Mapping Template

Canadian Quality and Patient Safety Framework for Health Services

**Use this template to map your current quality and patient safety improvement initiatives to the goals, objectives, and outcomes of the Framework. When you are done, please consider emailing** [**qualityservicesforall@healthstandards.org**](mailto:qualityservicesforall@healthstandards.org) **and share your experience using the Framework to help inspire others to align Canada on five goals for quality, safe care.**

|  |  | Objectives |  | Outcomes | Your Initiatives |
| --- | --- | --- | --- | --- | --- |
|  | 1.1 | Health services are provided with humility in a holistic, dignified, and respectful manner.  Indicator: Patients’ ratings of the extent to which care was provided with respect | 1.1.1 | Patients make informed contributions and decisions related to their care and treatment. | *Examples include, but are not limited to, advocacy, wise practices, training, programs, accreditation activities, committees, frameworks, partnerships, policies, regulations, and acts.* |
| 1.1.2 | Diverse peoples, including First Nations, Inuit, Metis, Black, LGBTQ2S+, immigrant, and people in rural and remote communities receive care that is culturally safe. |  |
| 1.2 | All aspects of care are co-designed with patients and providers.  Indicator: Patient and provider involvement in care planning, governance, and evaluation (e.g., patient advisors) | 1.2.1 | Formal and informal patient partnerships are established and consistently supported at all levels. |  |
| 1.3 | Patients and providers have positive health service experiences.  Indicator: Patients’ overall ratings of health service experiences  Indicator: Providers’ overall rating of health service experiences | 1.3.1 | Patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) are collected and reported and demonstrate improvements in experiences and outcomes. |  |
| 1.3.2 | Patients, regardless of background and circumstance, are engaged and report health service experiences. |  |
| 1.3.3 | Providers are engaged, report and learn from health service experiences. |  |

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|  | 2.1 | Safety culture is evident across the continuum of health services.  Indicator: Assessment of organizational efforts to monitor, review, and address patient safety incidents  Indicator: Training on quality improvement and patient safety provided at all organizational levels | 2.1.1 | Patients, providers and leaders are encouraged and supported to report and act on patient safety concerns and incidents. |  |
| 2.1.2 | Patient harm events are disclosed to the patient and/or family as soon as known and documented according to organizational policies. |  |
| 2.1.3 | Patient safety events are analyzed and acted upon by interdisciplinary teams which include patients. |  |
| 2.1.4 | Patients who are harmed have access to psychological support programs. |  |
| 2.1.5 | Providers work in psychologically and physically safe environments, with access to psychological support programs. |  |
| 2.2 | Safe and effective care is provided and monitored.  Indicator: Rate of avoidable deaths (in and outside the hospital setting)  Indicator: Rate of patient harm events | 2.2.1 | Evidence-based practices are implemented. |  |
| 2.2.2 | Provider practices are reviewed and outcome trends are reported to proactively drive safe practices. |  |
| 2.3 | Safe care is addressed as a public health concern.  Indicator: Rates of patient harm events and avoidable hospital readmissions are reported publicly | 2.3.1 | Health service organizations actively participate in an accreditation process. |  |
| 2.3.2 | Rates of patient harm and other indicators that reflect organizational safety are reported publicly. |  |

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|  | 3.1 | Care, diagnostics, and services are accessible for all people in an equitable and timely manner.  Indicator: Wait times for locally selected care, treatments, and procedures, analyzed by socio-demographic variables, geographic variables, and/or deprivation indices  Indicator: Rate of access to primary care provider, analyzed by socio-demographic variables, geographic variables, and/or deprivation indices | 3.1.1 | Diverse peoples, including First Nations, Inuit, Metis, Black, LGBTQ2S+, immigrant, and people in rural and remote communities, receive safe, equitable, and timely care. |  |
| 3.1.2 | Targets for access to services are measured and publicly reported. |  |
| 3.1.3 | Alternative options for care delivery are available, including virtual and in-person visits with a provider. |  |
| 3.2 | Human resources are effectively matched to population needs.  Indicator: Provider skill mix, given health service guidelines and needs of the population served | 3.2.1 | A needs-based human resource allocation strategy is in place, including an appropriate skill mix for the workforce. |  |
| 3.2.2 | The scope of practice of health service providers (both regulated and unregulated, knowledge keepers and Elders) is recognized and optimized based on evidence. |  |

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|  | 4.1 | Health services are planned and delivered based on the needs of the population.  Indicator: Health services based on needs assessment | 4.1.1 | There is evidence that health promotion and disease prevention are addressed. |  |
| 4.2 | Appropriate care is actively promoted and monitored, and unwarranted variations are minimized.  Indicator: Variations in appropriate care, for locally selected interventions, are documented and inform quality improvement processes | 4.2.1 | Evidence-based care is demonstrated throughout the patient journey, reflecting patient preferences. |  |
| 4.2.2 | Unwarranted care variations are minimized. |  |
| 4.3 | Emerging treatments and technologies are systematically evaluated and implemented in health services.  Indicator: Implementation of health service innovation includes risk management, training, and evaluation to meet patient needs | 4.3.1 | Treatments, technologies, medical devices, and equipment are evaluated and monitored for appropriate use. |  |
| 4.3.2 | Health teams are prepared for effective use of new treatments and technologies. |  |

|  |  | Objectives |  | Outcomes | Your Initiatives |
| --- | --- | --- | --- | --- | --- |
|  | 5.1 | Patients experience smooth transitions across health services.  Indicator: Communication between primary care providers and specialists | 5.1.1 | The infrastructure and accountability for care transitions are in place. |  |
| 5.1.2 | Providers coordinate care across health services. |  |
| 5.2 | Patient information is available to patients and providers across health services.  Indicator: Prevalence of electronic communication  with patients  Indicator: Prevalence of integrated electronic health records | 5.2.1 | Providers have appropriate access to integrated electronic health records. |  |
| 5.2.2 | Patients have easy and timely access to their health information. |  |

**Other quality and patient safety initiatives**

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