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Patient Safety Strategy

Phase 3: Achieving Safe Care

2012-2014



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Published by: Accreditation Canada

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Table of Contents

- Patient Safety Strategy Phase 3: Achieving Safe Care** 1
 - Background – Accreditation Canada, Safety, and Quality 1
 - Overview 2
 - Patient Safety – Setting the Context 2
 - Role of Accreditation 3

- Accreditation Canada Patient Safety Strategy** 4
 - Recapping Phase 2 (2007 – 2010). 4
 - Phase 3: Achieving Safe Care (2012 – 2014). 5
 - Advance the Accreditation Program to Increase Health System Safety and Quality . . . 5
 - Enhance Surveyor Resources to Support On-Site Survey Activities 9
 - Create and Share Knowledge 9
 - Harness the Power of Partnerships 11
 - Conclusion 12

- References** 13

Patient Safety Strategy Phase 3: Achieving Safe Care

Background - Accreditation Canada, Safety, and Quality

Health care safety and quality are interrelated concepts. The accreditation quality framework embeds safety within quality dimensions, standards of excellence, performance measures, reports, and accreditation decisions. This comprehensive framework reaches its full potential to guide and support organizations in achieving excellence in safety and quality when it is fully integrated into structures, processes, outcomes, and services. Accreditation enables organizations to strive for excellence and focus on the ongoing journey to provide safe, high-quality care and services to clients, families, caregivers, and communities.

In 2007, Accreditation Canada released *Patient Safety Strategy Phase 2: Strengthening Capacity and Connecting the Dots*. This strategy continued the work of the first patient safety strategy (2003–2007) that included a series of key objectives, most notably the development of Required Organizational Practices (ROPs). Phase 2 reflected efforts to assist and support organizations to meet the requirements for ROPs and prepare for the new Qmentum accreditation program. The strategy outlined objectives, highlighting the prominent role of patient safety in accreditation and the actions Accreditation Canada took to help organizations build patient safety capacity, enhance the resources available for surveyors and organizations, and use accreditation to increase the profile of patient safety in the health care system.

In 2011, Accreditation Canada completed a comprehensive evaluation of the Qmentum accreditation program. This provided an ideal opportunity to develop *Patient Safety Strategy Phase 3: Achieving Safe Care*. Aligning and connecting these two initiatives supports an effective integration between quality and safety within the Qmentum program.

The *Patient Safety Strategy Phase 3: Achieving Safe Care* describes objectives and actions that support the next steps in the evolution of Qmentum and simultaneously incorporates the unique contributions of accreditation to increase safety. This document is a commitment to the importance of improving the safety of health care for all Canadians through the benefits of accreditation (www.accreditation.ca).

Overview

Patient Safety Strategy Phase 3: Achieving Safe Care describes how Accreditation Canada will contribute to improving patient safety in Canada between 2012 and 2014. Each objective includes an overview of the current evidence and recent trends in the field, and outlines the corresponding actions that Accreditation Canada will pursue. The strategy is a commitment to the importance of improving the safety of health care for all Canadians through the benefits of accreditation.

Patient Safety – Setting the Context

Since the Institute of Medicine published *To Err is Human*,¹ a wide array of work has been done to improve our knowledge of safety, understand risks, and implement initiatives to predict, manage, mitigate, or prevent harm in health care settings. More recently there has been a focus on reviewing the progress of this work to identify successes and challenges. Results have been used to identify gaps and chart a course for next steps to increase the rapidity and spread of safety improvements into clinical care and organizational services.

Many successes have been achieved over the past several years. Accreditation Canada has collaborated with national partners such as the Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices Canada (ISMP Canada) to effectively promote, support, and spread key safety initiatives, such as medication reconciliation.² In 2005, CPSI introduced the Safer Healthcare Now! program and through this has effectively sustained a range of safety improvements.³ In addition, many provincial safety and quality agencies have recently been established, and considerable work has been done by these organizations to gather and share information, and improve health care safety.^{4,5,6,7}

However, reviews conducted over the past several years almost universally conclude that while much excellent work has been done, there is still room for improvement. Patient safety advancements are not occurring quickly, often lack sustainability, and continue to be difficult to implement on a more widespread scale.^{8,9,10,11} Recent work from Scotland shows that significant outcome improvements (including in-hospital mortality and infection rates) across a whole country are possible.¹² However, this work was limited to acute care services, and spreading safety across the care continuum includes challenges that still need to be overcome.

