

**NATIONAL PATIENT SAFETY CONSORTIUM & LEADS GROUPS**

4th Meeting Report, September 22 and 23, 2016

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The Canadian Patient Safety Institute would like to thank Mary Pat MacKinnon and Robert Muir, Hill+Knowlton, Consortium Steering Committee members (Appendix F), and all Consortium and Leads Groups attendees for their participation.

**We must all work together and be vigilant in the safety and quality of health care we provide to all patients...I commend the Consortium's ongoing efforts for continuous improvement"**

—The Hon. Jane Philpott, P.C., M.P., Minister of Health

## Overview

The National Patient Safety Consortium's fourth gathering held on September 23, 2016 in Ottawa was the largest to date. The meeting brought together a diverse group of 100 stakeholders, all committed to improving patient safety in Canada. Participants included representatives from nine provincial ministries and one territorial ministry of health; Health Canada, Canadian Institutes of Health Research, and the Public Health Agency of Canada for the federal health portfolio; professional associations, provincial quality and safety organizations, and many patient representatives (see Appendix A)\*. This year, the Consortium meeting was preceded by a full-day Leads Group meeting, the results of which helped shape the agenda and conversations at the Consortium.

The objectives of the Consortium meeting were to:

- Learn from international experts on what is possible for national, transformative change in patient safety;
- Deepen our collective understanding of the progress of actions to date;
- Advance the Integrated Patient Safety Action Plan;
- Review early findings from the evaluation approach of the Consortium and Integrated Patient Safety Action Plan; and
- Engage Consortium participants and Leads Groups members in the Integrated Patient Safety Action Plan and revitalize engagement and collaboration.

These objectives were accomplished over an action-packed, day-long session filled with vibrant discussion and passionate engagement. Overall, meeting evaluations were positive, with 84% agreeing that that meeting objectives had been met (see Appendix B). Highlights of the day included:

- Patient partners celebrating patient engagement with the Consortium and urging action for safe care;

- Thought-provoking presentations by an esteemed International Expert Panel, bringing insights from Scotland, the United States, and Canada;
- Leads Groups sharing on the progress of the Integrated Patient Safety Action Plan over the past year, with presentations and discussion on recommended priority actions to accelerate patient safety in their respective areas; and
- Ideas for ways to deepen collaboration and focus energies in the final 18 months of the Integrated Patient Safety Action Plan, including leveraging actions with health ministries across Canada.

Throughout the two days, there was a persistent drum beat around the crucial importance of partnering with patients and families and acknowledgement of the leadership role played by Patients for Patient Safety Canada— to paraphrase international expert panelist Dr. Brian Robson,

**“Patients will define the future of patient safety in Canada.”**

\*Quebec did not participate in the Consortium. It is solely responsible for the planning, organization, management and evaluation of patient safety within Quebec.

## Consortium Meeting Opening

To open the day, Chris Power, CEO, Canadian Patient Safety Institute (CPSI), welcomed participants, provided context setting remarks and shared a [video](#) that captured key milestones on the Consortium's Integrated Patient Safety Action Plan journey thus far. Sharon Nettleton and Deborah Prowse of Patients for Patient Safety Canada spoke about their successes and struggles around meaningfully partnering with patients and families in the pursuit of patient safety. They highlighted the incredible progress Patients for Patient Safety Canada has realized in its decade-long existence to ensure that patients are an essential part of the solution.

Ms. Nettleton and Ms. Prowse, two founding members of Patients for Patient Safety Canada, noted that ten years ago, patients and families were not even in the room during patient safety discussions. "Despite being a fragile and somewhat fragmented when we first came together, we (patients and families) shared a dream – a dream about working together with providers and health leaders in the health care system to make care safer. Over the last ten years, this dream has become a reality. Here we [patients] are now in the same room working together, and making progress in safer care..." noted Ms. Nettleton. "The group has had to break through many ceilings. We had to prove that patients and families could be full partners in productive work." Ms. Prowse implored the Consortium membership to take this standard of engagement back to their organizations so that improvement can spread and grow from the pockets where it has taken hold. She left the participants with a powerful reminder: "And if you ever feel that you are losing sight of your path, or grow frustrated with where you feel patient safety is going – talk to a patient. They will reenergize and inspire you."

“Better knows no limits”. That is true, we need to be better and safer, and it requires us to work together...”

– Deborah Prowse, Patients for Patient Safety Canada

## Celebrating Progress

A Celebrating Progress [video](#) provided participants with highlights of achievements in advancing the Integrated Patient Safety Action Plan. The video featured representatives from partner organizations expressing their excitement in collaborating and taking concrete actions to improve patient safety.

The video shone a spotlight on a recent CMPA (Canadian Medical Protective Association) and HIROC (Healthcare Insurance Reciprocal of Canada) [report on a 10-year review of medico-legal data related to surgical care](#). Other video highlights included: [5 Questions to Ask About Your Medications](#); [Never Events for Hospital Care in Canada](#); [STOP! Clean Your Hands Day 2016](#); and the [Am I Safe? Report on Home Care](#).

## Integrated Patient Safety Action Plan: Celebrating Progress and Moving Forward

Consortium participants learned more about the work of each of the five Leads Groups (Surgical Care Safety, Medication Safety, Home Care Safety, Infection Prevention and Control, Patient Safety Education) and the Consortium Action Plan by traveling around to six Patient Safety “Huddles”. This process enabled a deeper collective understanding of the Integrated Patient Safety Action Plan and opportunities to interact with the leads of specific areas.

At each Patient Safety Huddle, Leads Group or Consortium Action Plan representatives profiled their respective work, with updates on actions completed, underway or pending, including contributing partners, and important lessons learned.

## Contribution of the Leads Groups to the Consortium Meeting

For the first time, the Consortium meeting was preceded by a full-day Leads Groups gathering (described in more detail in Appendix C) which brought together representatives from all five Leads Groups. This meeting enabled Leads Groups members to strengthen their relationships within their own group and with other Leads Groups' members. It also served to connect and link their individual Leads Group work with the collective Consortium efforts and identify synergies and opportunities to advance patient safety.

More specifically, each Leads Group, with input and support from the other Leads Groups, identified an action and associated activities to bring to the Consortium meeting for discussion and/or practical support in implementation. In developing these recommendations, the Leads Groups were guided by a robust set of criteria, the most important of which was “the ability or the potential ability to significantly advance patient safety across Canada.”

