standards (CPS). The first standard is the Acute Care Post-Falls Assessment and Management CPS, which is 90% complete and will be implemented by Sept. 1, 2019. Work will begin on the second standard, Acute Care Fall and Injury Prevention, which will focus on the primary prevention of in-hospital falls, later in 2019. Please note that this new CPS will summarize work already fully implemented throughout Interior Health, including fall risk assessment, documentation, and strategies to reduce the risk of fall and related injuries.

Interior: Post-Operative Information

PCORB Recommendation

1. That the health authority includes more comprehensive information during pre-operative screening about what a patient can expect regarding their specific post-operative recovery and what supports they may need to put in place for a successful discharge home. Also, that the health authority ensures that nurses and physicians are encouraged to document their discussions with the patient regarding post-operative requests.

Health Authority Response

1. Accepted as written, in progress.

Through team huddles, staff and physicians have been reminded to review the discharge plan to ensure it aligns with patient and family expectations and care needs and document accordingly in the medical chart. The Interior Health Access and Care Transitions Steering Committee, in collaboration with the Primary and Community Care Transformation Steering Committee, are working to improve the communication flow between acute care and specialized community services programs such as home health and mental health and substance use services by enhancing the discharge/care transition planning process.

Interior: Communication with Family Members and Medical Chart Documentation

PCQRB Recommendation

1. That health-care practitioners have discussions with a patient's family members regarding the severity of a patient's illness and goals of care, and thoroughly document these discussions in the patient's medical record.
2. That all health-care practitioners have access to a patient's medical chart and document any changes from a patient's normal status in a timely manner.

Health Authority Response

1. Accepted as written.

Interior Health's current practice for long-term care services is for all newly admitted persons to have a care conference within six weeks of the admission date. The purpose is to discuss goals of care and ensure that team members and family understand the plan for each person in care.

Clinicians must adhere to the Medical Orders for Scope of Treatment (MOST) and Advance Care Planning (ACP) policy. The purpose of this policy is:

- To ensure the patient's wishes and/or instructions are acknowledged and respected regarding their health care and end-of-life care.
- To provide the Most Responsible Physician standardized orders regarding resuscitation status and scope of health care treatment decisions.
- To articulate and manage expectations of one or more of the four goals of medical treatment: prevention of disease, curative, disease management, and palliative/comfort care.

The policy sets out that in long-term care settings the MOST must be reviewed within 60 days of admission and at minimum once every 12 months. In acute care, the MOST must be reviewed within 24 hours after admission and prior to discharge. The form includes an

attestation by the health-care provider that they have discussed the MOST with either the patient or their decision maker. Interior Health is satisfied that there is robust policy and practice in place that reflects the intent of the PCQRB's recommendation.

2. Alternative action taken.

Interior Health has existing systems in place to address the PCQRB's recommendations. All health-care providers, except health-care aides, involved in the care of an individual in a long-term care facility have access to the hard copy chart and the electronic medical record. Health-care aides have full access to the paper chart. An opportunity for improvement exists in this long-term care facility to ensure that physicians' orders are appropriately communicated and carried out by staff. For this reason, the facility has instituted a procedure to document physicians' orders other than medication orders on the medical administration record. This is a central location where front-line nursing staff checks each shift for changes in orders. This practice has been instituted immediately at the facility.

Interior: Email Communication

PCQRB Recommendation

1. That the health authority considers developing an information pamphlet for clients that provides an explanation of its policies pertaining to best practices in email communication.
2. That the health authority ensures all staff maintain accurate records of all communication with clients, the next steps required, and communication of those steps to all service providers.
3. That the Patient Care Quality Office provides to the client, in plain language, an explanation of its policies pertaining to best practices in email communication.

Health Authority Response

1. Accepted as written.

Interior Health posts all policies on its public website, including the AR0500 - Email and Text Messaging policy. The policy currently has an information pamphlet associated with it for clients to review explaining in simple language best practices regarding email communication. This pamphlet is scheduled for review, and this will be accomplished in collaboration with a patient partner. In addition, the location of this pamphlet will be reviewed based on user feedback to ensure that it is easily accessible on our public webpage.

2. Accepted as written.

Interior Health has a Clinical Documentation Standards guide that is currently in the process of being reviewed for endorsement by applicable stakeholders. The intent of this document is to outline the expectations for all health-care providers who record information in the paper or electronic health record. This document aligns with all regulatory requirements for clinical documentation. It is the expectation that Interior Health health-care providers follow these standards and use Interior Health-endorsed documentation tools. This will ensure all communication with clients, including next steps in care, is communicated to all service providers.

3. Accepted as written.

The Patient Care Quality Office will provide the client with a copy of our current pamphlet that outlines and explains the AR0500 policy pertaining to best practice in email communication. We will also provide the contact information for the Patient Voices Network as an avenue for the client to continue to be an advocate for health-care improvement.

Interior: Emergency Department Triage and Patient Tracking

PCORB Recommendation

1. That the emergency department at the hospital involved in this case reviews and improves its current process for locating patients in waiting areas and ensuring they are in the correct area. Also, that the emergency

department posts signs with information for patients about how the triage and registration processes work, possible wait times, and instructions for who to follow up with if they have not been seen within a specific time frame.

2. That the health authority reminds the emergency department admitting staff to ensure the Facility Identification Banding for Emergency Patients policy is followed at all times, as well as to document in the triage record when an identification band is provided and consider adding a check box to any new triage forms to indicate that an identification band has been provided.

3. That Interior Health develops a policy or guideline to specifically address the maintenance of patient comfort, dignity and privacy in emergency departments.

Health Authority Response

1. Accepted as written.

The hospital involved in this case recognizes the importance of knowing a patient's location at all times. Consequently, staff continue to consistently review the triage process and have taken various quality improvement actions in the last 18 months to support patients who visit the emergency department. These actions include:

- an overall review of the flow of patients through the department and waiting area assignments;
- maintaining the standard of updating the location of patients in our patient tracker;
- updating the wayfinding/signage through the department with patient partner input to make it simpler and more effective for patients and visitors; and
- a review of the main triage and entrance area to de-clutter the information presented to new arrivals and create simple, clear instructions and information.

The emergency department working group responsible for these improvements will continue to seek ways to enhance the patient experience by evaluating the flow and communication with patients.

2. Accepted as written.

The Facility Identification Banding for Emergency Patients (AH1500) policy was developed in accordance with accreditation standards. The hospital will remind admitting staff through established communication methods (staff meetings, daily huddles and email communication) to ensure the policy is strictly followed.

The hospital involved uses an electronic medical record for documentation in the emergency department. Hospital leadership is committed to reviewing the current electronic record and will consider the PCQRB's suggestion of adding a check box ensuring an identification band has been provided to the patient. Following this, the emergency network that oversees the revisions of the paper triage form used at all other facilities has been made aware of this event and the PCQRB's suggestion for improvement, for consideration during the next form review/revision.

