



Canadian Patient Safety Institute  
2018 – 2023 Business Plan

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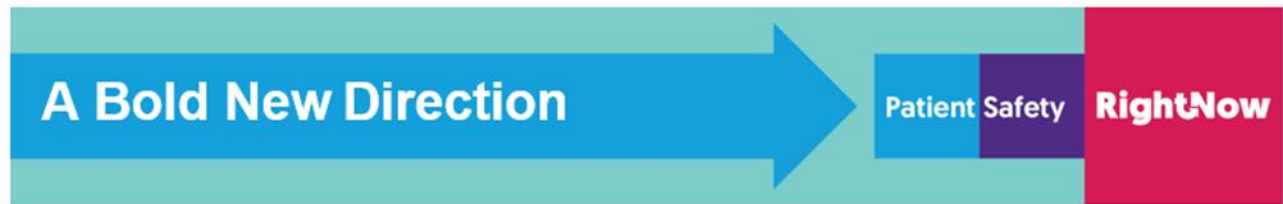
# Contents

Introduction .....	3
Evolution of the Strategy .....	3
The Case for Patient Safety .....	4
CPSI Independent Evaluation .....	4
A Global View .....	5
A New Approach .....	6
Patient Safety – A Bold New Strategy for Canada .....	7
Vision Statement .....	7
Mission Statement .....	7
Strategy .....	7
Mechanisms to Implement the Strategy .....	8
Impact and Performance Measurement .....	8
CPSI’s Business Model .....	9
Lines of Business .....	9
Supporting Processes and Functions .....	9
Funding Model .....	11
Priority Activities .....	11
Criteria for Prioritization .....	11
Priorities .....	12
Budget .....	13
Funding Levels and Greater Potential Impact .....	14
Program Transitions and Risk Management .....	18
Appendix: Business Plan Activities 2018 – 2023 .....	21

## Introduction

The Canadian Patient Safety Institute (CPSI) has created a new direction that will help lead system strategies to ensure safe healthcare by demonstrating what works and strengthening commitment.

We are calling this new strategy **PATIENT SAFETY RIGHT NOW**. You can hear the urgency in our call to action to focus on demonstrating what works and strengthening commitment to patient safety in Canada...**right now!**



The time to act is now. The strategy is the culmination of many converging factors: CPSI’s progress since its inception, our success in building foundational elements for patient safety, a scan of the Canadian and global environment, the call of our independent evaluation to review our theory of change, and clear thinking on where CPSI can make the greatest impact in the face of alarmingly high rates of harm across our healthcare systems. Before expanding on the strategy, these considerations are described below.

## Evolution of the Strategy

The Canadian Patient Safety Institute (CPSI) is a not-for-profit organization mandated to provide leadership and coordinate the work necessary to enable a culture of patient safety throughout the Canadian health systems. In 2002, the National Steering Committee on Patient Safety published *Building a Safer System: A National Integrated Strategy for Improving Patient Safety in Canadian Health Care*, which provided nineteen specific recommendations for improving patient safety, number one of which was the creation of

a Canadian patient safety institute. Since our inception, CPSI has fostered grassroots initiatives and strategic relationships to make patient safety a system priority across all levels of the health system in jurisdictions across Canada, and has positioned Canada as a leader on the international stage. Without a regulatory or legislative authority to impact change, CPSI has raised awareness, created community, built improvement capability, championed the patient voice and effective patient partnerships, and influenced policy and practice to improve patient safety in Canada.

CPSI's early years focused on encouraging uptake of products and services that were more service-delivery oriented in order to raise awareness of patient safety and to directly address the most pressing gaps in the provision of safer care. The next evolution called for by the 2013-18 Business Plan was for CPSI to put its efforts into the areas most likely to enable system-level transformation in patient safety. Rather than just introducing new tools to build awareness and capacity, CPSI sought to align system efforts to scale up the impact of its work. Over the past four years, CPSI has worked to achieve an unprecedented level of system collaboration, embed competencies more deeply within the system, and help providers and leaders not only understand what practices should be adopted, but how to sustain behavioural and culture change. Since its inception CPSI has built a credible reputation, strong relationships and a solid foundation to further its impact and value.

### The Case for Patient Safety

CPSI is regarded as the authority on patient safety in Canada and has steadily provided the foundations for all players in the system to recognize and act on the fact that despite the best efforts of committed providers and leaders, healthcare in Canada remains unsafe. Yet a decade and more later, the overall level of harm remains disturbingly high, with sometimes devastating results for patients and providers. Lives continue to be needlessly lost.

According to a report<sup>1</sup> commissioned by CPSI, over the next 30 years in Canada within acute and home care settings there could be roughly 400,000 average annual cases of patient safety incidents (PSIs) combined, generating an additional \$2.75 billion (2017\$) in healthcare costs per year. This is equivalent to such events occurring in Canada every minute and 18 seconds, and a resulting death every 13 minutes and 14 seconds. In terms of overall mortality, PSIs in total (acute/home care combined) rank third behind cancer and heart disease with just under 28,000 deaths across Canada (in 2013). These numbers don't even begin to quantify the societal costs of harm and the devastation and loss to patients and their families.

There is a widely-shared agreement that the system needs a sharp patient safety focus. The rate of preventable harm in all care settings is alarming yet poorly understood, leading to complacency and acceptance of preventable safety risks. It seems clear that the public should expect more, and that Health Canada expects more. So does CPSI – we are “the guardian of patient safety in Canada” and we are impatient; patient safety is still mission critical. These ambitions and expectations lie behind the CPSI's proposed future.

### CPSI Independent Evaluation

An Independent Evaluation completed in 2017 found that CPSI has made significant progress in fulfilling its mandate and that substantial value has been generated from Health Canada's investment in it. The evaluation recommended that:

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<sup>1</sup> RiskAnalytica. *The Case for Investing in Patient Safety in Canada*. May 2017.

- CPSI should work to maintain and enhance the profile of patient safety as a priority across the health system.
- CPSI should articulate a more focused role and strategic direction for itself as a pan-Canadian patient safety organization. CPSI should reflect on how it can best use its resources to contribute to improving patient safety in Canada.
- CPSI should re-conceptualize improved patient safety as its ultimate outcome or vision, and articulate a set of more specific long-term outcomes contributing to this ultimate vision for which it should be held to account.
- CPSI's strategic choices should be based on, and reflect, one or more fully articulated theories or change, and its logic model should be revised accordingly.
- CPSI should support the ongoing performance measurement and evaluation of its own activities and initiatives and contribute evidence on what works to improve patient safety.

The vast majority of CPSI's partners and stakeholders are very positive about our work; 90% of respondents agreed that there is a need for a national organization dedicated to patient safety in Canada, and over 80% believe CPSI brings unique value to the field. Respondents cited the catalytic role our programs have had in developing a patient safety culture in their local systems and across Canada. Capacity for patient safety and quality improvement has increased significantly across the country since CPSI was formed. There is widespread participation in coordinating and priority-setting mechanisms such as the National Patient Safety Consortium and the Integrated Patient Safety Action Plan.

On the whole, external stakeholders perceive our activities to have generated considerable value-for-money for their own organization and for others. CPSI will continue to provide great value for Health Canada's investment, and to our stakeholders that fund, organize and deliver safer care because of our efforts. Ultimately, patients and the Canadian public benefit.

Despite these accomplishments, in a recent review of patient safety, Ross Baker, lead author of the original Canadian Adverse Events Study in Canadian hospitals, concluded that there has been no significant improvement in performance over the past decade (Baker and Black, 2015)<sup>2</sup>. Given that many elements are in place for greater impact, it is time to look ahead to CPSI's future role given the challenge in achieving sustained improvement.