## Actions to Accelerate Progress on Patient Safety

Following on the Patient Safety Huddles, each Leads Group presented its set of recommended actions and activities in plenary. They are provided in table format on the next page. (The full recommendations as presented by the Leads Groups are provided in Appendix D.)

After the presentations, Leads Groups representatives hosted discussions with Consortium participants who self-selected which group to join, based on their interest in and commitment to helping strengthen and advance the respective actions and activities.

# NATIONAL PATIENT SAFETY CONSORTIUM

Leads Group	Recommended Action and Rationale	Associated Activities (Requests to Consortium)
Surgical Care Safety	<p><i>Implement Enhanced Recovery After Surgery (ERAS)</i></p> <p><b>Rationale:</b></p> <p><u>Patient benefits:</u> increased patient engagement in their surgical care experience; reduced risk of post-op complications; reduced pain; reduced length of stay; reduced chance of re-admission; earlier return to normal activities; better chance of making a full and long-lasting recovery.</p> <p><u>System benefits:</u> improved patient flow and efficiencies</p>	<ul style="list-style-type: none"> <li>• Embed Best Practices (BP) into standards &amp; professional education curriculum</li> <li>• Incorporate BP into existing / new provincial surgical safety initiatives</li> <li>• Support awareness through dissemination (Pan-Canadian organizations)</li> <li>• Pull information from your Action Team representative and push info through networks</li> <li>• Implement BPs in your delivery organization (power of one)</li> </ul>
Medication Safety	<p><b>5 Questions to Ask about Your Medications</b></p> <p><b>Rationale:</b></p> <p>Improve communication about medication among providers &amp; patients/families at transition of care to improve patient safety.</p>	<ul style="list-style-type: none"> <li>• Assistance from all Consortium members with dissemination of <i>5 Questions to Ask about Your Medications</i></li> <li>• Encourage accreditation to use <i>5 Questions to Ask about Your Medications</i> as part of the medication safety required organizational practices (ROP)</li> <li>• Work with Academic Faculties to include <i>5 Questions to Ask about your Medications into curriculum</i></li> </ul>
Home Care Safety	<p><i>Consortium Advice &amp; Assistance with review of drafts of tools &amp; resources for: 1) system to system communications; 2) guiding conversations between professional caregivers, clients and families related to clients' right to live at risk; and 3) advancing knowledge of measurement for improvement</i></p> <p><b>Rationale:</b></p> <p>Three of the home care action groups are currently working to develop tools and resources to address the three themes.</p>	<ul style="list-style-type: none"> <li>• Leverage the scope and nature of the Consortium to ensure the tools &amp; resources and the field testing activities reflect the diversity of the home care environment</li> <li>• Review and provide feedback on early drafts of tools before field testing</li> <li>• Identify organizations, partners, caregivers &amp; client organizations to assist with the review of the early drafts of the tools and resources</li> <li>• Provide advice on the identification of sites for potential field testing</li> <li>• Identify organizations &amp; individuals that can advise on the eventual spread of successful tools &amp; resources</li> </ul>

## NATIONAL PATIENT SAFETY CONSORTIUM

Leads Group	Recommended Action and Rationale	Associated Activities (Requests to Consortium)
<p>Infection Prevention &amp; Control (IPAC)</p>	<p><i>Advocate to establish and maintain a repository to receive, analyze and report on national standardized data on hospital acquired infections, antimicrobial resistance and antimicrobial use.</i></p> <p><b>Rationale:</b> Measurement is a foundation to improvement initiatives; To allow patients to access data on the quality of care.</p>	<p><i>Requests to Consortium:</i></p> <ul style="list-style-type: none"> <li>• Advocate with Federal, Provincial and Territorial governments to adopt common definitions and to to analyze, trend and benchmark data through a national repository</li> <li>• Advocate for support for evaluation and research</li> </ul> <p><i>IPAC Working Group activities:</i></p> <ul style="list-style-type: none"> <li>• Establish common definitions: acute care, long term care, community, home care</li> <li>• Develop business case for a national repository for healthcare-associated infections</li> </ul>
<p>Patient Safety Education</p>	<p><i>To equip governors and senior leaders with knowledge and strategies to improve organizational patient safety and quality culture</i></p> <p><b>Rationale:</b> Leaders have the capacity to directly impact patient safety and quality culture.</p>	<ul style="list-style-type: none"> <li>• Validation on the direction of proposed activities &amp; assistance in identifying strategies and removing barriers</li> <li>• Framing the patient safety &amp; quality culture issue (gap analysis, analyze and learn from patient safety culture surveys)</li> <li>• Creating a curriculum map / framework &amp; tools</li> <li>• Engaging patients</li> <li>• Exposing the hidden curriculum (culture)</li> </ul>

## Summary of Discussions on Leads Groups' Recommended Actions and Activities

Leads Group discussions were vibrant and engaging, with participants offering constructive feedback, suggestions and commitments. A number of common themes emerged across the five Leads Groups discussions.

A recurring theme was a desire to articulate compelling stories to “**people-ize**” key issues. Participants stressed that stories about people, their struggles and their successes, including how their lives and the lives of their families are impacted, serve as powerful persuasive and explanatory tools when attempting to motivate change or awaken the passion for patient safety.

A related common theme was the **crucial role of effective communications** in advancing patient safety goals. Most groups specifically referenced communications or the dissemination of information in their recommended actions or in the key take-aways from these discussions. All groups shared ideas for strengthening communication strategies, including matching the right communications tools with the right audiences, targeting by demographic and other factors, all of which leads to more effective communications.

Another cross-cutting theme was the importance of recognizing and factoring in the **impact of social determinants of health** in promoting and implementing patient safety actions. For example: clients in home care may not benefit from a tool or resource developed to increase their safety if they cannot afford to make needed repairs in their homes and patients with literacy challenges may not be able to read the *5 Questions to Ask About Your Medications*. The message was that social determinants of health and their impact on the viability of strategies to improve patient safety must be taken into consideration.

The following section summarizes each of the five Leads Groups' discussions, including key take-aways.

## Surgical Care Safety: Enhanced Recovery After Surgery (ERAS)

- Participants contributed ideas on how best to disseminate ERAS best practices for greatest impact.
- Insights on how ERAS is spreading in Ontario were shared. It was recognized that further work is needed to spread this best practice across the country.
- Measurement and indicators should be built into best-practices and protocols in order to measure and compare at local, national, and international levels.
- Recognizing that each province and territory is unique, dissemination strategies will need to be tailored for each jurisdictional context.

