



Quality and Safety in Patient Care

Summary of Pan-Canadian Roundtable

April 2014

This summary has been prepared by the Canadian Nurses Association and the Canadian Federation of Nurses Unions in collaboration with the Academy of Canadian Executive Nurses, Accreditation Canada and the Canadian Patient Safety Institute. The views and opinions expressed in this summary do not necessarily reflect the views of any organization's board of directors.

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QUALITY AND SAFETY IN PATIENT CARE: SUMMARY OF PAN-CANADIAN ROUNDTABLE

On December 11 and 12, 2013, the Canadian Nurses Association (CNA) and the Canadian Federation of Nurses Unions (CFNU), with the support of the Academy of Canadian Executive Nurses, Accreditation Canada (AC), and the Canadian Patient Safety Institute, hosted a pan-Canadian roundtable whose overarching goal was to contribute to building a culture of quality and safety in the Canadian health-care system. Among the 47 participants were representatives from patient and consumer organizations, nurses working in direct care, nursing administrators, employers, educators, researchers, health system leaders, policy decision-makers and quality improvement professionals. The 1.5-day roundtable, funded in part by Health Canada, was held in response to three calls for action:

- The National Expert Commission’s 2012 report, *A Nursing Call to Action: The Health of our Nation, the Future of our Health System*
- CFNU’s 2012 report, *Nursing Workload and Patient Care*
- Resolution 3 of the 2012 CNA annual meeting, “Fragmentation of care and RN role substitution. Where’s the patient focus or safety of care?”

The pan-Canadian roundtable had four objectives:

1. Identify enablers of quality and safety in patient care
2. Discuss and better understand the reported realities of health-care workplaces and the contributing factors identified through the AC worklife standards
3. Achieve consensus on key priorities for improving quality and safety in patient care
4. Develop a framework and action strategies for a pan-Canadian action plan to achieve improved quality and safety in patient care, and define the roles of nurses in this plan

Following a series of plenary presentations and facilitated discussions, participants identified the following key enablers that have improved or could lead to improvements in quality and safety in patient care:

- Diligent focus on patients’ voice, with consistent, continual and meaningful engagement of patients and families
- Accountability at all levels of the health-care system
- Evidence-based, appropriate care driven by patients’ needs, with appropriate allocation of resources

- Identification and measurement of patient outcomes
- Nurse representation at all levels in health-care organization decision-making
- Collaboration among key stakeholders, including interdisciplinary teams, in conjunction with effective professional-care models that support collaborative or shared decision-making
- Effective communication systems among health-care providers and between providers and patients, enabled by tools such as electronic health records (EHRs) and situation, background, assessment, recommendation (SBAR)
- Supports for nurses who provide direct care and services, including effective orientation and mentorship for new nurse graduates and novice nurses
- Successfully piloted innovations and approaches to implement evidence-based clinical and healthy workplace practices

The focus then shifted to the AC accreditation program, which assesses organizations against national standards of excellence using a peer review process. The program focuses on structure, processes and, to a lesser extent, outcomes. There is recognition of the need to further strengthen the focus on outcomes within the program, and active work is underway on this goal. The accreditation program is unique in including worklife as a component within its quality framework. Based on 36,000 responses from across Canada to a survey (the 2012 Worklife Pulse Tool) of direct care providers on aspects of worklife (not nursing specific), AC identified four opportunities for improvement:

- Job demand: I have enough time to do my job adequately (50% for all of Canada)
- Decision-making control: I am satisfied with my involvement in decision-making processes in this organization (52% for all of Canada)
- Organizational communication: I am satisfied with communications in this organization (57% for all of Canada)
- Trust for the organization: I feel that I can trust this organization (59% for all of Canada)

Participants at the roundtable concurred with the observations of AC and offered the following directions for going forward:

- Continue public reporting of the AC findings, particularly the findings from the Worklife Pulse Tool
- Analyze the data provided by nurses in the Worklife Pulse Tool separately from other health-care providers, given that nurses are a large workforce and have a unique perspective on patient care

- Focus not only on structures and processes but also on patient outcomes, including nurse-sensitive outcomes, using consistent definitions for patient outcomes
- Support organizations in identifying ways to improve worklife for all health-care providers; worklife standards should include staffing plans based on patients' needs and on evidence related to quality and safety in staffing levels and mix, as well as nurses' involvement in decision-making

Given the important link between quality of worklife and quality of care and patient safety, AC remains committed to working to strengthen its program with regard to outcomes and to assisting in moving the health-care system forward with regard to concerns about worklife.

