

The Patient Safety Journey

In 2004, the collective efforts of many in Canada began to coalesce around the real issues affecting patient safety, leading to heartening advances in building a stronger culture of safety.

It was also a year when major studies and reports were published that laid out the extent of the patient safety problem within Canada's health system. The Canadian Adverse Events Study (Baker et al. 2004) found that approximately 7.5% of Canadian hospital patients experienced at least one adverse event in 2000. The Ottawa Hospital Patient Safety Study (Forster et al. 2004) pointed to the community/acute care link, finding that 61% of adverse events occurred before index hospitalization, and the Canadian Institute for Health Information rounded out the picture in its report, *Health Care in Canada 2004: Focus on Safe Care*, finding that 1.1 million additional hospital days were attributable to adverse events.

That these findings were in line with those from other countries, such as the United Kingdom and Australia, wasn't surprising given the similarities in the systems. It's also clear that despite everyone's efforts to date, much ground remains to be covered and the Canadian health system cannot let up in the drive for greater patient safety.

Yet there remains room for optimism and a growing sense that the Canadian journey toward a safer health system is well begun, even if we have yet to turn the corner.

Dr. John Wade, founding chair of the Canadian Patient Safety Institute, travelled across Canada speaking to groups about the urgent need for improvements in Canada's patient safety culture and exploring the role that the new institute can play. Some of Dr. Wade's comments follow:

In 2004, we spoke to over 20 different groups and shared thoughts and ideas with literally hundreds of providers from every part of the system. It was heartening to find that people in the healthcare system are motivated and they're looking at what needs to be done in their own work and in the work of their organizations.

It was only a few years go that we worked on the National Steering Committee report, *Building a Safer System – A National Integrated Strategy for Improving Patient Safety in Canadian Health Care*.

At the time, we said that we needed an unprecedented level of collaboration across all sectors to ensure a coordinated and effective strategy for improving patient safety.

People have taken that call to action to heart and there's overwhelming concern and support from all parts of the Canadian health system. Our challenge at the CPSI is to seize the opportunities created by this willingness to collaborate and help fulfill the promise of real change.

CPSI's First Year – Laying the Groundwork

CPSI was announced in December 2003 by the federal/provincial/territorial Ministers of Health and funded by the Government of Canada as part of its commitment of \$10 million annually over five years to support national patient safety initiatives.

During its first year, the founding board focused on building a foundation for the future of the organization and patient safety. This focus has been both organizational and issue-oriented and considerable effort has been made to develop the framework that will help ensure CPSI is effective and accountable. These efforts built on the considerable efforts of the Interim Patient Safety Committee made up of healthcare system stakeholders and federal, provincial and territorial government representatives that oversaw the initial planning of the Institute. There has also been an emphasis on consulting with stakeholders throughout the system to ensure that actions are as effective as possible and support rather than duplicate other initiatives.

The board believes that patient safety will be – and should be – a defining issue in healthcare over the next 20 to 30 years. This long-range perspective is reflected in both its vision and mission statements:

Vision

We envision a Canadian health system where patients, providers, governments and others work together to build and advance a safer health system; where providers take pride in their ability to deliver the safest and highest quality of care possible; and where every Canadian in need of healthcare can be confident that the care they receive is the safest in the world.

Mission

In working toward this broad vision for Canada's health system, the CPSI mission is to provide national leadership in building and advancing a safer Canadian health system.

Leadership and collaboration are two defining words for the CPSI board and are reflected in the guiding principles they've set out, which include

- Involving patients, healthcare providers and the public
- Maintaining objectivity and credibility by operating independently
- Collaborating with existing initiatives as much as possible
- Using evidence-based decisions
- Being accountable to members, funding agencies/organizations and the public
- Conducting ongoing evaluations and assessments of its activities

Leadership and collaboration is also evident in the work carried out by the staff of the CPSI, most of whom have come on board since September 2004.

One of their first steps has been to organize a series of provincial and territorial consultations with key healthcare partners. At each consultation, information has been shared from the CPSI strategic business plan (cpsp-sp.ca/news_eng/CPSI-Strategic-Business-Plan-English.pdf) and feedback obtained from the participants who have included representatives from government, agencies, health authorities and other health stakeholders and front line providers. Even more critically, the sessions have also focused on learning about local patient safety issues and relevant initiatives already under way in each jurisdiction, and discussing how CPSI should prioritize its actions and resources.

