ENVIRONMENTAL SCAN
MANAGING FOR QUALITY AND SAFETY
March 2007

Prepared by:
Steeve Vigneault, MBA
Senior Program Officer,
Managing for Quality and Safety
**Vision**
Our vision is a strong Canadian healthcare system that is driven by solid, research-informed management and policy decisions.

**Mission**
To support evidence-informed decision-making in the organization, management, and delivery of health services through funding research, building capacity, and transferring knowledge.

**Strategy**
To bring researchers and decision makers together regularly to understand each other's goals and professional culture, influence each other's work, and forge new partnerships.

For more information on the Canadian Health Services Research Foundation, contact the foundation at:
1565 Carling Avenue, Suite 700
Ottawa, Ontario
K1Z 8R1
E-mail: communications@chsrfa.ca
Telephone: 613-728-2238
Fax: 613-728-3527

Pour obtenir de plus amples renseignements sur la Fondation canadienne de la recherche sur les services de santé, communiquez avec la Fondation :
1565, avenue Carling, bureau 700
Ottawa (Ontario)
K1Z 8R1
Courriel : communications@fcrss.ca
Téléphone : 613-728-2238
Télécopieur : 613-728-3527

**Acknowledgments**
The foundation would like to thank all the people from across Canada who granted interviews during fall 2006 and the participants of the November 15, 2006 strategic consultation on managing for quality and safety. As well, we would like to thank Kimberley Sears for her contribution to the draft of the summary report of the strategic consultation.
# Table of contents

Key Messages .................................................................................................................. 4  
1. Introduction .................................................................................................................. 5  
2. Methods and approaches .............................................................................................. 5  
   2.1 Search through databases and web sites ................................................................. 5  
   2.2 Key players’ interviews ......................................................................................... 6  
   2.3 Strategic consultation ............................................................................................. 6  
3. Key stakeholders and initiatives .................................................................................. 7  
   3.1 National and provincial organizations ..................................................................... 7  
   3.2 Initiatives related to healthcare quality ..................................................................... 7  
4. Research and literature ............................................................................................... 8  
   4.1 Research funded through the foundation ................................................................. 8  
   4.2 Scientific and grey literature .................................................................................. 8  
5. Issues and key research areas to improve the quality of the healthcare system: Messages from the consultation ................................................................. 9  
6. Conclusion and implications for the foundation .......................................................... 10  

Appendix I: Dimensions of healthcare quality according to different organizations ...... 12  
Appendix II: List of interviewees (September 5 to October 20, 2006) ............................. 15  
Appendix III: Interview guide for key informant survey ................................................. 16  
Appendix IV: List of participants: Strategic consultation meeting (November 2006) .... 18  
Appendix V: Organizations and initiatives related to healthcare quality in Canada ...... 19  
Appendix VI: Current networks in Canada related to healthcare quality ....................... 29  
Appendix VII: Research funded by the foundation related to quality ............................. 30  
Appendix VIII: List of selected grey literature ............................................................... 31
Key messages

- This document presents an environmental scan of current evidence and issues in quality and safety in Canada. It consolidates information from several sources — a series of interviews, a consultation meeting, a literature review, and web searches carried out during 2006 to support the development of a strategic agenda for the foundation’s “managing for quality and safety” priority theme. The intent is to update this scan on a yearly basis.

- Different organizations use different frameworks and definitions of quality in relation to healthcare and health systems; however, all incorporate multiple dimensions. While the foundation does not subscribe to any particular definition, it recognizes safety is an important dimension within a broader concept of quality of care.

- Several organizations dedicated to quality and safety issues emerged across Canada in the last decade. Within this context of new opportunities and challenges, it is essential for the foundation to work in a collaborative and complementary way with these organizations to improve the performance of the Canadian healthcare system.

- Three main goals under the foundation’s managing for quality and safety theme were identified to guide future research initiatives and knowledge transfer and exchange activities for the short and medium terms (2007-09):
  - raise awareness of the actual state of healthcare quality in Canada;
  - get quality improvement on the policy and management agenda; and
  - promote knowledge sharing on effective ways to manage quality within the Canadian healthcare system.
1. Introduction

Managing for quality and safety emerged as one of 10 priority themes in Canadian healthcare during the national Listening for Direction II consultations in 2004 (www.chsrf.ca/other_documents/listening/pdf/LfD_II_Final_Report_e.pdf); the Canadian Health Services Research Foundation was one of six national partner organizations in this exercise. Subsequently, the foundation’s board of trustees adopted managing for quality and safety as one of its four priority research themes (along with nursing leadership, organization, and policy; primary healthcare; and management of the healthcare workplace).

Over the last few years, the landscape in this theme area has changed considerably. For example, new organizations dedicated to quality and safety issues have emerged across Canada, such as the Canadian Patient Safety Institute and provincial health quality councils. In addition, some national or provincial quality improvement initiatives were set up, such as Safer Healthcare Now!, the Western Healthcare Improvement Network, and the British Columbia Patient Safety Task Force. In this context, the foundation is reflecting on its future goals, objectives, and strategies in research and knowledge transfer and exchange for working, in collaborative and complementary ways with these organizations, to ensure the quality of the Canadian healthcare system. To inform and enrich this reflection, the foundation conducted an environmental scan, the results of which are presented below.

2. Methods and approaches

The environmental scan was conducted in various stages between April and December 2006. It looked at the following information:

- research funded by the foundation;
- federal/provincial organizations and initiatives;
- scientific articles and grey literature; and
- key players’ input from interviews and a strategic consultation.

2.1 Search through databases and web sites

A search was conducted to assemble a list of research projects funded by the foundation related to the managing for quality and safety theme. Also, a web search of scientific and grey literature, provincial/national organizations, and initiatives was conducted through databases, online journals, web sites, and various search engines using key words.

During the search, we came across many frameworks and definitions of quality used in relation to both healthcare and health systems by different organizations. All these definitions suggest quality healthcare includes multiple dimensions; however, while there is some agreement on these dimensions, each organization has a different emphasis (see Appendix I). While the foundation does not subscribe to any particular definition, it recognizes safety is an important dimension within a broader concept of quality of care.

2.2 Key players’ interviews

A series of interviews was conducted with more than 20 decision makers and researchers involved in the theme area (see Appendix II). A semi-structured questionnaire was used as a
basis for the interviews (see Appendix III). During these meetings, interviewees discussed key issues, knowledge gaps, and potential contributions the foundation could make to improve the quality of the healthcare system. A summary of these interviews and other background information were presented at the strategic consultation to support exchange and discussion.

