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SAFER HEALTHCARE NOW! PROGRAM REVIEW: LESSONS LEARNED FROM PHASE 1 OF THE CAMPAIGN
Executive Summary

July 23, 2007

Prepared for:

Canadian Patient Safety Institute

EXECUTIVE SUMMARY

Introduction

Safer Healthcare Now! (SHN, or "the campaign") is a grassroots campaign that was launched in June 2005. The campaign's focus is on improving patient safety through building a network of healthcare professionals who are involved in implementing six targeted, evidence-based interventions.

The Canadian Patient Safety Institute (CPSI) engaged PRA Inc. to conduct the evaluation of Phase 1 of SHN. The evaluation assesses the project's implementation and achievements. The results are also intended to provide best practices and lessons learned to assist both this patient safety campaign and future patient safety initiatives.

Description of the campaign

The SHN campaign responds to growing evidence in Canada and elsewhere of preventable adverse events that affect patient outcomes. The campaign is patterned after the U.S. Institute for Healthcare Improvement (IHI) *100K Lives* campaign. The goal of SHN is "to improve the safety of patient care in Canada through learning, sharing and implementing interventions that are known to reduce avoidable adverse events."[1] To achieve this goal, SHN has set the following primary objectives:

- reduce mortality and morbidity in Canadian healthcare through six interventions
- significantly increase the rate of participation among Canadian healthcare organizations in targeted patient safety interventions
- increase knowledge transfer and uptake of learning among organizations participating in SHN
- increase the capacity of participating organizations to effect change that leads to safer patient care.[2]

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[1] Safer Healthcare Now! (n.d.). Frequently Asked Questions. Available from http://www.saferhealthcarenow.ca/Default.aspx?folderId=44

[2] Safer Healthcare Now! (2006). *Request for Proposals. Program Review: Lessons Learned from Phase 1 of the Campaign.*

Through its efforts, SHN also hopes to achieve the following:

- spread the Campaign across the country and implement the interventions successfully
- publicize the Campaign's progress and success of the teams
- build a reusable national infrastructure for change.[3]

Consistent with its goals of improving Canadian healthcare and building a national model for change, the SHN campaign is open to all healthcare organizations and clinical teams in Canada that want to participate. There is no enrollment fee.

SHN uses the same six interventions as the *100K Lives* campaign. These interventions were chosen because evidence indicates that their implementation has the potential for improving the quality of care and patient outcomes, including a reduction in mortality and morbidity. Participating healthcare organizations can participate in one to all six interventions.

- ***"Rapid Response Teams (RRT):*** *Prevent deaths in patients who are progressively failing outside the ICU by implementing rapid response teams.*
- ***Improved care for Acute Myocardial Infarction (AMI):*** *Prevent deaths among patients hospitalized for acute myocardial infarction by ensuring the reliable delivery of evidence-based care.*
- ***Prevention of Adverse Drug Events (Med Rec):*** *Prevent adverse drug events (ADEs) by implementing medication reconciliation.*
- ***Prevention of Central Line-Associated Bloodstream Infection (CLI):*** *Prevent central venous catheter-related bloodstream infection (CR-BSI) and deaths from CR-BSI by implementing a set of interventions known as the 'central line bundle' in all patients requiring a central line.*
- ***Prevention of Surgical Site Infection (SSI):*** *Prevent SSI and deaths from SSI by implementing a set of interventions known as the 'SSI bundle' in all surgical patients.*
- ***Prevention of Ventilator-Associated Pneumonia (VAP):*** *Prevent VAP and deaths from VAP and other complications in patients on ventilators by implementing a set of interventions known as the 'ventilator bundle.'"*[4]

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[3] Safer Healthcare Now! (2006). *Request for Proposals. Program Review: Lessons Learned from Phase 1 of the Campaign.*

[4] *Safer Healthcare Now!* (2005). Information for Individuals and Organizations. Retrieved on April 1, 2007, from www.saferhealthcarenow.ca/ViewResource.aspx?resourceId=82.

