

**2016-2017
Commissioned Research:
*Safe Person-and-Family-Centered Care
at the Transition between
Hospital-Based Care and Home Care***

For researchers at Canadian not-for-profit healthcare organizations or universities

ANNOUNCEMENT

January 28, 2016

DEADLINE FOR SUBMISSION

February 26, 2016

2016 – 2017 RESEARCH COMPETITION:

Safe Person-and-Family-Centered Care at the Transition between Hospital-Based Care and Home Care

Introduction

The Canadian Patient Safety Institute, Accreditation Canada, The Canadian Home Care Association (CHCA), Patients for Patient Safety Canada (PFPS), and the Registered Nurses' Association of Ontario (RNAO) are jointly launching a call for proposals for a small scale study to be completed by July 31 2017.

The primary goal for this research competition is to develop knowledge about **patient safety** (also referred to as client safety) that supports innovative solutions to patient safety issues. Funded research will have **patient safety** as a primary focus. Patient safety is defined as “the prevention of errors and adverse effects to patients associated with health care” (World Health Organization, 2013).

Commissioned Research Competition 2016

Area of Focus - The 2016 call for commissioned research seeks to support the reduction in harm that occurs during transitions in care from hospital-based care to home care by identifying (1) how organizations can best monitor interorganization transitions to ensure that they are both safe and person-and family centered (2) patient safety indicators (organizational, process and outcome) that organizations can monitor to ensure that person-and-family-centered continuum of care is safe at transition and (3) best practices in the field and/or high performing organizations which have effective evidence-based person-and-family-centered, interorganization processes and measures that advance patient safety at transition.

Background

In 2009, L. Leape and D. Berwick, identified the importance of patient/consumer engagement in an article entitled “Transforming healthcare: a safety imperative”⁽¹⁾. This was one of 5 key concepts that the authors identified as being critical to changing the health system. In the past decade the exchange of ideas regarding patients and clients partnering in health has continued to grow.

Today it is hard to read a journal or attend a conference where person-centered care is not discussed. In addition, there has been a growth of advocacy groups promoting patient and client engagement. Groups such as Patients for Patient Safety Canada and the Canadian Home Care Association have been leaders in fostering a safety culture in the health system through the engagement of patients, families and caregivers.

With the input of a pan-Canadian advisory committee with knowledge and experience in implementing patient-and family-centred care, significant changes were made to the Accreditation Canada program to strengthen the focus on patient-and family-centred care. Beginning in January 2016, health care and social services organizations participating in the accreditation program are evaluated against new requirements to help ensure that patients and families are placed at the centre of care. These requirements ask organizations to:

- Partner with patients and families in planning, assessing, and delivering their care
- Include patient and family representatives on advisory and planning groups
- Monitor and evaluate services and quality with input from patients and families

Accreditation Canada is providing resources to help health care providers with the implementation of patient-and family-centred care in their organizations.

In May 2015 the Registered Nurses' Association of Ontario (RNAO) published a clinical best practice guideline entitled Person-and Family-Centred Care(2). In this document the RNAO presented the current evidence for best practice, practice, education and organization recommendations to enable person-and family-centred care, and also identified current gaps in research. This document is a leading resource for organizations seeking to implement person-and family-centered care. In addition, in March 2014, RNAO published a Best Practice Guideline entitled Care Transitions(3). The scope of this guideline, based on best evidence and including recommendations for practice, education and policy, is to identify and share core competencies related to safe and effective care transitions.

These documents are leading resource for organizations seeking to implement person-and family-centered care, and improve transitions of care.

In October 2015, the Canadian Patient Safety Institute introduced changes to one of its cornerstone programs – *Safer Healthcare Now!* A major shift in this program is the engagement of patients/clients and families in reducing harm and promoting safety.

Transitions in care, particularly when clients move from hospital-based care to home care have been identified as high risk for harm. This research aims to explore how patient safety is operationalized and monitored during the transitions within person-and family-centered approaches to care.