There is a growing consensus in the literature on how higher levels of health system quality and safety can be achieved. By focusing on a key set of characteristics, organizations and health systems will be able to attain higher levels of performance in order to provide safer care and services.^{13,14,15,16,17,18}

Characteristics associated with achieving the highest levels of safety and quality include:

- Strong roles, activities, and contributions of governance bodies and senior leaders to establish a common vision and culture for safety and quality; ensuring that relationships among leaders include clinicians, staff champions, and the full engagement of patients and families;
- Support from leadership at all levels throughout organizations to champion, coach, and encourage the uptake, spread, and sustainability of change and improvement;
- Organizational cultures that support quality and safety, including openness to change, accountability, and support for new initiatives;
- Execution of sound knowledge transfer strategies and sharing appropriate information and tools with those responsible for implementing change;
- Population health approaches to facilitate greater system integration and alignment to meet the care needs of diverse communities across geography, over time, and at multiple sites;
- Consistent and effective use of evidence-based, standardized care and practices;

- Ongoing measurement, monitoring, and use of both process and outcome data for quality and safety improvements, including benchmarking, both internally over time and externally, to share important information with peer organizations, other health sectors, and different industries;
- A focus on enhancing reliability, and analyzing actual and potential events to develop systems that anticipate and mitigate safety risks.

These characteristics are embedded throughout the accreditation program. Accreditation Canada can play a central role in supporting and enabling organizations across Canada to achieve these performance goals through targeted patient safety requirements and resources.

Feedback obtained from Canadians through a series of town hall meetings identified that considerable work still needs to be done to create a truly integrated, data driven, coordinated, client-centred health care experience, and that national oversight and standards are essential to ensure that all Canadians receive this level of care.¹⁹ This reinforces the important role of Accreditation Canada as a valuable contributor and partner to generate, evaluate, monitor, and report on health system improvements across Canada.

Role of Accreditation

Accreditation Canada's mission is *Driving quality in health services through accreditation*. Accreditation Canada plays a key role in supporting change to establish the safest, highest quality health care system for all Canadians. Improving and strengthening the landscape of patient safety in Canada requires changes in organizations and health systems that demonstrate the attributes of high reliability, resilience, and the safety characteristics discussed above.²⁰ This requires broad system support, with complementary knowledge dissemination, and contributions from a range of partners. The unique contribution Accreditation Canada makes through a national accreditation program enables a wide range of patient safety, quality, and health system improvements.

Given this unique offering, Accreditation Canada is ideally suited to effectively identify, implement, and support health care improvements. Accreditation Canada provides a robust quality improvement and safety program that reaches organizations across Canada, and is used by organizations at all points of the care continuum. The Qmentum accreditation program and services are based on standards of excellence and evidence-informed performance measures. A continuous, integrated accreditation program, Qmentum incorporates on-site surveys conducted by highly qualified peer review surveyors who inform, support, and coach organizations in their quality improvement initiatives. The program addresses governance and leadership, population health, service excellence, and ongoing quality improvement through measurement and use of evidence. All of these components are necessary to establish a culture of safety and sustain improvements critical to successful system integration and safer care and services. Information and results from accreditation can be used as levers or enablers to effectively implement, measure, monitor, report, and sustain changes and improvements necessary for the health system to reach its full potential for safety and high performance that is yet to be realized at an organizational and a national level.

Accreditation Canada Patient Safety Strategy

Recapping Phase 2 (2007 - 2010)

The initiatives outlined in *Patient Safety Strategy Phase 2* focused on assisting organizations to build capacity and develop the necessary structures and processes to meet the requirements for safer health care. Successes included a wide range of improvements in the Qmentum accreditation program that enhanced safety through:

- Increased focus on safety in standards
- Expanded sector-specific ROPs, including updates to the evidence base for ROPs
- Addition of safety-specific performance measures

Accreditation Canada continued to build surveyor capacity with targeted recruitment strategies, and developed new education modules and on-site survey tools that increased the ability of surveyors to accurately review and provide critical information and feedback to organizations about the safety of care and services.

