The Canadian Quality and Patient Safety Framework for Health and Social Services
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Introduction

The draft Canadian Quality and Patient Safety Framework for Health and Social Services has been developed through a partnership between the Canadian Patient Safety Institute (CPSI) and Health Standards Organization (HSO). Supported by an advisory committee including providers, patients and family members, researchers and policy makers, indigenous and non-indigenous members, from Coast to Coast to Coast, the draft framework reflects and builds on the perspectives developed through significant investments and contributions from several federal, national and provincial and territorial organizations, as well as recent work from the OECD, World Bank and WHO.

Over the next five years, the framework aims to support national and jurisdictional stakeholders to:

• Describe overarching principles and goals for safe, high quality health and social services in Canada;
• Focus policy, action and resources that improve experience and outcomes from health and social services offered;
• Enhance collaboration of stakeholders around common goals;
• Reduce care variations across different communities.

People in Canada expect and deserve safe, high quality health and social care services. Canada has many strengths to achieve higher performance rankings on global quality and safety rankings. The Canadian Quality and Patient Safety Framework for Health and Social Services provides the foundation to realize this aim.

As an outcome of this framework, CPSI and HSO are committed to align their own priorities and work, which includes developing standards, improvement resources, training and assessment programs and working with partners towards achieving improved quality and safe health and social services.

The framework and goals are intended to be bold and aspirational. At the same time, over the next five years, the framework is intended to enable development of clearer pathways to action for health and social services organizations and systems. To be successful, these actions must go beyond organizations and services and transcend systems as a whole, putting people first.
The definitions of the five priority goal areas (people-centered, safe, accessible, appropriate and integrated care), identified within the Framework, are listed below:

**People-Centered Care**
An approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people rather than individual diseases, and respects social preferences.

For brevity the following shortened definition for people-centered care is used within the Framework: **The people using health and social services are equal partners, working alongside care providers, in planning, developing and monitoring care to make sure it meets their needs and to get the best outcomes.**

**Safe Care**
Care is free from preventable injuries.

**Accessible Care**
Everyone, regardless of culture, economic situation or geographic location, has timely and equitable access to healthcare and social services.

**Appropriate Care**
Care is based on the best evidence available and shared decision making with patients and their supporters.

**Integrated Care**
Comprehensive health and care services coordinated and delivered in a way that ensures individuals, families, and communities, within a defined population/region, receive a seamless continuum of health and social services centered around their individual needs, regardless of organizational boundaries.

For brevity the following shortened definition of Integrated care is used within the Framework: **Patient services and care that are continuous and well-coordinated, ensuring smooth transitions.**

The use of the word **Patients** within the Framework refers to patients and their families, caregivers or supporters, the word **Provider** refers to healthcare and social services providers, and the word **People** include underserved populations, those living in remote and isolated regions and Indigenous Peoples. **Social Services** refers to services provided for the benefit of the community, such as education, housing, food, and security, which aim to promote the welfare of people.
Purpose

People in Canada expect and deserve safe, high quality health and social services and Canada has many strengths to achieve higher performance on global quality and safety rankings. In a collaboration of patients and caregivers, providers, researchers and policy makers from across Canada a new vision for quality and safety in healthcare and social services emerged.

The Canadian Quality and Patient Safety Framework for Health and Social Services provides the foundation to realize this ambition. This framework is meant to guide:

Patients and families on what a high quality and safe experience looks like for them and empower them to be engaged members of their care team.

Providers to develop care or service plans for their patients that puts patient experience and safety at the foreground and guide day-to-day decisions on care.

Organization leaders so they can promote a culture of quality and safety amongst their teams and support them by allocating resources through their strategic and operational plans.

Policy makers when deciding how healthcare is funded, delivered and monitored.

The framework and goals are intended to be bold and aspirational. At the same time, the framework is intended to coordinate action for health and social service organizations and systems. To be successful, this synchronized action must go beyond focusing only on organizations and services. This will require learning and improvement across systems, by putting people first.

