



**MANITOBA INSTITUTE
FOR PATIENT SAFETY**

**STRATEGIC PLAN
Moving Forward on Safer
Healthcare for All
Manitobans**

BY

**Board of Directors
Manitoba Institute for Patient Safety**

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EXECUTIVE SUMMARY

Introduction

Patient safety is one of the most crucial issues facing Manitoba's healthcare system. There are many dedicated individuals and organizations currently addressing different aspects of patient safety. However, preventable events causing harm to patients are still too frequent in all parts of the healthcare system.

Manitobans expect and deserve the safest healthcare that is possible. Given the limits to our knowledge about how to ensure safe healthcare, the complexity of the system and the challenges this poses for coordination and integration of service delivery, the risks for error inherent in the interaction of humans with specialized and changing technologies, the health human resource shortages and the difficulty of modifying professional health cultures which have traditionally feared open discussion of adverse events, the healthcare system can never be a perfectly safe. It can, however, be much safer than it is today. That is why the Manitoba Institute for Patient Safety was brought into existence in June, 2004 with a mandate to address patient safety issues from a system-wide perspective and to promote improvements in all parts of the system.

The Planning Process

This is the second strategic plan developed by the Institute. It covers the period from 2008-2011. The plan reflects the evolution of the Institute to a new stage. During the past four years the Institute worked to achieve a presence, credibility and influence within the healthcare system. The phrase "Moving Forward" in the title of this plan reflects the commitment of the Board of Directors and staff of the Institute to sustain this momentum, bring existing initiatives to fruition and widen the scope of its activities as resources permit.

The planning efforts of the Institute must balance our aspirations, objectives and activities with the limits of our authority, finances and staffing level. Many factors in the healthcare system beyond the control of the Institute will affect progress on patient

safety. Anticipation and focus must be combined with seizing opportunities and improvising responses as circumstances change.

The Institute cannot be everything to everyone. It cannot accomplish its aims without the cooperation of others. This is why the present plan was developed on the basis of consultations with our leading stakeholder groups and the Institute is grateful for their advice and ongoing support. The findings from the stakeholder surveys reveal a high regard for the Institute and its activities to date. The responses convey a passionate concern to move the patient safety agenda forward in even more parts of the healthcare system.

Strengths and Weaknesses

Based upon stakeholder opinions and discussions in the Board of Directors, a number of strengths and weaknesses of the Institute were identified. The strengths included:

- A province wide mandate to promote patient safety;
- Growing visibility and credibility;
- A collaborative approach and an extensive range of partnership relationships, including 30 member organizations;
- A small, but professional, cooperative and responsive staff;
- An experienced, knowledgeable and dedicated Board of Directors;
- Relatively modest but stable funding from the Government of Manitoba and independence from government involvement.

In terms of weaknesses and challenges, there were several identified, most of which were seen as related to resource limits:

- With a budget of approximately \$600,000 (in an overall health budget of approximately \$4billion) and a staff of three, it is challenge to fulfill a broad mandate which applies to all healthcare fields across the entire province;
- Without regulatory authority, direct delivery responsibility or the mandate to investigate adverse events, the Institute must promote improved patient safety mainly by identifying good ideas and practices and working with others to encourage implementation;
- Finding practical ways to involve the public in debates over patient safety;

- The need to diversify revenues in order to supplement the core funding from government, but the requirement for additional staff or outside help to accomplish this.

When combined with the dynamic nature of the health field, these strengths and weaknesses mean the Institute must combine formal planning and careful resource allocation with the flexibility to identify and to take advantages of opportunities when they arise. Usually that will involve partnering with other organizations.

Strategic Issues

Our survey of stakeholders told us in resounding terms that patient safety issues would become even more important in the future. They also identified a wide range of areas where future action was required.

The Institute can handle only a small number- perhaps two or three- issues on an annual or bi-annual basis. In general terms the Board of Directors and staff of the Institute commit to doing all that they can within the limits of the Institute's authority and resources to promote and support improved patient safety. More specifically, they commit to the four following general directions:

- To increase interaction with Manitoba Health on policy and program initiatives related to patient safety;
- To undertake activities to increase awareness , understanding and commitment to patient safety concerns among leaders in the healthcare system;
- To find additional ways to communicate about patient safety matters with patients, families and citizens in general; and,
- To promote and facilitate the adoption of new patient safety knowledge and practices on the basis of working with others.

