AN IMPLEMENTATION & EVALUATION TOOLKIT

An Interprofessional Competency-based Patient Safety Learning Approach

Prepared by St. Michael's as part of an Interprofessional Care and Education Fund, HealthForceOntario, Ministry of Health and Long-Term Care (MOHLTC) funded project.
Gaps in communication and ineffective teamwork underpin the majority of patient harm and safety risks in health care (Dixon-Woods, 2010). According to the Joint Commission in the United States, an analysis of 2,455 sentinel events in hospitals revealed that communication failures were the major cause in over 70% of cases (Leonard et al., 2004). Thus efforts to create health care environments whereby health care providers acquire and apply patient safety competencies in an interprofessional context are paramount.

In this context, a team of researchers and decision partners led by Dr. Lianne Jeffs as Principal Investigator and Ella Ferris as Executive Sponsor received funding from the Interprofessional Care and Education Fund, HealthForceOntario, Ministry of Health and Long-Term Care (MOHLTC) to support the project entitled: Development and Evaluation of An Interprofessional Competency-based Patient Safety Educational Strategy in an Acute Care Teaching Hospital.

This toolkit focuses on the implementation and evaluation of the interprofessional competency-based patient safety educational initiative – entitled SafetyNET by the team. The content highlights focused efforts to enhance effective teamwork and communication among health care providers and to support staff in improving patient safety through the reduction of errors and adverse events.

The purpose of this toolkit is to provide a blueprint and repertoire of tools that other organizations can use and adapt in their efforts to enhance effective teamwork, communication and, ultimately, patient safety. This toolkit is the product of two years of work by an interprofessional team with a passion for improving care for patients:

**St. Michael’s Project Team**

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Safetynet - Implementation & Evaluation Toolkit

Safetynet teams

This toolkit includes examples of the safety and quality work completed by our three participant unit teams. We gratefully acknowledge and thank each individual and team for their openness, vision and creativity in contributing to the design and delivery of safer care at St. Michael’s via the SafetyNET program:

- **Team NOISE:** Marian Adeboboye, Teresa Campbell, Trish Gaffney, Steve Gibson, Kate Little, Karey Logghe, Erinn Rupay, Laura Shapiro, Rachel Swift, Esmee van Riemsdijk
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- **Team HANDOVER:** Ines de Campos, Raymond Kao, Cindy Lalonde, Patricia Matthie, Dr. Melinda Musgrave, Leonard Ojha, Tasha Osborne, Gunesh Ramdehachand, Anna Tang, Robyn Thornley

Acknowledgements


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### TABLE OF CONTENTS

1. Introduction and Purpose of Toolkit .................................................................1

2. SafetyNET Project Overview & Evolution.........................................................3
   2.1. SafetyNET Timelines ..............................................................................7

3. SafetyNET Project Governance & Implementation Plan .................................19
   3.1. Steering Committee ............................................................................20
   3.2. Project Team .......................................................................................21
   3.3. Project Charter ..................................................................................22
   3.4. Roles and Responsibilities ...................................................................23
   3.5. Communication Plan ..........................................................................23

4. SafetyNET Learning Approach .......................................................................33
   4.1. Self-learning and Pre-requisite Work ..................................................37
   4.2. Face-to-Face Education Sessions .......................................................39
       Education Session #1: Know Your Environment Safety Culture and Teamwork ..........41
       Additional Tools for Education Session #1 .............................................46
       Education Session #2: High Risk Communication ..................................49
       Education Session #3: Recognize, Respond and Manage Safety Threats ............51
       Additional Tools for Education Session #3 .............................................56
   4.3. Mentorship ...........................................................................................59
   4.4. Action Learning Projects and Presentations .........................................61

5. SafetyNET Evaluation Framework ..................................................................91
   5.1. AHRQ Hospital Survey on Patient Safety Culture ..................................95
   5.2. Interdisciplinary Perceptions Scale and Interprofessional
       Attitudes Questionnaire .........................................................................100
   5.3. Local Project Teams Interview Guide ..................................................108
   5.4. Project Leaders Interview Guide ..........................................................109
   5.5. Steering Committee Interview Guide ...................................................110
   5.6. Qualitative Observation Sheet ..............................................................112
   5.7. One-Minute Evaluation – Curriculum Days .........................................112
REFERENCES

Tables
1 Project Outcomes ........................................................................................................5
2 Learning Modalities .....................................................................................................
3 Learning Plan for Education Session # 1 .................................................................
4 Learning Plan for Education Session # 2 .................................................................
5 Learning Plan for Education Session # 3 .................................................................
6 Steps in Action Learning Project & Presentation Process .................................
7 Evaluation Framework Components ....................................................................

Figures
1 SafetyNET Building Blocks ..................................................................................6
2 SafetyNET Learning Framework .............................................................................

Boxes
1 Key Objectives for SafetyNET .................................................................................4
2 Key Objectives for the Steering Committee .........................................................11
3 Key Objectives for the Project Team ..................................................................13
4 Guidelines for Your Successful Participation in the SafetyNET Curriculum .....

Appendices
A Project Charter Template .......................................................................................9
B Communications Plan ..........................................................................................17
C Steering Committee Terms of Reference Template .............................................25
D Project Team Terms of Reference Template .......................................................27
E Roles & Responsibilities
F Slide Deck Education Session # 1
   Know Your Environment Safety Culture & Teamwork .....................................
G Effective Communication Guide for Education Session # 2
   High Risk Communication ....................................................................................
H Slide Deck Education Session # 3
   Recognize, Respond and Manage Safety Threats ..........................................

iv SafetyNET - Implementation & Evaluation Toolkit
CHAPTER 1
Introduction and Purpose of Toolkit

This toolkit is designed as a useful guide for organizations looking to empower their clinical and non-clinical support service providers with ways to acquire and apply interprofessional patient safety competencies within daily practice. The kit’s content is the result of the collective wisdom and experiences of an interprofessional project team working in collaboration with the consultants, steering committee, and committed clinicians and staff who participated in St. Michael’s SafetyNET initiative.