3. Accepted with modifications.

It is the expectation and standard that all Interior Health employees consistently assess and reassess patients during their stay in the emergency department; this includes assessing the patient's comfort, dignity and privacy. Interior Health has established policies supporting these expectations, including the AU0100 Standard of Conduct for Interior Health Employees. It explicitly states in Section 2.5 that employees must provide service to the public in a manner that is respectful, courteous, professional, caring, equitable, efficient and effective such that the dignity of patients, clients and residents is always maintained.

Employees must be sensitive, caring and responsive to the changing needs, expectations and rights of a diverse public, while respecting the framework within which service to the public is provided. Employee behaviour that is contrary represents a failure in the discharge of service to the public and will not be tolerated. The AF0100 Transparency and Freedom of Information policy further supports the privacy of clients and families while receiving care.

Leadership at the hospital will review the expectations currently set forth in these policies with staff to ensure they are adhered to.

Interior Health currently has a pamphlet titled "It's OK to Ask" that is broadly distributed across all locations, programs and service areas. The purpose of this pamphlet is to encourage patients to ask their providers questions or raise concerns about the care they are receiving. This brochure was developed in conjunction with our patient partners through the Patient Voices Network. It has been determined that the emergency network currently has multiple patient communication pamphlets. Quality and the emergency network will work together to simplify and standardize patient communication to one pamphlet moving forward.

Interior: Home Care Rate Caps

PCORB Recommendation

1. That the health authority creates an information sheet specific to clients receiving home care services explaining under what circumstances the \$300 monthly rate cap is applicable; that this information is provided to the client prior to the first financial rate assessment; and that the client is required to sign the form acknowledging that they understand it.

Health Authority Response

1. Alternative action taken.

The Interior Health Home Health program is willing to create an information sheet outlining the circumstances under which the \$300 monthly rate is applicable and provide it to the client at the first financial rate assessment. The program does not believe it is necessary to have the client sign the form, as the client is already signing documentation agreeing to the rate.

Any new processes or forms associated with the assessment of fees for home care services must be reviewed and approved by the Ministry of Health and the provincial Income and Rate

Setting Committee responsible for these processes and forms. For this reason, while Interior Health is willing to take the above action, we cannot move ahead with this initiative until there is provincial endorsement and agreement by the other health authorities.

Interior: Waiver of Responsibility for Valuables and Personal Items

PCQRB Recommendation

1. That all patients being admitted to hospital should review and sign the Waiver of Responsibility for Valuables and Personal Items.

Health Authority Response

1. Accepted with modifications.

Some patients would not be capable of signing a Waiver of Responsibility for Valuables and Personal Items at the time of admission, making it difficult to apply this recommendation to all patients. Interior Health's policy AK0700 (Client Valuables & Personal Effects - last reviewed Dec 2018) outlines processes for the safe keeping of valuables for clients who are incapable/incapacitated at admission to hospital.

Interior Health recognizes that lost valuables can be a source of stress for patients and families. As such, the hospital involved in this case has created a Patient and Family Care Committee that is actively designing and implementing quality improvement strategies to support every patient who brings belongings to the hospital. Actions that this committee has developed include:

- an information sheet that is shared with all patients and families outlining tips for managing belongings;
- belonging boxes that travel with each patient as they transfer throughout the facility to receive care;
- standard processes for all checked-in valuables; and
- signage being posted to advise patients and families that valuables brought into the hospital remain the responsibility of the patient and family.

Through these efforts, Interior Health is confident the occurrence of lost patient valuables will continue to decline. This issue will continue to be monitored through complaints received by the Patient Care Quality Office.

Interior: Therapy Pool Access

PCQRB Recommendation

1. That the health authority incorporates into the relevant document relating to the use of this therapy pool the following or similar wording: "Please note that your access to the pool can be modified at any time at our discretion on reasonable notice to you."

Health Authority Response

1. Accepted as written.

Interior Health recognizes that any modification in available services can be stressful for clients. Interior Health is confident that all efforts were made to notify clients of the changes to the therapy pool at the hospital involved in this case and that an appropriate transition plan was developed to support patient care needs.

Interior Health appreciates the opportunity to review its communication to clients when their access to pool therapy services is affected. The pool therapy brochure will be updated with the following wording: "Please note your access to the pool may be modified upon reasonable notice to you."

Interior: Documenting Consent for Medically Necessary Procedures

PCQRB Recommendation

1. That the health authority reviews protocols for documenting consent and educates staff on the importance of properly documenting consent for medically necessary procedures.

Health Authority Response

1. Accepted as written.

An in-depth review of Interior Health Policy AL0100 Consent-Adults was conducted. The review confirmed that the processes pertaining to “valid consent” and “implied consent” defined in the policy are aligned with the *Health Care Consent and Care Facility Admission Act* (Part 2: Section 6 and 9). The policy sets an additional standard requiring health-care professional to document the consent process on the adult’s health record in order for consent to be considered valid. All Interior Health policies are reviewed every three years at minimum. AL0100 was last reviewed in February 2019.

This patient’s case sheds light on the continuous need to provide education for staff and physicians regarding the legal obligation to obtain valid consent as well as Interior Health’s policy requirement to document consent processes. Continued education must be ongoing to ensure Interior Health health-care professionals engage appropriately with patients as part of the care team during the consent process. This is essential in order to deliver high-quality and acceptable care that is directed by informed patients after the consent process has occurred.

To ensure continuous education, the AL0100 Consent–Adults policy is easily accessible on an internal website for all staff and physicians and available to patients and families on the Interior Health public webpage. The Ministry of Health’s Consent to Health Care in BC self-paced course is available on the Interior Health employee i-Learn system. As of April 2019, the new policy steward for policy AL0100 is now the Interior Health Knowledge Facilitator for Vulnerable and Incapable Adults. The Knowledge Facilitator is well-versed in health care consent legislation and acts as a just-in-time resource for all Interior Health staff and physicians who have questions.

Island: Emergency Department
Exposure Risks for Cystic Fibrosis Patients

PCORB Recommendation

1. That the health authority develops a protocol to ensure appropriate precautions are taken to prevent exposure to unnecessary risks when children with cystic fibrosis present to an emergency department.

Health Authority Response

1. Accepted with modification.

The health authority will develop a protocol to ensure appropriate precautions are taken to prevent exposure to unnecessary risks when children with any general respiratory compromise (including cystic fibrosis) present to an emergency department.

The health authority will develop a draft protocol with the emergency department and child, youth and family programs for prevention and feedback at the next Emergency Department Quality Council meeting. Following discussions and approval, the health authority will begin local implementation at emergency department sites.

Island: Representation Agreements

PCORB Recommendation

1. That the health authority develops a policy framework to support health-care professionals to use health-care representation agreements.

