

The Canadian Quality & Patient Safety Framework for Health Services



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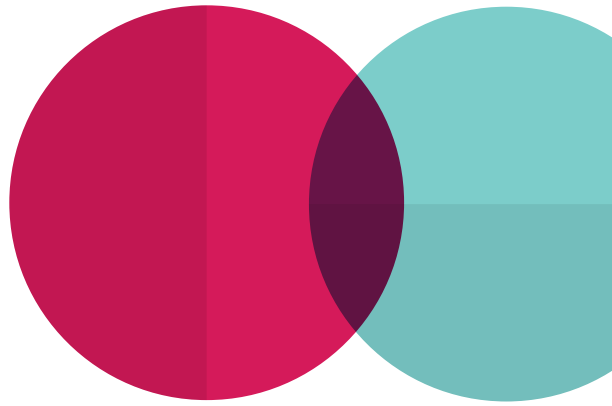
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Contents

2	HSO and CPSI Joint Commitment
3	Why Canada Needs a National Quality and Patient Safety Framework for Health Services
5	Five Goals to Align Canada on Patient Safety and Quality Improvement
10	How You Can Use This Framework
11	Take Action Together
11	How to Use Your Action Guide
13	Public Action Guide
19	Health Teams Action Guide
29	Health Leaders Action Guide
39	Board Members Action Guide
47	Policy Makers Action Guide
55	How the Framework Aligns with Other Initiatives
57	Tracking Your Success
63	Resources
85	Glossary
88	The People Who Made it Happen

HSO and CPSI Joint Commitment

Health Standards Organization (HSO) and its affiliate organization, Accreditation Canada (AC), along with the Canadian Patient Safety Institute (CPSI), share a common interest to inspire and accelerate the quality and safety of healthcare and services. Our respective missions have mutual value that is further advanced by strategic collaboration and partnership.

To this end, HSO and CPSI embarked on a shared journey in spring 2018 to form the Canadian Quality and Patient Safety Advisory Committee. We worked together and engaged hundreds of system partners from across the country to co-create the Canadian Quality and Patient Safety Framework – a national plan focused on the entire healthcare system – including five goals to align Canada on patient safety and quality improvement.

The Framework is the foundation for enabling and realizing high quality, safe healthcare and services in all sectors and settings, and for all people across Canada. We heard loud and clear from you, our stakeholders across the country and beyond, that these five goals: people-centred care, safe care, accessible care, appropriate care, and integrated care, are needed now more than ever. We are pleased to share these efforts with you and to continue our journey working together to accelerate and implement quality and safety improvements across all Canadian health systems.

As partners and sponsors of this work, we are committed to working together with you. Our **joint commitment** is to activate and accelerate the implementation and use of the *Canadian Quality and Patient Safety Framework* by:

- **Dedicating our organizational resources and prioritizing projects that will help our partners, stakeholders and clients achieve the specific objectives and outcomes you told us were important.**
- **Working with provincial and territorial partners and leaders to support the alignment and implementation of the Framework within their quality and safety improvement action plans.**
- **Building capabilities of health service teams, leaders, and policy makers to create and nurture a safety culture focused on continuous learning and improvement.**
- **Empowering patients, families and the public with information and tools about what they can do to promote health quality and safety.**

Whatever your role in health services in Canada may be, you can take action to use the Framework as a guide for your efforts. We encourage you to share with us how you are helping to shape the next chapter of Canada's quality and safety agenda to ensure high quality, safe health services for all.

We would like to acknowledge the **hundreds of people and organizations who helped make the Framework what it is today**. Thank you to those who shared their stories, knowledge, and passion to help bring this Framework to life.



Leslee Thompson

President and Chief Executive Officer
Health Standards Organization

Co-chair, Canadian Quality and Patient Safety
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Chris Power

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Why Canada Needs a National Quality and Patient Safety Framework for Health Services

Health services across Canada are comprehensive, complex, and at times complicated. Every person in Canada deserves safe, high-quality healthcare when and where they need it. For the most part, this is our experience.

But we don't always get it right. People may be inadvertently harmed by the services intended to help them.

The reality is that unintended harm occurs in a Canadian hospital or home care setting every 1 minute and 18 seconds¹

●
Every 13 minutes and 14 seconds, someone dies¹

●
Patient safety incidents are the third leading cause of death in Canada²

Even more, there are significant variations in care by age, gender, race/ethnicity, geography and socio-economic status.³ Access to quality health services is more challenging for Indigenous peoples, (including First Nations, Inuit and Métis), Black people, LGBTQ2S+ identities (including Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Two-Spirit), immigrants, visible minorities, and many more diverse peoples that comprise our country. While some jurisdictions have quality and safety plans or frameworks in place, people continue to experience healthcare differently across the country.

“The patient driving the health care rather than just being a partner is a critical element if we’re going to advance some of this discussion on quality. It’s not just building a conversation around a person. It’s that that person has a leadership role in designing their own health and wellness journey.”

●
Indigenous healthcare leader

These considerations, when added to the heightened need for consistency and coordination in healthcare due to the COVID-19 pandemic, prompt us to ask: How can we focus and align quality and safety improvement throughout the country, regardless of jurisdiction?

The Canadian Quality and Patient Safety Framework for Health Services is the first of its kind in Canada.

We can all work together to accelerate quality and patient safety across Canadian health systems by focusing all stakeholders across Canada on five goals for safe, quality care.

This people-centred framework defines five goal areas designed to drive improvement and to align Canadian legislation, regulations, standards, organizational policies, and public engagement on patient safety and quality improvement. It includes action guides and resources customized for each stakeholder group to support you in putting the goals into practice.

^{1,2} RiskAnalytica, *The Case for Investing in Patient Safety in Canada*, August 2017, <https://www.patientsafetyinstitute.ca/en/toolsResources/case-for-investing-in-patient-safety/Pages/default.aspx>

³ Canadian Medical Association, *Ensuring Equitable Access to Care: Strategies for Governments, Health System Planners, and the Medical Profession* (n.d.) <https://www.cma.ca/sites/default/files/2018-11/PD14-04-e.pdf>

Throughout the Framework's development, the Advisory Committee and its support team conducted national and international scans and consulted hundreds of experts and people across Canada to ensure that the goals address unmet needs and are useful for all healthcare stakeholders.

This research ensured that the Framework:

Is relevant and a priority in all care settings



Has the potential to spark change and improvement



Focuses on patient and provider safety, regardless of the situation



Uses consistent language so we are on common ground when talking about patient safety and healthcare quality and



Provides tools for you to take action and become involved in quality and safety improvement initiatives

The Framework does not cover every dimension of quality. It has specific objectives targeted to what experts and stakeholders have identified as both current and emerging "need" areas for all health services and settings.

Review the glossary to familiarize yourself with the terms used in this Framework Package.

"It's very useful for all. I think [the Framework] really represents or is seeking to foster the culture of change in healthcare that we all see happening. It's inclusive. It's working to support generational modernization and reorientation towards patient outcomes."



Provider perspective

5

Goals to Align Canada on Patient Safety and Quality Improvement

We all have different roles to play in healthcare in Canada. Along with members of the public, health teams (including patients), health leaders, board members, and policy makers, this Framework outlines the essential role of families, care givers and care partners in enabling quality health services and patient safety.



Public



Board Members



Health Leaders



Health Teams
(Including patients and families)



Policy Makers

The Framework's ultimate aims are:

- Improving key quality and safety areas

- Reducing unwarranted care variation

- Strengthening high-quality health services that improve patient experiences and outcomes

Together, we can create positive change by working towards the Framework's five overarching goals:



Goal 1 | People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to achieve the best outcomes.



Goal 2 | Safe Care

Health services are safe and free from preventable harm.



Goal 3 | Accessible Care

People have timely and equitable access to quality health services.



Goal 4 | Appropriate Care

Care is evidence-based and people-centred.




Goal 5 | Integrated Care

Health services are continuous and well-coordinated, promoting smooth transitions.

The Framework

Our Aim

To focus action and resources that promote quality and safety while improving patient experience and outcomes.

	Objectives	Outcomes
 <p>Goal 1 People-Centred Care</p> <p>People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to get the best outcomes.</p>	<p>1.1 Health services are provided with humility in a holistic, dignified, and respectful manner.</p> <p>Indicator: Patients' ratings of the extent to which care was provided with respect</p>	<p>1.1.1 Patients make informed contributions and decisions related to their care and treatment.</p> <p>1.1.2 Diverse peoples, including First Nations, Inuit, Metis, Black, LGBTQ2S+, immigrant, and people in rural and remote communities receive care that is culturally safe.</p>
	<p>1.2 All aspects of care are co-designed with patients and providers.</p> <p>Indicator: Patient and provider involvement in care planning, governance, and evaluation (e.g., patient advisors)</p>	<p>1.2.1 Formal and informal patient partnerships are established and consistently supported at all levels.</p>
	<p>1.3 Patients and providers have positive health service experiences.</p> <p>Indicator: Patients' overall ratings of health service experiences</p> <p>Indicator: Providers' overall rating of health service experiences</p>	<p>1.3.1 Patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) are collected and reported and demonstrate improvements in experiences and outcomes.</p> <p>1.3.2 Patients, regardless of background and circumstance, are engaged and report health service experiences.</p> <p>1.3.3 Providers are engaged, report and learn from health service experiences.</p>



Goal 2 Safe Care

Health services are safe and free from preventable harm.

Objectives

Outcomes

<p>2.1 Safety culture is evident across the continuum of health services.</p> <p>Indicator: Assessment of organizational efforts to monitor, review, and address patient safety incidents</p> <p>Indicator: Training on quality improvement and patient safety provided at all organizational levels</p>	<p>2.1.1 Patients, providers and leaders are encouraged and supported to report and act on patient safety concerns and incidents.</p> <p>2.1.2 Patient harm events are disclosed to the patient and/or family as soon as known and documented according to organizational policies.</p> <p>2.1.3 Patient safety events are analyzed and acted upon by interdisciplinary teams which include patients.</p> <p>2.1.4 Patients who are harmed have access to psychological support programs.</p> <p>2.1.5 Providers work in psychologically and physically safe environments, with access to psychological support programs.</p>
<p>2.2 Safe and effective care is provided and monitored.</p> <p>Indicator: Rate of avoidable deaths (in and outside the hospital setting)</p> <p>Indicator: Rate of patient harm events</p>	<p>2.2.1 Evidence-based practices are implemented.</p> <p>2.2.2 Provider practices are reviewed and outcome trends are reported to proactively drive safe practices.</p>
<p>2.3 Safe care is addressed as a public health concern.</p> <p>Indicator: Rates of patient harm events and avoidable hospital readmissions are reported publicly</p>	<p>2.3.1 Health service organizations actively participate in an accreditation process.</p> <p>2.3.2 Rates of patient harm and other indicators that reflect organizational safety are reported publicly.</p>



Goal 3 Accessible Care

People have timely and equitable access to quality health services.

Objectives

Outcomes

3.1 Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

Indicator: Wait times for locally selected care, treatments, and procedures, analyzed by socio-demographic variables, geographic variables, and/or deprivation indices

Indicator: Rate of access to primary care provider, analyzed by socio-demographic variables, geographic variables, and/or deprivation indices

3.1.1 Diverse peoples, including First Nations, Inuit, Metis, Black, LGBTQ2S+, immigrant, and people in rural and remote communities, receive safe, equitable, and timely care.

3.1.2 Targets for access to services are measured and publicly reported.

3.1.3 Alternative options for care delivery are available, including virtual and in-person visits with a provider.

3.2 Human resources are effectively matched to population needs.

Indicator: Provider skill mix, given health service guidelines and needs of the population served

3.2.1 A needs-based human resource allocation strategy is in place, including an appropriate skill mix for the workforce.

3.2.2 The scope of practice of health service providers (both regulated and unregulated, knowledge keepers and Elders) is recognized and optimized based on evidence.



Goal 4 Appropriate Care

Care is evidence-based and people-centred.

Objectives

Outcomes

4.1 Health services are planned and delivered based on the needs of the population.

Indicator: Health services based on needs assessment

4.1.1 There is evidence that health promotion and disease prevention are addressed.

4.2 Appropriate care is actively promoted and monitored, and unwarranted variations are minimized.

Indicator: Variations in appropriate care, for locally selected interventions, are documented and inform quality improvement processes

4.2.1 Evidence-based care is demonstrated throughout the patient journey, reflecting patient preferences.

4.2.2 Unwarranted care variations are minimized.

4.3 Emerging treatments and technologies are systematically evaluated and implemented in health services.

Indicator: Implementation of health service innovation includes risk management, training, and evaluation to meet patient needs

4.3.1 Treatments, technologies, medical devices, and equipment are evaluated and monitored for appropriate use.

4.3.2 Health teams are prepared for effective use of new treatments and technologies.

Objectives

Outcomes



Goal 5 Integrated Care

Health services are continuous and well-coordinated, promoting smooth transitions.

5.1 Patients experience smooth transitions across health services.

Indicator: Communication between primary care providers and specialists

5.1.1 The infrastructure and accountability for care transitions are in place.

5.1.2 Providers coordinate care across health services.

5.2 Patient information is available to patients and providers across health services.

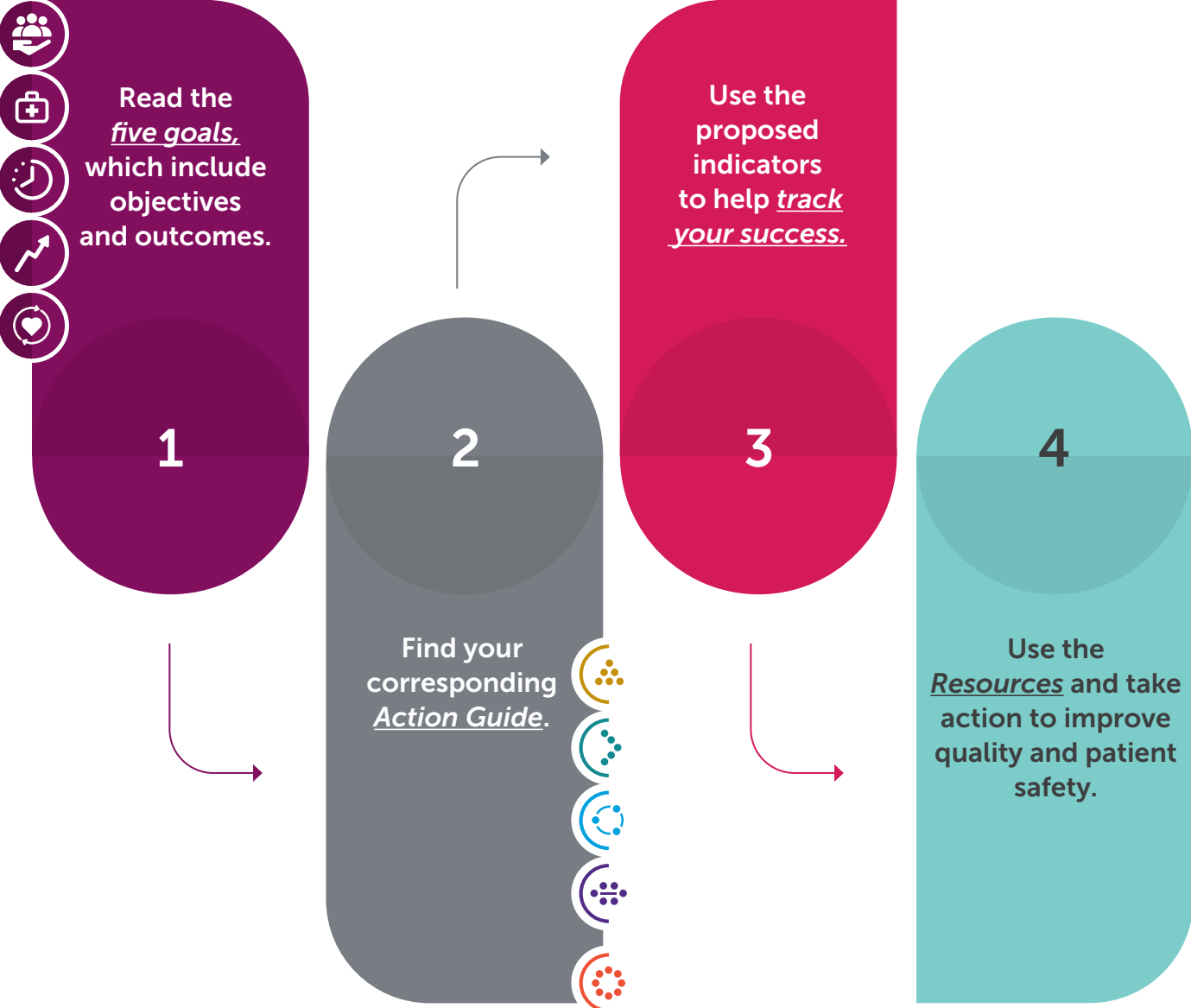
Indicator: Prevalence of electronic communication with patients

Indicator: Prevalence of integrated electronic health records

5.2.1 Providers have appropriate access to integrated electronic health records.

5.2.2 Patients have easy and timely access to their health information.

How You Can Use This Framework



Take Action Together

Imagine what we can do collectively when we align our efforts and goals to improve quality health services and patient safety locally and across Canada.

The following Action Guides outline steps you can take to improve health services by working towards the Framework goals. While the Action Guides are comprehensive, they are by no means exhaustive. We have created five customized guides, one for each key stakeholder group in our health system:

- **The public.**
- **Health teams, which include patients and families.**
- **Health leaders.**
- **Board members.**
- **Policy makers.**

Each of us has a critical role to play to improve quality and patient safety and these Action Guides are meant to support you. As each person, team, organization, and health system implements and aligns its goals with this national Framework, together we will form a cross-Canada movement that will drive positive change.

