

## **Canadian Trigger Tool Development Project Charter October 7, 2009**

### **Background**

The 2008 – 2013 CPSI Strategic Plan (Canadian Patient Safety Institute, 2007), identifies as a key priority the translation of evidence informed knowledge around patient safety practices into tools for application in clinical settings. Trigger Tools represent a robust method for identifying adverse events, (defined here is injury caused by medical treatment and resulting in disability) and can give hospitals an overall measure of unanticipated patient harm from medical care. Trigger tool methodology entails a retrospective chart review using “triggers” (e.g. specific medications, laboratory values) to identify patient harm. While triggers represent clues to an adverse event, a trigger cannot differentiate between events associated with the underlying diseases from those due to the medical care. Thus a chart review is necessary to determine whether or not a true adverse event did occur.

The literature suggests that traditional methods to identify adverse events (ie: incident reporting systems, non-triggered chart reviews) only capture 10-20% of errors that actually occur. Of these reported errors, 90-95% result in no harm to patients. This begs the question of how to identify and describe the occurrence of the harm to patients that is not currently captured. Applying trigger tools to a chart review process gives organizations an effective way to estimate the frequency and extent of adverse events. Thereafter, strategies implemented to improve safety can be evaluated in part by finding changes in the incidence of adverse events. In essence, trigger tools offer a strategy for measuring safety over time.

The ultimate goal of this project is the creation of Canadian Trigger Tool(s) to support organizations in measuring safety over time.

### **Key Deliverables**

- Develop and adopt the Terms of Reference for the Working Group;
- Develop and adopt the Project Charter
- Identify and engage Working Group members. These members will also serve as leads for Sub Groups in adaptation/development of trigger tools
- Complete a comprehensive literature review
- Conduct an initial in person meeting of the Working Group
- Define Sub Working Group membership
- Adapt and develop trigger tools specific to the Canadian context
- Pilot test the tools in to determine feasibility of the tool and to validate the newly developed tools
- Revise tools based on feedback from the pilot testing phase
- Develop an implementation manual (GSK)/White Paper
- Develop a strategy to purposefully diffuse Trigger Tool methodology and tools to support improvement initiatives
- Communication strategy for roll out to the wider healthcare community

## Goals and Objectives

To enhance traditional methods of adverse event reporting through the development of trigger tool methodology to the Canadian context. The Working Groups will develop a common platform of triggers universal to all sub-groups/specialty areas (a Canadian General Trigger Tool) upon which specific trigger tools will be developed. These tools will:

- Support organizations in surveillance activities to identify patient harm
- Provide hospitals with a robust tool for collecting data to support quality improvement over time

## Scope

The Working Group will consist of not more than 14 members with strong backgrounds in patient safety, knowledge of trigger tool methodology, content expertise and expertise in methods and measurement in patient safety.

The Working Group will be responsible for coordinating the project deliverables in collaboration with CPSI.

Members of the Working Group will assume responsibility, at the direction of the Chair, for Chairing Sub Working Groups in the development of specific trigger tools. Sub Working Groups will consist of no more than 8 members.

A detailed work plan will be maintained by CPSI to ensure the timeliness of the initiative.

Adjustment to the established timelines will be made as required.

The CPSI lead is Paula Beard, Director of Operations, who will be supported by Cindy Winfield, Project Manager.

## Assumptions and Risks

This Charter is developed assuming that there will be continued financial and project support through CPSI.

The assumption is that the time is right to engage in discussion and move forward with a project that has the potential for significant impact on initiatives to reduce patient harm.

The assumption is made that Working Group members are in agreement with adapting/developing the trigger tools identified in the Terms of Reference.

The assumption is made that the Working Group will direct this work through the identification and adoption of principles to support trigger tool development for the Canadian health care context.

The assumption is made that the adaptation of previously developed trigger tools will require fewer resources than that required for newly developed trigger tools.

The translation of all documents into French will be accomplished post development.

There is a risk that Working Group consensus will not be achieved.

There is a risk that the project could turn out to be bigger than anticipated

## Communication Plan

CPSI Communications will be apprised of the project following acceptance of the Charter by the Working Group to allow for the conceptualization/development of a communication plan.

Following endorsement by the Working Group, Terms of Reference, Project Charter and LOI for Sub Working Group membership will be posted on the CPSI website in English and French.

## Key Partnerships

Collaboration with numerous stakeholders will be key to the success of the project. Stakeholders will include professional associations and colleges (eg Royal College of Physicians and Surgeons of Canada, Canadian Nurses Association), accrediting bodies (Accreditation Canada) and others (eg CAPHC, the Safe Surgery Saves Lives Working Group).

## Approach and Milestones

Strong communication and collaboration between the Working Group, Sub Working Groups and CPSI is a key component of success.

The following milestones will be achieved during the course of the project.

Milestones	Timeline	Progress to Date
* Conduct a teleconference meeting with Dr Anne Matlow to determine interest	April 2009	Completed
Develop Terms of Reference	May 2009	Draft out for review
Conduct a literature review	May 2009	In Progress
Establish the Working Group membership	May 2009	Completed
Conduct inaugural meeting of Working Group members via teleconference	September 2009	Completed
Conduct in-person meeting of the Working Group	October 2009	Scheduled for October 2009
*Based on literature and existing trigger tools create trigger tools specific to the Canadian context	Timelines to be determined in consideration of environmental scan/existing tools and group expertise	
*Development of “new” trigger tools will occur concurrently with adaptation work (later pilot testing, revisions and roll out dates to be determined)		
Conduct pilot testing of adapted trigger tools		
Conduct pilot testing of newly developed trigger tools		
Revisions to Canadian trigger tools post pilot period		
Revisions to newly developed Canadian trigger tools post pilot period		
Release of Canadian trigger tools for national implementation to include White Paper/GSK		
Release of newly developed Canadian trigger tools for national implementation to include White Paper/GSK		
Communication to wider healthcare community		

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- \*Common to adapting and developing trigger tools
- \*Adaptation of existing trigger tools to the Canadian context
- \*Newly developed trigger tools for the Canadian context

## Detailed Work Plan

A detailed work plan will be maintained by CPSI to ensure that the initiative is kept on target and adjustments in timelines are made accordingly.

### *Roles and Responsibilities*

Role	Responsibilities
<b>Canadian Patient Safety Institute</b>	<ul style="list-style-type: none"> <li>▪ Maintain overall responsibility for the project</li> <li>▪ Collaborate in establishing the Project Charter.</li> <li>▪ Provide administrative, project management, and coordination support for project activities and committees.</li> <li>▪ Facilitate French translation of the trigger tools.</li> </ul>
<b>Working Group Chair</b>	<ul style="list-style-type: none"> <li>▪ Establish meeting agenda and chair/manage meetings</li> <li>▪ Provide leadership to the Working Group</li> <li>▪ Promote consensus among group members</li> </ul>
<b>Working Group</b>	<ul style="list-style-type: none"> <li>▪ Determine the principles and assumptions to guide the initiative</li> <li>▪ Provide leadership to Sub Groups</li> <li>▪ Endorse the Project Charter.</li> </ul>
<b>Sub Working Groups</b>	<ul style="list-style-type: none"> <li>▪ Support the adaptation and development of trigger tools</li> <li>▪ Deliberate and engage in the process of trigger tool development</li> </ul>
<b>Communications Department</b>	<ul style="list-style-type: none"> <li>▪ Develop communication strategy for roll out</li> <li>▪ Develop print and web based materials</li> </ul>

### *Resource Requirements*

The budget for this initiative will be maintained by CPSI

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