Communication is central to all the activities of Institute. Maintaining the momentum on the patient safety front and transforming over time the professional and administrative cultures of the healthcare system will take passion, patience and perseverance.

Tracking Our Progress

The ultimate aim of the Institute is to reduce preventable harm to patients. Improvements to patient safety practices should be guided by reliable and valid evidence. Similarly, the Institute wishes to submit its own efforts to measurement and evaluation to learn how well it is influencing the healthcare environment to bring about progress. Measuring the impacts of our efforts is also a basis on which we can be held accountable to our members, funding partners, stakeholders and the people of Manitoba.

Examination of how the Institute is making a difference is difficult because its mandate is broad, it is only one organization among many working in the patient safety field and the environment of the healthcare system is changing constantly. Although it represents a challenge to attribute outcomes directly to the efforts of the Institute alone, the development and refinement over time of a performance framework to support learning and accountability is a commitment of the Board of Directors and staff of the Institute.

Conclusion

This strategic plan sets some broad directions for the Institute for the next three years and it establishes some more specific priorities to guide activities during that period. A more concrete annual operational plan directed by the Executive Director reflects and complements the general directions set forth here. The intention is to build on the early accomplishments which have earned the Institute recognition and respect as a leader in the field and to undertake new initiatives as opportunities arise and resources allow.

I INTRODUCTION

Patient safety is one of the most critical issues facing Manitoba's healthcare system. There are many dedicated individuals and organizations currently addressing different aspects of patient safety. However, preventable adverse events causing harm to patients have significant human and financial costs. Such events are still too frequent and they occur in all parts of the system, including hospitals, long term care, mental health, pharmaceutical care and primary care. Death, injuries, prolonged hospital stays, infections, medication problems and other types of breakdowns in the provision of safe care are unacceptable. Manitobans expect and deserve the safest healthcare that is possible. Currently citizens' trust and confidence in the system is low. The system involves multiple organizations, difficult problems of coordination and integration of service delivery, the interaction between technology and human factors, entrenched professional cultures which fear open discussion of adverse events and limits to our knowledge of how best to ensure safe, quality healthcare. This is why the Manitoba Institute for Patient Safety was brought into existence in 2004. The Institute was intended to address the complicated issues of patient safety from a system-wide approach and to promote improvements in all parts of the system.

This is the second strategic plan developed by the Board of Directors of Institute. It covers the medium range future of the Institute over the period from 2008 to 2011. The title of the document "Moving Forward on Safer Healthcare for All Manitobans" reflects the conviction of the Board that, after becoming established and developing an initial presence in the patient safety field, the Institute must now work to sustain its momentum, widen the scope of its activities and increase its influence across the entire continuum of healthcare services. There is a need for balance between continuing existing activities to ensure positive impacts while at the same time introducing new initiatives. Our planning efforts must also balance our aspirations, objectives and activities with our authority, finances and staffing levels. Finally, our planning must involve foresight, anticipation, direction setting, focus and discipline while at the same time, in the light of changing circumstances, allow for opportunities to be seized, adjustments to be made and short-term initiatives to be launched. Many factors in the complex and dynamic healthcare

environment are beyond the control of the Institute so, of necessity, our approach to change must balance formal planning with strategic improvisation.

As noted below, the Institute performs the task of promoting and supporting the patient safety agenda in Manitoba, but does so without having a direct program delivery, regulatory or investigative role. It operates within the context of a complicated, multi-level, expensive and dynamic healthcare system(s), which has local, regional, provincial, national and international dimensions. Given its lack of formal authority over other institutions and actors and its limited resources, the Institute cannot directly control activities and outcomes in the health field; rather it is required to promote positive change by influencing the thinking and behaviour of others. Ideally our influence must extend across the full spectrum of healthcare decision-making, from policy-making within governments to policies and practices on the regional health authority level, to institutions such as hospitals and long-term care facilities, to individual care providers, the regulatory bodies for the health professions and to individual patients and their families. Realistically, the Institute must accept that it cannot be all things to all people concerned about and involved with patient safety issues in Manitoba. As part of combining planning and improvisation, it must use its limited authority and resources to contribute as much value as possible to ensuring that patient safety remains a high priority on the healthcare policy agenda and that successful improvements continue to be made throughout the system to reduce adverse events and harm to patients.