Together, we can align the country on patient safety and quality improvement and make high quality, safe health services a reality for all people in Canada.

How to Use Your Action Guide

In the following pages, you will find your stakeholder group's customized Action Guide, which has specific steps you can take to work towards improving quality and patient safety across Canada.

The numbers beside your recommended actions correspond to resources, tools, and examples that will directly support you in taking action. *You can find these in the Resources section.*

Stakeholder Legend



Public



Health Teams

(Including patients and families)



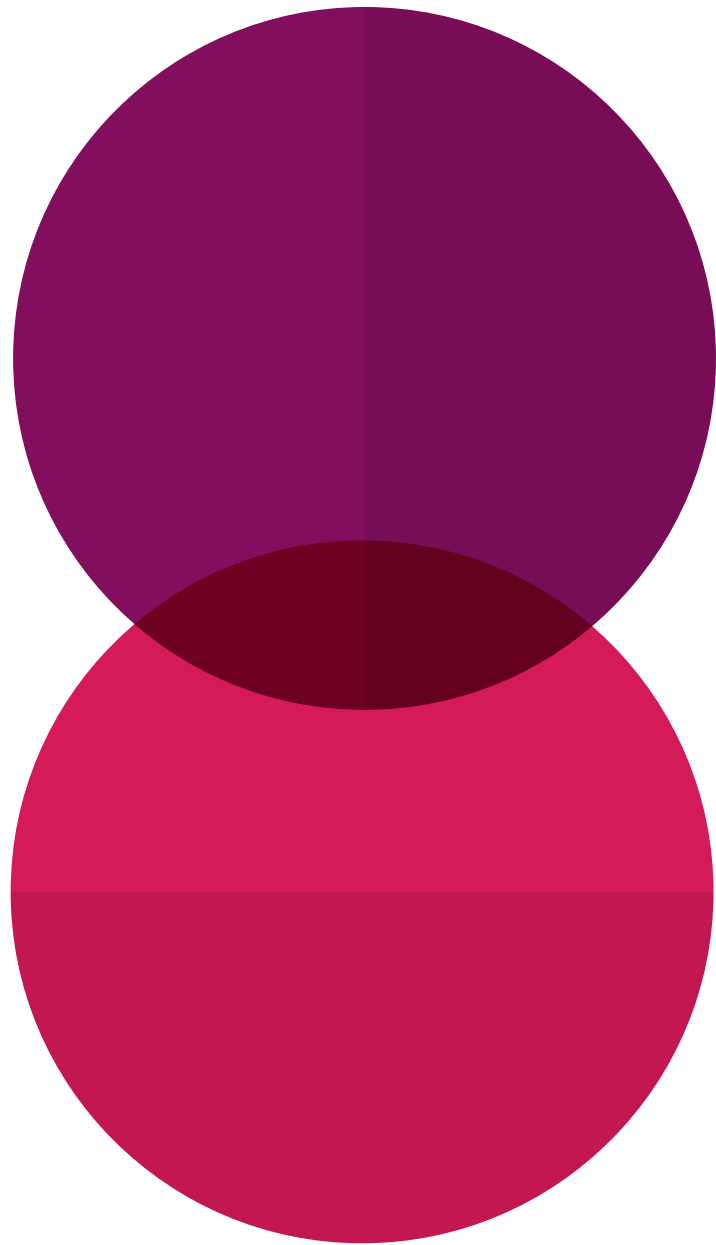
Health Leaders



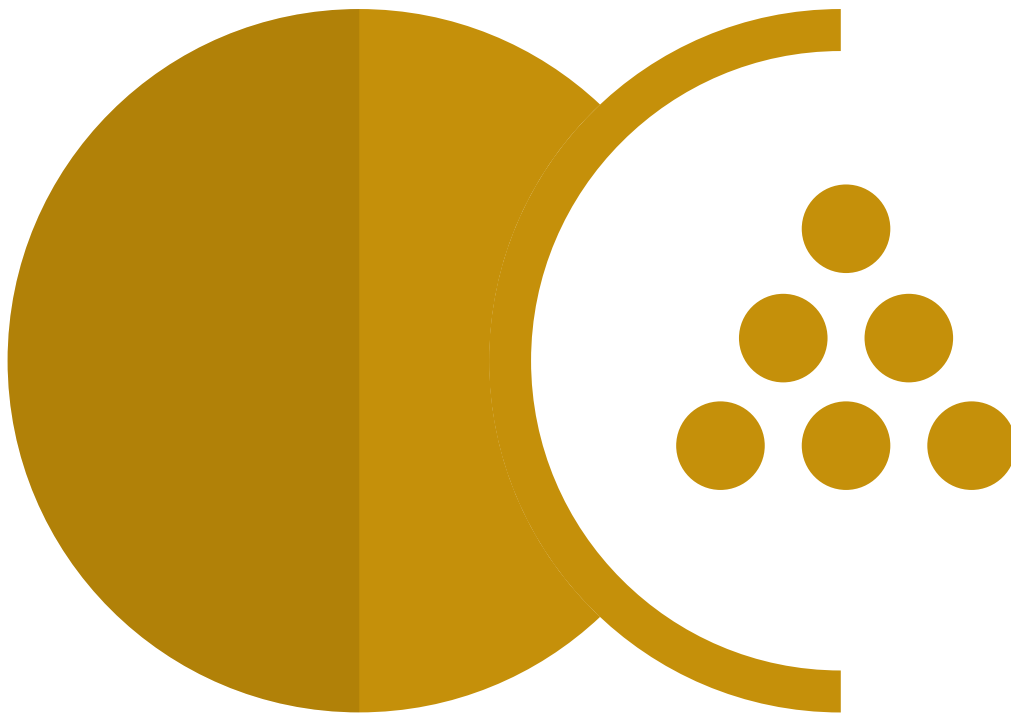
Board Members



Policy Makers



**The Canadian Quality &
Patient Safety Framework
for Health Services**



Public Action Guide



Action Guide

I Am a Member of the Public

The voices of many can be a powerful force for positive change. You have an important role to play in helping Canada achieve the Framework's five goals, including learning, sharing your perspectives, and advocating.

Below are actions you can take to work towards the five goals and help improve health services—wherever you are in Canada.

The numbers beside your recommended actions correspond to resources, tools, and examples that will directly support you in taking action. [You can find these in the Resources section.](#)



Goal 1 People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to get the best outcomes.

Area for Action 1.1

Health services are provided with humility in a holistic, dignified, and respectful manner.

You have a role on your health team: you can advocate for yourself as an equal partner in planning, developing, and monitoring your health services. If you are engaged and informed, you can make meaningful contributions when you enter the health system.

As a member of the public, you can:

- Look for information on people-centred care.
- Share your health goals and tell your health team what matters to you.^{1, 2, 91}
- Commit to speaking up when your care seems unsafe or does not line up with your values.³
- Review public-facing health service documents and provide valuable input (e.g., public review of standards).⁴
- Participate in health committees or boards.¹

The public also has a role in advocating for diverse peoples, including First Nations, Inuit, Metis, Black, LGBTQ2S+, immigrant, and people in rural and remote communities. You can strive to ensure they receive care that is culturally safe and respects their human rights and rights to self-determination. As a person from a diverse group, you can share your perspective and set the stage for the participation of First Nations, Inuit, Metis, Black, LGBTQ2S+, immigrant, and people in rural and remote communities in health services.

As a member of the public, you can:

- Learn about health service issues that affect diverse peoples.^{5, 6}
- Advocate for equitable anti-racist care and for anti-racism, cultural safety and humility training for all members of the health service organization.^{92, 93, 94}
- Promote the inclusion of Indigenous Elders, healers, and knowledge keepers when working with health teams, leaders, boards, and policy makers.⁷

Area for Action 1.2

All aspects of care are co-designed with patients and providers.

You can be a partner in health services by sharing your health service experiences with the people who design these services. By sharing advice, you help others learn and make health services better.

As a member of the public, you can:

- Share your experiences and ideas for improving the health service system by participating in public surveys and outreach campaigns.⁸
- Volunteer to work with local health service organizations.



Goal 2 Safe Care

Health services are safe and free from preventable harm.

Area for Action 2.1

Safety culture is evident across the continuum of health services.

We all play a role in creating a safe environment that is a neutral, judgement-free space for patients, families, care partners to speak up about their health service experiences. Members of the public can encourage patients, providers, and leaders to report and act on patient safety concerns and incidents.

As a member of the public, you can:

- Talk with your health team about what matters to you and what you need to feel safe.
- Share your story, opinions, or desires related to your health services by posting on social media or participating in public campaigns.^{3, 14}
- Review information and tools related to patient safety.¹²
- Learn about the process for reporting incidents at your local health service organization.^{13, 15}
- Participate as a public representative in policy discussions about patient safety.
- Ask your local health service organization to share its patient safety statistics publicly.
- Advocate for psychological support programs for those who have experienced patient safety incidents.

Area for Action 2.3

Safe care is addressed as a public health concern.

You have a right to safe health services.

As a member of the public, you can:

- Reflect on what a safe health system should look like and what you need for it to be safe (e.g., identify what you want as strengths in your health system).
- Make yourself aware of public health announcements, news articles, and reports related to patient safety and public health.
- Advocate that health service organizations and professionals be accredited if accreditation is not already mandated in your region.
- Participate in local town halls and forums.
- Advocate for standards and appropriate tracking and follow-up of safety incidents.



Goal 3 Accessible Care

People have timely and equitable access to quality health services.

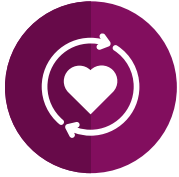
Area for Action 3.1

Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

You can help identify the unique health service needs of people across Canada in terms of receiving safe, equitable, and timely care. Incorporating the needs of diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people in rural and remote communities, will ensure that all people in Canada receive equitable health services.

As a member of the public, you can:

- Signal the importance of developing health services that meet the needs of diverse peoples.⁴
- Advocate with politicians to reallocate funds to support diverse peoples.¹⁶
- Help your local health service organization to design easily accessible at home or closer to home services that meet the needs of diverse peoples.



Goal 5 Integrated Care

Health services are continuous and well coordinated, promoting smooth transitions.

Area for Action 5.2

Patient information is available to patients and providers across health services.

Having access to your personal health information is a right. Collectively, we can make this a reality for all people in Canada.

As a member of the public, you can:

- Request access to your personal health information.¹⁸
- Advocate for political support of IT solutions that make it easy and unfettered for patients to access their electronic health records.¹⁶



**The Canadian Quality &
Patient Safety Framework
for Health Services**



Health Teams Action Guide



Action Guide

I Am a Member of a Health Team, including Patients and Families

Healthcare is a team sport. We make a bigger impact when we work together to provide quality care, safe outcomes, and positive experiences. As a health team member, your role in working towards the Framework's goals includes practicing collaboration, shared decision-making, awareness, and respect for cultural values.

Below are actions you can take to work towards the five goals and accelerate patient safety practices and quality improvement—wherever you are in Canada.

The numbers beside your recommended actions correspond to resources, tools, and examples that will directly support you in taking action. *You can find these in the Resources section.*



Goal 1 People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to get the best outcomes.

Area for Action 1.1

Health services are provided with humility in a holistic, dignified, and respectful manner.

When health teams put people at the centre and help patients make informed decisions about their health services and care, patient outcomes improve. Your team's role is to ensure patients have the information they need to contribute to these decisions.

As a member of a health team, you should:

- Support and engage the patient, family, or designated representative in decision-making.^{19, 20, 21}
- Use standardized patient tools (e.g., decision aids) and materials (e.g., patient education handouts) written in simple language and in the patient's language of choice.^{22, 23, 24}
- Determine and implement an evidence-based treatment plan according to the patient's preferences.^{25, 26}

As a patient on a health team who wants to support these activities, you can:

- Help develop your treatment plan.^{25, 26}
- Ask questions and request information and care in your preferred language.
- Complete surveys on your experience and provide feedback on the information you receive from other team members.¹

Area for Action 1.1 Continued

Health services are provided with humility in a holistic, dignified, and respectful manner.

Demonstrating respect for a patient's culture and beliefs and incorporating their values into their treatment plan are positive steps you can take to provide culturally safe care for diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people from rural and remote communities.

As a member of a health team, you should:

- Ask about and respect each patient's cultural practices and spiritual beliefs and help facilitate their access to Indigenous Elders, healers, and knowledge keepers.
- Complete anti-racism, cultural safety, and humility training as part of your onboarding process.^{28, 95, 96, 97, 98}
- Collaborate with Indigenous Elders, local Indigenous communities, advisors, and patients to improve health services.

Being open about your values and preferences allows your health team to provide you with the best care possible.

As a patient on a health team, you should:

- Share your beliefs and values with the other members of your team.²⁶

Area for Action 1.2

All aspects of care are co-designed with patients and providers.

Formal and informal partnerships with patients and providers are key to improving health services.

As a member of a health team, you should:

- Involve patients and families in planning treatment and improving health services.^{1, 29, 30}

Area for Action 1.3

Patients and providers have positive health service experiences.

By reviewing patient-reported experiences and outcome measures, you can tell if your services are making a positive impact.

As a member of a health team, you can:

- Get involved in quality-improvement projects.^{9, 30}
- Encourage patients to speak up about their concerns.³
- Participate in patient safety huddles to discuss quality outcomes and improvement activities.²³
- Seek tools and strategies to de-escalate aggressive situations in a nonintrusive manner.

As a patient on a health team, you should:

- Provide feedback and ideas that can lead to improvement in care.



Goal 2 Safe Care

Health services are safe and free from preventable harm.

Area for Action 2.1

Safety culture is evident across the continuum of health services and settings.

Health teams have a responsibility for the safe care of patients. You have an active role in creating a safe and supportive environment for patients to report their health service experiences. It is not the responsibility of patients to report harm; they should have the expectation of safety.

As a member of a health team, you should:

- Set structures and processes to facilitate collective dialogue and action for safe care (e.g., regular safety huddles to empower staff to proactively deliver safe care).
- Report, learn from, and act on patient safety concerns and incidents according to organizational policies.³²
- Get training for incident reporting, incident management, and disclosure.^{32, 33, 34, 35}
- Disclose safety concerns and incidents to patients, families, and the rest of the health team.³⁴

As a patient on a health team, you can:

- Encourage discussions about safe care; for example, you can ask questions to your health team about your care and what you can do to stay safe.
- Ask about the incident-reporting process your health service organization uses.¹⁵
- Get your health team's support when you need to report safety concerns and incidents.

Health teams ensure patients who are harmed in safety incidents have access to psychological support programs.

As a member of a health team, you should:

- Tell patients and families about available psychological supports during and after a patient safety incident.³⁴
- Provide psychological support based on the patient's needs and preferences.

Health teams should work in psychologically and physically safe environments, with access to psychological supports, including peer support programs.³¹

As a member of a health team, you should:

- Learn about your organization's workplace violence policy and prevention programs and report incidents accordingly.
- Participate in training on workplace violence and harassment.
- Participate in your organization's wellness programs.

Area for Action 2.2

Safe and effective care is provided and monitored.

Health teams implement evidence-based practices and report outcome trends to proactively drive safe practices.

As a member of a health team, you should:

- Stay up to date on evidence-based practices in your scope of practice.
- Participate in multidisciplinary patient-safety huddles/rounds and review patient safety incidents to identify ways to improve.^{17, 35, 36}

Area for Action 2.3

Safe care is addressed as a public health concern.

If your health service organization is accredited, your health team participates in the accreditation process and shares information and indicators that reflect organizational safety, such as the rate of patient harm events.

As a member of a health team, you should:

- Participate in planning for accreditation and making recommended improvements.⁹
- Report patient safety concerns and incidents by following your organization's reporting process.^{32, 37}



Goal 3 Accessible Care

People have timely and equitable access to quality health services.

Area for Action 3.1

Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

Health teams provide safe, equitable, and timely health service to diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people from rural and remote communities. You also measure and publicly report targets for access to services.

As a member of a health team, you can:

- Engage with health leaders and policy makers to improve health services access and advocate for diverse peoples.⁹⁷
- Identify barriers limiting access to health services and strategize innovative methods to increase access by collaborating with patients (e.g., offer virtual health services).
- When providing virtual health services, use a protocol ensuring patient safety.
- Learn about wait-time data in your field and implement actions to improve access.³⁸

As a patient on a health team, you can:

- Report the barriers to receiving health services by filling out patient-experience surveys.³⁹
- When receiving virtual health services, ask the health team how they are ensuring safety.

Area for Action 3.2

Human resources are effectively matched to population needs.

Health teams provide care and services within their scope of practice and optimize their skills based on evidence.

As a member of a health team, you should:

- Follow the legal requirements, guidelines, standards of practice, and recommendations set by your licensing body or regulatory college.
- Share information about your responsibilities and scope of practice with patients and families.

As a patient on a health team, you can:

- Ask about the roles and responsibilities of the other members of your health team.⁴⁰



Goal 4 Appropriate Care

Care is evidence-based and people-centred.

Area for Action 4.1

Health services are planned and delivered based on the needs of the population.

Health teams include health promotion and disease prevention in their treatment plans.

As a member of a health team, you should:

- Determine the need for targeted health promotion and disease prevention in the population you're serving.⁴¹
- Offer information and education to patients to promote health and prevent disease based on their needs.
- Learn about, participate in, and promote local screening programs.
- Complete anti-racism, cultural safety, and humility training as part of your onboarding process.²⁸
- Learn the cultural norms of the community you are serving to help better design health services.