CPSI works with limited resources as it seeks to implement and sustain effective systems and practices. We cannot be everything to everybody; the challenge will be to choose a focused strategy that achieves the greatest results. In thinking about CPSI's next evolution, we need to identify the factors that inhibit widespread uptake and implementation of safety improvement processes, and create a more ambitious agenda for patient safety in the country, while also clarifying respective roles and considering available resources.

### A Global View

The challenge in improving patient safety is not confined to our borders. Recent notable reports from Canada, the United States and United Kingdom acknowledge that harmful events have not been significantly reduced despite best efforts over the past 15 years. Patient safety is an unrecognized global public health and safety crisis that our system is inadequately prepared to respond to.

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<sup>2</sup> Baker and Black, 2015

No region, health system or country has cracked the code and experts agree there is no silver bullet. Yet there is much we can learn from the efforts other countries have made to improve, and despite different national contexts there are some common lessons. Scotland, Denmark and the United States are notable examples where robust national healthcare quality strategies are anchored and driven by a constant, unrelenting focus on patient safety as the primary driver impacting all other quality dimensions. Widespread improvement requires political will, the commitment of the federal and provincial/territorial governments, passionate leadership, and system alignment and coordination, with patients and the public at the centre of our efforts.

We can learn from other countries, but we can also lead. By virtue of being a national organization, CPSI has international presence on the world stage for patient safety and quality. Canada and CPSI are viewed as forerunners and exemplary global leaders. Our strong reputation in both developed and developing countries has enabled uptake of our products and capacity building in some jurisdictions internationally that may even surpass some in Canada. The World Health Organization (WHO) and its member countries have recognized our innovations, leadership and contributions to patient safety and quality improvement for many years, and WHO has formally endorsed and acknowledged CPSI as a Collaborating Centre on Patient Safety and Patient Engagement. This distinct honour is a significant achievement for Canada. Countries are aligning to advance a global movement on patient safety, and Canada is positioned to be a leader on the world stage.

### A New Approach

With the Independent Evaluation recommendations and our own scanning and consultations as part of our strategic planning exercise, CPSI has considered two fundamental contextual factors. One is the increased emphasis on improved performance in healthcare in all dimensions, including quality, safety, patient experience and value for money. Canadians expect their public funding to deliver more than a mediocre system; they deserve high quality and safe care. The second is CPSI's intended impact and performance prospects given its mandate and resources. With no legislative or regulatory levers, CPSI cannot directly influence pan-Canadian patient safety performance. CPSI works with partners and through intermediaries across the country to make care safer. But even without direct control of the desired outcomes, our assessment of what we will do is anchored in whether or not patient safety is improving substantially across the country. We believe our ultimate impact is the reduction of preventable harm to patients and healthcare providers.

To date, CPSI has largely operated under the theory of change that has guided the efforts of most international improvement organizations. The essential logic is that once principal actors in the system have the capacity (knowledge, processes, tools, techniques) to solve problems and the dimensions of the problems are known, they will act. As discussed above, a strong foundation for patient safety has been created through the work of CPSI and its partners based on this theory of change.

This line of thinking is behind many of CPSI's successes, but this approach is now recognized to be insufficient to achieve widespread change. The foundational work is a prerequisite for measurable change in patient safety but insufficient alone to achieve measurable improvement. This is reflected in Baker and Black's conclusion that "... the fundamental basis for improving safety lies in creating more effective work environments and high performing teams, not just selectively introducing new interventions into poorly organized settings."<sup>3</sup>

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<sup>3</sup> Baker and Black (2015), p.23.

CPSI will strategically focus its efforts, targeting the drivers of system change described in its new logic model and theory of change. International experience shows that improving patient safety results from change at various levels: policy, governance, management, and practice. Evidence and innovations need to be deeply embedded and take root throughout the system. Canada needs to consider the best way to build and sustain a collective commitment to patient safety based on what we have learned so far, and we need a stronger evaluation culture to better understand the impacts of these efforts.

## Patient Safety – A Bold New Strategy for Canada

The strategic directions for CPSI's next mandate are based on its evolution and new thinking about its theory of change. It has become clear that more robust commitments are required to advance patient safety in Canada, and that health systems need additional evidence and support to complete end-to-end patient safety improvements and to measure and evaluate the results. Where CPSI previously worked with a wide range of willing participants and informed accountability and improvement mechanisms such as regulation and accreditation, the new strategy focuses on key stakeholder relationships that are critical to strengthening policy and regulation and a smaller number of partners with firm commitments to implementation and evaluation of safety improvement interventions. The new strategy retains and enhances CPSI's partnership with Patients for Patient Safety Canada, engaging and empowering patients and the public to advocate for policy, regulatory, and other actions to improve patient safety outcomes and patient experience.

### Vision Statement:

Canada has the safest healthcare in the world

### Mission Statement:

To inspire and advance a culture committed to sustained improvement for safer healthcare

### Strategy:

Lead system strategies to ensure safe healthcare by demonstrating what works and strengthening commitment

The strategy consists of two key elements:

1. **Demonstrate What Works** – Support is needed for successful implementation of measurable, sustainable patient safety improvement, and initiatives need to be evaluated to demonstrate what works.
2. **Strengthen Commitment** – The evidence of what works needs to be translated into standard practices for practitioners and providers at all levels of the health system. These best practices can then be incorporated into a more robust system of commitment, responsibility and expectations for patient safety in Canada.

These two aspects of the strategy are mutually reinforcing. By working with partners to demonstrate and evaluate what works, we uncover the practices that should be built into policies, standards and regulations. By working to build a more robust commitment to patient safety through mechanisms such as system transparency and reporting, we identify pressing system needs that may require further testing of promising practices whose value and potential for standardization can be evaluated.

The last decade has shown that the development and dissemination of knowledge and tools to support patient safety improvement was necessary but insufficient to drive sustainable change. A shift is needed from a pure “push” model to one that has both “push” and “pull” dimensions; CPSI will “push” more strategically by focussing on system change, but will also create “pull” by raising the profile of patient safety, setting targets, securing greater commitment from everyone, empowering patients as change agents, and promoting transparency and reporting. Purposeful mechanisms will need to be developed and employed by CPSI to successfully execute this strategy.

### Mechanisms to Implement the Strategy

- **Implement** – Implement safety improvement projects in priority areas to demonstrate what works
- **Evaluate** – Embed evaluation in all CPSI activities to assemble evidence of what works
- **Share with Purpose** – Develop concrete strategies to share evidence and improvement knowledge
- **Raise the Profile** – Increase the profile of patient safety to raise expectations for improvement
- **Improve Transparency** – Develop a comprehensive framework that addresses rights and obligations for transparency at all levels
- **Strengthen Commitment** – Strengthen commitment to safe care through policy, regulation and accreditation

Support is needed for successful implementation of measurable, sustainable patient safety improvement and initiatives need to be evaluated to demonstrate what works. The evidence of what works needs to be translated into standard practices for practitioners and providers at all levels of the health system, and shared with purpose to others to ensure uptake and spread. These best practices can then be incorporated into a more robust and transparent system of commitment, responsibility and expectations for patient safety in Canada. Demonstrating what works and strengthening commitment requires a focus on participants and partners with concrete commitment to implementation and evaluation. We will purposefully partner and build strategic alliances and networks with those that can influence and impact patient safety improvement, we will evaluate our activities and intentionally prepare and push knowledge and evidence to key audiences who can accelerate patient safety improvement and change, and we will meaningfully empower patients to champion safety improvement.

### Impact and Performance Measurement

What if CPSI achieved our vision and Canada had the safest healthcare in the world? The reality is, we’re far from it. According to a July 2017 report from the Commonwealth Fund<sup>4</sup>, Canada’s healthcare performance record ranks 9<sup>th</sup> out of 11 OECD countries; a score that reflects this country’s poor healthcare performance indicators which includes quality and patient safety measures. CPSI’s overall aim in support of our mission is that in 5 years, Canada will be in the top quintile on the OECD ranking related to quality and patient safety measures.