The initial strategic plan for the Institute was developed out of a province-wide consultation involving a broad range of stakeholders. As a new entity it was important for the Institute to seek advice on how it should translate its broad mandate into concrete activities and what its initial priorities should be. The consultative process was also a way to introduce and build awareness of the Institute as a new institution. For this second round of strategic planning the Institute again adopted a participatory approach by conducting a survey of our key stakeholders. Put simply, a stakeholder is an organization, group or individuals which is affected by the Institute, can affect the Institute or has a general interest in the work of the Institute. The number of potential stakeholders for the Institute in the broad field of patient safety and operating with a province-wide mandate is very large. To make its stakeholder analysis manageable in terms of time and finances, the Institute focused its efforts on obtaining the perceptions,

opinions and advice of its main partners. Surveys were sent to the members of the Institute's Patient Advisory Committee, to the 30 member organizations of the Institute and to the Chief Executive Officers and Quality/Safety officials in the eleven Regional Health Authorities, CancerCare Manitoba, and Selkirk Mental Health Centre. In addition, consultations were held with the two cabinet ministers responsible for health matters in the Government of Manitoba and with the deputy minister of the Manitoba Health Department. The Board of Directors reviewed the opinions and recommendations arising from the consultations and met twice to discuss future strategic directions for the Institute.

In the view of the Board and the staff of the Institute, the involvement of the key stakeholders in the planning process was immensely valuable. After nearly four years of operations, it was important to take stock of how well known and how well regarded the Institute is. At this point, only a summary of stakeholder opinion will be presented. The findings from the stakeholder surveys are woven throughout the other sections of this strategic plan. They add concrete evidence of how well the Institute is doing in the eyes of others and they convey a passion about the urgent need to move the patient safety agenda forward in even more parts of the healthcare system.

It was gratifying to learn that the overall reputation of the Institute with our partners in the patient safety field is very positive. The mandate of the Institute is seen to be crucial. The Institute is seen to be relevant and credible. Its activities to date are seen as valuable to our member organizations, the regional health authorities and to the public at large. The staff of the Institute was seen as highly competent, committed and helpful. As important as the praise and expressions of support, was the identification of areas which the Institute might have overlooked or shortcomings in its performance to date. There was an appreciation that the Institute lacked the authority and resources to do everything that it might like to do. There was a strong consensus that patient safety concerns should and would become more important in the future. Asked to identify areas and activities on which the Institute should focus going forward, our partners made many valuable suggestions and an inventory of these is presented in the section of this plan which discusses our future priorities.

The Board of Directors and the staff of the Institute wish to thank all those who contributed their knowledge and time to the planning process. While we were not able to immediately follow all of the advice provided, your insights greatly enriched our thinking about medium-range directions for the Institute and provided us with a longer-term agenda of ideas. Any planning effort involves a combination of respecting the past, dealing with the present and anticipating the future. This is another balance which this strategic plan seeks to achieve.

II SETTING THE FOUNDATIONS: THE STORY TO DATE OF THE MANITOBA INSTITUTE FOR PATIENT SAFETY

This section of the strategic plan will provide a brief update on the Institute in terms of its history, mandate, mission/vision, values, major milestones, success stories and significant challenges. The discussion seeks to further explain the why, what, how of the Institute's activities and to describe briefly the contributions of the Institute to date.

History

The Institute was created as a non-profit corporation through a legal process of incorporation under the Corporations Act of Manitoba in June, 2004. It was brought into existence through the initiative of the Government of Manitoba. The concept of an arms-length patient safety the Institute had been recommended in 2003 by a government-appointed advisory committee chaired by Dr. John Wade, former Dean of Medicine at the University of Manitoba and former Deputy Minister of Health.

The Institute is governed by a twelve member Board of Directors, five of whom (including the chair) are appointed by the Minister of Health .The remaining seven board members are elected by the member organizations of the Institute at its annual general meeting.

At this point, the Institute obtains nearly all of its funding in the form of annual grant for 2007/2008 of \$595,600.00 from the Government of Manitoba. However, the Institute is expected to diversify its revenues, both to enable it to undertake more extensive activities and to lessen its dependence upon government support. In terms of

organizational resources the Institute is a small organization. Currently its full-time staff consists of an Executive Director, a Consultant, and an Administrative Officer with a small number of other people hired on short-term contracts to help with particular projects. The key relationship with government, the funding levels and the small staff create challenges in terms of planning and the potential range of activities which can be undertaken. Adjustments to strategies may have to be made depending on many factors beyond the direct control of Institute, such as policy changes in the health field, availability of funds and finding organizational partners with whom to collaborate.