As a patient on a health team, you can:

- Work with the other members of your team to identify the psychological support you need and ask for access to appropriate programs.⁴²

Area for Action 4.2

Appropriate care is actively promoted and monitored, and unwarranted variations are minimized.

Health teams use evidence-based care and can minimize unwarranted care variations throughout a patient's journey while respecting the patient's preferences.

As a member of a health team, you can:

- Identify and analyze the causes of variation in health services, with support from the appropriate departments in your organization.⁴³
- Develop and implement an improvement plan and track change.
- Provide feedback on the use of care pathways and evidence-based standards.
- Help develop, implement, and evaluate care pathways.

Area for Action 4.3

Emerging treatments and technologies are systematically evaluated and implemented in health services.

Health teams are prepared to effectively implement, evaluate, and monitor new treatments, technologies, medical devices, and equipment.

As a member of a health team, you should:

- Seek education and build awareness about treatments and technologies, based on your population's needs.
- Follow mandatory reporting requirements in accordance with the *Protecting Canadians from Unsafe Drugs Act*.^{44, 45}
- Review information on serious adverse drug reactions and the requirements for reporting medical-device incidents.⁴⁶
- Provide information related to end-user needs for an electronic health record system.
- Use an audit and feedback process to ensure issues are reported and corrective action is taken.
- Provide patients with unfettered access to their electronic health record, at their discretion.
- Explore reasons for barriers to accessing electronic health records and offer input on what would facilitate their access and use.
- Seek continuing education to learn about new treatments and technologies.
- Ask health leaders for information or education related to new technologies and treatments.
- Report the utilization status of new technologies to education providers and researchers.

As a patient on a health team, you can:

- If desired, request with your health team unfettered access to your electronic health record.
- Share with your health team barriers in the access and use of your electronic health record.
- Help develop plans to improve access to your electronic health record.
- Speak up regarding any concerns you may have about adverse drug reactions or medical devices.⁴⁴



Goal 5 Integrated Care

Health services are continuous and well coordinated, promoting smooth transitions.

Area for Action 5.1

Health services are planned and delivered based on the needs of the population.

Health teams are accountable for the quality of service during care transitions and the overall coordination of care across health services, particularly from urban to rural and remote settings.

As a member of a health team, you should:

- Follow evidence-based practices for care transitions and handover processes (e.g., checklists).^{47,48}
- Plan care transitions and ensure the health team (including patients and families) has the information it needs during transitions.^{49,50}
- Use an audit process to track and share care-transition feedback with the health team (including patients and families) and develop an improvement plan together.

As a patient on a health team, you can:

- Ask for clear information about care transitions at any time.^{2, 27, 50}
- Help plan your care transitions.

Area for Action 5.2

Patient information is available to patients and providers across health services.

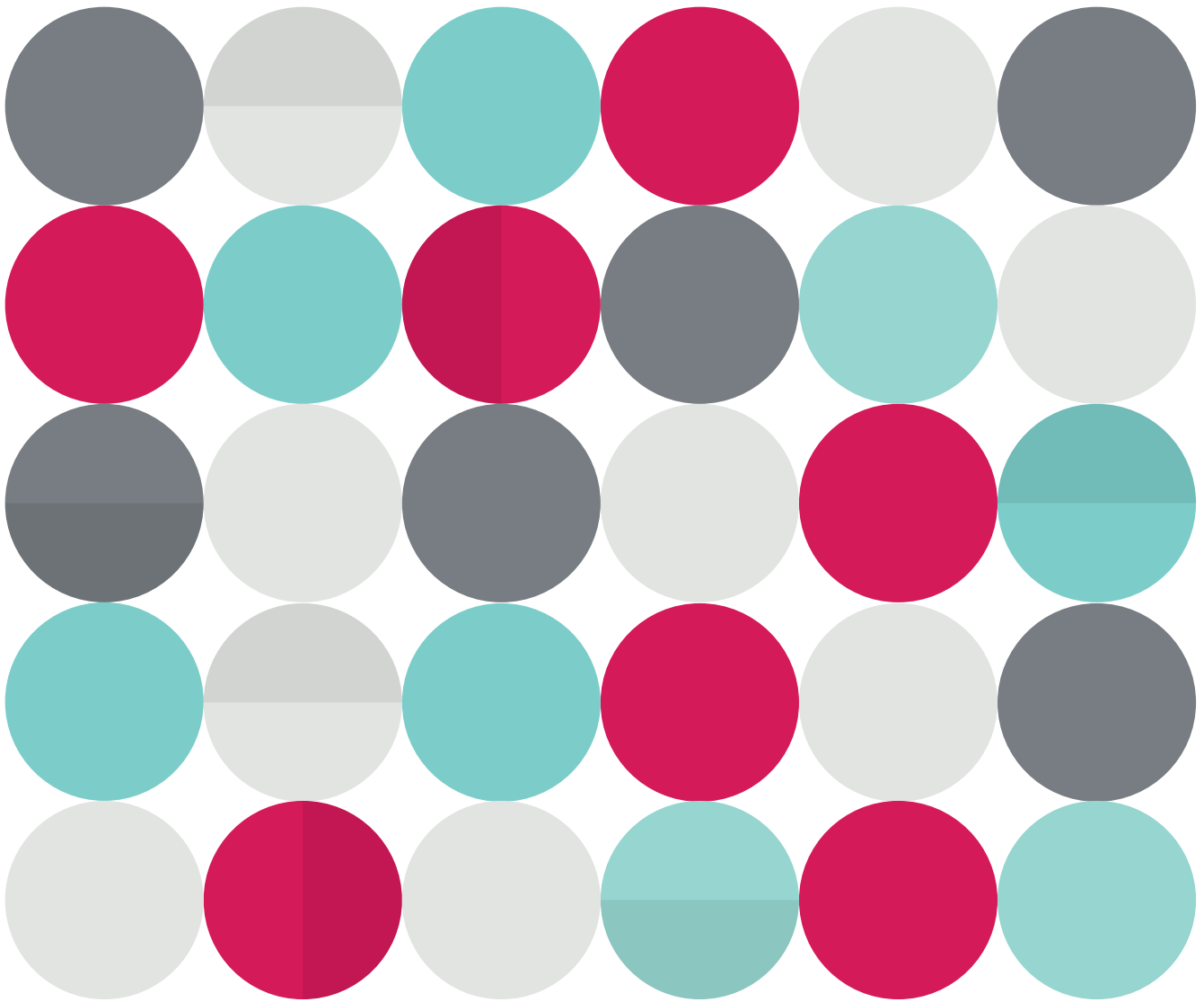
Health teams and patients require timely access to information in electronic health records.

As a member of a health team, you should:

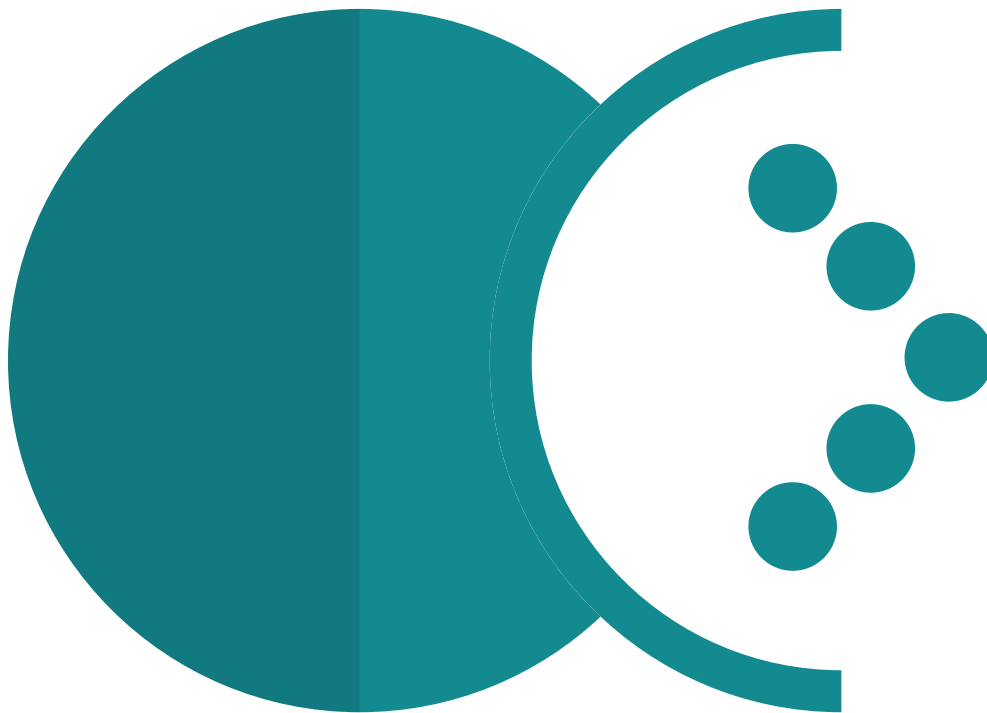
- Inform patients on their right of unfettered access and how to access their patient information.

As a patient on a health team, you can:

- Learn about electronic ways of getting your patient information.^{51, 52}



**The Canadian Quality &
Patient Safety Framework**
for Health Services



Health Leaders Action Guide



As a health leader, you set the tone through your behaviours and actions. You model the desired culture for your organization. You have a responsibility for organizational priority setting, supporting and motivating health teams to perform optimally, and enabling learning and improvement.

When you align with other health leaders across Canada and take action to implement the national Framework's five goals, you will focus on themes such as resourcing and empowering health teams, addressing barriers, and co-designing solutions that optimize quality and patient safety.

Below are actions you can take to work towards the five goals and accelerate patient safety practices and quality improvement—wherever you are in Canada.

The numbers beside your recommended actions correspond to resources, tools, and examples that will directly support you in taking action. *You can find these in the Resources section.*



Goal 1 People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to get the best outcomes.

Area for Action 1.1

Health services are provided with humility in a holistic, dignified, and respectful manner.

When we help patients make informed decisions about their care, we improve patient outcomes. Health leaders create a people-centred safety culture for patients so patients can make informed contributions on their care and treatment decisions.⁵⁴

As a health leader, you should:

- Ensure people-centred care is an organizational guiding principle.^{53, 99}
- Support health teams and patients by providing information and decision-aid tools that promote patient engagement and joint decision-making on treatment plans.
- Support health teams in using standardized care plans with input from patients.¹⁰⁰ Ensure patient experience surveys are distributed and the collected information is analyzed.
- Examine the barriers patients face in accessing health services in their language of choice and work with health teams to remove these barriers.

Area for Action 1.1 *Continued*

Health services are provided with humility in a holistic, dignified, and respectful manner.

Diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people in rural and remote communities, have the right to receive care that is culturally safe. Demonstrating respect for their culture and beliefs and incorporating their values into your organization's vision, mission, values, strategic plan, and allocation of resources are positive steps you can take towards delivering culturally safe care for all.

As a health leader, you should:

- Review data gathered on patient cultural values and health status variation for diverse populations and specific to the population you serve.⁹⁴
- Collaborate with diverse peoples to plan, design, and equitably allocate resources for services that meet their needs and reduce variation in the population's health status.
- Ensure that services and care include aspects related to social determinants of health.¹⁰¹
- Promote the involvement of diverse peoples in their own care and use their advice in care-planning processes and evaluations.
- Support membership of diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people in rural and remote communities, on patient and family advisory committees, as appropriate.
- Provide cultural supports (e.g., Indigenous Elders, knowledge keepers, Aboriginal/Indigenous Patient Liaison) for patients, families, and health professionals from diverse groups.
- Identify and address barriers that hinder appropriate cultural aspects of care, including transportation and other social needs.
- Provide time for completing anti-racism, cultural safety, and humility training (in house or online), ensure a high staff completion rate, and support ongoing knowledge and skill development.⁹⁹

Area for Action 1.2

All aspects of care are co-designed with patients and providers.

Formal and informal partnerships with patients are key to improving health services. Health leaders achieve true co-design within their organizations by establishing and supporting patient partnerships at all levels.

As a health leader, you should:

- Encourage regular dialogue with patients and families so you can use their perspectives and knowledge to inform initiatives for improvement.
- Ensure the strategic planning process allows for comprehensive consultation, collaboration, and engagement with patients and families, community, and other stakeholders.⁵⁵
- Use patient experience and patient outcome tools for improving services.

Area for Action 1.3

Patients and providers have positive health service experiences.

Reviewing patient-reported experience and outcome measures helps you to understand if your organization's services are making a positive impact. Health leaders strive for demonstrated improvements in experiences and outcomes.

As a health leader, you should:

- Ensure patient-experience and patient-outcome tools are used and the data is reviewed to identify organizational risks and considered for systematic quality-improvement plans and care planning.
- Ensure patient experience data is accessible to the health team and provided to the board for further action.
- Put in place quality-audit and follow-up processes for continued improvement.
- Help health teams identify and prioritize improvement ideas, initiate changes, and implement process improvements.
- Ensure that providers are engaged and that they report and learn from patient experiences.⁵³
- Ensure health teams have tools and strategies to de-escalate aggressive situations in a nonintrusive manner.



Goal 2 Safe Care

Health services are safe and free from preventable harm.

Area for Action 2.1

Safety culture is evident across the continuum of health services.

Health leaders encourage and support interdisciplinary health teams (including patients and families) to improve patient safety.

As a health leader, you should:

- Mandate timely and ongoing communication and disclosure by health teams (including patients and families) of safety risks and informed consent with health services.³⁴
- Create organizational policies and confidential reporting methods for health teams (including patients and families) to report safety concerns and incidents.³²
- Establish practices that support the sharing of information and open discussion about patient safety with health teams (e.g., rounding).^{53, 56}
- Use mandated Health Canada or other reporting tools to report interventions related to harm events.^{46, 57}
- Ensure that information on action plans and changes for improvement in care are shared with appropriate stakeholders.
- Support an audit and feedback system to ensure that recommendations to improve patient safety are implemented.

Health leaders ensure that patients who are harmed in safety incidents have access to psychological support programs.

As a health leader, you should:

- Provide resources for establishing psychological support programs for patients harmed in safety incidents and their families.⁵⁸

Area for Action 2.1 *Continued*

Safety culture is evident across the continuum of health services.

Additionally, health leaders ensure that providers work in psychologically and physically safe environments and have access to psychological support programs. Leaders are aware of the psychological factors affecting providers' mental health, and they promote psychological health and well-being in the workplace.^{31, 102}

As a health leader, you should:

- Ensure that a workplace violence policy and prevention program are in place.
- Foster psychological support programs for the health team.
- Ensure that the health team is aware of available psychological support programs, turnover rates, and plans for improvement.
- Provide anti-racism, cultural safety, and humility training to all members of the health service organization.

Area for Action 2.2

Safe and effective care is provided and monitored.

Health leaders ensure evidence-based practices are implemented and review reported outcome trends to proactively drive safe practices.

As a health leader, you should:

- Allocate resources to implement evidence-based practices.
- Ensure that staff education is up to date on evidence-based practices applicable to the organization.⁵⁶
- Ensure that avoidable death and hospital standardized mortality ratio (HSMR) data is tracked and reported so action can be taken to improve outcomes.⁵⁹

Area for Action 2.3

Safe care is addressed as a public health concern.

Health leaders play an important role in ensuring their organizations are accredited.

As a health leader, you should:^{53, 56}

- Ensure that an accreditation process is implemented with the involvement of all relevant stakeholders.
- Ensure that accreditation results are shared broadly within the organization and with the public, as appropriate. Monitor accreditation recommendations and data to identify areas for improvement and allocate funding.

Health leaders review and publicly report rates of patient harm and other organizational safety indicators.

As a health leader, you should:

- Ensure transparent and safe internal and external procedures for reporting on patient safety incidents and actions for improvement that are well communicated to patients and families, highly visible, support safe space for reporting and take a trauma informed care approach.⁶⁰
- Encourage health promotion so people understand that safe care is a public health and safety concern.



Goal 3 Accessible Care

People have timely and equitable access to quality health services.

Area for Action 3.1

Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

Health leaders ensure diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people from rural and remote communities receive safe, equitable, and timely care. They tackle barriers to access related to language, payment, insurance, transportation, prescriptions, and more by considering social determinants of health.

As a health leader, you should:

- Identify barriers to access by reviewing rate-of-access (e.g., quality scorecards) and patient-experience surveys, as well as mortality and morbidity data.
- Support actions that address barriers to health services for diverse peoples.
- Develop partnerships with social services and organizations led by diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people in rural and remote communities.

Health leaders ensure targets for access to services are measured and publicly reported.

As a health leader, you should:

- Ensure that wait-time data is captured and advocate for standardized targets set by the provinces and territories in collaboration with patients and providers.
- Ensure necessary services are available according to population needs.

Area for Action 3.2

Human resources are effectively matched to population needs.

Health leaders determine a needs-based human resource allocation strategy, including an appropriate skill mix for their workforce.

As a health leader, you should:

- Allocate resources for a community needs assessment to determine population trends and develop an organizational human-resource plan accordingly.
- Ensure evidence-based practices and relevant legal requirements for health human resourcing are followed.
- Collaborate with labour unions, associations, and regulatory colleges to establish and regularly update provider scope-of-practice and position profiles.
- Ensure the staffing process appropriately considers candidate skills, education, and knowledge.
- Implement a process to distribute resources appropriately across operational and service areas.
- Ensure the scope of practice of health service providers (including regulated and unregulated providers, knowledge keepers, and Elders) is recognized and optimized based on evidence.



Goal 4 Appropriate Care

Care is evidence-based and people-centred.

Area for Action 4.1

Health services are planned and delivered based on the needs of the population.

Health leaders encourage health promotion and disease prevention within their organization.