This framework identifies five priority goal areas: people-centered, safe, accessible, appropriate and integrated care.
### The Framework

**OUR AIM:** To focus action and resources that improve patient experience and outcomes and reduce care variation.

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#### GOAL 1

**People-Centered Care**

The people using health and social services are equal partners, working alongside care providers, in planning, developing and monitoring care to make sure it meets their needs and to get the best outcomes.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Care is provided in a dignified and respectful manner.</td>
<td>1.1.1 Patients, regardless of background and circumstance report positive experiences. 1.1.2 Patients are able to make informed contributions to care and treatment decisions.</td>
</tr>
<tr>
<td>1.2 All aspects of care are co-designed with inclusive dialogue from patients and providers.</td>
<td>1.2.1 Formal patient partnerships are established at all levels of the system.</td>
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<tr>
<td>1.3 Patients and providers have positive health services experience.</td>
<td>1.3.1 The collection and reporting on Patient Reported Experience Measures (PREM)s and Patient Reported Outcome Measures (PROMs) occur and demonstrate improvements in outcomes and experiences. 1.3.2 Providers are engaged and report positive experiences.</td>
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#### GOAL 2

**Safe Care**

Care is free from preventable injuries.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcomes</th>
</tr>
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<tbody>
<tr>
<td>2.1 There is the presence of a safety culture across the continuum of health and social services.</td>
<td>2.1.1 All patient harm events are disclosed to the patient and/or family and documented according to organizational policies. 2.1.2 Interdisciplinary reviews include patients and analyses for improvement opportunities take place for all patient safety events. 2.1.3 Patients and providers have access to support programs.</td>
</tr>
<tr>
<td>2.2 Preventable harm is actively monitored and eliminated.</td>
<td>2.2.1 Provider practices are reviewed and outcome trends are reported to proactively drive safe practices. 2.2.2 Healthcare associated infections are prevented and controlled. 2.2.3 Medications are safely managed. 2.2.4 Devices and equipment are tracked and managed safely.</td>
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<tr>
<td>2.3 Safe care is addressed as a public health and safety concern.</td>
<td>2.3.1 Health and social services organizations participate in an accreditation process. 2.3.2 Rates of patient harm are reported publicly at all levels.</td>
</tr>
</tbody>
</table>
GOAL 3
Accessible Care

Objectives
3.1 Care, diagnostics and services are available for all people in an equitable and timely manner.

Outcomes
3.1.1 Underserved people, including people in rural and remote communities, receive equitable and timely access to care.
3.1.2 National targets for access to services* are measured and publicly reported for all peoples.

(*) E.g. Primary care provider/team; Home support; temporary rehabilitation services; Community Mental Health Services; Surgical Interventions; Emergency Department; Diagnostic Services.

GOAL 4
Appropriate Care

Objectives
4.1 Health and social services focus on health promotion and preventative care.
4.2 Effective matching of health and social services human resources to care needs.
4.3 Care variances are investigated and those unwarranted are addressed.
4.4 Emerging treatment and technologies are systematically evaluated and integrated in the continuum of care as appropriate.

Outcomes
4.1.1 There is evidence that health promotion and preventative care are supported (e.g., Vaccinations, cancer screening, etc.).
4.2.1 An appropriate needs-based resource allocation strategy is in place, including an appropriate skill mix for the workforce.
4.2.2 The scope of practice of healthcare providers (both regulated and unregulated) is recognized and optimized.
4.3.1 Evidence based care is demonstrated throughout the patient journey, including following best practices.
4.3.2 Unwarranted care variations are minimized.
4.4.1 Evidence of evaluation of information technology, medical devices and equipment failures (technical/user induced).
4.4.2 Effective education of new treatments and technologies is provided for healthcare providers, patients and care givers.

GOAL 5
Integrated Care

Objectives
5.1 Structures are in place to ensure a smooth transition of health and social services across the continuum of care.
5.2 Patient related information is available in real time, to patients and providers across the continuum of care.

Outcomes
5.1.1 Patients understand and can actively participate in their care pathway and transitions of care.
5.1.2 The infrastructure and accountability for care transitions are in place.
5.1.3 Providers coordinate care with other providers through the continuum of care.
5.2.1 Patients can access their own information in real time.
5.2.2 Patients and providers have access to an integrated Electronic Health Record (EHR).
1. What is the Canadian Quality and Patient Safety (CQPS) Advisory Committee?

Health Standards Organization (HSO) and the Canadian Patient Safety Institute (CPSI) launched the Canadian Quality and Patient Safety Advisory Committee in April 2018 with a mandate to address current and anticipated health and social service safety priorities. The advisory committee includes providers, patients and family members, researchers and policy makers, indigenous and non-indigenous members, from Coast to Coast to Coast. This advisory committee will drive measurable improvement on patient outcomes in Canada by reducing variation in the quality of health and social services by advancing the implementation of required quality and patient safety practices.

