

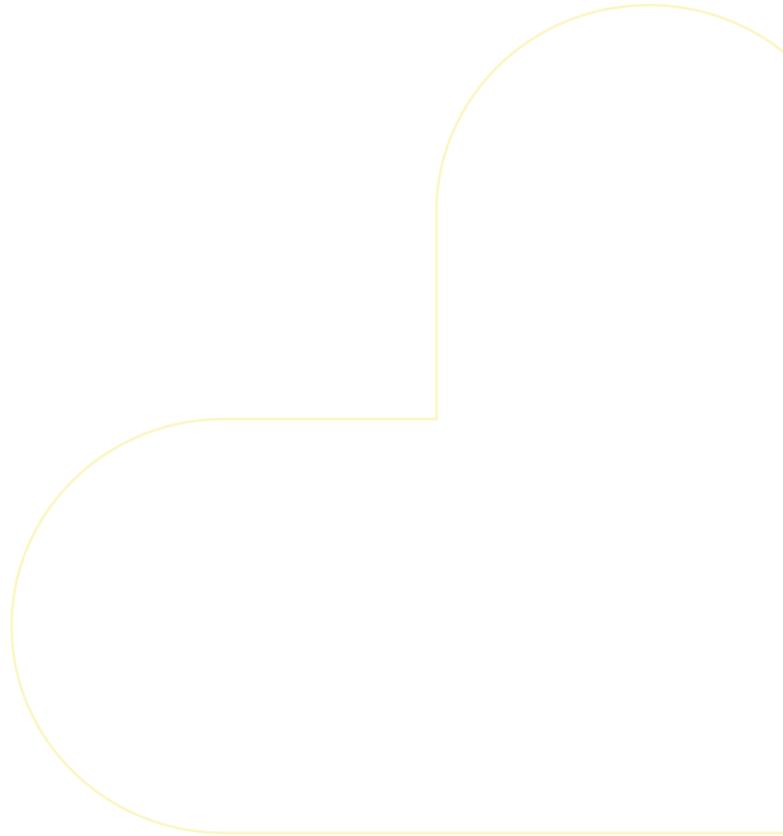
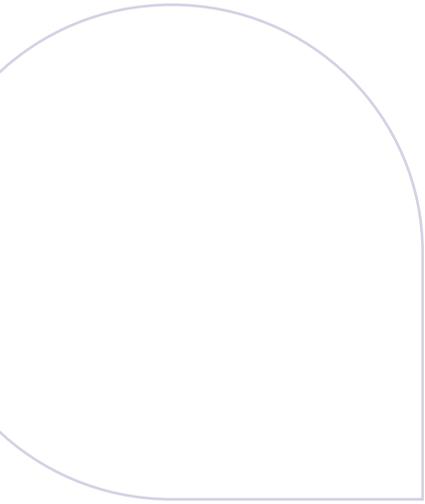
2020-21 Annual Report



**Healthcare
Excellence**
Canada

**Excellence
en santé**
Canada

**Shaping the future
of quality and safety.
Together.**



About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) is an organization with a relentless focus on improving healthcare, with – and for – everyone in Canada. Launched in March 2021 from the amalgamation of the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, Healthcare Excellence Canada has greater capacity to support partners to turn proven innovations into widespread and lasting improvement in patient safety and all the dimensions of healthcare excellence. We believe in the power of people and evidence and know that by connecting them, we can achieve the best healthcare in the world.

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Shaping the future of quality and safety. Together.



As we look back on the past year, a great deal has changed since the “before times” of early-2020. Healthcare, like education and many other sectors, has become increasingly virtual. Healthcare workers have responded to successive waves of the pandemic by acting on hard-won lessons and adapting care to meet changing circumstances. With physical spaces closed, people have stepped into new or expanded roles as educators and caregivers. The wearing of masks, cleaning of hands, and other personal protective activities are more ingrained in our daily lives. We’ve witnessed an unprecedented mobilization to develop and deploy vaccines across our populations.

Thanks to our collective efforts, the country is moving through the challenges of the pandemic. Together, we can grow the health system resilience that will serve us well in the future.

Although we’ve seen great contributions that have saved lives, protected those who are vulnerable, and supported friends, families, and neighbours in our communities, the past year has also exposed stark gaps in both care and equity. Pandemic risks were not evenly distributed, and the pandemic further emphasized and exacerbated pre-existing inequities in health outcomes and experiences of First Nations, Inuit and Métis across the country, particularly inequities in access to quality, culturally safe care.

Healthcare Excellence Canada (HEC) was born of a belief that everyone in Canada wants and deserves excellent healthcare. And as the past year has shown, we’re not there yet. The scale of our solutions needs to match the scale of the challenges facing our health systems as they recover from the pandemic and begin to rebuild.

Right now, there’s a tremendous opportunity to expand the reach of successful innovations so more people can benefit. There is opportunity to take these points of light and shine them across the country so that you don’t need to be lucky to access safe and high-quality healthcare. Together, we can not only recover from the effects of the pandemic but also build more resilient, equitable and innovative ways of designing, funding, and delivering care in the future.

This vision of safe and high-quality healthcare was why we embarked on a journey to amalgamate the Canadian Patient Safety Institute (CPSI) and the Canadian Foundation for Healthcare Improvement (CFHI). Working with partners like you, our respective organizations had achieved a lot. But there was still much more work to do.

Healthcare Excellence Canada launched in March 2021 and since then, we have worked to build this new organization with a greater capacity to support partners like you.

2020-21 was a transition year as we engaged with stakeholders across the country to develop our inaugural strategy. We focused on important objectives like:

- **Finding and promoting innovators and innovations**
- **Driving the rapid adoption and spread of quality and safety innovations**
- **Building capabilities to enable excellence in healthcare**
- **Catalyzing policy change**

Throughout this report, you'll find examples of the progress we've made towards achieving these objectives, nimbly working with partners across Canada to respond to changing circumstances. Our [LTC+: Acting on Pandemic Learning Together](#) program, for instance, focused on the largest patient safety issue in the country – COVID-19 outbreaks in long-term care. The program grew quickly to involve more than 1,500 homes caring for more than 180,000 residents. Likewise, we focused [Canadian Patient Safety Week 2020](#) on supporting safe virtual care, given the rapid expansion of this type of care. And our [Essential Together](#) program helped interested organizations safely welcome back essential care partners whose access was restricted during the pandemic.

The progress we've made is largely thanks to the staff and board members of CFHI and CPSI. Their contributions are the foundation from which HEC staff and board members will continue to build.

Looking ahead to next year, we see great opportunities working with people across the country towards the objectives that will be crystallized in our new multi-year strategy:

- Care of older adults with health and social needs
- Care closer to home and community with safe transitions
- Pandemic recovery and resilience

But we can't do it without you.

Working with patients and other partners, we can deliver lasting improvement in patient safety and experience, work-life of healthcare providers, value for money and the health of everyone in Canada.

Join us. Let's shape the future of quality and safety. Together.



Ronald F. Guse
Co-Chair, Board of Directors



R. Lynn Stevenson
Co-Chair, Board of Directors



Jennifer Zelmer
President and CEO

The Story of Healthcare Excellence Canada



There are many details and dates that – when strung together – form a timeline of how Healthcare Excellence Canada came to be.