Health Authority Response

1. Accepted with modification.

Island Health agrees with the spirit of the recommendation but would recommend modification to align with improvements that have already been made to our care processes when a person presents with a representation agreement to an Island Health facility.

The PCQRB found that there is not a policy pertaining specifically to representation agreements within Island Health. Unfortunately, the original communication to the client and subsequent communication to the PCQRB lacked key information. It did not acknowledge that:

- Island Health does have policy statements related to health-care representation, which are embedded in Island Health's Consent to Health Care and Advanced Care Planning policy.
- Island Health has embedded guidance on how to manage health-care representation agreements within the Interprofessional Care Plan, a standardized regional document included on all inpatient charts. Associated with this document are learning resources housed on our collaborative care processes education and learning websites.
- Island Health social workers have a specialized knowledge to assist clinicians with representation agreements. They are available 24/7 to answer any questions staff may have.
- In the absence of the ability to upload the representation agreement into the health record, Island Health uses a flagging system within the electronic health record to prompt emergency department staff to review the paper-based care plan and health-care representation agreement. We have offered the client in this case the opportunity to connect with the manager of the hospital so that we may help facilitate development of a care plan and flag for the client's chart.

Island Health recognizes there is a gap in knowledge at the hospital involved in this case. It appears the leadership and staff were unaware of their roles and responsibilities regarding representation agreements. Island Health is fully committed to improving practice at the site. However, rather than developing a new policy, we would ask the PCQRB to permit us to identify and understand why there is a gap in knowledge at that specific site and develop tailored mitigation strategies to prevent this issue from occurring again.

Island: Ward Transfers, Wound Management and CT Scan Protocols

PCQRB Recommendation

1. That the health authority implements written ward transfer orders to ensure continuity of care and to promote communication between care providers, patients and their families.
2. That the health authority creates and implements wound management protocols across Island Health and wound management teams either on site or available to be called on site for consultations and education at all facilities across Island Health.
3. That the health authority's medical imaging department review CT scan protocols, including the use of contrast dye, and take appropriate corrective actions to prevent situations such as those involved in this case from happening in the future.

Health Authority Response

1. Alternative action taken, in progress.

Island Health recognizes that clear communication, team-based approaches to collaborative practice, and sharing of information at care transitions is imperative in the safe care of patients. In light of the PCQRB's recommendation, Island Health's Quality Operations Council will commission a review of current transfer documentation practices at the hospitals involved to identify required practice changes to improve transfer of information between care providers. Additionally, the intensive care team has provided staff and physician reminders regarding the importance of communication and documentation at care transitions.

2. Alternative action taken.

Island Health participates in and uses the Provincial Nursing Skin and Wound Decision Support Tools, including procedures and guidelines. These tools are used to develop internal policies, protocols and standards as identified by the Island Health Skin and Wound Clinical Care Collaborative, professional practice and educators. Island Health Skin and

Wound Clinical Care Collaborative is responsible for providing clinical direction and endorsement for the development, education and maintenance of wound management protocols across Island Health. The collaborative is currently partnering with Island Health's professional practice department and the chief nursing officer to review education, resources and required organizational supports and teams across the Island. The PCQRB's recommendation and file will be shared to ensure increased support for wound care across all facilities. In addition, Island Health is developing revised education materials for skin and wound care for all Island Health clinicians, which will be completed by December 2019.

3. Alternative action taken.

Island Health requires written requisitions be completed for every CT. Verbal orders are not acceptable practice for a requisition. Each requisition is then reviewed prior to performing to test. Radiologists have the responsibility and authority to make decisions as to whether to use CT contrast based on a patient's medical condition. While a written requisition was completed for a CT scan for this client, the requisition for the CT scan did not include a notation for no contrast. Island Health's medical imaging program will review the client's care experience to identify improvement opportunities to prevent similar situations from arising in the future.

Island: Communication and Catheter Practices for Patients with Delirium

PCQRB Recommendation

1. That the health authority provides staff at the hospital involved in this case with training regarding the best practices in communicating with patients who are experiencing delirium, as well as with their families.

2. That the health authority requests the departments of geriatrics and urology make a joint guideline for the insertion of catheters in patients with delirium.

Health Authority Response

1. Accepted as written.

Staff at the intensive care unit, telemetry and internal medicine units at the hospital involved will be undergoing mandatory refresher training on caring for patients with delirium. This includes modules on recognition, assessment, and interventions in acute and end of life care. In addition, staff have been provided with learning materials on speaking with patients and families about delirium.

2. Accepted with modifications.

Island Health's Guideline for the Insertion of Catheters in Patients applies to all patients, including those with delirium. The hospital involved will redistribute this guideline to clinical nurse educators across the site in order to raise awareness related to appropriate use of urinary catheterizations and, most particularly, the risks associated with indwelling catheters in vulnerable populations.

Island: Home and Community Care Billing Resource

PCQRB Recommendation

1. That each care facility in the health authority has a designated individual to answer billing or rate-setting questions. This individual may or may not be on site.

Health Authority Response

1. Accepted with modifications.

Within Island Health, case managers are assigned to every client who receives residential and/or home and community care. Case managers are assigned to every Island Health residential care facility and community access centre and act as the conduit for client and family questions regarding billing and rate-setting. As a result of the concerns raised by this client, Island Health recognizes that opportunities exist to improve communication related to billing and rate setting. We will be reviewing and updating current client resources

on our website to better share information on residential fees:

Island: Surgical Add-Boards

PCQRB Recommendation

1. That the health authority revises the draft Emergency Add Surgery Case Management Policy to include:

- a checklist to assist surgeons in their triage and prioritization of patients;
- guidelines for how often the patient's condition should be re-evaluated by the surgeon;
- a limit on the length of time a patient can remain on the surgical add-board list; and
- guidelines about when to bump a patient who is scheduled for elective surgery and replace them with a patient from the surgical add-board list.

2. That the health authority increases their transparency with patients by providing written information and policies regarding the surgical add-board at the time that the patient is placed on the list. Surgeons should also clearly communicate with patients about how the surgical add-board process works and manage their expectations for how long they could be waiting for surgery.

3. That, in future, the Patient Care Quality Office provides clients with applicable policies and guidelines as part of their response, especially when this information is requested by the complainant.

Health Authority Response

1. Accepted with modification.

Island Health is developing the Emergency Add Surgery Case Management Guideline, which is consistent with the recommendations. This document will be adapted for all surgical sites.

- Island Health will add guidance on classification of emergency/add-on cases to assist surgeons in triage and prioritization, including a timeframe for surgical intervention to be completed.

- Re-evaluation of a patient's condition is dependent on the patient's acuity and a number of other factors determined in accordance with clinical best practice and evidence.
- The limit on the length of time a patient can remain on the add-board list is based on the patient's acuity and other factors.
- The guidelines on bumping into elective or emergency slates, and how this is communicated, are based on guidelines provided within the document and in accordance with clinical judgement.