Recognizing the importance of knowledge transfer in patient safety, Accreditation Canada substantially revised and expanded the process of identifying and promoting leading practices and published a series of reports on patient safety data and accreditation results.²¹

Partnerships and collaboration are critical to enhancing patient safety. Accreditation Canada and CPSI established a Patient Safety Roundtable with representation from safety and quality agencies across Canada. The Roundtable facilitates networking to share information and increase alignment of initiatives among the different agencies. Further, Accreditation Canada, CPSI, and the Health Council of Canada have collaborated to co-sponsor the publication of *Patient Safety Papers* through Longwoods.

Phase 3: Achieving Safe Care (2012 – 2014)

Patient Safety Strategy Phase 3: Achieving Safe Care was developed in conjunction with the Qmentum evaluation in order to align the safety objectives and actions with upcoming enhancements to accreditation programs and services. Developed with input from surveyors, partners, stakeholders, and staff, the information was obtained through a series of focus groups, teleconferences, and telephone interviews. The strategy was prepared based on a review of recent literature and an environmental scan.

Building on the success of Phase 2, *Patient Safety Strategy Phase 3: Achieving Safe Care* continues working toward the objectives of the earlier document by identifying key actions for a renewed vision for safety in 2014—to support organizations and health systems in providing the safest possible care and services. Among the key actions are strengthening the accreditation program, developing patient safety resources for surveyors, creating and sharing knowledge, and developing and maintaining dynamic partnerships to spread safety and quality across Canada's health care system.

Advance the Accreditation Program to Increase Health System Safety and Quality

Evidence shows that high-performing organizations and health systems with a demonstrable safety culture share common characteristics. Accreditation Canada will enhance and expand the accreditation program to support organizations across Canada to achieve the characteristics of a high-performing safety culture and provide the safest, highest quality health care and services to Canadians.

Standards

Leadership remains a keystone for developing and sustaining an effective organization-wide safety culture.^{22,23} Accreditation Canada targeted changes in the Governance and Leadership standards specifically to increase patient safety.

KEY ACTION:

- > Review and revise the Governance and Leadership standards to reinforce the key role of leadership at all levels within organizations in developing and sustaining a culture of safety.

Traditionally it has been assumed that patient- or client-centred care has increased the safety of client services. Recent analysis of outcomes evidence shows mixed results for patient- or client-centred care initiatives in effectively influencing clients in their behaviour or demonstrating increased safety outcomes.^{24,25} Clients and families may be reluctant to directly question or confront service providers about behaviours such as ineffective hand washing, if they perceive it may negatively influence or impact their care. However, research indicates there is a trend that clients and families are comfortable asking questions if these expectations are facilitated in the care setting or welcomed by care providers.²⁶ These data and continuing trends in the field for further client engagement²⁷ reinforce the importance of accreditation in increasing the focus on client- and family-centred services to promote safety and improve clients' understanding of risk. Client-centred care is achieved through education, communication, and participation, and the positive contribution of clients and families when they are actively engaged in developing and implementing health care services.²⁸ Accreditation Canada will support organizations and health systems to strengthen client-centred care and client and family engagement in service design.

KEY ACTION:

- > Revise accreditation standards and program content to increase the focus on evaluating client-centred care (e.g., cultural context, special needs, language), and engaging the client and family in planning and designing services as a member of the care team (e.g., shared goals and objectives and a care plan based on shared decision making).

Learning from adverse events characterized early efforts in patient safety, and organizations implemented resources to capture and analyze these data. Recent trends in the field point to high-performing organizations with strong safety systems that utilize a proactive and predictive approach to patient safety in addition to recognizing, responding to, and learning from specific events. This approach is informed by analyzing internal data from hazards and near misses, as well as trends from external sources. The information is then used to design systems that predict, prevent, and mitigate potential harm to patients, families, and staff.²⁹ Consistent with Accreditation Canada's vision, accreditation can enable this new approach.