CPSI is committed to measuring our impact. We will establish performance targets for our strategy that enable us to monitor our progress, and the system’s progress, against them. We will produce a formal logic model to articulate the new theory of change, describing the causal chain from CPSI’s activities through to their intended outcomes. The logic model will inform the performance measurement framework that establishes the indicators to measure these intended outcomes.

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<sup>4</sup> E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Healthcare, The Commonwealth Fund, July 2017



CPSI will also develop the internal measurement and evaluation capacity to ensure that all programs are tracking their contribution to desired outcomes. CPSI will articulate the link between corporate and program objectives, so that measures are cascaded to all levels of the organization, and create the internal processes to ensure that all activities measure and evaluate their impact.

The logic model and performance measurement framework will be organized around the following lines of business which describe intended impacts for streams of CPSI's work.

## CPSI's Business Model

### Lines of Business

CPSI will align its work to demonstrate what works and strengthen commitment. To do this, CPSI has described its lines of business. The lines of business provide a line of sight between the strategy and the activities that we plan and undertake. They answer the "why" question – why we do the work we do? – in a way that helps us to prioritize our actions and determine how to measure our impact. They provide a guiding framework that helps link the 2018-23 Business Plan, its annual Operational Plans, and CPSI's Performance Measurement Framework for the funding period.

CPSI's Lines of Business are:

- **Safety Improvement Projects** – CPSI will work with committed partners to implement and evaluate measurable and sustainable safety improvement projects that align with pan Canadian priorities.
- **Making Patient Safety a Priority** – CPSI will use the patient voice in reporting, campaigns and media to make patient safety a higher priority across healthcare systems.
- **Policy Impact** – CPSI will influence policy, standards and regulations so that they incorporate best patient safety evidence and practices.
- **Alliances and Networks** – CPSI will create and strengthen strategic alliances and networks with patients, governments, industry and other partners who are committed to making care safer.

The objectives for each of these Lines of Business are summarized in the diagram on the following page.

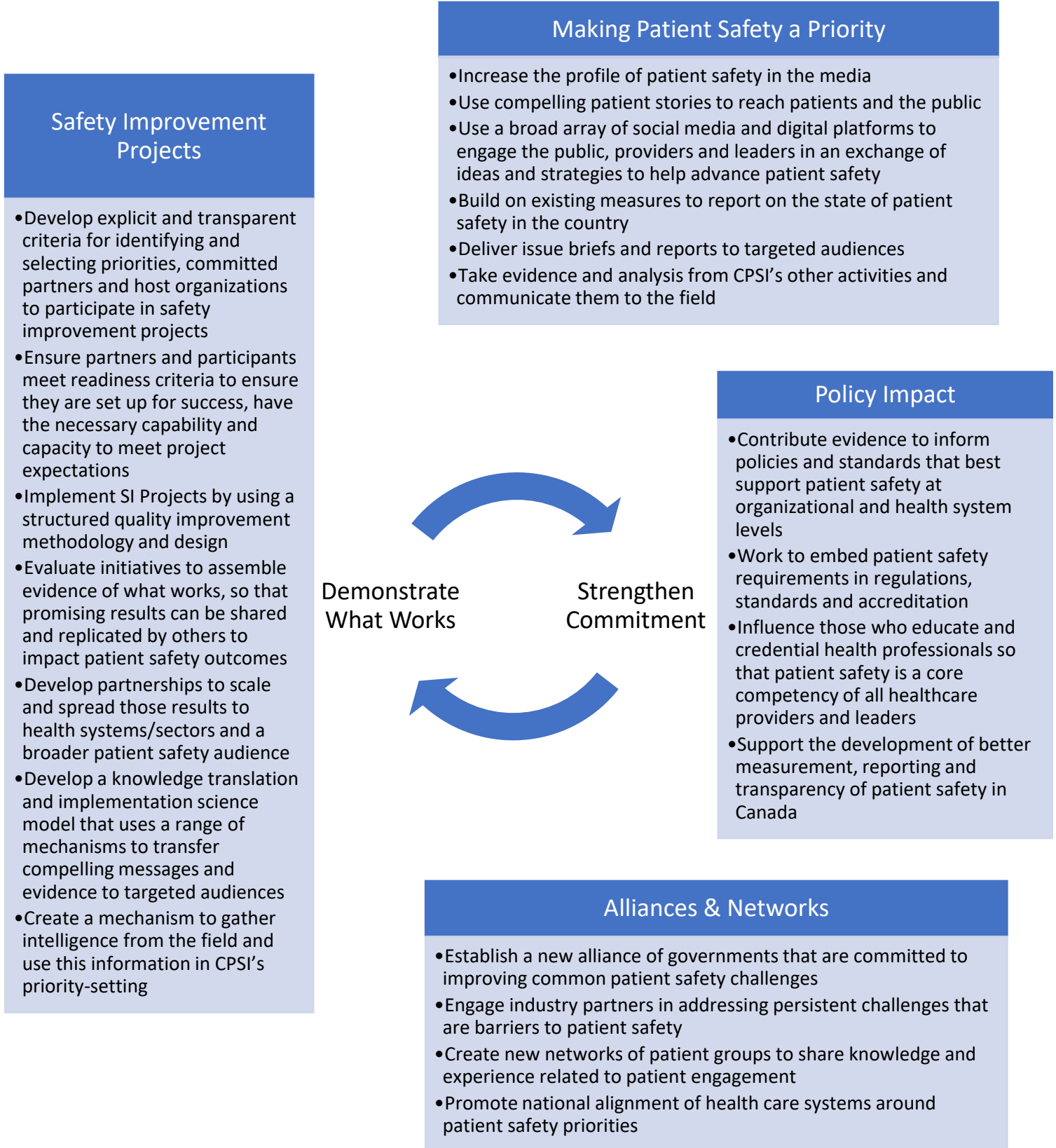
### Supporting Processes and Functions

An important function that cuts across all these areas will be to share results and evidence from CPSI's activities. The development of a Knowledge Translation and Implementation Science model will be used to guide the communication approach to sharing and learning. A well-orchestrated approach will ensure that evidence assembled from Safety Improvement Projects and other CPSI activities is well communicated to engage audiences and make an impact on both the practice and policy levels.

CPSI will also undertake two corporate support functions:

- Corporate Communications support will ensure that CPSI delivers clear, compelling and targeted messages that reach the hearts and minds of patients, providers and leaders.
- Corporate Services support will ensure that CPSI is a strong and vibrant national organization with talented, engaged and healthy employees and a clear sense of its impact.

Diagram 1: Objectives of CPSI's Lines of Business



CPSI will strengthen cross-cutting corporate processes to support its work. CPSI's internal processes will mirror the "end to end" patient safety improvements that we wish to see in the system; no silos, but rather areas collaborating to demonstrate what works and strengthen commitment. We will ensure that staff have the skills they need, and CPSI has the processes it needs, to ensure that work flows seamlessly across the organization. CPSI will build on its strengths and meaningful and authentic partnership with patients in all of our work, expanding our efforts and empowering patients to champion patient safety improvement.

### Funding Model

CPSI will continue to rely heavily on Health Canada funding to support its work. The new strategy does not lend itself to a revenue generation model as CPSI's activities are not aimed at general dissemination of tools and products to the field. Health Canada funding will be needed to support CPSI as it scans the environment, assembles improvement teams, gathers evidence, shares knowledge, raises the profile, and influences policy and regulation. Few of these activities provide direct benefits to direct consumers in a way that supports full cost-recovery pricing.

CPSI will pursue revenue generation where its activities provide more direct benefits to participants and partners. Safety Improvement Project participants will be asked to commit funds to these projects. While much of this funding will be applied internally for project implementation, some will come to CPSI to offset the costs of delivering the projects. In addition, CPSI will pursue sponsorship opportunities with industry partners who share a common interest in solving challenging patient safety problems. Revenue generation with any partners will be done in a way to maintain CPSI's transparency, impartiality and independence.

