

Canadian Patient Safety Institute's Knowledge Brokering Journey

The Canadian Patient Safety Institute (CPSI) has a mandate to make a difference in patient safety through research. Many patient safety research projects funded by CPSI are nearing completion. It is our goal to take the reported findings from these projects and have people learn from the new knowledge on patient safety, as appropriate, make changes and impact healthcare policy and practice.

At CPSI, we strive to make sure that the right people find out about the right interventions at the right time. Patient Safety Papers is an important way in which we are sharing research-based results, and we are very proud to co-sponsor this fourth issue.

Knowledge transfer is not easy. We are always looking at different methods of communicating with and engaging leaders. CPSI is developing a model for a patient safety knowledge brokerage that anticipates shortening the delay in the uptake of research results to ultimately benefit the health of Canadians. We invite researchers, decision-makers, patients and their families and front-line healthcare providers to accompany us on this journey. We intend to link researchers, decision-makers and healthcare professionals to advance patient safety practices across Canada.

Since 2005, we have funded over 50 peer-reviewed research and demonstration projects with a primary focus on patient safety. These 20-month projects must include an interdisciplinary team of researchers and decision-makers, demonstrate a potential for improvements in patient safety and have a strong emphasis on knowledge transfer beyond traditional means. CPSI also continues to fund a number of studentships and fellowships.

CPSI operates in collaboration with other funders to increase research capacity in patient safety. For example, CPSI and the Canadian Health Services Research Foundation have co-funded three research programs in patient safety under the Research, Exchange, and Impact for System Support grants. CPSI and the Canadian Institutes of Health Research (CIHR) Institute of Health Services and Policy Research (IHSPR) have awarded Dr. Chaim Bell (of St. Michael's Hospital, Toronto, Ontario) the Applied Health Services and Policy Chair award in Patient Safety in Community-Based Settings. This award, jointly funded by CPSI and CIHR-IHSPR, provides \$925,000 over five years and will enable Dr. Bell to focus his research, training and knowledge translation initiatives on improving the safe delivery of care in community-based settings. Dr. Bell received the award for his proposal "Continuity of Care between Hospital and Long-Term Care (LTC) Facilities among Seniors." We are very pleased to fund this effort and look forward to progress over time.

Research alone cannot change the healthcare system; however, it is fundamental to our collective work and does have

an enormous impact on how, through evidence, we care for patients and prevent harm.

We look forward to building a safer healthcare system with you. **HQ**

– **Philip Hassen**, chief executive officer, Canadian Patient Safety Institute

Health Council of Canada

The Health Council of Canada is once again proud to co-sponsor with the Canadian Patient Safety Institute (CPSI) and Accreditation Canada this special issue of *Healthcare Quarterly*, Patient Safety Papers (the fourth in this series). We concur with CPSI and Accreditation Canada that there is a need to support front-line healthcare workers in learning and applying best practices, based on the best available evidence, to enhance service quality and patient safety.

In February 2009, the Health Council of Canada released and launched online a paper titled *Value for Money: Making Canadian Health Care Stronger*, which reminds us all that Canada spent \$172 billion on healthcare last year, more than \$5,000 for every man, woman and child in the country. One of the questions arising is, what do we get for the money we spend? Unfortunately, by and large, we do not know. We do know that each one of us is using the health system more and more and that it is not only older Canadians who are using the system and driving up costs. We also know, generally speaking, that Canadians are living longer and are somewhat healthier. This suggests that we are doing something right with healthcare policy; but do we know what those "right" things are, what we value and what we want to achieve with our seemingly ever-escalating healthcare spending?

In order to address these issues, as a country we must be prepared to invest in more health-related research and the necessary information management and technology tools to generate the right data to better inform us about the relationships between healthcare and its actual outcomes. We are good at counting inputs. We are even better at counting throughputs – we can tally up in-patient acute days, cataract surgeries, joint replacement surgeries and, sometimes, even the number of magnetic resonance imaging scans performed. We can account for how and where healthcare money is spent but not, in any precise way, what it achieves. In other words, we collect very little data on outcomes.