## Medication Safety: 5 Questions to Ask About Your Medications

- Participants emphasized that it is crucial to involve the multiple parties who are impacted by or involved in this issue; the patient, the physician, the nurse and the pharmacist, and to be clear that all have important roles.
- We need to go beyond thinking about the dissemination of the 5 Questions to focus on exploring and planning for the successful uptake and use of the 5 Questions. Stories that demonstrate the benefits of using the 5 Questions should be identified and re-told.
- The answers to the 5 Questions must get to the patient. For example, the document could be integrated into medication reconciliation initiatives.
- Communications strategies should be segmented by targeted demographics, for example, by age group and education level.
- Validation is key. The Leads Group should stay connected with organizations promoting or using the 5 Questions, to validate their usefulness. Based on this evidence, the questions will be updated for relevance and impact.

## Home Care Safety: Review of Tools and Resources; Potential Testing Sites; Guidance on Spread of Initiatives

- The social determinants of health must be considered when evaluating potential approaches to improving patient safety in home care.
- Acute care providers must be educated regarding the context of providing care in the home care environments.
- “Living with risk” must be better understood. Both clients and providers need tools that can support and facilitate conversations regarding risk and safety in the home.
- Work being done on three themes in the Home Care Safety Action Plan – system to system communication, conversations on clients’ right to live at risk, and measurement – must be aligned and well communicated across themes.
- Participants stressed the importance of measurement, and of using available data.
- Throughout the process of developing tools and resources, the needs of patients and informal caregivers must be kept top-of-mind.

## Infection Prevention and Control: Repository for National Standardized Data on Healthcare Associated Infections, Antimicrobial Resistance and Antimicrobial Use

- Successful implementation of this action will require political will in order to obtain provincial buy-in.
- Target audiences must be defined, and key stakeholders must be brought into the conversation. The Pan-Canadian Public Health Network, the Council of Chief Medical Officers of Health, and the Conference of F/P/T Deputy Ministers of Health must all be pursued for approval and support.
- Better understanding of the challenges with existing data and data sources is needed to advance this action.
- In order to manage the volume of data that this repository would gather, capacity issues need to be carefully considered. This includes assessing whether an existing agency or a new

organization would be best placed to host this repository.

- The Leads Group must be nimble, agile, and opportunistic in its efforts to promote this action and capture the necessary data.

## Patient Safety Education: Educate Leaders to Improve Patient Safety and Quality Culture

- There was strong agreement that good patient safety culture is incredibly important. The group characterized a strong culture as one in which safe practice is encouraged, taught and modeled. They identified a range of activities to support senior leaders within organizations to improve their patient safety and quality improvement cultures.
- The need for further research on what is working now, and what is not, including patient safety culture surveys, was identified. The problem of patient safety and improvement, being a “hidden curriculum” in which patient safety and improvement work is not seen to be of high value, must be exposed.
- Coming to agreement on what a curriculum map or framework for patient safety education looks like, including tools and a list of topics to be covered, is another important step.
- There is value in looking to Scotland’s experience on how to create a “pull strategy” rather than a “push strategy” with regard to educational programs on patient safety and quality improvement.

## Evaluation of Consortium and Integrated Patient Safety Action Plan

Sandi Kossey, CPSI’s Senior Director and Co-Chair of the Evaluation Action Team, provided an update on the Evaluation Framework for the Consortium and Integrated Patient Safety Action Plan.<sup>1</sup>

An Evaluation Action Team with 19 Consortium participants met and prepared the final Evaluation Framework, approved in August 2016 by the Consortium Steering Committee, and was included with participant materials. The Evaluation Framework has four evaluation domains based on Collective Impact: 1) How do we collaborate?; 2) What has been done?; 3) How well is it working?; and 4) Is it making a difference?

<sup>1</sup> The Integrated Patient Safety Action Plan calls for the Consortium to develop an evaluation plan to assess the impact of the Consortium with respect to implementation of the action plan and to involve patients and families in the “planning, delivery and outcome evaluation of the work evolving from the summit meetings. A draft framework was presented to the September 18, 2015 Consortium meeting.

Ms. Kossey invited all Consortium members to contribute their expertise to implement the evaluation plan, noting that two subgroups are being established:

1. Measures and tool development – this group will meet in October 2016, and will include members from the Action Team.
2. Data analysis/interpretation and review of early evaluation findings.

Interested participants are encouraged to contact [nationalconsortium@cpsi-icsp.ca](mailto:nationalconsortium@cpsi-icsp.ca).

## Consortium Action Plan – Update

Lee Fairclough, Vice President, Quality Improvement, of Health Quality Ontario and Steering Committee member, provided an update on the National Patient Safety Consortium Action Plan's completed actions, actions in progress, and actions yet to start.

Consortium actions are well underway. Of the total actions, 52% are complete, a further 17% are currently in progress, and 31% are set to begin after March 2017.

Among the completed actions highlighted was CPSI's publication of "**Patient Safety and Quality Priorities for Consortium Participants: A Canadian Snapshot**" (December 2015). This scan provides a useful overview of what Consortium member organizations and governments across the country are doing related to patient safety and quality.

Also highlighted was the September 2015, publication of the **Never Events for Hospital Care in Canada** report, led by Health Quality Ontario and CPSI. The report has garnered significant media attention, with over 30 million media impressions worldwide in the first two weeks of its release and coverage from every major national news outlet. The Never Events report has continued to generate discussion and action across Canada.

Thanks to the **Patient Engagement Guide** Action Team, a **Canadian Patient Engagement Network** was launched on Facebook and LinkedIn. Each group recently hit the 100-member mark. The Guide itself is targeted for public release in spring 2017 and will highlight many tools and resources related to patient engagement in patient safety.

## Consortium Action Plan – Feedback

Working at their tables, participants were asked to provide input on how the Consortium can collectively advance one or more of the actions from the Consortium to have the biggest impact over the

next 18 months. Participants provided many ideas and constructive input on how the Consortium could continue moving forward together on improving patient safety.

- Align Consortium work with the new Health Accord.
- Identify and track culture indicators / metrics that could help drive change (given the importance of culture to advancing patient safety outcomes). Such metrics should also be included in the Leads Groups' plans.
- Draw from the experiences of jurisdictions in Canada and internationally that require public reporting in assessing possible public reporting of Never Events.
- Take bolder action to bring the public on board; in effect to make the public a partner in the Consortium's work.
- Communicate clearer linkages between the Consortium's work and how it impacts patients.
- Develop a framework for measuring and monitoring patient safety in Canada (consider the **framework** created by Professor Charles Vincent in the UK).
- Developing evaluation measures that are comparable across provinces and territories was seen as imperative. A Patient Safety and Quality dashboard, showing the current state of quality and safety measurement in Canada was suggested.
- Consider the need for / role of national evaluation measures and a possible alternative approach: developing proxy measures or "non-standardized" measures.
- Eliminate duplication of efforts across Leads Groups and ensure integration and good communication on related work.