Five key messages were extracted:

1. maintaining the status quo on performance improvement in the Canadian healthcare system will result in needless mortality, morbidity, and excess cost;
2. decision-maker leadership incorporating evidence on healthcare quality is the cornerstone to achieving meaningful improvement;
3. an appropriate balance of system-wide, evidence-informed interventions that target many levels must be developed and used;
4. there are opportunities to identify and disseminate proven management interventions to support quality improvement at the organizational level across Canada; and
5. collaboration and complementarity among organizations focused on improving the quality of healthcare are essential.

During discussions, interviewees also suggested issues where additional research is needed. These were related to:

- understanding the barriers among decision makers and the public to pursuing a quality agenda;
- developing and/or clarifying common definitions, terms, and frameworks related to quality of care and quality improvement;
- reconstructing care processes at institutional levels (micro and meso):
  - translating and/or incorporating high-reliability characteristics — process of care improvement — or quality improvement initiatives from high-risk/high-hazard industries to health sectors; and
  - developing a roadmap/guide on how to create high-reliability organizations;
- engaging the health workforce in performance improvement (organizational culture change);
- developing and evaluating effective interventions to increase the participation of patients in self-care;
- assessing the potential impact of incentives on quality improvement in relation to the Canadian marketplace; and
- evaluating the impact of health information technology interventions on quality improvement and the factors that influence their efficacy.

2.3 Strategic consultation

The foundation invited key stakeholders, researchers, and decision makers to participate in a strategic consultation meeting in Mississauga, Ontario on November 15, 2006. Eighteen people participated, including representatives from provincial (Alberta, Saskatchewan, Manitoba, Ontario, and Quebec) and national organizations (see Appendix IV). During the meeting, participants explored key issues and possible approaches to dealing with these issues to improve the system-wide quality of the healthcare system. Additionally, participants shared their knowledge of current national and provincial initiatives related to the managing for quality and safety theme. Finally, participants suggested strategies for healthcare quality improvement where
the foundation could make a contribution through research and knowledge generation and dissemination. A report of the consultation was drafted and sent to the participants and other stakeholders for validation and comment. An electronic version of the final report is available on the foundation’s managing for quality and safety web page (www.chsrf.ca/research_themes/safety_e.php).

3. Key stakeholders and initiatives

3.1 National and provincial organizations

Several federal and provincial organizations with a mandate to improve healthcare quality and safety were recently created, such as the Health Council of Canada, the Canadian Patient Safety Institute, several provincial health quality councils (Saskatchewan, Alberta, Ontario, and Quebec), Cancer Care Ontario, and the Manitoba Institute for Patient Safety. A list of national and provincial organizations related to the theme can be found in Appendix V.

Dobrow and colleagues compared the mandates, missions, and resources of four of these organizations — the Health Council of Canada, the Health Quality Council of Alberta, the Saskatchewan Health Quality Council, and Cancer Care Ontario. The councils’ mandates identify a number of roles and responsibilities, including developing evidence-based standards, promoting best practices, conducting research, evaluating new technologies, and providing strategies for improving quality of care. There is some agreement among the councils on roles, such as performance measurement, public reporting, and advocacy/promotion. However, in 2005, the councils’ resources varied considerably; for example, the number of support staff at each of the four councils ranged from seven to 34. The councils also differed with respect to the number and the expertise (clinical and non-clinical) of their members. For example, the proportion of members with clinical backgrounds ranged from 30 percent at the Health Council of Canada to 73 percent at Cancer Care Ontario.

3.2 Initiatives related to healthcare quality

A selected list of national and provincial initiatives that focus on healthcare quality improvement and their brief descriptions can also be found in Appendix V. The list was initially compiled via a web search and was completed with the information gathered during the consultation. In addition to these initiatives, five networks related to healthcare quality were identified during the scan (see Appendix VI). The Quality Healthcare Network, the Western Healthcare Improvement Network, and the sub-network in the area of health of the Canadian Policy Research Networks were created at a national level. The Quality Improvement Network and Health Quality Network were initiated to support knowledge sharing in Saskatchewan and Alberta, respectively.

4. Research and literature

4.1 Research funded by the foundation (1997-present)

The foundation has funded research concerning issues related to healthcare quality since 1997 through its Open Grants Competition, the Research, Exchange, and Impact for System Support (REISS) competition, and its commissioned research program (see Appendix VII). However, most of this research was funded under other themes, primarily nursing leadership, organization,
and policy and managing continuity. Over these years, approximately 10 research projects or programs related to quality were funded, tackling issues such as access, information technology, and performance measurement.

4.2 Scientific and grey literature
The number of scientific articles related to healthcare quality and quality improvement is considerable. These generic terms are associated with a panoply of issues. For this environmental scan, the studies were grouped under the following categories: access (waiting times); accountability (especially public reporting); incentives (especially pay for performance); health information technology (especially electronic health records); leadership; organizational culture; patient-centred interventions; patient safety; quality and performance measurement; quality indicators; quality improvement interventions; regulations; and systemic improvement. The articles collected for this scan were filed at the foundation in a database for this theme area.

Key grey literature funded during the scan was selected and classified according to the same categories as the scientific literature (see Appendix VIII). The amount of grey literature from different countries about quality/performance measurement and public reporting suggests a great interest around the world in these issues. Those that were specifically concerned with the Canadian healthcare system highlighted timely access to care as a major issue (for example, the Report of the Federal Advisor on Wait Times).

When combined, the scientific and grey literature give a clear indication that the state of quality delivered by many healthcare systems is not optimal; a systemic approach must be developed and used; and no intervention alone will achieve and sustain meaningful healthcare quality improvement. To ensure the success of these interventions, leadership at all levels of the healthcare system and physician engagement are mentioned throughout many reports. Engagement of physician leaders is also required to ensure adequate implementation of quality improvement interventions. Suggested interventions to improve the healthcare system, in Canada or elsewhere, include financial incentives, health information technology, patient-focused interventions, and organizational changes. However, these interventions must be evidence-informed and adapted to the context of each healthcare system. Some sources of evidence on effective strategies for change include the Agency for Healthcare Research and Quality in the United States and the Health Foundation in the United Kingdom. The latter commissioned a research initiative named Quest for Quality and Improved Performance (QQUIP) to analyse quality and efficiency in the National Health Service. This initiative will produce a series of structured reviews covering a wide range of possible interventions to enhance healthcare quality. There are presently two reports available, one on the evidence of the impact of regulation and the other on the effectiveness of patient-focused interventions (http://www.health.org.uk/qquip/).

5. Issues and key research areas to improve the quality of the healthcare system: Messages from the consultation
Key issues surrounding and approaches to improving the quality of the Canadian healthcare system were identified by the participants of the strategic consultation in November 2006. These issues and approaches were gathered around six themes:
1. increase knowledge/information sharing within the healthcare system;
2. enhance participation of the patient in healthcare quality improvement;
3. standardize definitions and frameworks of quality;
4. identify and prioritize key quality targets;
5. develop and use business/financial approaches to encourage quality improvement; 
and
6. engage physician leaders.