As a health leader, you should:

- Define the parameters of health promotion and disease prevention and create programs and a plan to advance these initiatives, including safety and emergency preparedness plans.
- Ensure that your organization is screening for health risks and that preventive health measures are established.
- Partner with public health, justice, housing, and education organizations to encourage health-promotion and disease-prevention initiatives.^{53, 56, 61, 62}

Area for Action 4.2

Appropriate care is actively promoted and monitored, and unwarranted variations are minimized.

Health leaders ensure their teams deliver evidence-based care that incorporates patient preferences.

As a health leader, you should:

- Ensure comprehensive patient participation in developing and implementing care pathways.
- Ensure education is provided to health teams on evidence-based care and care pathways.
- Collect utilization data on care pathways and share it with health teams.

Health leaders are accountable for reducing unwarranted variations in care.

As a health leader, you should:

- Ensure standardized processes and resources (e.g., decision aids) are available to health teams (including patients and families) to reduce variation in and between services and to support quality improvement and change management.^{53, 56}
- Allocate resources to collect data on unwarranted care variations and share it with health teams.
- Encourage health teams to involve patients and use data and information to understand care variations and establish protocols and procedures for quality improvement.

Area for Action 4.3

Emerging treatments and technologies are systematically evaluated and implemented in health services.

Health leaders ensure new treatments, technologies, medical devices, and equipment are evaluated and monitored for appropriate use.

As a health leader, you should:⁵⁶

- Allocate resources and develop a strategy for managing electronic health records and giving patients unfettered access.
- Allocate resources and develop a strategy for implementing and evaluating new treatments, technologies, and medical devices.
- Assess and document the use of electronic health records and the sharing of information with health teams (including patients and families).

Area for Action 4.3 Continued

Emerging treatments and technologies are systematically evaluated and implemented in health services.

- Ensure there is an evaluation process for the adoption and implementation of emerging treatments and technologies.
- Ensure serious adverse drug reactions and medical device incident rates are tracked (e.g., quality scorecards), shared with health teams, and actioned for positive change.
- Align the use of new technologies and treatments with the guidelines set out by *Choosing Wisely Canada*.⁶³

Health leaders prepare their teams to use new treatments and technologies.

As a health leader, you should:⁵⁶

- Ensure health teams have the required education and training to use new treatments and technologies.
- Identify gaps in education and the impact on treatment and technology usage.
- Select champions for staff queries on implementing and using new technologies and treatments.



Goal 5 Integrated Care

Health services are continuous and well-coordinated, promoting smooth transitions.

Area for Action 5.1

Patients experience smooth transitions across health services.

Health leaders ensure coordinated care across health services and establish the infrastructure and accountability for care transitions, particularly from urban to rural and remote settings.^{1, 53, 56}

As a health leader, you should:

Require health teams to review evidence-based practices and handover policies for care transitions.²³

- Ensure care transition processes are developed in collaboration with patients and families.
- Have procedures in place to check back with patients to ensure they feel supported throughout the care transition.
- Ensure information related to care transitions is easily accessible by health teams.
- Support teams in determining what type of communication is necessary between referring providers.⁶⁴
- Partner with other organizations in the community to efficiently and effectively deliver and coordinate services.

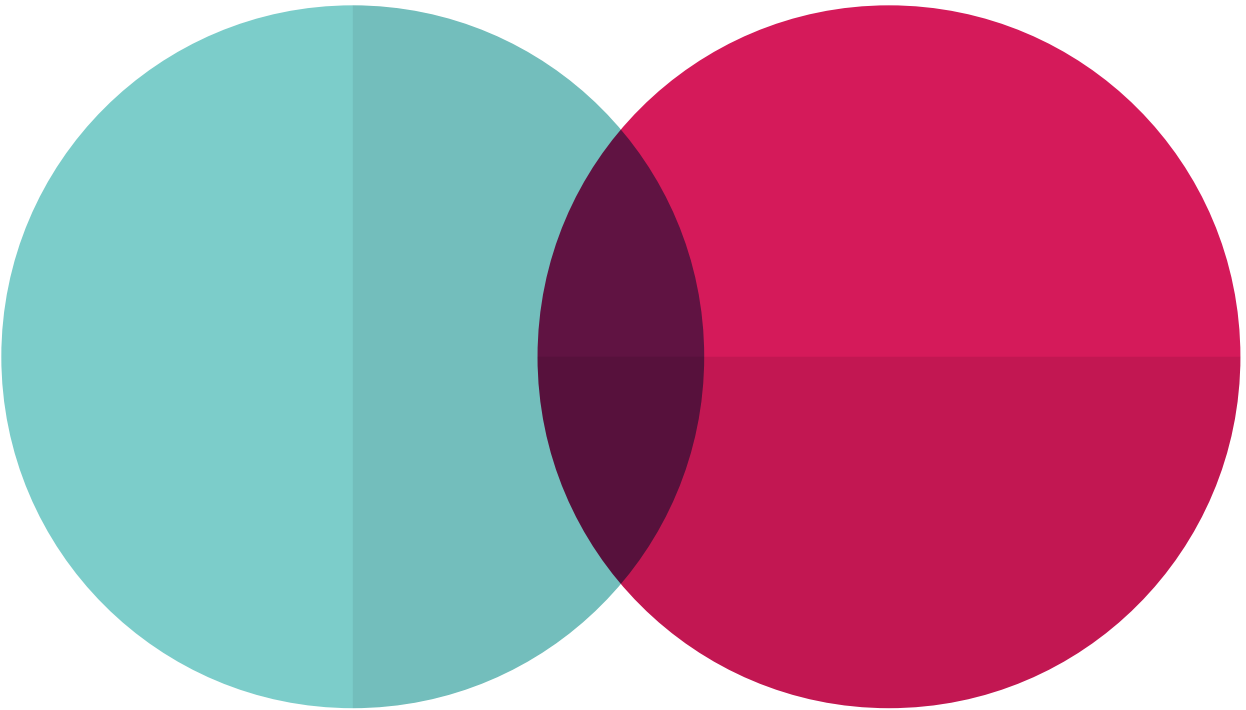
Area for Action 5.2

Patient information is available to patients and providers across health services.

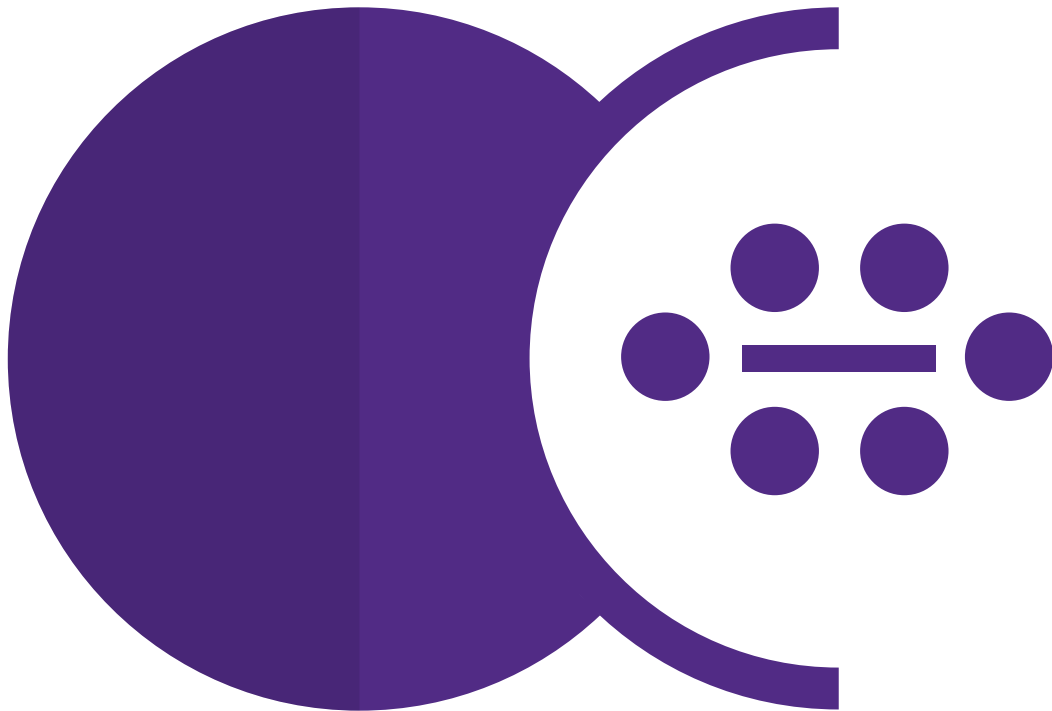
Health leaders ensure patients and providers have appropriate access to integrated electronic health records.

As a health leader, you can:

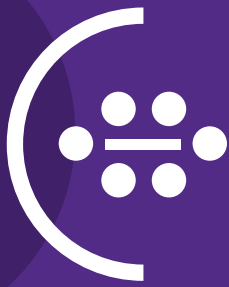
- Support timely access to electronic health records for patients and providers.^{1, 53}
- Ensure patients are made aware of ways to access their information.



**The Canadian Quality &
Patient Safety Framework
for Health Services**



Board Members Action Guide



Action Guide

I Am a Board Member

Health service boards that prioritize governance oversight of quality and safety can be a powerful force for health service improvement. As a board member, you can contribute to achieving the national Framework's five goals by increasing awareness of your organization's or health system's current state of quality and patient safety and by using data to set strategic goals and quality improvement plans.

When you align with other board members across Canada and take action towards these goals, you will address themes such as informed decision-making, accountability, and patient experience.

Below are actions you can take to work towards the five goals and accelerate patient safety practices and quality improvement—wherever you are in Canada.

The numbers beside your recommended actions correspond to resources, tools, and examples that will directly support you in taking action. *You can find these in the Resources section.*



Goal 1 People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to get the best outcomes.

Area for Action 1.1

Health services are provided with humility in a holistic, dignified, and respectful manner.

You can help health teams (including patients and families) make informed decisions about health services and care to improve patient experiences and outcomes. The board's role is to set the expectation that the organization will ensure patients have the information they need to contribute to their own care.

As a board member, you can:

- Set expectations for active patient engagement throughout your organization.
- Review patient experience data along with quality and patient safety action plans.
- Regularly review patient feedback and invite patients to share and discuss their experiences at board meetings.⁶⁵
- Participate in your organization's patient and family advisory committee.

Diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people in rural and remote communities have the right to receive care that is culturally safe. Demonstrating respect for their culture and beliefs and incorporating their values into your board's strategic planning are positive steps you can take towards culturally safe care for all.

As a board member, you should:

- Develop organizational policies, a diversity plan, and appropriate measures for addressing anti-racism, cultural safety and humility, in collaboration with diverse peoples.^{5, 7, 67, 94, 103, 104}
- Support and participate in anti-racism, cultural safety and humility training for board members and all staff.⁶⁸
- Encourage membership of diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people in rural and remote communities on the board.⁷
- Commit to establishing relationships with the communities your organization serves.

Area for Action 1.2

All aspects of care are co-designed with patients and providers.

Formal and informal partnerships with patients and providers are key to improving health services.

As a board member, you should:

- Establish mechanisms to engage with patients and their families and incorporate their voices and perspectives in board initiatives.
- Develop organizational strategic plans in collaboration with patient partners.⁶⁹
- Include patient membership on your board and/or board committees.

Area for Action 1.3

Patients and providers have positive health service experiences.

Reviewing patient reported experience and outcome measures helps you understand if your organization's services are making a positive impact.

As a board member, you should:

- Educate yourself about patient experience and outcome measures as part of your onboarding process.^{39, 70}
- Review qualitative and quantitative data about patient and staff experiences.
- Seek updates from the patient and family advisory committee.
- Provide feedback on targets, outcome indicators, and actions for improvement.⁷¹
- Review and approve quality, patient safety, and strategic plans.^{69, 72, 73}



Goal 2 Safe Care

Health services are safe and free from preventable harm.

Area for Action 2.1

Safety culture is evident across the continuum of health services.

Board members are accountable for safety and for ensuring patient safety concerns and incidents are acted upon.⁸⁹

As a board member, you should:

- Prioritize quality and patient safety on the board's agenda.⁶⁰
- Review reports on patient safety, recommended actions arising out of patient safety incident analyses, and resulting action plans for improvements.
- Participate in safety walkarounds and ensure your organization fosters a culture of safety.⁵³
- Demonstrate accountability for your organization's quality and safety goals.

Area for Action 2.1 *Continued*

Safety culture is evident across the continuum of health services.

Health service boards ensure providers work in psychologically and physically safe environments and have access to support programs for staff wellness and retention.

As a board member, you:

- Foster psychological support programs for the health team.
- Ensure that the health team is aware of available psychological support programs, turnover rates, and plans for improvement.
- Review workplace health and safety information, turnover data, absenteeism rates, and mental health and workplace violence claims and use this information to assess improvement plans.

Area for Action 2.2

Safe and effective care is provided and monitored.

Health service boards ensure safety and review reported outcome trends to proactively drive safe practices.

As a board member, you should:

- Review data on avoidable deaths and the implementation of relevant evidence-based practices.^{36, 59}
- Allocate resources for training, implementing evidence-based practices, and measuring outcomes.⁷⁴
- Ensure actions are taken to improve patient outcomes.⁶⁹

Area for Action 2.3

Safe care is addressed as a public health concern.

Health service boards can elect to have their organizations participate in accreditation if it's not already mandated in their jurisdiction.

As a board member, you should:

- Mandate accreditation for your organization and professionals.
- Review the accreditation report and monitor actions that arise from it.
- Share accreditation results internally and publicly.
- Establish a process for publicly reporting data on patient harm and other indicators that reflect organizational safety.



Goal 3 Accessible Care

People have timely and equitable access to quality health services.

Area for Action 3.1

Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

Health service boards ensure diverse peoples—including Indigenous, Black, LGBTQ2S+, immigrant, and people from rural and remote communities—receive safe, equitable, and timely care.

As a board member, you should:

- Collect and review population data and consider the needs of diverse peoples in your strategic planning.^{103, 105}
- Identify health services that are monitored for access and review data on wait times to increase access to services.
- Ensure that targets for access to services are measured and publicly reported and that actions are taken to drive improvement.

Area for Action 3.2

Human resources are effectively matched to population needs.

Health service boards develop and implement needs-based human resource allocation strategies.

As a board member, you should:

- Review the results from community health needs assessments for human resource strategic planning.
- Evaluate the impact of human resource allocation decisions on quality, safety, and patient experience.



Goal 4 Appropriate Care

Care is evidence-based and people-centred.

Area for Action 4.1

Health services are planned and delivered based on the needs of the population.

Health service boards encourage health promotion and disease prevention initiatives.

As a board member, you should:

- Review population health outcomes and your organization's action plans for promoting health and preventing disease.⁷⁵
- Participate in education on disease prevention and screening interventions and innovations.^{76, 77}



Goal 5 Integrated Care

Health services are continuous and well-coordinated, promoting smooth transitions.

Area for Action 5.1

Patients experience smooth transitions across health services.

Health service boards ensure infrastructure and accountability for care transitions are in place for coordinated care across health services, particularly from urban to rural and remote settings.

As a board member, you should:

- Review and monitor care transition data and action plans related to improving transitions.⁷⁸
- Allocate resources to support care transitions and improved communication.
- Promote cross-organizational coordination of health services.

Area for Action 5.2

Patient information is available to patients and providers across health services.

Health service boards ensure health teams (including patients and families) have appropriate access to integrated electronic health records.

As a board member, you should:

- Understand the challenges and solutions for electronic health record management and allocate resources for information systems implementation and improvement.
- Advocate for an unfettered electronic health record to connect patients and providers and to give patients direct access to their personal health information.



**The Canadian Quality &
Patient Safety Framework
for Health Services**



Policy Makers Action Guide



As a policy maker, your decisions and actions are what guides the course for implementation. You model the desired policy landscape for all health service organizations. You are responsible for setting priorities, allocating resources, realizing innovations, and initiating improvements for the people you serve.

When you align with other policy makers across Canada and take action towards the national Framework's five goals, you will focus on themes such as evidence-informed decision-making, co-design as well as cultural safety and humility.

Below are actions you can take to work towards the five goals and accelerate patient safety practices and quality improvement—wherever you are in Canada.

The numbers beside your recommended actions correspond to resources, tools, and examples that will directly support you in taking action. *You can find these in the Resource section.*



Goal 1 People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to get the best outcomes.

Area for Action 1.1

Health services are provided with humility in a holistic, dignified, and respectful manner.

You establish policies to ensure patients in the health service system are safe and receive value-added health services.

As a policy maker, you should:

- Develop and maintain health service policies in collaboration with patients, supporting co-design and shared decision-making.⁷⁹
- Define and fund health service programs and initiatives based on population health outcomes.
- Restrict health services that are not medically necessary.

Additionally, you must ensure diverse peoples, including Indigenous, Black, LGBTQ2S+, immigrant, and people from rural and remote communities, receive care that is culturally safe.

As a policy maker, you should:

- Fund and attend anti-racism, cultural safety and humility training.^{80, 99, 105}
- Review health status data to inform health policy decisions.
- Partner with research organizations led by diverse peoples.
- Fund research led by diverse peoples on health status variation.
- Mandate and fund health service programs and system changes for diverse peoples (e.g., making the patient concerns system culturally safe and accessible for Indigenous peoples).

Area for Action 1.2

All aspects of care are co-designed with patients and providers.

You have the power to meaningfully involve and collaborate with patient partners when developing policies.

As a policy maker, you should:

- Co-design health service policies with patient partners for health system planning, delivery, and evaluation.^{69, 72, 98}
- Establish policies for standardized patient-data collection.
- Invite patient partners to participate on committees that allocate resources to health programs and govern regulated health professions.

