



2019
2021

Patient Care Quality Review Board Annual Report



Patient Care Quality
Review Boards

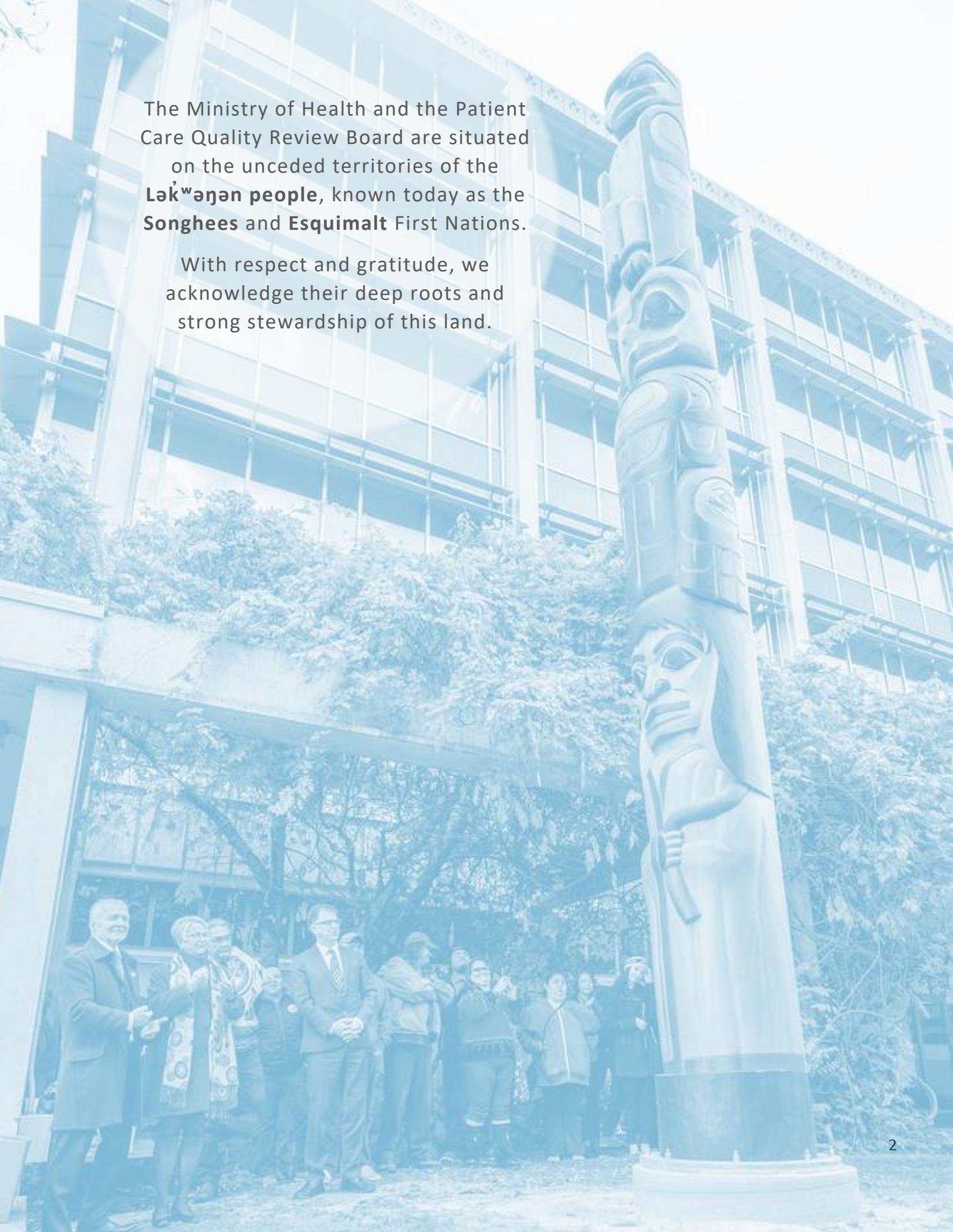
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The Ministry of Health and the Patient Care Quality Review Board are situated on the unceded territories of the **Ləkʷəŋən people**, known today as the **Songhees** and **Esquimalt** First Nations.

With respect and gratitude, we acknowledge their deep roots and strong stewardship of this land.



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Introduction

In BC, complaints about healthcare provided by health authorities or their contracted organizations can be made to a Patient Care Quality (PCQ) Office. This legislated complaint process provides a provincially consistent approach to addressing complaints, including timelines for investigation and the option of further review by a PCQ Review Board following a PCQ Office investigation. While complaints often represent a healthcare experience that may not have met a client's expectations, a robust complaints process supports the health system to learn and improve, and also provides a supportive way for clients to ask questions and understand their experience of care.

This report will cover the two-year period of 2019/20 and 2020/21 which includes the beginning of the COVID-19 pandemic and release of the *In Plain Sight* Report on Indigenous-specific racism in BC healthcare. Information is included on the impact of the pandemic, including trends related to complaints, as well as preliminary steps taken to make the PCQ process more accessible, safe, and meaningful for First Nations, Metis, and Inuit clients.

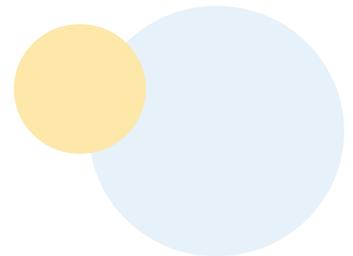
In addition to meeting reporting requirements of the *Patient Care Quality Review Board Act*, this report explores the impact of the PCQ process on the healthcare system, and the impact on individual clients who bring a complaint forward. The report includes examples of improvements made as a result of the work of PCQ Offices, Review Board recommendations and program partners.