Synthesis topics and questions for short- and long-term research were also developed by the participants. The questions were aggregated into key research areas (listed below with one or two sample research questions):

1. Regulation and accountability
   - What are the models, infrastructure, and accountability mechanisms being used to improve quality in Canada? How effective are they?
   - Do board accountability arrangements work? Why or why not?

2. Patient-centred interventions
   - What perceptions do patients and the public have about quality and quality improvement? What are their values and priorities?

3. Healthcare delivery models
   - What is the optimal type of provider arrangement to deliver the highest-quality care?

4. Incentives for quality improvement
   - What are the underlying issues and potential negative effects of implementing incentives?
   - What is the return on investment — clinical, economical, and business case — for implementing quality improvement?

5. Health information technology
   - What do we know about the effects of implementing the electronic health record?

6. Organizational evidence-informed interventions
   - Where are best practices/interventions located and how can they be shared?
   - What is the effectiveness of organizational initiatives to improve quality?

6. Conclusion and implications for foundation activities
As mentioned previously, many stakeholders are involved in improving quality of care at a national or provincial level. While the foundation has relatively limited funds to contribute to work in this broad area, we are committed to working in partnership with others (financially and conceptually) to achieve meaningful healthcare system improvement.

When reviewing all the information that was gathered, an agenda for the foundation’s managing for quality and safety theme can be brought forward. This agenda will focus on healthcare quality improvement as a broad concept, including different dimensions such as safety. Three major goals with proposed objectives were established for the short and medium terms (2007-
as follows:

**Goal 1: Raise awareness of the actual state of healthcare quality in Canada**

Proposed objectives:
- Identify effective strategies and best practices for public reporting on the quality of healthcare services.
- Inform all levels of the health system and the public about:
  - the magnitude and scope of the healthcare quality problem in Canada across the spectrum of care and for different dimensions of quality; and
  - common healthcare interventions where the appropriateness and positive changes in the patient’s condition are low.

**Goal 2: Get quality improvement on the policy and management agenda**

Proposed objectives:
- Identify current healthcare policies/accountability mechanisms that focus specifically on the roles and expectations of management regarding the improvement of quality of care.
- Contribute to the knowledge base around:
  - effects of financial and/or non-financial incentives and their appropriate use in the Canadian context to align efforts that lead to healthcare quality improvement; and
  - methods to accurately analyse the costs and benefits associated with healthcare quality investments and/or quality improvement initiatives.

**Goal 3: Promote knowledge sharing on effective ways to manage quality within the Canadian healthcare system**

Proposed objectives:
- Identify quality improvement interventions carried out at the organizational level, the opportunities for and barriers to their implementation, and lessons that could be useful to decision makers in other organizations.
- Contribute to the knowledge base around the effectiveness of organizational healthcare improvement interventions that focus on different areas of the entire continuum of health services, including prevention, primary, community, and acute care.
- Develop exchange and learning events for managers at the organizational level to:
  - provide them with an opportunity to share their experiences developing and implementing quality improvement initiatives; and
  - provide information on specific issues related to healthcare quality improvement.

The foundation will consider the above when designing programs and activities for research, capacity-building, and knowledge transfer and exchange, in collaboration with partners and stakeholders. It is expected this agenda will be refined with input collected during upcoming consultations, such as *Listening for Direction III*. 
Appendix I: Dimensions of healthcare quality according to different organizations

<table>
<thead>
<tr>
<th></th>
<th>Effective</th>
<th>Efficient</th>
<th>Accessible/ timely</th>
<th>Patient-centred</th>
<th>Acceptable</th>
<th>Appropriate</th>
<th>Equitable</th>
<th>Safe</th>
<th>Integrated</th>
<th>Appropriately Resourced</th>
<th>Focused on pop. health</th>
<th>Competence</th>
<th>Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IOM</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Quality Council of Saskatchewan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Quality Council of Alberta</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ontario Health Quality Council</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIHI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**World Health Organization (WHO) and Institute Of Medicine (IOM)**

In their documents *Quality of Care — A process for making strategic choices in health systems* and *Crossing the Quality Chasm*, WHO and IOM define quality healthcare as:

- **effective**, delivering healthcare that adheres to an evidence base and results in improved health outcomes for individuals and communities, based on need;
- **efficient**, delivering healthcare in a manner which maximizes resource use and avoids waste;
- **accessible/timely**, delivering healthcare that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need;
- **patient-centred**, delivering healthcare which takes into account the preferences and aspirations of individual service users and the cultures of their communities;
- **equitable**, delivering healthcare which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status; and
- **safe**, delivering healthcare which minimizes risks and harm to service users.

Source: [www.who.int/bookorders/MDIbookPDF/Book/11500677.pdf](http://www.who.int/bookorders/MDIbookPDF/Book/11500677.pdf) and [www.iom.edu/?id=12736](http://www.iom.edu/?id=12736)
**Health Quality Council of Saskatchewan**
For the Health Quality Council of Saskatchewan, quality is ultimately determined by the patient and is multi-dimensional. The document *Quality Improvement Tool* provides a matrix which contains seven dimensions across three criteria: structure, process, and outcome.

Source: www.hqc.sk.ca/download.jsp?XjiShY86UoVjGGxUa5nZszB1zBf0QfLQkUwK4QBZaJuITevfxQg6jQ==

**Health Quality Council of Alberta**
The Health Quality Council of Alberta provides a quality matrix of six dimensions:

- **acceptability**: health services are respectful and responsive to user needs, preferences, and expectations;
- **accessibility**: health services are obtained in the most suitable setting in a reasonable time and distance;
- **appropriateness**: health services are relevant to user needs and are based on accepted or evidence-based practice;
- **effectiveness**: health services are provided based on scientific knowledge to achieve desired outcomes;
- **efficiency**: resources are optimally used in achieving desired outcomes; and
- **safety**: mitigate risks to avoid unintended or harmful results.


**Ontario Health Quality Council**
The Ontario Health Quality Council’s attributes of a high-performing health system are:

- **safe**: people should not be harmed by the care that is intended to help them;
- **effective**: the best science and evidence should be used to make sure the care we give is the best, most appropriate possible. Innovations should also be based on best evidence, whether they are new ways of co-ordinating care, preventing disease, delivering services, or using technology;
- **patient-centred**: patient-centred care respects the individuality, ethnicity, dignity, privacy, and information needs of each patient and the patient’s family. That respect should pervade the health system. Patients should be in control of their own care;
- **accessible**: patients in need should get appropriate care in the most appropriate setting. We should keep trying to reduce waits and delays;
- **efficient**: there should be continuing efforts to reduce waste, including waste of supplies, equipment, time, ideas, intellectual property, and health information;
- **equitable**: there should be continuing efforts to reduce disparities in the health of those groups who may be disadvantaged by social or economic status, age, gender, ethnicity, geography, or language;
- **integrated**: the health system should set clear quality objectives for all health service providers. The objectives should be aligned at the provincial, regional, and local levels, and each service-delivery organization should have to track them for accountability;
• **appropriately resourced**: the health system should plan for appropriately trained human resources, provide a safe and satisfying environment for their work, and provide sufficient facilities, instruments, and technology to support productive and effective patient care; and

• **focused on population health**: there should be a determined effort to continuously improve the overall health of the population of Ontario. These attributes will be the basis for reporting each year on the performance of Ontario’s health system.