Area for Action 1.3

Patients and providers have positive health service experiences.

Patient-reported experience and outcome measures are valuable resources to assist you in developing policy.

As a policy maker, you should:

- Determine and standardize the patient experience and outcome measures that are collected.
- Ensure mandatory capture of patient experience and outcome data and use it to monitor health services.
- Use patient experience and outcome data to influence health service policy.^{39, 81, 82}



Goal 2 Safe Care

Health services are safe and free from preventable harm.

Area for Action 2.1

Safety culture is evident across the continuum of health services.

Learning from patient safety requests and incidents is key to improving health service. By reviewing patient safety reports and patient concerns and complaints, we can identify system successes and failures that impact patients. You can improve this process by creating policies that help patients and health teams feel safe to speak up and report, fostering a just culture of learning and improvement.

As a policy maker, you should:

- Standardize and mandate patient safety incident reporting and data collection.
- Ensure data on safety incidents is aggregated and shared publicly.
- Guarantee whistleblower protection for those who report.

When a patient safety incident occurs, both the patient and provider are affected. It's critical to ensure everyone has access to psychological support programs.

As a policy maker, you should:

- Establish health service policy that defines psychologically and physically safe workplace environments.³¹
- Align health service policies with health service professional and occupational health and safety acts.
- Ensure workplace safety policies are founded on evidence-based practices.
- Regulate adherence to the policies.

Area for Action 2.2

Safe and effective care is provided and monitored.

Through policy, you can set the expectation that evidence-based practices will be implemented by health providers and monitored in health service organizations.

As a policy maker, you can:

- Mandate the collection and use of outcome trends and avoidable-death data.
- Require health service organizations to use this data in their improvement plans.⁶⁹
- Mandate that safety competencies are embedded in the professional standards and regulations for health professionals.⁵⁶

Area for Action 2.3

Safe care is addressed as a public health concern.

Using standards built on best practices, the accreditation process involves an independent third-party assessment of health service organizations. By drafting policy to support accreditation, you can ensure health service organizations are held to the highest standard.

As a policy maker, you can:

- Mandate accreditation for health service organizations and health systems in your jurisdiction.

To improve safety in patient care, we must also understand the rate of patient harm.

As a policy maker, you should:

- Ensure transparent reporting of quality and safety indicators.



Goal 3 Accessible Care

People have timely and equitable access to quality health services.

Area for Action 3.1

Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

Everyone deserves equitable and timely access to health services. You have the unique opportunity to outline expectations through policy to ensure diverse peoples – including Indigenous, Black, LGBTQ2S+, immigrant, and people from rural and remote communities – receive safe, equitable, and timely care.

As a policy maker, you should:

- Set targets informed by the people you serve for access to services.⁸³
- Establish policy to improve access to health services.
- Ensure resources are matched to population needs.^{94, 98}
- Measure and track access and publicly report the results.

Area for Action 3.2

Human resources are effectively matched to population needs.

Allocating human resources based on population health needs is an effective way to improve efficiency.

As a policy maker, you should:

- Set expectations for human resource allocation.
- Fund innovation in human resource planning.

Policy that is aligned with evidence-based practices helps health service providers perform to the full scope of their practice.

As a policy maker, you should:

- Confirm the scope of practice for health service professionals and keep it up to date.
- Amend legislation for scope-of-practice changes.
- Fund scope-of-practice research.
- Collaborate with the Ministry of Education and Higher Education to ensure future health needs are a part of workforce training.



Goal 4 Appropriate Care

Care is evidence based and people centred.

Area for Action 4.1

Health services are planned and delivered based on the needs of the population.

Through policy, you can assist in health promotion and disease prevention.

As a policy maker, you should:

- Establish health service policies that mandate health promotion and disease prevention training for all providers.
- Fund health promotion and disease prevention programs.

Area for Action 4.2

Appropriate care is actively promoted and monitored, and unwarranted variations are minimized.

Evidence-based care that reflects patient preferences throughout the patient journey should be at the core of health service policy.

As a policy maker, you should:

- Assess care pathway data to ensure health service providers are adhering to legislation.

Policy makers are accountable for reducing unwarranted variations in care.

As a policy maker, you should:

- Set clear expectations on care variation for health service organizations.
- Ensure data on care variation in health services is captured.
- Review variation-in-care data and direct funding to support improvements in health services and patient care.
- Restrict health services that are not medically necessary.

Area for Action 4.3

Emerging treatments and technologies are systematically evaluated and implemented in health services.

By drafting strong policies, you can ensure new treatments and technologies are evaluated and monitored for safe use.

As a policy maker, you should:

- Mandate the evaluation and monitoring of treatments, technologies, medical devices, and equipment.
- Partner with researchers and stakeholders to assess and fund electronic health record systems and health technology innovations.
- Ensure data on electronic health record use and patient safety incident rates is collected and tracked.
- Use national standards on health data management to establish privacy and security policies for electronic health records.



Goal 5 Integrated Care

Health services are continuous and well coordinated, promoting smooth transitions.

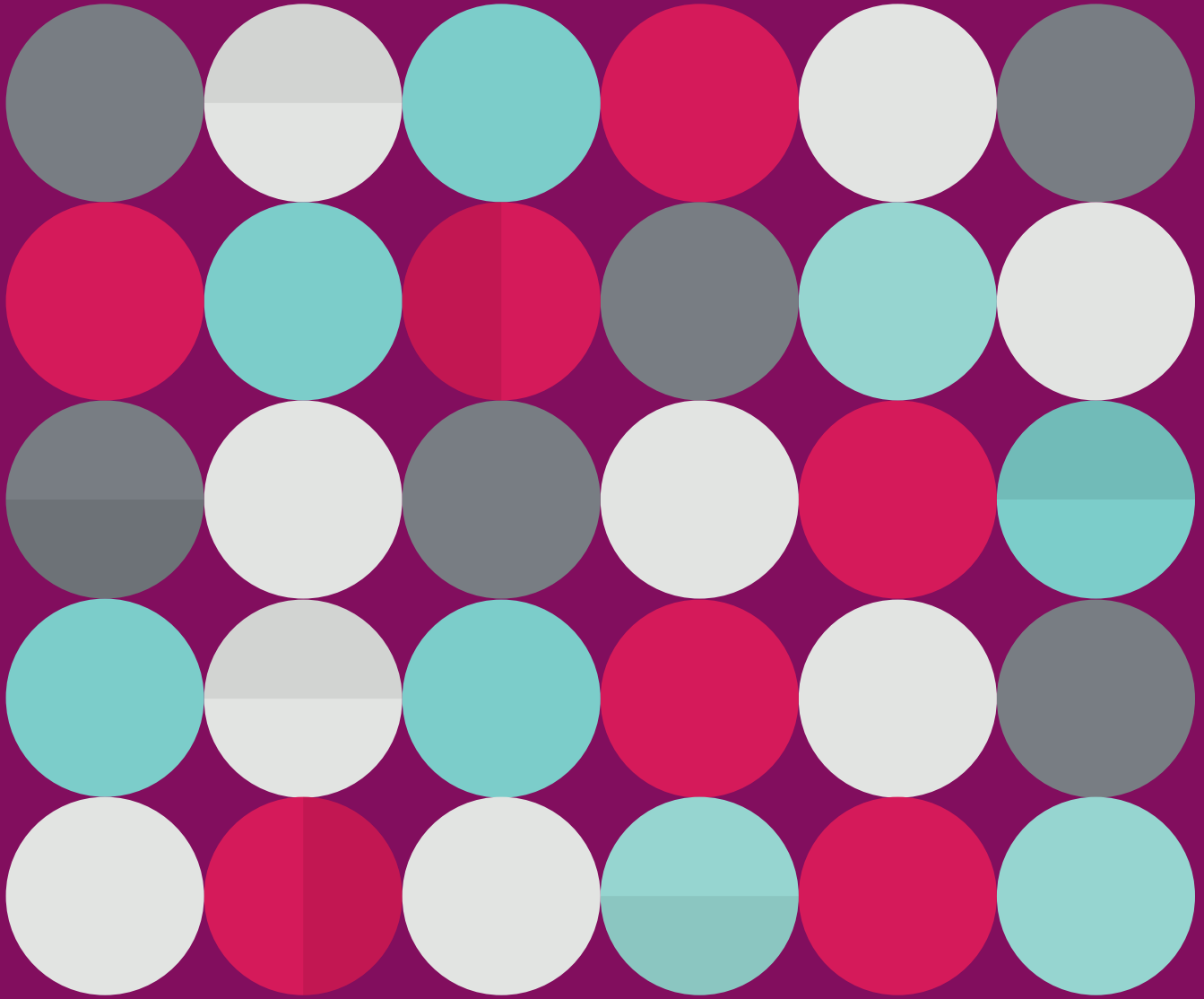
Area for Action 5.2

Patient information is available to patients and providers across health services.

Ensuring everyone on the health team (including the patient and family) can access a patient's health information is a cornerstone of integrated health services. Policy can enable unfettered access to integrated electronic health records.

As a policy maker, you can:

- Ensure patients own their own patient data.
- Set expectations for timely access to electronic health data by providers and patients.
- Work towards a seamless electronic health record that is easy to access and user friendly.
- Establish legislation protecting the individual's right to confidential electronic health records.
- Enable collective health information to be used for improved health services.



How the Framework Aligns with Other Initiatives

Many organizations and leaders are committed to better and safer health services. Apply this Framework Package for a comprehensive Canadian guide toward quality and safe health services. To avoid reinventing the wheel, we carefully aligned the development of the Canadian Quality and Patient Safety Framework with the following organizations and resources:

Agency for Healthcare Research and Quality	<i><u>National Quality Strategy</u></i>
Australian Commission on Safety & Quality in Health Care	<i><u>Australian Safety and Quality Goals for Health Care</u></i>
Canadian Institute for Health Information	<i><u>Health System Performance Frameworks: Aligning Frameworks for Sectors and Organizations to Health Systems</u></i>
Canadian Institute for Health Information	<i><u>A Performance Measurement Framework for the Canadian Health System</u></i>
Canadian Patient Safety Institute	<i><u>Effective Governance for Quality and Patient Safety</u></i>
Canadian Patient Safety Institute	<i><u>Engaging Patients in Patient Safety: A Canadian Guide</u></i>
Canadian Patient Safety Institute	<i><u>Strengthening Commitment for Improvement Together: A Policy Framework for Patient Safety</u></i>
Choosing Wisely Canada	<i><u>Unnecessary Care in Canada</u></i>
Danish Ministry of Health	<i><u>The Danish Healthcare Quality Programme</u></i>
Health Quality & Safety Commission New Zealand	<i><u>From Knowledge to Action: A framework for building quality and safety capability in the New Zealand health system</u></i>
Health Standards Organization and Accreditation Canada	<i><u>All standards, applicable assessment programs, and resources related to integrated care and people-centred care</u></i>
HealthCareCAN	<i><u>Bringing Reconciliation to Health Service in Canada</u></i>
Institute for Healthcare Improvement	<i><u>Framework for Effective Board Governance of Health System Quality</u></i>

How the Framework Aligns with Other Initiatives Continued

Institute for Healthcare Improvement	<u><i>Framework for Safe, Reliable, and Effective Care</i></u>
Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney	<u><i>Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies</i></u>
Mental Health Commission of Canada	<u><i>Changing Directions Changing Lives: The Mental Health Strategy for Canada</i></u>
Mental Health Commission of Canada	<u><i>Measuring Progress: Resources for Developing a Mental Health and Addiction Performance Measurement Framework for Canada</i></u>
Mental Health Commission of Canada and HealthCareCAN	<u><i>Caring for Healthcare: A Toolkit for Psychological Health and Safety in Healthcare Workplaces</i></u>
Ministère de la solidarité et de la santé	<u><i>Programme national sécurité des patients 2013-2017</i></u> (available in French only)
National Health Service	<u><i>2020 Objectives</i></u>
National Health Service Scotland	<u><i>A Route Map to the 2020 Vision for Health and Social Care</i></u>
National Healthcare Group	<u><i>Coded for Quality</i></u>
The Health Foundation	<u><i>The Measurement and Monitoring of Safety Framework</i></u>

Tracking Your Success

The Canadian Quality and Patient Safety Framework package includes key indicators to help you track progress towards improving quality and patient safety. The indicators should help you create appropriate performance measures for each objective. Each indicator – when measured using a national, jurisdictional, or local data source – will offer insight into your success in improving quality and patient safety.

We aimed to create an indicator set that is both comprehensive and practical. Each indicator was selected based on:

Its relevance to the objective.



How comprehensively it reflects the objective.



The existence of data sources that can be used to measure the indicator.



The adaptability of the indicator to various local contexts.



The availability of national data to facilitate interjurisdictional comparisons.

We also aimed to keep the total number of recommended indicators low. In total, the Framework contains 18 indicators across the 13 objectives. In most cases, an objective can be tracked by a single indicator.

The indicators should help you create appropriate performance measures for each objective. Each indicator – when measured using a national, jurisdictional, or local data source – will offer insight into your success in improving quality and patient safety.

The indicators are not required to be measured using a *specific* data source. You should identify data sources for each indicator that are suitable to your context. We have, however, identified example data sources you can use as a guide in developing your own measures, and for cross-jurisdictional comparisons. We encourage you to build measures for indicators with data that best represent your own context and jurisdiction.

As you measure the indicators, we encourage you to look for ways to compare results across various sociodemographic and geographic groups – including under-served populations. These comparisons can help you see whether objectives are being met equitably across these sub-groups. Some of the indicators are worded in a way that encourages these comparisons. You should look for ways to measure equity wherever possible.

Finally, this set of indicators, along with the example data sources, is intended to be a “living document.” Some sectors, such as the Acute Care sector, are better represented by currently available data and – as a result – better represented in our recommended data sources. As newer and better indicators and data sources become available – including those that better represent other sectors – we will work to update these indicators accordingly.



**Goal 1
People-Centred
Care**

Objectives

Example Data Sources

1.1 Health services are provided with humility in a holistic, dignified, and respectful manner.

Indicator: Patients' ratings of the extent to which care was provided with respect

Canadian Patient Experiences Survey, Inpatient Care
Canadian Institute for Health Information

"During this hospital stay, how often did nurses treat you with courtesy and respect?"

"During this hospital stay, how often did doctors treat you with courtesy and respect?"

https://www.cihi.ca/sites/default/files/document/patient_expsurvey_inpatient_en.pdf

1.2 All aspects of care are co-designed with patients and providers.

Indicator: Patient and provider involvement in care planning, governance, and evaluation (e.g., patient advisors)

Canadian Patient Experiences Survey, Inpatient Care
Canadian Institute for Health Information

"Thinking about the last time you were in the hospital, were you involved as much as you wanted to be in decisions about your care and treatment?"

https://www.cihi.ca/sites/default/files/document/patient_expsurvey_inpatient_en.pdf

Commonwealth Fund Survey

"How often does your regular doctor or medical staff involve you as much as you want to be involved in decisions about your care and treatment?"

https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_in_the_literature_2016_nov_1915_osborn_2016_intl_survey_ha_11_16_2016_questionnaire

1.3 Patients and providers have positive health service experiences.

Indicator: Patients' overall ratings of health service experiences

Commonwealth Fund Survey of Adults (2016)

"How would you rate the overall quality of medical care in the country?"

<https://www.cihi.ca/en/commonwealth-fund-survey-2016>

Commonwealth Fund Survey of Seniors (2017)

"Overall, how satisfied are you with the quality of health care you have received during the past 12 months?"

<https://www.commonwealthfund.org/publications/surveys/2017/nov/2017-commonwealth-fund-international-health-policy-survey-older>

Indicator: Providers' overall rating of health service experiences

Employee Worklife Pulse Tool

Accreditation Canada / Health Standards Organization Survey instrument

Healthy Minds at Work

Canadian Centre for Occupational Health and Safety

<https://www.ccohs.ca/healthyminds/>



**Goal 2
Safe Care**

Objectives

Example Data Sources

<p>2.1 Safety culture is evident across the continuum of health services.</p> <p>Indicator: Assessment of organizational efforts to monitor, review, and address patient safety incidents</p>	<p>Canadian Patient Safety Culture Tool Governance Functioning Tool Accreditation Canada / Health Standards Organization</p>
<p>Indicator: Training on quality improvement and patient safety provided at all organizational levels</p>	<p>Canadian Patient Safety Culture Tool Governance Functioning Tool Accreditation Canada / Health Standards Organization</p>
<p>2.2 Safe and effective care is provided and monitored.</p> <p>Indicator: Rate of avoidable deaths (in and outside the hospital setting)</p>	<p>Your Health System Canadian Institute for Health Information “Deaths per 100,000 population that could potentially have been avoided through better treatment and prevention efforts” https://www.cihi.ca/en/your-health-system-insight</p>
<p>Indicator: Rate of patient harm events</p>	<p>Hospital Harm Measure Canadian Institute for Health Information / Canadian Patient Safety Institute https://www.cihi.ca/en/hospital-harm-project</p>
<p>2.3 Safe care is addressed as a public health concern.</p> <p>Indicator: Measures of safety culture, patient harm events and avoidable hospital readmissions are reported publicly</p>	<p>None required – based on compliance with reporting of indicators for Objective 2.2</p>



Goal 3 Accessible Care

Objectives

Example Data Sources

3.1 Care, diagnostics, and services are accessible for all people in an equitable and timely manner.

Indicator: Wait times for locally selected* care, treatments, and procedures, analyzed by socio-demographic variables, geographic variables, and/or deprivation indices

*organizations should select the wait times measures associated with care and treatments most relevant to local priorities

Indicator: Rate of access to primary care provider, analyzed by socio-demographic variables, geographic variables, and/or deprivation indices

3.2 Human resources are effectively matched to population needs.

Indicator: Provider skill mix, given health service guidelines and needs of the population served

Wait Time Measures

Canadian Institute for Health Information

<http://waittimes.cihi.ca/>

Canadian Community Health Survey (2019)

"Do you have a regular care provider? By this, we mean one health professional that you see regularly or talk to when you need care or advice for your health."

https://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&a=1&lang=en&Item_Id=1207185

Locally sourced/developed internal needs assessment



**Goal 4
Appropriate Care**

Objectives

Example Data Sources

<p>4.1 Health services are planned and delivered based on the needs of the population.</p> <p>Indicator: Health services based on needs assessment</p>	<p>Locally sourced/developed</p> <p>Accreditation processes that assess whether needs assessments are completed (i.e. in strategic plan)</p>
<p>4.2 Appropriate care is actively promoted and monitored, and unwarranted variations are minimized.</p> <p>Indicator: Variations in appropriate care, for locally selected interventions, are documented and inform quality improvement processes</p>	<p>Locally applicable interventions (e.g., hand hygiene, inappropriate prescribing) with national data sources where possible</p>
<p>4.3 Emerging treatments and technologies are systematically evaluated and implemented in health services.</p> <p>Indicator: Implementation of health service innovation includes risk management, training, and evaluation to meet patient needs</p>	<p>Locally sourced/developed</p> <p>Accreditation processes that assess governance, training, and risk management programs</p>



Goal 5 Integrated Care

Objectives

Example Data Sources

5.1 Patients experience smooth transitions across health services.

Indicator: Communication between primary care providers and specialists

International Health Policy Survey of Adults in 11 Countries

Commonwealth Fund Survey (2016)

“The specialist did not have basic medical information or test results from your regular doctor about the reason for your visit.”