The roundtable culminated in the identification of four key priorities as the framework for an overall action plan. Specific action strategies were generated for each of the key priorities.

1. Empower patients and the public through education and supports that are key enablers of quality and safety

- Develop a Canadian patient's bill of rights and responsibilities
- Advocate for and support mechanisms that give patients access to their electronic health records
- Incorporate self-management and self-care models as key components of quality, safe care

2. Support nursing students and nurses

- Integrate patient safety competencies into the undergraduate nursing curriculum
- Develop quality care and patient safety programs that include mentorship by a nurse
- Adapt the length of the orientation to the needs of the novice nurse and to the context in which the care is delivered
- Support evidence-based cultures in all practice settings through the utilization of best practice guidelines and key knowledge transfer strategies at the individual, organization and system levels

3. Promote evidence-based staffing practices

- Develop audience-specific toolkits that support the implementation of evidence-based staffing practices as a key enabler of quality and safety in patient care; the toolkit should include decision-making tools (e.g., for budget control), as well as messages on the impact of retention and recruitment
- Advocate for accountability mechanisms in relation to staffing plans and their link to quality and safety in patient care; any changes to staffing allocations and staff mix require documentation and evaluation
- Promote the message that changes to staffing require appropriate evidence that links staffing to quality, safe care and to patient outcomes

4. Promote strong nursing leadership

- Advocate for senior nurse leaders to have seats at the board level, and promote a common understanding of nursing leadership as a key enabler of quality care and patient safety
- Develop a culture that supports quality care and patient safety, including giving direct care nurses the supports they require to provide quality, safe care
- Promote and support nurse leader decision-making authority at all levels, and engage direct care nurses in quality care and patient safety decision-making
- Encourage nurse managers to work closely with their teams and to focus on clinical excellence
- Engage direct care nurses in quality improvement initiatives and in quality and safety decision-making; provide capacity-development and decision-making tools (e.g., for budget control)
- Articulate the economic value of nursing and its direct link to quality, safe care and patient outcomes
- Support knowledge translation of available research that links nurse staffing levels and skill mix to quality care and patient safety

The action plan framework also includes four additional components and corresponding action strategies.

Communications

- Develop a multi-faceted communications plan to engage stakeholders in acting on the Canadian Action Plan for Quality and Safety in Patient Care
- Develop strong talking points to disseminate key messages regarding the Canadian Action Plan for Quality and Safety in Patient Care

Monitoring Indicators

- Support pan-Canadian reporting of nurse-sensitive structure, process and outcome indicators that document quality, safe patient care

Research and Evaluation

- Support research into and evaluation of questions related to quality care and patient safety; build evidence that supports nurses' contributions to quality, safe care; and synthesize, disseminate and encourage the use of research related to quality care and patient safety

Building Momentum

- Maintain ongoing communication with and engagement of the pan-Canadian roundtable participants
- Support the pan-Canadian roundtable participants in engaging in dialogue with stakeholders to gain support for and build momentum to act on the Canadian Action Plan for Quality and Safety in Patient Care

CNA and CFNU are committed to providing continued leadership in the area of quality and safety in patient care, in collaboration with their partners. The two organizations will develop an action plan from the roundtable recommendations, which they will then present to their respective boards for endorsement and approval. They will also co-chair a task force focused on engaging partners in implementing the approved action plan. It was widely acknowledged that the action plan can be successful only if there is strong support from nurses, patients, employers and other stakeholders who are committed to the goal of building a culture of quality and safety in the Canadian health-care system.