Research Focus and Goals

The 2016 call for commissioned research seeks to support the reduction in harm that occurs during transitions in care from hospital-based care to home care by:

- (1) Identifying how organizations monitor interorganization transitions to ensure that they are both safe and person-and family-centered.
 - There are several sub components of person-and family-centered care and organizations have different approaches to implementing it. The focus of this research call is to identify how patient safety can be best promoted within the components of teamwork, communications and shared decision making at the transitions of care from hospital-based care to home care with the goal of reducing the risk of harm and fostering safe care across the continuum of care.
- (2) Identifying patient safety indicators (organizational, process and outcome) that organizations can monitor to ensure that person-and-family-centered continuum of care is safe at transition, including transitions to self-care.
 - A cornerstone of improvement is measurement. This research must identify, but is not limited to, indicators for teamwork, communications and/or shared decision making that organizations can monitor to ensure interorganization transitions are safe.
- (3) Highlight best practices in the field and/or identifying high performing organization which have effective person-and-family-centered, interorganization practices and measures that advance patient safety at transition.
 - The purpose of identifying exemplars in person centered interorganization teamwork, communications and shared decision making is to highlight best practices in the field.

GUIDELINES AND ELIGIBILITY

Who can apply?

This funding is open to researchers in disciplines both from within and outside of health sciences disciplines, with a demonstrated interest in patient safety. These researchers must hold a PhD in any field, or an MD, or a Masters in a health science field, and be associated with a university or not-for-profit organization that can accept and administer research funds on their behalf.

What is the amount of the funding?

The funding partners will award \$50,000 to one research team by March 31, 2016. The funding is a one-time award.

What are the project eligibility criteria for this competition?

The following are the basic eligibility criteria for this competition:

- The **principal** focus of the project proposal is patient safety (see above for the definition of patient safety), and more specifically about safe person-and family-centered care at the transition between hospital-based care and home care.
- Project results will generate knowledge that can be readily applied in jurisdictions across Canada.
- Project funds must be held by a Canadian not-for-profit healthcare organization or a Canadian university that is legally eligible to hold and administer research funds.
- The researcher and research team members must be employees or affiliates of a Canadian not-for-profit organization (e.g., hospital, health region, university, or professional association).
- The researchers must have experience in conducting research and the ability to effectively plan, develop, and conduct research of strong scientific rigour.

The following are **not eligible** for funding through this research competition:

- Basic biomedical health research;
- Literature reviews to support project proposals;
- Teams in which the lead applicant is not affiliated with a Canadian **health care organization, not-for-profit institution, or university**;
- Additional funding for ongoing research or demonstration projects;
- Work related to masters or doctoral theses;
- Projects where patient safety is deemed to be a secondary focus of the application;
- Product development (i.e. medical device or products);
- Capital construction or improvements, annual campaigns, operating deficits or operating expenses, general endowment, or sustaining funds;
- Salary support for faculty within a post-secondary academic institution such as a University, College, Technical Institute or other educational institutions who educate current or future health care providers;

- Program evaluations where the intervention is not a recognized patient safety or quality improvement mechanism; or
- Projects similar to previously funded work with little potential for new knowledge or outcomes.

COMPETITION PROCESS

Stage 1: Screening Process

All applications will undergo a screening process. The screening assesses applications for basic eligibility requirements (as described above) and meeting the following requirements of the competition:

- Full application is received electronically by email on or before the application deadline (February 26, 2016).
- Application form is complete and includes all mandatory information, required signatures and supporting documentation, including all letters of support.

Applications that successfully satisfy the screening criteria will undergo a Stage 2 review process.

The team lead for unsuccessful Stage 1 applications will be notified by March 07, 2016.

