

Canadian Patient Safety Institute

On behalf of the Canadian Patient Safety Institute (CPSI), I would like to briefly reflect on the year that has passed since the last issue of Patient Safety Papers. The progress you have achieved is beyond my vision of where I thought we would be. I am profoundly impressed with the unbridled enthusiasm and high levels of participation I am witnessing for advancing the patient safety agenda across Canada.

Over the past year, CPSI has worked in partnership with professionals, healthcare organizations and others to make many advances on several fronts in patient safety. Here are a few highlights from a long list of accomplishments:

- Safer Healthcare Now! has continued to grow. By the end of 2007, 800 teams from across the country were signed up, compared with about 550 at the beginning of the year.
- Canadian Disclosure Guidelines were agreed upon after almost two years of intensive efforts by a working group of key stakeholders who gave everything to the process and end results. The guidelines, essentially as recommended by the working group, were approved by the CPSI Board in early December and will be finalized and published early this year.
- CPSI began providing secretariat support for Patients for Patient Safety. This national advocacy group, which represents patients and the families of patients who have been subjected to harm while in care, wants to be involved in making positive changes and is leading the world in its efforts.
- The inaugural Patient Safety Officer Course was held in Toronto in September, providing knowledge and training to healthcare professionals on how to develop and implement patient safety programs and strategies within their organizations.
- Delivering Patient Safety, a DVD educational/learning series, was launched at the Halifax 7 Conference in early October and is now available to healthcare providers and the public as a tool for learning and teaching.
- In late October, CPSI joined with the Community and Hospital Infection Control Association, the Canadian Council on Health Services Accreditation and the Public Health Agency of Canada in announcing the Getting Ready phase of Canada's Hand Hygiene Campaign. The aim is to prepare healthcare organizations to adopt and measure hand hygiene practices and compliance. Train-the-trainer sessions for this initiative are starting early in 2008.

In the coming year, we are expanding on these and other initiatives and beginning work in new areas. These include the following, to mention just a few:

- We are expanding Safer Healthcare Now! interventions in four new areas: methicillin-resistant *Staphylococcus aureus* (antibiotic-resistant organisms), venous thromboembolism, medication reconciliation in long-term care and falls in long-term care. We are also working on two pilot projects – one with the Canadian Association of Pediatric Health Centres on the use of high-risk medications in pediatrics, and the second with the Victoria Order of Nurses, in collaboration with the Institute for Safe Medication Practices Canada and others, on medication reconciliation in home care.
- We are completing a consultation paper for the Canadian Adverse Event Learning and Reporting System. The paper will be used to inform partners, the provinces and territories – all of whom will be invited to attend consultation meetings planned to take place across Canada in 2008.
- With modest funding from Health Canada, we are beginning work on the development of a National Simulation Strategy for healthcare. The objective of this initiative is to create a national vehicle for the promotion and endorsement of simulation, including an infrastructure for pan-Canadian collaboration.
- We are moving beyond the acute care setting to develop new national patient safety initiatives that focus on community healthcare settings, including long-term, home, mental health, pre-hospital and primary care.

Much has been done, and we all know that this is just the beginning of our transformational journey for patients and caregivers. I urge everyone in healthcare to join with us as we strive to make patient safety the foremost priority.

I personally want to extend heartfelt thanks to all people and organizations involved for their dedication; my congratulations to each and every one of you for your commitment to your patients and professions. You are the real leaders in making these important changes happen. **HQ**



– Philip Hassen, Chief Executive Officer, Canadian Patient Safety Institute

Health Council of Canada

Once again, the Health Council of Canada is proud to co-sponsor an edition of *Healthcare Quarterly* dedicated to issues of patient safety. Over 85% of the population accesses the healthcare system annually in some capacity, whether through visits to family doctors or emergency rooms or admission to hospital; all these people share an expectation of safe, effective and patient-centred care.

One high priority area for the Health Council surrounds the safe prescribing of medications. In June 2007, the Health Council hosted a symposium titled *Safe and Sound: Optimizing Prescribing Behaviour*. The symposium brought together a wide range of stakeholders to explore what helps and hinders optimal prescribing in Canada. Participants at the symposium made the following recommendations:

- Continue to develop processes that support evidence-based decision-making about prescribing and drug coverage, and educate Canadians about drug cost, safety and effectiveness. This could help Canadians understand that not all funding decisions are based strictly on cost. To manage costs, it is more equitable and supportive of population health to base prescribing and coverage decisions on science rather than to arbitrarily restrict access to public funding for prescription drugs.
- Accelerate efforts to improve access to prescription drugs for Canadians with no or inadequate insurance coverage.
- Strengthen legislation to ban all forms of direct-to-consumer advertising of prescription drugs. Legislation should clearly prohibit help-seeking and reminder ads.
- Encourage medical training programs to devote an appropriate amount of curriculum time to covering quality use of medicines.
- Create a systematic pan-Canadian surveillance strategy (i.e., post-marketing surveillance) to monitor and respond to unanticipated and unintended health effects of medication use after drugs are on the market. For example, a system of regional surveillance centres could monitor drug use and clinical outcomes throughout Canada, helping to inform policy and initiate quality improvement projects on a large scale.
- Assess the merits of adding a graduated-licencing provision to all new drugs released in Canada to build on the knowledge gained through the surveillance strategy.
- Accelerate the development of population-based drug information systems linked to other patient health information. Electronic health records are the only way to fully integrate patient information and to assess the impact of prescription medications on patient outcomes and the cost to the healthcare system.

