## Canadian Quality and Patient Safety Framework Evaluation

**Executive Summary** 





## **Overview**

Everyone in Canada deserves safe, high-quality healthcare here and hen they need it. But in reality, and for a variety of reasons (for instance, age, gender, and race/ethnicity), not everyone in Canada gets access to this fundamental right to safe care. As a country

ith many complex healthcare systems, there is also variation bet een ho people across the country in different regions experience their healthcare. These considerations prompted the Canadian Patient Safety Institute (no Healthcare Excellence Canada) and Health Standards Organization (HSO) to ask: "ho can e focus and align quality and safety improvement throughout the country, regardless of jurisdiction?"

The Canadian Quality and Patient Safety Frame ork for Health Services (CQPS) is the first of its kind in Canada and spearheads a coordinated effort to align stakeholders and providers in ho they ork to provide safe, high-quality care. The collaborative effort from the National CQPS Advisory Committee included input from various key stakeholders (such as health leaders, policymakers, health teams including patients and their families/ caregivers), to inform the draft Frame ork hich as then finalized follo ing to rounds of pan-Canadian consultation. This ensured the Frame ork reflected both ongoing and emerging trends in healthcare, regardless of jurisdiction.

Launched in October 2020, The CQPS
Frame ork aimed to focus action and
resources to improve the quality of patient
experience and outcomes. The goal as also
to reduce care variation by orienting key
stakeholders – including the public, health
practitioner teams, patients and their families,
health leaders, Boards, and policymakers— to
five goals:

- People-Centred Care
- 2. Safe Care
- Accessible Care
- 4. Appropriate Care
- 5. Integrated Care

## What we heard

Follo ing the implementation phase, HSO and HEC facilitated an impact evaluation that included consultation—ith project teams from HSO and HEC. Conducted by an independent consultant from April to December 2021, the evaluation assessed these three overarching questions:

- Ho ell the Frame ork's strategies ere disseminated
- Short-term impacts of increased a areness
- Early indications of quality and safety practice changes as a result of using the Frame ork

A varied and mixed methods data collection approach as used, including an online survey, case studies, one leading practice submission and digital analysis of usability. The evaluation focused on ans ering the above three overarching questions.

## What we learned

The Frame ork as accessed through multiple digital channels and from geographically diverse end-users, and it as do nloaded over 4000 times nationally and over 700 times internationally. The overall feedback described the Frame ork as ell-organized, easy to use and clearly laid out. These findings suggest that communication about the Frame ork reached the intended targets.

The findings sho ed that access to the Frame ork raised a areness of the importance of both health service quality and safety, as ell as the importance of having clear methods for improvements. Survey respondents sho ed high agreement that the Frame ork succeeded in increasing their kno ledge of the goals and interventions to ards quality and patient safety improvement, as ell as providing helpful resources to support respondents in making improvements in their settings. Other benefits mentioned included the Frame ork's ability to prove conceptual clarity, facilitate communication ithin and bet een providers, and as a ay to increase kno ledge on ho to better measure quality and patient safety in their o n organizations.

Use of the Frame ork as sho n to have supported providers across Canada to improve health quality and safety practices. Survey responses and data from the case studies indicated that users ere orking to determine ho the Frame ork aligns ith local priorities, ith existing quality and patient safety guidelines/standards, and to help address any gaps that exist in the Frame ork's implementation. Efforts to this end included developing policy and operational documents that align ith the Frame ork goals and orking to situate the Frame ork as a guide to ard building service-related tools.

The survey and case study findings provided recommendations on ho to further advance the implementation of the Frame ork. This included expanding the dissemination of the Frame ork by holding discussions ith health education programs and local and provincial health teams, and helping establish the Frame ork as a guiding document. Additional recommendations included clarifying the Frame ork's aims as ell as further dissemination of the evaluation and case study findings, using social media messaging to focus on ho the Frame ork can be used, using clear language across various providers and settings, and encouraging funding and stakeholder agencies to include the Frame ork alignment as a requirement for advancing quality and patient safety.

Barriers to using the Frame ork ere also identified. Recommendations to overcome them included targeting messaging to sho alignment to existing frame orks and/or accreditation requirements, and highlighting the benefits that came through the evaluation of the Frame ork. Further recommendations ere to develop summaries of the Frame ork and its application (one-t o pages) that are tailored by stakeholder types. It as also suggested to develop a community practicetype mechanism to help providers share their learnings of the Frame ork's use. It needs to be noted that the evaluation of the Frame ork as conducted as the COVID-19 pandemic as heavily impacting the national health system. This may have limited the ability of some stakeholder groups to provide feedback and input on the Frame ork.

Read <u>case studies</u> to learn ho organizations have been using the frame ork to improve patient safety in their organizations.

Find out more about the CQPS frame ork
(Why does Canada need a National Quality
and Patient Safety Frame ork for Health
Services? (patientsafetyinstitute.ca)