

FORWARD WITH PATIENT SAFETY: COMMITMENT THROUGH ACTION

National Patient Safety Consortium
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Ask any provider in the country, or any administrator, ‘Do you support patient safety, or are you okay with messing up?’ Most people are on board already. We have to get past the declarations of solidarity and decide what we are actually doing.

—Consortium attendee

There is tremendous activity around patient safety in Canada. There are quality and patient safety councils in most provinces and many national organizations dedicate all or part of their mandate to patient safety. It is widely accepted that patient safety is one dimension of a broader quality framework for healthcare.

Information is gathered, research pursued, innovations introduced and money spent. The question inevitably follows: are Canadian patients getting the full benefit of all that energy? So many of us collectively devote resources to making healthcare safer for patients — are they being used to the best advantage? To that end, the Canadian Patient Safety Institute (CPSI) initiated efforts to partner with key organizations to accelerate the pace, spread, and scale of patient safety improvement.

Bringing together key partners in Canadian healthcare to focus on some of the biggest patient safety challenges, and engaging them to align the work they are doing with some common goals, would allow all of us to achieve the synergy and coordination needed to accelerate the pace of patient safety improvement. As healthcare is provincially managed and administered, there is a generally recognized imperative for national organizations to work in integrated ways to support the priorities of provincial/territorial jurisdictions. This support should include access to data for measurement, information sharing, national targets, and capacity building at all levels of the system.

CPSI contacted leaders from provincial and national patient safety organizations, professional groups, and provincial, territorial and federal governments and their agencies. The group came together for a one-day meeting in Toronto on January 27, 2014 as the first step toward forming a National Patient Safety Consortium to advance a national call to action for patient safety (see Appendix A for the list of organizations that attended). The response was encouraging, and the focus on patient safety as a policy priority across the land was reinforcing.

There was great enthusiasm for the idea — but less for how it was characterized. A national strategy, with its overtones of multi-government negotiations and a single, standardized and possibly centralized approach, did not suggest coordinating and aligning multiple efforts to bring about greater impact. “Framework” was tried, but some found that word too vague, while others sensed its rigidity might imply they could not continue to pursue patient safety according to their own plans.

By the end of the meeting, we settled on developing an action plan. This time, there was no doubting the term had resonance: the overwhelming message throughout the day was that too many meetings lead no further than the shelf where the report is stored. No one wanted rhetoric, abstracts or generalities. What participants wanted and supported was shared leadership deployed in practical ways to link patient safety efforts across the country for the benefit of all Canadians. Four components of an action plan emerged: Patient Voice, Leadership, Measurement and Communication.

Attendees also supported the following four initial areas of focus as a starting point: medication safety, surgical care, infection prevention and control, and home care. There is good evidence that these are high risk areas that have a significant impact on quality, cost, and injury burden, and where consensus can be readily achieved. With time, the consortium may choose to add additional areas of focus. These initial areas of focus are seen as potentially useful for testing the four components (patient voice, leadership, measurement, and communication) of the action plan. A key component of the Canadian healthcare system is primary care and will need to be recognized as such and included in patient safety efforts. A suggestion was made to consider transitions in care within each area of focus. These areas of focus could also provide direction to the future patient safety research agenda for this country.

The vision that emerged was of a consortium working together in fluid ways. The potential for consortium participants to work together on identified action plan components was identified as a possible way of proceeding — identifying solutions to issues, trying them out, recommending them to others. Attendees didn't want labels, charters nor formality. They wanted action by a patient safety movement that would continue to grow and gain momentum. The power of the consortium was viewed as an opportunity to mobilize on common goals and actions, and report on progress to demonstrate system improvement in patient safety.

As a result, this is not a standard meeting report to be flipped through and put on a shelf. The following report has a brief section on some of the ideas that dominated the meeting, to show where the four components (patient voice, leadership, measurement, and communication) of the action plan came from. Then there is a first iteration of the action plan itself.