2. Accepted with modification.

The revised Emergency Case Classification Management System Guideline will help to guide clinical practice related to surgical add-boards. Island Health will adapt the "Preparing for Surgery at Home" information page; the revised document will improve transparent communication with all patients about the surgical process, timelines and addboard process. When complete, this document will be shared with surgeons and inpatient ward managers.

3. Accepted as written.

The Patient Care Quality Office agrees with the PCQRB's recommendation and will ensure that policies and procedures are shared as part of standard responses to clients.

Northern: Emergency Department Wait Times and Communication with Patients and Leadership

PCQRB Recommendation

1. That the health authority follows up with the client and provides:

- Confirmation that a discussion of opportunities to improve communication with patients and families occurred at an emergency department meeting and share any additional information or actions resulting from the discussion.

- Information regarding steps already taken or plans to improve emergency department wait times at the hospital where this case occurred.

2. That the health authority creates or enforces a policy to notify and engage senior health authority leadership to support the Patient Care Quality Office when information is not received from a program area in a timely manner.

Health Authority Response

1. Accepted as written, partially implemented.

The health authority will discuss the issue of communication with patients and families at their next emergency department nursing staff meeting as well as the emergency department meeting. The health authority also has a number of initiatives underway aimed at improving emergency department wait times. These include a working group conducting a review of emergency department use at the hospital involved in this case, a bed capacity project that will result in an additional 24 beds at the hospital for rehabilitative care, and the opening of an urgent primary care centre.

2. Accepted as written, completed.

The health authority has revised its complaints policy to include an escalation process for addressing patient complaints. This policy has been approved by Northern Health executive.

Northern: Standardized Reassessment of Violence Risks

PCORB Recommendation

1. That the health authority implements a standardized process to reassess risk of violence to determine whether measures taken immediately following an incident (such as violence alerts in medical records) remain appropriate and that every effort be made to ensure there is due process for the patient before a decision is taken to permanently suspend care services.

Health Authority Response

1. Alternative action taken.

Northern Health does have standardized processes in place in policy for addressing violent and aggressive behaviour in both inpatients and visitors; the policies include conducting a risk assessment of the threat presented. In this event, the policy was not fully followed. We will review these procedures with staff and physicians where this case occurred and commit to providing education to all staff and physicians on existing policies and procedures.

Provincial Services: Falls Prevention, Accommodation and Sensitivity

PCORB Recommendation

1. That in order to ensure that patients at risk of falls are identified, interventions to prevent falls are initiated, and appropriate documenting and reporting of falls occurs, the health authority compares its policies related to falls prevention in hospitals, residential care facilities and other institutional settings with those applicable to BC Ambulance Service in order to improve:

- the education, training, and supervision of staff; and
- charting in relation to ambulation of patients and incidents where falls take place.

2. The health authority reviews with emergency dispatch centres whether additional information should be obtained during emergency calls to facilitate the dispatch of appropriate personnel and equipment. This information includes such factors as a patient's weight and height, as well as information concerning accessibility at the patient's location.

3. The health authority ensures that the ambulance crew in this case are provided with sensitivity and patient-centred communication training, particularly as concerns patients and their spouses similar to those involved in this case.

Health Authority Response

1. Accepted as written.
2. Accepted as written.
3. Accepted as written.

Provincial Health Services has reviewed each of the PCQRB's recommendations and will act on each of the recommendations immediately.

Vancouver Coastal: Sepsis Management and Patient Care Quality Office Communication

PCQRB Recommendation

1. That the health authority reviews this case to ensure that care quality reviews are conducted in accordance with the Patient Care Quality Review Board Act and ministerial directives, and create a policy to ensure regular contact with clients to request extensions, establish the client's preferred method of communication early in the complaint proceedings, as well as create a process to ensure that care quality reviews are not interrupted due to foreseen circumstances such as scheduled staff leave.

2. That the health authority continues to participate in the BC Sepsis Network and ensure that best practice standards focused on the early identification and management of sepsis are implemented.

Health Authority Response

1. Accepted with modifications, partially implemented.

The Patient Care Quality Office team across Vancouver Coastal Health and Providence Health Care reviewed the case and discussed strategies to ensure reviews are conducted in accordance with the act and ministerial directives and to ensure communication with clients is timely and not affected by foreseen circumstances. Vancouver Coastal Health is updating its Complaint Prevention and Management policy and incorporated reference to the act and directives to reinforce commitment to these issues.

2. Accepted as written, fully implemented.

Providence Health Care and Vancouver Coastal Health have been active partners in the BC Sepsis Network and have allowed for the implementation of best practice standards focused on early identification and management of sepsis. This is the standard of practice at Providence Health Care emergency departments, and the inpatient Sepsis Toolkit has been adapted and adopted on all medicine units at Providence Health Care. Vancouver Coastal Health has developed learning modules, screening tools and pre-printed orders, and sets within electronic clinical information systems. There is currently a knowledge translation project underway to look at how to engage patients and families in sepsis care, including increased patient/family awareness of sepsis and potential early warning sign, and improving partnerships between the patient/family and the care team. Moving forward, the Clinical Systems Transformation project involving the Cerner Clinical Information System will include alerts based on modified early warning signs that will trigger consideration of the need for implementation of the sepsis protocol.

Vancouver Coastal: Follow Up for Mental Health Emergency Department Departures

PCQRB Recommendation

1. That the health authority develops a policy or revises an existing policy so that in the event a patient who is seeking care for an emergent, urgent, or semi-urgent mental health concern (e.g., depression, anxiety, suicide risk) unexpectedly leaves the emergency department, a health-care professional from among the emergent department staff attempts to follow up with the patient to ensure the patient's safety and that the efforts to contact the patient are charted in the emergency department record.

2. That the health authority designates leaders from the facilities involved to review this case to improve communication protocols with a focus on patient safety, access to services, and continuity of care. The designates should report their findings to senior hospital leadership.

Health Authority Response

1. Accepted as written, partially implemented.

Vancouver Coastal Health agrees and takes seriously its opportunity and obligation to consider the circumstances of the patients who decide to leave Vancouver Coastal Health settings before they are discharged, or possibly before they are even fully assessed. Staff other than those working on this particular complaint have been working on a clinical practice document concerning the expectation that staff ensure patients are aware of—and capable of accepting—the risks of leaving before their course of assessment and/or treatment is complete, and that they are capable of managing their own safety. This recommendation is a timely and helpful prompt to accelerate that work, involving the emergency program leadership.

2. Accepted as written, partially implemented.

The recommendation has been referred to the Coastal Mental Health Quality Committee for review and engagement with emergency and other stakeholders for discussion locally and at the Regional Mental Health and Substance Use Quality Committee.

Vancouver Coastal: Patient Navigation of Gynecological Surgical Services

PCQRB Recommendation

1. That the health authority uses this as a case study regarding patient navigation of surgical services, monitoring of waitlists, prioritization of surgeries, and communication with patients and develop systemic improvements in scheduling gynecological surgical services in a manner similar to that which has been achieved in relation to other time-sensitive surgery, including prostate cancer, breast cancer and orthopedic surgery.