Summary

Year-over-year increases in the number of healthcare complaints have been recorded in many international jurisdictions with well developed complaints processes. While BC has observed a slight increase, the number of complaints has been relatively stable in recent years. In 2019/20, 9,013 complaints were received by PCQ Offices across the province. A slight increase in the number of complaints was recorded in 2020/21 for a total of 9,080, 27% of which were linked to COVID-19.

Of the complaints investigated by PCQ Offices, less than 1% were escalated to the Review Board for review in 2019/20 and 2020/21. In 2019/20, the Review Board accepted 77 requests for review and process improvements enabled the Review Board to complete 80 reviews. Of the 80 reviews completed, 63 included recommendations to health authorities or the Minister of Health. In 2020/21, 57 requests for review were accepted by the Review Board and process improvements resulted in completion of 94 reviews significantly addressing a backlog of reviews. Of the 94 completed reviews, 70 included recommendations. Information on each recommendation is available at the following link:

<https://www.patientcarequalityreviewboard.ca/pcqrb-recommendations-2019-21.pdf>.



The Patient Care Quality Process

Roles

Complaint Resolution

We seek healthcare during some of the most vulnerable times in our lives. When a care experience leaves clients or their loved ones with questions or concerns, PCQ Offices and the Review Board strive to provide a safe, responsive, and accessible process for addressing them.

Quality Improvement

To design and deliver high-quality healthcare, the health system needs to learn from the perspectives and wisdom of those who receive care. The PCQ process shares client feedback with the people organizing and providing care. Learning from these experiences helps the healthcare system to improve.

Scope

Care Quality Complaints

Under the *PCQ Review Board Act*, PCQ Offices and the Review Board can address concerns about healthcare and related services provided, funded, or licensed by health authorities.

When PCQ Offices and the Review Board cannot help, clients are referred to someone who can, like a regulatory college.

Clients and Loved Ones

PCQ Offices and the Review Board can address concerns from the person who experienced the care or, with that person's permission, someone else acting on their behalf.

PCQ Offices and the Review Board can also help with permission from a healthcare decision maker or the executor of a client's estate.

Patient Care Quality Process

Clients and their loved ones should feel welcome to raise their questions and concerns with their care providers at the time and place they receive care, but sometimes this is difficult or feels unsafe. The PCQ process is here to help.

Share your experience

1

Clients can contact a health authority's PCQ Office with a concern and receive an acknowledgement within 2 business days.

Have your concerns addressed by a PCQ Office

2

The PCQ Office team works with clients and clinical leaders to understand concerns, answer questions, identify opportunities for improvement, facilitate resolution, and respond to clients. If this step will take longer than 40 business days, PCQ Offices ask for more time.

People

PCQ Offices

A PCQ Office in each health authority welcomes and responds to client feedback about care experiences.

They can help get questions answered, concerns addressed, and compliments shared with care teams.

You can find more information for each PCQ Office on page 20.

PCQ Review Board

The independent Review Board can review concerns that were not resolved by the PCQ Office and make recommendations to health authorities or the Minister of Health for resolution and/or quality improvement.

You can find more information about the Review Board on page 19.

“In my experience, most people come to the patient care quality office for two reasons: they want to better understand their experience of care and they want to identify an opportunity for improvement so that things are better for the next person.”

-Healthcare administrator

Request a review

3

After hearing from the PCQ Office, clients with unresolved concerns can contact the Review Board and will receive an acknowledgement within 5 business days.

Have your experience reviewed

4

The Review Board Department documents the complaint and gathers additional information. The Review Board meets to review the complaint and shares the results. If this step will take longer than 130 business days, the Review Board asks for more time.

If recommendations are made by the Review Board, the health authority shares what will be done in response.

Provincial Highlights – Patient Care Quality Offices

FY20/21

9,080 Complaints addressed

676 Complaints referred to others

907 General enquiries answered



Fewer than **2** per **1,000** BC residents made care quality complaints



Complaints were addressed, on average, in **17 days**

What Kinds of Concerns were Shared with PCQ Offices in 20/21?

PCQ Offices and the Review Board collect data on the types of concerns clients share to support a provincial dialogue on client experience and healthcare quality. Complaints help identify opportunities that other quality and safety mechanisms may not. They also provide insight on which issues are most meaningful to clients.

Because most care in BC is delivered in hospitals and related clinics, these settings accounted for **64%** of complaints. **17%** of complaints related to community, home, and long-term care settings; **7%** to mental health related services; **6%** to ambulance and other transportation services; and the remaining **6%** to other settings such as public health. The concerns raised in 20/21 were impacted by the COVID-19 pandemic – please visit pages 18 and 19 for more information. The graphic below describes the most shared concern in each care setting.

In hospitals and clinics, the most common concerns shared were about how **caring** interactions with care providers felt for clients.

In home, community, and long-term care settings, the most common concerns shared were about **visitation** – these related to restrictions due to COVID-19.



Hospitals and Clinics

This category includes feedback about hospital admissions, emergency room visits, and outpatient clinics like urgent care, diagnostic imaging, and labs. This represents most of the healthcare provided in BC.



Community, Home, and Long - Term Care

This category includes feedback about home care, community services like caregiver respite or adult day programs, and care for chronic illness or disability delivered in community facilities where clients live.

For mental health services, the most common concerns shared were about the **type or level** of care (e.g., when a client wanted in-patient care but was offered counselling in the community).

For ambulance and transport services, the most common concerns shared were about the **type or level** of pre-hospital transport care (e.g., the priority assigned to 911 calls).