Presented in the boxes below are the mandate, mission, vision, principles/values and objectives of the Institute which are slightly revised from those contained in our first strategic plan. The changes reflect the responses from our stakeholders and discussions held by the Board of Directors. These statements represent in a brief form answers to the questions of the why, what and how of the Institute.

The mandate reflects the articles of incorporation for the Institute. The mission seeks to summarize succinctly why we exist, whom we serve and how we achieve our mandate. The vision statement is meant to be aspirational (what we would like to become), inspirational and timeless. The principles and values are meant to provide a foundation for decision-making and the operations of Institute. Objectives are more specific statements of intentions which can be translated into operational activities and can be measured in quantitative and qualitative terms.

MANDATE

The Manitoba Institute for Patient Safety promotes patient safety and quality health care for Manitobans. The Institute will promote, coordinate, facilitate and participate in/stimulate research activities and initiatives, monitor emerging issues, promote best practices, and raise awareness of patient safety and quality care issues.

MISSION

To promote patient safety and quality healthcare for Manitobans.

VISION

To be a leader in achieving safe, quality healthcare for all Manitobans.

PRINCIPLES and VALUES

The Institute is committed to:

**Passion and commitment to patient safety
Innovation and excellence
Learning and continuous improvement
Equity in terms of respect for all patients and providers**

The Institute will act based on:

**Independence, objectivity and integrity
Consultation and collaboration
Openness and accountability**

OBJECTIVES

To stimulate initiatives to enhance patient safety in the Manitoba health care system.

To identify and monitor emerging issues related to patient safety and quality healthcare.

To promote best practices related to patient safety and quality healthcare.

To raise awareness of patient safety and quality healthcare issues.

The Institute is still a relatively young organization. Created in June, 2004, most of the first two years of Institute's existence were taken up with the practical requirements of getting established, conducting the first strategic planning exercise, developing relationships with our key stakeholders, recruiting other health organizations as members of the Institute and launching an initial series of projects and activities. Selective efforts were made to diversify the revenues of the Institute beyond the core, operational grant provided by Manitoba Health. Increasing the visibility of, knowledge of and support for the Institute was a crucial requirement of this first phase in order to ensure the viability and influence of Institute. Developing ways to involve patients and the public in Institute' activities and in the wider patient safety debates was another emphasis of the early years of Institute.

All of these requirements will remain important to the long term success of Institute. However, the Institute is now an established actor within the patient safety field in particular and, to a lesser extent, in the healthcare system in general. The Institute has credibility and influence. It works collaboratively with a wide range of partners. The range of initiatives and projects in which it has been involved is extensive, especially given its lack of formal authority and limited resources. This is not the place to review the accomplishments of Institute. Some of the major activities it has initiated and /or been part of include the following:

- the It's Safe To Ask campaign which seeks to encourage and empower patients and families to become active, informed members of healthcare delivery process by asking three simple questions of their care providers. The campaign also involves active participation by the provider population. Separate funding from foundations and corporations, as well in kind support from community based organizations were innovative features of this program.
- Safer Healthcare Now! is a grassroots Canadian campaign aimed at reducing preventable complications and death through best practice interventions. These include preventing surgical site infection, preventing adverse drug events through medication reconciliation, improving care for people with acute myocardial infarction, prevention of central line infections, prevention of ventricular associated pneumonia, and introduction of rapid

response teams. The Institute is a funder of the Western Operations of the initiative, which provides, for example, individual team consultation and support, best practice tools, workshops, on line resources, and expert faculty consultation. The Institute hosts local needs based, educational events to support team learning and sharing.

- Through collaboration and consultation with Dr. Liane Ginsburg, York University, The Institute facilitated the conduct of a Culture of Safety Survey in eight regional health authorities and three Winnipeg organizations. The survey captures perceptions of culture of safety in organizations and also contributed to testing the tool to capture opinions and beliefs of healthcare staff across the continuum of care.
- The Provincial Patient Safety Conference, held in November, 2007, had over 400 registrants, including over one hundred students from invited health education faculties. Additional events included 6 workshops on various patient safety topics and a public forum “We Grieve, We Listen, We Learn”.