SafetyNET’s overall aim was to produce an interprofessional patient safety curriculum and competency-based evaluation framework that is accessible and transferable in part, or in total, to other health care organizations.

We have organized SafetyNET’s key components, practical strategies, tools and templates into the following chapters:

- Project Overview & Evolution
- Governance and Implementation Plan
- Learning Approach
- Evaluation Framework

Helpful project tips, facilitator notes, participant comments, and insights gained from lessons learned are highlighted throughout the toolkit.

“Improving the quality of patient care is the most important end product of any learning experience at St. Michael’s – participating in SafetyNET has definitely helped to reach that goal.”
Information in this toolkit focuses on the second phase of SafetyNET, which aimed to enhance patient safety at both the individual patient and clinical unit level through direct patient care, patient and staff education.

SafetyNET’s second phase built upon an initial organization-wide SafetyNET project which involved a multi-faceted and evidence-informed intervention program aimed at improving safety culture and reporting via:

- Electronic education modules with targeted learning objectives
- An online, interactive discussion forum
- A staff safety-contribution recognition program/newsletter
- A face-to-face safety-learning series that was accessible to all staff and physicians at the hospital.

However, SafetyNET’s phase one work revealed that an organization-wide, voluntary approach alone is not sufficient to initiate and sustain organizational and local improvements in patient safety, safety event reporting, or safety culture.

Cognizant of evolving literature on working with existing teams in daily practice to improve patient safety and minimize harm (Barach & Johnson, 2006; Espin et al. 2006; Jeffs, Tregunno, MacMillan & Espin, 2009) and the release of the Canadian Patient Safety Institute’s Safety Competencies Domains in 2008, a team of researchers and decision makers submitted a proposal to develop and test an interprofessional approach to safety competencies to the Interprofessional Care and Education Fund, Health Force Ontario, MOHLTC 2008/2009 Competition. The project, entitled Development and Evaluation of An Interprofessional Competency-based Patient Safety Educational Strategy in an Acute Care Teaching Hospital, received funding in 2009.

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Specifically, the proposal outlined a study that was to produce an interprofessional patient safety curriculum based on the 6 Domains of the Safety Competencies2 and a competency-based evaluation framework accessible and transferable in part, or in total, to other health care organizations. This study produced the SafetyNET initiative.

Key objectives of SafetyNET are outlined in Box 1.

---

**BOX 1 - KEY OBJECTIVES FOR SAFETYNET**

1. Establish a project structure inclusive of a steering committee (oversight and advisory capacity) and operations team (logistics and delivery of curriculum modules and competency-based evaluation framework).

2. Develop curriculum modules aligned under the Safety Competencies Domains of the Safety Competencies Framework.


4. Pilot the competency-based curriculum and evaluation strategy with health care professionals to determine safety competency acquisition (knowledge, attitudes, and skills).

5. Design a dissemination plan that includes a toolkit with the curriculum modules and the evaluation framework for use in other institutions.

"Being a part of SafetyNET has been very helpful to my practice, giving me a better appreciation of the hard work that other health care team members put forth to ensure patients receive quality and safe care. The experience also made me aware of the issues that vary from department to department that affect the interdisciplinary team and, in turn, affect effective and safe patient care."

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2 1) Contributing to a Culture of Patient Safety; 2) Working in Teams for Patient Safety; 3) Communicating Effectively for Patient Safety; 4) Managing Safety Risk; 5) Optimizing Human and Environmental Factors; & 6) Recognizing, Responding, and Reporting Adverse Events
Closely aligned with these key objectives were short-, medium- and long-term goals that guided the SafetyNET project.

The key outcomes for this project are described in Table 1.

<table>
<thead>
<tr>
<th>TIME FRAME</th>
<th>OUTCOME DESCRIPTIONS</th>
</tr>
</thead>
</table>
| SHORT-TERM   | • Participants will acquire new knowledge, skills and attitudes in patient safety, and will become part of an internal hospital network of patient safety champions.  
• Participants will translate their learnings to the clinical environment thereby enhancing patient safety at both the individual patient and the organizational level through direct patient care, patient and staff education. |
| MEDIUM-TERM  | • Access to the SafetyNET curriculum modules will be promoted amongst staff on the designated units who did not participate in the pilot.  
• The inaugural SafetyNET participants on the designated units will serve as patient safety champions in the online community and in practice.  
• Based on feedback from the pilot and validation by the steering committee and subject matter experts, a toolkit including the complete series of online and interactive competency-based curriculum modules and evaluation templates will be packaged for export to other institutions. |
| LONG-TERM    | • A transferable and deployable educational strategy and competency-based evaluation framework in the form of a toolkit to enable health care professionals in other settings (practice and education) to acquire and apply patient safety competencies in all domains of practice. |
The planning phase for SafetyNET involved the establishment of a project governance structure (steering committee) and project team.

After funding was secured, the project design and implementation strategy was finalized with the input of the project consultants, steering committee and clinical leader managers at St. Michael’s. As a result of this consultation, emerging literature and the findings of SafetyNET’s initial organizational-wide approach to enhancing reporting safety events and improving safety culture, a decision was made to focus the competency-based safety learning strategy on existing interprofessional teams that work together on a daily basis.

The project lead worked with program directors and clinical leader managers to finalize the recruitment of members from three clinical units to participate in the intervention. This was a deviation from the original plan to have an open call for 50 volunteers from across the hospital.