Mental Health

This category includes feedback about mental health and substance use services in both community and hospital settings, such as crisis response, psychiatrics, and counselling.



Ambulance and other Transport

This category includes feedback about ambulance services, such as 911 responses and transfers between care facilities, and other transport such as MediVan or Northern Health Connections.

FY19/20

9,013 Complaints addressed

476 Complaints referred to others

1066 General enquiries answered



Fewer than **2** per **1,000** BC residents made care quality complaints



Complaints were addressed, on average, in **18 days**

“Thank you so very much for your absolutely excellent support. I don’t have words to express our gratitude that you took our concerns seriously. I often say... ‘most problems, when you really get down to the bottom, can be prevented or resolved with good communication.’ You have done exactly that.”
– Client Feedback to PCQ Office

What Kinds of Concerns were Shared with PCQ Offices in 19/20?

In 19/20, hospitals and related clinics accounted for **67%** of complaints. **15%** of complaints related to community, home, and long-term care settings, **7%** to mental health related services, **6%** in ambulance and other transportation services, and the remaining **5%** to other settings.

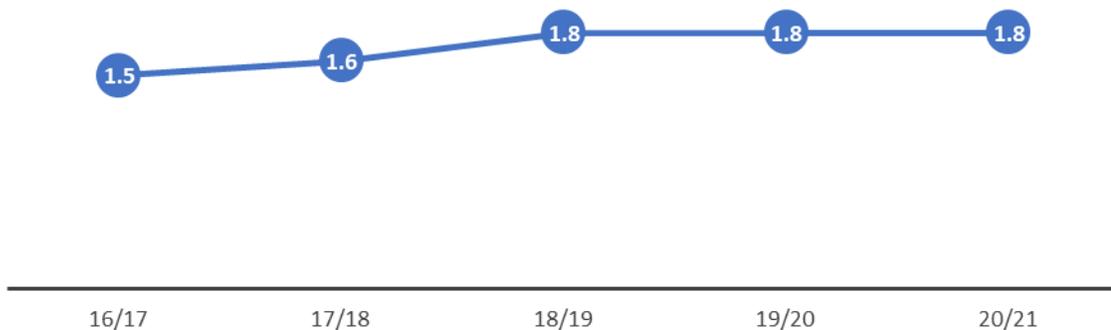
The most commonly shared concerns were similar to 20/21 with one exception: complaints in community, home, and long-term care settings were primarily related to visitation in 20/21, whereas the most commonly shared concerns in 19/20 were about the timing of care (e.g., that it was delayed or disruptive).

How have Complaint Volumes Changed Over Time?

As populations increase, services expand, and awareness of the PCQ process grows, the volume of complaints should increase as well. As the PCQ process has become established, the volume of complaints has levelled off. PCQ Offices and the Review Board are committed to continuously improving the accessibility of the PCQ process, including by further increasing awareness, expanding access, and ensuring diverse voices feel welcome and all people are well supported to bring concerns about their experiences of care forward. Initiatives currently underway are anticipated to increase the volume of complaints in future years.

The graphic below shows how the complaint volume per 1,000 BC residents has changed over the last 5 fiscal years. Although the number of complaints received has increased each year, complaints per capita have stayed stable over the last 3 years.

Complaints volume per 1,000 BC residents



Provincial Highlights – Patient Care Quality Review Board

FY20/21

57 Review requests accepted

94 Reviews completed
**see page 10*

70 Reviews resulted in Recommendations

622 Enquiries referred

Less than **1%** of complaints escalated to the Review Board



On average, reviews were completed in **191 days** and responses issued **8 days** later

177

Recommendations were made to health authorities

8

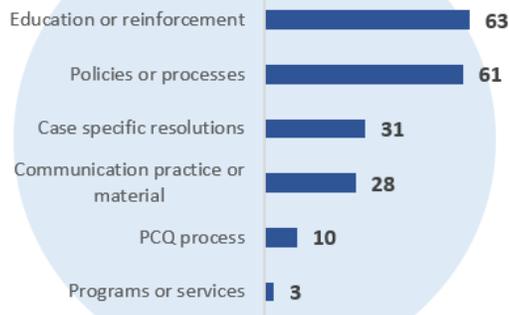
Recommendations were made to the Minister of Health

97%

Of recommendations were actioned by health authorities

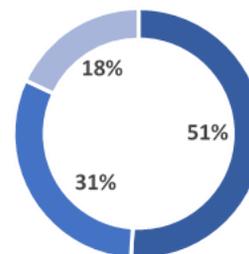
When deciding whether to take action on a recommendation, health authorities consider clinical, legal, and operational implications, as well as whether existing processes or policies meet the intent of the recommendation.

RECOMMENDATIONS RESULTED IN NEW OR IMPROVED:



Access a summary of each recommendation and response [here](#).

COVID-19 IMPACT



Health Authorities responded to recommendations within 30 days in **31%** of cases. **69%** of responses were delayed – in **51%** of cases, this was due to COVID-19.

Sometimes health authorities take an alternative approach that gets to the intent of a Review Board recommendation, but may not be exactly aligned with what the Review Board recommended. In 2020/21, Vancouver Coastal Health took recommendations one step further.

The Review Board recommended that the health authority work with a client to develop a care plan to support improved care. The health authority developed the plan with the client and worked with their mental health team to reduce the risk of re-hospitalization. In addition to the recommended actions, the health authority's Regional Mental Health and Substance Use Program updated their admission assessment process to include screening for a client's vulnerability to exploitation to prevent similar events from happening in the future.