CPSI will maintain a training capacity that takes the best of its education programs and packages them for use in safety improvement. However, CPSI's strategy does not call for us to deliver training programs to all providers across the country. Future delivery of educational programs will take place through a full cost-recovery model, with no net resource cost to CPSI, until such time as CPSI can evaluate the programs and determine their home in a broader scale-and-spread strategy.

### Priority Activities

#### Criteria for Prioritization

The overriding principle in prioritizing activities within CPSI's existing funding level is that CPSI should do fewer things and do them well, rather than do many things in a partial execution of the strategy. CPSI's vision is to achieve end-to-end improvements in patient safety, from implementation through to policy and regulation; accordingly, we will select projects within available funding that we can follow through to completion. Our focus will be narrow but our ambition to make an impact on the system is not.

Work has been prioritized based on the following criteria:

- Alignment to system priorities
- Translatable results that can impact policy, regulation and standards in Canada
- Building on existing internal capability, strengths and past successes
- Availability of committed partners

These criteria will be formalized in a Priority Decision-Making Framework for the duration of the Business Plan. The framework will apply set criteria to objectively make decisions by comparing, evaluating and selecting from among a range of options to determine the best uses of CPSI's limited resources.

## Priorities

At \$7.6 million in funding, CPSI will be able to support three Safety Improvement Projects at the inception of the business plan. We expect the projects to have a duration of two to three years, allowing a second wave of Safety Improvement Projects several years into the strategy. The number of projects in this second wave will have to be re-evaluated at existing levels of funding, given the expected financial pressures described further below.

Based on the criteria above, and capitalizing on existing opportunities and partnerships to make the greatest impact on current system priorities, the first wave of Safety Improvement Projects has been prioritized as follows:

- Measurement and Monitoring of Safety – Leverage the existing evaluative research project based on the Measuring and Monitoring of Safety framework, using it to build organizational capacity to proactively analyse, monitor, and learn from safety and quality information.
- Medication Reconciliation at Care Transitions – Medication safety continues to be a system challenge across the country and priority particularly at transitions of care. The project will be a key element of CPSI’s national leadership of the WHO Global Medication Safety Challenge.
- TeamSTEPPS – CPSI has developed a Canadian offering of the course aimed at improving teamwork and communication in healthcare settings. With committed partners, CPSI will be able to test the efficacy of this program in improving health outcomes, with implications for how health professionals are trained, and institutions are accredited.

Through these three projects, CPSI will assemble evidence on what works in monitoring safety risk, managing care transitions, and facilitating teamwork, with demonstrated impact on patient outcomes.

The priorities set in other Lines of Business are also based on the criteria above. They build on the best current opportunities to create a stronger system of commitment, responsibility and expectations for patient safety in Canada. At existing funding levels, CPSI’s funding of these areas will be necessarily constrained. The priorities in these Lines of Business will first serve to help embed Safety Improvement Project results into the system of standards, policy and regulation. They will also seek to elevate transparency and reporting in the system and build the alliances needed to advance a shared agenda for patient safety. This work will be guided by the development of a policy framework for evidence-informed policy; it will proceed at modest levels initially, but create a basis for further work in the future as funding allows.

In these other Lines of Business, CPSI will:

- Make modest investments to develop a stronger knowledge translation capacity to share results with the field and gather intelligence about emerging issues.
- Expand the work of Patients for Patient Safety Canada in providing a leading voice to increase the profile of patient safety.
- Use more focused tactics to reach target audiences through communications media, rather than a general healthcare audience.
- Focus its work on the development of a policy framework for describing the best evidence-informed policy levers for patient safety improvement.
- Work with partners to establish models for collaborating with governments and industry, particularly around the global WHO Global Patient Safety Challenge.

The aim, despite the modest breadth of activity, is to fundamentally change standards and establish clear accountabilities, for patient safety right now.

Appendix 1 illustrates how the aims and objectives within each Line of Business will be realized through priorities over a 5-year timeframe. These priorities will guide the activities included in CPSI's annual operational plans. Each year, CPSI will review the aims and objectives for the Lines of Business, update and fine-tune them based on experience to date with the strategy, and use them as the framework for program and activity planning.

## Budget

The budget incorporates the following assumptions:

- A staffing level of 35 full-time equivalents, unchanged from the current approved level.
- A primary cost driver is the Safety Improvement Projects. The remaining available program funding is split roughly evenly between the other business lines.
- Each Safety Improvement Project is assumed to raise \$50,000 per year.
- Industry engagement is also expected to raise sponsorship revenue.
- These participant and sponsor revenues are forecast to grow after the initial two-year cycle for the first wave of Safety Improvement Projects.
- Education programs are expected to run on a cost-recovery basis through the first transition year until the future business model is determined.
- CPSI's reserve funds are untouched and serve as a contingency – no separate contingency is budgeted.
- CPSI makes use of a modest roll forward of funds from the 2017-18 fiscal year into 2018-19 year, the last in the existing Contribution Agreement.

The budget below demonstrates that inflation continues to eat away at what CPSI can accomplish at a fixed funding level. The following assumptions are used in the projection:

- Revenue is assumed to increase by 10% in the third year as the second cycle of Safety Improvement Projects begin.
- Salary costs as distributed among all programs and support functions are assumed to grow 2.5% per year to cover both inflation and progression.
- Inflationary increases of 1.5% per year apply to other spending categories with the following exceptions:
  - Office space costs are held constant due to expected savings upon lease renewal
  - IT costs are held constant due to expected savings from moving to the cloud
  - Evaluation costs are held constant as the costs of a corporate evaluation framework are assumed to be greater at the start of the Business Plan period.

With these assumptions, by the third year, program expenditures must be reduced by over \$371,000 compared to what they would have been after inflation. After the end of the current Contribution Agreement in March 2019, CPSI will have to make significant program reductions to maintain a balanced budget.

	2018-19	2019-20	2020-21
<b>REVENUE</b>			
Health Canada	7,600,000	7,600,000	7,600,000
Safety Improvement Projects	150,000	150,000	165,000
Other Sponsorship	120,000	120,000	132,000
Education	150,000	-	-
Miscellaneous	20,000	20,000	20,000
<u>Use of roll forward</u>	<u>150,000</u>	<u>-</u>	<u>-</u>
<b>Total Revenue</b>	<b>8,190,000</b>	<b>7,890,000</b>	<b>7,917,000</b>
<b>EXPENSE</b>			
<b>PROGRAMS</b>			
Safety Improvement Projects	2,250,000	2,146,232	2,126,930
Sharing & Learning	450,000	433,793	434,681
Education Delivery	150,000	-	-
Making Patient Safety a Priority	620,000	594,134	591,664
Policy and Reporting	600,000	575,270	573,196
<u>Alliances &amp; Networks</u>	<u>750,000</u>	<u>718,085</u>	<u>714,444</u>
<b>Total Program</b>	<b>4,820,000</b>	<b>4,467,514</b>	<b>4,440,915</b>
<b>CORPORATE</b>			
CEO Office	400,000	405,671	411,485
Corporate Communications	750,000	767,261	784,908
IT & Telecommunications	500,000	502,836	505,742
Office Space	375,000	375,000	375,000
Evaluation	150,000	152,836	155,742
<u>Corporate Finance, HR, Board support and other</u>	<u>1,195,000</u>	<u>1,218,882</u>	<u>1,243,208</u>
<b>Total Corporate</b>	<b>3,370,000</b>	<b>3,422,486</b>	<b>3,476,085</b>
<b>Total Expense</b>	<b>8,190,000</b>	<b>7,890,000</b>	<b>7,917,000</b>
<b>NET RESULT</b>	<b>-</b>	<b>-</b>	<b>-</b>
HR costs per year	3,970,000	4,069,250	4,170,981
Salary progression cost		99,250	101,731
Inflationary cost		19,875	20,173
Loss of roll forward		150,000	-
<u>Offset from increased revenue</u>		<u>-</u>	<u>-20,000</u>
Reduced spending/increased revenue needed		269,125	101,904
Cumulative impact		269,125	371,029

## Funding Levels and Greater Potential Impact

CPSI's new strategy aspires to greater impact through a clearer logic about how it will impact the drivers of system change. However, two factors must be taken into account. First, CPSI currently has less than \$8 million to influence a \$228 billion decentralized health system. Second, this level of funding provided by the

Government of Canada has not changed (and in fact been reduced) since CPSI's inception 14 years ago, with the result that CPSI is operating with about 25% less funding in real terms than it had when it started.