Our steering committee members and subject matter experts were also instrumental in shaping the curriculum and evaluation frameworks. Overall, the project involved the following three building blocks as depicted in Figure 1 below:

1) Governance and implementation plan
2) Interactive and iterative learning approach
3) Multi-method evaluation framework

FIGURE 1 - SAFETYNET BUILDING BLOCKS

Overall Project Governance
- Steering Committee
- Project Team

Implementation Plan
- Project Charter
- Team Roles and Responsibilities
- Communication Plan

Learning Approach
- Self-learning
- Face-to-face classes
- On-line Networking
- Mentorship
- Action Learning Projects

Evaluation Framework
- Pre/Post Surveys
  ~ Safety Culture
  ~ Interprofessional

Attitudes and Beliefs
- Observation & Narrative
  ~ Competency acquisition
  ~ Safety Dialogue
2.1 SAFETYNET TIMELINES

Proposal Submission

The SafetyNET initiative spanned the course of two years, from Fall 2008 through to November 2010. The process began with a proposal submitted to the Interprofessional Education and Care Fund from HealthForce Ontario, MOHLTC. The proposal submission was aligned with St. Michael’s corporate quality and safety strategic direction.

Project Development

Once the proposal was accepted, the planning stage of the project began in February 2009. Team roles and responsibilities were identified e.g. steering committee members, project leads, project manager, project team including St. Michael’s staff and project consultants.

A Project Charter with a work plan (see Appendix A in Chapter 3) was established to guide planning, implementation and evaluation efforts. The Project Charter highlighted key deliverables and accountabilities aligned with milestone dates. Additionally, a communication plan was created to ensure the engagement of key stakeholders. (see Appendix B in Chapter 3)

During this phase, the project team also:

- Established a recruiting process for interprofessional clinical engagement
- Worked closely with clinical lead managers to identify the three units that ultimately participated in the educational offering

Based on best practice research, and with a team of subject matter experts (SMEs), the curriculum design and development took place from March 2009 to October 2009. Concurrently, the research team, led by Dr. Lianne Jeffs, created an evaluation and research plan for implementation throughout the project.

Implementation

The curriculum was introduced to three clinical units ~ 32 participants total ~ during the first three weeks of November 2009. Over the course of three learning days, the teams identified Action Learning Projects that would be applied to their clinical unit from December 2009 to November 2010. (See Chapter 4: The Learning Approach)

Each of the teams presented the critical findings and outcomes of their Action Learning Projects to senior management in May 2010 and again in November 2010.
To ensure successful implementation and relevance of the SafetyNET intervention and evaluation methods, the following two key governance structures were established:

- Steering committee
- Operational project team

This chapter describes these two structures in more detail.
3.1 STEERING COMMITTEE

The steering committee (SC) was established in May 2009. Appendix C provides the Terms of Reference for the steering committee. SC members met in-person twice with ongoing email correspondence throughout the project.

The steering committee membership was strategic to the project objectives and included St. Michael’s leadership representation and key decision makers (regulatory bodies for nursing and medicine; interprofessional academic links through the Office of Interprofessional Education, University of Toronto; research expertise through the Canadian Research Chair, CIHR Quality & Safety Research Chair; and Canadian Patient Safety Institute).

The SC’s overall mandate was to act in an advisory capacity to the project team on matters related to the implementation of SafetyNET.

Key objectives of the steering committee are described in Box 2.

**BOX 2 - KEY OBJECTIVES FOR THE STEERING COMMITTEE**

1) To provide oversight and strategic direction to the project

2) To provide guidance and input to the development of implementation plans.

3) To recommend and provide final approval on the research and evaluation strategy to measure the success of the project.

4) To provide final sign-off on project related documents.

5) To provide guidance on the development of an overall communication framework and regular executive reporting.

6) To approve a framework and criteria for curriculum development and Safety Competencies.

7) To act as champions for implementation and dissemination.
3.2 PROJECT TEAM

To contribute to the design, implementation and evaluation of SafetyNET, the project team’s membership was expanded from the original grant submission to include consultants with specific expertise in safety, communication, curriculum design and project management.

Key objectives of the project team are described in Box 3.

BOX 3 – KEY OBJECTIVES FOR THE PROJECT TEAM MEMBERS

1) Contributes to the project deliverables as an active participant in planning and in work plan execution, including the following components:
   ~ Provide input to the development of the curriculum modules aligned under the Safety Competencies Domains of the Safety Competencies Framework
   ~ Assist in the development of an evaluation framework aligned with the Safety Competencies Domains of the Safety Competencies Framework
   ~ Pilot the competency-based curriculum and evaluation strategy with health care professionals to determine safety competency acquisition (knowledge, attitudes, and skills)
   ~ Provide guidance to the design of a process for sustainability e.g. safety ambassadors
   ~ Assist with design and content for Safety Faculty
   ~ Design a dissemination plan that includes a toolkit with the curriculum modules and the evaluation framework for use in other institutions

2) Participates in project work plan design and implementation

3) Undertakes all tasks allocated by the project manager (as per the Project Charter and work plans)

4) Tracks progress of the execution of tasks and regularly reports to the project manager.

5) Identifies barriers, issues and risks that impact project success and escalates to the project manager for resolution.

6) Identifies opportunities for improvement on an ongoing basis and highlights them to the project manager for consideration.
Appendix D provides a template for a Project Team’s Terms of Reference.

The project team met on an ad hoc basis throughout the project to review overall progress on objectives and to review local teams’ implementation progress. Agendas and relevant reference materials were circulated prior to each meeting.

During critical phases of the project, such as pre-launch, and preparation for clinical unit teams’ presentation of their Action Learning Projects to senior management, meetings occurred on a weekly basis.

3.3 PROJECT CHARTER

The project manager, in collaboration with the project lead, created a Project Charter with assigned accountabilities to ensure that the project deliverables and timelines were adhered to. The Project Charter also served as a communication tool to update the steering group, stakeholders and the executive sponsor.

Specific components of the Project Charter included:

• A description and objectives

• Deliverables/work products

• Approach

• Resources required

• Project risks and issues

Each of the original objectives outlined in Box 1 were included in the Project Charter with corresponding deliverables/work products, timing and accountability.
3.4 PROJECT TEAM ROLES AND RESPONSIBILITIES

Within the context of defining the project accountabilities required to ensure a successful implementation, the project manager and project leads developed a list of Roles and Responsibilities for each set of deliverables aligned with the team member/committees.

