

# NATIONAL PATIENT SAFETY CONSORTIUM

2nd Meeting Report, November 27, 2014  
Final as of March 31, 2015

## TABLE OF CONTENTS

<b>Background</b>	<b>3</b>
<b>Commitment Through Action</b>	<b>3</b>
<b>Integrated Patient Safety Action Plan – Timetable</b>	<b>4</b>
<b>Purpose of the Consortium</b>	<b>5</b>
<b>Key Outcomes of the Meeting</b>	<b>5</b>
<b>Acting on the Commitment</b>	<b>6</b>
<b>Next Steps, Further Action</b>	<b>8</b>

**What is more important than simple safety? What trumps that for us?  
I know there are capacity issues, but can't we move a little more quickly?**

—National Patient Safety Consortium participant

### Background

On January 27, 2014, healthcare leaders from across Canada met in Toronto to shift patient safety into higher gear to help transform our current system. They gathered at the invitation of the Canadian Patient Safety Institute (CPSI), which made a commitment to work with partners to accelerate patient safety in its 2013-2018 business plan, including four initial areas of focus: surgical care safety, medication safety, home care safety, and infection prevention and control. It was essential, in CPSI's view, to start with creating a consortium, because any effort to drive real change in safety would have to be much bigger than one organization could manage, and could not succeed if it were seen to be solely one organization's agenda. Emerging from the January 2014 meeting was the foundation of a National Patient Safety Consortium with a clear action plan to advance patient safety across the country.<sup>1</sup>

Over the course of 2014, CPSI hosted, with several partners, a series of meetings to develop respective and specific action plans for surgical care safety, medication safety, home care safety and infection prevention and control. CPSI then consolidated the individual action plans into an Integrated Patient Safety Action Plan.

CPSI has kept the Conference of Deputy Ministers of Health apprised on the progress of this work. Thus far, the Consortium Meeting Report (*Forward with Patient Safety: Commitment through Action*) and *A Surgical Safety Action Plan* have been shared. Furthermore, the Deputy Ministers have been consulted for jurisdictional representation on the Consortium.

The second National Patient Safety Consortium meeting was held in Toronto on November 27, 2014, with over 40 organizations in attendance. This report is

a summary of the meeting proceedings of that second meeting. It describes the Consortium's commitment to action and purpose, and key outcomes of the meeting. It also highlights examples of participants acting on the commitment, the discussions, next steps, and decision points that need further deliberation. A summary of the meeting evaluation can be found in Appendix A.