“After you saw the specialist, your regular doctor did not seem informed and up to date about the care you got from the specialist.”

<https://www.cihi.ca/sites/default/files/document/commonwealth-fund-2016-chartbook-en-web-rev.pptx>

5.2 Patient information is available to patients and providers across health services.

Indicator: Prevalence of electronic communication with patients

International Survey of Primary Care Doctors

Commonwealth Fund Survey (2015)

“Please indicate whether your practice offers patients the option to a) email about a medical question or concern; and b) view online, download, or transmit information from their medical record.”

https://www.commonwealthfund.org/sites/default/files/documents/media_files/surveys_2015_2015_ihp_survey_topline_11_20_15.pdf

Indicator: Prevalence of integrated electronic health records

International Survey of Primary Care Doctors

Commonwealth Fund Survey (2015)

“Do you use electronic patient medical records in your practice (not including billing systems)?”

https://www.commonwealthfund.org/sites/default/files/documents/media_files/surveys_2015_2015_ihp_survey_topline_11_20_15.pdf

Resources

We have compiled a curated list of resources to support you in taking action to improve quality and patient safety. While these resources can be used by any group, your stakeholder group's recommended resources are colour coded in the table below. Each resource is numbered to allow for easy reference between this list and the recommended areas for action.

Methodology

From May to June 2020, the Canadian Patient Safety Institute and Health Standards Organization completed a review of the literature for quality and patient safety tools and resources. We also sought additional resources through an external consultation process.

The resources we selected adhere to the following criteria:



- Practical and action oriented (tools, checklists).
- Canadian focused (with exceptions when appropriate).
- Streamlined and easy to use.
- Balanced representation across Canada.
- Publicly available at no cost.
- Recent and relevant.



Find your stakeholder group










#	Resource	Stakeholder
1	<p>Engaging Patients in Patient Safety – A Canadian Guide Canadian Patient Safety Institute</p> <p>This guide helps people come together to improve patient safety. Valuable topics include engaging patients as partners (chapter 2), partners at the point of care (chapter 3), partners at organizational and system levels (chapter 4), and evaluating patient engagement (chapter 5).</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Pages/default.aspx</p>	
2	<p>Resources and Tips for Patients and Families Manitoba Institute for Patient Safety</p> <p>These resources and tools can help patients and their families take an active role in their own healthcare. They includes ways to help patients and families communicate with their healthcare providers and advocate for themselves.</p> <p>https://mips.ca/pfea_mips_tips.html</p>	
3	<p>Conquer Silence Campaign Canadian Patient Safety Institute</p> <p>The Conquer Silence campaign provides an opportunity for you to share your story to help raise awareness for patient safety.</p> <p>https://conquersilence.ca/</p>	
4	<p>Standards for Public Review Health Standards Organization</p> <p>This resource lists healthcare standards that are currently open for public review before they are published.</p> <p>https://healthstandards.org/public-reviews/</p>	
5	<p>First Nations Health Authority</p> <p>This British Columbia–based health authority is the health and wellness partner to over 200 diverse First Nations communities and citizens. It teaches the challenges Indigenous peoples face in healthcare and the importance of culturally safe practices.</p> <p>https://www.fnha.ca/</p>	

#	Resource	Stakeholder
6	<p>Indigenous Health Government of Canada</p> <p>This resource provides information on Indigenous health services and healthcare issues for Indigenous communities in Canada.</p> <p>https://www.canada.ca/en/indigenous-services-canada/services/first-nations-inuit-health.html</p>	
7	<p>Policy on Indigenous Relations and Reconciliation Canadian Public Health Association</p> <p>This policy outlines goals for reconciliation, including clear principles, roles, and responsibilities with respect to meaningful reconciliation.</p> <p>https://www.cpha.ca/policy-indigenous-relations-and-reconciliation</p>	 
8	<p>The Canadian Patient Engagement Network Canadian Patient Safety Institute</p> <p>The CPEN is a public, open, and safe space where anyone passionate about patient engagement or patient-centred care can learn, help out, and get help. The network welcomes patients, families, patient advisors, healthcare providers, and leaders.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/Canadian-Patient-Engagement-Network/Pages/default.aspx</p>	
9	<p>Getting Involved with Accreditation Accreditation Canada</p> <p>This resource lists ways people can help improve the quality and safety of health and social services through accreditation. Ideas include getting involved in technical committees, becoming a patient surveyor, and providing direct feedback.</p> <p>https://accreditation.ca/patients-families/get-involved/</p>	
10	<p>Organizations Supporting Patient Engagement Canadian Patient Safety Institute</p> <p>This resource lists national and provincial organizations dedicated to patient engagement. The site also includes a list of organizations that have patient engagement strategies.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-Guide/Organizations-Supporting-Patient-Engagement/Pages/default.aspx</p>	

#	Resource	Stakeholder
11	<p>Patients for Patient Safety Canada Canadian Patient Safety Institute</p> <p>This patient-led program of the Canadian Patient Safety Institute is dedicated to improving patient safety. The site includes information on how to become a member, resources for both patients and providers, and current initiatives.</p> <p>https://www.patientsafetyinstitute.ca/en/About/Programs/PPSC/Pages/default.aspx</p>	
12	<p>SHIFT to Safety Canadian Patient Safety Institute</p> <p>SHIFT to Safety promotes a positive, safe healthcare experience for patients, providers, and leaders in healthcare organizations. The program's tools and resources empower everyone to understand how to make safety a priority while navigating the healthcare system.</p> <p>https://www.patientsafetyinstitute.ca/en/About/Programs/shift-to-safety/Pages/default.aspx</p>	
13	<p>How to Report a Medication Incident Canadian Medication Incident Reporting and Prevention System</p> <p>This site allows all people in Canada to report medication safety incidents. Incident reports submitted by consumers and health professionals are used look for ways to prevent harmful errors.</p> <p>https://safemedicationuse.ca/report/</p>	
14	<p>Canadian Patient Safety Week Canadian Patient Safety Institute</p> <p>Canadian Patient Safety Week is an annual national campaign that started in 2005 to inspire extraordinary improvement in quality and patient safety. Canadian Patient Safety Week is relevant to anyone who engages with our healthcare system, including providers, patients, and citizens. Working together, thousands help spread the message about patient safety through a series of events and podcasts.</p> <p>https://www.patientsafetyinstitute.ca/en/events/cpsw/pages/default.aspx</p>	
15	<p>Patient Concern Resolution Process Canadian Patient Safety Institute</p> <p>This resource includes tools, tips, and information on how to address questions and concerns with healthcare services. It includes advice for conversations and a list of provincial and territorial ombudsmen and advocacy bodies.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsresources/patientsandtheirfamilies/pages/default.aspx</p>	

#	Resource	Stakeholder
16	<p>Engaging Government Guide Patients for Patient Safety Canada</p> <p>Currently not online, will be posted by the time this package is published</p>	
17	<p>Hospital Harm Project Canadian Institute for Health Information</p> <p>This partnership project with the Canadian Patient Safety Institute is aimed at answering the question “How often do patients experience harm in the hospital?” The site includes a report and the Hospital Harm Improvement Resource. A simple <i>infographic</i> is also available.</p> <p>https://www.cihi.ca/en/hospital-harm-project</p>	  
18	<p>ACCESS Health Canada Health Infoway</p> <p>Infoway’s ACCESS Health program is uniting industry, health care providers, provinces, territories, and Canadians to redefine where and how Canadians access care. The website includes resources for accessing your personal health information and receiving healthcare services virtually.</p> <p>https://www.infoway-inforoute.ca/en/solutions/access-health/canadians</p>	
19	<p>Shared Decision Making – Decision Aids Inventory London Health Sciences Centre</p> <p>Patient decision aids are tools that help people become involved in decision-making by making explicit the decision that needs to be made, providing information about the options and outcomes, and clarifying personal values. This inventory will help you search for decision aids on various health topics.</p> <p>https://www.lhsc.on.ca/shared-decision-making/decision-aids-inventory</p>	
20	<p>Integration: A New Direction for Canadian Health Care Canadian Nurses Association, Canadian Medical Association, and the Health Action Lobby</p> <p>This report was developed at two workshop summits (2012 – 2013) involving providers and the public, and it establishes the framework for achieving a healthcare vision for Canadians by 2025. The full report provides more information on how to provide people-centred care.</p> <p>https://www.cna-aicc.ca/en/policy-advocacy/policy-support-resources/transformation-to-integrated-care</p>	

#	Resource	Stakeholder
21	<p>How to Practice Person-Centred Care: A Conceptual Framework</p> <p>Maria J. Santana, Kimberly Manalili, Rachel J. Jolley, Sandra Zelinsky, Hude Quan, and Mingshan Lu</p> <p>This article published in the journal Health Expectations discusses the use of a person-centred care model to improve performance in health systems.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5867327/</p>	
22	<p>Resources and Tips for Healthcare Providers</p> <p>Manitoba Institute for Patient Safety</p> <p>This website includes information and resources to help healthcare providers and healthcare organizations work with the public to promote patient safety and the best possible patient outcomes.</p> <p>https://mips.ca/pfea_info_for_healthcare_providers.html</p>	
23	<p>TeamSTEPPS Canada™</p> <p>Canadian Patient Safety Institute</p> <p>TeamSTEPPS is a teamwork system program developed jointly by the Department of Defense and the Agency for Healthcare Research and Quality to improve institutional collaboration and communication relating to patient safety. TeamSTEPPS Canada™ has been adopted and adapted by the Canadian Patient Safety Institute and made available to those in the Canadian healthcare field.</p> <p>https://www.patientsafetyinstitute.ca/en/education/TeamSTEPPS/TeamSTEPPS-Canada-Curriculum/Pages/default.aspx</p>	 
24	<p>Patient Engagement Resource Hub</p> <p>Canadian Foundation for Healthcare Improvement</p> <p>This website provides a vast and functional hub of resources for all actors in the healthcare system to engage patients and the public in meaningful ways.</p> <p>https://www.cfhi-fcass.ca/innovations-tools-resources/patient-engagement-resource-hub</p>	
25	<p>My Speak Up Plan</p> <p>Speak Up Canada</p> <p>Online interactive workbooks with information about advance care planning to guide you through the steps of making your plan, which you can download and share with others.</p> <p>https://www.advancecareplanning.ca/my-plan/</p>	 






#	Resource	Stakeholder
26	<p>What Matters to You? British Columbia Patient Safety and Quality Council</p> <p>This website includes videos, conversation guides, and information for providers on how to have “What matters to you?” conversations every day with the people they support or care for. Because patients are the true experts on their own needs and experiences, asking, listening, and responding to what matters to patients is a key feature of person-and family-centred care.</p> <p>https://bcpsqc.ca/advance-the-patient-voice/what-matters-to-you/</p>	
27	<p>5 Questions to Ask About Your Medications ISMP Canada, Canadian Patient Safety Institute, Patients for Patient Safety Canada, Canadian Pharmacists Association, and Canadian Society for Hospital Pharmacists</p> <p>This resource outlines five key questions to help patients and caregivers start a conversation about medications.</p> <p>https://www.ismp-canada.org/medrec/5questions.htm</p>	 
28	<p>Leading Practices in Cultural Safety HealthCareCAN</p> <p>This web page features numerous large and small organizations that are excelling in cultural safety practices.</p> <p>https://www.healthcarecan.ca/our-work/champion/cultural-safety/</p>	
29	<p>Mutual Learning Model Montreal Children’s Hospital</p> <p>This framework guides communication by using five principles: transparency, curiosity, compassion, accountability, and informed choice.</p> <p>https://www.thechildren.com/patients-families/patient-and-family-centred-care/mutual-learning-model</p>	
30	<p>Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers Health Quality Ontario</p> <p>This guide explains how to engage patients in designing, carrying out, and communicating about their quality improvement initiatives, including how to engage patients in the preparation of their quality improvement plans. Patient advisors may also find the entire guide helpful as an orientation when they join an organization’s quality improvement efforts.</p> <p>http://www.hqontario.ca/portals/0/documents/qi/qip/patient-engagement-guide-1611-en.pdf</p>	


#	Resource	Stakeholder
31	<p>Creating a Safe Space: Psychological Safety of Healthcare Workers</p> <p>Canadian Patient Safety Institute</p> <p>These resources are intended to assist healthcare organizations in creating peer-to-peer support programs to improve the emotional well-being of healthcare workers and allow them to provide the best and safest care to their patients.</p> <p>patientsafetyinstitute.ca/creatingasafespace</p>	
32	<p>Reporting and Learning Systems</p> <p>Canadian Patient Safety Institute</p> <p>These tools help establish a reporting and learning system, including processes to support it and tips for identifying and spreading learning.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/PatientSafetyIncidentManagementToolkit/PatientSafetyManagement/Pages/Reporting-and-Learning-Systems.aspx</p>	
33	<p>Canadian Incident Analysis Framework</p> <p>Canadian Patient Safety Institute, ISMP Canada, and Saskatchewan Ministry of Health</p> <p>The purpose of this framework is to analyze, manage, and learn from patient safety incidents in any healthcare setting.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Pages/incidentanalysis.aspx</p>	
34	<p>Canadian Disclosure Guidelines: Being Open with Patients and Families</p> <p>Canadian Patient Safety Institute</p> <p>These guidelines were developed with a commitment to the patient's right to be informed if they are involved in a patient safety incident. The guidelines promote a clear and consistent approach to disclosure, emphasize the importance of interprofessional teamwork, and support learning from patient safety incidents.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Pages/default.aspx</p>	
35	<p>Just Culture of Safety: How to Report and Participate in Reviews of Patient Safety Incidents</p> <p>Canadian Medical Protective Association</p> <p>This resource provides a brief introduction to the concept of a just culture and how to perform patient safety incident reviews. It includes advice on incident reports, quality improvement reviews, and accountability reviews.</p> <p>https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2010/just-culture-of-safety-how-to-report-and-participate-in-reviews-of-adverse-events</p>	






#	Resource	Stakeholder
<p>36</p>	<p>The Measurement and Monitoring of Safety The Health Foundation</p> <p>This resource lists five dimensions that organizations, units, and individuals—including leaders, providers, patients, and families—can use to understand, guide, and improve patient safety. It is also available via the <i>Canadian Patient Safety Institute</i>.</p> <p>https://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety</p>	
<p>37</p>	<p>Learning from Adverse Events: Fostering a Just Culture of Safety in Canadian Hospitals and Healthcare Institutions Canadian Medical Protective Association</p> <p>The booklet describes the requirements and processes for reporting adverse events and close calls and the best approach for reviewing these events.</p> <p>https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2009/learning-from-adverse-events-fostering-a-just-culture-of-safety-in-canadian-hospitals-and-health-care-institutions</p>	
<p>38</p>	<p>Waiting Your Turn: Wait Times for Health Care in Canada Fraser Institute</p> <p>This annual report on wait times in Canada includes survey projections for different geographical locations and healthcare specialities.</p> <p>https://www.fraserinstitute.org/categories/health-care-wait-times</p>	
<p>39</p>	<p>Patient Experience Survey Canadian Institute for Health Information</p> <p>The <i>Canadian Patient Experiences Survey on Inpatient Care</i> is a standardized survey that patients use to provide feedback about the quality of care they received during their most recent stay in a Canadian acute-care hospital. This tool helps hospitals to assess patients' care experiences and support improvements in the quality of care.</p> <p>https://www.cihi.ca/en/patient-experience</p>	
<p>40</p>	<p>Intensive Care: A Guide for You and Your Family My Health Alberta</p> <p>This resource provides a description of the different healthcare workers that a patient and their family may encounter while the patient is in intensive care.</p> <p>https://myhealth.alberta.ca/icu-a-guide/in-the-icu-information-for-patients-your-healthcare-team</p>	