In addition to these main initiatives by the Institute and its partners, there are many other projects and activities in which the Institute has been involved. Often the Institute serves as a convenor bringing people and organizations together, either in person or on line, to hear leading ideas, share experiences and best practices and to discuss in a neutral, non-judgemental forum the complications and challenges of changing the healthcare system to reduce harm to patients. Participants in these forums come from the international, national and provincial health policy communities, from the research world, from the health regulatory bodies, from the regional health authorities, from individual health institutions and from the front lines of care provision. Our surveys of stakeholders strongly endorsed this broad role of knowledge sharing and knowledge transfer as one of the important contributions of Institute.

In summary, after having achieved some significant early success and gained credibility in Manitoba’s health community, the Institute is now poised to ensure that patient safety remains a top concern at all levels of the healthcare system and improvements continue to be made. For those actions to be effective the Institute must use its limited financial and human resources in a strategic, selective and creative manner, usually working in

collaboration with other organizations and groups. To identify the strategic issues on which it should focus going forward the Institute conducted a review of its strengths and weaknesses, including in the perception of its primary stakeholders, as well as the threats and opportunities it might face.

III STRENGTHS AND WEAKNESSES

It is difficult for people within an organization to identify objectively, comprehensively and in a balanced manner its strengths and especially its weaknesses. Engaging stakeholders in the strategic planning process offers the opportunity to obtain outside perspectives and assessments of an organization's performance and of its impacts. Stakeholder engagement can provide constructive feedback on areas for improvement. It can provide a "reality check" and introduce a greater element of feasibility to plans. This is especially true for the Institute since it relies on the cooperation and collaboration of other organizations to develop its activities and to maximize its impacts.

Based upon stakeholder surveys and our discussions, the Board of Directors believes that the Institute has a number of strengths that we can build upon to increase our influence over time. A crucial strength is our mission and mandate. Promoting the safest possible healthcare for all Manitobans provides the Institute with a strong sense of purpose and passionate commitment at the level of the board and among the small, but dedicated staff. The province-wide mandate for the Institute poses challenges of communication and costs, but it provides the opportunity for leadership on the provincial, regional, institutional and individual care provider levels. As a chief executive of a regional health authority wrote in his survey: "It is helpful to have a provincial organization 'beating the drum' for patient safety. It adds volume to individual voices on the local level". Several organizations surveyed mentioned that the value the Institute adds by making the case for patient safety with Manitoba Health which must deal with numerous other issues beyond safety.

Growing visibility and credibility is a second strength of Institute. A quality officer from a regional health authority observed in his survey response that "MIPS is visible and accessible. It provides information, resources, conferences and support which meet the needs of healthcare organizations and providers." The annual provincial safety

conference in which the Institute plays a leadership role came in for mention many times as an educational opportunity, which also promotes the cause of patient safety to a wider audience.

Another strength, and one which attracted considerable praise, was the willingness of the Institute to work with others and the growing network of collaborative relationships. A philosophy of collaboration has been the basis for Institute's operations since the outset. It reflected the recognition that no one organization possesses all the relevant knowledge and skills to improve patient safety single-handedly. For the patient safety movement to be successful will require both top-down and bottom-up leadership. The Institute can play a positive role in bringing actors from all levels together. Collaboration also represents a way to stretch the scarce financial and staff resources of the Institute to achieve greater impact than might otherwise be the case. Many respondents in our survey praised the responsiveness, helpfulness and professionalism of the small Institute. As one respondent wrote: "The phenomenal work of the Executive Director and the other two staff members never ceases to amaze me."

Other strengths of the Institute include the following: independence from government which allows for more objectivity and attention to the longer term, a board of twelve directors who are knowledgeable, experienced and dedicated to the cause of patient safety, and modest, but relatively stable and predictable levels of funding, mainly from the Government of Manitoba.

In terms of weaknesses or limitations, the leading response in our surveys was resource limits. With a budget of approximately \$600,000 and a staff of three people, it was recognized that the Institute faced real challenges and constraints in fulfilling a broad mandate which applies in principle to all healthcare domains and across an entire province-wide health system which spends over \$4 billion annually, involves hundreds of public and private organizations, thousands of providers in many specialized occupations, hundreds of administrators, numerous boards of various kinds, the various health professions' regulatory bodies and the general public. Communicating the patient safety message to these diverse audiences and working on all levels of a multi-tiered system is a huge challenge which the Institute can only approach in a limited and incremental manner.