KEY ACTION:

- > Revise and expand accreditation program requirements for organizations to demonstrate a proactive and predictive approach to risk, quality improvement, and learning.

Safe and effective transitions across settings and care are critical for clients, families, and caregivers to ensure continuity of care. Important and sensitive information is shared with or transmitted to clients, families, and caregivers within and between care teams. Because a wide range of individuals, settings, and services may be involved, clients and their families or caregivers may feel confused, overwhelmed, or unable to manage information appropriately.^{30,31} This is an area where there are serious safety issues and substantial room for improvement, particularly for clients who receive a wide range of services.³² Accreditation offers a powerful method to effectively evaluate this key aspect of health care, as care transitions are included in multiple elements of accreditation, and on-site surveys provide unique opportunities for evaluation.

KEY ACTION:

- > Review and enhance accreditation program content and on-site survey activities to strengthen the evaluation of health care information transfer and interdisciplinary team communication, tools, coordination, and patient involvement.

Patient flow, wait lists, and access to services remain key safety issues and are indicators of health system effectiveness and efficiency. This is particularly true in Emergency Department (ED) services where literature shows that increased wait times impact client outcomes.³³ Access is a priority for health care organizations, funders, and policy makers.^{34,35,36} Accreditation Canada can play a leadership role in driving system change in this key service area.

KEY ACTIONS:

- > Review and revise Emergency Department Standards content to increase the focus on measurement, targets, and outcomes for ED services.
- > Review and revise the Leadership Standards to address patient flow planning at an organizational level. Content will focus on analyzing patient flow, identifying barriers, and developing strategies to optimize patient flow, including working with internal and external partners to coordinate services.
- > Enhance resources for surveyors during on-site surveys to evaluate patient flow and ED performance indicator data, and strengthen the integration of this information into accreditation results and reports.

Infection prevention and control (IPC) was a central feature of early patient safety initiatives. IPC programs improved safety for clients by increasing awareness, engagement, and resources in these areas, and contributed to reducing the impact of infections.³⁷ Nevertheless, IPC continues to be a critical safety issue and health care-associated infections continue to be a major challenge across health systems.^{38,39}

KEY ACTIONS:

- > Revise standards content to include IPC surveillance and the use of data to make system improvements.
- > Develop resources for surveyors to evaluate IPC surveillance data during on-site surveys and strengthen the integration of this information into accreditation results and reports.

Required Organizational Practices

Evidence from the Qmentum evaluation and focus group meetings conducted with surveyors and partners confirms that Accreditation Canada Required Organizational Practices (ROPs) are widely recognized as key drivers of safety across the country and represent a health care priority for organizations.⁴⁰ Given the influence of ROPs on health care safety and quality, *Patient Safety Strategy Phase 3: Achieving Safe Care* includes a series of objectives and actions to increase their impact.

KEY ACTIONS:

- > Develop an ROP lifecycle in which ROPs are transitioned to high-priority criteria in the standards when they achieve a pre-defined level of compliance over time.
- > Balance the introduction of new ROPs with the transitioning of current ROPs in the standards.
- > Widen the scope of new ROPs across the care continuum.
- > Enhance references to useful tools, resources, and education opportunities (e.g., CPSI Patient Safety Education Program, Safer Healthcare Now! tools) that provide helpful information and guidance for meeting ROP requirements.

Measurement and Information Management

A hallmark of high-performing organizations is the ongoing use of appropriate data to measure progress and make positive change.⁴¹ Accurate, meaningful, and timely information is necessary to support high performance. Recognizing the critical relationship between safety and an organization's information systems, Accreditation Canada is committed to helping organizations achieve this crucial component by updating the accreditation program to enable organizations to use data and information systems to track progress and make meaningful improvements.

KEY ACTIONS:

- > Enhance standards content to address patient safety indicator data collection and utilization (e.g., focus on how the data is analyzed and how teams use the data to learn and make improvements).
- > Identify new accreditation performance indicators across the care continuum that can be used to measure and trend health system safety performance (e.g., readmission rates).
- > Expand and enhance resources and tools for surveyors to evaluate patient safety and quality improvement data and results during on-site surveys and strengthen the integration of this information into accreditation results and reports.
- > Continue to collaborate with CPSI and the Canadian Institute for Health Information (CIHI) to streamline measurement and reporting.