### Commitment Through Action

**Clarity of purpose has to be the starting point."**

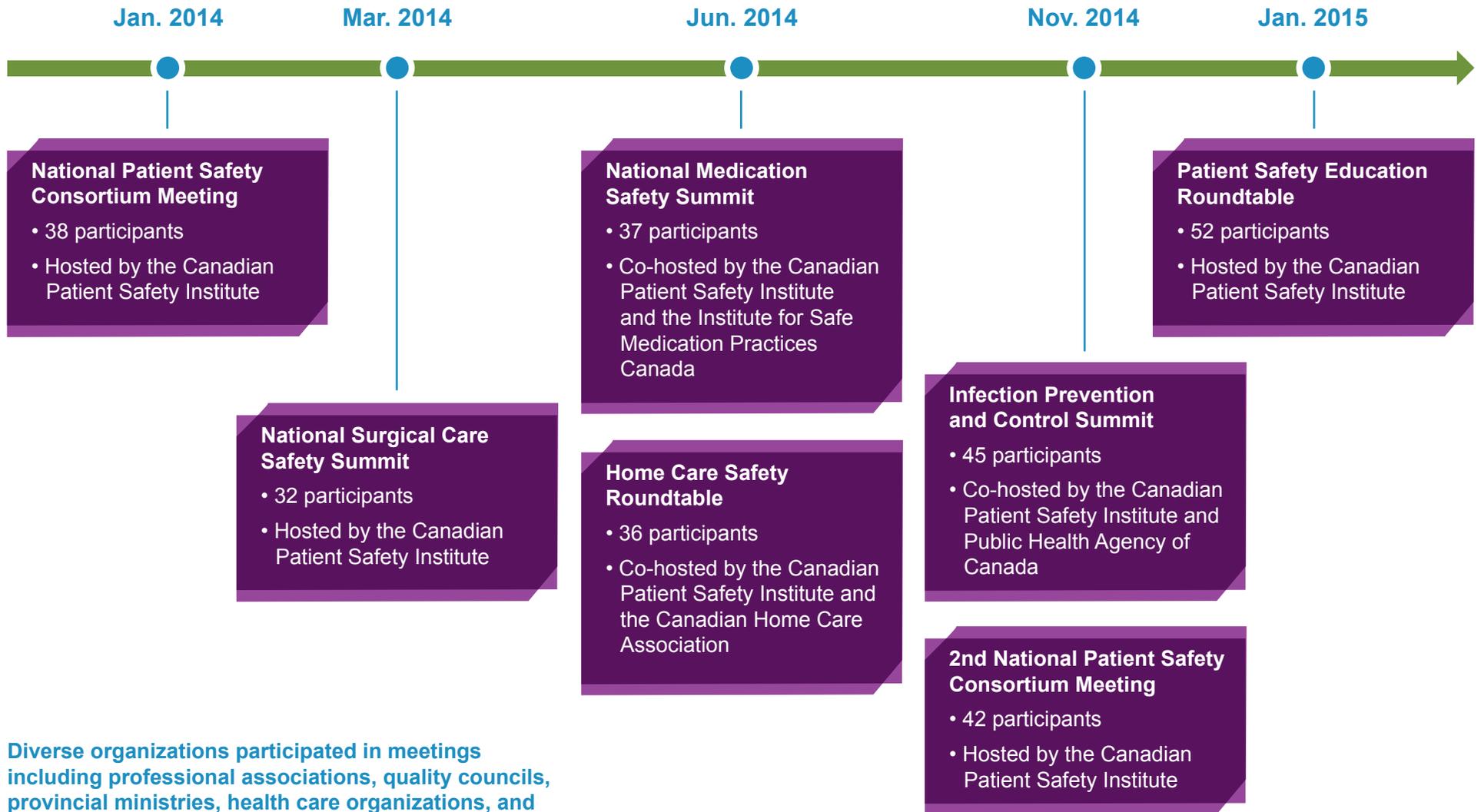
—Hugh MacLeod

It was essential to start with creating a National Patient Safety Consortium because any effort to drive real change in safety would require commitment from multiple levels and organizations. At the first meeting in January 2014, participants supported the concept of a National Patient Safety Consortium, which would work together in fluid ways, with different organizations taking lead or supporting roles on different issues, as their strategic interests, expertise and internal capacity permitted.

The group determined four components for a Consortium action plan: patient voice, leadership, measurement and communication. They also agreed the plan should focus on the four priorities brought forward by CPSI: surgical care safety, medication safety, home care safety, and infection prevention and control. From January to November 2014, meetings were held in these four initial areas of focus, as depicted below. A Patient Safety Education Roundtable planned for January 2015 will engage experts and stakeholders from across the country to develop a Patient Safety Education Action Plan, a Patient Safety Education Network, and to look at how educators can support the Integrated Patient Safety Action Plan.

<sup>1</sup> Quebec did not participate in the Consortium. It is solely responsible for the planning, organization, management and evaluation of patient safety within Quebec.

## INTEGRATED PATIENT SAFETY ACTION PLAN – TIMETABLE



Diverse organizations participated in meetings including professional associations, quality councils, provincial ministries, health care organizations, and patients' groups

After each meeting, CPSI prepared a draft action plan, which identified the themes of the meeting, distilled specific actions from the discussions, proposed timelines and suggested which organizations might be involved in providing a lead role for each action. The report was circulated to everyone who had attended, inviting comments and suggestions and asking participants to identify which actions their respective organizations would work on. CPSI then consolidated the individual action plans into an Integrated Patient Safety Action Plan.

## Purpose of the Consortium

“From the patient’s perspective, our care isn’t always safe, and that’s the burning platform.”