Health Authority Response

1. Accepted as written, partially implemented.

The health authority has shared a de-identified copy of the PCQRB decision letter with the leadership of the regional surgical program, the senior operational and clinical leaders. Vancouver Coastal Health believes their actions underway will address both reducing the wait times and improving communication with patients throughout the process:

Since September 2017, Vancouver Coastal Health has been working with the Ministry of Health and partner organizations to deliver on the surgical strategy outlined in Future Directions for Surgical Services in BC. Within the Operating Room Efficiencies Charter, there is a requirement to improve waitlist management and adherence to the Ministry of Health policy.

Vancouver Coastal Health is working on this deliverable by:

- educating surgeon offices and ensuring patients adhere to the Ministry of Health waitlist;
- educating surgeons' offices to advise patients that they can refuse surgical dates for non-medical reasons on three occasions before being removed from the waitlist;
- ensuring regular waitlist clean-ups to remove patients no longer required for surgery every three months;
- pushing out a surgeon's list of long-waiting patients with the expectation that those cases are allocated operating room time next;
- monitoring surgeons' practice of booking cases first-in, first-out;
- improving late starts in the operating room; and
- reducing early finishes in the operating room.

A second area of focus within the health authority is the implementation of patient notification and point of contact. Vancouver Coastal Health will be improving communication with patients awaiting surgery as part of a

provincial strategy. Within seven days of receiving the patient's booking package from the surgeon's office, the health authority will mail a letter to the patient outlining what surgery the patient is booked for and the projected timeframe for their surgical date. The patient is also provided with a point-of-contact phone number where questions can be answered. If the health authority observes that the patient's surgical target may not be met, a revised timeline will be communicated to the patient.

Vancouver Acute is embarking on a new initiative to improve surgical screening and implement surgical optimization in the Pre-Admission Clinic.

Vancouver Coastal: Patient Care Quality Office Communication Times

PCORB Recommendation

1. That the health authority directly discusses the Patient Care Quality Office complaint process and the importance of responding in a timely manner to investigation requests with the community care and emergency medicine staff.

Health Authority Response

1. Accepted with modification, fully implemented.

Vancouver Coastal Health has updated its Complaint Prevention and Management policy to include clear expectation for the Patient Care Quality Office operational and clinical leaders (including the heads of all medical services across Vancouver Coastal Health) that staff to be mindful of the timelines and other requirements of the *Patient Care Quality Review Board Act*. Patient Care Quality Office staff across Vancouver Coastal Health are meeting with leaders and staff about the refreshed policy and the opportunity to improve communication with patients and other clients about their concerns, with a focus on timely response and pursuit of resolution. We are also taking steps within the Patient Care Quality Office to issue prompts to investigation partners to assist them in timely attention to investigation requests.

Vancouver Coastal: Communication with Patients and Families

PCORB Recommendation

1. That the health authority uses this case as an example to provide education for emergency department nursing staff at this hospital and generally through the health authority, with an overall objective to promote patient- and family-centred care through review of the discretionary application of skill with respect to:

- timing the enforcement of policy to enhance prospects for cooperation from patients and family in doing so;
- discussing steps to enforce policy with family members, listening to them and any concerns they may have and, where reasonable, discussing whether their presence and assistance with the patient will enhance prospects of the patient cooperating in hospital policy;
- dressing certified patients in hospital gown or pajamas;
- the presence of non-essential personnel such as security staff when care is provided, particularly where the nature of care involves matters of a private or personal security nature;
- the care of Alzheimer's/dementia patients in a manner that causes less distress; and
- the timely communication of complete and accurate information to promote patient and family participation in care and decision-making.

Health Authority Response

1. Accepted as written, fully implemented.

Vancouver Coastal Health agrees that empathetic communication and engagement with families and collaboration in patient care are fundamental to the realization of patient and family-centred care. We have shared this case as a learning opportunity with nursing staff in emergency departments throughout the health authority and with the regional emergency program.

Vancouver Coastal: Informed Consent and Agreement of Specialist Roles

PCQRB Recommendation

1. That the health authority reviews best practices for presenting and receiving informed consent.
2. That the health authority, in recognition of the increasing complexity of cases that involve multiple specialties, considers a more formalized agreement of roles expected when multiple specialist physicians are involved in a patient's care.

Health Authority Response

1. Accepted as written, fully implemented.

The heads of the Division of Interventional Radiology and of Urology have reviewed this case and the PCQRB decision letter and advise that they are confident that we are already performing best practices for informing a patient of the procedure (including expected and common unexpected outcomes) and obtaining consent. At the time a patient is seen for consideration of prostate artery embolization, the physician discusses the procedure and what can happen afterwards. The patient is given opportunity to ask any questions. On the day of the procedure, an overview of the procedural steps and a review of outcomes as well as complications are conducted during the consenting process.

In addition, we are in the process of reviewing and revising the Vancouver Coastal Health policy on health care consent, in anticipation of the implementation of the Care Facility Admission section of the *Health Care Consent and Care Facility Admission Act*. As part of that consultation and approval of the policy, the importance of clear communication of benefits and reasonably anticipated risks of the proposed care and alternatives—and of the opportunity to ask questions—will be emphasized.

2. Accepted as written, fully implemented.

As a result of this process, leaders in interventional radiology and urology have

worked to improve communication and handover of care post-embolization, including improved communication between the fellows in interventional radiology and the urology residents/fellows. They have also reviewed and refined our selection criteria for patients seeking prostatic arterial embolization. As for broader consideration of ensuring clarity of roles and optimal communication, the PCQRB decision letter (de-identified) has been provided to the team revising Vancouver Coastal Health policy guidance on the role and responsibility of the most responsible physician.

Vancouver Coastal: Communication between Clinicians and with Clients, De-Escalation Practices, and Security Footage

PCQRB Recommendation

1. That the health authority encourages direct communication between emergency room physicians and clinicians in the facilities involved in this case.
2. That when a complaint is made where CCTV is used, that is not a part of the chart but is relevant to the complaint, that the facility takes steps to preserve this information and respond to requests for this data. In cases where it is not possible to provide this information, the Patient Care Quality Office should respond to the complainant and explain why this information cannot be provided.
3. That hospital security review their de-escalation procedures with respect to patients who present with chronic pain and are not presenting as an immediate threat to persons or property.
4. That medical staff review this case with respect to improving empathetic interactions when discharging patients against their will. The PCQRB suggests having a plan for de-escalation when discharging persons in pain, and that staff review their de-escalation techniques with attention to patients whose pain is unresolved and are not presenting as an immediate threat to persons or property.

5. That the Patient Care Quality Office reviews this case with a view to improving their approach on providing knowledgeable and empathetic responses to patients after a full review has been conducted.