Our real story is about what’s happening between the lines. It’s about recognizing that, despite all our achievements as the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement, safe and high-quality healthcare is not yet a reality for everyone in Canada. It’s about looking to the future, seeing what must be done and taking the necessary steps to get there, expanding our organization to bring a focus on quality and safety under one roof and better meet the scale of the challenges we all face.

Finding bolder and more inclusive solutions. Because it was the right choice. Because we know it’s what our partners are doing every day.

Our story is also about doing the work of coming together – producing 281 knowledge products, hosting 293 knowledge exchange activities, and engaging 1,200 improvement teams across 12 provinces and territories, and internationally.

Together, we persevered – people and organizations, across boundaries and silos, working through the messiness and uncertainty, during a global pandemic – because we share a dedication to the belief that everyone in Canada deserves excellent healthcare.

We know we’re not there yet. And so, we aim to work together with partners towards sustained improvement in healthcare quality and safety.

This story has shaped the core of who we are as Healthcare Excellence Canada. It will shape what we do and how we get there. Together.

Healthcare Excellence Canada [launched](#) in March 2021 with a [call to action](#) – asking, “What does healthcare excellence mean to you?” Over 1,000 people across the country contributed to our inaugural strategy through key informant interviews, focus groups, HEC’s launch event and an open survey. The resulting strategy will be released in the fall of 2021.

Our story is also about doing the work of **coming together** –

producing

281

knowledge products

participating in

293

knowledge exchange

activities and engaging

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across



**13 provinces
and territories**

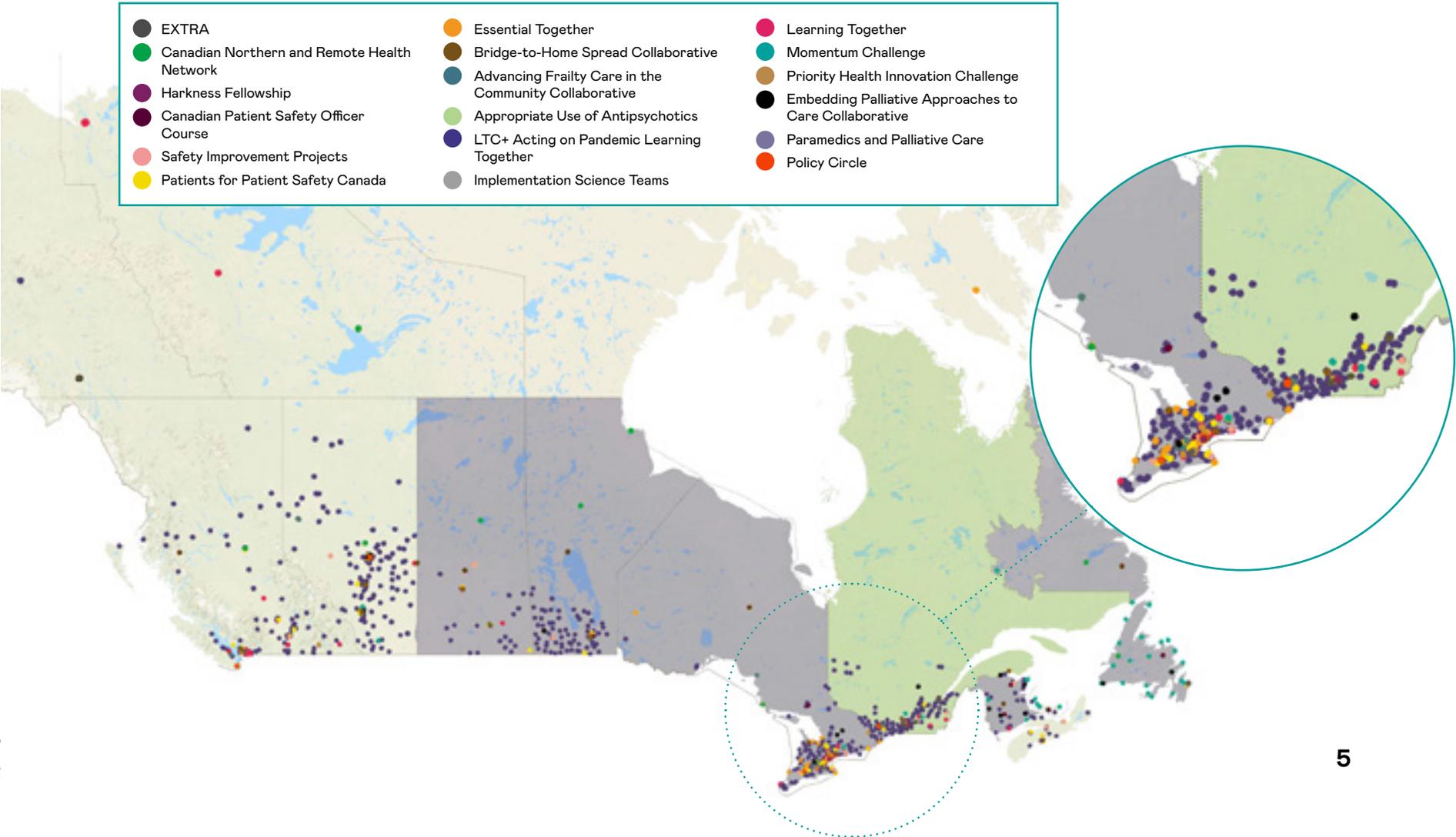


**and
internationally**

Relentlessly Improving Healthcare, with – and for – Everyone in Canada

To those committed to the pursuit of healthcare excellence, we promise to work with you to deliver measurable, widespread, and lasting improvement in the quality and safety of healthcare.

Throughout 2020-21, CFHI and CPSI first undertook programs, initiatives, and campaigns separately, and then together as an amalgamated organization. Much of this work progresses into 2021-22 as HEC's presence continues to stretch from coast to coast to coast.



Our Journey Towards Truth and Reconciliation



Truth and Reconciliation is an ongoing journey. We recognize we're still learning how to respectfully support reconciliation efforts and develop meaningful relationships and partnerships with First Nations, Inuit and Métis governments, organizations, and communities.

From the beginning, HEC has reserved at least one Board seat for someone bringing a First Nations, Inuit or Métis perspective to the organization's governance. Our commitment to be guided by the perspectives of First Nations, Inuit and Métis is embedded in our strategy and across our work. We are focusing on building meaningful relationships and partnerships with First Nations, Inuit and Métis, and enhancing organizational learning and capacity around cultural safety and humility. We also strive to support cultural safety and humility in the healthcare system and enhance the capacity of health systems to meet the needs of First Nations, Inuit, and Métis.