For those wishing for more details of the symposium proceedings, they are available at www.healthcouncilcanada.ca.

The Health Council of Canada remains committed to supporting efforts and initiatives that pursue a sustainable high-performing healthcare system that, by its very definition, provides care that is safe, equitable, patient-centred, efficient, integrated, appropriately resourced, focused on population health, effective and accessible for all Canadians. **HQ**

– Donald Juzwishin, Chief Executive Officer, Health Council of Canada

Canadian Council on Health Services Accreditation

Over the past three years, the Canadian Council on Health Services Accreditation (CCHSA) has been working with partners and key stakeholders on the development and pilot testing of enhanced accreditation processes. These developments have resulted in the 2008 launch of CCHSA's new accreditation program *Qmentum, Taking Quality to New Heights*. Among the key attributes of the new program is a strengthened focus on safety and measurement.

Thanks to the input of many experts and extensive national consultation, in the area of standards, the *Qmentum* program includes new quality- and safety-related standards in areas such as managing medications, infection prevention and control, operating room and surgical care services and sterilization. Given the significant healthcare challenges across Canada, a strengthened focus in these areas is essential. All other standards areas have a heightened emphasis on key sector-specific safety issues. In 2008, CCHSA requires compliance with 25 specific required organizational practices (ROPs). As a key component of the accreditation program, these 25 ROPs have been integrated into the *Qmentum* standards.

Since 2001, CCHSA has included a focus on the importance of performance measures and indicators within the accreditation program. Over time, we have received feedback from healthcare stakeholders that a core set of performance measures would be an important addition to the accreditation program, increasing the rigour and relevance of accreditation. In response, we have worked with safety and measurement experts to develop and pilot test a core set of patient safety performance measures.

The following four performance measures are now a mandatory component of CCHSA's Qmentum program: Patient Safety Culture Survey; Medication Reconciliation Admission; Healthcare Associated Infection – infection rate of methicillin-resistant *Staphylococcus aureus* or *Clostridium difficile*; and Surgical Site Infection. The purpose of these performance measures is to assist organizations and CCHSA to evaluate the achievement of standards.

In 2007, the CCHSA Board of Directors approved CCHSA's phase 2 patient safety strategy, titled Strengthening Capacity and Connecting the Dots, 2007–2010. The framework centres on heightening the accreditation program's focus on patient safety through strategic activities. These include enhancing organization and surveyor capacity through the development of targeted education and training (e.g., medication safety and infection prevention and control); determining the role of adverse and sentinel events in the accreditation process; and identifying in an ongoing manner patient safety performance measures and ROPs.

Under the guidance of the strategy, CCHSA began the process of identifying new ROPs for inclusion in the 2009 accreditation program. In this development process, consideration is being given to the identification of sector-specific ROPs, which are applicable beyond the acute care environment. Sector-specific safety requirements relevant to home care, mental health and long-term care are being investigated. These new ROPs will be released in mid-2008 and be applicable to organizations surveyed in 2009 and beyond.

Partnerships with key national and provincial organizations are fundamental. Working together in a coordinated manner is key to making a difference in the patient safety agenda. There are insufficient resources, both human and fiscal, for any of us to walk this journey independently. CCHSA is committed to working with our partners, including the Canadian Patient Safety Institute, the Canadian Institute for Health Information, the health quality councils, provincial patient safety organizations and others, to ensure that there is no duplication of effort and to capitalize on initiatives currently under way. Through partnerships and collaboration, patient care in Canada is becoming safer – the quality of care is improving. **HQ**



– **Wendy Nicklin**, President and Chief Executive Officer,
Canadian Council on Health Services Accreditation

Patient Safety Events

2008 National Advocacy Conference

April 1–2, 2008
Washington, DC
More information – <http://www.ama-assn.org/ama/pub/category/14350.html>

OHA Region 1 North East/ North Central Sub-Regions Conference Advancing Safety and Quality of Care: Critical Health Issues and Strategies

April 2–4, 2008
Sudbury, ON
More information – <http://www.oha.com/conferences>

OHA Region 1 North West Sub-Region Conference Advancing Safety and Quality of Care: Critical Health Issues and Strategies

April 16–18, 2008
Thunder Bay, ON
More information – <http://www.oha.com/conferences>

The International Forum on Quality and Safety in Health Care

April 22–25, 2008
Paris, France
More information – <http://internationalforum.bmj.com/>

Patient Safety Congress 2008

May 22–23, 2008
London, UK
More information – <http://www.patientsafetycongress.co.uk>

Diagnostic Error in Medicine

May 31–June 1, 2008
Phoenix, AZ
More information – <http://www.amia.org>

Healthcare Systems Ergonomics and Patient Safety 2008

June 25–28, 2008
Strasbourg, France
More information – <http://www.heps2008.org>

Improving Patient Safety 2008: From Safe Design to Safe Practice

July 16–18, 2008
Cambridge, UK
More information – <http://www.ergonomics.org.uk>

The 26th International System Safety Conference: The Next Generation of Safety Professionals

August 25–29, 2008
Vancouver, BC
More information – <http://www.system-safety.org/~issc2008/>

Adverse Events and Patient Safety in Long-Term Care Settings: Connecting Research and Clinical Care

October 17, 2008
Toronto, ON
More information – <http://www.klaru-baycrest.on.ca>

Halifax 8 – The Canadian Healthcare Safety Symposium

October 23–25, 2008
Winnipeg, MB
More information – <http://www.buksa.com/halifax/>