Health Authority Response

1. Accepted as written, fully implemented.
2. Accepted as written, fully implemented.
3. Accepted as written, fully implemented.
4. Accepted as written, partially implemented.
5. Accepted as written, fully implemented.

Vancouver Coastal: Facility Cleanliness and Charting for Distressed Patients

PCORB Recommendation

1. That the health authority implements a pilot project of patient exit surveys regarding facility cleanliness; that the results are provided to facility administrators, cleaning contractors and the auditors employed; and that the hospital review protocols by which staff can transmit cleaning requests to housekeeping services and devise methods for staff evaluation of cleanliness to be aggregated and reported to facility administrators, cleaning contractors and the auditors employed.

2. That the health authority ensures staff chart and record observable behaviours and actions of distressed or agitated patients and clients.

Health Authority Response

1. Alternative action taken, partially implemented.

Vancouver Coastal Health has several methods in place for seeking and monitoring feedback on cleanliness among other aspects of patient experience, and administers semi-annual surveys of inpatients and staff, seeking their feedback on housekeeping/cleanliness and food service. These results are communicated to the site and service delivery contractors.

Actions currently underway at Vancouver Coastal Health include:

- expanding the current (paper) patient surveys with more frequent electronic surveys during an inpatient stay, and on discharge;
- seeking to improve the rate of participation by staff in the surveys;
- providing more accessible contact information, improved signage, and other tools to make it easier for direct care staff to assist patients and families to provide feedback; and
- leveraging existing processes to better inform in real time of concerns and issues.

Vancouver Coastal: Radiology Errors

PCORB Recommendation

1. That, given the severity of this incident, a formal letter be issued to the complainant when the new Picture Archiving and Communication System technology has been implemented and this problem has been resolved.

2. That, when an error of significance is detected, as here, that the radiologist responsible for making an addendum of this nature ensure that the patient is contacted and informed in a timely manner to prevent possible harm, and to confirm that contact by charting either direct contact with the patient or by confirming that another attending physician has been informed and has agreed and accepted to do so promptly.

3. That this case be reviewed amongst all health-care professionals who viewed the report with specific focus on how it was communicated, whether this communication adhered to standards, whether those standards may be improved and better understood among the hospital's physicians and how best to organize timely and effective communication with patients and all known attending physicians who need to know such information.

4. That the department head of Radiology issues a direct apology to the patient.

Health Authority Response

1. Accepted as written, partially implemented.

The Patient Care Quality Office will monitor the progress of the upgrade to the Picture Archiving and Communication System (currently scheduled for completion in October 2019) and when it has been implemented will advise the patient by formal letter. To mitigate the risk of recurrence of this problem while awaiting a technology solution, the radiologists have established a mandatory protocol which requires the confirmation of the identity on both the image and the dictation file on commencing and resuming dictation of the imaging report; this is particularly important after an interruption in dictating the report.

2. Accepted as written, fully implemented.

We consider that the action below addresses both recommendation 2 and 3.

3. Accepted as written, fully implemented.

This incident was a critical failure in our medical imaging department. The following action has been taken to address both recommendation 2 and 3. The Department of Radiology has communicated with all members and reinforced through the site-based heads of Radiology the expectation that when an incident of significance is detected, that it must be addressed swiftly and with a focus on the patient, their care and safety.

The revised process includes:

- providing a formal addendum to correct the clinical record;
- direct communication with the patient or with providers caring for the patient to ensure the patient is informed immediately of the mistake and the steps that need to be taken to resolve any outstanding clinical issues;
- engagement by the radiologist on an urgent basis of departmental leadership, site administration and other relevant colleagues to ensure there is successful and appropriate urgent contact with the patient to acknowledge and apologize for the incident and to advise of supports in place to assist in remediation of impacts;

- a prompt and thorough investigation and initiation of quality improvement actions; and
- further and full disclosure provided to the affected patient and their family of the circumstances leading to the event and the measures in place to prevent it happening again.

This expectation and revised process has been communicated in writing to all members of the radiology department across Vancouver Coastal Health. It will be taught to any new incoming radiologists. It is also being communicated to all other clinicians across medical departments and divisions in Vancouver Coastal Health.

4. Accepted as written, fully implemented.

The head of Radiology has changed since the time this error occurred in 2017. In response to your recommendation, the previous head who had met with the patient and his family has written and sent a formal letter of apology to the patient.

Vancouver Coastal: Family Members Attending at Bedside in High Acuity Unit

PCORB Recommendation

1. That the health authority reviews the high acuity unit practices regarding family members attending at the bedside and ensure that if they are not permitted to do so, they are provided with an explanation in a timely way.

Health Authority Response

1. Accepted as written, fully implemented.

The high acuity unit has confirmed that their practices regarding family members at the bedside are very welcoming, consistent with the expectation and approach that we have very few restrictions on visiting across Vancouver Coastal Health. These few limitations include ensuring a manageable number of visitors and temporary restriction during provision of certain types of care.

The managers of the high acuity unit, emergency department and social work at the hospital involved have reinforced with their staff the need to communicate clearly to family members the location of the high acuity unit, how to access a family member who is a patient in the unit, and any restrictions or other procedures. Staff from the emergency department, operating room or elsewhere escorting family members to the unit will clearly communicate to unit staff the desire and any specific needs (e.g., interpreter services) of a family member wishing to visit a patient.

Vancouver Coastal: Patient Care Quality Office Communication and Self-Harm Threats

PCQRB Recommendation

1. That the health authority reviews this case to ensure:

- program area staff is aware of its obligation to produce a timely reply to the Patient Care Quality Office (PCQO) in order to assist in meeting legislated timelines;
- that the PCQO requests extensions when investigations require more time; and
- that the PCQO responds rapidly to possible self-harm threats.

Health Authority Response

1. Accepted as written, fully implemented.

Vancouver Coastal Health has updated the Complaint Prevention and Management policy to help ensure broad understanding across the organization of the expectations for timely response in complaint investigations and compliance with the *Patient Care Quality Review Board Act*.

Patient Care Quality Office staff more formally structure their requests of investigation leaders to reinforce the need for a timely response that address the specific concerns with an emphasis on quality improvement within the statutory timelines. Staff are also using functionality in the BC Patient Safety & Learning System to help manage and track timelines and maintain open, constructive and empathetic communication with clients about the timeline and need for an extension.

Vancouver Coastal Health has taken the following steps to improve responsiveness:

- a standard automatic reply has been created to reply to emails to the general Patient Care Quality Office address;
- out-of-office responses to individual staff members have been updated to provide clarity on what to do in an emergency, when staff will be back and who to call in the meantime with urgent matters; and
- if a caller reaches a voicemail when calling the Patient Care Quality Office, they will be advised if the staff member will be out of office and unable to return the call promptly and who to contact for urgent matters.

