

Patients for Patient Safety Canada Participation and Key Accomplishments

April 1, 2018 – April 1, 2019

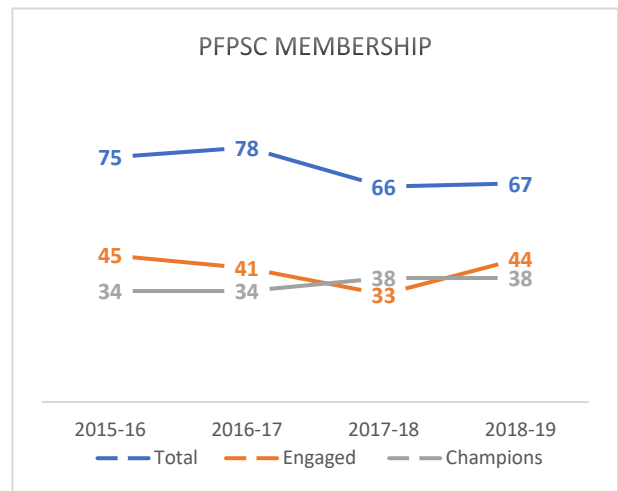
This report summarizes the activities of Patients for Patient Safety Canada (PPFSC) in the last fiscal year.

Every year PFPSC members contribute to approximately 100 requests for participation (*see below*). They are tracked in an excel document and categorized using fields determined in the 2014 independent evaluation of PFPSC and confirmed yearly with the Co-chairs. The participation requests are managed following a process determined by the PFPSC Participation Committee which is revised every year.

Membership

The number of PFPSC members fluctuates each year as new members join our group and current members step back or leave the group. We started this fiscal year with 66 members and ended it with 67 (3 new members joined, 2 members stepped back, and 0 members permanently left our group). In 2019, 6 members reached the 10 year anniversary as volunteers, raising the total number to 20 members (the next group of members to be recognized is in 2022).

The goal of PFPSC is to engage as many members as possible in participation requests. This year 44 of our members participated in at least one request. Two of the 3 new members participated in at least one activity.



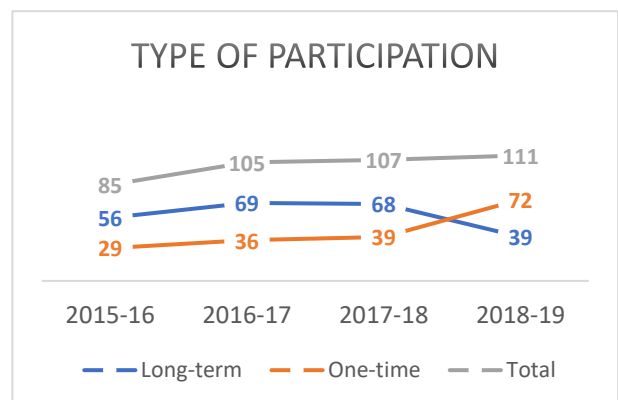
At the end of the year 38 members held the WHO Patient Safety Champion designation (the same as 2017, our last PFPSC facilitated and WHO approved workshop).

Type of Participation

As of 2018 PFPSC classifies the types of participation as follows:

- Long-term participation - e.g. committee or working group member that develops policies, programs, tools, etc;
- One-time participation – e.g. speaking engagements, videos, short written articles

Over the years we noticed a trend where we increasingly receive requests for long-term participation. The majority of the participation requests carry over from one year to another. This graph captures only the 39 NEW requests.

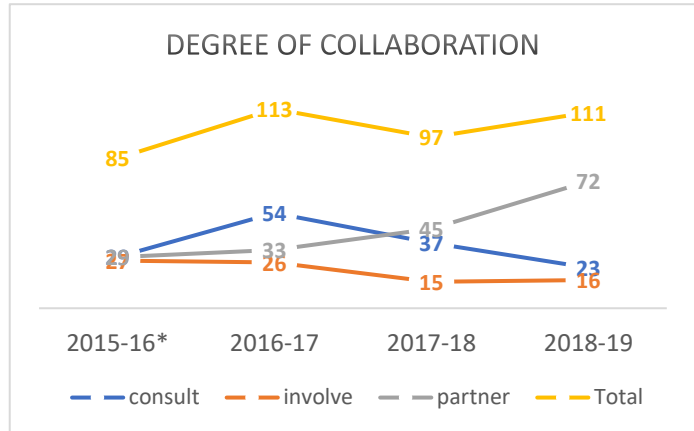


Degree of Collaboration

PFPSI classifies the degrees of collaboration as follows:

- Consult (e.g. share experience, provide input via focus group, survey, etc)
- Involve (e.g. advisor, influence decisions, priorities)
- Partner (e.g. co-lead, contribute to direction, decisions and/or resource allocation)

The 2015-2016 data is assumed as we were not using the categories at that time.

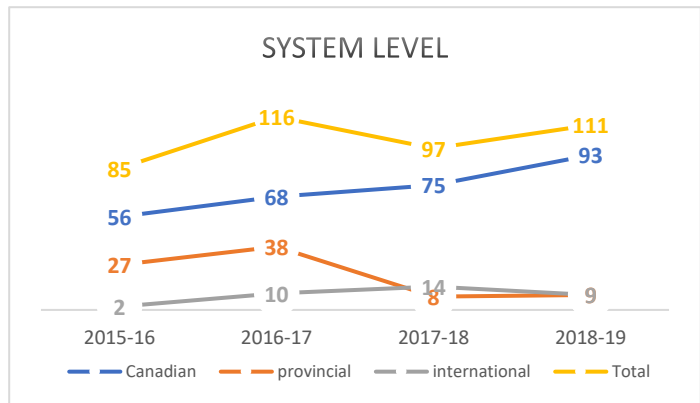


System Level

The requests are also categorized as follows:

- Canadian
- Provincial or Territorial
- International

Over the years there has been a consistent increase in the number of requests for collaboration both at a Canadian level and an international level.