The scope of CPSI's ambitions must be commensurate with resources. The budget above has prioritized CPSI's activities within the existing level of federal funding, at \$7.6 million per year. These activities will realize the strategy within focused areas and produce tangible results. But greater system impact is possible. The funding level table further below outlines what could be achieved at higher levels of funding compared to the status quo: \$20 million per year, and \$50 million year. CPSI will pursue its strategy and its vision of the safest healthcare system in the world, with a commitment to greater impact, at every funding level. However, the scope of activities and anticipated impacts increase at each funding level.

At higher levels of funding, CPSI would be able to:

- Expand the scope and number of concurrent Safety Improvement Projects, with additional projects for Policy Impact outputs, global innovations, and other government and system priorities such as Indigenous health, opioids, antimicrobial resistance, primary care, mental health and long-term care.
- Expand intelligence gathering and evaluative research, doing a deeper analysis of patient safety issues, the incidence and magnitude of harm across the country, the impact of priority interventions like patient engagement, and providing evidence and resources for what can be done to improve.
- Create state of the art knowledge translation mechanisms to better engage the country, and host forums and venues for knowledge exchange across the country and internationally.
- Conduct public outreach and equip more patients and the public with the tools they need to play a role improving safety.
- Develop and rationalize pan-Canadian patient safety measures, incorporating them in an annual patient safety report that significantly advances the state of reporting by presenting a more transparent, consistent and cross-sectoral picture of patient safety in Canada.
- Expand partnerships with industry to test and evaluate technological innovations.
- Increase international collaborations to place Canada prominently on a world stage and share evidence and best practices on what is working to improve patient safety.
- Development of a consultancy model where CPSI could advise organizations and jurisdictions on how to build a positive patient safety culture and implement proven practices.

Funding levels impact CPSI's ability to expand its work to advance key federal and provincial-territorial priorities. At existing funding levels, CPSI will focus on government priorities as an element of its prioritized Safety Improvement Projects. For example:

- Opioid safety will be one component of Medication Safety at Transitions of Care.
- CPSI would continue to develop relationships with Indigenous health leaders and systems, and customize project results for implementation in that context.
- We will seek participants from the long-term and home care sectors, and translate evidence to ensure that it speaks to their needs.

However, efforts to make comprehensive and systemic changes across these sectors, and not just in targeted areas, requires additional funding. As an example, with more resources, CPSI could develop a patient safety action plan for indigenous health, with priorities set in collaboration with indigenous communities and projects targeted to address the areas of highest need and greatest potential. Such a project would require a depth of commitment and scope of action that is not possible within existing funding. CPSI would also be able to support federal and provincial-territorial governments in generating

foundational research, developing policies, and implementing safe practices in areas such as antimicrobial resistance, home care, primary care and mental health.

At the highest funding level, CPSI could work to more fully achieve the vision set out when it was first created: to build an integrated national patient safety strategy. The collective impact of the National Patient Safety Consortium has been an important step forward: it has created an unprecedented level of collaboration, advanced an Integrated Patient Safety Action Plan that has led to improvements in policy, practice and patient experience, and changed the way patient safety is viewed in Canada. However, the outputs of the Action Plan are not broad or deep enough to have created a truly integrated approach to improving patient safety across the country, across all sectors, and across all partners. An effective national strategy along the lines that have been advanced in other countries would require a new level of political commitment and investment to bring system leaders and jurisdictions together to agree on a shared vision and priorities, align the work of multiple pan-Canadian organizations from technology to measurement to spread-and-scale strategies, and involve health delivery systems, professionals and patients across sectors and systems on a level not yet seen in Canada.

Funding Level	Funded Activities	
	Demonstrate What Works	Strengthen Commitment
\$7.6 Million	<i><b>FOCUS</b></i>	
	<ul style="list-style-type: none"> <li>• 3 Safety Improvement Projects               <ul style="list-style-type: none"> <li>○ Measuring &amp; Monitoring</li> <li>○ Medication Reconciliation</li> <li>○ TeamSTEPPS</li> </ul> </li> <li>• Corporate evaluation framework and evaluative research for each project</li> <li>• Develop internal implementation science capability</li> <li>• Develop Knowledge Translation mechanism built on SHIFT to Safety</li> <li>• Develop internal training capacity leveraging existing education program materials</li> </ul>	<ul style="list-style-type: none"> <li>• Government relations outreach</li> <li>• Expand role of Patients for Patient Safety to reach patients</li> <li>• Social media strategy</li> <li>• Inform the development of patient safety measures and report annually on existing measures</li> <li>• Conduct scan of patient safety reporting</li> <li>• Develop Canadian patient safety policy framework</li> <li>• Assemble government and industry coalitions</li> <li>• Build results of safety improvement projects into standards &amp; regulation</li> </ul>



	<b>IMPACT</b>	
<b>\$20 Million</b>	<ul style="list-style-type: none"> <li>• Expand scope of Safety Improvement Projects and add 3 additional projects:               <ul style="list-style-type: none"> <li>○ FPT priorities (e.g. indigenous health, home care, mental health, primary care, long-term care, opioid safety, anti-microbial resistance, adverse drug reactions, medical device failures)</li> <li>○ IPSAP output – Surgical Care Safety</li> <li>○ Second Med Safety project</li> </ul>               + \$3.3M             </li> <li>• Expanded intelligence gathering               <ul style="list-style-type: none"> <li>○ Resiliency in healthcare organizations</li> </ul>               + \$400,000             </li> <li>• Additional evaluative research – evaluate the impact of:               <ul style="list-style-type: none"> <li>○ Governance training</li> <li>○ Patient engagement</li> </ul>               + \$400,000             </li> <li>• Expanded internal evaluation capacity + \$300,000</li> <li>• Expanded implementation science support and analysis + \$200,000</li> <li>• Expand in-house training capability + \$300,000</li> <li>• Expand Knowledge Translation program + \$200,000</li> <li>• Establish CPSI consulting arm +\$400,000</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded policy analysis capability + \$400,000</li> <li>• Work with partners to advance a transparency plan for Canada + \$200,000</li> <li>• National Patient Safety Conference – directing evidence to targeted audiences + \$300,000</li> <li>• Redo the Baker-Norton study across Canada and across sectors to establish the incidence of harm + \$2.8M</li> <li>• Partner with CIHI, health information agencies, PT governments and quality councils to develop more comprehensive and actionable pan-Canadian safety measures that are publicly reported + \$500,000</li> <li>• Develop an annual patient safety report with an independent CPSI voice incorporating new measures + \$1M</li> <li>• Additional investments in patient safety educational curricula + \$400,000</li> <li>• Expanded international collaborations and sharing of evidence +\$300,000</li> </ul>
	<ul style="list-style-type: none"> <li>• Increased corporate support costs - \$1M</li> </ul>	
<p><b>TOTAL ADDITIONAL FUNDING: \$12.4M</b></p>		
<p><b>ANTICIPATED ADDITIONAL IMPACT:</b></p> <ul style="list-style-type: none"> <li>• Better understanding of the incidence and impact of patient safety incidents across the healthcare system through targeted research and evidence generation</li> <li>• An expanded range of Safety Improvement Projects to demonstrate what works in areas of FPT priorities</li> <li>• Better ability to integrate and analyze findings, advance the state of resilience and implementation science knowledge, and target and communicate these findings to organizations across the healthcare system</li> <li>• Greater awareness and involvement of patients and the public in ensuring safe care</li> <li>• Significantly expanded capability to develop and report patient safety measures across Canada</li> <li>• Progress made to develop common policy approaches across Canada in areas such as transparency, reporting &amp; learning</li> </ul>		