APPENDIX: 2018/19 PCQO Reviews

British Columbia

BC Quarterly Volume	April 2018 to March 2019				
Interaction Type	Q1	Q2	Q3	Q4	Total
Care Quality Complaint	2077	2350	2193	2244	8864
External Care Quality Complaint	94	111	133	104	442
Non-Care Quality Complaint	0	0	0	0	0
Inquiry	320	308	225	261	1114
Total Volume	2491	2769	2551	2609	10420
Care Quality Complaints per Capita	0.00042	0.0005	0.0004	0.0004	0.00178

BC Volume by Sector	April 2018 to March 2019				
Sector	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	14	17	11	20	62
Acute Care - Cardiac	33	15	20	17	85
Acute Care - Mental Health	58	62	57	68	245
Acute Care - Other	622	775	654	700	2751
Acute Care - Renal	5	8	7	6	26
Acute Care Subtotal (Excluding mental health)	674	815	692	743	2924
Administration	31	37	15	22	105
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	114	147	203	217	681
Ambulatory Care - Cancer	23	36	59	40	158
Ambulatory Care - Cardiac	4	8	8	7	27
Ambulatory Care - Other	276	239	303	336	1154
Ambulatory Care - Renal	4	2	12	6	24
Ambulatory Care Subtotal	307	285	382	389	1363
Emergency	538	662	582	615	2397
Home and Community Care (not including Mental Health)	159	185	190	183	717
Mental Health - Community, Addictions, and Housing	87	111	85	135	418
Mental Health Subtotal (Acute and Community)	145	173	142	203	663
Primary Care	19	11	35	30	95
Public Health	9	22	19	42	92
Residential Care	206	164	161	180	711
Transportation - other than Ambulance	1	2	1	0	4

Fraser Health

Fraser Health Quarterly Volume	April 2018 to March 2019				
Interaction Type	Q1	Q2	Q3	Q4	Total
Care Quality Complaint	454	497	457	503	1911
External Care Quality Complaint	45	39	86	78	248
Non-Care Quality Complaint	0	0	0	0	0
Inquiry	81	70	57	73	281
Total Volume	580	606	600	654	2440
Care Quality Complaints per Capita	0.00024	0.00027	0.00025	0.0003	0.001

Fraser Health Volume by Sector	April 2018 to March 2019				
Sector	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	4	2	3	3	12
Acute Care - Cardiac	2	0	9	0	11
Acute Care - Mental Health	22	25	19	16	82
Acute Care - Other	140	203	170	193	706
Acute Care - Renal	0	1	0	4	5
Acute Care Subtotal (Excluding mental health)	146	206	182	200	734
Administration	1	0	1	0	2
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	0	0	0	0	0
Ambulatory Care - Cancer	1	1	5	0	7
Ambulatory Care - Cardiac	0	1	0	0	1
Ambulatory Care - Other	46	42	38	38	164
Ambulatory Care - Renal	3	0	0	3	6
Ambulatory Care Subtotal	50	44	43	41	178
Emergency	176	192	155	198	721
Home and Community Care (not including Mental Health)	54	92	90	80	316
Mental Health - Community, Addictions, and Housing	23	16	15	12	66
Mental Health Subtotal (Acute and Community)	45	41	34	28	148
Primary Care	0	0	0	1	1
Public Health	1	3	5	20	29
Residential Care	58	51	43	45	197
Transportation - other than Ambulance	0	0	0	0	0

Interior Health

Interior Health Quarterly Volume	April 2018 to March 2019				Total
	Q1	Q2	Q3	Q4	
Care Quality Complaint	406	446	469	449	1770
External Care Quality Complaint	3		3	1	7
Non-Care Quality Complaint	0				0
Inquiry	24	23	25	40	112
Total Volume	433	469	497	490	1889
Care Quality Complaints per Capita	0.00051	0.00056	0.00059	0.00056	0.00224

Interior Health Volume by Sector	April 2018 to March 2019				
	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	8	6	3	5	22
Acute Care - Cardiac	12	4	5	5	26
Acute Care - Mental Health	18	16	14	16	64
Acute Care - Other	123	151	141	142	557
Acute Care - Renal	0	0	2	0	2
Acute Care Subtotal (Excluding mental health)	143	161	151	152	607
Administration	10	4	0	2	16
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	0	0	0	0	0
Ambulatory Care - Cancer	0	5	6	3	14
Ambulatory Care - Cardiac	0	4	2	4	10
Ambulatory Care - Other	94	78	116	103	391
Ambulatory Care - Renal	1	0	7	1	9
Ambulatory Care Subtotal	95	87	131	111	424
Emergency	162	192	180	140	674
Home and Community Care (not including Mental Health)	47	48	38	36	169
Mental Health - Community, Addictions, and Housing	5	14	14	7	40
Mental Health Subtotal (Acute and Community)	23	30	28	23	104
Primary Care	3	1	3	4	11
Public Health	1	3	6	5	15
Residential Care	69	56	54	58	237
Transportation - other than Ambulance	1	1	0	0	2

Island Health

Island Health Quarterly Volume	April 2018 to March 2019				
Interaction Type	Q1	Q2	Q3	Q4	Total
Care Quality Complaint	529	563	476	502	2070
External Care Quality Complaint	14	11	3	7	35
Non-Care Quality Complaint	0				0
Inquiry	61	59	19	28	167
Total Volume	604	633	498	537	2272
Care Quality Complaints per Capita	0.00063	0.00067	0.00057	0.00060	0.00248

Island Health Volume by Sector	April 2018 to March 2019				
Sector	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	1	1	2	0	4
Acute Care - Cardiac	5	3	0	0	8
Acute Care - Mental Health	9	9	10	13	41
Acute Care - Other	197	201	117	128	643
Acute Care - Renal	0	0	0	0	0
Acute Care Subtotal (Excluding mental health)	203	205	119	128	655
Administration	8	15	2	2	27
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	0	0	0	0	0
Ambulatory Care - Cancer	1	0	0	1	2
Ambulatory Care - Cardiac	1	0	5	0	6
Ambulatory Care - Other	59	43	66	90	258
Ambulatory Care - Renal	0	0	0	0	0
Ambulatory Care Subtotal	61	43	71	91	266
Emergency	98	141	105	133	477
Home and Community Care (not including Mental Health)	36	34	44	36	150
Mental Health - Community, Addictions, and Housing	21	30	29	49	129
Mental Health Subtotal (Acute and Community)	30	39	39	62	170
Primary Care	6	4	5	5	20
Public Health	4	9	6	10	29
Residential Care	48	27	26	43	144
Transportation - other than Ambulance	0	0	1	0	1

Northern Health

Northern Health Quarterly Volume	April 2018 to March 2019				
Interaction Type	Q1	Q2	Q3	Q4	Total
Care Quality Complaint	76	89	102	86	353
External Care Quality Complaint	7	14	15	8	44
Non-Care Quality Complaint	0	0	0	0	0
Inquiry	19	9	12	19	59
Total Volume	102	112	129	113	456
Care Quality Complaints per Capita	0.00026	0.00030	0.00035	0.00029	0.00120