Related to the resources issue is the fact that the Institute must rely upon having good ideas, using its credibility and influence and working through and with other organizations to move the patient safety agenda forward. The Institute does not have regulatory authority, it does not deliver health services and it does not have the mandate or capacity to investigate adverse events causing harm to patients. It needs to identify and work with a wide range of stakeholder groups, each with its own perspectives, interests and capacities of various kinds to contribute to improvements in the field. Involving the public in patient safety issues is implicit in the mandate of Institute, but the practical ways to bring this about are not clear.

The Institute has built its membership to 30 organizations. There are still organizations in the health field which ideally should belong to Institute. However, recruiting new members takes time on the part of board members and the Institute staff since there is no personnel dedicated to this task.

The need to diversify revenues in order to lessen Institute's dependence on government funding and to wide the scope of its activities was recognized as a major challenge in our first strategic plan. Outside advice and board discussion of the topic of fundraising took place on several occasions at the board. The conclusion reached was that fulltime fund-raising was not a good use of staff time and expertise and there limits to how much activity could be expected of board members. The decision was to approach fund raising on a selective basis related to specific projects and this was done with success in connection with the "It's Safe To Ask" campaign.

It is the expectation of Manitoba Health that the Institute will supplement its core operating grant (approximately \$600, 000 in 2007-2008) with other revenues. Manitoba Health has also indicated that it would be prepared to consider supplementary funding for special projects. The Institute has sought to use this parallel funding process several times without success and part of the reason why our requests for special funding have been denied is that above a certain level such decisions are made at the centre of government budgetary process and compete with many other such requests. For the foreseeable future the Institute can count on the same modest level of grant increases made to all grant-funded organizations outside of the provincial government. There may

be relative predictability of funding going forward, but there will also be a mismatch between our mandate and our resources.

Ideally an organization like the Institute which stresses the importance of evidence and learning to advance patient safety should develop a framework to evaluate its own performance. This is easier said than done. The topic is discussed more fully in a later section of this document. Here it should be simply noted that mandate and objectives of the Institute are broad and general so that developing indicators of success is difficult. The relative effectiveness of different types of reforms intended to improve safety is unknown and /or controversial. Moreover, the Institute plays mainly an indirect role in moving patient safety ideas into practice so attributing improvements directly to the Institute is difficult. Patient safety bodies across Canada and indeed around the world are only beginning to wrestle with the conceptual and analytical challenges of evaluating their own performances.

IV STRATEGIC ISSUES

Strategic issues are those areas of concern and activity which will determine the success of the Institute in improving the safe operation of all parts of Manitoba's complex and dynamic healthcare system.

The crux of the planning process is the identification and selection of the strategic issues that the Institute will tackle above and beyond its normal, day-to-day operations. The essence of such issues is that they represent opportunities and barriers to the realization of the vision of Institute. Strategic issues have the following characteristics: they are deemed to be urgent and important in the view of the Institute and its stakeholders; the issues are broad and cut across healthcare domains, there is a clear and distinctive role for the Institute and it has the knowledge, credibility, capability and resources, either alone or in partnership, to make a difference.

Issue identification and selection cannot involve a shopping list of tantalizing possibilities. The fact is that the Institute can handle only a very few, truly strategic issues well over the course of a year or two. Selectivity must be the name of the game.

The Institute must focus its attention and resources on a very small number - perhaps two or three on an annual or bi-annual basis - of high stake issues.

The survey of stakeholders asked whether patient safety issues would become more or less important on the crowded and shifting healthcare agenda. Not surprisingly given the backgrounds of the respondents, there was a strong consensus that patient safety will remain crucially important, even increase due to the aging population and an ongoing shortage of health human resources.

Respondents were also asked to identify up to three areas that the Institute should focus on in the future. They were asked this in the context of a reminder of the limits of the authority and resources of the Institute so that feasible recommendations would be made.

