

About The British Columbia Patient Safety & Quality Council

In 2008 the British Columbia Patient Safety & Quality Council was created by the provincial government to enhance patient safety, reduce errors, promote transparency, and identify best practices to improve patient care. Eight years later, the Council continues to fulfill this mandate by advising the Minister of Health on patient safety and quality of care issues, as well as supporting initiatives that encourage collaboration and coordination from health system stakeholders throughout the province.

The Council believes a patient-centered, innovative, and inclusive approach from the province's health care system is essential to improving quality of care. Drawing on its resources, relationships and the diverse expertise of its staff, the Council is at once a leader, an advisor, a partner, a facilitator, an educator and a supporter across a wide spectrum of initiatives.

Below are two Spark Collaboration testimonials from the British Columbia Patient Safety & Quality Council:



GETTING TO KNOW YOU... ONE COFFEE AT A TIME

BY JAMI

I love being curious. I appreciate the opportunity to look past what I can see on the surface and get to know more about the people that I spend a lot of time with: my work mates.

Being a newbie to the Quality Council, I was very curious about what I see as this funky, eclectic group of folks working together across BC. Why are they here? Where did they come from? Who is the person behind the title? Do they like football? Overall, what gets them excited to jump out of bed each day and give their work all that they've got?

I saw the Randomized Coffee Trials as my ticket to curing my curiosity. They take away the need for cold calls and provide a backdrop for conversation.

First up on the curiosity tour was Geoff. Prior to the RCT, our interactions previously had been cordial but limited. Really, our work hasn't provided a natural opening for talking. When we talked, I was curious about the collective skills, abilities, and contacts we each bring to the table.

My mind started wandering to the possibilities of how we could synergistically work together to improve health care. The possibilities are endless. It was my privilege to hear about his frontline experience and strong commitment to improving health care.

Now, my curiosity about others is really cooking, the RCTs are well worth the time and effort to engage in a non-scripted, casual way that lets the conversation really flow.

Thanks, team! 🍷

I'm Down With RCTs, Yeah You Know Me

By Fatima Al-Roubaiai

I'm a huge champion for this new RCT initiative at the Council. Other than the RCT I describe below, I've had five others so far (four of which were impromptu dates outside of the "official" match I received from Spark).

My first RCT was with Mary Lou Lester, and I was happy to be testing this new idea out with her. After a couple of email exchanges, we found a time to meet for a coffee. Unfortunately we both had to cancel the day before our date, due to other emerging priorities. Since this happened the week before the team meeting in May, we decided to wait and chat about a better time once we saw each other face to face.

The team meeting was an epic whirlwind, and after the Escape Room, the two of us found ourselves walking back to our hotel together. I asked Mary Lou if she had dinner plans – she said no, and an hour later our RCT was happening over pad thai and iced tea.

We talked about life, family, and careers, including our experiences working in Residential Care. It was in this chat that Mary Lou brought up the upcoming Kelowna CLeAR workshop, and what a good opportunity it would be for me to attend. The next day, she spoke to her Director Shari, who then spoke to my Director Andrew, and all was settled. The next week I was right there with her, learning and supporting!

Meeting the residential care teams in my region and learning about all the amazing work that's been accomplished so far was a great experience. Specifically, I learned that reducing the use of antipsychotics in residential care is a collective effort, and requires a shift in culture across the entire team. It also means facing a lot of hard truths about the way we do things, while opening our eyes to the enormous potential for engagement on this! Another key lesson is the importance of meeting people where they are, and adapting our own approach as change agents in order to draw people out at their own pace.

All of my RCTs helped to create space for collaboration and sharing of ideas that wouldn't have happened otherwise. It is one thing to say to someone on the team, "Let's have a coffee" but far more compelling to suggest, "Let's have our own RCT"!