**Canadian Institute for Health Information**

In its *Health Indicator Framework*, CIHI shows eight categories of health performance indicators: acceptability; accessibility; appropriateness; competence; continuity; effectiveness; efficiency; safety; and equity. Unfortunately, CIHI does not provide definitions of its performance indicators.

### Appendix II: List of interviewees (September 5 to October 20, 2006)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanne Besner</td>
<td>Director Calgary Health Region, Office of VP and Chief Nursing Officer</td>
</tr>
<tr>
<td>Maureen Bingham</td>
<td>Director of Linkage &amp; Exchange Health Quality Council of Saskatchewan</td>
</tr>
<tr>
<td>Charlyn Black</td>
<td>Professor and Director, Centre for Health Services and Policy Research University of British Columbia</td>
</tr>
<tr>
<td>Régis Blais</td>
<td>Professor Département d’administration de la santé Université de Montréal</td>
</tr>
<tr>
<td>Ben Chan</td>
<td>Chief Executive Officer Health Quality Council of Saskatchewan</td>
</tr>
<tr>
<td>John Cowell</td>
<td>Chief Executive Officer Health Quality Council of Alberta</td>
</tr>
<tr>
<td>George Flynn</td>
<td>Senior Planning Advisor, Strategic Planning Division Alberta Health and Wellness</td>
</tr>
<tr>
<td>Jo Gebran</td>
<td>Director, Corporate Services Canadian Patient Safety Institute</td>
</tr>
<tr>
<td>Laurie Gander</td>
<td>Program Director Health Quality Council of Saskatchewan</td>
</tr>
<tr>
<td>Nick Grant</td>
<td>Executive Director Planning &amp; Innovation British Columbia Ministry of Health</td>
</tr>
<tr>
<td>Patricia Martens</td>
<td>Director Manitoba Centre for Health Policy, Department of Community Health Services</td>
</tr>
<tr>
<td>Peter Norton</td>
<td>Professor Faculty of Medicine, Family Medicine University of Calgary</td>
</tr>
<tr>
<td>Brian Postl</td>
<td>Chief Executive Officer Winnipeg Regional Health Authority</td>
</tr>
<tr>
<td>Micheline Ste-Marie</td>
<td>Directrice adjointe des Services professionnels Hôpital de Montréal pour enfants</td>
</tr>
<tr>
<td>Robyn Tamblyn</td>
<td>Professor Medicine and Department of Epidemiology, Biostatistics, and Occupational Health McGill University</td>
</tr>
<tr>
<td>Laurie Thompson</td>
<td>Executive Director Manitoba Institute for Patient Safety</td>
</tr>
<tr>
<td>Laurence Thompson</td>
<td>Laurence Thompson Strategic Consulting Inc.</td>
</tr>
</tbody>
</table>
Appendix III: Interview guide for key informant survey

Date of interview: ____________
Type of interview: teleconference [ ] or face-to-face meeting [ ]

Interviewee’s co-ordinates
Name: ____________________________________________
Organization: _____________________________________
Department: _______________________________________
Position: _________________________________________

Questions

➢ In your opinion, how would you describe the actual “state” of the quality of care delivered by the Canadian healthcare system?

➢ What are the major issues in this area for the Canadian healthcare system at the national, regional, and institutional levels?

➢ What are the key approaches to improve the quality of the healthcare system?

➢ What are the challenges, limitations, or barriers to the improvement of the healthcare system?

➢ Are you aware of current national, provincial, or regional healthcare policies that talk specifically about the roles and expectations of management regarding the improvement of quality of care?

➢ How would you define high-quality care?
  o What is the relationship between safety and quality of healthcare?

➢ Briefly, what are your functions (daily tasks) in your organization related to healthcare quality?
  o Could you describe your roles and responsibilities related to quality and/or quality improvement?

➢ To achieve your tasks related to the improvement of quality of care, what type of knowledge/information would be useful to you?
  o What kind of information/knowledge (such as research evidence, data, facts) do you need and in what specific areas?
  o By which channel or dissemination mechanism would you like to receive this information (for example, e-news, meetings, networks)?
During previous years, what were the specific projects/activities that your organization accomplished to improve the quality of care of the healthcare system?
- What were the major challenges to plan and accomplish these activities?

What resources does your organization have to accomplish these activities?
- Has your organization already used external resources or partnerships with other organizations?
- Are you involved in any networks (formal or informal) related to quality of care, including patient safety?

Did you participate in a research project(s) related to the managing for quality and safety theme?

Who would you consider to be the Canadian “champions” or “key people” (decision makers and/or researchers) in this area?

With your knowledge of the mission and strategies of other organizations working in this area, what should the foundation’s contribution (strategies) be to improve the quality of the Canadian healthcare system?
- Strategies related to knowledge generation
- Strategies related to knowledge dissemination

In your opinion, what strategies could be used to raise awareness of the quality of care problem in Canada?
- Do you think a chartbook on the quality of care will be useful?
- Can you suggest someone who could produce this kind of document?

What would the foundation’s contribution be towards the creation of an environment of accountability where decision makers would be encouraged to take into consideration quality of care?

In your opinion, could a knowledge network related to quality of care improvement (including patient safety) be helpful to you or your organization? If yes,
- What are your expectations related to this knowledge network?
- Who are the key people we should invite to join a quality knowledge network?