Enhance Surveyor Resources to Support On-Site Survey Activities

Expand Surveyor Resources

The evidence base in the field of patient safety continues to expand. Increasingly there are local or national initiatives, research activities, and programs being developed and implemented to impact the safety of care and services, such as Clinical Care Management.⁴² With the international scope of the patient safety field, the data, practices, and programs surveyors may encounter are also becoming increasingly global (e.g., implementation of the National Health Service's *Releasing Time to Care: The Productive Ward* initiative in Saskatchewan).⁴³

To allow surveyors to effectively blend new patient safety evidence and knowledge into current accreditation methods, it is important that information used for on-site surveys be consistently monitored and updated. The education and resources available to surveyors must align with the most recent patient safety evidence and developments to facilitate awareness and provide relevant information about possible linkages between patient safety initiatives and accreditation program requirements.

KEY ACTION:

- > Collaborate with CPSI to develop a Patient Safety Resources List, including descriptions and useful websites that would be available through a number of means and media (e.g., orientation and ongoing education, the surveyor portal, and publications such as *In Touch*).

Create and Share Knowledge

Conduct Research and Report Accreditation Results

As a knowledge-based organization, Accreditation Canada enthusiastically participates in and supports research and other evidence-based learning opportunities. This takes the form of internal and collaborative research projects, publications, and presentations on accreditation data and results at conferences, workshops, and other knowledge exchange initiatives.

Accreditation Canada is ideally positioned to report the strengths and challenges of Canada's health system and performance nationally. Accreditation Canada's contribution to national data reporting is increasingly credible and valued when developed and delivered in concert with partners, allowing analysis and key lessons to be shared and reported with complementary data and results.

KEY ACTIONS:

- > Collaborate with researchers, partner organizations, and educational institutions to generate new knowledge and research on patient safety that Accreditation Canada can incorporate into its accreditation program.
- > Publish annual reports that identify emerging patient safety issues based on accreditation results and data.
- > Publish semi-annual patient safety success reports, profiling patient safety issues generated through leading practices, patient safety education, collaboration, on-site survey results, and shared learning opportunities.

Provide Organizations with a Range of Patient Safety Resources

Results from focus groups and the Qmentum evaluation confirm the key role of Accreditation Canada in knowledge transfer and exchange. This is particularly true in the area of patient safety, where accreditation is acknowledged as a key national driver and positioned to directly contribute to increasing awareness of safety issues and initiatives. The knowledge generated through health care organizations across Canada—learning about successes, challenges, and risks—contributes to safer health care for clients, families, and caregivers. With our national focus, Accreditation Canada can support knowledge exchange between organizations and regions across the care continuum. To further realize this unique role, Accreditation Canada will expand the range, amount, and availability of patient safety resources to guide and support organizations and health systems in improving the safety of care and services.

KEY ACTIONS:

- > Develop and further enhance a range of resources (documents, links, communities of practice, webinars, and podcasts) to support the safety content in the accreditation program (e.g., standards and ROPs, performance measures). Resources will be tailored to various health sectors and organizations' stages of accreditation, and made available through multiple avenues (e.g., education sessions, webinars, publications).
- > Create a patient safety knowledge repository that includes different kinds of knowledge and information, ranging from emerging or promising practices to effective tools and key contacts, leading organizations, and evidence-based leading practices.
- > Capitalize on opportunities to align patient safety education strategies with partner organizations such as CPSI.

Harness the Power of Partnerships

Accreditation Canada values partnerships as a key success factor in achieving the vision for patient safety. Refreshing existing partnerships and establishing new relationships is key to ensuring successful change and improvements, creating knowledge, and collaborating to publish reports highlighting health system safety and quality performance.

