

# Patient Alliance for Patient Safety

## Charter – November 2019

### *Purpose of Alliance*

To improve the safety of care. Patient safety is a critical aspect of care and patient, family and citizen engagement at all levels of the system is a vital force for improvement. A collective effort of partner organizations from across Canada has the potential to accelerate safety improvements.

### *Alliance Aims*

- Develop a Canadian network of partners for whom patient safety is a priority
- Identify, develop and evaluate strategies to address common patient safety issues (see below)
- Learn and grow as a community by sharing ideas, knowledge, practices and evidence

**Common patient safety aim (area of interest):** Public<sup>1</sup> engagement focused on improving the safety of care journeys.

Goal: To increase the number of people who:

- (1) know that there is a crisis of unintended harm in healthcare by understanding:
  - a. the potential risk factors,
  - b. who is most vulnerable,
  - c. how harm happens,
  - d. how it can be prevented
- (2) are taking action to advance safer care journeys and ensuring safe environments without repercussion to:
  - a. ask questions that reduce risk of harm,
  - b. advocate for their own and others' safety – especially those most vulnerable,
  - c. report incidents<sup>2</sup> and risk to increase transparency so we can learn and improve

### *Membership and Roles*

The membership in the Alliance is open to any interested Partner Organization that agrees to the Charter. Each Partner is represented by two members at least one of whom must be a patient and can invite observers. Patients for Patient Safety Canada (PFPS) facilitates this collective effort. All Partners have equal power in decision-making (by consensus but there is always an opportunity by Partners not to participate in an action that was agreed on), shaping the common agenda and goals.

### *Term and Commitment*

Each Partner will commit to this work and to the other Partners for a minimum term of 1 year. If a Partner does not wish to continue another term, they will notify PFPS. The estimated time commitment is a minimum of 2 hours/ month per person. This includes preparing for meetings, participation and follow-up. The meetings will be conducted virtually. If an in-person meeting is needed (possibly every year) the time commitment will increase. Because this is a collective impact initiative each Partner is accountable for contributing to the achievement of the goals set in the Charter. The Alliance will make every possible effort to accommodate the needs of the Partners in order to promote equity.

### *Compensation*

Participation in the Alliance is voluntary. Unless otherwise specified, each Partner is responsible for their own expenses.

### *Communication and Record Keeping*

Any public communication about this collective work needs to be reviewed and approved by all Partners. PFPS will keep a record of meetings and actions which will be shared with all Partners. It will also provide secretariat support, including maintaining the document repository.

### *Evaluation and Revision*

The Partners will evaluate the progress towards the common objectives at every meeting (in real time) and will complete an internal evaluation every year (via survey in March). This Charter will be revised annually (March).

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<sup>1</sup> Public includes patients, family, caregivers and healthcare providers

<sup>2</sup> Incidents include harmful incidents and near misses