Measurement is a critical part of the campaign. Teams are expected to collect data on the implementation of the interventions and submit it to the central measurement team (CMT). The CMT collects all process and outcome data. With this data, the CMT can:

- *"facilitate the testing of evidence-based strategies for better practice, shown in other settings to reduce morbidity and mortality*
- *support the teams by providing information on their own performance relative to the interventions for which they have enrolled, through the collection, analysis and reporting of organization-level, intervention-specific data."*[5]

The SHN campaign is led by a National Steering Committee (NSC) composed of 16 healthcare professionals and is supported by the Secretariat of CPSI. Clinical supports are organizations, such as the Canadian ICU Collaborative, the Canadian Association of Paediatric Health Centres (CAPHC), and the Institute for Safe Medication Practices (ISMP) Canada, that provide expertise and resources to facilitate the development and implementation of the interventions.

SHN is organized into three geographic nodes (Western, Ontario, and Atlantic). The nodes support various functions and activities of the campaign in their respective jurisdictions. They report to the NSC, but also work directly with participating teams. In addition to the four nodes, Quebec has a campaign, *Ensemble, améliorons la prestation sécuritaire des soins de santé!* (Together Let's Improve Healthcare Safety!), which is based on the SHN model and collaborates with SHN.

Methodology

The evaluation had two phases: the design phase, which included consultations through four teleconferences with primary intended users and SHN staff and the data collection phase, which included:

- stakeholder interviews with members of the NSC, the nodes and nodal steering committees, clinical support groups, and the CMT
- separate surveys with team leaders, key organizational contacts, and senior leaders of enrolled organizations
- a survey with partners
- a review of documents provided by SHN and the CMT.

[5] Safer Healthcare Now! (2006). Instructions for Data Entry and Submission Using Measurement Worksheets. Retrieved on April 1, 2007, from www.saferhealthcarenow.ca/ViewResource.aspx?resourceId=556

Evaluation conclusions and suggestions for Phase 2

SHN is an ambitious campaign. In its first phase, SHN sought to enroll healthcare organizations across Canada and build a national infrastructure for improving patient safety through its targeted, evidence-based interventions. Participating in the campaign meant implementing changes in clinical practice as required by the interventions as well as adopting a measurement strategy that included data collection and reporting so that the campaign could monitor progress and outcomes. Given the demanding nature of the campaign, SHN has been successful in increasing participation among Canadian healthcare organizations in its targeted patient safety interventions, which is one of the campaign's main objectives. In an eighteen-month period since SHN began enrolling teams, the number of teams increased by more than 400 percent. At the end of Phase 1, nine of the ten provinces had SHN teams, as did two of the three territories.

After just under two years, the campaign is still relatively young, and the majority of the teams surveyed report that they are in the early (partial) stages of implementation.[6] Based on the surveys and interviews, the largest contributing factors to team success are the commitment of team members and the support of clinical leaders and senior management, followed by the existence of a patient safety culture and QI experience within the organization. This finding demonstrates the key role that patient safety champions play in the development of a quality improvement culture.

To assist campaign participants, SHN offers a variety of supports at both the national and node level that include many methods of receiving information (e.g., email, web-based, telephone, print, and in-person). National level supports include the SHN website, National Learning Series, and Getting Started Kits. Each node has employed different approaches to providing team supports, which is largely the result of the different provincial healthcare structures and resource issues. Some nodes have had more opportunities for in-person contact and for funding activities like node collaboratives. All nodes provide periodic workshops and information calls to assist teams. In general, the evaluation found that those who had used the supports considered them to be useful.

In addition, general communications between the campaign and the participants provide a form of support, and the communications between the campaign and the participants are generally well received. Most participants consider the campaign to be effective at sharing best practices, communicating campaign goals, responding to questions, and sharing information with participants.

A key issue for Phase 2 of the campaign is the ability of organizations to sustain the current interventions and to spread them to other units or facilities. From the information available, it appears that most organizations are supporting the implementation of the interventions by reallocating staff and budgets, which means that SHN responsibilities have been added to the duties of staff. There is evidence that SHN is becoming integrated into the organizations' business plans (e.g., strategic plans and budgetary plans) as well as their quality reports (e.g., reports to hospital boards and quality councils). Most of the senior leaders who participated in the evaluation also indicated a desire to spread the interventions to other units as well as other

[6] The evaluation occurred between October 31, 2006 and March 31, 2007.

facilities. In addition, most plan to enroll in any additional interventions that SHN might announce, if these interventions are applicable to their organization.