The Committee will accomplish this objective in several ways:

1. Provide advice on current and future standards and accreditation priorities;
2. Recommend Canadian required quality and patient safety practices (RQSPs);
3. Recommend enablers and engagement to support implementation and evaluation of RQSPs (e.g. implementation pilots, funding, policy, measurement and accountability levers, etc.);
4. Advise on Canadian patient safety indicators, research, resources, reporting, and publications;
5. Confirm and coordinate with federal and provincial/territorial bodies and committees with a mandate for quality and patient safety in health and social services to ensure alignment, adoption and maximize value; and
6. Inform the development of international health and social service quality and patient safety practices.

2. What is the purpose of the Canadian Quality and Patient Safety (CQPS) Goals Framework?

People in Canada expect and deserve safe, high quality health and social care services. Canada has many strengths to achieve higher performance rankings on global quality and safety rankings. The Canadian Quality and Patient Safety Framework for Health and Social Services provides the foundation to realize this aim.

As an outcome of this framework, CPSI and HSO are committed to align their own priorities and work, which includes developing standards, improvement resources, training and assessment programs and working with partners towards achieving improved quality and safe health and social services.

The framework and goals are intended to be high level, bold and aspirational. At the same time, over the next five years, the framework is intended to enable development of clearer pathways to action for health and social services organizations and systems. To be successful, these actions must go beyond organizations and services and transcend systems as a whole, putting people first.

3. What are goals, objectives and outcomes within the context of the CQPS Framework?

Within the context of the Canadian Quality and Patient Safety Framework, the Goals are the overarching aim of what must be achieved; the Objectives are the conditions that must be true to meet the goal; and the Outcomes are the evidences that the goal has been met.
How were the goals, objectives and outcomes determined?

The Canadian Quality and Patient Safety Advisory Committee leveraged the learnings from previous work structures including: the Patient Safety Roundtable, the pan-Canadian Health Quality Councils’ Collaborative, the Accreditation Canada Program Advisory Committee, the National Patient Safety Consortium and outputs from the Integrated Patient Safety Action Plan.

The draft framework reflects and builds on the perspectives developed through significant investments and contributions from several federal, national and provincial and territorial organizations, as well as recent work from the OECD, World Bank and WHO.

The goals, objectives and outcomes were determined based on a review of current global and Canadian quality and patient safety priorities and preoccupations, a literature review and the input of the Quality and Patient Safety Advisory Committee.

What are the Goal areas identified within the CQPS Goals Framework?

The Canadian Quality and Patient Safety Framework identifies five priority goal areas: people-centered, safe, accessible, appropriate and integrated care.

PEOPLE-CENTERED CARE: An approach to care that consciously adopts individuals’, carers’, families’ and communities’ perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people rather than individual diseases, and respects social preferences.

SAFE CARE: Care is free from preventable injuries.

ACCESSIBLE CARE: Everyone, regardless of culture, economic situation or geographic location, has timely and equitable access to healthcare and social services.

APPROPRIATE CARE: Care is based on the best evidence available and shared decision making with patients and their supporters.

INTEGRATED CARE: Comprehensive health and care services coordinated and delivered in a way that ensures individuals, families, and communities, within a defined population/region, receive a seamless continuum of health and social services centered around their individual needs, regardless of organizational boundaries.

There are outcomes and objectives that appear to overlap between two or more goal areas; why are these identified only within one goal area?

While there is recognition that there is an overlap in outcomes and objectives across multiple goal areas, there was purposeful work to keep the Framework succinct, to reduce redundancies and move the outcomes and objectives to the goal area where there was greatest alignment.

Why does this Framework not have measures and indicators identified for the respective outcomes?

User’s Guides for patients, providers, leaders and policy makers will be developed once the contents of this Framework is finalized. They will provide examples of measures or indicators associated with each objective and goal area (along with their associated interventions). Wherever possible, these will reflect on the patient care team level (micro), organization level (meso), and system level (macro) processes and measures. The User’s Guides will be published alongside the final Framework in January 2020.
8. **Who is the CQPS Framework intended for?**

The Canadian Quality and Patient Safety Framework is intended for all Canadians. It is meant to guide:

- Patients and families on what a high quality and safe experience looks like for them and empower them to be engaged members of their care team.
- Health providers to develop care plans for their patients that puts patient experience and safety at the forefront and guide day-to-day decisions on care.
- Organization leaders so they can promote a culture of quality and safety amongst their teams and support them by allocating resources through their strategic and operational plans.
- Policy makers when deciding how healthcare is funded, delivered and monitored.

The framework and goals are intended to be high level, bold and aspirational. At the same time, the framework is intended to coordinate action for health and social service organizations and systems. To be successful, this synchronized action must go beyond focusing only on organizations and services. This will require learning and improvement across systems, by putting people first.