The first draft of the action plan was shared with the consortium on February 13, 2014. To date, CPSI received 33 responses. The feedback was very thoughtful and informative. This version contains that input from attendees.

Meeting Summary

This summary is an interpretation of what was heard at the meeting, and draws on the results of the pre-event survey, notes from the small group discussions and plenaries, and feedback received from attendees to help frame the way forward.

High-level components of an action plan for patient safety

Patient Voice

Patients were better represented at the meeting than they would once have been. Only a few years ago, their voice may not have been heard at all. But now that we speak of patient-centred care, now that we acknowledge how patients' voices must be integrated into our thinking, planning and actions, the question at the meeting became how to actualize that.

- “What are the meaningful opportunities for patient engagement? How do we ensure we have a critical mass [of patient input] so we are less profession-centric?”
- “The biggest take away is that patients and families must always be included in processes to design, evaluate and improve healthcare patient safety practices, as the central team member.”
- “Focus on the patient experience and voice.”

There is potential to leverage and model work already started by Accreditation Canada to ensure the voice of patients and families is integrated in all processes to develop new or revise existing Qmentum Accreditation standards, required organizational practices and tests for compliance.

Patient Voice

Leadership

Measurement

Communication

Leadership

More than three dozen organizations were at the meeting on January 27, 2014, all conscious that a common commitment to patient safety does not automatically create a common vision. The question was what will success look like for the consortium?

- “Being inclusive and enabling alignment”
- “Having clarity of purpose, and defined targets”
- “Having a clear, simple shared vision, a common cause and a common purpose”

Measurement

We all know measurement is essential for improvement. But we have by no means mastered the art of measurement as a system or the realities of using measures to improve health care. How and what we measure vary not just from jurisdiction to jurisdiction, but from unit to unit and office to office. How to turn all that information into knowledge is a challenge, but one that seems to have brought some agreement among Canadian leaders in patient safety.

- “We need a few common patient safety indicators”
- “Limit national measures to five or ten relevant patient safety indicators because of the risk of indicator fatigue. This may mean discontinuing some indicators as new ones are added.”

Communication

In one sense, the consortium exists as a communication forum for participants to share ideas and information. But it will also have a great deal of communicating to do with outside audiences — and a variety of them — to succeed.

- “I need a bold statement to get engagement”
- “Must build a compelling case. We have to get a willing collaboration.”
- “Need to capture the imagination, like ‘100,000 lives Campaign.’”
- “State bold goals: Keep 10 per cent of people out of hospital. Clean every hospital so there are no more infections.”

Words of Caution

Some consortium attendees cautioned against focusing too much on the exciting possibilities of wanting to work together at the expense of acknowledging the challenges to be faced.

- “This is all very blue sky. Where are the resources coming from?”
- “What will be new and different that will be led by this solution?”

For Future Consortium Meeting Agenda and Discussion

There are issues that could not be dealt with in one day, and others that will be better dealt with down the road, as the consortium develops as an organic entity, evolving rather than being rigidly designed. Here are some issues to be addressed in the near term:

- To what extent should we formalize the consortium?
- To consider using the four action plan components (patient voice, leadership, measurement, and communication) to establish guiding principles for the work of the National Patient Safety Consortium, or perhaps use the Australian Framework for Quality and Safety in Healthcare as a resource?
- Should we look for funding or other resource commitments in advance, or keep it ad hoc?
- Are we working towards a small common patient safety data set to drive system accountability or improvement, or both?

Alignment

- Since the January consortium meeting, the following face to face meeting with partners has been planned or completed:
 - o Surgical Safety Summit- March 26, 2014
 - o Medication Safety Summit (co-hosted with ISMP Canada)- June 18, 2014
 - o Home Care Roundtable (co-hosted with Canadian Home Care Association)- June 26, 2014

 - o Infection Prevention and Control Summit (co-hosted with Public Health Agency of Canada)- November 20, 2014
 - o Patient Safety Education Network Roundtable- January 20, 2015

Common themes from the National Patient Safety Consortium were mirrored in the March 2014 Surgical Safety Summit (such as measurement, communication and patient engagement), and it is expected that these and others themes may also surface as common in the remaining summits. Each summit and round table meeting has a goal to develop an action plan for the priority area (medication safety, surgical safety, infection prevention and control, and home care). Therefore, we will need an integrated approach to align actions for these themes across summits and round tables, and this umbrella action plan of the National Patient Safety Consortium.