Collaborate to Share Knowledge

KEY ACTIONS:

- > Develop and publish reports with national partners and academic institutions on health system performance and trends for key patient safety issues (e.g., CPSI/Safer Healthcare Now!, ISMP Canada, CHSRF, CHICA).
- > Continue to collaborate with CPSI, CIHI, and the Canadian Health Services Research Foundation (CHSRF) through the Canadian Collaboration for Excellence in Healthcare Quality.

Promote Consistent Language Practices

The landscape of patient safety is continually evolving and this is reflected in changes to the terminology and language used in the field. Valid evaluation and accreditation, effective knowledge sharing, and meaningful research requires common language and definitions so results can be understood and shared.⁴⁴ As part of this evolution, CPSI has recently adopted new terminology for patient “safety incidents” from the World Health Organization (WHO) International Classification for Patient Safety that reflects advances in how adverse events are viewed and analyzed.⁴⁵

KEY ACTION:

- > Communicate and collaborate with partners to maximize consistency of language, terms, and definitions to establish common conventions.

Participate in International Networks

The field of patient safety continues to expand globally. This is evidenced through increased knowledge transfer and program contributions from international bodies such as the World Health Organization. Agencies may use the knowledge and resources to create initiatives or inform their programs and, by doing so, put global knowledge into practice at the regional or local level. For example, the development, testing, and adoption of the safe surgery checklist followed such a trajectory. Accreditation Canada adopted the safe surgery checklist as an ROP for accreditation in 2010. Accreditation Canada will be proactive and continue contributing to partnerships and international opportunities and incorporating global innovation into its program.

KEY ACTIONS:

- > Continue to support Accreditation Canada and Accreditation Canada International in participating in international networks of patient safety stakeholders.
- > Present the contribution accreditation makes to patient safety annually at international conferences.

Conclusion

Patient Safety Strategy Phase 3: Achieving Safe Care will guide the work of Accreditation Canada in realizing the safest possible health system. It positions Accreditation Canada and the accreditation program to foster knowledge exchange, networking, and partnerships that will increase safety nationally and internationally.

Accreditation Canada recognizes and sincerely appreciates the engagement and dedication of staff, surveyors, partners, and stakeholders in collaborating to ensure the quality and safety of health care services across Canada. Their input was crucial to shaping *Patient Safety Strategy Phase 3: Achieving Safe Care*, and will continue to be essential as Accreditation Canada implements the strategy to achieve the future of system-wide safety and quality.

Given Accreditation Canada's unique role as a national leader in setting the bar for safety and quality in health care, this strategy will serve as a strong foundation to contribute to creating the safest possible system of health care for all Canadians.