—Patient participant

Over the course of the year in Canada, momentum held and much was accomplished. In November 2014 it was now an appropriate time to bring the National Patient Safety Consortium back together to review the Integrated Patient Safety Action Plan and to develop a shared purpose and outcome.

At the second meeting of the Consortium, speakers urged use of compelling language in the action plan and in communications with governments and other stakeholders. It was agreed that the work must resonate with all levels — patients, providers, leaders, governments — everyone involved in the healthcare system.

Among issues to be decided was the wording of the National Patient Safety Consortium’s statements of shared purpose, outcome, and guiding principles. Participants provided suggestions to better reflect their perceptions and commitment to the true purpose of the National Patient Safety Consortium. The draft purpose, outcome and guiding principles suggested by CPSI were reviewed. Based on the meeting deliberations and feedback, the revised purpose, outcome, and guiding principles are provided.

## Purpose

- To drive a shared action plan for safer healthcare for Canadians.

## Outcome

- Safer healthcare in Canada

## Guiding Principles

- Patients as partners
- Unprecedented level of collaboration
- Mobilization on common goals and actions
- Accountability to stakeholders
- Transparency of actions
- Targeted and strategic communication

## Key Outcomes of the Meeting

### Involving Patients and Families

“I want to write across the whole thing, ‘This is about and for patients.’”

—Participant

As with each meeting held over the course of the year, the day opened with a patient story and patient representatives were full participants. Patient Voice was a key theme from the first meeting of the Consortium. This was reaffirmed through the action plans from the summits and the roundtable. During the course of reviewing the purpose, outcome, and guiding principles, several mentioned that the focus on patients needed to be clearer. “We need to focus on the uniting element, which is the patient,” one participant said.

Patient representatives participating in the meeting pushed the thinking of participants forward to committing to authentic and meaningful engagement of patients and families. The message was loud and clear that the Integrated Patient Safety Action Plan needs stronger language to better reflect Consortium members’ commitment that this is about the patient... making care safer *with* the Canadian patient.

## Measurement and Evaluation

“Public reporting is a must for this to have any meaning.”

—Participant

The National Patient Safety Consortium also focused on how to begin the work to establish national patient safety indicators and targets. Key stakeholders were listed, as well as barriers (such as lack of agreement on standard indicators and common definitions, privacy and financial issues) and enablers (such as Required Organizational Practices, leadership, international comparators, and transparency of public reporting). Many felt that measurement should include patient outcomes.

## Structure and Process

“Canadians, well, we do a lot of plan to plan to plan. It’s focus and finish that we’re not very good at.”

—Participant

Discussions regarding the structure and function of the National Patient Safety Consortium were further advanced at the meeting. Participants identified what the Consortium needs in order to appropriately function: terms of reference, goals, principles, governance, structure, processes, and communication. The question of funding was also discussed. Although much of the work will be done through in-kind efforts of participating organizations, additional resources will be needed. A participant observed that ‘42 organizations can’t run something’, and suggested creating an “executive”. The need for some type of steering committee resonated and was also reported back by the majority of the small groups. There was agreement that CPSI would act as secretariat or a coordinating body to the National Patient Safety Consortium and its steering committee, with details left to future decision.

As it stands, the Integrated Patient Safety Action Plan activities are voluntarily undertaken by organizations designated as leads, co-leads and partners, who at least initially agree to timelines and roles suggested in the action plans. Concern was expressed by some participants regarding the risk of Consortium

members not following through on their commitments for implementing the action plan and how Consortium members would be accountable.

Mechanisms were suggested for how to ensure that all members of the National Patient Safety Consortium would be kept up to date on the progress of different actions, including how sequential activities would be staged and managed. It was agreed that CPSI would continue to provide leadership and coordination for the Integrated Patient Safety Action Plan.

## Communication and Messaging

“My board is always interested in how I am coordinating with others, but there are a lot of groups. How does this one get to the top of the agenda?”