## International Panel of Experts: Highlights

Dr. Brian Wheelock, CPSI Board Chair, introduced the International Expert Panel. The Panel provided rich perspectives on what is needed for national patient safety transformational change.

- Dr. Brian Robson, Executive Clinical Director, Healthcare Improvement Scotland
- Martin Hatlie, CEO, Project Patient Care, and Director, MedStar Institute for Quality & Safety, United States
- Dr. G. Ross Baker, Professor, University of Toronto
- Moderator: Shelagh Maloney, Vice President, Consumer Health, Communications and Evaluation Services, Canada Health Infoway and Consortium Steering Committee Member

Key insights of their presentations include:

- Scotland has seen a marked improvement in patient outcomes on a variety of metrics. For example, its Hospital Standardized Mortality Ratio fell 16% over the last seven years with its deep focus on applying improvement methods on targeted clinical interventions.
- In Scotland, developing capability and capacity was key. Emphasizing this point, Dr. Robson quoted American doctors Paul Batalden and Frank Davidoff:

“...everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it.”

– Dr. Robson

- The **Partnership for Patients** was launched by the United States federal government in 2011. It was a \$500 million investment through the Centers for Medicare & Medicaid Services (CMS) with ambitious quality improvement goals. The Partnership focused on two bold aims: a 40% reduction in preventable hospital-acquired conditions; and a 20% reduction in 30-day readmissions. A huge success, it resulted in \$19.8 billion in savings, and 87,000 lives saved. These figures were validated by the US Agency for Healthcare Research & Quality.
- Mr. Hatlie underscored that the program was grounded in “the true belief that patient and family involvement improves outcomes, and that we couldn’t do this without them.”

- Dr. Baker noted that while we do need safety interventions in Canada they are not enough by themselves. As Dr. Baker so clearly articulated during his presentation:

“The interventions will only be successful if we create a receptive context for them.”

– Dr. Baker

- Dr. Baker emphasized that teamwork and communication, strong leadership, local data and accountability, quality improvement capability, ongoing learning and reflection, and support from senior leadership are all necessary to achieve transformation.

## Consortium Engagement and Collaboration Refresh – Live Poll Results

To help gauge participants’ views on the Consortium collaboration progress to date, and potential challenges to success, two live polling questions were posed. (Appendix E includes the full list of responses).

Live Poll Response Highlights

1. What excites you about this collaboration?

The main themes emerging from the first live poll question were:

- Opportunities for networking: meet face-to-face to strengthen existing, and build new relationships.
- Being inspired: by the impressive level of energy in the room, by patients, and the passion and dynamism of meeting participants. “The number of passionate, knowledgeable change makers (groups and individuals) who have committed to a common goal.”
- Impact: the simple but powerful potential of collectively and meaningfully improving patient safety in Canada.

## 2. What challenges lie ahead?

The main themes emerging from the second live poll question were:

- **Build on successes to scale up:** “recognizing that we do not need to change the whole system at once, but rather build on successes and pockets of excellence and being confident that will be enough to create the next success that will lead to scale up.”
- **Focus:** keeping a focus (avoiding taking on too many tasks) and being balanced: “keeping focused enough to be sure we can deliver.”
- **Securing government buy-in:** concern about failing to get government buy-in, potentially because of competing priorities and political barriers.
- **Resources:** resource demands, both human and financial.

In the open discussion following the live polling, the Consortium was encouraged to also celebrate the small successes to keep everyone energized and moving forward. Important to remember is that despite the work remaining, improvement has happened, and continues to happen. The Consortium is making significant progress and this should be shared broadly and proudly.

Some noted that going forward the Consortium might re-consider some elements of the Integrated Patient Safety Action Plan that are not yet or only partially scoped or developed, with a view to direct collective energies where they are best focused. It was also recognized that further collective discussion with stakeholders would be necessary before any revision to Leads Groups’ action plans. Acknowledging this, some suggested that the Consortium consider polling its members on this issue.

### Leveraging our Actions

In the final portion of the meeting, participants explored how the Consortium might be more effective at leveraging its work. CPSI, as the Coordinating Body of the Consortium, has been briefing the Provincial/Territorial Conference of Deputy Ministers of Health. CPSI has also circulated quarterly newsletters to the Consortium and all Action Plan participants (all posted on CPSI and partner websites), as well as hosted Leads Groups and Action Team meetings. Participants were asked for their ideas on ways to leverage the Consortium’s collective actions to a greater degree, including consideration of these three questions.

- Should we be bolder with our patient safety collaboration?
- Should we be more strategic in how we communicate on specific actions?

- If so, are there suggestions on what we could bring forward from the Action Plan, as one collective voice on patient safety priorities, to the Deputy Minister table?

The following suggestions emerged from the plenary:

**Focus on the Health Accord:** A number of participants pointed to the new Health Accord, recommending that the Consortium’s initiatives should be aligned with the Accord’s four themes: more and better home care services; health care innovation; improving access to prescription medications; and the availability of mental health services. Some emphasized that they see the Accord as a great opportunity for the Consortium.

**Frame patient safety as cost containment:** Controlling budget increases is a key driver for all governments. The Consortium should leverage this interest by framing its patient safety work as being central to health system cost savings.

**Transformative patient engagement:** another perspective offered was that the Consortium should promote patient engagement as a truly ‘disruptive’ innovation that holds promise to change the system.

**Strategic focus:** the Consortium needs to be more strategic and more opportunistic about looking for synergies and early wins. This included streamlining and focusing things that would advance the broader agenda.

## Next Steps: Call to Action

“ It is time to keep raising the bar.”

– Bill Tholl, CEO and President, HealthCareCAN

Bill Tholl, President and CEO of HealthCareCAN, closed the meeting. The next steps following the Consortium and Leads Groups meeting that need your input are:

- 1) Would you be willing to be a partner in national news stories as we bring awareness to this work?
- 2) Do you have room at the Board table for the Steering Committee to do a presentation on the Consortium and your organizations involvement?
- 3) Would you be willing to be a part of a presentation to the Provincial/Territorial Conference of Deputy Ministers in 2017?
- 4) Can you post a banner ad on your website with a click through to the Action Plan and what we have achieved?