Requesting organization

In 2018 it was recommended that we begin to track where the requests come from. We don't yet have a trend for this data.

- CPSI requests = 51
- Organizations who repeatedly submits requests = 45
- Organizations who requested PFPSI's participation for the first time = 10

Notable this year were several requests from PFPSI members to the group for support in their initiatives.

- PFPSI requests = 5

Qualitative evaluation

As part of the request management process, at the end of each participation, a short survey is sent by email to each patient partner and a similar one to the requesting organization. The responses are compiled at the end of the fiscal year.

Response rate

In general, the response rate for the surveys is very low, even though the survey questions, format, and dissemination plan changed over time in an attempt to generate more responses. This year 7 PFPSC members responded (versus 12 in 2017-18) and 5 partners (versus 11 last year) completed the evaluation sent via email to all members and all external partners. Also, 24 CPSI staff members responded to a survey evaluating the CPSI Patient Engagement Model. Last year the evaluation surveys were sent via email using a personal message (e.g. Dear X, you participated in Y, please reply to this message with your answers).

Number of volunteer hours

PFPSC members are asked to estimate the number of volunteer hours they invested. This year the 7 members who responded volunteered between 15 and 500 hours (15, 25, 50, 200, 250, 300, 500) for a total of approximately 1,300 hours plus travel.

Some of the factors influencing the number of volunteer hours are the years of experience as members, if travel is involved, and if the request is with a partner with which PFPSC members are familiar (e.g. CPSI) or with a new partner.

Because of the low response rate, it's difficult to have a good estimate of the number of volunteer hours all of our members give to patient safety every year but if we consider approximately 30 hours/ request and that we have 100 requests/ year the total would be approximately 3,000 hours/ year.

Impact

Both PFPSC members and requesting organization are asked to indicate, the best way they can, the impact of the patient engagement. The responses vary widely, and they should be considered very limited in scope due to the low response rate.

PFPSC members noted that their presentations had a positive impact on audiences based on feedback received. However, for long term collaborations PFPSC members indicated that they feel very pleased with the process and believe that their participation helped shape outcomes; that being said a common response to impact is "it's too soon to tell" or "don't know" as this information needs to be received from the requesting organizations. PFPSC members also note the positive impact on themselves. PFPSC does not follow up 6-12 months after a participation.

Partners noted that the PFPSC members participating were very responsive and engaged, that their contribution is invaluable, that their voice has a lot of influence. They too noted that the long-term impact is hard to evaluate.

Recommended actions for improvement

- Continue to engage patient partners immediately upon joining
- Continue to provide a forum for patient partners to ask questions (outside of committees/ agenda)
- Recruit more patients with new voices, diverse backgrounds, stories of harm as well as positive experiences (PFPSC and other groups)
- Reinforce that PFPSC and CPSI work in partnership towards common patient safety goals

All the recommended actions from the 2018-19 report were implemented.

PFPSA Accomplishments

This is a selection of PFPSA's accomplishments during the year as they relate to the PFPSA strategic goals.

Be the best in class patient group by improving our internal processes and support for all our members

- Launched the Microsoft Teams portal and are providing training to any member who requests it
- Provided Zoom technology for the membership committee interviews
- Reviewed and updated the membership orientation package and website to make it more user friendly
- Mentoring program in place for new members

Increase public awareness and knowledge of safety and empower active participation

- Public Relations Committee developed a guide for members to use when meeting with Government officials "Patients Engaging Government". The guide will be available on our website.
- 8 members and 5 CPSI staff met with 30 Members of Parliament and Senators ([Patients at Parliament](#)) to bring awareness about patient safety
- 2 members have been participating on a Health Canada Committee related to improving the labelling of non-prescription health care products to address safety issues and led a [survey](#) to understand what Canadian need and prefer.
- Sponsored a National petition related to the safe labelling of non-prescription healthcare products
- Planned and hosted a [webinar](#) for the public related to the results of the IPSOS survey which indicated very little public awareness about patient safety,
- Sent a letter to the Federal Government in support of national Pharmacare
- Active participation in the [Stop Clean your Hands](#) and [Canadian Patient Safety Week](#) campaigns

Partner with provinces and other patient groups related to patient safety

- Set the foundation for the Patient Alliance for Patient Safety; 14 patient interest groups attended our first face to face meeting and have agreed on a common priority and goals.
- Three members involved in developing the Canadian Quality and Patient Safety Framework for health and social services

Capture and share positive outcomes

- Co-chair was co-editor for special issue of Longwoods journal; every article in the journal is co-authored by at least one PFPSA member
- Several PFPSA members wrote blogs and articles for the [CPSI website](#)
- Have a plan in place to begin calling our members after their participation with a requestor to capture the positives and negatives of the experience and any challenges which occurred.
- Continue to support the annual [Leading Practices Recognition Program](#)
- Planned and hosted a [webinar](#) focused on diverse perspectives on patient safety

Help improve reporting and learning from harm

- PFPSA Member co-chairs a project to strengthen consumer participation in Canadian medication incident reporting and learning (led by the Institute for Safe Medication Practices Canada)
- Member representing PFPSA on implementation of [Vanessa's law](#)
- Government relations committee developing strategy regarding reporting and learning, and disclosure

Improve medication safety

- Members involved in the development of the WHO patient tool on [5 Moments for Medication Safety](#)
- Members involved in the development of the [Five Questions to Ask About Your Medications](#)