In 2020-21, we worked with the [Promoting Life Together \(PLT\)](#) Collaborative Guidance Group to develop a knowledge-sharing protocol and resources that illustrate the shared learning of the PLT Collaborative and the collective journey

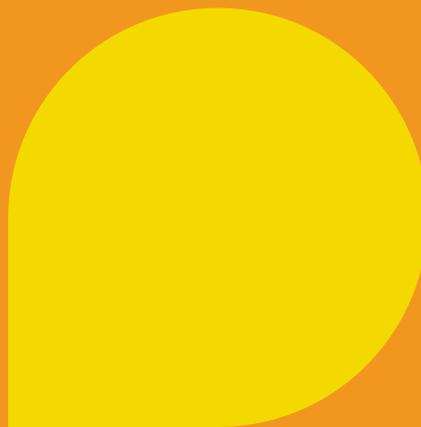
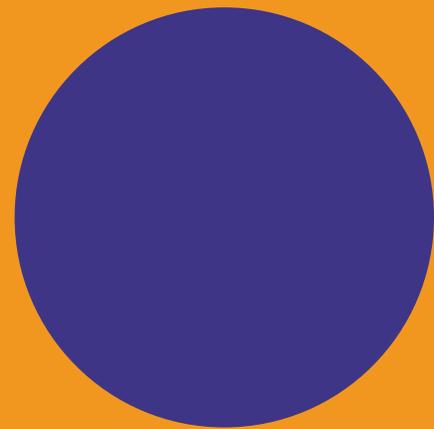
towards the developing of meaningful relationships between Indigenous and non-Indigenous partners.

In July 2020, CFHI, Thunderbird Partnership Foundation and the First Peoples Wellness Circle signed a commitment to collaborate, advance First Nations mental health and wellness, and share interests in mental health system improvement as determined by the priorities of First Nations.

To support organizational learning, many staff and board members completed San'yas Indigenous Cultural Safety Training and participated in various virtual learning opportunities delivered by Indigenous Spiritual Advisors, Elders and Knowledge Keepers. To support First Nations information governance and data sovereignty, some staff also participated in the Fundamentals of OCAP™ (ownership, control, access, and possession) course offered by the First Nations Information Governance Centre.

We also began the process of working alongside Spiritual Advisor Albert Dumont, and Indigenous Consultant and Educator Kelly Brownbill, to develop staff resources and deliver a learning series that explored what [land acknowledgements](#) are, why they are important, and how we can respectfully honour the land we live and work on.

We recognize that **First Nations, Inuit and Métis** have distinct cultures, traditions, and histories. Working alongside Indigenous community partners, HEC will assist health systems in addressing racism against First Nations, Inuit, and Métis, and supporting cultural safety and cultural humility, as defined by each community's distinct needs.



Patient Engagement and Partnerships



Engaged patients tend to have better health outcomes and experiences. There is clear evidence that purposeful patient engagement is fundamental to transforming the health system and improving quality and safety of care. It's well recognized that partnering with patients, families and caregivers offers different insights that can lead to more sustainable improvements in healthcare and health systems that better meet their needs.¹

HEC is firmly committed to putting principles of patient engagement into practice and creating a culture that enables meaningful engagement and partnership to improve patient safety and quality.

In 2020-21, HEC supported 1,200 teams across the country to develop organizational capacity for improvement and safety, including how to engage purposefully and meaningfully in their change efforts and to become “engagement capable environments.”

The COVID-19 pandemic brought a new reality to patient partnerships. High pressure and increased risks impacted how patients, families and caregivers were able to engage in the quality and safety of care.

To facilitate conversations about patient engagement and partnership during the pandemic, we launched a seven-part [webinar series](#), which

more than 700 people registered to attend. These pan-Canadian conversations fed into our work to help improve family presence policies during the pandemic and led to the launch of [Essential Together](#).

Recognizing that patient engagement and partnership efforts often focus on those who have the capacity, willingness and ability to engage, we [published a tool](#) to support organizations to have more inclusive and diverse patient engagement efforts.

During 2020-21, patient partners embedded as HEC staff members continued to work with colleagues to help strengthen internal processes for meaningful, consistent engagement practices, including patient recognition, storytelling, contracting processes and patient scholarships.

During the past year, HEC remained the secretariat of the [National Health Engagement Network](#) – a community of practice of healthcare leaders, providers, and patient, family and caregiver partners that fosters ongoing sharing, learning and networking across the country. [Patients for Patients Safety Canada](#) also remains a key program that supports patient engagement for patient safety. As part of their 15th anniversary celebrations, they launched HeART of HealthCARE, a virtual art gallery to express patient safety, prevent harm, heal after harm and engage patients as partners.

HEC also chairs the newly formed group of Patient Engagement Leads across the pan-Canadian health organizations.

¹Institute for Patient- and Family-Centered Care. (n.d.). Better Together: Partnering with Families - “Facts and Figures” About Family Presence and Participation. Retrieved July 8, 2021, from <http://www.ipfcc.org/bestpractices/Better-Together-Facts-and-Figures.pdf>



By responding to the needs and priorities of **patients and caregivers**, engagement-capable environments foster patient partnerships in addition to a culture of patient and family-centred care.

When we refer to patient engagement and patient partnerships, we mean the engagement of, and partnerships with, patients, families and caregivers.

Partnerships with Healthcare Organizations and Governments



We forge strategic alliances and networks with patient partners, system leaders, governments, industry, and others who share the commitment to healthcare quality and patient safety.

Throughout 2020-21, we worked with the Federal, Provincial and Territorial Government Patient Safety and Quality Network, the Atlantic Health Quality and Patient Safety Collaborative, the Western Quality and Patient Safety Representatives and [Patients for Patient Safety Canada](#) to support outreach and share HEC program opportunities. We engaged key policy stakeholders to move the dial on important quality and safety policy issues, such as the safe re-entry of essential care partners during COVID-19. A collaboration with Health Standards Organization (HSO) led to the co-design of a robust, evidence-driven, and user-tested [Canadian Quality and Patient Safety Framework](#) for Health Services.

Jennifer Zelmer, HEC President and CEO, continued to co-chair the Pan-Canadian Health Organization (PCHO)/Health Canada Coordinating Table with Deputy Minister Stephen Lucas. The table's seven pan-Canadian health organizations bring together unique skills, capabilities, expertise and perspectives to make progress on joint pandemic response priorities.

Collaboration with the Canadian Partnership Against Cancer in the [Paramedics and Palliative Care](#) program and the Canadian Frailty Network, as partners in [Advancing Frailty Care in the Community](#), continued.

Through the [Priority Health Innovation Challenge](#) and the [Momentum Challenge](#), we worked with all PCHOs and other pan-Canadian partners to

facilitate coordination, information sharing and mutual referral on activities that respond to pandemic and non-pandemic healthcare priorities.

[LTC+ Acting on Pandemic Learning Together](#) is another example of how we rapidly mobilized around a pressing need by bringing together partners to support thousands of long-term care and retirement homes trying to manage the pandemic's challenges, and deliver safe high-quality care.

To deliver this program quickly, we collaborated with BC Patient Safety & Quality Council, Shared Health Manitoba (previously Manitoba Institute for Patient Safety), New Brunswick Association of Nursing Homes, CADTH and the CMA Foundation. [Implementation Science Teams](#) are also working with those involved in the LTC+ program and other healthcare organizations, supported by the Canadian Institutes of Health Research, New Brunswick Health Research Foundation, Saskatchewan Health Research Foundation, Centre for Aging + Brain Health Innovation, and Michael Smith Foundation for Health Research.

In these areas and many others, there's tremendous potential to enhance collective impact and improve the quality of healthcare and the safety of patients. By working with national, regional, territorial and local organizations, we can achieve so much more together than we can alone.

International Collaborations

HEC shares a dedication to making healthcare safe and improving its quality with many organizations around the world.