Thank you!

Contact us at: [nationalconsortium@cpsi-icsp.ca](mailto:nationalconsortium@cpsi-icsp.ca)

## APPENDICES

### Appendix A – Organizations Represented at National Patient Safety Consortium meeting, September 2016

Organization	Organization
Academy of Canadian Executive Nurses	IPAC Canada
Accreditation Canada	ISMP Canada
Alberta Health	Manitoba Department of Health, Healthy Living and Seniors
Alberta Health Services	Manitoba Institute for Patient Safety
AMMI Canada	McMaster University
Association of Faculties of Pharmacy of Canada	MedStar Institute for Quality and Safety
Atlantic Health Quality and Patient Safety Collaborative	New Brunswick Health
British Columbia Department of Health	New Brunswick Health Council
British Columbia Patient Safety and Quality Council	Newfoundland and Labrador Department of Health and Community Services
Canada Health Infoway	Newfoundland and Labrador Quality and Patient Safety Provincial Committee
Canadian Agency for Drugs and Technologies in Health	Nova Scotia Department of Health and Wellness
Canadian Association of Paediatric Health Centres	Nunavut Department of Health
Canadian College of Health Leaders	Ontario Hospital Association
Canadian Foundation for Healthcare Improvement	Ontario Ministry of Health and Long Term Care
Canadian Home Care Association	Operating Room Nurses' Association of Canada
Canadian Institute for Health Information	Patients for Patient Safety Canada
Canadian Medical Protective Association	Public Health Agency of Canada
Canadian Nurses Association	Queen's University
Canadian Nurses Protective Society	Royal College of Physicians and Surgeons of Canada
Canadian Patient Safety Institute	Saint Elizabeth
Canadian Society of Medical Laboratory Sciences	Saskatchewan Health
Health and Wellness PEI	SIM - one
Health Canada	The College of Family Physicians of Canada
Health Quality Council of Alberta	The Ottawa Hospital
Health Quality Ontario	University of Calgary
Healthcare Improvement Scotland	University of Toronto
Healthcare Insurance Reciprocal of Canada	
HealthCareCAN	

\*Quebec did not participate in the Consortium. It is solely responsible for the planning, organization, management and evaluation of patient safety within Quebec.

## Appendix B – Evaluation Results

### National Patient Safety Consortium Meeting

On September 23, 2016, 100 participants met for the fourth meeting of the National Patient Safety Consortium in Ottawa. A meeting evaluation was provided to participants at the end of the day. Forty-five participants of the 100 participants completed a meeting evaluation. The key results are shown below.

#### Meeting Objectives

The first six questions asked on a five-point scale of strongly disagree to strongly agree whether the meeting objectives had been met:

Meeting Objectives	Strongly Agree or Agree	Neither Agree nor Disagree	Disagree	Did Not Answer	Responses
Learn from international experts on what is possible for national, transformative change in patient safety	44 (98%)	1 (2%)	0	0	45
Deepen our collective understanding of the progress of actions to date	43 (96%)	2 (4%)	0	0	45
Advance the Integrated Patient Safety Action Plan	31 (67%)	13 (29%)	1 (2%)	0	45
Review early findings from the evaluation approach of the Consortium and Integrated Patient Safety Action Plan	39 (87%)	3 (7%)	3 (7%)	0	45
Engage Consortium participants and Leads Groups members in the Integrated Patient Safety Action Plan and revitalize engagement and collaboration.	42 (93%)	2 (4%)	1 (2%)	0	45
Overall, the objectives of today were achieved	38 (84%)	2 (4%)	0	5 (11%)	40

### Meeting Materials and Facilitator

- 82% (37) either strongly agreed or agreed that the “pre meeting materials were clear and helped me prepare for the meeting.” 11% (5) neither agreed nor disagreed with the statement, 2% (1) disagreed and 4% (2) did not answer.
- 93% (42) either strongly agreed or agreed that the facilitator was well organized. 4% (2) neither agreed nor disagreed with the statement.
- 80% (36) either strongly agreed or agreed that the “facilitator made good use of the time allocated”. 16% (7) neither agreed nor disagreed with the statement.
- 82% either strongly agreed or agreed that “sufficient time was allowed for audience participation and discussion”. 11% (5) neither agreed nor disagreed with the statement, and 4% (2) disagreed with the statement.

### Meeting Facilities

- The majority of respondents ranked the following meeting facilities as 4 out of 5, or 5 out of 5 (excellent): The Westin Ottawa Hotel (87%, 39), Catering (93%, 42), Audio (100%, 45), and Visuals (98%, 44).

### Qualitative Questions

Participant feedback on the four open ended questions is provided below:

1. Were there any topics / issue areas that we did not discuss which you believe are critical to advancing the work of the National Patient Safety Consortium?
  - We need to focus on implementation, challenges and examples, and should adapt our approach to respond to context
  - We should identify “challenges to implementation of safety plans amongst diverse populations – education, income, age, cultural background, immigrants, etc....”
  - We should include more patients, and enlarge our focus on how patients and wider public can be mobilized in the plan and cultural change process
  - “Narrower focus needed”
  - “Where are the links between the initiatives?”
2. What was the most meaningful/valuable part of the day from your perspective?
  - The International Panel and subsequent question and answer period
  - Networking, connecting with others, individual discussions
  - Rotating through the different stations to discuss progress, get an update on work underway
  - 30 minute focused discussion on the different focus areas
  - Hearing from Patients for Patient Safety Canada reps, and about how patients are being engaged
3. What was the least meaningful/valuable part of the day from your perspective?
  - The 6-minute rotations through the different Leads Groups only allowed for one-way transmission of information. More time would have allowed for conversation.
  - There was too much repetition; of the progress of the initiatives, hearing about initiatives in plenary and in small groups, and for those who were present at the Leads Groups meeting, as well.
  - “Bit rushed, more time for networking.”
  - It is not clear how consortium will help leads move forward
4. What is the next most critical step to ensure that the work of today’s meeting further advances the Integrated Patient Safety Action Plan?
  - Communication is important. We must continue to share the work of the Leads Groups and leverage the consortium members for implementation and support. “Communications need to be targeted to each audience, not same for all.” Continued progress reports
  - “We need to have frontline people participate in developing strategies for implementation.” Our key activities must connect to the frontline.
  - Prioritize actions, move ideas to action, show early success
  - “Trim actions that do not need to be advanced from the to do list and have deliberate discussion on this”

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### Leads Groups Meeting

On September 22, 2016, for the first time the Leads Groups met, in Ottawa, the day before the National Patient Safety Consortium meeting. A meeting evaluation was provided to participants at the end of the day. Of the 47 participants, 17 individuals completed a meeting evaluation (36%). The key findings are summarized below.