Some samples of the types of issues identified as important for the future are the following:

- ⇒ Provide a clearing house of resources on patient safety for rural RHAs;
- ⇒ A focus on patient safety issues involved with delays in access to care;
- ⇒ In connection with the Accreditation Canada accreditation process, a focus on medication reconciliation and the transmission on information at the interface points;
- ⇒ More needs to be done around patient safety issues in the mental health field;
- ⇒ Drug prescribing and communication errors;
- ⇒ Help with implementation of new disclosure requirements following adverse events;
- ⇒ Making the public, especially more vulnerable segments of the population, more aware of patient safety issues; and,
- ⇒ Integrating safety considerations more fully into the education of health professionals.

This list of proposed activities would have been even longer were respondents not aware of the limits of what could be realistically expected from Institute. The Board of Directors found it difficult to identify precise priorities. In part, this reflects the fact that all

the components in the health field are related either directly or indirectly to patient safety. Uncertainty about which issues will come to the forefront in the field and the need to work with other organizations means that the Institute must be ready to adjust its thinking and activities in order to seize opportunities and to maximize its influence. There are, however, several general areas where the Board agrees the Institute should strengthen its role:

- Increase its interaction with Manitoba Health in terms of policy development and program initiatives related to patient safety;
- Increase the awareness, understanding and commitment to patient safety at the leadership level throughout health organizations;
- Find additional ways to communicate about patient safety matters with patients, families and citizens generally to enable them to interact with the healthcare system in a more informed, confident and effective manner; and,
- Promote and facilitate the adoption of patient safety knowledge and procedures at all levels of the system, both by initiating activities and responding to requests for support.

In general the Institute commits to doing all that it can, within the limits of its authority and resources, to advocate for, stimulate, coordinate and support improvements intended to make healthcare as safe as possible. Admittedly this is general direction more than a detailed plan but it reflects the practical requirement that the Institute act in a strategically opportunistic manner to influence the desired changes. Moreover, in its annual budgetary exercise more detailed operational plans will be developed to add specific content to this plan.

V COMMUNICATIONS

As noted above, the contribution of the Institute to improved safety will depend on influence rather than being in direct control of program delivery or exercising regulatory authority over health care institutions and care providers. This makes effective communication key to the success of Institute. Effective communication occurs when the message sent is received, understood and acted upon by the intended audience(s). In other words, there must be movement along a continuum: from awareness, to

knowledge, to acceptance and to changed behaviour in order for the Institute to contribute to its objectives in the field of patient safety.

Based on its first strategic plan, the Institute adopted a strategic, contingent approach to its communication activities. The approach recognizes that the Institute must communicate with diverse audiences on a variety of issues for a number of different purposes. This means there is no one best way for the Institute to conduct its communications activities. Each communications situation is somewhat different in terms of objectives, intended audience(s) and the best medium for communicating so that strategies and tactics must be “custom-designed” to some extent.

Maintaining the recent focus on and the momentum in support of patient safety is the aim of our communications strategy. Long term change within the several professional healthcare cultures and within the variety of health institutions is a long term and difficult goal of communications. It will be difficult to define and measure how successful communications efforts are. There are a variety of formal techniques -surveys, focus groups, evaluation forms at conferences, website utilization statistics, etc.- and informal evaluation methods- such as tracking media coverage and talking to stakeholders- but separating the impacts of the Institute activity from other events taking place means that precision will be impossible.

As with all of Institute’s activities, communications strategies must balance objectives with resources. Even though communications is central to the achievement of the aims of Institute, it is unlikely that the Institute will ever have a full-time “in-house” communications specialist. Instead, existing staff and Board Members along with occasional contract support will have to provide the basis for as professional a communications capacity as possible. The Institute must rely on less expensive vehicles for communicating with its various audiences. In practical terms this means that paid advertising direct mail, glossy newsletters/reports/brochures/videos and a sophisticated website are probably (with the possible exception of some individual projects) beyond the capacity of Institute. Instead community-based communications, relations with the media, government contacts and communications to specialized audiences within the patient safety field will remain the most affordable and most effective avenues of communications available to the Institute.