#	Resource	Stakeholder
<p>41</p>	<p>Canadian Community Health Survey Government of Canada</p> <p>This survey provides population-level information on health determinants, health status, and health system utilization.</p> <p>https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs.html</p>	
<p>42</p>	<p>Healthcare 101: Co-Designed with Albertans, for Albertans Government of Alberta</p> <p>The Government of Alberta has developed coursework to help citizens navigate the healthcare system. It covers the basics of the healthcare system, advocating for yourself, and understanding your rights as a patient.</p> <p>https://myhealth.alberta.ca/HC101</p>	
<p>43</p>	<p>(In)Visible Minorities in Canadian Health Data and Research Mushira Khan, Karen Kobayashi, Sharon M. Lee, and Zoua Vang</p> <p>This paper confirms the major gap in health data and research on visible minorities in Canada and explores which populations are most impacted.</p> <p>https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1013&context=pclc</p>	
<p>44</p>	<p>Educational Support for Mandatory Reporting of Serious Education to Support Serious Adverse Drug Reactions and Medical Device Incidents by Hospitals Health Canada, Canadian Patient Safety Institute, Institute for Safe Medication Practices Canada, and Health Standards Organization</p> <p>These four education modules contain core content intended for use by hospitals, healthcare professionals, patients and their families, and educators to explain, describe, and promote the reporting of serious adverse drug reactions and medical device incidents.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx</p>	
<p>45</p>	<p>Canadian Medication Incident Reporting and Prevention System Institute for Safe Medication Practices Canada</p> <p>This national system for medication incident reporting coordinates the capture, analysis, and dissemination of information on medication incidents.</p> <p>https://www.cmirps-scdpim.ca/?lang=en</p>	

#	Resource	Stakeholder
<p>46</p>	<p>Report a Side Effect Government of Canada</p> <p>On this website, citizens can report side effects from drugs, medical devices, vaccines, natural health products, cannabis, and veterinary drugs.</p> <p>https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting.html</p>	
<p>47</p>	<p>Care Transitions Clinical Guide Registered Nurses' Association of Ontario</p> <p>This guideline is designed to apply to all domains of nursing practice—including clinical, administration, and education—and assist nurses to become more comfortable, confident, and competent when caring for patients undergoing care transitions.</p> <p>https://rnao.ca/bpg/guidelines/care-transitions</p>	
<p>48</p>	<p>High-Quality Care Transitions: A Guide to Improving Continuity of Care Saskatchewan Health Quality Council</p> <p>This guide is for people who want to improve care transitions for the people they serve but are not sure of the evidence, don't know where to start, or need some inspirations for improvements.</p> <p>https://hqc.sk.ca/Portals/0/adam/Content/RRIOa-V4NEala7ZUys_GZQ/Link/High%20Quality%20Care%20Transitions%20Guide.pdf</p>	
<p>49</p>	<p>bestPATH Transitions of Care Health Quality Ontario</p> <p>bestPATH is a broad, multi-year initiative aimed at improving health outcomes, the experience of care, and system effectiveness for Ontarians with complex chronic illness by delivering Person-centred, Appropriate, Timely Healthcare. bestPATH helps ensure more accessible and coordinated care delivery through planning and information sharing across health sectors and the consistent application of effective practices.</p> <p>http://www.hqontario.ca/Portals/0/documents/qi/health-links/bp-improve-package-transitions-en.pdf</p>	
<p>50</p>	<p>Family Caregiver Activation in Transitions® Tool The Care Transitions Program</p> <p>The FCAT tool was developed to foster more productive interactions between health care professionals and family caregivers. Because it was developed with direct input from family caregivers, the items are both relevant to actual experience and easy to understand.</p> <p>https://caretransitions.org/all-tools-and-resources/</p>	

#	Resource	Stakeholder
51	<p>Foundational Programs</p> <p>Canada Health Infoway</p> <p>This web page provides information on numerous ways of electronically sharing health information.</p> <p>https://infoway-inforoute.ca/en/what-we-do/progress-in-canada/foundational-programs</p>	
52	<p>Virtual Care Toolkit</p> <p>Health Standards Organization and Accreditation Canada</p> <p>This document reflects actionable criteria found in the HSO83001 Virtual Health Standard and is meant to support virtual care encounters during the COVID-19 pandemic.</p> <p>https://covid19.healthstandards.org/resource/virtual-health-toolkit</p>	
53	<p>Patient Safety Culture “Bundle” for CEOs and Senior Leaders</p> <p>Canadian Patient Safety Institute</p> <p>The “Bundle” encompasses key concepts of safety science, implementation science, just culture, psychological safety, staff safety and health, patient and family engagement, disruptive behaviour, high reliability and resilience, patient safety measurement, frontline leadership, physician leadership, staff engagement, teamwork and communication, and industry-wide standardization and alignment.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Safety-Culture-Bundle/Pages/default.aspx</p>	
54	<p>Culture Change Toolbox</p> <p>British Columbia Patient Safety and Quality Council</p> <p>This collection of tools and interventions for changing culture is full of ideas, examples, and exercises. For each tool, there are tips on how to apply it and a description of which components of culture it helps to improve.</p> <p>https://bcpsqc.ca/resource/culture-change-toolbox/</p>	
55	<p>Patient Safety in Primary Care</p> <p>BC Patient Safety and Quality Council and Canadian Patient Safety Institute</p> <p>This report includes suggestions and opportunities to create momentum in both leadership and delivery roles to strengthen the infrastructures and supports necessary for a greater focus on patient safety in primary care.</p> <p>https://bcpsqc.ca/wp-content/uploads/2018/03/Primary_Care_2010_english_FINAL.pdf</p>	

#	Resource	Stakeholder
56	<p>The Safety Competency Framework Canadian Patient Safety Institute</p> <p>This valuable framework includes 20 key competencies, 140 enabling competencies, 37 knowledge elements, 34 practical skills, and 23 essential attitudes that can lead to safer patient care and quality improvement.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/safetyCompetencies/Pages/default.aspx</p>	
57	<p>Global Patient Safety Alerts Canadian Patient Safety Institute</p> <p>On this website, you will find alerts, advisories, and recommendations from patient safety, quality, and healthcare organizations from around the world.</p> <p>https://www.patientsafetyinstitute.ca/en/NewsAlerts/Alerts/Pages/default.aspx</p>	
58	<p>Patient Safety and Incident Management Toolkit Canadian Patient Safety Institute</p> <p>The toolkit focuses on patient safety and incident management, touching on ideas and resources for exploring the broader aspects of quality improvement and risk management.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/PatientSafetyIncidentManagementToolkit/Pages/default.aspx</p>	
59	<p>Hospital Standardized Mortality Ratio Canadian Institute for Health Information</p> <p>The HSMR is an important measure in improving patient safety and quality of care in Canadian hospitals. The ratio provides a starting point for assessing mortality rates and identifying areas for improvement with the aim of reducing hospital deaths.</p> <p>https://www.cihi.ca/en/hospital-standardized-mortality-ratio-hsmr</p>	 
60	<p>Effective Governance for Quality and Patient Safety: A Toolkit for Healthcare Board Members and Senior Leaders Canadian Patient Safety Institute</p> <p>This toolkit teaches healthcare board members, senior executives, and physician leaders across Canada about the tools available to support organizational efforts to improve quality and patient safety.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/GovernancePatientSafety/Pages/default.aspx</p>	 


#	Resource	Stakeholder
<p>61</p>	<p>Advancing Health Equity to Improve Health: The Time is Now B. Jackson and P. Huston</p> <p>The objective of this commentary is to review some key milestones in domestic and global health equity work, highlight recent advances and recommended actions in Canada, and assert that new evidence on inequalities and interventions can create promising opportunities for collaborative action across sectors to address health equity and improve health.</p> <p>https://doi.org/10.14745/ccdr.v42is1a01</p>	
<p>62</p>	<p>What Are Social Determinants of Health? Canadian Public Health Association</p> <p>This resource identifies the impact that social determinants of health have on various populations.</p> <p>https://www.cpha.ca/what-are-social-determinants-health</p>	
<p>63</p>	<p>Recommendations and Resources, by Specialty Choosing Wisely</p> <p>Developed by professional societies representing different clinical specialties in Canada, these recommendations identify tests and treatments commonly used in each specialty that are not supported by evidence and could expose patients to harm.</p> <p>https://choosingwiselycanada.org/recommendations/</p>	
<p>64</p>	<p>Canadian Framework for Teamwork and Communication Canadian Patient Safety Institute</p> <p>This framework was developed to help healthcare providers and organizations integrate teamwork and communication tools and resources into practice.</p> <p>https://era.library.ualberta.ca/items/817cd766-cadc-482c-a667-55c07d68defa</p>	
<p>65</p>	<p>Patient and Family Stories Canadian Patient Safety Institute</p> <p>This resource relays powerful, first-hand experiences of harm in the healthcare system.</p> <p>https://www.patientsafetyinstitute.ca/en/Events/cpsw/Pages/PatientStories.aspx</p>	















#	Resource	Stakeholder
66	<p>First Nations Health Managers Association</p> <p>This national professional association serves the needs of individuals working for or aspiring to positions with First Nations organizations. The association provides training, certification, and professional development opportunities in health management.</p> <p>https://fnhma.ca/about-us/</p>	
67	<p>Thunderbird Partnership Foundation</p> <p>This non-profit Indigenous organization is committed to working with First Nations to further the capacity of communities to address substance use and addiction.</p> <p>https://thunderbirdpf.org/about-tpf/</p>	
68	<p>Multicultural Mental Health Resource Centre</p> <p>This resource provides clinical, policy, and training tools to support culturally safe and competent mental health care for Canada's diverse population.</p> <p>http://www.multiculturalmentalhealth.ca/en/training/cultural-competence</p>	
69	<p>A Guide to Developing and Assessing a Quality Plan for Healthcare Organizations</p> <p>The Collaborative for Excellence in Healthcare Quality</p> <p>This practical guide is useful for all types of healthcare organizations seeking to develop effective quality plans and reporting mechanisms.</p> <p>https://www.longwoods.com/articles/images/Guide-Developing-and-Assessing-a-Quality-Plan.pdf</p>	 
70	<p>What Is Patient Experience?</p> <p>Agency for Healthcare Research and Quality</p> <p>This resource explains the importance of patient experience, how it is measured, and how it relates to other quality measures.</p> <p>https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html</p>	






#	Resource	Stakeholder
71	<p>Measuring Patient Experience in Ontario Health Quality Ontario</p> <p>This provincial, multi-sectorial strategy is aimed at improving the measurement of patient experience across the health system.</p> <p>https://www.hqontario.ca/System-Performance/Measuring-System-Performance/Measuring-Patient-Experience</p>	
72	<p>Strengthening Commitment for Improvement Together: A Policy Framework for Patient Safety Canadian Patient Safety Institute</p> <p>This framework seeks to stimulate conversation and action on the following policy levers: legislation, regulations, standards, organizational policies, and public engagement.</p> <p>https://www.patientsafetyinstitute.ca/en/toolsResources/PolicyFrameworkforPatientSafetyCanada/Pages/default.aspx</p>	 
73	<p>Quality Improvement Plans Health Quality Ontario</p> <p>This website provides guidance, training, and examples to help users develop quality improvement plans.</p> <p>https://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans</p>	
74	<p>Patient Safety Education Program Canadian Patient Safety Institute</p> <p>The “Become a Patient Safety Trainer” course focuses on how to teach and implement patient safety initiatives, with an emphasis on an interprofessional team approach and peer-to-peer education.</p> <p>https://www.patientsafetyinstitute.ca/en/education/PatientSafetyEducationProgram/PatientSafetyEducationCurriculum/Pages/default.aspx</p>	
75	<p>McMaster Health Forum Find Evidence McMaster University</p> <p>This website will help you find research evidence about pressing issues in healthcare.</p> <p>https://www.mcmasterforum.org/find-evidence/overview</p>	



#	Resource	Stakeholder
76	<p>Canadian Task Force on Preventative Health Care</p> <p>This task force develops clinical practice guidelines that support primary care providers in delivering preventive healthcare. Guideline development is based on systematic analyses of scientific evidence with input from patients and the public, healthcare practitioners, knowledgeable specialists, health professional associations, health charities, academic institutions, and guideline producers in other countries.</p> <p>https://canadiantaskforce.ca/</p>	
77	<p>Disease Prevention and Control Guidelines</p> <p>Public Health Agency of Canada</p> <p>These guidelines are published to support Canada's disease prevention and control efforts.</p> <p>https://www.canada.ca/en/public-health/services/reports-publications/disease-prevention-control-guidelines.html</p>	
78	<p>Integration and Continuity of Care</p> <p>Canadian Institute for Health Information</p> <p>This resource includes key reports and analyses on the different components of the healthcare system and how well and how often patients transition between various services.</p> <p>https://www.cihi.ca/en/integration-and-continuity-of-care</p>	
79	<p>Building Meaningful Patient and Public Engagement</p> <p>Manitoba's Strategy for Patient-Oriented Research SUPPORT Unit</p> <p>This organization champions a local culture of patient and public engagement, listens to the voices traditionally less heard in health research, and supports initiatives that strive to improve the health system to better meet the evolving needs of Manitobans.</p> <p>https://www.chimb.ca/patient-engagement</p>	
80	<p>Indigenous Cultural Safety Training</p> <p>San'yas</p> <p>This unique online training program is designed to enhance self-awareness and strengthen the skills of those who work both directly and indirectly with Indigenous peoples.</p> <p>http://www.sanyas.ca/training</p>	

#	Resource	Stakeholder
81	<p>Patient-Centred Measurement and Reporting in Canada Canadian Institute for Health Information</p> <p>This resource identifies where opportunities exist for both patient-reported experience measures and patient-reported outcome measures across Canada. It also highlights opportunities for interjurisdictional alignment, quick wins, and addressing gaps.</p> <p>https://www.cihi.ca/sites/default/files/document/visioning-day-paper-en-web.pdf</p>	
82	<p>Patient Experience in Canadian Hospitals Canadian Institute for Health Information</p> <p>This report offers a first look at results from the Canadian Patient Experiences Survey on Inpatient Care from five participating provinces on how people feel information was communicated and shared at different stages throughout their hospital stay.</p> <p>https://www.cihi.ca/en/patient-experience/patient-experience-in-canadian-hospitals</p>	
83	<p>Benchmarks for Treatment and Wait Time Trending Across Canada Canadian Institute for Health Information</p> <p>This website provides jurisdictional data on wait times based on procedure.</p> <p>http://waittimes.cihi.ca/</p>	
84	<p>Social Determinants of Health World Health Organization</p> <p>Social determinants of health are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. The Social Determinants of Health Network supports action on forces and systems such as economic policies and systems, development agendas, social norms, social policies, and political systems.</p> <p>https://www.who.int/social_determinants/en/</p>	
85	<p>National Collaborating Centre for Determinants of Health</p> <p>This website hosts a wealth of resources on health equity, social determinants, and public health policy and practice.</p> <p>http://nccdh.ca/resources/nccdh</p>	

#	Resource	Stakeholder
86	<p>Saskatchewan Population Health Evaluation Research Unit</p> <p>This bi-university health research unit is based at the Universities of Regina and Saskatchewan. Since 1999, SPHERU has established itself as a leader in cutting-edge population health research that looks not only at the what and the why of health inequities, but also at how to address these issues and take action.</p> <p>https://spheru.ca/</p>	
87	<p>Leading Practices Library Health Standards Organization</p> <p>The Leading Practices Library is a knowledge-sharing resource for innovative practices that have been identified through a rigorous evaluation process. Its resources are appropriate for the public, policy makers, and organizations that are seeking ways to improve the quality of health services for all.</p> <p>https://healthstandards.org/leading-practices/</p>	
88	<p>COVID-19 Resources Accreditation Canada / Health Standards Organization</p> <p>This resource includes toolkits, webinars, leading practices, and open-access standards designed to support healthcare and social service workers as they implement measures to prevent and contain the spread of COVID-19.</p> <p>https://covid19.healthstandards.org/</p>	
89	<p>21 Questions: Guidance for Healthcare Boards on What They Should Ask Senior Leaders about Risk HIROC</p> <p>Drawing on strong ethical and evidence-based principles, HIROC, in collaboration with subscribers, has developed guiding questions to help boards of healthcare organizations carry out a critical governance function—the oversight of key organizational risks.</p> <p>https://www.hiroc.com/system/files/resource/files/2018-10/21-Questions.pdf</p>	
90	<p>Cultural Safety and Humility: Key Drivers and Ideas for Change First Nations Health Authority</p> <p>This document supports health service staff and allies in achieving the goal of culturally safe health services for First Nations and Indigenous peoples in BC.</p> <p>https://www.fnha.ca/Documents/FNHA-Cultural-Safety-and-Humility-Key-Drivers-and-Ideas-for-Change.pdf</p>	

#	Resource	Stakeholder
91	<p>Family Presence Conversations Canadian Foundation for Healthcare Improvement</p> <p>Tips for patient, family, advisor, and citizen conversations with healthcare partners.</p> <p>https://www.cfhi-fcass.ca/docs/default-source/itr/pe-hub/better-together-family-presence-conversations.pdf</p>	
92	<p>Supporting Patients First, an Ontario Health Equity and Black Health Strategy Black Health Alliance</p> <p>A response to the Ontario Ministry of Health and Long-Term Care discussion paper.</p> <p>https://blackhealthalliance.ca/resources/knowledge-hub/</p>	 
93	<p>Evidence-based Clinical Guidelines for Immigrants and Refugees Pottie et. al., Canadian Medical Journal</p> <p>https://www.cmaj.ca/content/183/12/E824/tab-related-content</p>	 
94	<p>Black Experiences in Health Care 2020 Report Black Health Alliance</p> <p>Brings attention to the disproportionately poor health outcomes facing Black populations in Ontario, and the importance of collecting race-and ethnicity-based health data.</p> <p>https://blackhealthalliance.ca/resources/knowledge-hub/</p>	    
95	<p>My guide to caring for trans and gender-diverse clients Trans Primary Care</p> <p>Guides providers on Trans health issues and includes terminology, guidelines, and protocols.</p> <p>https://www.rainbowhealthontario.ca/TransHealthGuide/</p>	 
96	<p>Providing Services for LGBT2SQ Seniors Devan Nambiar</p> <p>A guide for creating an affirming and welcoming environment for LGBT2SQ seniors.</p> <p>https://sagelink.ca/LGBT2SQ-june-2020-blog</p>	 