The World Health Organization (WHO) designated CPSI as a WHO Collaborating Centre for Patient Safety and Patient Engagement to support WHO's international program activities. As the only Collaborating Centre with a dual focus on patient safety and patient engagement, CPSI continued to provide expertise and support to international initiatives, including the WHO patient safety flagship program, the Patients for Patient Safety Advisory Group and Global Network, and the incident reporting and learning systems. We also collaborated with other global organizations, such as the International Society for Quality in Healthcare.

What we do, together

HEC works with partners to share and drive rapid adoption of proven innovations and best practices in patient safety and all dimensions of healthcare excellence. We collaborate to deliver measurable, widespread and lasting improvement in patient safety and experience, work-life of healthcare providers, value for money and the health of everyone in Canada. This annual report brings together programs, initiatives, and campaigns from CPSI and CFHI – including joint work.

Appropriate Use of Antipsychotics

Appropriate Use of Antipsychotics (AUA) is a person-centred approach to caring for people living with dementia in long-term care homes. This approach involves residents, families and healthcare teams working together and reviewing care plans, including antipsychotic medications. These medications are appropriately discontinued or reduced if they're no longer needed, lowering the risk of negative health outcomes and improving care experiences and safety.

Together with the Canadian Institute for Health Information and Alberta Health Services, the AUA Connections Call series supports sharing best practices with health systems leaders around appropriate antipsychotics prescribing, with a focus on the COVID-19 context.

An AUA Curbside Consultations call was held in September 2020 to continue supporting homes involved in past AUA collaboratives and their efforts to sustain appropriate prescribing. Complementing the virtual events are key resources we developed with Choosing Wisely Canada and the Canadian Deprescribing Network for:

- [People living with dementia, their families and care partners](#)
- [Healthcare leaders](#)
- [Prescribers](#)

Optimizing Practices, Use, Care and Services – Antipsychotics Collaborative (OPUS-AP)

We're delivering OPUS-AP in partnership with the Ministry of Health and Social Services in Quebec, l'Institut national d'excellence en santé et en services sociaux (INESSS) and leading experts from Quebec from the four research networks. Phase II continued to build on the successes of the initial phase. Although Phase III of OPUS-AP was initially paused due to the pandemic, it will continue in 2021-22 with plans to roll out to all 317 long-term care centres (CHSLDs) in Quebec.

Advancing Frailty Care in the Community Collaborative

Together with the Canadian Frailty Network, we're supporting 17 teams participating in the Advancing Frailty Care in the Community Collaborative. Teams are adapting to pandemic realities and implementing evidence-informed innovations to improve the identification, assessment, and management of frailty in primary care and home care settings. The proven innovations being adapted are [COACH Program](#) (Caring for Older Adults in the Community and at Home), [CARES Program](#) (Community Action and Resources Empowered Seniors), [C5-75](#) (Case-finding for Complex Chronic Conditions in Persons 75+) and [Seniors' Community Hub](#). In parallel, HEC supports eight primary care clinics through practice facilitation to help them adapt and implement similar interventions. Practice facilitation is an improvement technique that draws on organizational development, project management, quality improvement, and practice improvement

approaches and methods to build internal capacity to engage in sustainable improvement activities.

Artificial Intelligence in Healthcare

Artificial intelligence (AI) and data-informed care can support improved patient outcomes by optimizing many aspects of care delivery, including diagnostics, treatments and preventative medicine.

In 2020-21, CFHI began exploring enablers for AI adoption. Together with an advisory group of healthcare leaders and providers, patient partners, researchers and data scientists, we held two webinars to discuss [how AI can and should be used in healthcare](#) and [lessons learned from early AI adopters](#). More than 450 people registered to join the discussions, which built the foundation for HEC to host a design lab in Spring 2021 to help health leaders implement AI in healthcare.

Bridge-to-Home Spread Collaborative

The Bridge-to-Home Spread Collaborative improves the quality and experience of care for patients, families, caregivers, and providers during transitions from hospital or outpatient care to their home or community.

Teams partner with patients, families, and caregivers to implement a patient-oriented care transition bundle that gives patients (and caregivers) the information and confidence they need to transition well from hospital to home. The bundle is built around the [University Health Network's OpenLab Patient Oriented Discharge Summary tool](#) that provides patients, families, and caregivers with clear information in five areas: medication, activity and diet restrictions, follow-up appointments, symptoms to expect, and who to call if there are questions.

Sixteen teams from seven provinces finished the collaborative in 2020; results will be shared in 2021.

Following the initial success of the Centre intégré de santé et de services sociaux de la Gaspésie team, in 2021-22, HEC will also help spread the Bridge-to-Home model across four regions in Quebec to improve cancer care transitions.

Canada's Patient Safety Online Learning Centre

Canada's Patient Safety Online Learning Centre is a free, open-source learning centre that provides diverse learners with new tools, technologies and design strategies. In 2020-21, CPSI's Virtual Learning Design Team developed two new micro-learning courses that have included global participation.

TeamSTEPPS Canada™ Essentials Microlearning Course

The Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS Canada™) course is built on an evidence-based framework of six interactive micro-learning sessions to optimize team performance across the healthcare system. More than 700 participants enrolled in the course during 2020-21, including nursing students from the Southern Alberta Institute of Technology, University of Windsor and St. Clair College, Ryerson University and Lambton College.

"Quick Start" Guide to Patient Safety Improvement Microlearning Course

This microlearning course supports teams across all healthcare sectors to use an integrated knowledge translation and quality improvement approach to improve patient safety outcomes. It's a "quick start" version of the [Guide to Patient Safety Improvement](#). More than 100 people, including international participants, enrolled in this course in 2020-21.

Canadian Harkness Fellowship

The Canadian Harkness Fellowship enables some of the brightest thinkers and leaders from Canada to participate in the Commonwealth Fund's International Program in Health Care Policy and Practice Innovations.

HEC supports the recruitment of Canadian Harkness Fellows and often works with them on Canadian healthcare policy issues following their fellowships. After the fellowship, alumni can apply their knowledge and experience to healthcare improvement in Canada. For instance, one of the 2019-20 fellows, Mylaine Breton from Quebec, disseminated her research focused on [improving the accessibility and continuity of primary healthcare](#).

Angel Arnaout is the 2020-21 Canadian Harkness/CFHI Fellow in Health Care Policy and Practice and a Breast Surgical Oncologist from Ontario. Her project is "Beyond Implementation: Virtual Care Standards, AI Innovation, and Service Design in Cancer Care."

Canadian Northern and Remote Health Network

The Canadian Northern and Remote Health Network (CNRHN) brings together senior decision-makers, leaders, policymakers and practitioners to enhance leadership, share innovative ideas and identify solutions to improve healthcare in northern and remote areas of Canada.

As the secretariat since 2014, CFHI, and now HEC, convenes in-person and virtual gatherings to provide opportunities for shared learning and collaboration.

Although COVID-19 has amplified existing health systems challenges in northern and remote communities, it has also contributed to the rapid emergence of healthcare innovations including in virtual primary care. In collaboration with the CNRHN, we launched a [Virtual Learning Exchange in Virtual Primary Care](#) that fostered sharing of innovations in northern and remote areas. Approximately 600 people registered for one of three learning sessions that explored cultural safety and Indigenous partnerships, enhancing equity and access, and patient and family-centred and partnered care.

Canadian Patient Safety Officer Course

The Canadian Patient Safety Officer (CPSO) Course was jointly developed and delivered by CPSI and HealthCareCAN, with support from experts across Canada and internationally.