VI TRACKING OUR PROGRESS

The primary purpose of the Institute is to promote patient safety and quality healthcare for Manitobans. The contribution of the Institute to a safer healthcare system is indirect because it does not deliver programs, does not approve healthcare technologies, does not regulate healthcare providers and institutions and does not investigate and resolve patient complaints about health care procedures, outcomes and individual care providers. The mandate of the Institute was presented on page five of this plan. Based upon that mandate, the Board of Directors identified a set of four general objectives for its activities. In the discussion of each of these objectives, we have identified some possible proxy indicators of the impacts of Institute. These examples of possible indicators include mainly descriptive indicators of the activities and outputs of Institute. Developing measures of the influence and impacts of the Institute in terms of actual outcomes in the health system is much more difficult because the objectives are multiple and interdependent. Also, the Institute is one of many organizations and individuals working on patient safety issues so attributing results to one entity is often inappropriate. Development of indicators should not be based simply on what is most easily measured, but also on less tangible qualities of performance and on what is missing in terms of evidence about the relative effectiveness of various types of initiatives. Trying to develop a measurement framework for its activities will provide an example and leadership for other organizations striving to increase safety and achieve quality improvement. In short, performance measurement and reporting is about accountability, but also about learning and improvement.

Objective 1: *Stimulate initiatives to enhance patient safety in the Manitoba health care system*

Illustrative examples of possible indicators for this objective are:

- Number of events and activities involving knowledge sharing and transmission of best practices;
- Number and types of partnerships with other organizations working on patient safety issues both inside the province and outside;
- Financial and other forms of support for patient safety research and the translation of research into practice; and,

- Providing “safe forums” where different organizations can discuss controversial issues in a candid manner.

Objective 2: *Identify and monitor emerging issues related to patient safety and quality care issues*

Illustrative examples of possible indicators for this objective are:

- Expansion of the Institute’s role of serving as a “clearing house” for the transmittal of knowledge and skills;
- In cooperation with other organizations provide “seed” money for research and the emergence of the next generation of “champions” in the patient safety field; and,
- Providing opportunities to “brainstorm“ about where the patient safety movement is going or needs to go in the future.

Objective 3: *Promote best practices related to patient safety and quality*

Illustrative examples of possible indicators for this objective are:

- Using its influence to promote system-wide changes in the health policy environment; and,
- Measuring the satisfaction and subsequent utilization of new knowledge on the part of participants in learning events.

Objective 4: *Raise awareness of patient safety issues*

Illustrative examples of possible indicators for this objective are:

- communications and interactions with a wide range of institutions and individuals across the spectrum of health fields;
- activities to increase patient and citizen involvement in patient safety debates;
- encouragement and support to institutions to use patient insights to

- improve safety; and,
- providing meaningful input into the Institute's planning and programming from Institute's Patient Advisory Committee.

It must be recognized that individual activities will often serve more than one of the four broad objectives of Institute. The greatest challenge will be to measure in a valid way the contribution of the Institute to reforms in the patient safety field and in turn, the impacts of those reforms on the ultimate goal of reduced harm to patients. In almost all situations, the Institute will be working through and with others as it attempts on the basis of sound and practical ideas to move the patient safety agenda forward. The Institute's Board of Directors and staff will continue to work to refine the performance framework to prepare the Institute for an eventual in depth evaluation of its performance.

VII CONCLUSIONS

Formulating a strategic plan in a field as complicated, dynamic and uncertain as healthcare is inherently difficult. Many factors, such as shifting issues on the wider health policy agenda, changing government funding levels, the introduction of new technologies and human resource challenges, all have direct or indirect impacts on the patient safety field. Maintaining focus, commitment and momentum on the patient safety concerns is essential to reduce harm to patients and to avoid needless costs to the system from having to deal with preventable, adverse events and the negative consequences which impact everyone involved to some degree.

This strategic plan sets broad general directions for the Institute over the immediate range future of the next three to five years and it establishes some more general priorities to guide Institute activities. The plan sets the course for the Institute to build on its early accomplishments and to expand its activities into new domains as resources allow. the Institute must balance formal planning and measurable objectives with the flexibility to identify and taken advantage of opportunities when they arise. The Institute recognizes that it cannot accomplish the broad aims identified in its mandate without the

support and cooperation of others. Also, the Institute must demonstrate responsiveness to its stakeholders and be held accountable for its progress.

This document, along with other publications and activities, represents our commitment to fulfilling the obligation to inform all our partners and Manitobans generally about how we propose to advance the patient safety agenda in this province. No plan is forever and the Institute will revisit its thinking about the future in regular updates to this document. We welcome comments and advice on how the Institute is interpreting and implementing its mandate and values statement. Please direct your comments to the Chair of the Board at 204-927-6477.