9. **Was there any Indigenous representation on the advisory committee to help inform the work?**

HSO and CPSI are actively supporting efforts for reconciliation between Indigenous and non-Indigenous Peoples in Canada. While there are Indigenous members on the advisory committee, it should be emphasized that it is not a representative committee, nor is it pretending to be. HSO and CPSI are using public consultation and broad engagement tools in order to ensure that all voices are heard, which include Indigenous people, citizens from provinces and territories across Canada including people living in remote and isolated regions, and vulnerable and marginalized populations.

10. **Was there representation from patients and families on this committee?**

The committee membership reflects the importance of people-powered health, through the participation of several patients and family members. Patients for Patient Safety Canada, a patient-led program of CPSI, is a full partner in ensuring that the voice of patients and their experience in the Canadian health systems are key inputs in the development of the CQPS Goals.

11. **What am I supposed to do with the CQPS Goals Framework?**

During the consultation period, we are asking all Canadians to review the Framework and provide us with your feedback on its importance and relevance to you.

Whether you are a patient, a healthcare provider, leader or policy maker, the intent is for you to use the framework as a high-level guide to strengthen the quality and safety of the care or services delivered or received. As a patient partner of healthcare and social services, you may decide to become more engaged in the interventions that an organization may put in place to meet their desired outcomes, objectives and goals. As a care provider or leader the framework may serve as a guide to further support or develop interventions to meet the desired outcomes. As a Policy Maker, you may use the Framework as a high-level guide to improve and align regional, provincial or national programs.
12. Will there by other resources to help me apply this Framework within my area of practice?

Once the consultation period is over and a final revised Framework is drafted, there will be work undertaken to develop “how-to” User’s Guides for each of the four priority stakeholder groups: Patients and families, Providers, Organization leaders and Policy makers. The User’s Guides will help you gain a better understanding of what the Framework means to you. They will provide examples of interventions you may support or implement, and measures or indicators associated with each objective and goal area. The interventions to be described within the User’s Guide, wherever possible, will reflect on the patient care team level (micro), organization level (meso), and system level (macro) processes and measures. The User’s Guides will be published alongside the final Framework in January 2020.

13. How will this consultation process engage the public?

HSO and CPSI are using public consultation and broad engagement tools in order to ensure that all voices are heard, which include Indigenous people, citizens from provinces and territories across Canada including people living in remote and isolated regions, and vulnerable and marginalized populations. Focus group interviews, one-on-one interviews, and presentations directing the public to access the webpage and respond to the online survey can be accessed through this link: http://qualitypatientsafety.ca

14. How will this consultation process engage frontline health and social services providers?

HSO and CPSI are using public consultation and broad engagement tools in order to ensure participation from all national healthcare and social professional associations. In addition, local and regional quality councils will be asked to invite front line providers to the consultation interviews or encourage them to access the webpage and respond to the online survey through the link: http://qualitypatientsafety.ca

15. Are you consulting with every provincial and territorial jurisdiction?

The public consultation runs until June 30, 2019 and will engage every jurisdiction across Canada. If you are interested in receiving more information about the Framework or the consultation process, please contact qualityservicesforall@healthstandards.org or call 1-866-421-6933.

16. What is meant by “Social Services”?

These are services provided for the benefit of the community, such as education, housing, food and security, which aim to promote the welfare of people. It refers to the social aspect of clinical and support activities of a general services program, clinical and assistive activities. In this sense, it is part of a broader approach aimed at meeting all the health and well-being needs of the population.

17. What is meant by “People”?

People refers to all peoples, including underserved populations, those living in remote and isolated regions and Indigenous Peoples.
18. What is meant by “Patients”?
Patients within the Framework refers to patients and their families, caregivers or supporters.

19. What is meant by “Providers”?
The use of the word Provider within the Framework refers to healthcare and social services providers.

20. How do I provide my input on the CQPS Goals Framework?
The Canadian Quality and Patient Safety Advisory Committees welcome your input.
To access the on-line survey please go to the following link: http://qualitypatientsafety.ca

21. What is the time frame for public consultation on the CQPS Goals Framework?
There will be a four-month public consultation period, closing on June 30, 2019.

22. Where can I find more information on this work?
For more information on the work of the Canadian Quality and Patient Safety Advisory Committee and the Framework, please go to the following webpages:

CPSI webpage: https://www.patientsafetyinstitute.ca/

HSO Webpage: https://healthstandards.org/

23. How can I have a presentation of this Framework to our group?
If you wish to have a presentation of the Framework to your group, please contact Hailey Riendeau at qualityservicesforall@healthstandards.org or by calling 1-866-421-6933.