Common themes have begun to emerge from the workshop discussions. For example, participants have spoken about the need to ensure strong public involvement in CPSI's work, the importance of staying focused on a targeted number of key CPSI deliverables and demonstrating early successes to front line practitioners. A summary of the participant feedback will be made available on the CPSI website later this winter.

Work has also begun on developing an ongoing opportunity for pan-Canadian health organizations to look for opportunities to collaborate and share key findings. These organizations include CPSI, the Canadian Council on Health Services Accreditation, Canada Health Infoway, the Canadian Institute for Health Information, the Canadian Institutes of Health Research, the Canadian Health Services Research Foundation, the Health Council of Canada, the Public Health Agency of Canada and Statistics Canada. All those involved see this as critical in light of the interdependencies among the organizations.

Patient safety is a priority across the healthcare system and Philip Hassen, most recently Ontario's deputy minister of Health and Long-Term Care, whose appointment as CEO was announced in December 2004, says the challenge will be in ensuring that the Institute can keep up with demand. "Opportunities to partner on training and research initiatives are coming in the door almost daily," he said. "We need to choose initiatives that first and foremost make the biggest difference to patients and frontline caregivers. We also need to ensure that our processes are as fair and transparent as possible."

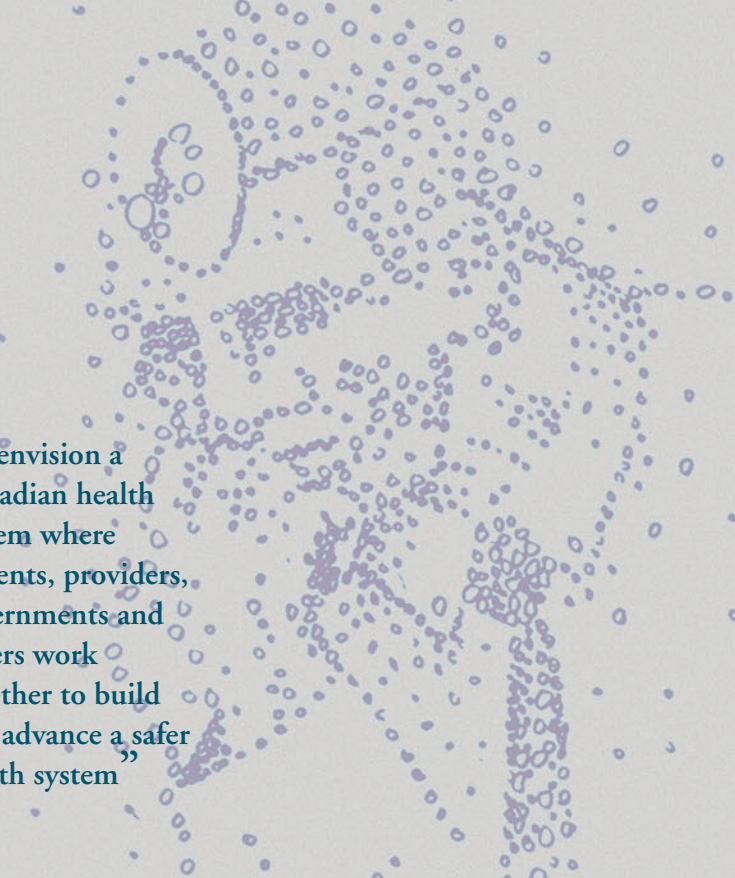
To that end, CPSI will announce a call for patient safety demonstration and research proposals in the new year. The Institute wants to support teams of researchers and/or decision-makers interested in conducting research or evaluation in patient safety in one of two areas. The first is in defining patient safety issues in Canadian jurisdictions, including projects that identify, categorize, quantify or explore patient safety issues and why adverse events or near-misses occur in healthcare settings. Up to \$500,000 will be dedicated to projects in this area. In the second area of research and evaluation, CPSI is looking for innovative demonstration projects for improving patient safety.

This could include projects that pilot new approaches, devices, practices, processes or systems that lead to improved patient safety. Another \$500,000 will be dedicated to projects in this area.

Research will be a key component of building a safer system. Later this winter, CPSI is hosting a meeting of researchers and decision-makers to help define the spectrum of patient safety research that could be done, identify areas of strength in Canada and internationally, look at what kinds of research have proven most helpful and note short- and longer-term needs along with potential funding mechanisms.

"It's critical that we have credible processes in place to appropriately evaluate the proposals that come in the area of research and in other critical initiatives," said Hassen. "That's one of the reasons we're in the process of establishing advisory committees in key areas – to ensure that we're doing the right things in the right ways for the right reasons."