"A silver lining of working in healthcare during the pandemic is that we have been through a lot together and have developed trust to ask each other difficult questions: Are we really doing everything we could do? Are we missing anything? Is there anything else we can offer? This way of approaching our work ensures that we look deeply at issues and put ourselves in each other's shoes, and in the shoes of our clients. Ultimately, our team was really struck by this particular situation because of how it resonated with our core VCH value – We Care for Everyone."

Vancouver Coastal Health Mental Health & Substance Use Program Leader

Provincial Highlights – Patient Care Quality Review Board

FY19/20

77 Review requests accepted

80 Reviews completed

63 Reviews resulted in Recommendations

355 Enquiries referred

Approximately **1%** of complaints escalated to a PCQ Review Board



On average, reviews were completed in **269 days** and responses issued **11 days** later

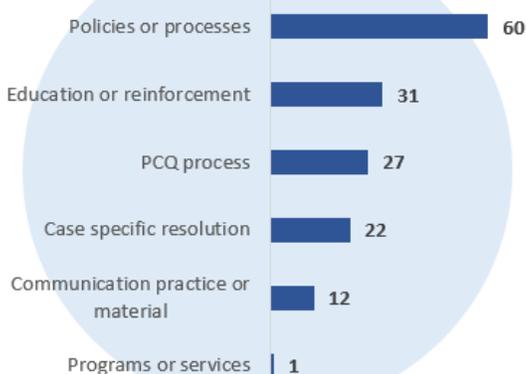
165
Recommendations were made to health authorities

2
Recommendations were made to the Minister of Health

92%
Of recommendations were actioned by health authorities

94%
Of responses to recommendations were within 30 days

RECOMMENDATIONS RESULTED IN NEW OR IMPROVED:



PCQ REVIEW BOARD PROCESS IMPROVEMENTS:

In 19/20, the Review Board operations underwent significant changes to address delays in review completion. This resulted in streamlined reviews, increased information and support for clients during intake, and a new process for identifying and recommending quality improvements. *The changes increased the number of reviews completed in 19/20, resulting in improved timeliness in 20/21.

“The impact of COVID-19 on all sectors of healthcare services sharpened the Review Board’s focus in 2020/21 on existing policies, protocols and guidelines. Through the lens of the patient experience, we reviewed how well policies met the needs of patients and families and were operationally feasible for healthcare providers. Many of the recommendations in 2020/21 were focused on the ability of policy to achieve a better care quality outcome for patients and their families.”

Review Board Chair

Vancouver Coastal Health

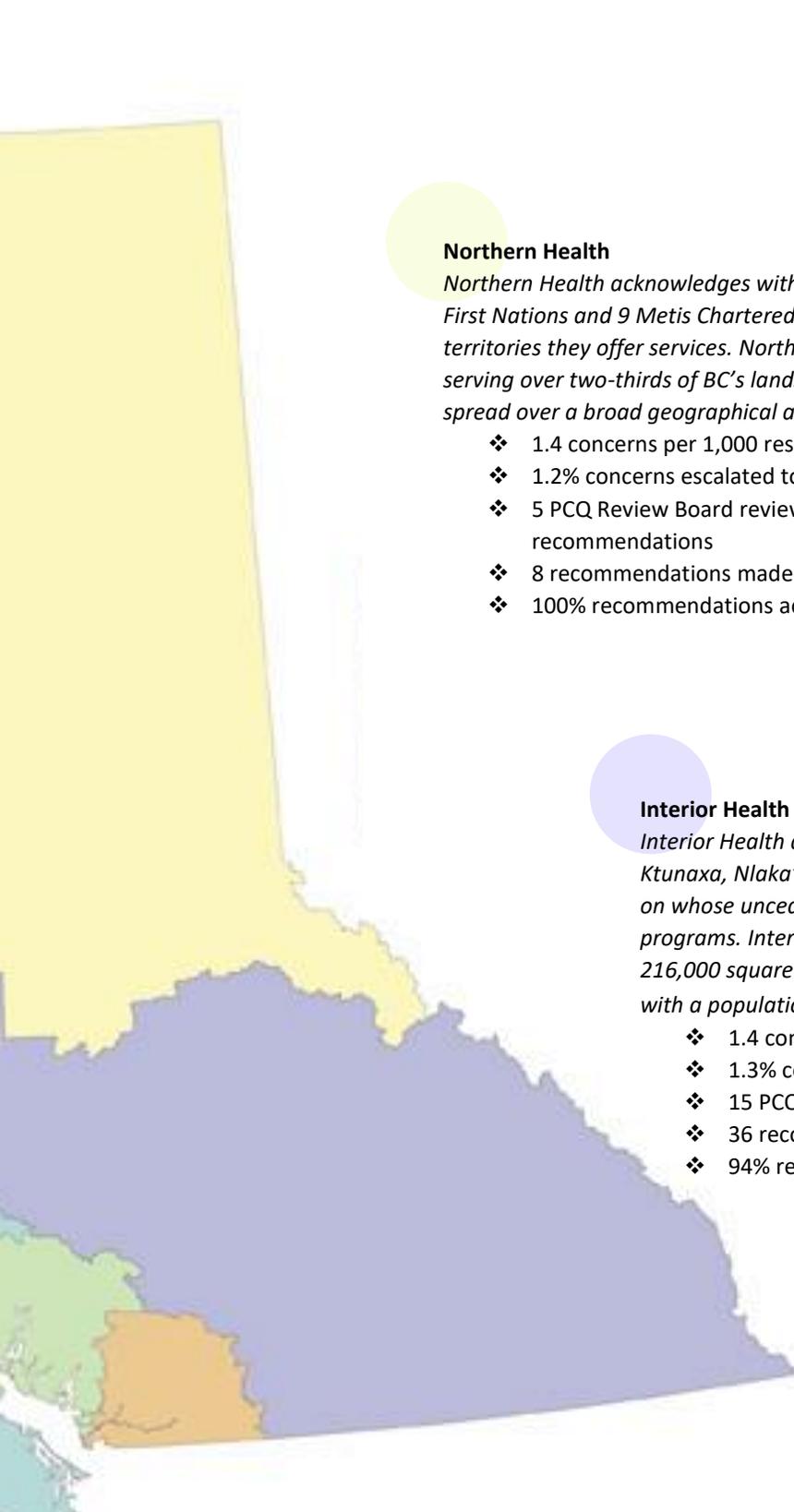
Vancouver Coastal Health acknowledges with respect and humility that their work and facilities lie on the traditional homelands of the Heiltsuk, Kitasoo-Xai'xais, Lilwat, Musqueam, N'Quatqua, Nuxalk, Samahquam, Sechelt, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa First Nations communities. Vancouver Coastal Health serves 25 per cent of BC's population, about 1.25 million people, including the residents of Vancouver, Richmond, North Shore and Coast Garibaldi, Sea-to-Sky, Sunshine Coast, Powell River, Bella Bella and Bella Coola.