Creating a clear outline of accountabilities for all members, early in the project cycle, ensures the work requirement will be sufficiently supported throughout the course of the initiative. (See Appendix E for SafetyNET’s Roles and Responsibilities outline)

“SafetyNET helped me clarify the need for a multidisciplinary approach to patient care and the importance of effective communication between all members.”

3.5 COMMUNICATION PLAN

The Communication Plan provides an outline of various marketing and support materials required to engage both the overall project team and the clinical unit project teams as well as critical stakeholder groups.

A holistic communication plan uses numerous channels to reach team members, participants and stakeholders. SafetyNET engaged a multi-tiered approach that included:

• Project updates at internal committee meetings

• Newsletters

• Poster display presentations

• Social networking sites

• Lunch-and-learns

• Intranet announcements

See Appendix B for a copy of SafetyNET’s Communication Plan.
1. PURPOSE OF THIS DOCUMENT

This Charter documents the understanding between the Project Team, Steering Group, Stakeholders and the Executive Sponsor about what this project will deliver. It will outline the following elements of the project:

- Description and objectives
- Deliverables / work products
- Approach
- Resources required
- Project risks and issues
- Team Structure

2. PROJECT DESCRIPTION AND OBJECTIVES

Description

Enabling health professionals to contribute to the creation and maintenance of safe systems for care delivery is contingent upon their acquisition of knowledge and skills and the provision of safety-based education. The proposed project will create an innovative and potentially exportable educational strategy for patient safety competency acquisition that will be implemented and evaluated in an acute care setting.

Our curriculum and evaluative framework will be based in the six safety competency domains of the Safety Competencies Framework developed using the methodology of the CanMEDS (competency based approach for medicine) project by an inter-professional team of experts selected by the Canadian Patient Safety Institute (CPSI) in partnership with the Royal College of Physicians.
and Surgeons of Canada (RCPSC). Embedded within these competencies is the aim to ensure healthcare professionals acquire the knowledge, skill, and judgment necessary to provide safe inter-professional team-based care, thus a key underpinning of this project is to interface education and clinical practice. To this end, key experts in inter-professional education and patient safety will be recruited to serve as Subject Matter Experts (SMEs) in the development and validation of the curriculum modules and evaluation.

An assessment of the curriculum and the competency evaluation framework by representatives from provincial regulatory bodies (e.g. College of Physicians and Surgeons, College of Nurses of Ontario, College of Pharmacists of Ontario, etc.), professional associations (e.g. Canadian Patient Safety Institute), and HealthForce Ontario will be part of our pre-pilot validation strategy.

Objectives

Key objectives for this project are to:

1. Establish a project structure inclusive of a steering committee (oversight and advisory capacity) and operations team (logistics and delivery of curriculum modules and competency based evaluation framework)

2. Develop curriculum modules aligned under the Safety Competencies Domains of the Safety Competencies Framework

3. Develop an evaluation framework aligned with the Safety Competencies Domains of the Safety Competencies Framework

4. Pilot the competency-based curriculum and evaluation strategy with health care professionals to determine safety competency acquisition (knowledge, attitudes, and skills)

5. Design a dissemination plan that includes a toolkit with the curriculum modules and the evaluation framework for use in other institutions

Key components of this project are:

1. Competency Based Curriculum/ Evaluation Framework Development. Curriculum development experts with experience and expertise in inter-professional education and/or patient safety will be contracted to work with the project team to develop the focused curriculum modules. Curriculum modules will be validated by these subject matter experts (SMEs) to enable program participants to acquire knowledge, skill, and judgment related to the 6 safety competencies domains articulated in the Safety Competencies Framework

   (1) Contributing to a Culture of Patient Safety;
   (2) Working in Teams for Patient Safety;
   (3) Communicating Effectively for Patient Safety;
   (4) Managing Safety Risk;
(5) Optimizing Human and Environmental Factors;
(6) Recognizing, Responding, and Reporting Adverse Events.

The competency-based evaluation framework will build upon the Dreyfus & Dreyfus skill acquisition continuum (novice-competent-proficient-expert) and Levels I and II of Kirkpatrick’s levels of evaluation for educational strategies (reaction and learning). Through an iterative development and validation process, the series of competency based curriculum modules and the evaluation framework will be the end product to be pilot-tested by hospital staff and physicians through the on-line platform.

2. Toolkit Development. A toolkit will be developed and validated by the project steering committee and key external partners including regulatory bodies and professional associations. The transferable toolkit will include the competency-based curriculum modules and evaluation templates based on the Safety Competencies Domains of the Safety Competencies Framework and a “how-to” guide to local implementation of the project components.

Key outcomes for this project are:

Short Term: Participants will acquire new knowledge, skills, and attitudes in patient safety and will become part of an internal hospital network of patient safety champions. It is anticipated that these participants will translate their learnings to the clinical environment thereby enhancing patient safety at both the individual patient and the organizational level through direct patient care, patient and staff education.

Medium Term: Access to the curriculum will be promoted amongst staff who did not participate in the pilot and the inaugural participants will serve as patient safety mentors/champions in the online community and in practice. Based on feedback from the pilot and validation by the steering committee and subject matter experts, a toolkit including the complete series of competency based curriculum modules and evaluation templates will be packaged for export to other institutions.