FORWARD WITH PATIENT SAFETY: THE ACTION PLAN

PATIENT VOICE

Goal	Action
Patients and families will be actively involved in, or consulted about, all aspects of the action plan to improve patient safety in health care.	<ol style="list-style-type: none">1. That patients and families be involved in planning, delivery, and outcome evaluation of all the work evolving from the summit meetings on medication safety, surgical care, infection prevention and control, and the home care roundtable.2. Develop a comprehensive guide for the involvement of patients and families in patient safety activities, based on evidence and best practice.

LEADERSHIP

Goal	Action
To accelerate the pace, spread, and scaling of patient safety improvement by working together as the national patient safety consortium, starting with four initial areas of focus (medication safety, surgical care safety, infection prevention and control, and home care).	<ol style="list-style-type: none">1. That the consortium participants define, develop, and agree on common vision, purpose, and goals for the action plan.2. That the consortium supports the four components of the initial patient safety action plan as its beginning framework, to be enhanced and refined through use: Patient Voice, Leadership, Measurement and Communication.3. Plan and deliver three national summits (medication safety, infection prevention and control, and surgical care safety) and the home care safety round table to: assess priority patient safety issues, identify gaps, and best practices, and to draft initial action plans with attention to patient transitions of care and primary care.

Goal	Action
<p>To accelerate the pace, spread, and scaling of patient safety improvement by working together as the national patient safety consortium, starting with four initial areas of focus (medication safety, surgical care safety, infection prevention and control, and home care). continued</p>	<p>4. Formalize the national consortium so that each consortium participant organization can declare its participation in the consortium for patient safety, and their short term contribution to the priority action plan components (patient voice, leadership, measurement, and communications).</p> <p>5. That the F/P/T Conference of Deputy Ministers of Health support, endorse, and commit to advance this action plan, using consortium communication tools.</p> <p>6. That provincial health quality and safety organizations promote and make the four initial areas of focus (medication safety, surgical care, infection prevention and control, and home care) priorities on their websites.</p> <p>7. That the F/P/T Conference of Deputy Ministers of Health review recommended system-level measures and targets for the four initial areas of focus (medication safety, surgical care, infection prevention and control, and home care) to endorse and commit to use in their provinces and territories.</p> <p>8. That national, provincial and territorial regulations and legislation be reviewed with recommendations to address barriers to data sharing of patient safety information and lessons learned.</p> <p>9. Support Accreditation Canada in their process to continually assess the strengths and address the gaps in the standards and required organizational practices related to the four initial areas of focus (medication safety, surgical care safety, infection prevention and control, and home care) to guide our collective work to accelerate system patient safety improvements.</p>

MEASUREMENT

Goal	Action
<p>To establish, test and refine, the critical few (five to ten) national patient safety measures that will enable the system to monitor progress in patient safety improvement.</p>	<ol style="list-style-type: none">1. Research and recommend a list of “never and always events” (serious safety events / care that should reliably and always happen to reduce preventable harm) in Canadian health care that might be included in the measurement plan (to be ratified by the consortium and linked to the four initial areas of focus).2. Develop an evaluation plan to assess the impact of this action plan.3. Compile a list of existing system-level patient safety measures and baselines for the four initial areas of focus (medication safety, surgical care, infection prevention and control, and home care).4. Recommend national indicators of patient experience as it relates to patient safety (maximum 5).5. Patient safety consortium participants will review and provide guidance on the targets, methods and measures developed for the four initial areas of focus (medication safety, surgical care, infection prevention and control, and home care).6. Identify the critical gaps in patient safety including primary care requiring earliest attention, beginning with the four initial areas of focus (medication safety, surgical care, infection prevention and control, and home care).7. Establish and endorse a maximum total of five to ten national patient safety indicators and targets, inclusive of never and always events, for the four initial areas of focus (surgical care, medication safety, infection prevention and control, and home care) to align indicators with those used internationally or nationally (such as Safer Healthcare Now!, and/or provincial quality measures) to begin to populate a national patient safety scorecard. Clear accountability for measurement and reporting needs to be defined.