In addition to a research and evaluation advisory committee, networks will be established in the areas of education and professional development, health system innovation, information and communications and legal and regulatory affairs.



“ We envision a Canadian health system where patients, providers, governments and others work together to build and advance a safer health system ”

Another key component of the CPSI organizational structure will be its members. In 2005, the call for members will go out to national groups involved in healthcare, as well as key consumer groups. The voting members will ultimately hold the board accountable for the operations of CPSI. Members will receive an annual accountability report from the board, appoint

the CPSI board of directors, approve CPSI financial statements, appoint auditors and approve reports of the board.

Dr. Wade describes this first year as one of putting in place the building blocks for the future, along with the opportunity to support some exciting initiatives. “We were able to assist in the incredible work done at Halifax 4: The Canadian Healthcare Safety Symposium this fall, where over 300 researchers and providers came together in Edmonton to talk about leading practices in patient safety. That’s something we want to continue to do,” adding that CPSI sees this kind of conference as a key way of linking everything happening in the patient safety field.

In another area, the Institute organized a national workshop for communications professionals, where over 60 practitioners met for a day to share information, tactics and tools to help Canada become a leader in patient safety communications.

An undertaking like CPSI doesn’t happen without a lot of hard work. “The patient safety movement owes a debt of gratitude to everyone who helped make the Institute a reality,” said Dr. Wade. “Not the least of these was the contribution of Don Schurman who stepped in as our interim CEO. We wouldn’t have gotten to the point we have without his yeoman’s service, leadership and guidance.”

What remains? In the shorter term, expect to see more initiatives in the areas of training, a further exploration of new areas (including the role of simulation in patient safety) and a consolidation of the efforts begun in 2004. Across the country, there is a tremendous interest in collaboratively sharing, learning and prioritizing patient safety activities, and CPSI will continue to search out ways to bring together interested individuals and organizations.

Summary

The patient safety journey will involve front line providers, researchers, patients, community and institution-based care teams and others, and many changes in the way organizations and procedures are structured. This is no small task, yet is critical: the Canadian public and healthcare providers are rightly asking that real strides be made.

“At the end of our first five-year mandate, I hope that we can point to the results of a new Canadian Adverse Events study and say, ‘Yes, the Canadian health system is safer than it was when we started and it will continue to get safer as we learn more,’” said Dr. John Wade. “That’s what success should look like.”

For further information, contact the Canadian Patient Safety Institute at:

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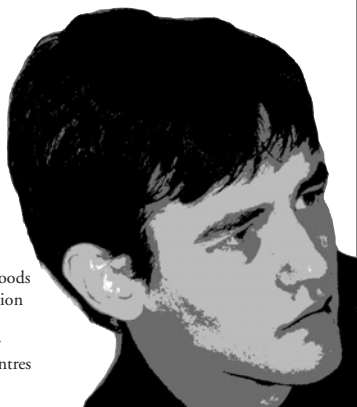
Ottawa: 774 Echo Drive, Ottawa, ON, Canada, K1S 5N8
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These speakers can change your mind:

Graham Scott, Anthony Fell, Maureen Quigley, Dr. John Frank, Tom Closson, Dr. Mary Ferguson-Paré, Tony Dagnone, Phil Hassen, Dr. Donald Low, Joseph Mapa, Dr. Robert Maunder, Fran McBride, Leslie Vincent, Dr. Matt Morgan, Dr. Ross Baker, Sheila Weatherill, Dr. Sue MacLean, Matthew Anderson, Tom Closson, Hugh MacLeod, Dr. Jim MacLean, Minister George Smitherman, Michael Decter, Dr. Alan Hudson, Dr. Michael Guerriere. They have been our special guests. Before summer we’ll hear: Richard Alvarez, Hume Martin, Adalsteinn Brown, Mary Jo Haddad, Gail Paech.

Next September it starts again. Ask Lina Lopez for details. llopez@longwoods.com

Breakfast with the Chiefs



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Drugs Approved under Pressure

According to a report in the *Washington Post*, 18% of the 360 FDA scientists that participated in a 2002 survey indicated they had been “pressured to approve or recommend approval for a [new drug application] despite reservations about the safety, efficacy, or quality of the drug.” The survey, which was taken at the FDA’s request, also revealed “underlying concerns and discord” in the agency, as more than 35% of scientists reported being only “somewhat confident” or “not confident at all” in the agency’s decisions around drug safety, and 22% feeling similarly regarding decisions relating to drug effectiveness.

Source: *Washington Post*, December 16, 2004