Long-Term: This project will produce a transferable and deployable educational strategy and competency-based evaluation framework to enable health care professionals in other settings (practice and education) to acquire and apply patient safety competencies in all domains of practice.
## 3. APPROACH AND WORK PLAN

The project approach and work plan is described under the project key objectives and deliverables in chronological order from February 2009 – September 2010.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>DELIVERABLES / WORK PRODUCTS</th>
<th>TIMING</th>
<th>ACCOUNTABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1:</strong>&lt;br&gt;1. Establish a project structure inclusive of a steering committee (oversight and advisory capacity) and operations team (logistics and delivery of curriculum modules and competency based evaluation framework)</td>
<td>1.1 Recruitment and selection of Project Manager and Project Administrator&lt;br&gt;1.2 Identification of key content providers, SME’s and advocates&lt;br&gt;1.3 Creation of Project Team and Steering Committee</td>
<td>Feb. 2009 Complete&lt;br&gt;April 2009 Complete&lt;br&gt;March 2009 Complete</td>
<td>Lianne Jeffs&lt;br&gt;Lianne Jeffs, Chris Hayes and Susan Allen&lt;br&gt;Lianne Jeffs and Susan Allen</td>
</tr>
<tr>
<td></td>
<td>1.2 Literature review of best practices</td>
<td>February 2009 Complete</td>
<td>Susan Allen</td>
</tr>
<tr>
<td></td>
<td>1.3 Project Governance Structure:&lt;br&gt; 1) Confirm Project Structure&lt;br&gt; 2) Create Terms of Reference&lt;br&gt; 3) Complete Project Charter</td>
<td>March 2009 Complete</td>
<td>Susan Allen</td>
</tr>
<tr>
<td><strong>Objective 2:</strong>&lt;br&gt;Develop curriculum modules (aligned under the Safety Competencies Domains of the Safety Competencies Framework) and recruitment and selection criteria</td>
<td>2.1 Develop an approach and design for the learning component:&lt;br&gt; 1) Determine model for module development&lt;br&gt; 2) Determine project evaluation indicators&lt;br&gt; 3) Determine Faculty Requirements&lt;br&gt; 4) Determine Recruitment Plan&lt;br&gt; 5) Create plan for implementation</td>
<td>February - May 2009 Complete</td>
<td>Lianne Jeffs, Chris Hayes, Deborah Tregunno, Susan Allen</td>
</tr>
<tr>
<td></td>
<td>2.2 Scope Patient Safety Competencies for Expert Group</td>
<td>May/June 2009 Complete</td>
<td>Lianne Jeffs, Chris Hayes&lt;br&gt;Deborah Tregunno&lt;br&gt;Susan Allen</td>
</tr>
<tr>
<td></td>
<td>2.3 Develop components of design and online competency curriculum</td>
<td>June – September 2009 Complete</td>
<td>Deborah Tregunno, Lianne Jeffs&lt;br&gt;Chris Hayes &amp; SME’s</td>
</tr>
<tr>
<td></td>
<td>2.4 Review of design and implementation plan by Project Team</td>
<td>September 2009 Complete</td>
<td>Leads &amp; Project Team</td>
</tr>
<tr>
<td></td>
<td>2.5 Content Validation of online competency based curriculum modules by Subject Matter Experts</td>
<td>October 2009 Complete</td>
<td>Lianne Jeffs &amp; Project Team (evaluation/research)</td>
</tr>
</tbody>
</table>
### Objectives

**Objective 3:**  
Develop an evaluation framework aligned with the Safety Competencies Domains of the Safety Competencies Framework

<table>
<thead>
<tr>
<th>Deliverables/Work Products</th>
<th>Timing</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Meeting of the Research stream to develop an evaluation approach for input and approval by the steering committee</td>
<td>March 12, 2009 Complete</td>
<td>Research Team: Lianne Jeffs, Scott Reeves, Chaim Bell, Muhammad Mamdani</td>
</tr>
<tr>
<td>3.2 Finalize Nominal Group Process, Validation Process and Evaluation Framework</td>
<td>March 2009 - Complete</td>
<td>Research Team</td>
</tr>
<tr>
<td>3.3 Development of online competency based evaluation</td>
<td>June – Sept. 2009 Complete</td>
<td>Research Team</td>
</tr>
<tr>
<td>3.4 Development of ethics proposals and related consent forms, information sheets</td>
<td>April – May 2009 Complete</td>
<td>Research Team</td>
</tr>
<tr>
<td>3.5 Undergo ethics review</td>
<td>May – June 2009 Complete</td>
<td>Research Team</td>
</tr>
</tbody>
</table>

**Objective 4:**  
Pilot the competency-based curriculum and evaluation strategy with health care professionals to determine safety competency acquisition (knowledge, attitudes, and skills)

<table>
<thead>
<tr>
<th>Deliverables/Work Products</th>
<th>Timing</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Confirm candidates for curriculum</td>
<td>October 2009 Complete</td>
<td>Susan Allen &amp; Project Team</td>
</tr>
<tr>
<td>4.2 Implement Process with Mentor support</td>
<td>November 2009 Complete</td>
<td>Lianne Jeffs, Chris Hayes, Orla Smith, Wai Hin Chan, Susan Allen</td>
</tr>
<tr>
<td>4.3 Project metrics assessed at baseline</td>
<td>Oct. /Nov. 2009 Complete</td>
<td>Research Team</td>
</tr>
<tr>
<td>4.4 Launch and conduct Pilot of competency based curriculum and evaluation framework</td>
<td>Nov. – Mar. 2010 Complete</td>
<td>Lianne Jeffs, Chris Hayes, Deborah Tregunno, Susan Allen</td>
</tr>
<tr>
<td>4.5 Meeting of the project team &amp; Steering Committee to review preliminary findings</td>
<td>January 2010 - Complete</td>
<td>Lianne Jeffs, Chris Hayes, Susan Allen, Project Team &amp; SC</td>
</tr>
<tr>
<td>4.6 Project Metrics assessed during intervention</td>
<td>February 2010 - Complete</td>
<td>Research Team</td>
</tr>
<tr>
<td>4.7 Project Metrics assessed post intervention</td>
<td>May 2010 - Complete</td>
<td>Research Team</td>
</tr>
<tr>
<td>4.8 Data Analysis/evaluation roll-up</td>
<td>June – August 2010 Complete</td>
<td>Research Team</td>
</tr>
</tbody>
</table>
### OBJECTIVES

#### Objective 5:
Design a dissemination plan that includes a toolkit with the curriculum modules and the evaluation framework for use in other institutions.