—Participant

Various means of sharing information were discussed, including the role of the Communication Network which was identified as an action at the first National Patient Safety Consortium meeting. The Consortium will have many communication needs, but updates on activity that will speak to every audience will be an imperative, one participant said. “I need something that says ‘why is this important to me,’” he explained. There was a commitment from the Communication Network (to be convened in February 2015) to develop a strategic communications plan for the National Patient Safety Consortium that would include engaging key messages for all audiences, particularly the federal/provincial/territorial tables.

A key audience is government representatives and jurisdictions. Several participants raised the critical importance of garnering federal/provincial/territorial awareness and support for this work. Going forward, the Consortium will need to consider how and when to engage various government bodies in finalizing and then implementing the Integrated Patient Safety Action Plan.

## Acting on the Commitment

A wide range of patient safety actions are underway in many partner organizations. The actions from the

Integrated Patient Safety Action Plan is intended to build on and advance existing patient safety activities, as well as mobilize on new, key priorities. By coming together at a national level we can better leverage the resources we have collectively to advance patient safety in this country in a more efficient manner. Seven organizations have a lead responsibility for over 70% of the actions listed in the Integrated Patient Safety Action Plan.

It's proof of the urgency of the need to increase patient safety and of the commitment of National Patient Safety Consortium participants that work is already underway on early stages of the Integrated Patient Safety Action Plan. Several representatives of organizations in the room reaffirmed their commitment to collaboration and highlighted some of the ways they will contribute to the Integrated Patient Safety Action Plan. Here is just some of what was shared:

### **ISMP Canada**

- ISMP Canada will co-lead with the Canadian Institute for Health Information the development of a white paper to identify all reporting systems that could provide medication incident data to a central access point for sharing and learning. ISMP Canada is also committed to lead and establish an advisory group to oversee the development, planning and testing required to meet the goal.
- ISMP Canada will explore collaborative work with the National Pain Centre related to guidelines for appropriate and safe use of opioids, and create a plan to work with partners to implement and evaluate the guidelines, which should include managing chronic pain in non-cancer patients.
- Recognizing patient engagement as a key component in medication safety, ISMP Canada will co-lead with Patients for Patient Safety Canada the development and dissemination of a national medication safety checklist for patients and families at transitions in care.
- The Institute for Safe Medication Practices Canada will continue to work with consortium partners to further advance patient safety.

### **Health Quality Ontario (HQP)**

- A specific action that HQO is leading is to “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 healthcare that might be included in the measurement plan (to be ratified by the Consortium and linked to the four initial areas of focus).”
- HQO is creating a pan-Canadian list of “never events” in collaboration with several Consortium participants and is expected to have a draft ready for comment in early 2015 and finalized by April 2015.

### **Canadian Medical Protective Association (CMPA)**

- CMPA is a co-lead with the Healthcare Insurance Reciprocal of Canada on the action to “Conduct retrospective analysis of Canadian surgical harm data and synthesize findings into an information report to be nationally disseminated.”
- CMPA has re-opened its 2015 operational plan and budget to assign resources to complete this work.

### **Canadian Institute for Health Information (CIHI)**

- Signed up to lead seven actions that fit CIHI's core skills and mandate, including providing guidance on the choice of indicators for the four focus areas, doing an environmental scan of what healthcare data is collected and preparing a learning series on use of data for improvement.
- CIHI will also continue to provide guidance on targets and indicators for the four initial areas of focus.

### **Accreditation Canada**

- Encourages everyone to consider how the power of accreditation can take knowledge to action and advance patient safety. Participants were encouraged to continue to work with Accreditation Canada to mobilize the actions and keep standards current.

### **Canadian Institutes of Health Research (CIHR)**

- CIHR is the suggested lead to “Develop a patient-safety research agenda for the four initial areas

of focus (surgical care safety, medication safety, infection prevention and control, and home care), and seek input from other F/P/T partners to inform the research agenda.”

- CIHR is exploring how they might do so through the Strategic Patient Oriented Research initiative, although details and process are yet to be determined.

### **Canadian Foundation for Healthcare Improvement (CFHI)**

- Already have a hub of patient engagement resources; hundreds have already been uploaded which will directly contribute to several actions. CFHI welcomes the opportunity to collaborate with other organizations.