As to the campaign's general effectiveness, the evaluation found that participants consider SHN to be an effective leader in promoting collaboration among healthcare professionals, and a large majority of participants are satisfied with the SHN campaign. Participants believe that SHN has developed a structure for nation-wide collaboration among healthcare organizations that did not exist before. Based on the interview and survey results, the campaign has been effective in increasing knowledge transfer and uptake in the area of patient safety; increasing the capacity for change; and increasing the attention paid to patient safety. Many campaign participants consider it to be too early to assess whether healthcare organizations have been able to decrease preventable deaths and injuries.

Suggestions for Phase 2

While the evaluation found that the campaign has made progress on many of its objectives, and that there is general enthusiasm for the campaign among participants, several suggestions for Phase 2 came out of the evaluation findings.

Participation. In Phase 2, a major challenge for SHN will be in extending its reach within enrolled organizations, as well as involving new healthcare organizations in the campaign. The evaluation found that among currently enrolled healthcare organizations (which include health regions/health authorities that have multiple healthcare facilities), the proportion of facilities with each intervention was small. In addition, the campaign currently focuses on acute care facilities, and, as many stakeholders pointed out, the campaign can also expand to cover the broader continuum of care.

> **Suggestion:** SHN should determine why some organizations are not participating, as well as what would assist enrolled organizations to become more active. This will require SHN to collect information on non-participants as well as more detailed data on the organizations that are currently participating.

> **Suggestion:** The campaign should consider expanding to organizations that are not acute care facilities.

Partner involvement is also uneven and many enrolled partners appear to have little involvement with the campaign.

> **Suggestion:** SHN should consider strategies for engaging partners, and could consider group discussions with partners about how the campaign could better work with them.

Supports. While stakeholders were generally positive about current supports provided by the campaign, some offered suggestions to improve team supports.

> **Suggestion:** SHN should consider more actively encouraging the use of collaboratives, in particular the Break Through Series Collaborative model. The collaborative approach was considered by many participants to be very effective in supporting QI efforts, particularly because it brings together teams who have QI expertise with those who are QI beginners. However, any learning approach should remain flexible and respond to local needs.

> **Suggestion:** Communities of Pratice (CoPs) are helpful resources, but reliance on volunteers means that some CoPs are struggling. SHN should consider staffing CoPs.

> **Suggestion:** Supports need to reflect the varying levels of teams' QI experience. Beginning teams would benefit from a toolkit on how to set up a QI infrastructure that will support implementation. While more experienced teams require supports that will advance their QI knowledge and capacity.

Measurement. Measurement of implementation and outcomes is a critical component of any QI initiative and is at the core of evidence-based medicine. Measurement is necessary to show the impact of SHN interventions. Teams are still at an early stage for measuring the interventions' implementation and the frequency of data submission has not achieved the goal of the monthly reports. For many intervention measures, less than half of the teams have provided baseline data. In addition, even for those measures for which the highest percentage of teams has submitted baseline data, there is a short time horizon for ascertaining improvement. For most teams, measurement worksheets have been submitted for six months or less. Survey and interview findings reflect concerns that the process is considered time-consuming.

> **Suggestion:** CMT should consider ways of simplifying the measurement process, such as by reducing the number of measures or by encouraging teams with little QI experience to start slowly and collect fewer pieces of data.

> **Suggestion:** SHN should partner with other professional organizations to standardize clinical documentation so that necessary information is collected.

> **Suggestion:** SHN should provide more training opportunities for the teams on measurement. The collaborative approach, or at least some forum where teams can meet, receive hands on training, and share best practices, is considered to be particularly effective for this type of training.

Communication. Stakeholders believe that awareness of the campaign has not moved much beyond the campaign participants and that the campaign would benefit from a stronger, more cohesive message that would better reach healthcare providers in facilities that are not implementing SHN interventions, patients, and the public.

> **Suggestion:** In Phase 2, SHN should develop a communications strategy that also targets healthcare professionals who are not participants, as well as the public and patients.

Effectiveness. Some stakeholders believe that the campaign can become a more effective leader by clarifying roles and responsibilities so that decision-making lines of authority are transparent.

> **Suggestion:** SHN should consider ways to improve its governance structure that will allow for efficient decision-making processes, and will clarify responsibilities of the campaign stakeholder groups, but will still maintain the decentralized, collaborative style that stakeholders also value.