#### Deliverables / Work Products

<table>
<thead>
<tr>
<th>Objective</th>
<th>Deliverables / Work Products</th>
<th>Timing</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Develop toolkit and dissemination plan</td>
<td>Oct. / Nov. 2010</td>
<td>Project Team</td>
</tr>
<tr>
<td>5.2</td>
<td>Disseminate to network and submit for publications</td>
<td>Nov. / Dec. 2010</td>
<td>Project Team</td>
</tr>
</tbody>
</table>

#### Ongoing Accountability Mechanisms

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Timeline</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Reports to MOHLTC HealthForce Ontario Interim Final</td>
<td>April 2009, April 2010, Sept. 2010 - Complete</td>
<td>Lianne Jeffs &amp; Susan Allen</td>
</tr>
<tr>
<td>6.3 Internal Quarterly Updates to Key Stakeholder Groups NAC MAC HDC PAC Education Council Director Group CLM Group</td>
<td>Quarterly from Feb. 2009 – Sept. 2010</td>
<td>Lianne Jeffs, Chris Hayes</td>
</tr>
</tbody>
</table>

### 4. RESOURCES REQUIRED

In addition to the funded resources, release time for the Subject Matter Experts (SMEs) and study participants will be required. For the SME group (maximum 10), it is anticipated 1-2 days over a 2 month period (May/June 2009) to work with the research team to determine the focus of the curriculum modules (prioritization of competencies). A more detailed description of the time commitment for the study participants (n = 50) will be determined by August 2009. Key components of study participants will be pre and post data collection (1/2 day each) and engagement in the study intervention which runs from January – March 2010.
5. RISKS AND ISSUES

<table>
<thead>
<tr>
<th>WORK STREAM RISKS</th>
<th>CONTINGENCY ACTIONS</th>
<th>OUTCOMES AS OF OCTOBER 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to SMH On Line system – e.g. IBM</td>
<td>• Continue with Link Health Pro as interim measure</td>
<td>• Link Health Pro used as a social network tool throughout project</td>
</tr>
<tr>
<td>Budget – If IBM system implementation aligns with project timing costs to be determined as not accounted for in original budget</td>
<td>• Additional funding to be sourced</td>
<td>• Not required as IBM system not implemented</td>
</tr>
<tr>
<td>Recruitment and release time for study participants – may have difficulty recruiting and retaining 50</td>
<td>• Project Leads to work with Director and EVP group for executive endorsement</td>
<td>• Release time applied through Nursing portfolio</td>
</tr>
</tbody>
</table>
APPENDIX B
Communication Plan

SafetyNET used a variety of mixed media channels in delivering communications to the local teams and the wider hospital community:

<table>
<thead>
<tr>
<th>METHOD</th>
<th>CHANNEL</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT</td>
<td>SafetyNET’s Patient Safety Spotlight Newsletter</td>
<td>Articles and reminders highlighting benefits of initiative, milestone updates etc.</td>
</tr>
<tr>
<td>Print</td>
<td>In Touch Newsletter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participant Kits – Resource Binders</td>
<td>Highlights initiative, time requirements, curriculum content, endorsed with memo from executive sponsors.</td>
</tr>
<tr>
<td></td>
<td>Project Tool Kit</td>
<td>A comprehensive resource for setting up similar initiative at other health care organizations</td>
</tr>
<tr>
<td>OUTREACH</td>
<td>Recognition Certificate</td>
<td>For participants who complete the program</td>
</tr>
<tr>
<td></td>
<td>Classroom/workshops</td>
<td>Three learning sessions</td>
</tr>
<tr>
<td></td>
<td>Clinical Managers in each unit setting</td>
<td>Initial meeting, briefing emails and info kits</td>
</tr>
<tr>
<td></td>
<td>Town Halls</td>
<td>Prepared briefing notes for CEO/sponsor updates on project milestones and/or special presentations</td>
</tr>
<tr>
<td></td>
<td>Stakeholder Meetings</td>
<td>Regularly scheduled update presentations by project team leads to executive, management and clinical committees</td>
</tr>
<tr>
<td></td>
<td>Internal Events-Displays</td>
<td>SafetyNET representation—display materials at relevant hospital events-celebrations such as Patient Safety Week</td>
</tr>
<tr>
<td></td>
<td>Participant Unit’s Staff Briefings</td>
<td>Update report by teams, learnings during units’ regular staff meetings</td>
</tr>
<tr>
<td>ELECTRONIC/ BROADCAST</td>
<td>Link Health Pro</td>
<td>Source for project team, participant teams and team mentors for social networking, online discussions, document updates and education modules</td>
</tr>
<tr>
<td></td>
<td>SafetyNET on Hospital Intranet</td>
<td>Source for background knowledge, access to current research and direct link to Link Health Pro website</td>
</tr>
<tr>
<td></td>
<td>Electronic Memos</td>
<td>Activity/milestone updates/call to actions to participants, management</td>
</tr>
<tr>
<td></td>
<td>In Touch Today</td>
<td>Event reminders in daily electronic newsletter</td>
</tr>
<tr>
<td>EXTERNAL</td>
<td>Publications</td>
<td>Submission of peer reviewed and professional journals and/or story pitches/info to relevant media</td>
</tr>
<tr>
<td></td>
<td>Speaking Engagements – Poster Exhibits</td>
<td>Explore conferences/forums as opportunity to showcase SafetyNET</td>
</tr>
</tbody>
</table>
APPENDIX C

SafetyNet Steering Committee Terms of Reference

Mandate

To act in an advisory capacity to the Project Sponsors and Project Teams on matters related to the implementation of the SafetyNET initiative.

Objectives

• To provide oversight and strategic direction to the project;

• To provide guidance and input to the development of implementation plans (e.g. safety faculty/ambassadors etc.);

• To recommend and provide final approval on the research and evaluation strategy to measure the success of the project;

• To provide final sign-off on project-related documents (project charter, work plan etc.);

• To provide guidance on the development of an overall communication framework and regular executive reporting;

• To approve a framework and criteria for curriculum development and Safety Competencies;

• To act as champions for implementation and dissemination.