#### Meeting Objectives

The first seven questions asked on a five-point scale of strongly disagree to strongly agree whether the meeting objectives had been met:

Meeting Objectives	Strongly Agree or Agree	Neither Agree nor Disagree	Disagree	Did Not Answer	Responses
Describe the broader shared purpose of the Integrated Patient Safety Action Plan and understand the role of The National Patient Safety Consortium.	15 (88%)	1 (6%)	1 (6%)	0	17
Feel reenergized about the contribution to advancing patient safety across Canada through the Integrated Patient Safety Action Plan.	16 (94%)	1 (6%)	0	0	17
Build new, and strengthen existing, relationships with individuals from various Leads Groups.	16 (94%)	1 (6%)	0	0	17
Recommend at least on action from each area of focus that has the ability to significantly advance patient safety across Canada.	13 (76%)	4 (24%)	0	0	17
Develop prioritized activities that will help advance the work in selected actions.	14 (82%)	3 (18%)	0	0	17
Propose recommendations to the National Patient Safety Consortium on September 23rd for their support to help to drive a shared action plan for safer healthcare for Canadians	16 (94%)	0	0	1 (6%)	16
Overall, the objectives of today were achieved	9 (53%)	2 (12%)	0	6 (35%)	11

### Meeting Materials and Facilitator

- 76% (13) either strongly agreed or agreed that the “pre meeting materials were clear and helped me prepare for the meeting.” 18% (3) neither agreed nor disagreed with the statement, and 2% (1) disagreed.
- 94% (16) either strongly agreed or agreed that the “facilitator made good use of the time allocated”. 6% (1) did not answer.
- 82% (14) either strongly agreed or agreed that “sufficient time was allowed for audience participation and discussion”. 18% (3) did not answer.

### Meeting Facilities

- The majority of respondents ranked the following meeting facilities as 4 out of 5, or 5 out of 5 (excellent): The Westin Ottawa Hotel (88%, 15), Catering (94%, 16), Audio (88%, 15), and Visuals (88%, 15).

### Qualitative Questions

Participant feedback on the four open ended questions is provided below:

1. What was the most meaningful/valuable part of the day from your perspective?
  - Networking and making connections
  - Understanding the different focus areas and their progress
  - To get a better sense of CPSI, the leads groups, and how everything fits together
  - The excellent facilitation
2. What was the least meaningful/valuable part of the day from your perspective?
  - Practicing the presentations at the end of the day was not as valuable
  - Not fully understanding the purpose of the day
  - Not all voices could be heard during carousel – not enough time.
3. What is the next most critical step to ensure that the work of today’s meeting further advances the Integrated Patient

Safety Action Plan and its components (Surgical Care Safety, Medication Safety, Home Care Safety, Infection Prevention and Control, Patient Safety Education)?

- Implementation and outcomes
  - Clear requests for action from Consortium
  - Buy-in from government organizations that have influence
  - Communicating clearly with stakeholders, including the Consortium, about the work we do
  - Understanding how specifically the consortium will provide support
4. If CPSI hosted a Leads Groups meeting again in the future, what might we do differently to improve the outcome?
    - A more specific explanation in advance materials about the meeting’s purpose and process
    - More Leads Groups time together apart from the large group
    - Include more patients
    - We may have lost focus on the criteria for selecting actions. We must keep evidence-based approaches at the forefront.

## Appendix C – Leads Groups Meeting Highlights

For the first time the National Patient Safety Consortium's national meeting was immediately preceded by a day-long gathering of the five Leads Groups: Surgical Care Safety, Medication Safety, Home Care Safety, Infection Prevention and Control, Patient Safety Education. This day was shaped by representatives from each Leads Group – each including two patient partners, at least one from each group in attendance - and the Patient Safety Improvement Leads, working collaboratively with CPSI's Consortium Meeting Planning Team. The list of participants is included at the end of this Appendix.

The Leads Groups meeting had a goal of contributing even further to the success of the Integrated Patient Safety Action Plan and the work of the Consortium. By the end of their session Leads Groups members were able to:

1. Describe the broader shared purpose of the Integrated Patient Safety Action Plan and understand the role of the National Patient Safety Consortium.
2. Feel reenergized about their contribution to advancing patient safety across Canada through the Integrated Patient Safety Action Plan.
3. Build new, and strengthen existing, relationships with individuals from various Leads Groups.
4. Recommend at least one action from each area of focus that has the ability to significantly advance patient safety across Canada.
5. Develop prioritized activities that will help advance the work in selected actions.
6. Propose recommendations to the National Patient Safety Consortium for its support to help to drive a shared action plan for safer healthcare for Canadians.

Judging from participants' positive evaluations, most felt that the individual and collective objectives were met. The Leads Groups also welcomed international patient safety expert Dr. Brian Robson, Executive Clinical Director, Healthcare Improvement Scotland, who participated throughout the day and spoke at the Networking Lunch (details below).

### Welcome, Highlights, Criteria Setting and Initial Work on Recommendations and Activities

Sandi Kossey, Senior Director, Strategic Partnerships & Priorities at CPSI, welcomed everyone to the meeting, setting the context for the day. Following this, Hina Laeeque, Patient Safety Improvement Lead at CPSI, provided an overview of the Consortium and the Integrated Patient Safety Action Plan. She encouraged participants to take advantage of the Consortium members' reach, capacity and credibility to advance the recommended actions and associated

activities the Leads Groups would be identifying in the course of the meeting.

To build understanding and appreciation of each other's work, a representative from each Leads Group shared highlights of the Group's progress on implementing its part of the Integrated Patient Safety Action Plan. This provided a clear composite picture of all the work accomplished, underway and identified for subsequent years.

In plenary, the Leads Groups worked to define a list of key criteria to guide their deliberations on recommended actions to bring forth to the Consortium meeting, starting with a modified list of the Accreditation Canada Criteria for Leading Practices. Of note, these criteria were in addition to an overarching criterion previously agreed to: the action would have the potential to significantly advance patient safety in Canada.

The Leads Groups developed and agreed to the following criteria:

1. Impactful and transformational, based on evidence.
2. Patient and family co-design.
3. Evaluated / able to be evaluated.
4. Able to demonstrate intended results.
5. Implementable in many different environments.
6. Recognizable accountability.
7. Ability to influence culture.
8. Capacity of Consortium to "move" the action.