- ❖ 1.1 concerns per 1,000 residents
- ❖ 1.8% concerns escalated to the PCQ Review Board
- ❖ 24 PCQ Review Board reviews, 16 resulted in recommendations
- ❖ 44 recommendations made
- ❖ 100% recommendations actioned

Island Health

Island Health acknowledges with respect and humility the Coast Salish, Nuuchahnulth and Kwakwaka'wakw cultural families on whose unceded traditional territories they offer their services and programs. Island Health serves more than 850,000 people on Vancouver Island, the islands in the Salish Sea and the Johnstone Strait, and the mainland communities north of Powell River and south of Rivers Inlet.

- ❖ 2.8 concerns per 1,000 residents
- ❖ 0.6% concerns escalated to the PCQ Review Board
- ❖ 14 PCQ Review Board reviews, 11 resulted in recommendations
- ❖ 22 recommendations made
- ❖ 100% recommendations actioned



Northern Health

Northern Health acknowledges with respect and humility the 55 First Nations and 9 Metis Chartered communities on whose territories they offer services. Northern Health is responsible for serving over two-thirds of BC's landscape, with 294,000 people spread over a broad geographical area.

- ❖ 1.4 concerns per 1,000 residents
- ❖ 1.2% concerns escalated to the PCQ Review Board
- ❖ 5 PCQ Review Board reviews, 4 resulted in recommendations
- ❖ 8 recommendations made
- ❖ 100% recommendations actioned

Interior Health

Interior Health acknowledges with respect and humility the Dākelh, Ktunaxa, Nlaka'pamux, Secwepemc, St'át'imc, Syilx and Tsilhqot'in peoples on whose unceded traditional territories they offer their services and programs. Interior Health is responsible for a broad geographic area of over 216,000 square kilometres, including larger cities and rural communities, with a population of about 859,000 people.

- ❖ 1.4 concerns per 1,000 residents
- ❖ 1.3% concerns escalated to the PCQ Review Board
- ❖ 15 PCQ Review Board reviews, 12 resulted in recommendations
- ❖ 36 recommendations made
- ❖ 94% recommendations actioned

Fraser Health

Fraser Health acknowledges with respect and humility the Coast Salish and Nlaka'pamux peoples on whose unceded traditional territories they offer their services and programs. Fraser Health serves over 1.8 million people in 20 diverse multicultural communities from Burnaby to the Fraser Canyon, as well as 62,000 Indigenous Peoples, associated with 32 First Nation communities and five Métis chartered communities.

- ❖ 1.4 concerns per 1,000 residents
- ❖ 0.8% concerns escalated to the PCQ Review Board
- ❖ 24 PCQ Review Board reviews, 18 resulted in recommendations
- ❖ 46 recommendations made
- ❖ 96% recommendations actioned

Health Authority Highlights

Provincial Health Services Authority

The Provincial Health Services Authority is responsible for provincial agencies and manages specialized healthcare services in partnership with other BC health authorities. PHSA provides healthcare in communities around the province and respectfully acknowledges the lands of many Indigenous peoples.

PHSA agencies include BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Mental Health and Substance Use Services, BC Renal Agency, BC Transplant, BC Women's Hospital and Health Centre, Cardiac Services BC, Perinatal Services BC, BC Emergency Health Services, Provincial Language Service, Stroke Services BC, Trans Care BC, Trauma Services BC and more.

- ❖ 1.1% concerns escalated to the PCQ Review Board
- ❖ 12 PCQ Review Board reviews, 9 resulted in recommendations
- ❖ 21 recommendations made
- ❖ 95% recommendations actioned

PCQ Offices Enable System and Individual Quality Improvements

After receiving care at a Vancouver Coastal Health hospital, a client who is transgendered approached the PCQ Office to share that they were repeatedly misgendered.

The client's concern resulted in multiple process improvements to improve the experience of care for patients who are transgendered. For example, at registration individuals can self-identify as transgendered and place an alert on their paper and electronic medical records to remind staff of the person's name and pronouns. Additionally, patients registering are asked if they have a name that differs from their legal name. If they respond with "yes", they are invited to confirm their gender. Patients are provided with a name band of a different color for the duration of their patient journey to provide an easy visual reminder to use a person's name as identified on their name band. Gender-affirming training has also been offered to staff to promote compassionate and respectful communication when talking with patients about their gender and name.