Committee Membership:

Ella Ferris, Executive Vice President, Programs and Chief Nursing Executive, St. Michael’s Hospital (SMH)
Dr. Andreas Laupacis, Executive Director, Li Ka Shing Knowledge Institute, St. Michael’s Hospital (SMH)
Dr. Art Slutsky, Vice President Research, St. Michael’s Hospital (SMH)
Dr. Susan Brien, Associate Director of Professional Affairs, Royal College of Physician and Surgeons
Dr. Kaveh Shojania, Canada Research Chair in Patient Safety and Quality Improvement & Director, University of Toronto Centre for Patient Safety
Dr. Laurel Taylor, Director of Education, Canadian Patient Safety Institute (CPSI)
Heather Campbell, Director, Practice and Regulatory Policy, College of Nurses Ontario (CNO)
Dr. Patricia Houston, Vice President of Education and acting Chief Medical Officer, St. Michael’s Hospital (SMH)
Maria Tassone, Director Centre for IPE, University of Toronto
**Project Team:**

Dr. Lianne Jeffs, Director, Nursing Research, St. Michael’s Hospital (SMH)
Dr. Chris Hayes, Medical Director, Quality and Patient Safety, St. Michael’s Hospital (SMH)
Susan Allen, Consultant, Project Lead, St. Michael’s Hospital (SMH)

**Meeting Frequency**

<table>
<thead>
<tr>
<th>INAUGURAL MEETING</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Charter and Associated Documents Review and Approval</td>
<td>May 14, 2009</td>
</tr>
<tr>
<td>Update re: Curriculum and Competency Tool and Evaluation Framework</td>
<td>September 2009</td>
</tr>
<tr>
<td>Update re: Curriculum, Evaluation and Communication Plan</td>
<td>December 2009</td>
</tr>
</tbody>
</table>
| Wrap-Up Presentations                                                             | May 3, 2010
|                                                                                 | November 1, 2010 |
| Final Review of Outcomes and Sign-Off                                             | November 2010 |
mandate

The project team will focus on the design, implementation and evaluation of the funded ICEF grant Development and Evaluation of An Interprofessional Competency-based Patient Safety Educational Strategy in an Acute Care Teaching Hospital referred to as SafetyNET.

Objectives

1) Contribute to the project deliverables as an active participant in planning and in work plan execution, including the following components:

   • Provide input to the development of on-line curriculum modules aligned under the Safety Competencies Domains of the Safety Competencies Framework;

   • Assist in the development of an evaluation framework aligned with the Safety Competencies Domains of the Safety Competencies Framework;

   • Pilot the competency-based curriculum and evaluation strategy with health care professionals to determine safety competency acquisition (knowledge, attitudes, and skills);

   • Provide guidance to the design of a process for sustainability E.g. safety ambassadors;

   • Assist with design and content for safety faculty;

   • Design a dissemination plan that includes a toolkit with the curriculum modules and the evaluation framework for use in other institutions.

2) Participates in project charter development and work plan design and implementation.

3) Undertakes all tasks allocated by the project manager (as per the Project Charter and work plans).

4) Tracks progress of the execution of tasks and regularly reports to the project manager.

5) Identifies barriers, issues and risks that impact project success and escalates to the project manager for resolution.

6) Identifies opportunities for improvement on an ongoing basis and highlights them to the project manager for consideration.
Committee Membership:

Team Leads
Lianne Jeffs (Overall Project Oversight, Research and Knowledge Translation) and Chris Hayes (Curriculum and Competency Development)

Team
Chaim Bell
Pat McKernan
Orla Smith
Kevin Taylor
Lori Korkola
Jo-Anne Copeland
Muhammad Mamdani
Karen Adams
Deborah Tregunno
Scott Reeves
Karen Orme
Susan Allen

Meeting Frequency

<table>
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</tr>
</thead>
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<tr>
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<td>May 14, 2009</td>
</tr>
<tr>
<td>Final Review of Outcomes and Sign-Off</td>
<td>November 2010</td>
</tr>
</tbody>
</table>

Reporting Relationship

The Project Team reports to the Steering Committee.
## APPENDIX E

### Project Roles and Responsibilities

**Development and Evaluation of an Inter-professional Competency-Based Patient Safety Educational Strategy in an Acute Care Teaching Hospital**