What are the final lessons/key messages for the foundation in this theme area?
Appendix IV: List of participants: Strategic consultation meeting (November 2006)

**FACILITATOR**

**Patricia Martens**  
Director, Manitoba Centre for Health Policy  
Associate Professor, Department of Community Health Sciences  
University of Manitoba

**PARTICIPANTS**

**Ross Baker**  
Professor, Department of Health Policy, Management and Evaluation  
University of Toronto

**Paula Blackstien-Hirsch**  
Lead, Ontario Health Performance Network  
Ministry of Health and Long-Term Care

**Norma Brown**  
Executive Officer  
Health Quality Council of Alberta

**Tony Chin**  
Senior Project Manager, Institute of Health Services and Policy Research  
University of Toronto

**Heather Dawson**  
Manager, Hospital Reports and Health Services Research  
Canadian Institute for Health Information

**Katya Duvalko**  
Director, Research and Policy  
Ontario Health Quality Council

**Laurie Gander**  
Program Director  
Health Quality Council of Saskatchewan

**Craig Larsen**  
Institute Manager  
Institute of Health Services and Policy Research

**Michel Lebrun**  
Conseiller en évaluation des technologies, Direction de la recherche et de l’innovation  
Direction générale adjointe de l’évaluation, de la recherche et des affaires extérieures  
Ministère de la santé et des services sociaux du Québec

**Farrah Prebtani**  
Project Manager  
Health Council of Canada

**Kim Sears**  
Professor of Nursing  
Durham College/UOIT

**Micheline Ste-Marie**  
Directrice associée, Services professionnels  
Hôpital de Montréal pour enfants

**Robyn Tamblyn**  
Clinical and Health Informatics Research Group  
Professor, Medicine and Department of Epidemiology, Biostatistics, and Occupational Health  
McGill University

**CHSRF STAFF**

**Dave Clements**  
Acting Director, Knowledge Transfer and Exchange  
Canadian Health Services Research Foundation

**Susan Law**  
Director, Research Programs  
Canadian Health Services Research Foundation

**Nicole Lefebvre**  
Assistant, Research Programs  
Canadian Health Services Research Foundation

**Steeve Vigneault**  
Senior Program Officer, Managing for Quality and Safety  
Canadian Health Services Research Foundation
### Organizations

<table>
<thead>
<tr>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canada Health Infoway</strong></td>
</tr>
</tbody>
</table>

Canada Health Infoway is an independent, not-for-profit organization whose members are Canada's 14 federal, provincial, and territorial deputy ministers of health. Launched in 2001, Infoway and its public-sector partners have more than 100 projects either completed or underway, delivering electronic health record solutions to Canadians.

Web site: [www.infoway-inforoute.ca/](http://www.infoway-inforoute.ca/)

| **Canadian Council on Health Services Accreditation (CCHSA)** |

CCHSA is a national, non-profit, non-governmental independent body that offers health organizations an external peer review process to assess quality by developing national standards of excellence, assessing compliance with those standards, and sharing information from accreditation reviews and decisions.

Web site: [www.cchsa.ca/](http://www.cchsa.ca/)

| **Canadian Healthcare Association (CHA)** |

The Canadian Healthcare Association is the federation of provincial and territorial hospital and health organizations across Canada. Through its members, the association represents a broad continuum of care, including acute care, home and community care, long-term care, public health, mental health, palliative care, addiction services, children, youth, and family services, housing services, and professional and licensing bodies.

Web site: [www.cha.ca/](http://www.cha.ca/)

### Initiatives

| **Infoway’s Interoperable EHR Program** |

Infoway’s Interoperable EHR Program focuses on the implementation of solutions that allow clinicians to view and update an integrated patient-centric health record anywhere at any time. The electronic health record (EHR) gives authorized healthcare providers rapid access to patients’ complete, up-to-date health information to support clinical decision-making and case management.

| **Leading Practices Database** |

Leading Practices is a searchable database. It is hoped sharing leading practices will encourage organizations across Canada to try out these innovations in their own organizations. This database contains the leading practices identified by the Canadian Council on Health Services Accreditation in the last two editions of the *Canadian Health Accreditation Report*. Web site: [www.cchsa.ca/LPContent.aspx](http://www.cchsa.ca/LPContent.aspx)

| **Quality Worklife-Quality Healthcare Collaborative** |

The Quality Worklife-Quality Healthcare Collaborative will meet a significant need for an integrated approach that links quality of worklife, human resource practices, and health system results, including the quality of patient care and client services.
<table>
<thead>
<tr>
<th>Organizations</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Canadian Institute for Health Information (CIHI)</strong></td>
<td><strong>Health Indicators Report and Performance Indicators Reporting Committee</strong></td>
</tr>
<tr>
<td>CIHI provides Canadians with essential statistics and analyses about their</td>
<td>The <em>Health Indicators Report</em> is an annual compilation of selected indicators</td>
</tr>
<tr>
<td>health and their healthcare system. CIHI is a source of information for those</td>
<td>measuring health status, non-medical determinants of health, health system</td>
</tr>
<tr>
<td>seeking answers to critical questions around the performance of the Canadian</td>
<td>performance, and community and health system characteristics.</td>
</tr>
<tr>
<td>health.</td>
<td>The reporting committee’s primary role is to develop and drive the overall</td>
</tr>
<tr>
<td>Web site: <a href="http://www.cihi.ca">www.cihi.ca</a></td>
<td>process to achieve agreement on comparable reporting by federal, provincial,</td>
</tr>
<tr>
<td></td>
<td>and territorial governments.</td>
</tr>
<tr>
<td><strong>Canadian Institutes of Health Research (CIHR)</strong></td>
<td><strong>CIHI Portal</strong></td>
</tr>
<tr>
<td>The Canadian Institutes of Health Research (CIHR) is the major federal agency</td>
<td>The portal serves as a new business intelligence tool for analysing and</td>
</tr>
<tr>
<td>responsible for funding health research in Canada. It supports the work of up</td>
<td>evaluating the performance of hospitals, regional health authorities, and</td>
</tr>
<tr>
<td>10,000 researchers and trainees in universities, teaching hospitals, and</td>
<td>ministries of health.</td>
</tr>
<tr>
<td>research institutes across Canada by developing high-quality people, excellent</td>
<td></td>
</tr>
<tr>
<td>research that improves Canadians’ health, healthcare system, and quality of</td>
<td></td>
</tr>
<tr>
<td>life as well as fosters commercialization, moving research discoveries from</td>
<td></td>
</tr>
<tr>
<td>the academic setting to the marketplace.</td>
<td></td>
</tr>
<tr>
<td>Web site: <a href="http://www.cihr-irsc.gc.ca">www.cihr-irsc.gc.ca</a></td>
<td></td>
</tr>
<tr>
<td><strong>Canadian Patient Safety Institute (CPSI)</strong></td>
<td><strong>Partnerships for Health System Improvement</strong></td>
</tr>
<tr>
<td>The institute promotes best practices, raises awareness, and provides advice</td>
<td>The purpose of this initiative is to support teams of researchers interested</td>
</tr>
<tr>
<td>on effective strategies to improve patient safety.</td>
<td>in conducting applied health research useful to health system managers and/or</td>
</tr>
<tr>
<td>Web site: <a href="http://www.patientsafetyinstitute.ca">www.patientsafetyinstitute.ca</a></td>
<td>policy makers over the next two to five years.</td>
</tr>
<tr>
<td></td>
<td>Web site: <a href="http://www.irsc.gc.ca/e/32476.html">www.irsc.gc.ca/e/32476.html</a></td>
</tr>
<tr>
<td><strong>Strategic Training Initiative in Health Research</strong></td>
<td><strong>Strategic Training Initiative in Health Research</strong></td>
</tr>
<tr>
<td>This was implemented as a way for Canada to increase its competitiveness</td>
<td>This was implemented as a way for Canada to increase its competitiveness</td>
</tr>
<tr>
<td>internationally in attracting new, bright, creative research talent and to</td>
<td>internationally in attracting new, bright, creative research talent and to</td>
</tr>
<tr>
<td>ensure innovation and excellence in the next generation of Canadian health</td>
<td>ensure innovation and excellence in the next generation of Canadian health</td>
</tr>
<tr>
<td>research training programs.</td>
<td>research training programs.</td>
</tr>
<tr>
<td><strong>Root Cause Analysis Train the Trainer Workshop</strong></td>
<td></td>
</tr>
<tr>
<td>In collaboration with the Institute for Safe Medication Practices Canada and</td>
<td>In collaboration with the Institute for Safe Medication Practices Canada and</td>
</tr>
<tr>
<td>Saskatchewan Health, CPSI will be offering this workshop. It will be offered</td>
<td>Saskatchewan Health, CPSI will be offering this workshop. It will be offered</td>
</tr>
<tr>
<td>to individuals to build expertise and spread the process of root cause analysis</td>
<td>to individuals to build expertise and spread the process of root cause analysis</td>
</tr>
<tr>
<td>throughout their organizations.</td>
<td>throughout their organizations.</td>
</tr>
<tr>
<td>Organizations</td>
<td>Initiatives</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Web site: <a href="http://www.hc-sc.gc.ca/hcs-sss/qual/index_e.html">www.hc-sc.gc.ca/hcs-sss/qual/index_e.html</a></td>
<td></td>
</tr>
<tr>
<td><strong>Health Council of Canada</strong></td>
<td></td>
</tr>
<tr>
<td>The mandate of the Health Council, as described in the 2003 First Ministers' Accord on Health Care Renewal, will be “to monitor and make annual public reports on the implementation of the accord, particularly its accountability and transparency provisions.” Web site: <a href="http://www.healthcouncilcanada.ca">www.healthcouncilcanada.ca</a></td>
<td></td>
</tr>
<tr>
<td><strong>Institute for Clinical Evaluative Sciences</strong></td>
<td></td>
</tr>
<tr>
<td>The Institute for Clinical Evaluative Sciences (ICES) is an independent, non-profit organization whose core business is to conduct research that contributes to the effectiveness, quality, equity, and efficiency of healthcare and health services in Ontario. Web site: <a href="http://www.ices.on.ca/webpage.cfm">www.ices.on.ca/webpage.cfm</a></td>
<td></td>
</tr>
<tr>
<td><strong>Institute for Safe Medication Practices (ISMP)</strong></td>
<td></td>
</tr>
<tr>
<td>The Institute for Safe Medication Practices Canada is an independent national non-profit agency committed to the advancement of medication safety in all healthcare settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies, policy makers, provincial, national, and international patient safety organizations, the pharmaceutical industry, and the public to promote safe medication practices. Web site: <a href="http://www.ismp-canada.org/index.htm">www.ismp-canada.org/index.htm</a></td>
<td></td>
</tr>
</tbody>
</table>
Organizations | Initiatives
--- | ---
**National**

