

# Patient Safety and Quality Research in Canada

February 28 – March 1, 2005

Barclay Room - InterContinental Toronto Hotel – 220 Bloor Street West, Toronto, ON

## Evaluation Summary

Returned Evaluations (N=17)

### 1. The Program

What was your overall level of satisfaction with:

	Highly Satisfied	Satisfied	Somewhat Satisfied	Dissatisfied	Highly Dissatisfied	No Response
The workshop program	6	8				3
The background information	7	8	2			
The presentations by international experts	12	4				1*
The priority setting process	3	5	6	2	1	
The outcomes from the discussion on research priorities	6	5	3		1	2**
The discussion on funding	1	7 (Federal \$)***	4	1 (Provincial \$)***		3
The discussion on knowledge translation	3	6	5		1	2

\*One Response read Highly Satisfied to Somewhat Satisfied

\*\*One Response read between Satisfied to Somewhat Satisfied

\*\*\*One Response marked satisfied with Federal \$ and Dissatisfied with Provincial \$.

### Comments/suggestions for improvement:

- *Priority setting –was creative. Tuesday am session suggested too much of an agenda, too clinical, too set in stone despite claims to the contrary - Disappointing*
- *The process for setting priorities: 1. more time? 2. Sense that there was “already” an agenda which participants were being driven to 3. “Forced” vote on priorities (in which no shared vocabulary and conceptual framework – how legitimate are results. Also – where were the patients/advocates (eg. Jeff’s comments)*
- *Overall good representation; Conflict between researcher and user driven agenda; Perhaps future opportunity for discussion and network.*
- *Excellent opportunity to meet with others who are focused on patient-safety – related research and other activities*
- *Remains to be seen whether the priorities will include the input from the group*
- *There was much discussion on need to drive research from “needs” base. Yet here was a dearth of decision-makers, managers, administrators in the room.*
- *It was very helpful to hear each other’s ideas and suggestions. The discrepancies between groups and within groups on what constitutes a “research priority” (not just which kinds of research should be a priority), however, suggests that we might have done a better job for you with a more structured priority-setting process. That said, you might well have ended up with the same disparate “basket” of items regardless. If you decide to pursue this type of exercise again from time to time (and I hope that you do), perhaps you might try grouping researchers and decision-makers according to setting in*

order to develop a more balanced patient safety research agenda that addresses both overall health systems governance as well as various settings such as acute care, community care, continuing care, and public health. In other words, assume upfront that all of these areas need some attention and require at least one of the priority “spotlights” to “shine on them”, and then try to conduct exercises that enable the group/subgroups to prioritize within each of these latter categories. Then if more than one category (group) chooses a similar theme (for ex. Transitions), all the better.

- Poor facilitation, Personal agendas set stage for priority setting.

**Please provide suggestions to the partners on how to better communicate and evaluate the outcomes of this workshop to researchers, decision-makers and funding agencies**

- *It would be helpful to receive a written summary of all of the groups’ discussions along with a “shortlist” of the suggested priorities for a) projects and b) research that the CPSI board elects to follow up on in the next 1 – 2 years (short-term) and next 2-5 years (longer-term). The chosen priorities could be presented in two tables (one table for projects and one table for research), along with accompanying rationale for these choices and an itemizing of the indicators that will be tracked (and how) to evaluate the outcomes of these funding priorities. It is critical for researcher and decision-makers to realize that projects are not research (nor vice-verse), and that different rationale and different outcomes may well be expected for each kind of funding initiative. A CPSI list-serve for researchers and decision-makers with regular updates on 1) above or any other pertinent info that CPSI wants these parties to be current on would be great*
- *Clarify your mandate – too vague yet weirdly ambitious – “Safest health care in the world”*
- *Telehealth, other electronic formats/strategies*
- *Develop CPSI website and post on it. Publish a short PDF document that can be quickly emailed to meeting participants and stakeholders. Could do a small write up on CMAJ.*

**2. Workshop Site and Logistics**

Please score the following items (1 = poor quality; 4 = excellent quality)

	1	2	3	4	No Response
Location of the meeting	1		2	14	
Meetings rooms	1	1	3	12	
Accommodations (bedrooms, other facilities)	1		1	14	1
Food	1		3	13	
Hotel Reservation Services	1		2	12	2
Travel Reservation Services	1	1	1	11	3
Handling of the workshop logistics	1		4	12	

**Comments/suggestions for improvement:**

- *These are tough events to pull off on short notice and tight time frames – overall, well done.*
- *Excellent Hotel*

**General comments/suggestions on any aspect:**

- *Thank you for inviting me. I hope to remain involved as you develop your work.*
- *Thank you for organizing this. There was a need for this type of meeting and hopefully a follow up meeting of perhaps a smaller group will occur within the next few months to ensure this agenda moves forward. If I can help in any way, just ask.*
- *Conference was overall excellent and seemed to go off very well. Only concern was that the priority setting process was too unstructured for such an important activity. There should have been a clearer framework for people to use to assess priorities and possibly some materials relevant to priority setting should have been sent out ahead of time, so participants could have reflected on the task before arriving. As it was, the session was part brainstorming part consensus building*

*and I worry there was not enough time to do justice to latter in such a short time without prior preparation.*

- *CPSI should think broadly as well as just picking low hanging fruit culture/teams central to all else*
- *Bio (short) and contact details on each participant would be helpful*
- *The patient safety movement in moving towards more of a system and team orientation, but it is still somewhat on the physician-driven side. We have to move the system to be more patient centered.*