By providing an overview of the fundamentals of patient safety, this course equips healthcare professionals and leaders with the information, tools, and techniques to build a strong patient safety culture within their organizations.

The CPSO Course is intended for healthcare professionals and leaders who have the formal responsibility of disseminating patient safety principles and programs throughout their organizations to patient safety officers, clinical managers, nurses, physicians, educators and allied health professionals.

Usually delivered in person, we adapted the course and delivered it online to 63 participants in 2020-21.

Canadian Patient Safety Week

Canadian Patient Safety Week is an annual pan-Canadian campaign started in 2005 by CPSI to inspire extraordinary improvement in patient safety and quality. “Virtual Care is New to Us” was the 2020 campaign theme, which ran from October 26 to 30. Partners included CFHI and Canada Health Infoway.

Prior to the pandemic, only 10 percent of people in Canada had experience with virtual care, but 41 percent would have liked to have virtual visits with their healthcare providers. The way to ensure that healthcare providers and patients make the most of virtual appointments is to use tried and true basics – support patients to ask questions and to bring an essential care partner with them to their appointments. The Virtual Care is New to Us theme was a sub-theme of the Conquer Silence campaign, which encouraged people – providers, patients and others – to speak up in the moment if something looks wrong, feels wrong or is wrong.

The Canadian Patient Safety Week campaign was supported with three [PATIENT podcasts](#), [Virtual Care Resources](#), [a quiz on virtual care appointments](#) and a [webinar on virtual care](#) featuring Canadian Medical Association President Ann Collins, Co-founder and Executive Director of Greg’s Wings Teri Price, and F.M. Hill Chair in Health System Solutions Sacha Bhatia.

During the campaign week, the hashtag #ConquerSilence received 3.098 million Twitter impressions, public service announcements were played on more than 200 radio stations across Canada on 14,766 occasions, and the campaign was featured by multiple news outlets across the country.

The Canadian Quality and Patient Safety Framework

The Canadian Quality and Patient Safety Framework is the first of its kind in Canada, with five goals that focus healthcare action on promoting quality and safety while improving patient experience and outcomes:

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

Our thanks to the Canadian Quality and Patient Safety Advisory Committee who co-created this framework, with input from hundreds of clinicians, policymakers and patient partners from across the country. CPSI, Health Standards Organization and its affiliated organization Accreditation Canada published the framework.

Downloaded nearly 600 times between September 2020 (when it launched) and March 2021, the Canadian Quality and Patient Safety Framework has been supported by some provincial governments and continues to inform the development of quality and patient safety improvement standards and measures across Canada.

Community Dementia Care and Support

Almost half a million people in Canada aged 65 years and over have been diagnosed with dementia. More than 460,000 care partners are supporting them.² In 2020, CFHI launched [a webinar discussion series](#) to showcase many innovations – ones that are just emerging, others with demonstrated results – that have improved early dementia diagnosis in primary

²Public Health Agency of Canada. (2019). A Dementia Strategy for Canada: Together We Aspire. Retrieved from https://www.canada.ca/content/dam/phac-aspc/images/services/publications/diseases-conditions/dementia-strategy/National%20Dementia%20Strategy_ENG.pdf

care and enhanced community support after diagnosis.

During 2020-21, 14 innovations aligning with Canada's [national dementia strategy](#) were discussed through the webinar series, which attracted nearly 700 registrants from across the country. The series helped raise the profile of innovations so more people living with dementia and care partners could benefit.

[Embedding Palliative Approaches to Care Collaborative](#)

Embedding Palliative Approaches to Care (EPAC) is a proven innovation that helps staff in long-term care homes identify and support residents who could benefit from a palliative approach to care.

[Final results](#) from the collaborative were published in 2020. They demonstrated that EPAC has been instrumental in shifting the culture and normalizing conversations about living and end-of-life care goals. By honouring residents' wishes, the end-of-life experiences, including the experiences of families and loved ones and their healthcare providers, have been significantly improved.

Easy-to-use, interactive resources support long-term care providers across the country to implement the EPAC model. [Giving the Gift of Time](#) is a one-hour free online course complemented by the [EPAC Learning Module](#).

[Essential Together](#)

The COVID-19 pandemic led to blanket visitor restrictions that prohibited essential care partners from being with loved ones in health and care settings. Although the restrictive policies were put

in place with the best intentions, they contributed to other risks and unintended harm to patients and families, as well as moral distress to staff.

Drawing from resources and evidence generated from CFHI's [Better Together](#) work, we supported health and care organizations to distinguish between general visitors and essential care partners during the pandemic.

In summer 2020, we convened a rapid response expert advisory group of 24 people to co-develop [key next steps to support hospitals to welcome back family caregivers as essential partners in care during COVID-19](#).

[Co-Creating Policy Guidance – the Policy Lab Approach](#)

Continuing the momentum, CFHI and CPSI [led a virtual policy lab](#) to co-develop pan-Canadian [policy guidance](#) to support a safe and consistent approach for reintegrating essential care partners back into health and care facilities during the pandemic. The policy lab brought together 32 people with a diverse range of expertise and COVID-19 related experience – including policymakers, healthcare administrators, providers, patients, families and caregivers. The policy guidance is supported by an [evidence brief](#).

[Launching Essential Together](#)

To help health and care organizations implement the policy guidance, Essential Together was launched, with [supporting partners](#), in late 2020 with publicly available [learning bundles](#). Essential Together [Huddles](#) shine a light on organizations that welcome essential care partners as part of care teams during COVID-19 and facilitate peer-to-peer learning opportunities. By March 2021, 19 teams formally joined Essential Together, gaining access to coaching and additional support.



An essential care partner is a family member, friend, caregiver or significant other who is designated by the patient to partner in the patient's care. They provide physical, psychological and emotional support, including decision-making support. There is clear evidence that partners in care improve patient safety and experience of care for both patients and staff, as well as help to reduce harm.³

³CFHI and CPSI. (2020). Evidence Brief: Caregivers as Essential Care Partners. https://www.cfhi-fcass.ca/docs/default-source/itr/tools-and-resources/essential-together/evidence-brief-en.pdf?sfvrsn=103fe5b3_4

EXTRA: Executive Training Program

EXTRA is a team-based leadership development, quality and patient safety improvement fellowship. Initially launched in 2004 by the former Canadian Health Services Research Foundation (CHSRF), the program continued with CFHI and now with HEC. EXTRA is grounded in leading and managing change, and sustaining gains in the reality of today's complex healthcare and social services environments.

In 2020-21, we adapted the EXTRA program delivery given the context of the pandemic. The 11 teams participating in cohort 16 undertook the fellowship virtually – through a combination of workshops, webinars, and dedicated coaching. Cohort 16's curriculum was enhanced to support teams in: considering the perspectives of First Nations, Inuit and Métis; engaging with patients, families and caregivers; and focusing on patient safety.

Health Canada Self-care Framework

We supported Health Canada's work in updating its approach to regulating [self-care products](#), hosting three consumer focus groups in early 2021 and contributing to the development of regulations for natural health and homeopathic products, [published](#) in the Canada Gazette in the summer of 2021.

The proposed regulatory amendments introduced requirements that would improve the labelling of natural health products so that information is clear, consistent, and legible for consumers and aligns with rules that have already been established for comparable non-prescription drugs.