*Royal College of Physicians and Surgeons of Canada (RCPSC)*

The Royal College of Physicians and Surgeons of Canada (RCPSC) is a national, private, non-profit organization established to oversee the medical education of specialists in Canada. It is an organization of medical specialists dedicated to ensuring the highest standards and quality of healthcare.

Web site: [http://rcpsc.medical.org/main_e.php](http://rcpsc.medical.org/main_e.php)

*Safer Healthcare Now!* is a collaborative effort, representing 176 participant organizations (hospitals and health regions) and 404 clinical teams across Canada.

Web site: [www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca)

*Safer Healthcare Now!* is a grassroots campaign to enlist Canadian healthcare organizations in implementing six targeted interventions in patient care. The campaign is patterned after the U.S. Institute for Healthcare Improvement’s 100,000 Lives campaign. Its aim is to reduce the number of injuries and deaths related to adverse events, such as infections and medication incidents. Its goal is to improve healthcare delivery by focusing on patients and their safety while in the care of health providers.
<table>
<thead>
<tr>
<th>Organizations</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provincial</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Alberta</strong></td>
<td></td>
</tr>
<tr>
<td><em>Ministry of Health and Wellness</em></td>
<td>This web site provides waiting time information for publicly funded services provided in public facilities and in facilities under contract to health regions. Only facilities currently submitting to the Alberta Waitlist Registry appear in the tables on this web site. The registry presents information on waiting times for surgery by category of service, by facility, and by physician. The registry also presents information on waiting times for MRIs and CT scans. Web site: <a href="http://www.ahw.gov.ab.ca/waitlist/WaitListPublicHome.jsp">www.ahw.gov.ab.ca/waitlist/WaitListPublicHome.jsp</a></td>
</tr>
<tr>
<td>Web site: <a href="http://www.health.gov.ab.ca/">www.health.gov.ab.ca/</a></td>
<td></td>
</tr>
<tr>
<td><em>Alberta Netcare</em></td>
<td>Alberta is leading the country in the development of a single province-wide electronic health record. Alberta Netcare Electronic Health Record encompasses all the projects, products, programs, and services that make Alberta’s electronic health record possible. Web site: <a href="http://www.albertanetcare.ca/">www.albertanetcare.ca/</a></td>
</tr>
<tr>
<td><em>Health Quality Council of Alberta (HQCA)</em></td>
<td>The Health Quality Council of Alberta created the Health Quality Network, which has developed a provincial framework providing guidelines for sharing information with patients and families when patients experience unanticipated harm.</td>
</tr>
<tr>
<td>Web site: <a href="http://www.hqca.ca">www.hqca.ca</a></td>
<td></td>
</tr>
<tr>
<td><em>Disclosure of Harm to Patients and Families Framework</em></td>
<td>Satisfaction with Health Care Services: Survey of Albertans This annual population-based survey carried out by the Health Quality Council of Alberta includes Albertans’ perceptions of and actual experiences with overall quality, satisfaction, and access to specific health services.</td>
</tr>
<tr>
<td>British Columbia</td>
<td></td>
</tr>
<tr>
<td><em>British Columbia Patient Safety Task Force</em></td>
<td>As part of the task force’s goal to promote safety culture standards, the web site provides health and patient safety tips to all B.C. residents. The site is also a public invitation to learn about the active role patients can play to ensure they get the best and safest care possible in B.C.’s healthcare system.</td>
</tr>
<tr>
<td>Web site: <a href="http://www.bcpatientsafety.ca">www.bcpatientsafety.ca</a></td>
<td></td>
</tr>
</tbody>
</table>
### Organizations