### **Patients for Patient Safety Canada (PFPS)**

- As a program of CPSI, there are many opportunities to align their priorities with the Integrated Action Plan, to collaborate, and co-design. PFPS reiterated that the volunteer members are positioned to support the work as a lead and partner.
- PFPS are a lead for several actions, including: 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) and co-lead with ISMP Canada to create and disseminate a national medication safety checklist for patients and families at transitions in care.

### **Canadian Patient Safety Institute (CPSI)**

- CPSI will continue to provide leadership and coordination for the Integrated Patient Safety Action Plan and has been identified as a lead/co-lead for many of the actions on the plan to date.
- For CPSI, this important work remains core to its mission and is the primary strategic direction approved by the CPSI board. CPSI has aligned its operational plan to match that of the Integrated Patient Safety Action Plan to ensure that the actions for which CPSI has lead/co-lead role are resourced. For example, two Consortium meetings, three

summits, and one roundtable meeting have been hosted/co-hosted by CPSI to date.

- One specific example is that CPSI will lead a ‘Communication Network’ which is tasked with three specific actions, including “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.” The Communication Network held its first meeting in September 2014 and a second is planned for February 2015.
- CPSI will coordinate and host the third face-to-face meeting of the Consortium, planned for September 18, 2015.

### **Next Steps, Further Action**

“What we heard from the get-go today is you want this to succeed.”

—Hugh MacLeod

Many participants expressed their commitment to the Integrated Patient Safety Action Plan, particularly those leading specific actions. It was recognized that for each action, partner organizations bring unique knowledge, skills, resources and perspectives to the action team and ongoing commitment and contribution from all partners are pivotal to success. Through the course of the day, flip chart notes, and meeting evaluation Consortium participants were clear that the critical next step is to define the governance structure, communication plan, and demonstration of progress of this work. Many are also interested in how the Consortium will engage with the F/P/T Conference of Deputy Ministers of Health.

By the next face to face meeting of the Consortium in September 18, 2015, the following decisions and actions will be accomplished:

1. Actions from the infection prevention and control action plan and patient safety education roundtable

will be added to the Integrated Patient Safety Action Plan. The updated Integrated Patient Safety Action Plan will be shared by late March 2015.

2. The purpose, outcome, and guiding principles for the National Patient Safety Consortium will be confirmed.
3. An Executive Committee will be established and roles clarified.
4. A Strategic Communication Plan will be shared with all Consortium participants and implemented, including how and when to inform and engage various governments in the Integrated Patient Safety Action Plan.
5. Tools for reviewing the status of actions will be prepared by CPSI and provided to lead organizations, and a progress report on the Integrated Patient Safety Action Plan will be provided to the Consortium.

### **Appendices**

Appendix A — Second National Patient Safety Consortium Meeting Evaluation (November 27, 2014)

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

- Academy of Canadian Executive Nurses
- Accreditation Canada
- Association of Faculties of Pharmacy of Canada
- British Columbia Patient Safety and Quality Council
- Canada Health Infoway
- Canadian Agency for Drugs and Technology in Health
- Canadian Association of Schools of Nursing
- Canadian College of Health Leaders
- 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
- College of Family Physicians of Canada
- Health Canada
- Health PEI
- Health Quality Council (Saskatchewan)
- Health Quality Council of Alberta
- Health Quality Ontario
- Healthcare Insurance Reciprocal of Canada
- HealthCareCAN
- HealthCareCAN (merger of ACAHO and CHA)
- ISMP Canada
- Manitoba Institute of Patient Safety
- Mental Health Commission of Canada
- Ministry, Alberta Health
- Ministry, New Brunswick Health
- Ministry, Newfoundland & Labrador Department of Health & Community Services
- Ministry, Nova Scotia Department of Health and Wellness
- Ministry, Ontario Health and Long Term Care
- Ministry, Yukon Health and Social Services
- New Brunswick Health Council
- Patients Canada
- Patients for Patient Safety Canada
- Public Health Agency of Canada
- Royal College of Physicians and Surgeons of Canada

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