<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steering Committee</strong></td>
<td>• Provides oversight and strategic direction for the process development</td>
</tr>
<tr>
<td>Ella Ferris (Chair)</td>
<td>• Provides guidance, input and approval of the implementation plans</td>
</tr>
<tr>
<td>Dr. Susan Brien</td>
<td>• Provides final sign-off on project related documents (project charter, work plan etc.).</td>
</tr>
<tr>
<td>Heather Campbell</td>
<td>• To recommend and provide final approval on the Research and Evaluation Strategy to measure the success of the project</td>
</tr>
<tr>
<td>Dr. Patricia Houston</td>
<td>• Provides guidance on the development of an overall communication framework and regular executive reporting.</td>
</tr>
<tr>
<td>Dr. Kaveh Shojania</td>
<td>• Approves the framework and criteria for curriculum development and Safety Competencies</td>
</tr>
<tr>
<td>Dr. Art Slutsky</td>
<td>• To act as champions for implementation and dissemination</td>
</tr>
<tr>
<td>Dr. Andreas Laupacis</td>
<td></td>
</tr>
<tr>
<td>Dr. Laurel Taylor</td>
<td></td>
</tr>
<tr>
<td>Marie Tassone</td>
<td></td>
</tr>
<tr>
<td><strong>Project Lead(s)</strong></td>
<td>• Sets the strategic direction for the project</td>
</tr>
<tr>
<td>Dr. Lianne Jeffs</td>
<td>• Holds ultimate authority and overall accountability for the project (signing authority Lianne Jeffs)</td>
</tr>
<tr>
<td>Dr. Chris Hayes</td>
<td>• Approves the business case, project charter and work plan</td>
</tr>
<tr>
<td></td>
<td>• Ensures that the project objectives remain consistent with corporate objectives</td>
</tr>
<tr>
<td></td>
<td>• Determines the conditions (timetable, resources, budget) under which the project must proceed</td>
</tr>
<tr>
<td></td>
<td>• Determines the balance between, and level of priority of, project constraints (e.g. time, cost and scope)</td>
</tr>
<tr>
<td></td>
<td>• Approves changes in scope and associated resource implications</td>
</tr>
<tr>
<td></td>
<td>• Ensures that all risks are identified and managed</td>
</tr>
<tr>
<td></td>
<td>• Reviews progress toward achievement of project objectives with Project Team and Steering Committee</td>
</tr>
<tr>
<td></td>
<td>• Provides on-going guidance and direction to the Project Manager and the Project Team</td>
</tr>
<tr>
<td></td>
<td>• Resolves issues, risks and conflicts that are escalated by the Project Manager</td>
</tr>
<tr>
<td></td>
<td>• Signs-off on the deliverable(s) of the project</td>
</tr>
<tr>
<td>ROLE</td>
<td>RESPONSIBILITIES</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Project Manager**  | - Ensures project planning and overall consultation to the initiative  
                        - Develops of the project charter and work plan  
                        - Oversees all of the project deliverables  
                        - Works with Project Leads to identify, obtains and clearly allocate resources (people, funding and equipment) needed to achieve the deliverables  
                        - Manages assigned resources according to the defined project scope  
                        - Implements the quality, risk, change, issue and financial management processes for the project  
                        - Monitors actual progress against the project plan  
                        - Monitors the project team(s) and their achievement of deliverables  
                        - Manages day-to-day issues and project inter-dependencies  
                        - Determines priorities and balances competing demands  
                        - Identifies, evaluates and ensures the implementation of risk mitigation strategies  
                        - Resolves issues and risks and/or escalates to the appropriate level  
                        - Regularly reports project status and performance, and escalated project risks and mitigating strategies, to the project sponsor, steering committee and other stakeholders as appropriate |
| Susan Allen          |                                                                                                                                                                                                                                           |
| **Stream Teams**     |                                                                                                                                                                                                                                           |
| **Curriculum**       | **Competency**  
                        Dr. Chris Hayes/Deborah Tregunno  
                        - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
| **Research/Evaluation** | - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
| **Knowledge Translation** | - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
| **Communications**   | - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
| Karen Orme           |                                                                                                                                                                                                                                           |
| **Each stream lead will identify members and work with their team to develop a more detailed work plan aligned with the Project Charter (project objectives, deliverables and timelines)** | |
| **Curriculum Competency** | - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
| **Research/Evaluation** | - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
| **Knowledge Translation** | - Design in collaboration with Project Manager their stream of work plan  
                        - Create and manage stream deliverables aligned with team accountabilities  
                        - Provide regular updates to Project Lead and Steering Group |
<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
</table>
| **Communications** | • Designs and writes communication strategy, implementation and tactics  
• Assists with copy design  
• Creates communication materials for projects  
• Assists work streams with communications deliverables  
• Works with Project Team to develop Toolkit  

**Project Team**  
Dr. Lianne Jeffs  
Dr. Chris Hayes  
Susan Allen  
Dr. Chaim Bell  
Pat McKernan  
Orla Smith  
Wai-Hin Chan  
Kevin Taylor  
Lori Korkola  
Jo-Anne Copeland  
Dr. Muhammad Mamdani  
Karen Adams  
Deborah Tregunno  
Dr. Scott Reeves  
Karen Orme

*Contributes to the project deliverables as an active participant in planning and in work plan execution, including the following components:*

- Provide input to the development of on-line curriculum modules aligned under the Safety Competencies Domains of the Safety Competencies Framework;
- Assist in the development of an evaluation framework aligned with the Safety Competencies Domains of the Safety Competencies Framework;
- Pilot the competency-based curriculum and evaluation strategy with health care professionals to determine safety competency acquisition (knowledge, attitudes, and skills);
- Provide guidance to the design of a process for sustainability E.g. Safety Ambassadors;
- Assist with design and content for Safety Faculty;
- Design a dissemination plan that includes a toolkit with the curriculum modules and the evaluation framework for use in other institutions.

- Participates in project charter development and work plan design and implementation.
- Undertakes all tasks allocated by the Project Manager (as per the Project Charter and work plans).
- Tracks progress of the execution of tasks and regularly reports to the Project Manager.
- Identifies barriers, issues and risks that impact project success and escalates to the Project Manager for resolution.
- Identifies opportunities for improvement on an ongoing basis and highlights them to the Project Manager for consideration.
<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Administration Support</td>
<td>Assist in the planning of:</td>
</tr>
<tr>
<td></td>
<td>• Team logistics</td>
</tr>
<tr>
<td></td>
<td>• Meeting schedules, agendas and production of other materials</td>
</tr>
<tr>
<td></td>
<td>• Curriculum planning</td>
</tr>
<tr>
<td></td>
<td>• Participates in the nominal group and validation process to determine core competencies and focus for overall curriculum</td>
</tr>
<tr>
<td></td>
<td>• Engages in on-line educational intervention and competency assessment</td>
</tr>
<tr>
<td></td>
<td>• Participates in pre and post evaluation activities</td>
</tr>
<tr>
<td></td>
<td>• Serves as a mentor/champion for patient safety</td>
</tr>
<tr>
<td>Subject Matter Experts</td>
<td>• Participates in the nominal group and validation process to determine core competencies and focus for overall curriculum</td>
</tr>
<tr>
<td>Dr. Sherry Espin</td>
<td></td>
</tr>
<tr>
<td>Kevin Taylor</td>
<td></td>
</tr>
<tr>
<td>Lori Korkola</td>
<td></td>
</tr>
<tr>
<td>Steering Committee Members</td>
<td></td>
</tr>
<tr>
<td>Study Participants</td>
<td>• Engages in on-line educational intervention and competency assessment</td>
</tr>
<tr>
<td></td>
<td>• Participates in pre and post evaluation activities</td>
</tr>
<tr>
<td></td>
<td>• Serves as a mentor/champion for patient safety</td>
</tr>
</tbody>
</table>