A patient went to an Island Health emergency department with unexplained pain and needed multiple tests. The patient had a history of experiencing anxiety related to healthcare. After several days in hospital, the patient was experiencing increasing anxiety and did not understand their care plan. The patient had reservations about remaining in the hospital and contacted the PCQ Office with their concerns.

The PCQ Office liaison went to the patient's bedside for a meeting to better understand the patient's concerns and offered supports geared toward a meaningful resolution. Clinical leaders acknowledged the patient's experience and collaborated with the patient to develop supportive strategies to reduce anxiety, which included increased communication and thoroughly explaining each procedure and treatment. The clinical team was grateful for the opportunity to improve the patient's experience. After discharge, the patient reconnected with the PCQ Office to express appreciation and recognized the efforts made by the Island Health team.

First Nations Health Authority – Quality Care and Safety Office

First Nations, Métis, and Inuit people have a right to access a healthcare system that is free of racism and discrimination and to feel safe when accessing healthcare. This means individuals, families and communities are able to voice their perspectives, ask questions and have their beliefs, behaviours and values respected by healthcare professionals.

First Nations Health Authority (FNHA) is the health and wellness partner to over 200 diverse First Nations communities and citizens across BC. FNHA operates in a dynamic environment in partnership with health authorities. FNHA's [Quality Care and Safety Office](#) (QCSO) is not a legislated complaints process like other health authority PCQ Offices. Rather, the QCSO provides a separate function designed to walk alongside First Nations in addressing concerns related to care experiences. The QCSO is founded in and operates within the framework of Cultural Safety and Humility. Cultural safety (respectful engagement) and cultural humility (self-reflection) inform all interactions.



Clients and families have the right to raise concerns and receive a timely response to their concerns, without fear of retribution or an impact on their health services and care. It is important that mechanisms are in place to capture both positive and negative health care experiences. It is the mandate of FNHA's QCSO to fully manage complaints related to FNHA delivered services and to support complaints related to FNHA funded services and any other health and wellness services accessed by First Nations across the province.

The QCSO mandate is achieved by operationalizing a Wise Practice approach through the following activities:

Identity and culture: Advocacy and prioritization of resolution processes that are First Nations led and grounded in First Nations ways of being for all First Nations across the provincial health systems' landscape.

Leadership: The recognition and acknowledgement of our Clients as leaders. This is fostered by upholding a Client-driven process where the Client is respected as the expert in their experiences.

Strategic vision and planning: The identification of service gaps and system improvement opportunities through valid and reliable data stewardship at senior executive and provincial tables.

Accountability: Ensuring that Clients are aware of their rights and the various mechanisms across the province regarding complaints management, as well as their strengths and limitations in order to manage client expectations.

Collaboration, partnership, and external relationships: Collaboration and contribution to knowledge exchange with other quality efforts across FNHA and the provincial health system. Harmonization across internal and external partners in order to support a client-defined resolution process and/or outcomes.

Cultural Safety, Humility, and Anti-Racism

An Evolving Commitment

The *Declaration on the Rights of Indigenous Peoples Act* states that First Nations, Métis and Inuit people have a right to the highest attainable standards of physical and mental health. This requires healthcare services that are free from racism and discrimination, reflective of identities, cultures and communities, respectful of voices and values, and inclusive of health and wellness goals. Understanding First Nations, Métis, and Inuit experiences of care and perspectives on service delivery is integral to achieving this. One pathway for developing ongoing dialogue is healthcare complaints and quality improvement processes, which can contribute to healing and learning on the journey toward safer care.

Complaint processes governed by the *Patient Care Quality Review Board Act* aim to address client concerns about their care, restore or strengthen relationships with care providers, and improve care delivery based on the experiences of those who bring a concern forward. To fully realize these outcomes for First Nations, Métis, and Inuit clients, the PCQ process must be an accessible, safe, and meaningful space to share experiences and concerns. This must include culturally appropriate resolutions that acknowledge and seek to repair longstanding distrust in healthcare institutions, including PCQ Offices and Review Board. It must also capture data that is relevant to First Nations, Métis, and Inuit communities, that amplifies their strengths, and that supports regional and systemic improvements to care.

Cultural Safety & Humility Collaborative

Established in 2019, the Cultural Safety and Humility Project Collaborative is united in a commitment to enable culturally safe and appropriate healthcare complaint processes that welcome First Nations, Métis, and Inuit voices, support meaningful resolution, and learn from communities' wisdom and experiences to create a safer healthcare system that is more responsive to communities' needs and values.

The Collaborative is co-facilitated by First Nations Health Authority (FHNA) and the Ministry of Health, and includes Indigenous health leaders from each health authority and their PCQ Office colleagues, BC Association of Aboriginal Friendship Centers, Métis Nation BC (MNBC), the Review Board, BC Patient Safety & Quality Council, and BC Patient Safety and Learning System.

What is a culturally safe environment?

A culturally safe environment is the desired outcome and can only be defined by the Indigenous person receiving care in a manner that is safe and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially, emotionally, and spiritually safe environment, without challenge, ignorance or denial of an individual's identity. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humility.

What is cultural humility?

Is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. While western models of medicine typically begin with an examination of the patient, cultural humility begins with an in-depth examination of the provider's assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the patient-provider relationship. Undertaking cultural humility allows for the Indigenous voices to be front and centre and promotes patient-provider relationships based on respect, open effective dialogue, and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.

What is anti-racism?

Anti-racism is a practice of actively identifying, challenging, preventing, eliminating, and changing the values, structures, policies, programs, practices, and behaviours that perpetuate racism. It is more than just being "not racist" but involves taking action to create conditions of inclusion, equality, and justice.