Hospital Harm Measure

In 2020-21, the Canadian Institute for Health Information (CIHI) and CPSI collaborated on the Hospital Harm initiative to answer the question "How often do patients experience harm in hospital?" As part of this collaboration, CIHI released data on the national rate of harm, showing that approximately one in 18 hospital stays in Canada involved at least one harmful event.

To support organizations to measure and drive changes that make care safer, CPSI continued to maintain the [Hospital Harm Improvement Resource](#) – a compilation of evidence-informed practices linked to the clinical groups within the Hospital Harm Measure.

To assess the quality of the Hospital Harm Indicator, CPSI and Health PEI partnered and conducted a review of patient clinical charts to study post-admission harm captured in CIHI's data and harm recorded in patients' health records.

Global Patient Safety Alerts

Global Patient Safety Alerts (GPSA) is an online public resource with a comprehensive and evidence-informed collection of patient safety alerts, advisories and recommendations for healthcare providers and organizations. GPSA offers timely, searchable information for those interested in the analysis, management and learning from patient safety incidents. This resource was led by CPSI and now HEC, with support from the World Health Organization and contributions from more than 20 organizations worldwide.

Website usage in 2020-21 shows the value of GPSA to the global community with nearly 14,000 total web page views and users from more than 100 countries. In 2020-21, more than 100 patient safety alerts and recommendations were added to the GPSA resource.

LTC+ Acting on Pandemic Learning Together

Long-term care (LTC) and retirement homes were particularly hard hit by the COVID-19 pandemic, where residents accounted for more than 80 percent of early COVID-19-related deaths in Canada. To help LTC and retirement homes rapidly strengthen pandemic preparedness and response, CFHI and CPSI launched LTC+: Acting on Pandemic Learning Together. LTC+ is based on findings and practices captured in CFHI/CPSI report [Reimagining Care for Older Adults](#). The program supports the rapid implementation of promising practices in six key areas to potentially reduce risks of COVID-19 outbreaks or mitigate their effects: preparation, prevention, people in the workforce, pandemic response and surge capacity, planning for COVID-19 and non-COVID-19 care, and presence of family.

Between August 2020 and March 2021, more than 1,500 homes joined LTC+ and continue to participate in the program through huddles and coaching. Teams also received up to \$10,000 in funding to implement their pandemic preparedness action plans, such as contributions towards infection prevention and control training, mental health training/support and/or equipment to help meet virtual care needs.

The [Next Steps in COVID-19 Response in Long-Term Care and Retirement Homes](#) webinar series complements the LTC+ program's virtual learning opportunities and is open to anyone interested in participating. By March 2021, more than 1,200 participants were registered.

LTC+ is delivered by HEC, with support from the BC Patient Safety & Quality Council, Shared Health Manitoba (previously Manitoba Institute for Patient Safety), New Brunswick Association of Nursing Homes and CADTH. We welcomed [additional funding](#) to help more homes through the 2020 fall economic statement. We also thank the CMA Foundation for its [funding contribution](#).



Staff at Regency Southbridge Care Home on shift.

Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care

Building off the LTC+ program, Implementation Science Teams: Strengthening Pandemic Preparedness in Long-term Care initiative was launched in November 2020. [Twenty-two implementation science research teams](#) partnered with 91 long-term care and retirement homes to implement and evaluate promising practices and policies designed to keep residents, families, caregivers, and staff safe from COVID-19. Through the research, we're collectively building evidence on what pandemic interventions are most effective, in what settings and context, and why.

This research initiative is being coordinated by HEC, with funding partners: the Canadian Institutes of Health Research; New Brunswick Health Research Foundation; Saskatchewan Health Research Foundation; Centre for Aging + Brain Health Innovation; and Michael Smith Foundation for Health Research.

Learning Together: Emergency Shelters and Substance Use Centres

The COVID-19 pandemic has increased the urgency to share learning across care settings in real-time. The need to move quickly to improve support for underserved people, and the people who care for them, is especially critical as existing gaps in health and care widen. More than 200 residential emergency shelters and substance use centres

from across Canada applied to join the Learning Together program in March 2021. Teams are strengthening their pandemic response and vaccine roll-out through seed funding, coaching and peer-to-peer learning opportunities.

The [Virtual Learning Together Series](#) was launched in March 2021 and offers huddles, webinars, workshops and discussion forums to anyone interested in pandemic learning from emergency shelters and substance use centres. The Learning Together program is a collaboration between the Canadian Centre on Substance Use and Addiction, BC Patient Safety & Quality Council, and Healthcare Excellence Canada.

Momentum Challenge

The Momentum Challenge was a by-invitation program that brought together 64 teams from completed CFHI collaboratives. It was a partnership with CPSI and 19 supporting organizations from across the country. Through the challenge, teams were provided with learning, networking, and funding opportunities to sustain and spread their improvement projects even further.

Seventeen teams from the INSPIRED COPD Scale, Connected Medicine and New Brunswick Appropriate Use of Antipsychotics (AUA) collaboratives completed the Momentum Challenge in fall 2020, with 100 percent of teams that shared data reporting they sustained their improvement initiatives. Adapting to the demands of the pandemic, 50 teams from the Newfoundland and Labrador, and Prince Edward Island AUA and Embedding Palliative Approaches to Care collaboratives completed the second cohort of the Momentum Challenge in early summer 2020.

Paramedics & Palliative Care

HEC and the Canadian Partnership Against Cancer are delivering the Paramedics and Palliative Care program, bringing vital in-home palliative care to

people in Canada, so they receive palliative care when they need it and where they want it.

As part of this four-year \$5.5 million collaboration, paramedic services work with their partners to integrate paramedics into the circle of palliative care providers. Through the collaborative, more than 7,000 paramedics from seven provincial teams have been or will be trained using materials including [LEAP Paramedic](#) (by Pallium Canada) and [MyGrieftoolbox.ca](#) (by Canadian Virtual Hospice), which have been developed specifically to provide in-home palliative care. By the end of March 2021, almost 4,500 paramedics had been trained, and initial results show a reduction (of 20 to 80 percent) in palliative care patients being transferred to hospitals.

Patients for Patient Safety Canada

Patients for Patient Safety Canada is a patient-led program of HEC and is the Canadian arm of the World Health Organization's Patients for Patient Safety global network. Having experienced harm in healthcare, the 68 members of PFPSC provide patient perspectives to help advance safer healthcare and achieve the vision of "Every Patient Safe."

PFPSC program highlights in 2020-21 included contributions to Health Canada's Self-care Framework, policy options for essential care partners and 66 other initiatives. PFPSC members were also key to helping set a course for the new organization, including contributing to HEC's inaugural strategy. And two new PFPSC co-chairs – Theresa Malloy-Miller and Maryann Murray – were welcomed. Member Judy Birdsell received the Order of Canada, and Maryann Murray was awarded the Canadian College of Health Leaders, "Celebrating the Human Spirit Award."

15th Anniversary Celebrations

As part of the 15-year anniversary celebrations of Patients for Patient Safety Canada, a [virtual art](#)

gallery was launched with 153 paintings, fibre art, poetry, stories, sculptures, dance and songs from across Canada. The gallery celebrates art as a way to express patient safety, prevent harm, heal after harm, and engage patients and families as partners. Artist contributors included patients, healthcare workers, leaders and other contributors from across the country. Further anniversary celebrations included a virtual event led by Globe and Mail health reporter André Picard, with special guests including James Makokis (a Two-Spirit family physician from Saddle Lake First Nation in Northern, Alberta), Sir Liam Donaldson (Patient Safety Envoy from the World Health Organization) and founding PFPSC members Kathy Kovacs Burns and Maryann Murray.