#### Provincial

<table>
<thead>
<tr>
<th>Manitoba</th>
<th>Manitoba Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>No mission reported.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manitoba</th>
<th>Manitoba Institute for Patient Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <a href="http://www.mbips.ca/">Manitoba Institute for Patient Safety</a> was created in 2004 by the provincial government in response to recommendations made by the Manitoba Patient Safety Steering Committee. The institute promotes, co-ordinates, and facilitates activities that have a positive impact on patient safety throughout Manitoba while enhancing the quality of healthcare for Manitobans.</td>
<td></td>
</tr>
<tr>
<td>Web site: <a href="http://www.mbips.ca/">www.mbips.ca/</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Brunswick</th>
<th>Premier’s Health Quality Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mandate of the council is to develop an action plan to move to a health governance system of regional health authorities and regional health boards; to oversee the development and implementation of a new healthcare report card, health quality standards, and performance measures; to assist in the development of a new patient charter of rights and responsibilities; and to provide advice on implementing the recommendations of the Health Services Review Report.</td>
<td></td>
</tr>
<tr>
<td>Web site: <a href="http://www.gnb.ca/0089/phqc/english/overview.htm">www.gnb.ca/0089/phqc/english/overview.htm</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ontario</th>
<th>Cancer Care Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Care Ontario’s aim is to improve the performance of the cancer system by driving quality, accountability, and innovation in all cancer-related services.</td>
<td></td>
</tr>
<tr>
<td>Web site: <a href="http://www.cancercare.on.ca/">www.cancercare.on.ca/</a></td>
<td></td>
</tr>
</tbody>
</table>
## Organizations

<table>
<thead>
<tr>
<th>Provincial</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>College of Physicians and Surgeons of Ontario (CPSO)</strong>&lt;br&gt;In May 2003, the College of Physicians and Surgeons of Ontario approved a policy which confirmed the college's position that patients are entitled to be informed of all aspects of their healthcare, including the right of a patient to disclosure of harm that may have occurred to him or her in the course of receiving healthcare.&lt;br&gt;Web site: <a href="http://www.cpso.on.ca/">www.cpso.on.ca/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Ontario Health Quality Council</strong>&lt;br&gt;The mandate of the council is to monitor and report to Ontarians on access to publicly funded health services and related health human resources, consumer population health status, and health system outcomes. In this way it will support continuous quality improvement.&lt;br&gt;Web site: <a href="http://www.ohqc.ca">www.ohqc.ca</a></td>
<td></td>
</tr>
<tr>
<td><strong>Ontario Hospital Association</strong>&lt;br&gt;The Ontario Hospital Association is an organization of healthcare providers dedicated to the continued improvement of health services in Ontario, through leadership, advocacy, education, commitment, and service.&lt;br&gt;Web site: <a href="http://www.oha.com/">www.oha.com/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Wait Time Reference Group</strong>&lt;br&gt;The OHA Reference Group on Access to Service and Wait Times has a two-fold mandate. It provides advice and recommendations regarding the Ontario government’s strategy to improve access and shorten waiting times for five priority areas as identified by the public; and it facilitates modelling of best practices related to surgical process efficiency.&lt;br&gt;Web site: <a href="http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/page/Wait+Time+Reference+Group">www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/page/Wait+Time+Reference+Group</a></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Safety Support Service (PSSS)</strong>&lt;br&gt;The Patient Safety Support Service is managed by the Ontario Hospital Association and funded by the Ministry of Health and Long-Term Care. The service provides Ontario hospitals with information, tools, and training to promote effective strategies that enhance patient safety.&lt;br&gt;Web site: <a href="http://www.oha.com/client/oha/oha_lp4w_lnd_webstation.nsf/page/Patient+Safety+Support+Service">www.oha.com/client/oha/oha_lp4w_lnd_webstation.nsf/page/Patient+Safety+Support+Service</a></td>
<td></td>
</tr>
<tr>
<td>Organizations</td>
<td>Initiatives</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Provincial</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ontario Hospital Scorecards — Hospital Report Research Collaborative (HRRC)</strong></td>
<td><strong>Health Care Improvement Practices Registry</strong> The registry is a source of healthcare improvement practices from organizations across multiple healthcare sectors in Ontario. Web site: <a href="http://www.improvementpractices.on.ca">www.improvementpractices.on.ca</a></td>
</tr>
<tr>
<td>- The Hospital Report Research Collaborative is an independent research collaborative whose mandate is to conduct research and engage Ontario hospitals in performance measurement and management activities. Web site: <a href="http://www.hospitalreport.ca">www.hospitalreport.ca</a></td>
<td><strong>Health Outcomes for Better Information and Care (HOBIC)</strong> Health Outcomes for Better Information and Care is now part of the ministry’s information management strategy, which is creating the necessary supports and structures for a more efficient, effective, and accountable health system. Web site: <a href="http://www.health.gov.on.ca/english/providers/project/nursing/nursing_mn.html">www.health.gov.on.ca/english/providers/project/nursing/nursing_mn.html</a></td>
</tr>
<tr>
<td><strong>Ontario Ministry of Health and Long-Term Care</strong></td>
<td><strong>Ontario Family Health Teams</strong> This initiative provides interdisciplinary team approaches for delivery of care. Web site: <a href="http://www.health.gov.on.ca/transformation/fht/fht_mn.html">www.health.gov.on.ca/transformation/fht/fht_mn.html</a></td>
</tr>
<tr>
<td>- The ministry is responsible for administering the healthcare system and providing services to the Ontario public through such programs as health insurance, drug benefits, assistive devices, care for the mentally ill, long-term care, homecare, community and public health, and health promotion and disease prevention. It also regulates hospitals and nursing homes, operates psychiatric hospitals and medical laboratories, and co-ordinates emergency health services. Web site: <a href="http://www.health.gov.on.ca/english/public/updates/archives/hu_05/hu_ohqc.html">www.health.gov.on.ca/english/public/updates/archives/hu_05/hu_ohqc.html</a></td>
<td></td>
</tr>
<tr>
<td><strong>Nova Scotia</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Department of Health</strong></td>
<td><strong>Health Care Safety and Quality Initiative</strong> Web site: <a href="http://www.gov.ns.ca/health/health_care_safety/default.htm">www.gov.ns.ca/health/health_care_safety/default.htm</a></td>
</tr>
<tr>
<td>- The mission of the Nova Scotia Department of Health is to promote, maintain, and improve the health status of Nova Scotians at a cost that is sustainable for Nova Scotia. Web site: <a href="http://www.gov.ns.ca/health/">www.gov.ns.ca/health/</a></td>
<td></td>
</tr>
<tr>
<td>Organizations</td>
<td>Initiatives</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Provincial</strong></td>
<td><strong>Saskatchewan</strong></td>
</tr>
<tr>
<td><strong>Quebec</strong></td>
<td><strong>Saskatchewan Health Quality Council</strong></td>
</tr>
</tbody>
</table>
| *Conseil de la qualité en santé du Québec* | The Conseil de la qualité en santé du Québec works with health organizations in Quebec to promote best practices in the area of healthcare quality evaluation and improvement. This includes creating and supporting projects whose aim is to improve quality as well as develop training events, services, and technological products in support of these projects.  
Web site: [www.cqsq-hqcq.ca/](http://www.cqsq-hqcq.ca/) | **Saskatchewan Chronic Disease Management Collaborative (Diabetes)**  
The Saskatchewan Chronic Disease Management Collaborative is a major quality improvement initiative to improve the care and health of people living with coronary artery disease and diabetes in Saskatchewan, and to improve access to physician practices.  

