

## Effective health care teams in BC: Findings of a pilot study

As multidisciplinary team working becomes the context for much patient care, there is growing interest in what makes a health care team effective. To explore team function, the Multi-Professional QI working group of BC MQI has conducted an appreciative inquiry into characteristics of high-performing teams. A report on the inquiry findings is now available. With support from the Rural Coordination Centre of BC, the inquiry engaged three teams in the pilot phase. The teams worked in quite different situations: community and hospital-based, and clinical, multi-professional, and executive settings. Eight key characteristics were identified: patient-centredness, engagement, decision making, reciprocity, mutual understanding, good administrative support, action-orientation, and dedicated time for relationship building. The pilot project methodology has proved robust and transferable, demonstrating promise for broad applicability.



Find the pilot study report at [bcmqi.ca](http://bcmqi.ca).

## Aligning quality initiatives: The P6 pacemaker project and the privileging dictionaries

As reported in the June update on PHSA's Specialist Service Committee (SSC) initiatives, the provincial pacemaker project, or P6, has successfully linked up their work with the provincial dictionaries for surgical privileges. Led by Dr. Jamil Bashir and Cardiac Services BC, the P6 Project seeks to establish a coordinated service network and standardized care to improve the pre/peri/post-operative care of pacemaker patients. Following two reviews of provincial outcomes, the P6 project developed new recommended physician training and experience standards for pacemaker implantation. To support physicians to meet the new standards, P6 also established training and mentorship programs. The P6 recommendations were subsequently reviewed and accepted by panels for both the General Surgery and Vascular Surgery provincial dictionaries—resulting in a new, consistent quality standard across specialties. To learn more or to request the *PHSA SSC Initiatives Update*, contact [yuriko.ryan@phsa.ca](mailto:yuriko.ryan@phsa.ca).

## New draft for procedural pain management

A new version of the draft procedural pain management dictionary is available for physician review and input. The latest draft incorporates changes following a robust round of feedback and discussion. Physicians with relevant expertise are invited to provide input on the draft content, using the online feedback form.



Visit the [dictionary review hub at bcmqi.ca](http://bcmqi.ca) to view the draft Procedural Pain Management dictionary and provide feedback by September 4, 2018.

*The Update reports on activities underway to strengthen BC's medical quality framework.*



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## Dictionary refresh

### Reviews in progress

A total of 13 physician dictionary panels are currently active. The latest to launch are review panels for endocrinology and metabolism, forensic pathology, medical biochemistry, medical microbiology, neuropathology, public health and preventative medicine, and vascular surgery.

Consultation continues for anesthesiology, critical care, diagnostic imaging, neurology, procedural pain management and a new dictionary for injectable opioid agonist treatment.

### Next up

Review panels starting soon:

- Cardiology (and Pediatric)
- Dentistry
- Gynecologic Oncology
- Gynecological Reproductive Endocrinology and Infertility
- Maternal Fetal Medicine
- Oral and Maxillofacial Surgery
- Respiriology (and Pediatric)

Learn more at [bcmqi.ca](http://bcmqi.ca).

Have questions or concerns about AppCentral or the provincial privileging dictionaries? See the resources at [www.bcmqi.ca](http://www.bcmqi.ca), or contact your medical leader or local medical administration office.

The BC Medical Quality Initiative (BC MQI) brings health care partners together to develop ways to improve the quality of medical care for people living in BC.

## 11 revised dictionaries updated in Cactus

Eleven updated provincial dictionaries are now available in Cactus for appointments and renewals. Practitioners should read their revised dictionary carefully when next applying for privileges, to ensure familiarity with the privileges and related requirements.

Depending on the scope of the changes, practitioners in renewal processes may need to select and request privileges from their discipline dictionary as though for the first time.

### Limited changes

*Practitioner renewal applications will prepopulate*

- Hospital Medicine (formerly Hospitalist)
- Pediatric surgery
- Plastic surgery

### Significant changes

*Practitioner renewal applications will not prepopulate*

- Anatomical Pathology
- Emergency Medicine
- General Internal Medicine
- General Pathology
- Hematological Pathology
- Midwifery
- Nurse Practitioner
- Psychiatry

Each health authority has a unique schedule for reappointments. This means the revised dictionaries will come into effect at different times across organizations. Questions about implementation timelines should be directed to your local medical administration office.



View reference copies of all provincial dictionaries at [bcmqi.ca](http://bcmqi.ca).

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