Policy Circle

Policy Circle connects mid-career professionals who are committed to improving healthcare policy and practice. This one-year program aims to foster and contribute to the growth of the next generation of healthcare leaders. By building networks with and learning from, other Canadian healthcare organizations, Policy Circle members develop knowledge and skills to help address federal, provincial, and territorial shared health priorities.

In 2020-21, HEC adapted the Policy Circle due to the pandemic and successfully delivered program activities virtually for the second cohort of 11 members. Policy circle members continued to explore healthcare quality and safety in areas such as healthcare equity, transitions in care and primary care.

Priority Health Innovation Challenge

Together with 19 supporting healthcare organizations, CFHI and CPSI ran the Priority Health Innovation Challenge to identify and grow promising innovations that increase access to care in federal-provincial-territorial shared priority areas⁴

of home and community care and mental health and addictions services. Thirty-two teams from across the country participated in the challenge, with new or existing innovations in these two areas.

Teams were supported with a virtual learning series and other resources, networking, and funding opportunities. Congratulations to Sunnybrook Health Sciences Centre, which received the Overall Challenge Award for their Family Navigation Project focusing on youth and their families' navigation of the mental health and addictions service system!

The challenge concluded with a "Maintaining the Momentum" event in November 2020, which included guest speaker James Makokis.

HEC also partnered with Solutions for Kids in Pain to mobilize evidence-based innovations to promote better pain management for children and youth in Canada. Key activities included: a call for innovations to support virtual approaches, a pan-Canadian online survey to explore COVID-19 vaccine hesitancy for parents, and age-based knowledge mobilization resources to improve vaccine experience for older adults in congregate care settings.

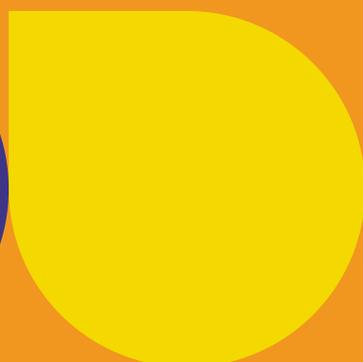
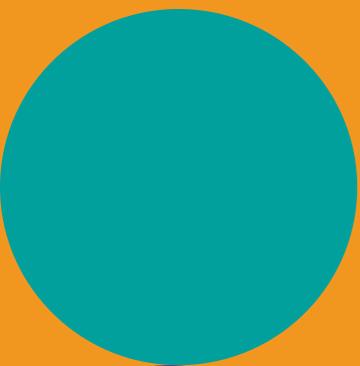
Promoting Life Together

The Promoting Life Together (PLT) Collaborative was a co-designed learning program that brought together six teams from coast to coast to coast to support meaningful partnerships between regional health organizations and Indigenous communities to develop life promotion initiatives.

Following the completion of the collaborative in 2019, a Knowledge Sharing Protocol was developed by the PLT Collaborative Guidance Group in 2020-21. The Protocol provides guidance for the overall approach to sharing knowledge related to the PLT Collaborative. The Protocol guided the work of two knowledge-sharing products, which will be available in the fall of 2021. The PLT Collaborative video and a written document, illustrate the collective journey of the PLT Collaborative and will be shared in 2021.

⁴Government of Canada. (2018). A Common Statement of Principles on Shared Health Priorities. Retrieved July 12, 2021, from <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>

Life promotion is a First Nation's paradigm that encompasses both suicide prevention and life promotion to reduce premature unnatural death. **The Promoting Life Together Collaborative** embraces the holistic approach to mental wellness articulated in the First Nations Mental Wellness Continuum Framework and identifies ways to enhance service coordination among various systems and support the culturally safe delivery of services.



Safety Improvement Projects

CPSI's four Safety Improvement Projects concluded in October 2020 with an interactive virtual closing congress designed to simulate a conference experience. Thirty teams from across the country had the opportunity to share their improvement journeys after participating in the 18-month Safety Improvement Project Learning Collaboratives. The collaboratives focused on accelerating improvements in patient safety.

Technology-enhanced learning was a key success factor in allowing teams to collaborate and access shared resources using a learning management system. A data collection and reporting electronic platform was customized for individual project topics, and coaches used a knowledge translation and quality improvement integrated approach guided by evidence-informed theories and frameworks.

Enhanced Recovery Canada™

Enhanced Recovery Canada's surgical pathways can support healthcare teams to help patients feel better and recover faster from their surgical procedures. These improved patient experiences and reduced hospital stays benefit both patients and over-stretched healthcare systems.

Based on evidence-informed practices for enhanced recovery from colorectal surgeries, in 2020-21, seven teams from across the country learned strategies that support better outcomes for surgical patients, including an improved patient experience, reduced length of stay, decreased complication rates and fewer hospital readmissions.

We also worked with patients and clinical experts to develop patient and provider resources to support best practices for same-day orthopedic hip and knee replacement and gynecologic surgeries – some of the most common surgical procedures in Canada. These resources were published in summer 2021.

Medication Safety: Safety Improvement Project

Medication safety is defined as freedom from preventable harm with medication use.⁵ Medication safety issues can impact health outcomes, length of stay in a healthcare facility, readmission rates, and the well-being of patients and those who care for them.

Five teams concluded their participation in the Medication Safety: Safety Improvement Project in October 2020. They learned and applied strategies to reduce patients' readmissions related to medication safety issues at discharge. Supported by expert faculty and coaches, teams applied improved processes for patients' medication management at discharge and implementation science techniques to sustain their improvements in patient safety. Resources used by the teams include the [Medication Reconciliation: Getting Started Kit](#) available for acute care, long-term care and home care settings.

Measurement and Monitoring of Safety Framework

The Measurement and Monitoring of Safety Framework was developed in the United Kingdom by Charles Vincent, Susan Burnett, and Jane Carthey.⁶ It consists of five dimensions and a series of prompting key questions that guide users to approach patient safety comprehensively. These five dimensions and related questions address past harm, reliability, sensitivity to operations, anticipation and preparedness, and integration and learning.

In May 2020, CPSI published the [Measurement and Monitoring of Safety Framework Improvement Collaborative results](#). Through the collaborative, 11 teams were taught about [MMSF](#) and coached to implement the framework in their local settings. Participants felt that the MMSF initiative will have positive impacts on healthcare teams' knowledge and behaviours, processes and patient outcomes.

⁵Institute for Safe Medication Practices Canada. (2007). Retrieved July 12, 2021, from <https://www.ismp-canada.org/definitions.htm>

⁶Vincent C., Burnett S. & Carthey J. (2013). The measurement and monitoring of safety. London: The Health Foundation, 2013.

Teamwork and Communications: Safety Improvement Project

Teamwork and good communication lead to improved patient safety culture and positive patient outcomes. Through CPSI's Teamwork and Communications Safety Improvement Project, which concluded in late 2020, expert faculty and coaches supported seven teams to focus on teamwork and developing strong communication skills.