With these criteria in hand, each Leads Group met separately to share, discuss and decide on an action, rationale and associated activities. In the afternoon, using an interactive process, Leads Groups engaged their colleagues to help sharpen and strengthen their actions.

### Networking Lunch with Dr. Brian Robson

The Leads Groups were delighted to have Dr. Brian Robson's active participation, including delivering an informative and insightful luncheon talk. His remarks focused on the three areas that he sees as "the last 100 yards" in making sure that Scotland's efforts on improving patient safety actually impact patients. These three areas were:

1. Deteriorating patients
2. Medication error
3. System enablers

Dr. Robson's talk stressed the importance of teamwork and effective communication. He urged participants to share their patient safety challenges, seeing this as being critical to building capacity and competence.

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During the Q&A after the presentation Dr. Robson highlighted three takeaways:

- Alignment among politicians, civil servants, providers, and patients has been key to making patient safety progress in Scotland.
- Education programs for health care practitioners must encompass patient safety, including how to show empathy and compassion to patients.
- To achieve the change we want “doctors have to get off their pedestals and patients have to get off their knees.”

### **Review of Recommended Actions and Activities, Revision and Presentation**

Following the Networking Lunch, meeting participants heard from all of the five Leads Groups visiting each Leads Group station in a round robin. This enabled all Leads Groups members to provide constructive critique and input to the other groups, offering fresh perspectives and additional ideas.

After these interactive discussions, each Leads Group reconvened to consider the feedback received and then refine and fine-tune their recommended actions and associated activities. Following this, each Leads Group in turn presented its selected action and activities in plenary. This served as both a dry-run for the Consortium, and as an additional opportunity for each group to receive feedback. The final recommended actions and activities as presented to the Consortium are provided in Appendix D.

### **Leads Groups Participant List**

The volunteer patient representatives are identified with \*

#### Home Care Safety

- Maaïke Asselbergs\*
- Joan Fernandez
- Helene Lacroix
- Wayne Miller
- Jill Robbins

#### Infection Prevention and Control

- Kanchana Amaratunga
- Riccarda Galioto
- Gerry Hansen
- Anne MacLaurin
- Kim Neudorf\*
- Justin Presseau
- Caroline Quach-Thanh
- Suzanne Rhodenizer Rose

- Tricia Swartz

#### Medication Safety

- Mike Cass
- Linda Hughes\*
- Sylvia Hyland
- Dee Mangin
- Spencer Ross
- Susan Sepa
- Margaret Zimmermann

#### Patient Safety Education

- Dannie Currie
- Maryanne D'Arpino
- Sharon Nettleton\*
- Ward Flemons
- Margot Harvie
- Deborah Prowse\*
- Ray Racette
- Charmaine Roye
- Deborah Tregunno
- Ellen Tsai
- Timothy Willett

#### Surgical Care Safety

- Bonnie McLeod
- Brian Penner\*
- Donna Penner\*
- Jennifer Rodgers
- Carla Williams

## Appendix D – Leads Groups Recommended Actions

### Surgical Care Safety

#### Action:

- Implement Enhanced Recovery After Surgery (ERAS) best practices for surgical care safety.

#### Rationale:

- Patient Benefits: Increased patient engagement in their surgical care experience; Reduced risk of post-operative complications; Reduced pain; Reduced length of stay; Reduced chance of being readmitted to hospital; Earlier return to normal activities; Better chance of making a full and long lasting recovery
- System Benefits: Improved patient flow and efficiencies

#### Activities:

- Embed the best practices as applicable into standards and health professional educational curriculum (Accreditation Canada, professional colleges, health professional faculties)
- Incorporate the best practices into existing/new provincial surgical safety initiatives (provincial quality councils/ committees)
- Support awareness through dissemination using existing networks (Pan Canadian organizations)
- Embed the best practices as applicable into standards and health professional educational curriculum (Accreditation Canada, professional colleges, health professional faculties)
- Incorporate the best practices into existing/new provincial surgical safety initiatives (provincial quality councils/ committees)
- Support awareness through dissemination using existing networks (Pan Canadian organizations)

### Medication Safety

#### Goal:

- Improve communication about medication among providers and patients/families at transition of care to improve patient safety.

#### Activities:

- Assistance from all consortium members with dissemination of 5 Questions
- Encourage accreditation to use 5 Questions as part of the medication safety standards (Required Organizational Practices)

- Work with Academic Faculties to include 5 Questions in curriculum

### Home Care Safety

#### Action:

- The Home Care Leads Group is asking the consortium attendees and their networks for advice and assistance with:
  - Review of early stage drafts of the tools and resources from three separate theme areas of the home care action plan

#### Activities:

- Leverage the scope and nature of the consortium to ensure the tools and resources and the field testing activities reflect the diversity of the home care environment in Canada.
- Review and provide feedback on early drafts of tools before field testing.
- Identify organizations, partners, caregivers and client organizations to assist with the review of the early drafts of the tools and resources
- Provide advice on the identification of sites for the potential field testing of the tools and resources.
- Identify organizations and individuals that can provide advice on the eventual spread of successful tools and resources.

### Infection Prevention and Control

#### Action:

- Establish and maintain a repository to receive, analyze and report on national standardized data on hospital acquired infections, antimicrobial resistance and antimicrobial use.

#### Rationale:

- Measurement is a foundation to improvement initiatives
- To allow patients to access data on the quality of care.

#### Activities:

- Advocate with Federal, Provincial and Territorial governments to adopt common definitions and to share data
- Advocate for support for evaluation and research
- Common definitions: acute care, LTCF, community, home care
- Business case
- Determine infrastructure/governance
- Research & Evaluation

### **Patient Safety Education**

#### Action:

- To equip governors and senior leaders with knowledge and strategies to improve organizational patient safety and quality culture.

#### Rationale:

- Leaders have the capacity to directly impact patient safety and quality culture.

#### Activities:

- The Patient Safety Education Leads Group is seeking validation on the direction of the proposed activities as well as seeking assistance in identifying strategies and breaking down barriers.
  - Framing the patient safety and quality culture issue
    - Gap analysis – what is and isn't working now?
    - Analyze and learn from patient safety culture surveys
  - Creating a curriculum map/ framework and tools
  - Engaging patients
  - Exposing the hidden curriculum (culture)

## Appendix E – Live Poll Results

To help gauge participants' views on the Consortium's progress made to date on collaboration and potential challenges to success, two live polling questions were asked. The table below presents participants' responses to the questions organized by themes.