References

- 1 Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err is Human: Building a Safer Health System*. Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC, USA: National Academies Press; 2000.
- 2 CPSI, ISMP Canada, Canada Health Infoway. *Optimizing medication safety at care transitions – Creating a national challenge*. Summit Report. Safer Healthcare Now! website. Available from: <http://www.saferhealthcarenow.ca/EN/shnNewsletter/Pages/Optimizing-Medication-Safety-at-Care-Transitions.aspx>
- 3 CPSI. Safer Healthcare Now! Website. Available from: <http://www.saferhealthcarenow.ca/EN/Pages/default.aspx>
- 4 BC Patient Safety & Quality Council. *Great strides on the path to quality: A report to our partners*. BCPSQC website. Available from: <http://www.bcpsqc.ca/reports/great-strides.html>
- 5 Health Quality Council of Alberta. *Identify, support and facilitate: Promoting and improving patient safety and health service quality across Alberta*. Annual Report, 2009-2010. Health Quality Council of Alberta website. Available from: <http://publications.hqca.ca/preview/157>
- 6 Saskatchewan Health Quality Council. *Building a culture of quality improvement in Saskatchewan's health care system: Assessing the impact of the Health Quality Council*. Saskatchewan Health Quality Council website. Available from: <http://www.hqc.sk.ca/download.jsp?G/1G3Jc1JRsvRhvh6/qyPDBIzBf0QfLQkUwK4QBZaJvvJuDAeOe2/Q==>
- 7 Health Quality Ontario. *Stakeholder Advisory: Collaborating for quality – Health Quality Ontario advanced evidence-based care*. Health Quality Ontario website. Available from: http://www.ohqc.ca/pdfs/advisory_-_hqc_advances_evidence-based_care_2011april4_-_final_bilingual.pdf
- 8 Chassin, R, Loeb, J. The ongoing quality improvement journey: Next stop, high reliability. *Health Affairs*. 2011;30:559-568.
- 9 Leistkow, I, Kalkman, C, Bruijn, H. Why patient safety is such a tough nut to crack. *British Medical Journal*. 2011;342.
- 10 Dentzer, S. Still crossing the quality chasm: Update on progress improving the quality of health care. Briefing, Washington: DC; 2011.
- 11 Bielaszka-DuVernay, C. Health Policy Brief: Improving Quality and Safety. Despite some progress, the nation still faces an urgent need to build a less error-prone system that delivers better care. *Health Affairs*. 2011.
- 12 Haraden, C, Leitch, J. Scotland's successful national approach to improving patient safety in acute care. *Health Affairs*. 2011;30:755-763.
- 13 Woodhead, T, Strobl, J. How healthcare providers in America can teach lessons on quality improvement. *Health Services Journal*. 2011.
- 14 Denis, JL, Davies, H, Ferlie, E, Fitzgerlad, L. *Assessing initiatives to transform healthcare systems: Lessons for the Canadian healthcare system*. Series on Healthcare Transformation, paper Canadian Health Services Research Foundation website. Available from: http://www.chsrf.ca/Libraries/Commissioned_Research_Reports/JLD_REPORT.sflb.ashx
- 15 Goeschel, C, Berenholtz, S, Culbertson, R, Jin, L, Pronovost, P. Board quality scorecards: Measuring improvement. *American Journal of Medical Quality*. 2011;26:254-260.
- 16 Conway, J, Federico, F, Stewart, K, Campbell, MJ. *Respectful Management of Serious Clinical Adverse Events*. IHI Innovation Series white paper. Institute for Healthcare Improvement website. 2010. Available from: <http://www.ihio.org/knowledge/pages/ihwhitepapers/respectfulmanagementseriousclinicalaeswhitepaper.aspx>
- 17 Gabow, P, Mehler, P. A broad and structured approach to improving patient safety and quality: Lessons from Denver Health. *Health Affairs*. 2011;30:612-618.
- 18 Ikkersheim, D, Berg, M. How reliable is your hospital? A qualitative framework for analyzing reliability levels. *BMJ Quality and Safety*. 2011;20:785-790.
- 19 Canadian Medical Association. *Voices Into Action: Report on the national dialogue on health care transformation*. CMA website. 2011. Available from: http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/HCT/HCT_townhalls_en.pdf
- 20 Chassin, R, Loeb, J. The ongoing quality improvement journey: Next stop, high reliability. *Health Affairs*. 2011;30:559-568.
- 21 Accreditation Canada. *Report on Required Organizational Practices 2010*, Canadian Health Accreditation Report 2010, 2009. Available from: www.accreditation.ca
- 22 Barclay, K. Effective governance: Helping boards acquire, adapt, and apply evidence to improve quality and patient safety. *Healthcare Quarterly*. 2010;13:14-15.
- 23 Baker, R, Denis, JL, Pomey, MP, Macintosh-Murray, A. *Effective governance for quality and patient safety in Canadian healthcare organizations*. A report to the Canadian Health Services Research Foundation and the Canadian Patient Safety Institute. 2010. Available from: <http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>