#	Resource	Stakeholder
<p>97</p>	<p>Trans and Non-Binary Children and Youth in Ontario: A Roadmap For Improving Services and Support Sherbourne Health and Rainbow Health Ontario</p> <p>Reviews the current literature on trans and non-binary children and youth and share their perspectives, along with those of their caregivers, on their health and social needs.</p> <p>https://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/Trans-NB-ChildrenYouth-2019-RHO-final-2.pdf</p>	
<p>98</p>	<p>System Performance Web App Canadian Partnership Against Cancer</p> <p>Access cancer system performance data to see how your jurisdiction compares to others and to identify gaps in care.</p> <p>https://www.partnershipagainstcancer.ca/tools/system-performance-web-app/</p>	
<p>99</p>	<p>British Columbia Health Quality Matrix British Columbia Patient Safety and Quality Council</p> <p>The BC Health Quality Matrix provides a common language and understanding about quality for all those who engage with, deliver, support, manage and govern health and wellness services.</p> <p>https://bcpsqc.ca/resource/bc-health-quality-matrix/</p>	
<p>100</p>	<p>Words Matter British Columbia Public Service Agency</p> <p>Guidelines on using inclusive language in the workplace.</p> <p>https://www2.gov.bc.ca/assets/gov/careers/all-employees/working-with-others/words-matter.pdf</p>	
<p>101</p>	<p>Indigenous Health is a Priority for the Royal College Royal College of Physicians and Surgeons of Canada</p> <p>Calls to action to focus on the education of health care providers to deliver culturally safe care.</p> <p>http://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e</p>	

#	Resource	Stakeholder
102	<p>Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace</p> <p>Canadian Standards Association</p> <p>This handbook has been designed to help users understand where to start and how to move their organization through the initial planning stages to full implementation of the Standard.</p> <p>https://store.csagroup.org/ccrz/ProductDetails?viewState=DetailView&cartID=&sku=SPE%20Z1003%20IMPLEMENTATION%20HB&isCSRFlow=true&portalUser=&store=&cclcl=en_US</p>	
103	<p>Certain Circumstances Issues in Equity and Responsiveness in Access to Health Care in Canada</p> <p>Health Canada</p> <p>A collection of papers and reports prepared for Health Canada.</p> <p>https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-accessibility/certain-circumstances-issues-equity-responsiveness.html</p>	
104	<p>Diversity, Inclusion, and Equity</p> <p>Board Source</p> <p>Guiding principles to support boards in creating an organization that prioritizes, supports, and invests in diversity, inclusion, and equity.</p> <p>https://boardsource.org/research-critical-issues/diversity-equity-inclusion/</p>	
105	<p>Building a Foundation for Change: Canada's Anti-Racism Strategy 2019–2022</p> <p>Government of Canada</p> <p>A strategy guided by a vision of Canada where all Canadians benefit from equitable access to and participation in the economic, cultural, social, and political spheres.</p> <p>https://www.canada.ca/en/canadian-heritage/campaigns/anti-racism-engagement/anti-racism-strategy.html</p>	

Glossary

This Glossary defines and describes the terms used in the Canadian Quality and Patient Safety Framework Package. We encourage you to adapt the Framework Package to your jurisdictional, organizational, and cultural context – when appropriate, use your preferred or commonly used terms.

CO-DESIGN: A process that involves collaboration among all people involved in a given service, care process, or experience, including patients, to identify gaps, plan and create solutions to improve these services, care processes and experiences. Co-design recognizes that combining the expertise of patients through lived experience, with the professional expertise of frontline staff and providers, from project inception to delivery, leads to better results.

COLLABORATION: A recognized relationship among different organizations, sectors, or groups, which has been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the organization or public health sector acting alone. Collaboration in this sense is meant to encompass the full spectrum of collaboration, from coordinating services (sharing information), to integrating services which entails shared delivery of services and shared accountability of outcomes.

CONTINUUM OF HEALTH SERVICES: All points along the trajectory of the care provided to a patient, including admission, assessment, treatment, end-of-life, and discharge and/or transfer of care. The continuum of care also covers health promotion and prevention; screening; triage; community-based primary health and wellness; continuing care (home and residential care); service planning; data collection; provincial and territorial planning, monitoring, and evaluation; quality improvement; and contracted services in addition to staff.

CULTURAL SAFETY: Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health system.⁵ Cultural safety enables and promotes patient safety for all, including Indigenous peoples (including First Nations, Inuit and Métis), black people, LGBTQ2S+ (including Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Two-Spirit) members, immigrants, members from a visible minority, and many more diverse peoples. Cultural safety is defined by each individuals' health service experience.⁶

CULTURAL HUMILITY: Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.⁷

ELECTRONIC HEALTH RECORD (EHR): An aggregate, computerized record of a patient's health information that is created and gathered cumulatively from all of the patient's healthcare providers. Information from multiple Electronic Medical Records is consolidated into the EHR.

EVIDENCE-BASED DESIGN: A design process that uses research and evidence about the built environment to inform decision making, with the intent of improving outcomes through purposeful design decisions.

FAMILY: Person or persons who are related to a patient in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the patient's support network. Family includes a patient's extended family, partners, friends, advocates, guardians, and other individuals. The patient defines the makeup of their family and has the right to include or not include family members in their care and redefine the makeup of their family over time.

GOVERNANCE: The system by which authority, decision-making ability, and accountability is exercised in an organization.

HEALTH ORGANIZATION: Comprises all sites/locations under the governance of, and accountable to, the governing body/owner(s). The organization may be an addictions treatment centre, a health services centre, or a regional health authority.

⁵ <https://bcpsqc.ca/improve-culture/cultural-safety-and-humility/#:~:text=Cultural%20safety%20is%20defined%20as,inherent%20in%20the%20health%20system.%E2%80%9D>

⁶ <https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/indigenous-cultural-competency-primer-e.pdf>

⁷ <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

INDICATOR: A single, standardized measure, expressed in quantitative terms, that captures a key dimension of individual or population health, or health service performance. An indicator may measure available resources, an aspect of a process, or a health or service outcome. Indicators need to have a definition, inclusion and exclusion criteria, and a time period. Indicators are typically expressed as a proportion, which has a numerator and denominator (e.g., percentage of injuries from falls, compliance with standard procedures, team satisfaction). Counts, which do not have a denominator, may also be used (e.g., number of complaints, number of patients harmed as a result of a preventable error, number of policies revised). Tracking indicator data over time identifies successful practices or areas requiring improvement; indicator data is used to inform the development of quality improvement activities. Types of indicators include structure measures, process measures, outcome measures, and balancing measures.

INDIGENOUS PEOPLES: Original inhabitants of Canada including First Nations, Inuit and Métis people (section 35(2) of the Constitution Act, 1982).

LGBTQ2S+: LGBTQ2S+ is only one of the acronyms used to describe the diverse communities of people who do not identify as heterosexual and/or cisgender.⁸

Lesbian: a woman-identified person who is physically and emotionally attracted to other females.

Gay: a man-identified person who is physically and emotionally attracted to other males. Gay is also used as a broad term to describe people attracted to someone of the same gender.

Bisexual/Bi: a person who is physically and emotionally attracted to people of more than one gender and who identifies as bisexual (bi).

Transgender/Trans: transgender (trans) is a term used by people who identify with a gender that is different from the gender they were assigned at birth. People whose gender identity falls outside of the gender binary (the idea that there are only two genders—male and female) may also call themselves trans. Since trans is a word used to describe identity, a person has to identify with the term (believe it's the best way to describe themselves) for it to be applicable. No one else can decide a person is or isn't trans. Other terms to describe gender identity that may be preferred by some people include genderqueer, gender fluid and androgynous.

Trans is not a sexual orientation—it's a gender identity. "T" (for transgender/trans) is grouped with the sexual orientations in LGBTQ2S+ for many reasons, including shared civil and human rights activism and similar experiences of discrimination.

Queer: queer is a broad term that includes all sexual orientations and gender identities within the LGBTQ2S+ community, including those who don't identify with any other identity in LGBTQ2S+. The term queer can be both positive and negative. Historically, queer was used as an insult, but it has been reclaimed by the LGBTQ2S+ community to self-identify in a positive way.

Questioning: some people may feel unsure about their sexual orientation and/or gender identity. They may describe themselves as questioning. They may be questioning until they identify with a particular identity or continue to be questioning throughout their lives.

Two-Spirit (2 Spirit or 2S): a person with both a feminine and a masculine spirit living in the same body. It's an important term within some Indigenous cultures and some Indigenous people use it to describe their sexual orientation, gender identity and/or spiritual identity.

PATIENT: Individuals who participate in, and benefit from health systems and services, as co-producers of health. Depending on the health setting or context, patient may be referred to as client or resident or community member. Individuals could include carers and families when desired by the patient. When the organization does not provide services directly to individuals, patient refers to the community or population that is served by the organization.

⁸ <https://kidshelpline.ca/get-info/lgbtq2s-what-does-it-mean>

PATIENT ADVISOR OR PATIENT PARTNER: Patient advisors work with the organization and often individual care teams. They may be involved in planning and service design, recruitment, and orientation, working with patients directly, and gathering feedback from patients and team members. Partnering with patients enables the organization to advance a people-centred care approach.

PATIENT ENGAGEMENT: Patient engagement is the involvement of patients in decision-making and active participation in a range of activities (e.g. planning, evaluation, care, research, training, and recruitment). Patients are valued as “lived experience experts” and are encouraged to work in collaboration with, and as equal partners to, professionals (Tambuyzer, Pieters & Van Audenhove, 2017).

PATIENT SAFETY INCIDENT: An event or circumstance that could have resulted, or did result, in unnecessary harm to a patient. Types of patient safety incidents are:

- Harmful incident: A patient safety incident that resulted in harm to the patient. Replaces adverse event and sentinel event.
- No harm incident: A patient safety incident that reached a patient but no discernible harm resulted.
- Near miss: A patient safety incident that did not reach the patient.

PEOPLE-CENTRED CARE: an approach to care that is designed to adopt individuals’, caregivers’, families’ and communities’ perspectives as participants in, and beneficiaries of, health systems that are organized around the comprehensive needs of people (World Health Organization, 2015).

POLICY: A document outlining an organization’s plan or course of action.

POPULATION: Used to define a specific group of people, often living in a defined geographical area who may share common characteristics, such as culture, values, and norms. This group may exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them. Used interchangeably with the term community.

STAKEHOLDER: A person with an interest in or concern for the organization and its services. Stakeholders may be internal (e.g., staff) or external (e.g., community members).

TEAM/TEAM MEMBERS: All individuals working, volunteering, or learning together within the organization to meet the needs of patients, families, and the community, including leaders, management, staff, patients, social and healthcare professionals who hold privileges, contracted providers, volunteers, and students. As partners in care, patients are recognized and treated as members of the team, who share in decision making and accountability. The specific composition of a team depends on the type(s) of service(s) provided and/or activity performed.

The People Who Made it Happen

Hundreds of people helped make the Framework what it is today. Thank you to those who shared their stories, knowledge, and passion to help bring this Framework to life through advisory committee meetings, working groups, focus groups, and one-on-one conversations.

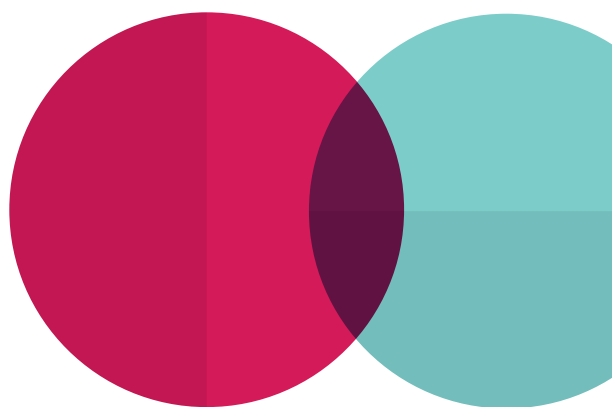
Canadian Quality and Patient Safety Advisory Committee

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Chris	Power	Canadian Patient Safety Institute	Chief Executive Officer
Leslee	Thompson	Health Standards Organization and Accreditation Canada	Chief Executive Officer
Francois	de Wet	Government of Nunavut Department of Health	Chief of Staff
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Allison	Kooijman	British Columbia	Patient Partner
Angie	Hamson	Health Standards Organization	Patient Partner
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We acknowledge the complexity of creating a truly inclusive Framework Package based on principles of equity and diversity. Further outreach, engagement and relationship building is needed moving forward to ensure the goals align with the needs of diverse peoples, including First Nations, Inuit and Métis, Black people, LGBTQ2S+ members, immigrants, members from a visible minority. Help us create a truly inclusive Framework by sharing your stories, challenges, and recommendations!

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Indigenous Services Canada

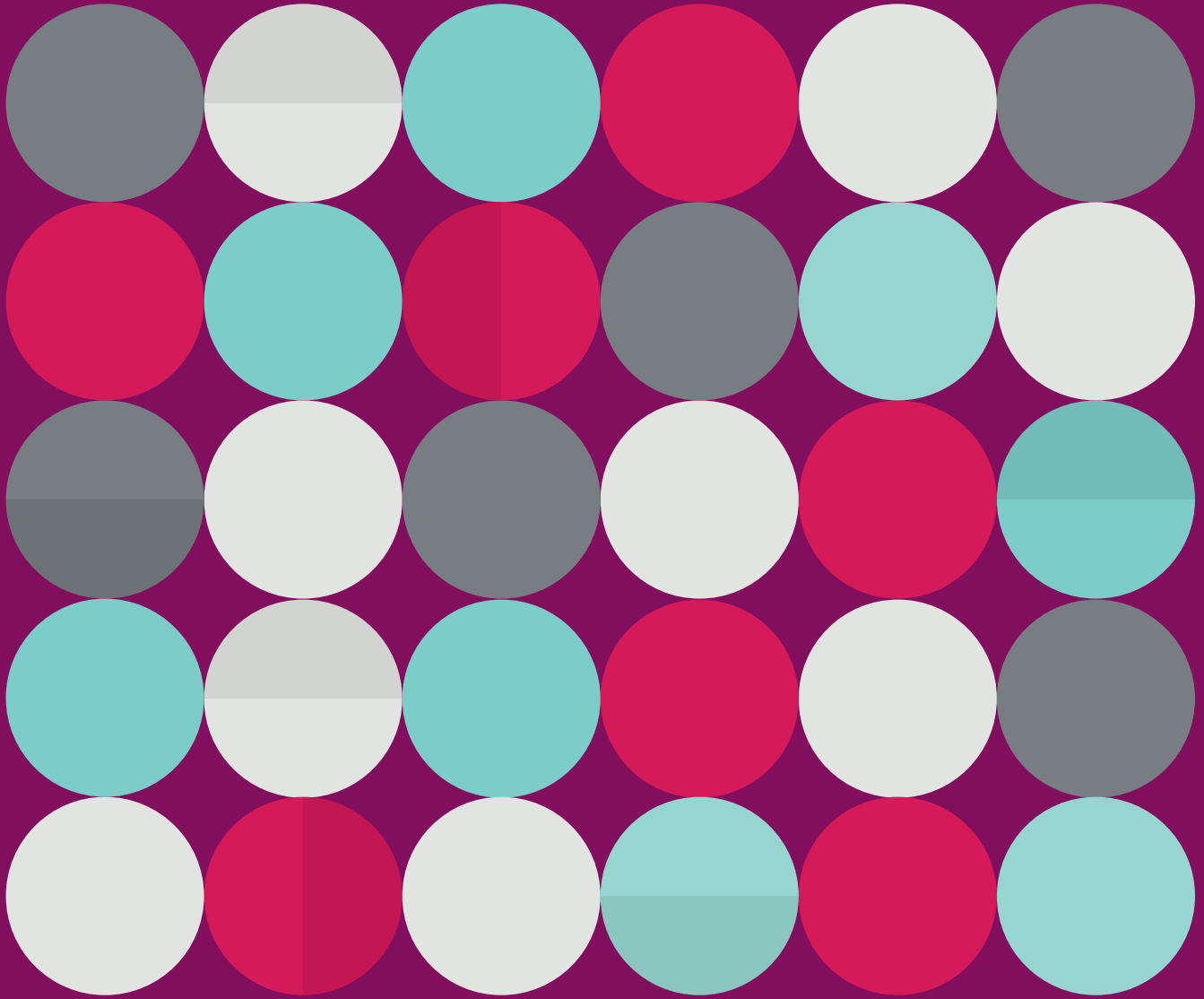
Indigenous Services
Canada – First Nations
and Inuit
Health Branch

BC First Nations
Health Authority

Senior Management Committee
chaired by the Senior Assistant
Deputy Minister, Valerie Gideon,
including the senior executive team
of Indigenous Services Canada
and external partners from the
BC First Nations Health Authority,
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Please contact us at qualityservicesforall@healthstandards.org.
CPSI and HSO are committed to continued outreach
and improvement of the Framework Package.



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