Source: [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#)

Cultural Safety, Humility, and Anti-Racism section continued

In November 2020, Hon. Dr. Mary Ellen Turpel-Lafond (Aki-Kwe) released an independent review, *In Plain Sight*, which focuses on addressing Indigenous-specific racism in BC healthcare. The report includes 24 powerful recommendations that impact the entire health sector, including recommended improvements to the *Patient Care Quality Review Board Act* and related complaint processes.

Recommendation 5 states, “that the BC government, First Nations governing bodies and representative organizations, and MNBC jointly develop a strategy to improve the patient complaint processes to address individual and systemic Indigenous-specific racism.” The Collaborative is committed to actioning this and other recommendations and is prepared to work in partnership with the Task Team mandated to drive the implementation of the *In Plain Sight* report recommendations.

Actioning Individual & System Change for an Accessible, Safe, and Meaningful Complaints Process

As part of the ongoing commitment to address Indigenous-specific racism and creation of a culturally safe complaints process, PCQ Offices, the Review Board, and the Ministry of Health teams have participated in cultural safety and humility training. PCQ Offices are embracing trauma-informed practice and relationship building with Indigenous Health leaders within organizations and local First Nations, Métis, and Inuit communities. Health authorities have also hired new Indigenous Health Liaisons, many of whom simultaneously work with a PCQ Office and Indigenous health teams to support First Nations, Métis, and Inuit clients in navigating access to healthcare services and in bringing a concern forward. PCQ Offices have taken steps to respond to complaints in a culturally safe manner including, for example, healing circles and elder participation in the resolution process.

Following thoughtful planning with the Collaborative and consultation with the Partnership Accord Leadership Table, Interior Health launched a pilot project in August 2020 designed to support self-identification of clients with First Nations, Métis, and Inuit identities in a culturally safe manner. This project is an important step in providing disaggregate data about the healthcare concerns and experiences of First Nations, Métis, and Inuit clients. It will help identify systemic inequities in the way healthcare and related services are delivered and experienced, and will help track the impact of initiatives to support improvement.

On an interpersonal level, self-identification can help service providers in the PCQ office, in direct care, and across the healthcare system to develop a better understanding of the diverse needs of First Nations, Métis, and Inuit clients. Self-identification can also prompt considerations and resources for cultural safety, and sensitize complaint reviewers to racism as a dimension of analysis. The Interior Health pilot has helped to guide the implementation of self-identification projects in PCQ Offices across the province. In *Disaggregated Demographic Data Collection in BC: The Grandmother Perspective*, Gwen Phillips reminds readers that data can make systemic inequalities in society visible which can lead to positive change. However, the same data, if used or collected poorly, can reinforce stigmatization of communities, leading to individual and community harm. The Collaborative recognizes the need to ensure appropriate data stewardship which includes a commitment to Indigenous data sovereignty.

“Inviting clients to self-identify as Indigenous when sharing feedback about their care experiences has created opportunities to embed Indigenous-specific perspectives in service delivery.

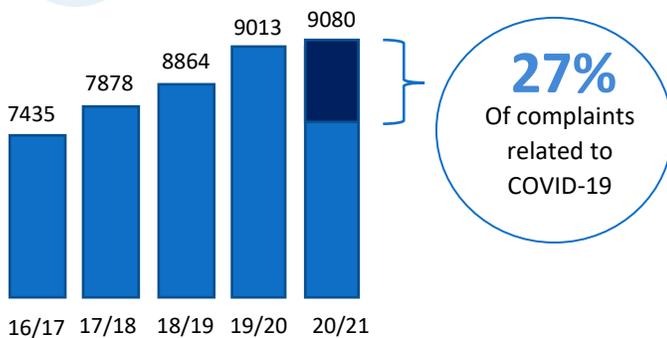
Our team is grateful for the knowledge that has been shared through partnerships to support Indigenous-led cultural and wellness practices in our response to care concerns.”

Interior Health Patient Care Quality Lead

COVID-19 Pandemic Impacts

The COVID-19 pandemic sparked a global emergency that continues to challenge healthcare systems worldwide. In BC, healthcare providers, administrators, and policy makers acted quickly to adapt services, realign resources, and implement new public health measures to keep British Columbians safe. In this uncertain time, PCQ Offices and the Review Board helped clients navigate the changing healthcare system. In turn, by sharing their questions and concerns, clients that accessed the PCQ process have helped inform and refine BC's response as the pandemic unfolded. This section describes how the COVID-19 pandemic impacted the PCQ process in FY20/21.

How Did the COVID-19 Pandemic Impact the PCQ Process?



COVID-19 changed the way healthcare was accessed in 2020/21. For example, many people deferred emergency department visits for less urgent care and accessed care virtually. Many accessed COVID-19 services like testing sites and vaccination clinics. As a result, almost a third of complaints across the province in 2020/21 related to COVID-19, while the volume of complaints unrelated to COVID-19 decreased compared to last year.

As COVID-19 stretched capacity in the healthcare system, the PCQ process was also impacted. PCQ Office and Review Board teams shifted to remote work and virtual services wherever possible, including complaints intake and reviews. Some clients experienced delays as clinical leaders needed to prioritize direct care and were not always able to provide a timely response to PCQ Offices. Some PCQ Offices received increased volumes of questions and concerns, while the Review Board experienced an increase in general enquiries.