- 24 Davis, R, Sevdalis, N, Vincent, C. Patient involvement in patient safety: How willing are patients to participate? *BMJ Quality and Safety*. 2010;20:108-114.
- 25 Hall, J, Peat, M, Birks, Y, Golder, S, et al. Effectiveness of interventions designed to promote patient involvement to enhance safety: A systematic review. *BMJ Quality and Safety*. 2010;19:1-7.
- 26 Levinson, W. Editorial: Patient-centred communication: a sophisticated procedure. *BMJ Quality and Safety*. 2011;20:823-825.
- 27 Canadian Institutes of Health Research. News Release: Government of Canada puts patients first with new research strategy. CIHR website. 2011 August 22 2011. Available from: <http://www.cihr-irsc.gc.ca/e/44130.html>
- 28 Longtin, Y, Sax, H, Leape, L, Sheridan, S, Donaldson, L, Pittet, D. Patient Participation: Current Knowledge and Applicability to Patient Safety. *Mayo Clinic Proceedings*. 2010;85(1):53-62.
- 29 Travaglia, J, Hughes, C, Braithwaite, J. Learning from disasters to improve patient safety: Applying the generic disaster pathway to health system errors. *BMJ Safety and Quality*. 2011;20:1-8.
- 30 Accreditation Canada. Focus Group Feedback: Surveyors, Partners, and Stakeholders, Meeting minutes. 2011 August.
- 31 National Transitions of Care Coalition. Improving Transitions of Care. Findings and Considerations of the "Vision of the National Transitions Care Coalition". NTCC website. 2010 September. Available from: <http://www.ntocc.org/Portals/0/PDF/Resources/NTOCCIssueBriefs.pdf>
- 32 Snow, M, Beck, D, Bucnitz, T, Miller, D, Potter, J, Wears, R, et al. Transitions of care consensus policy statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, Society for Academic Emergency Medicine. *Journal of Hospital Medicine*. 2009;4:364-370.
- 33 Guttman, A, Schull, M, Vermeulen, M, Stukel, T. Association between wait times and short term mortality and hospital admission after departure from emergency department: population based cohort study from Ontario, Canada. *British Medical Journal Online*. 2011;342.
- 34 Ministry of Health and Long Term Care. Ontario Wait Times strategy. MOHLTC website. Available from: <http://www.health.gov.on.ca/en/public/programs/waittimes/edrs/default.aspx>
- 35 Alberta Health Services. Public now able to access web-based emergency department & urgent care estimated wait times. Alberta Health Services website. 2011 July 27. Available from: <http://www.albertahealthservices.ca/rls/ne-ris-2011-07-27-emerg-wait-times-bkg.pdf>
- 36 Gouvernement du Québec, ministère de la Santé et des Services sociaux du Québec. Plan stratégique 2010 – 2015 du ministre de la Santé et des Services sociaux. 2010. Available from: <http://publications.msss.gouv.qc.ca/acrobat/documentation/2010/10-717-02.pdf>
- 37 Wachter, R, Pronovost, P. The 100,000 Lives Campaign: A scientific and policy review. *Journal on Quality and Patient Safety*. 2006;32:621-627.
- 38 World Health Organization. 2011 Report on the Burden of Endemic Health Care-Associated Infection Worldwide: A systemic review of the literature. WHO website. 2011. Available from: http://whqlibdoc.who.int/publications/2011/9789241501507_eng.pdf
- 39 Talaga, T. Niagara Health System to get supervisor in wake of C.difficile outbreak. *The Toronto Star*. 2011 August. Available from: <http://www.thestar.com/news/canada/article/1039763--niagara-health-system-to-get-supervisor-in-wake-of-c-difficile-outbreak>
- 40 Accreditation Canada. Focus Group feedback: Partners and Stakeholders, Meeting minutes. 2011, August.
- 41 Chassin, R, Loeb, J. The ongoing quality improvement journey: Next stop, high reliability. *Health Affairs*. 2011;30:559-568.
- 42 BC Patient Safety & Quality Council. Clinical Care Management. BCPSQC website. Available from: <http://www.bcpsqc.ca/quality/clinical-care-management.html>
- 43 Saskatchewan Health Quality Council. Releasing Time to Care in Saskatchewan, Saskatchewan Health Quality Council briefing note. Saskatchewan HQC website. 2011 March 28. Available from: <http://www.hqc.sk.ca/download.jsp?ubfsG7Blf2c+BE0kfo7p6TBIZBf0QfLQkUwK4QBZaJvImaObw1GIJA==>
- 44 World Health Organization. Conceptual Framework for the International Classification for Patient Safety. Version 1.1 Technical Report. WHO website. 2009 January. Available from: www.who.int/patientsafety/taxonomy/icps_full_report.pdf
- 45 Accreditation Canada. Focus Meeting: Canadian Patient Safety Institute, Minutes. 2011 August.



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