<b>TRANSFORMATION</b>	
<b>\$50 Million</b>	<ul style="list-style-type: none"> <li>• 2 additional Safety Improvement Projects in FPT priority areas (8 total) and expanded scope for all + \$3.4M</li> <li>• Expanded systems safety / resilience component of Implementation Science + \$500,000</li> <li>• Scale up in KT function &amp; platform + \$600,000</li> <li>• Establish CPSI educational business arm + \$400,000</li> </ul>
	<ul style="list-style-type: none"> <li>• National Patient Safety &amp; Quality Strategy – working with multiple partners to create a true road map to improved quality and patient safety in Canada               <ul style="list-style-type: none"> <li>- National roundtables to set priorities</li> <li>- Partnerships to lead work particularly with provinces/territories</li> <li>- Funding to project priorities</li> <li>- Engagement of system delivery partners</li> <li>- Impact measure development and reporting</li> </ul> </li> <li>+ \$10M</li> <li>• As part of the above, include:               <ul style="list-style-type: none"> <li>- A national improvement plan for using data/information/technology to improve safety with agency and industry partners + \$5M</li> <li>- An action plan to improve patient safety in indigenous communities – initial research and policy work leading to Safety Improvement Projects + \$8M</li> </ul> </li> <li>• Public awareness campaign + \$1M</li> </ul>
	<ul style="list-style-type: none"> <li>• Increased corporate support costs: \$1.1M</li> </ul>
	<b>TOTAL ADDITIONAL FUNDING: \$30M</b>
	<b>ANTICIPATED ADDITIONAL IMPACT:</b> <ul style="list-style-type: none"> <li>• An expanded range of Safety Improvement Projects to demonstrate what works in areas of FPT priorities</li> <li>• An improved ability to transfer knowledge through multiple channels to targeted audiences in the healthcare system</li> <li>• Engagement of the public as a positive force for improved safety</li> <li>• Transformative results through a coordinated national strategy to change outcomes across the system</li> </ul>

## Program Transitions and Risk Management

This Plan represents a new vision for how CPSI can help move Canada towards the safest healthcare in the world. It builds on past successes, including the unprecedented level of collaboration achieved through the National Patient Safety Consortium, the creation of SHIFT to Safety as the go-to source for patient safety for different audiences, and the leading role of Patients for Patient Safety Canada as a voice for patient engagement in this country. However, the plan also represents significant change for CPSI as we focus our efforts on demonstrating what works and strengthening commitment.

This Business Plan will require transitions in our programs. Some of the most significant changes include:

- Education programs – we will take the best of existing education programs to create a flexible training capacity that we can apply to our Safety Improvement Projects. The plan does not, however, call for CPSI to develop capacity at all levels across the country through education delivery. We do not want to lose the value that has been built through these programs by simply discontinuing them. As a transitional activity, we will evaluate our education programs to assess their viability as self-sustaining programs and determine an appropriate business model.
- SHIFT to Safety – the SHIFT to Safety framework was built to reach patients and their families, providers and leaders with the best patient safety resources and knowledge. It will continue to serve as a foundational platform for CPSI’s Sharing and Learning line of business. Resources will continue to be curated, but new resources will primarily be populated with the evidence developed through Safety Improvement Projects, and the best practices promoted through our Policy Impact work. Existing partnerships and improvement work will be transitioned to more directly support Safety Improvement Projects rather than general initiatives such as national audits, or the work of the Integrated Patient Safety Action plan as this concludes.
- Canadian Patient Safety Week and Stop Clean Your Hands Day – these programs have been incredible tools for engaging the country in patient safety. The plan, however, calls for CPSI to conduct more focused and targeted outreach activities than just raising general awareness among providers. It is now time to drive behavioural change. We will extensively evaluate these programs to determine how their successes can have a greater impact to influence behaviour change and strengthen commitment.
- We will prioritize and leverage existing work in patient safety measurement, incident management, and reporting, sharing and learning (i.e. Global Patient Safety Alerts, CMIRPS) to advance the key elements of a policy framework for Canada, under the advice of the Policy, Legal and Regulatory Affairs Advisory Committee.
- The Consortium has advanced a common agenda for patient safety through the Integrated Patient Safety Action Plan. CPSI will build future models for making a collective impact on what we learn through the Consortium evaluation. Future models will be more focused on the key stakeholder relationships that are critical to strengthening policy and regulation.

Corporate transitions are also required to ensure that CPSI has the skills and processes to manage work and advance its objectives across its lines of business. The most important of these are to:

- Build internal capacity to evaluate projects and apply the new performance measurement framework, which will enable CPSI to demonstrate the impact of the new strategy.
- Build internal capacity in project management to manage expanded safety improvement projects and linkages across lines of business.
- Assess competency gaps and develop an Human Resource transition plan to ensure that staff are trained and developed to fill these gaps.

The changes called for this Business Plan will create many risks, including the risks of not successfully:

- Transitioning staff to new roles and a new way of working
- Augmenting existing skill sets within the organization to excel at new streams of work

- Developing new corporate processes to manage our work in a more integrated way
- Managing organizational capacity and staff workloads as continuing, transitional, and new work overlap in the move to a new strategy
- Managing the expectations of partners, and preserving good relationships, as we transition to a more focused role and step back from some of our past products and services

CPSI will manage these risks within its enterprise risk management policy, preparing a risk register, heat map, and risk treatment plan as part of the annual operational plan. These plans will identify the risks that CPSI is taking on with respect to its partnerships, finances, programs, reputation, and strategic position, and how we are treating them so that they strengthen rather than erode our chances of success.

## Appendix: Business Plan Activities 2018 – 2023

### Safety Improvement Projects

#### RELATED STRATEGIC MECHANISM(S)

Demonstrate What Works - Implement

Demonstrate What Works - Evaluate

Demonstrate What Works - Share with Purpose

#### PROBLEM TO BE ADDRESSED

There is a lack of evidence of what works to improve patient safety. Recent studies inform us that despite the attention paid to patient safety, results in many settings have been limited. Along with ample literature strengthening the need to focus on implementation science as a critical factor in the success of sustaining patient safety practices, Dr. R. Baker in his recent study (2016) reinforced that success lies in the support and evidence provided to health care staff regarding implementation. He concluded that “Creating local practice environments that support staff and create a culture of patient safety is *the* critical challenge facing those who want to reduce harm.”

The healthcare field has adopted promising practices but has not assembled evidence on the enablers and facilitators of success that would allow their replication in other settings. The skills of implementation science are poorly understood and utilized in the field – the growing body of knowledge from implementation science will be increasingly important in helping organizations to further understand the how and why of successful implementation.

The evidence is compelling. To address the patient safety issues, we need a total system approach that will encompass and organize all the sectors in a common approach to improve patient safety (NPSF, 2015). Support is needed for successful implementation of measurable, sustainable patient safety improvement, and initiatives need to be evaluated to demonstrate what works.

#### AIM STATEMENT

CPSI will apply improvement methods, implementation science, and evaluation methods to improve system capability and translate the evidence of what works into standard practices for practitioners and providers at all levels of the health system. Based on the current literature, CPSI will engage system partners in Safety Improvement Projects focussed on topics aligned with associated patient harm priorities occurring in the country. Within these projects, CPSI will follow a rigorous evaluation process to ensure the evidence can be used to bridge the gaps that currently exist and hence improve patient safety outcomes in Canada.