Theme	What excites you about this collaboration? Participants' responses
<i>Pan-Canadian commitment and collaboration for impact</i>	<ul style="list-style-type: none"> <li>• Pan Canadian commitment and excitement for patient safety!</li> <li>• The potential to change in a meaningful way to improve patient safety.</li> <li>• Changing people, changing practice and changing systems</li> <li>• Passion, energy, shared leadership, partnerships, patients and families meaningfully and authentically</li> <li>• Patient care safer in our lifetime</li> <li>• Patient safer</li> <li>• Ability to improve health care of Canadians</li> <li>• That people from all sectors; national groups, RHA's, quality councils, government etc. are coming together to work on patient safety</li> <li>• The opportunity to influence national levers - eg working with Infoway on e-prescribing.</li> <li>• Working national and help support local work where others can't influence</li> <li>• The number of passionate, knowledgeable change makers (groups and individuals) who have committed to a common goal.</li> <li>• The ability to collaborate nationally</li> <li>• The opportunity to influence national levers - eg working with Infoway on e-prescribing.</li> <li>• Leveraging ideas</li> <li>• Still working together</li> <li>• Partners</li> <li>• Opportunities to make a change together</li> <li>• Being part of change</li> <li>• It's coming together</li> <li>• Concerted effort</li> </ul>

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Theme	What excites you about this collaboration? Participants' responses
<i>Networking</i>	<ul style="list-style-type: none"> <li>• 4 participants texted this response; “networking”</li> </ul>
<i>Focused priorities</i>	<ul style="list-style-type: none"> <li>• Mutual validation</li> <li>• Alignment</li> <li>• Focus of priorities</li> <li>• Potential for focus</li> </ul>
<i>Energy</i>	<ul style="list-style-type: none"> <li>• There is still energy in the room</li> <li>• Energy in the room</li> <li>• working with dynamic people</li> </ul>
<i>Co-design with patients</i>	<ul style="list-style-type: none"> <li>• Co design with patients and families, energy and excitement looking at Scotland</li> <li>• The opportunities to take advantage of enabling communication and technology tools for both clinicians and patients to continuously improve health care</li> </ul>
<i>Diversity of ideas and participants</i>	<ul style="list-style-type: none"> <li>• Diverse spectrum of participants</li> <li>• The collection of diverse ideas</li> </ul>
<i>Other</i>	<ul style="list-style-type: none"> <li>• Incremental progress</li> <li>• The as yet untapped potential synergies</li> <li>• Potential move to primary care</li> </ul>

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Theme	What challenges lie ahead? Participants' responses
<p><i>Address human and resource capacity issues</i></p>	<ul style="list-style-type: none"> <li>• Creating a plan that is not overwhelming for some of the partners.</li> <li>• Making it practical</li> <li>• Capacity of partners and local healthcare teams</li> <li>• Let's keep integrating the themes so we maximize synergies</li> <li>• Recognizing that we do not need to change the whole system at once, but rather build on successes and pockets of excellence and being confident that will be enough to create the next success that will lead to scale up.</li> <li>• I liked Ross Baker's comment about capability, I feel the frontline feel they are wading in turbulent waters</li> <li>• Capacity in system</li> <li>• Are we asking too much of those working in the system? How much change is manageable?</li> <li>• Human and financial capacity for change.</li> <li>• Demand for resources</li> <li>• \$\$\$</li> <li>• Human and financial resources</li> <li>• Resources</li> </ul>
<p><i>Keep focused on priorities</i></p>	<ul style="list-style-type: none"> <li>• Working groups are working, but stay focused and agile</li> <li>• Putting aside differences and interests to achieve collective patient safety as ONE safe system</li> <li>• Staying focused on patient safety; telling the story as we progress</li> <li>• Staying focused</li> <li>• Keeping focused enough to be sure we can deliver. Measure impact</li> <li>• Staying committed and keeping it a priority for the system</li> <li>• We appear to have every group doing so many different initiatives. We look scattered from afar.</li> <li>• Selecting from many competing priorities</li> <li>• the number of issues to deal with</li> <li>• As noted by one of the speakers, keeping eye on the big picture and have the end in mind</li> <li>• Balance</li> </ul>

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Theme	What challenges lie ahead? Participants' responses
<i>Keep the momentum</i>	<ul style="list-style-type: none"> <li>• Keeping the momentum going, skin in the game</li> <li>• Maintaining the initiatives</li> <li>• Maintaining momentum.</li> <li>• Taking this excitement and passion and translating it into tangible work</li> <li>• Remaining committed to goals after today, when everyday work gets in the way!</li> <li>• Inertia</li> </ul>
<i>Getting buy-in from front-lines</i>	<ul style="list-style-type: none"> <li>• Getting clinicians buy in</li> <li>• Getting Providers on board the patient safety train.</li> <li>• Need to involve frontline providers in planning implementation of safety projects</li> <li>• Frontline engagement, work integration and measurement</li> <li>• Engaging and educating clinicians</li> <li>• Making a difference.... bringing it to the interface of care</li> <li>• Aligning with others</li> </ul>
<i>Government commitment</i>	<ul style="list-style-type: none"> <li>• Government commitment to patient safety</li> <li>• FPT relations...competing priorities</li> <li>• Competing priorities between national and provincial agendas.</li> <li>• F/P/T support to actually make a difference in Canadian health</li> <li>• Political barriers</li> </ul>
<i>Other</i>	<ul style="list-style-type: none"> <li>• As Ross noted... Responding and adapting to CONTEXT</li> <li>• Measuring meaningful outcomes</li> <li>• Clear one or two impact measures that speak to citizens</li> <li>• The last 100 yards Broader vision and understanding of safety</li> <li>• Managing the culture of fear of change</li> <li>• Drivers of change</li> <li>• Hubris</li> </ul>

## Appendix F – National Patient Safety Consortium Steering Committee Members

Committee Member	Organization
Danielle Dorschner	Accreditation Canada
Shelagh Maloney	Canada Health Infoway
Kathleen Morris	Canadian Institute for Health Information
Chris Power	Canadian Patient Safety Institute (Committee Chair)
Sharon Nettleton	Patients for Patient Safety Canada
Denice Klavano	Patients for Patient Safety Canada
Dr. Francois Belanger	Alberta Health Services
Nancy Roberts	Department of Health, New Brunswick (Official Deputy Minister designate)
Lee Fairclough	Health Quality Ontario