Northern Health Volume by Sector	April 2018 to March 2019				
Sector	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	0	0	0	2	2
Acute Care - Cardiac	0	0	0	0	0
Acute Care - Mental Health	2	2	7	1	12
Acute Care - Other	23	28	35	61	147
Acute Care - Renal	0	0	0	0	0
Acute Care Subtotal (Excluding mental health)	23	28	35	63	149
Administration	0	2	1	3	6
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	0	0	0	0	0
Ambulatory Care - Cancer	0	0	1	0	1
Ambulatory Care - Cardiac	0	1	1	0	2
Ambulatory Care - Other	7	5	4	6	22
Ambulatory Care - Renal	0	0	0	1	1
Ambulatory Care Subtotal	7	6	6	7	26
Emergency	19	26	21	13	79
Home and Community Care (not including Mental Health)	1	2	1	3	7
Mental Health - Community, Addictions, and Housing	3	3	1	5	12
Mental Health Subtotal (Acute and Community)	5	5	8	6	24
Primary Care	6	2	6	6	20
Public Health	0	1	0	0	1
Residential Care	5	9	9	4	27
Transportation - other than Ambulance	0	0	0	0	0

Provincial Health Services

Provincial Health Services Quarterly Volume	April 2018 to March 2019				Total
	Q1	Q2	Q3	Q4	
Care Quality Complaint	273	287	248	270	1078
External Care Quality Complaint	1	1	3	1	6
Non-Care Quality Complaint					0
Inquiry	68	71	66	60	265
Total Volume	342	359	317	331	1349

Provincial Health Services Volume by Sector	April 2018 to March 2019				
	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	0	6	2	7	62
Acute Care - Cardiac	0	0	0	0	85
Acute Care - Mental Health	0	5	0	7	245
Acute Care - Other	21	20	44	23	2751
Acute Care - Renal	0	0	0	0	26
Acute Care Subtotal (Excluding mental health)	21	26	46	30	2924
Administration	4	5	4	3	105
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	114	147	203	217	681
Ambulatory Care - Cancer	21	30	45	36	158
Ambulatory Care - Cardiac	2	0	0	0	27
Ambulatory Care - Other	47	53	63	65	1154
Ambulatory Care - Renal	0	1	5	0	24
Ambulatory Care Subtotal	70	84	113	101	1363
Emergency	7	10	20	13	2397
Home and Community Care (not including Mental Health)	2	0	0	0	717
Mental Health - Community, Addictions, and Housing	0	0	0	5	418
Mental Health Subtotal (Acute and Community)	0	5	0	12	663
Primary Care	0	0	0	1	95
Public Health	1	3	0	1	92
Residential Care	0	0	0	0	711
Transportation - other than Ambulance	0	0	0	0	4

Vancouver Coastal Health

Vancouver Coastal Health Quarterly Volume	April 2018 to March 2019				
Interaction Type	Q1	Q2	Q3	Q4	Total
Care Quality Complaint	339	468	441	434	1682
External Care Quality Complaint	24	46	23	9	102
Non-Care Quality Complaint	0	0	0	0	0
Inquiry	67	76	46	41	230
Total Volume	430	590	510	484	2014
Care Quality Complaints per Capita	0.00028	0.00039	0.00036	0.00036	0.00139

Volume by Sector	April 2018 to March 2019				
Sector	Q1	Q2	Q3	Q4	Totals
Acute Care - Cancer	1	2	1	3	1
Acute Care - Cardiac	14	8	6	12	14
Acute Care - Mental Health	7	5	7	15	7
Acute Care - Other	118	172	147	153	118
Acute Care - Renal	5	7	5	2	5
Acute Care Subtotal (Excluding mental health)	138	189	159	170	138
Administration	8	11	7	12	8
Adult Day Care	0	0	0	0	0
Ambulance or Other Emergency Vehicle	0	0	0	0	0
Ambulatory Care - Cancer	0	0	2	0	0
Ambulatory Care - Cardiac	1	2	0	3	1
Ambulatory Care - Other	23	18	16	34	23
Ambulatory Care - Renal	0	1	0	1	0
Ambulatory Care Subtotal	24	21	18	38	24
Emergency	76	101	101	118	76
Home and Community Care (not including Mental Health)	19	9	17	28	19
Mental Health - Community, Addictions, and Housing	35	48	26	57	35
Mental Health Subtotal (Acute and Community)	42	53	33	72	42
Primary Care	4	4	21	13	4
Public Health	2	3	2	6	2
Residential Care	26	21	29	30	26
Transportation - other than Ambulance	0	1	0	0	0

FURTHER INFORMATION

For more information about the Patient Care Quality Review Boards, or to request a review, please visit www.patientcarequalityreviewboard.ca or contact:

Patient Care Quality Review Boards
 PO Box 9643
 Victoria BC V8W 9P1
 Phone: 1 866 952-2448 (toll-free)
 Fax: 250 952-2428
contact@patientcarequalityreviewboard.ca

The PCQRB can only review concerns that have already been brought to the Patient Care Quality Office in the health authority responsible for the service or expected service. The Patient Care Quality Offices can be reached at the addresses and phone numbers below.

Fraser Health
 11762 Laity Street, 4th floor
 Maple Ridge BC V2X 5A3
 Telephone: 1 877 880-8823 (toll-free)
 Fax: 604 463-1888
pcqoffice@fraserhealth.ca
www.fraserhealth.ca

Interior Health
 505 Doyle Avenue
 Kelowna BC V1Y 0C5
 Telephone: 1 877 442-2001 (toll-free)
 Fax: 250 870-4670
patient.concerns@interiorhealth.ca
www.interiorhealth.ca

Island Health
 Royal Jubilee Hospital
 Memorial Pavilion, Watson Wing
 1952 Bay Street
 Victoria BC V8R 1J8
 Telephone: 1 877 977-5797 (toll-free)
 Fax: 250 370-8137
patientcarequalityoffice@viha.ca
www.viha.ca

Northern Health
 299 Victoria Street, 6th floor
 Prince George BC V2L 5B8
 Telephone: 1 877 677-7715 (toll-free)
 Fax: 250 565-2640
patientcarequalityoffice@northernhealth.ca
www.northernhealth.ca

Provincial Health Services Authority
 Suite 200, 1333 West Broadway St
 Vancouver BC V6H 4C1
 Telephone: 1 888 875-3256 (toll-free)
 Fax: 604 708-2762
pcqo@phsa.ca
www.phsa.ca

Vancouver Coastal Health
 855 West 12th Avenue, LBP-380
 Vancouver BC V5Z 1M9
 Telephone: 1 877 993-9199 (toll-free)
 Fax: 604 875-5545
pcqo@vch.ca
www.vch.ca