Stage 2: Peer/Merit Review Process

All successful in Stage 1 applications will be assessed in Stage 2. During this stage, applications will be reviewed by a panel of recognized health system researchers and decision makers. Each application will be reviewed in-depth and ranked by at least two reviewers according to the following criteria:

- The scientific feasibility and viability of the project
 - Are the project questions and objectives clear?
 - Are the methods and analytical/evaluative approach appropriate for the questions and topic?
 - Are the project plan and timelines clear and feasible? Is the budget reasonable and appropriate?
- The potential benefit to the healthcare system in improving patient safety
 - To what extent will the project yield new information that will contribute to meaningful and sustainable improvements in patient safety in the acute care/home care interface?
 - What is the potential for and ease with which the results can be applied in other health care jurisdictions or settings?
- Engagement of patients/clients and their families:
 - Does the study engage patient(s)/client (s)/family members/caregivers in several aspects of the study, (including objectives, research design, implementation, evaluation and recommendations)?
- Strengths and suitability of applicant team
 - What is the quality and capacity of the lead applicant and the project team members? Do their track records demonstrate that they have the composite experience, skills, and

expertise to achieve the project objectives in all components as required and function as an effective team?

CPSI, Accreditation Canada, CHCA, PFPSC and RNAO will consider the final recommendation based on the reviews and ranking.

Names of panel members will be published on the CPSI and partner web sites along with the announcement of the successful applicant.

Applications that have undergone Stage 2: Peer/Merit Review will be notified of the results of the process by April 15, 2016.

DELIVERABLES

The following are the required deliverables for funded projects:

- **Knowledge Sharing:** Participation in at least one national webinar once the project is completed to share findings and deliverables;
- **Interim Report:** One interim report (and financial report) due Oct 31, 2016 (template to be provided); and
- **Final Report:** A final report (and financial report) due July 31, 2017.
- **Publication of Final Report:** The final report may be made publicly available on the CPSI, Accreditation Canada, CHCA, and RNAO websites.

TIMELINE

Activities	Timeline
Announcement	January 28, 2016
Deadline for submissions	February 26, 2016
Stage 1 Screening notification	March 07, 2016
Awarding of Funds	March 31, 2016
Announcement of successful candidate	April 08, 2016
Interim Report Due (including financial report)	Oct 31, 2016
End of project and final report due (including financial report)	July 31 , 2017

How do I apply?

- To request an Application Form, email rfa@cpsi-icsp.ca
- Should you have any questions or need for clarification, please email rfa@cpsi-icsp.ca. To ensure consistency of information provided, telephone responses to queries will not be accommodated.

THE PARTICIPATING PARTNERS

The Canadian Patient Safety Institute (CPSI) is a not-for-profit organization that exists to raise awareness and facilitate implementation of ideas and best practices to achieve a transformation in patient safety. We envision safe healthcare for all Canadians and are driven to inspire extraordinary improvement in patient safety and quality.

Accreditation Canada is an independent, not-for-profit organization that accredits health care and social services organizations in Canada and around the world. Its comprehensive accreditation programs foster ongoing quality improvement through evidence-based standards and a rigorous external peer review. Accreditation Canada has been helping organizations improve health care quality and patient safety for more than 55 years.

The Canadian Home Care Association (CHCA) is a national not-for-profit membership association dedicated to ensuring the availability of accessible, responsive home care and community supports to enable people to safely stay in their homes with dignity, independence, and quality of life.

Patients for Patient Safety Canada (PFPS) is a patient-led program of CPSI. They are the voice of the patient (patients, clients, residents, customers, and family members) and they bring their safety experiences to help improve patient safety at all levels in the health system.

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses, nurse practitioners and nursing students in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

¹ Transforming healthcare: a safety imperative. Quality Safety Health Care. 2009 December 18(6):424-8.

² RNAO, Clinical Best Practice Guidelines – Persons and Family –Centred Care, May 2015.
<http://rnao.ca/bpg/guidelines/person-and-family-centred-care>

³ RNAO, Clinical Best Practice Guidelines-Care Transitions, March 2014. <http://rnao.ca/bpg/guidelines/care-transitions>