A knowledge translation and integrated quality improvement approach was taken to empower teams to identify and solve their local teamwork and communication issues that adversely impact patient safety outcomes. Teams tested and implemented evidence-informed change ideas to improve patient safety using [TeamSTEPPS Canada™ tools and resources](#).

Strengthening Commitment for Improvement Together: A Policy Framework for Patient Safety

CPSI published [Strengthening Commitment for Improvement Together: A Policy Framework for Patient Safety](#) in 2019 to stimulate conversation and action on policy levers: legislation, regulations, standards, organizational policies, and public awareness. The framework is a conceptual guide to implement and evaluate policy levers and systematically share lessons learned that can improve patient safety in Canada. CPSI continued sharing the framework with federal, provincial and territorial patient safety tables throughout 2020-21. HEC will be drawing on the conversations and feedback to refresh the framework in 2021-22.

STOP! Clean Your Hands Day 2020

Hand hygiene is a core component of patient safety and health. And interest in public health measures – including hand hygiene – heightened during the pandemic.

In conjunction with the World Health Organization's [SAVE LIVES: Clean Your Hands](#) campaign, as CPSI, we continued our annual campaign to promote hand hygiene on May 5, 2020. The campaign was delivered in partnership with Public Health Agency of Canada, Infection Prevention and Control Canada, Nova Scotia Health, Winnipeg Regional Health Authority, Alberta Health Services, Public Health Ontario, Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec and [Patients for Patient Safety Canada](#). The 2020 campaign was one of the most successful yet, reaching more people than in previous years:

- More than 2,200 people downloaded the [Clean Hands Self-Assessment](#) (along with communications toolkits and other resources) to help ensure they were following WHO's steps on how to clean their hands properly
- More than 400 people pledged to work towards flattening the COVID-19 curve by washing their hands properly
- 7.8 million Twitter impressions were reached through nearly 900 Twitter accounts using #StopCleanYourHands
- 47 online publications, with a total reach of around 13 million people, mentioned the campaign

Spotlight Series

Our most pressing challenges in healthcare require focused, constructive discussions – sharing openly and listening to diverse perspectives and experiences. CFHI developed the Spotlight Series to do just that.

The Spotlight Series webinars launched in April 2020 to connect people to have conversations with a purpose and quickly respond to current issues by featuring strategies for improvement that are transferable to other organizations and jurisdictions. Solutions that will make improvements last are also explored.

Continuing from CFHI, in 2020-21, HEC hosted 11 Spotlight Series discussions on issues having a pandemic focus, including culturally safe practices during COVID-19, family presence policies and housing as a healthcare issue. Spotlight Series webinars received a total of 1,450 unique attendees, and recorded webinars have been viewed more than 1,600 times.

World Patient Safety Day

World Patient Safety Day was established by the World Health Assembly to increase public awareness and engagement, enhance global understanding, and stimulate global action to advance patient safety.

In 2020, the COVID-19 pandemic highlighted global challenges and risks to healthcare providers, including infections, violence, stigma, and psychological disturbances. And stressful working environments make healthcare providers more prone to errors which can lead to patient harm.⁷ CPSI and [Patients for Patient Safety Canada](#) joined 193 other member states to support the second annual World Patient Safety Day on September 17, having the theme “Health Worker Safety: A Priority for Patient Safety.”

On that day, we also acknowledged the 17-year legacy of CPSI with livestreaming of the [Building a Safer System](#) documentary, followed by a [panel discussion](#) hosted by Donna Davis from PFPSC. The hashtag #BuildingaSaferSystem had over 2.70 million impressions and 1,642 sites across Canada registered for the event.

Katharina Kovacs Burns, also a member of PFPSC, published an opinion-editorial “[The World Rallies for Health Worker Safety – A Priority for Patient Safety.](#)”

⁷Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, behavior, and immunity*, S0889-1591(20)30845-X. Advance online publication. <https://doi.org/10.1016/j.bbi.2020.05.026>

Board of Directors

HEC is governed by a voluntary Board of Directors. The board consists of highly respected professionals with diverse experience and expertise from across the country.

We thank the board for the support and guidance they have given to HEC.

- **Ronald F. Guse (Co-Chair)**
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- **Abby Hoffman**

We also thank our external committee members for joining select committees and working groups.

- **Heather Thiessen**
- **Linda Hughes**
- **Amanda Whitewood**



List of Appendices

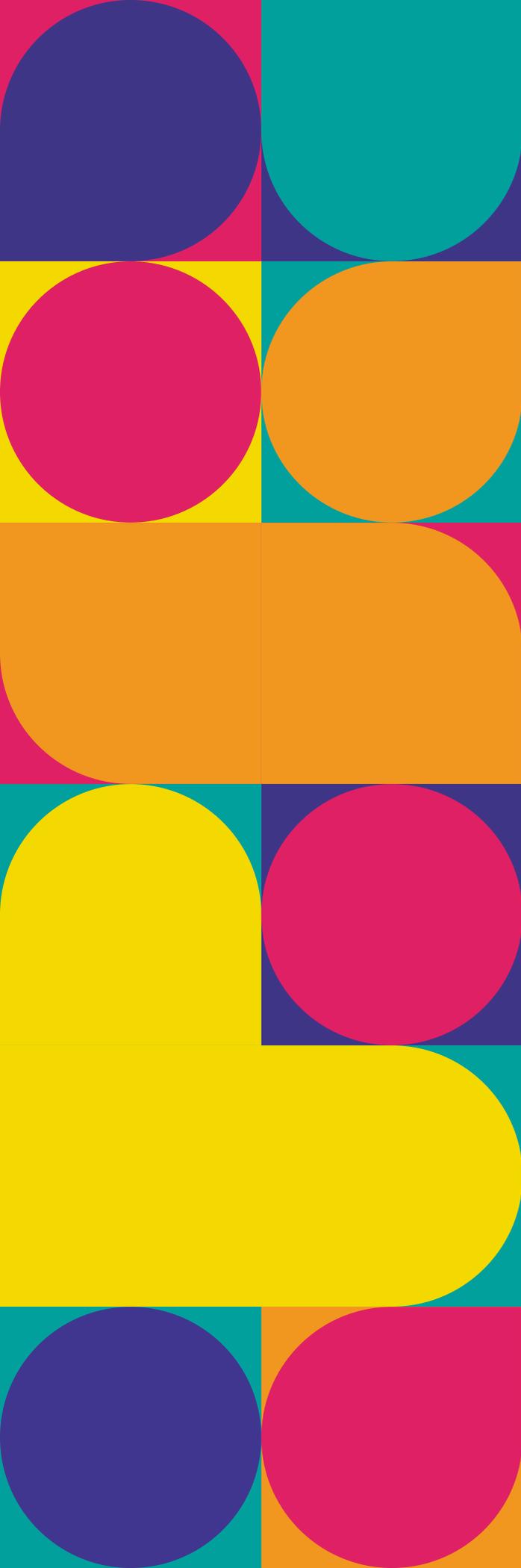
Visit HEC's website for additional reporting:

- **Appendix A** — [2020-21 Performance Measurement Framework \(PMF\) Report](#)
- **Appendix B** — [2020-21 Challenges and Risks](#)
- **Appendix C** — [Independent Auditor's Report: Summary Financial Statements for April 1, 2020 to March 31, 2021](#)
- **Appendix D** — [2020-21 Remuneration Report](#)

Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.

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