#### FIVE YEAR GOAL

Implement and evaluate a series of Safety Improvement Projects that operate between 2 to 3 years in duration, are based upon strategic priorities and evidence, and have a strong probability of demonstrating outcomes of reducing patient harm and improving patient safety.

Priorities

Year One 2018-19	Year Two 2019-20	Year Three 2020-21	Year Four 2021-22	Year Five 2022-23
<ul style="list-style-type: none"> <li>• Develop a PS Improvement model that includes criteria for selecting, implementing and evaluating safety improvement projects</li> <li>• Initiate Medication Reconciliation at Care Transitions safety improvement project as a component of the WHO Global Patient Safety Challenge</li> <li>• Complete the Measuring and Monitoring of Safety Evaluative Research Project and initiate a safety improvement project based on the results</li> <li>• Launch TeamSTEPPS safety improvement project</li> <li>• With CFHI and other partners (provincial quality and safety organizations), develop a strategy to hand over evidence of what works for others to spread and scale</li> <li>• Leverage past education programs to develop focused internal capacity for delivering training as part of safety improvement projects</li> <li>• Conduct needs assessment and evaluation of patient safety education programs</li> <li>• Build internal capacity in implementation science to apply across safety improvement projects</li> <li>• Develop consistent methodologies for evaluating safety improvement projects</li> <li>• Leverage the SHIFT to Safety platform to develop a CPSI knowledge translation &amp; implementation science (KTIS) approach to share evidence of what works</li> <li>• Establish process for outreach and intelligence gathering across Canada and internationally to help identify priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Complete the first three safety improvement projects and assess impact through evaluative research</li> <li>• Plan for next wave of safety improvement projects and assess capacity for the number of projects</li> <li>• Implement spread and scale model with partners</li> <li>• Use the results of the environmental scanning as an input to setting priorities for the next wave of safety improvement projects</li> <li>• Based on needs assessment and evaluation, develop a business model to support education program delivery</li> <li>• Conduct evidence and environmental scans and prepare reports</li> </ul>	<ul style="list-style-type: none"> <li>• Work with partners to spread and scale results of the first wave</li> <li>• Secure partners and launch next wave of safety improvement projects: federal and provincial priorities (e.g. opioids, indigenous health); second medication safety project; others – surgical care, IPSAP outputs, patient engagement, other care settings</li> <li>• Consolidate implementation science learning across the first wave of projects</li> </ul>	<ul style="list-style-type: none"> <li>• Complete the second wave of safety improvement projects and evaluate results</li> <li>• Plan for the next wave of projects</li> <li>• Evaluate spread and scale model</li> <li>• Comprehensive synthesis of implementation science knowledge developed to date</li> </ul>	<ul style="list-style-type: none"> <li>• Work with partners to spread and scale results of the second wave</li> <li>• Launch next wave of safety improvement projects</li> </ul>

# **Making Patient Safety a Priority**

## **RELATED STRATEGIC MECHANISM(S)**

Strengthen Commitment - Raise the Profile  
Strengthen Commitment - Increase Transparency  
Demonstrate What Works - Share with Purpose

## **PROBLEM TO BE ADDRESSED**

The last decade has shown that the development and dissemination of knowledge and tools to support patient safety improvement was necessary but insufficient to drive sustainable change. Our healthcare system ranks 9th in the world, and we know 1 in every 18 hospital stays in Canada results in a harmful event.

Patient safety needs to become the priority it deserves to be. The magnitude of patient harm is not fully understood by the public or even within the healthcare system. We need to build the urgency for action to improve the safety of healthcare in Canada.

The public and patients are unaware that patient safety is an issue. They need to know the risks they face and what they can do to help ensure that they receive safe care. For providers and leaders, patient safety is often lost as a priority among other competing demands such as cost and access, even though it should be the foundational element of other dimensions of quality.

Even where there are successes, these often live in isolation and are not shared with others across the country who could learn from the experience and knowledge of others across the country and internationally.

## **AIM STATEMENT**

CPSI will increase the profile of patient safety so that greater awareness leads to behaviour changes among the public and patients, providers and leaders. CPSI will do this by:

- Sharing intelligence, evidence and outcomes from its activities with targeted audiences
- Using the patient voice in reporting, campaigns and media to make patient safety a higher priority across healthcare systems
- Use the media, social platforms and campaigns to increase the public's understanding of patient safety
- Use social media campaigns to engage providers in ways that support behaviour change
- Target evidence to leaders and decision-makers to support the prioritization of patient safety as a health system priority

## **FIVE YEAR GOAL**

That healthcare leaders, providers, patients and the public demonstrate that patient safety is a priority by adopting new practices which are proven to lead to patient safety improvement.

Priorities

Year One 2018-19	Year Two 2019-20	Year Three 2020-21	Year Four 2021-22	Year Five 2022-23
<ul style="list-style-type: none"> <li>• Develop and implement a strategic communications plan that identifies specific stakeholders and the appropriate messaging and mechanisms to reach each group</li> <li>• Raise the profile of patient safety by responding rapidly through media to issues and incidents that get public attention</li> <li>• Evaluate and conduct needs assessment for Canadian Patient Safety Week and Stop! Clean Your Hands Day to determine how these campaigns might be reconfigured into an ongoing engagement and behaviour change strategy</li> <li>• Develop initiatives for the Canadian implementation of Year One Priorities of the WHO Global Patient Safety Challenge: Medication Without Harm</li> <li>• Communicate the results of the Consortium evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Based on the results of the evaluation and using the KTIS model, design a renewed strategy to engage targeted audiences</li> <li>• Create issue briefs on specific topic issues to elevate attention to patient safety</li> <li>• Communicate the results of the first wave of safety improvement projects using the KTIS approach</li> <li>• Communicate the results of the scan of patient safety reporting practices</li> </ul>	<ul style="list-style-type: none"> <li>• Compile an annual patient safety report that compiles and summarizes existing data sources</li> <li>• Evaluate efforts to raise the profile of patient safety through communications media</li> <li>• Develop and share issue briefs based on CPSI’s policy framework and patient safety measurement work</li> <li>• Share thought leadership papers on the application of implementation science to patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Compile an annual patient safety report that compiles and summarizes existing data sources</li> </ul>	<ul style="list-style-type: none"> <li>• Compile an annual patient safety report that compiles and summarizes existing data sources</li> <li>• Communicate the results of the second wave of safety improvement projects</li> </ul>



## **Policy Impact**

### **RELATED STRATEGIC MECHANISM(S)**

Strengthen Commitment - Increase Transparency  
Strengthen Commitment - Strengthen Commitment

### **PROBLEM TO BE ADDRESSED**

The following are problems in the healthcare system:

- System and organizational policies, accreditation standards, and health professional education and licensing need to better incorporate patient safety evidence and best practices.
- Minimum standards of transparency in the information that should be available to patients and the public do not exist across all sectors and all levels of the system.
- Organizations are not maximizing the use of current data sets. There is a poor understanding of the level of patient safety information that can be extracted from existing databases and how to prioritize and utilize it for improvement.
- There is a sense of measurement overload, while at the same time, there is a lack of agreed-upon system-level measures for patient safety.

### **AIM STATEMENT**

CPSI will strengthen commitment for patient safety by working with patients, governments, regulators, educators, professional groups and other partners to promote individual, organizational and health system accountabilities for safer care through policy, legislation, regulation and accreditation.

### **FIVE YEAR GOAL**

CPSI will interpret and provide evidence, moral imperative and implementation guidance related to patient safety policy levers for provincial/territorial policy makers, organizational leaders, healthcare provider regulators, and standard setting and accrediting bodies.