Island Health's Patient Care Quality Office Supports Vaccination Efforts

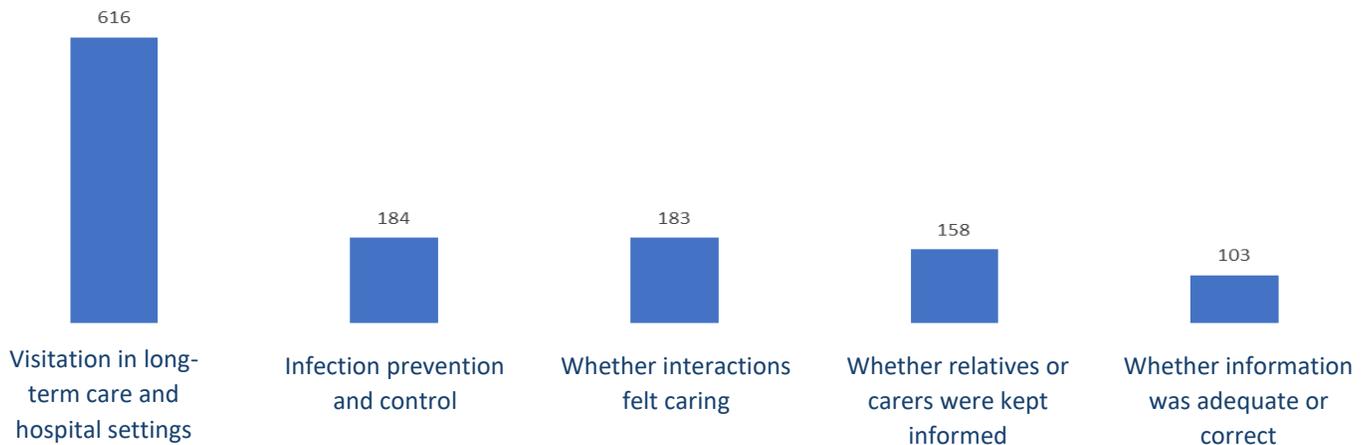
"The PCQ Office was asked to support the Covid-19 vaccine rollout in March 2021. It was inspiring to see our small team pick up extra shifts on top of our regular workweek across the Island Health region. When I arrived for my first shift, I could not believe the setup and how well everything was organized. From the moment you enter the parking lot until you leave, patients are provided help every step of the way. That might look like offering a wheelchair for patients with mobility issues or spending time with someone in the post-immunization bay who is alone and may be nervous. It was incredible to see the lengths that Island Health employees and volunteers went to accommodate and make patients feel safe and heard during these challenging times.

At all clinics, I witnessed courage, respect and empathy while aspiring to deliver the highest quality of care. It has been moving to see volunteers ranging from university students to retired community members supporting the clinics. For me, even though the work I have done is small, I feel as though I am contributing to the solution and getting one step closer to safely spending time with my loved ones."

Experience of an Island Health Patient Care Quality Office Team Member

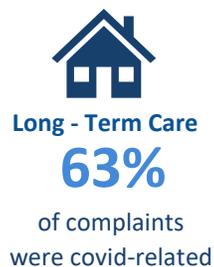
What Kinds of Concerns were Shared Related to COVID-19?

The COVID-19 pandemic also changed how healthcare was delivered. Important public health measures such as masking, social distancing, and restrictions on visitation were implemented to help keep people safe. Resources shifted and care providers were redeployed to support things like increased testing and contact tracing, and the largest vaccination rollout in provincial history. Understanding how these changes impacted client experiences can help refine policy decisions as we continue to adapt to the COVID-19 pandemic. The graphic below shows the most commonly shared concerns relating to COVID-19:



Which Care Settings were Most Impacted?

Some care settings saw higher concentrations of concerns than others. For settings like public health and primary care, this may have been because clients were accessing them more frequently for COVID-19-related services. For settings like long-term care, this may have been in part because clients in these settings were more vulnerable to COVID-19, and because the impact of public health measures like restrictions on visitation and mandatory masking especially impacted these clients and their families. This graphic shows the care settings with the highest proportion of COVID-19 related complaints:



PCQ Review Board Membership and Expenditures

PCQ Review 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 re-appointed to consecutive terms. Current health authority employees, including board members and contractors, are ineligible.

FY2019/20		FY2020/21
Pauline Blais	Robert Holmes, Q.C.	Susan Morrow
Dr. David Bowering,	Donna Horning	Pauline Blais
Vivienne Chin	Dr. James Houston	Vivienne Chin
Dr. Romaine Gallagher	Thomas Humphries	Lorraine Grant
Lorraine Grant	Marion Lockhead	John Miller
Roy Kahle	Elizabeth MacRitchie	Dr. Sharon Salloum
Dr. John Miller	Ambrose Ng	Dr. Romaine Gallagher
Susan Morrow	Steven Puhallo	Mike Billingham
Dr. Sharon Salloum	Nancy Slater	Jonathan Chapnick
Ann Beamish	Brian Stamp, Q.C.	Nikhil Gandhi
Peter Buxton	Richard Swift Q.C.	Joti Gill
Henry Ellis	Dr. Steven Tredwell	Trish Hunt
Barbara Hestrin		Anthony Le
		Sandra Staats
		Roy Kahle

PCQ Review Board Expenditures

Category	FY2019/20	FY2020/21
PCQ Review Board Members and Chairs		
Meeting fees and expenses	\$55,531	\$45,400
PCQ Review Board Department		
Board support personnel	\$1,195,637	\$1,339,118
Board support travel	\$8,999	\$195
Legal expenses and professional services	\$1,000	\$1,717
Office, business, and information systems	\$28,506	\$2,955
Total Expenditures	\$1,234,142	\$1,389,386

Find Out More: Contact Information

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Vancouver BC V6H 4C1
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Fax: 604 708-2762
pcqo@phsa.ca
www.phsa.ca

First Nations Health Authority

Quality Care and Safety
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Email: quality@fnha.ca
<https://www.fnha.ca/about/compliments-and-complaints>

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Fraser Health

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