**Groupe Vigilance**  
Le Groupe Vigilance is a committee of experts and citizens formed to monitor the safety of care in Quebec’s healthcare and social services system.  

**Saskatchewan**  
**Saskatchewan Health Quality Council**  
The Saskatchewan Health Quality Council’s activities include monitoring standards of care; researching and developing new standards of care; assessing the prescribing and use of prescription drugs; overseeing drug approval processes; reviewing new technologies; promoting training and education programs; monitoring and assessing quality of services; and exploring human resource issues.  
Web site: [www.hqc.sk.ca/](http://www.hqc.sk.ca/)  

---

Saskatchewan Provincial Survey on Patient Experience  
The Health Quality Council of Saskatchewan conducted the survey in partnership with the province’s regional health authorities. Between September 2004 and March 2005, close to 5,000 surveys were completed by Saskatchewan residents who received in-patient care in an acute care hospital. Data are continuously being collected.  

Saskatchewan Skin and Wound Care Guidelines/Network  
The Saskatchewan Skin and Wound Care Guidelines is a new, practical resource to help providers deliver optimal care for pressure ulcers and lower limb ulcers. The Saskatchewan Skin and Wound Care Network is responsible for the regular review, necessary revisions, and the subsequent dissemination of updated sections of the document to ensure it remains consistent with best practices.
<table>
<thead>
<tr>
<th>Organizations</th>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provincial</strong></td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Health</td>
<td>Saskatchewan Surgical Care Network (SSCN)</td>
</tr>
<tr>
<td></td>
<td>The Saskatchewan Surgical Care Network (SSCN) is an advisory committee to Saskatchewan Health dedicated to creating a more reasonable and fair surgical system for all Saskatchewan people. Since March 2002, the network has been working with key health partners to improve the system's effectiveness, organization, and efficiency so those who require surgery receive it within appropriate timeframes.</td>
</tr>
</tbody>
</table>

Appendix VI: Current networks in Canada related to healthcare quality

**National networks**

**Quality Healthcare Network**
This network offers resources to individuals and teams in healthcare organizations in Canada to assist them in their efforts to achieve healthcare excellence.
Web site: [www.qualityhealthcarenetwork.ca/index.html](http://www.qualityhealthcarenetwork.ca/index.html)

**Western Healthcare Improvement Network**
The Western Healthcare Improvement Network promotes and facilitates healthcare improvement initiatives at all levels, from system-wide conferences to organizational quality improvement action teams, to individual skill development workshops.
Web site: [www.whin.org/](http://www.whin.org/)

**Canadian Policy Research Networks**
The mission of the Canadian Policy Research Networks is to create knowledge and lead public dialogue and debate on social and economic issues important to the well-being of Canadians. Its goal is to help make Canada a more just, prosperous, and caring society. The network brings together governments, unions, corporations, voluntary organizations, academics, and other think-tanks to form networks of users and researchers for each of its research programs. It currently operates four sub-networks in the areas of family, health, public involvement, and work.
Web site: [www.cprn.org/en/about.cfm](http://www.cprn.org/en/about.cfm)

**Provincial networks**

**Quality Improvement Network**
The Quality Improvement Network, initiated by the Saskatchewan Health Quality Council, is designed to support exchange of knowledge about and develop leadership capacity for quality improvement in the province.
Web site: [www.hqc.sk.ca/portal.jsp?Ohv5fzs06cP6xCsXTmvK4TBIzBf0QfLQkUwK4QBZaJuijC VXHaD5r4zOVcA+ImY4](http://www.hqc.sk.ca/portal.jsp?Ohv5fzs06cP6xCsXTmvK4TBIzBf0QfLQkUwK4QBZaJuijC VXHaD5r4zOVcA+ImY4)

**Health Quality Network**
The Health Quality Council of Alberta created the Health Quality Network as a means of communicating and collaborating with stakeholders to address concerns raised by the citizens of Alberta. The purpose of the network is to ensure knowledge sharing and capability transfer related to leading or best practices throughout the province.
Web site: [www.hqca.ca/index.php?id=73](http://www.hqca.ca/index.php?id=73)
Appendix VII: Research funded by the foundation related to quality


- Assessing implementation of information and communication technology in a healthcare network in Quebec. Lemay, Anne
  http://www.chsrf.ca/final_research/ogc/pdf/anderson_final.pdf
- Methods and Perceived Quality of Care of Elderly Persons in the Emergency Department: Effects on the Risk of Readmission. Cardin, Sylvie
- A Study of the Impact of Nursing Staff Mix Models and Organizational Change Strategies on Patient, System, and Nurse Outcomes. McGillis Hall, Linda/Irvin Doran, Diane
- The Impact of a Standardized Information System between the Emergency Department and the Primary Care Network: Effects on Continuity and Quality of Care. Afilalo, Marc
- Evidence-Based Standards for Measuring Nurse Staffing and Performance. O'Brien-Pallas, Linda
- Developing an Objective, Efficient, and Cost-Effective Approach to Managing the Waiting List for Cardiac Catheterization. Natarajan, Madhu K
  http://www.chsrf.ca/final_research/ogc/pdf/natarajan_final.pdf

Research, Exchange, and Impact for System Support (REISS) program (2005¹-present)

- Medical Safety in Community Practice. Lead: Maeve O'Beirne
- Performance of a Continuum of Services in Trauma. Lead: André Lavoie

¹ In 2005, funds for an additional research program under the managing for quality and safety theme have been made available through a partnership with the Canadian Patient Safety Institute. The second program under that theme will also be funded.
Appendix VIII: List of selected grey literature

**Access**


**Accountability — public reporting**


**Health information technology**


**Incentives**


**Leadership**


Institute for Healthcare Improvement. 2006. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care*.

Patient-centred interventions


Quality and performance measurement


Canadian Institute for Health Information. 2006. Hospital Report — Acute Care.

Quality indicators

Regulation


Systemic improvement