Priorities

Year One 2018-19	Year Two 2019-20	Year Three 2020-21	Year Four 2021-22	Year Five 2022-23
<ul style="list-style-type: none"> <li>Expand support for Policy, Legal and Regulatory Affairs Committee mandated to provide advice to CPSI on patient safety issues and strategic directions that relate to FPT health policy, legal and regulatory systems and processes</li> <li>Conduct a literature jurisdictional scan (Canada and international) of patient safety leading practices to inform the development of a logic model and policy framework for Canada, publish this report and use it for priority setting for CPSI Policy Impact activities</li> <li>Engage PFPSC in policy development and implementation activities</li> <li>Contribute to national and international reporting learning and sharing activities</li> <li>Contribute to advancing patient safety measurement and reporting priorities with CIHI and PT partners, and from Integrated Patient Safety Action Plan Outputs</li> <li>Engage with key influencers and policy makers in FPT governments and regulators to promote uptake of best evidence</li> <li>Partner with policy stakeholders to identify the rights and obligations for patient safety transparency for patients, providers and organizations across the continuum of the health system</li> </ul>	<ul style="list-style-type: none"> <li>Identify the policy impact opportunities coming out of the safety improvement projects</li> <li>Identify the potential policy impact opportunities coming out of the Integrated Patient Safety Action Plan and incorporate them into the policy impact workplan</li> <li>Work with academia and health professional regulators to embed safety competencies into health professional credentialing</li> </ul>	<ul style="list-style-type: none"> <li>Develop policy recommendations for government and regulatory bodies arising from the safety improvement project evaluations</li> <li>Partner with policy stakeholders to develop a “patient safety transparency plan” that includes what patient safety information needs to be shared with whom, including patients’ “right to know” and how to use information to drive improvement</li> <li>Work with partners (e.g. HSO, governments, regulators) to translate the patient safety transparency plan into standards, policies, regulations and/or legislation</li> </ul>	<ul style="list-style-type: none"> <li>Identify the policy impact opportunities coming out of the second wave of projects</li> <li>Work with partners to incorporate transparency of patient safety information in policy and regulation</li> <li>Evaluate the lessons from PFPSC’s voice and role in CPSI’s policy impact activities</li> </ul>	<ul style="list-style-type: none"> <li>Develop policy recommendations for government and regulatory bodies arising from the second wave of project evaluations</li> <li>Work with partners to translate the patient safety transparency plan into standards, policies, regulations and/or legislation</li> </ul>

## Alliances & Networks

### RELATED STRATEGIC MECHANISM(S)

Strengthen Commitment - Strengthen Commitment

### PROBLEM TO BE ADDRESSED

Patient safety will be improved when there is collective commitment to, and co-design of, better standards, policies and practices. However, efforts to improve patient safety in Canada are not well co-ordinated due to the overlapping and sometimes competing objectives of organizations that are working separately to advance their mandates, of which patient safety is but one component.

The National Patient Safety Consortium achieved an unprecedented level of collaboration in advancing patient safety. It offers a model to build upon and learn from. Collaboration must represent a shared commitment to making a collective impact. If collaborations are too broad, goals too diffuse, and leadership too centred in a single organization, then impact can be diminished.

The movement to empower patients and the public is itself not as coordinated as it could be. The last decade has seen an explosion of patient groups and representation, yet these groups often work in isolation, and do not benefit from the learning and experience of others.

Since its inception, CPSI has impacted both policy and practice, and been looked to by provincial and territorial governments and agencies as a pan-Canadian convenor and national authority on patient safety. However, with no legislative or regulatory levers, CPSI has no “stick” and cannot directly influence patient safety performance at jurisdictional or organisational levels. No one is truly holding themselves or others accountable for safer care and this needs to change.

One of the key influencers of how patient safety is incorporated into the procedures and practices in front line delivery is industry. There are good reasons to be wary of compromising the public interest with private interest. At the same time, industry has a crucial interest in contributing to safer practice. Not involving industry when their bottom line rests on ensuring safety is a missed opportunity to innovate in safety improvement.

### AIM STATEMENT

We want to work with organizations who support patient safety improvement through their willingness to promote change and who exert significant influence over levers for change in the system. We will focus on key stakeholder relationships that are critical to strengthening policy and regulation and a smaller number of partners with firm commitments to ensuring safety. Through strategic alliances and networks of patients, governments, industry and other players, CPSI will establish national alignment and pan-Canadian commitments to address and solve patient safety challenges and priorities.

## FIVE YEAR GOALS

- Through strategic partnership with HSO and affiliates, directly influence patient safety practices in health delivery organizations in Canada through the development of Required Quality & Patient Safety Practices and related standards and measure performance through accreditation.
- By enabling and empowering Patients for Patients Safety Canada to formally connect with other patient advisor groups, inform and educate more patients and the public about patient safety.
- By convening a network of policymakers and doing proactive strategic outreach with government leaders across all regions, align our efforts with FPT priorities to ensure patient safety is considered and advise governments of patient safety best practices to inform policy, legislation and regulation.
- Private industry is literally invested in patient safety and CPSI will work with industry alliances to align priorities and commit to actions and solutions that accelerate patient safety improvement efforts at systems levels.

### Priorities

Year One 2018-19	Year Two 2019-20	Year Three 2020-21	Year Four 2021-22	Year Five 2022-23
<ul style="list-style-type: none"> <li>• Conclude Consortium evaluation and prepare strategic communications; share with participants and partners</li> <li>• Utilize Consortium evaluation findings for new strategic alliances and networks</li> <li>• Together with HSO, co-convene a National Quality and Patient Safety Advisory Committee that would advise on the development of mandatory quality and patient safety standards</li> <li>• Convene network of FPT policy leads to inform priority setting and establish shared patient safety priorities</li> <li>• Secure commitments from industry partners to address priority medication safety issues</li> </ul>	<ul style="list-style-type: none"> <li>• Together with HSO, co-convene an International Quality and Patient Safety Advisory Committee that would advise on international patient safety best practices</li> <li>• Work with industry partners to address priority medication safety issues</li> <li>• Leverage and establish relationships with health organizations and patient groups to expand participation in PFPSC across Canada and patient education and engagement in patient safety overall</li> </ul>	<ul style="list-style-type: none"> <li>• Develop evidence-informed standards with HSO and others based on outputs of Safety Improvement Projects and Policy Impact activities</li> <li>• Together with HSO, co-convene provincial/territorial governments to inform priority setting and establish shared patient safety commitment measures (patient safety accountability and transparency framework); reinforce with standards, policy</li> </ul>	<ul style="list-style-type: none"> <li>• Develop evidence-informed standards with HSO and others based on outputs of Safety Improvement Projects and Policy Impact activities</li> <li>• Together with HSO, evaluate the National Quality and Patient Safety Advisory Committee</li> <li>• Evaluate the industry partnership strategy and refine the approach if necessary</li> <li>• Convene coalition of patient groups around a patient safety event</li> </ul>	<ul style="list-style-type: none"> <li>• Develop evidence-informed standards with HSO and others based on outputs of Safety Improvement Projects and Policy Impact activities</li> <li>• Together with HSO, evaluate the International Quality and Patient Safety Advisory Committee</li> </ul>

<p>related to the WHO Global Patient Safety Challenge</p> <ul style="list-style-type: none"> <li>• Leverage Medication Safety Action Plan outputs for the WHO Global Patient Safety Challenge</li> <li>• Support PFPSC to establish relations with other patient groups</li> <li>• Support the global PFPS network as part of the WHO Collaborating Centre terms of reference</li> <li>• Contribute to regional learning and sharing networks and events</li> </ul>	<ul style="list-style-type: none"> <li>• Contribute to regional learning and sharing networks and events</li> <li>• Convene coalition of patient groups around a patient safety event</li> </ul>	<p>and regulation, as appropriate</p> <ul style="list-style-type: none"> <li>• Expand industry partnership strategy to support other safety improvement and policy impact priorities</li> </ul>		
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