MEASUREMENT continued

Goal	Action
To establish, test and refine, the critical few (five to ten) national patient safety measures that will enable the system to monitor progress in patient safety improvement. continued	8. Develop a patient-safety research agenda for the four initial areas of focus (surgical care, medication safety, infection prevention and control, and home care), and seeking input from other F/P/T partners to inform the research agenda.
	9. That each jurisdiction endorses the “never and always events” (serious safety events / care that should reliably / always happen to reduce preventable harm) lists through Deputy Ministers and explores policies and/or financial levers to support implementation.
	10. In collaboration with patients and families, develop a process for evaluating and selecting patient safety research options and priorities (to be ratified by consortium participants) for the four initial areas of focus (surgical care, medication safety, infection prevention and control, and home care).

COMMUNICATION

Goal	Action
To develop a communications and marketing plan that will raise awareness of the need to accelerate and improve patient safety in the four initial areas of focus (surgical care, medication safety, infection prevention and control, and home care) to encourage patients, providers and organizations to get involved.	1. Collect stories of patients' experiences that explicitly reflect and highlight safety issues for each of the four initial areas of focus (surgical care, medication safety, infection prevention and control, and home care).
	2. Complete an inventory and environmental scan of current patient safety initiatives by provinces, territories and national/provincial organizations.

Goal	Action
To develop a communications and marketing plan that will raise awareness of the need to accelerate and improve patient safety in the four initial areas of focus (surgical care, medication safety, infection prevention and control, and home care) to encourage patients, providers and organizations to get involved. continued	3. Create a consortium communications network: to oversee development of a multi-level communication plan, to draw on network expertise with different audiences including the Canadian public, to align and share resources, to establish timing and purpose of communication efforts, and to compile a list of resources to communicate the patient safety message across the country, starting with an environmental scan of newsletters, websites and social media platforms.

APPENDIX A - ATTENDEES OF NATIONAL PATIENT SAFETY CONSORTIUM MEETING (JANUARY 27, 2014)

- Academy of Canadian Executive Nurses
- Accreditation Canada
- Association of Faculties of Medicine of Canada
- Association of Faculties of Pharmacy of Canada
- Atlantic Health Quality and Patient Safety Collaborative
- British Columbia Patient Safety and Quality Council
- Canadian Agency for Drugs and Technology in Health
- Canada Health Infoway
- Canadian Association of Schools of Nursing
- Canadian Foundation for Healthcare Improvement
- Canadian Home Care Association
- Canadian Institute for Health Information
- Canadian Institutes of Health Research
- Canadian Medical Association
- Canadian Medical Protective Association
- Canadian Nurses Association
- Canadian Partnership Against Cancer
- Canadian Patient Safety Institute
- Canadian Pharmacists Association
- Health Canada
- HealthCareCAN (merger of ACAHO and CHA)
- Health PEI
- Health Quality Council (Saskatchewan)
- Health Quality Council of Alberta
- Health Quality Ontario
- Healthcare Insurance Reciprocal of Canada
- ISMP Canada
- Manitoba Institute of Patient Safety
- Mental Health Commission
- Ministry, Alberta Health
- Ministry, Yukon Health and Social Services
- New Brunswick Health Council
- Nova Scotia Quality and Patient Safety Advisory Committee
- Ontario Ministry of Health and Long Term Care
- Patients Canada
- Patients for Patient Safety Canada
- Public Health Agency of Canada
- Royal College of Physicians and Surgeons of Canada
- The College of Family Physicians of Canada

* The Government of Quebec did not attend the National Patient Safety Consortium meeting.