There remains a continued and appropriate focus by many people and organizations to seek greater efficiencies in the organization and delivery of healthcare services. These efforts range from using best practices from translated research knowledge in clinical and health organizational management, to improving

the flow of specimens in hospital laboratories, to experimenting with the implementation of healthcare teams and to finding new and better ways to educate future healthcare professionals. All of these efforts can, in one way or another, be thought of as improving value for money in healthcare because they aim to ensure quality, enhance patient safety and improve the productivity of our health human resources. We need a similar emphasis on analyzing the relationship between our system and the achievement of health outcomes.

Suffice it to say, there are probably few issues of public policy that are more important to Canadians than our healthcare system. A national vision that supports the development and implementation of a plan to define and achieve a comprehensive set of health outcome indicators with a focus on improved health for all Canadians is long overdue. To achieve improved health, we will also need to ensure that we improve quality of care along with patient safety. We also believe that most of the solutions can be found through engaging and dialoguing with front-line healthcare workers, researchers, decision-makers, policy makers and patients.

In conclusion, the Health Council of Canada believes that leadership, commitment and collaboration from all levels of government, health providers and all other key stakeholders are critical success factors for ensuring a high-quality and sustainable healthcare system to serve Canadians well into the future. By engaging our front-line healthcare workers in learning and applying best practices in their field of endeavour within the context of a larger vision of healthcare for this country, this strategy will enhance service quality and patient safety throughout our healthcare system. **HQ**

– **John G. Abbott**, chief executive officer, Health Council of Canada

Accreditation Canada

Once again, Accreditation Canada is pleased to co-sponsor this special issue of *Healthcare Quarterly*, in partnership with the Health Council of Canada and the Canadian Patient Safety Institute.

As a leader within the national healthcare scene, one key commitment of Accreditation Canada is that of *knowledge exchange*. Capacity building and risk mitigation, two important contributions of accreditation, are built upon the effective exchange of knowledge. Our co-sponsorship of this special issue is one means of contributing to this goal. Other means through which Accreditation Canada contributes to knowledge exchange are components of the accreditation program, the publication of the journal *Qmentum Quarterly* and the sharing of leading practices.

The entire *accreditation program* is a knowledge-exchange vehicle based on standards – enabling healthcare leaders, care providers and others to examine their decision-making process and care provision, identifying areas of strength, areas for improvement and actions to be taken. Fundamentally, the standards play a strong role in knowledge exchange. They are developed based on current accepted practices and trends within the healthcare industry. Reducing variance in practice and aligning with accepted and proven strategies contribute to effectiveness and efficiencies within healthcare organizations.

With the introduction of the journal *Qmentum Quarterly* in 2008, Accreditation Canada added another initiative contributing to knowledge exchange. Each issue focuses on a current and relevant healthcare priority. The first issue, released in July 2008, focused on patient safety; the second issue featured articles on governance and leadership. The third, released in April 2009 focused on work life, while the fourth issue will address performance measures. Feedback to date indicates that *Qmentum Quarterly* is being very well received. It is contributing to the sharing of practices and knowledge between colleagues across Canada and beyond.

Another key vehicle for the exchange of knowledge has been the identification and public reporting of *leading practices*. Until now, surveyors have identified these practices while on site at a healthcare organization. With the permission of the respective healthcare organizations, these leading practices have been featured on the Accreditation Canada website. With the experience of the past few years, it has become evident that this approach requires strengthening. Beginning in September 2009, several months before each survey visit, organizations will be asked to self-identify leading practices. At the time of the survey, these practices will be validated by the surveyors and, with permission, be promoted on our website. It is expected that this new approach will increase the number of leading practices identified and posted for sharing across Canada.

Organizations are implementing many impressive strategies in order to meet the required organizational practices (ROPs) and standards. Accreditation Canada will continue to identify means to enable knowledge exchange to capitalize on this existing knowledge and expertise.

A sincere thank you to all the authors who contributed to this issue. It is within the application of this knowledge that the true impact will be realized.

Quality and patient safety are intertwined. Whether a direct care provider, a board member, a member of a national healthcare association or a consumer, we all have a role to play in ensuring a safer and higher-quality healthcare system. **HQ**

– **Wendy Nicklin**, president and chief executive officer, Accreditation Canada



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