

Canadian Patient Safety Institute

The Canadian Patient Safety Institute (CPSI) is proud to sponsor this special issue of *Healthcare Quarterly*, the fifth issue of Patient Safety Papers, along with the Health Council of Canada and Accreditation Canada.

CPSI's role is to support the healthcare system in becoming safer. We currently navigate an environment with the following characteristics:

- The safety landscape is crowded, with many players. This is both a strength – with more interest and participation in safety – and a challenge – sorting out roles, relationships and partnerships.
- The resounding “message from the field” is that organizations are overwhelmed with new expectations and activities coming at them from all directions, a situation that creates an absorption challenge.
- So far, the focus of the quality and safety movements in Canada has been at the ground level, with incremental improvement built on voluntary participation and incentives. Some progress is accelerated by the policies and requirements of agencies such as Accreditation Canada; but, by and large, spread has been difficult.
- The challenge with healthcare budgets involves whether organizations view spending on safety initiatives as even more vital in an era of restraint or as a discretionary investment that can be deferred until their budgetary outlook improves.

The achievement of our healthcare system is our barometer of success. At CPSI, patient safety is not considered “our” issue; it is ultimately that of the public. Our funder, partner agencies, researchers and healthcare organizations recognize our contributions and our value as patient safety improves. At times, our role and profile will be prominent, particularly as we launch new initiatives. But we accomplish most when we help others succeed. Our impact is greatest where we are able to mobilize others’ resources and capacities.

We recognize the importance of research in improving patient safety to explore uncharted territory and to ask the difficult questions. This includes investigating solutions to known patient safety complexities. This issue of the journal speaks to the exciting work in patient safety research.

We look forward to continuing with you on this journey. **HQ**

– **Hugh MacLeod**, chief executive officer, Canadian Patient Safety Institute

Health Council of Canada

The Health Council of Canada is once again pleased to co-sponsor this special issue of *Healthcare Quarterly* – Patient Safety Papers, Fifth Edition. Patient safety measures throughout the healthcare system are important to Canadians, healthcare providers and governments, for in the absence of such measures, patients are at risk.

One topic we continue to pursue in our work is pharmaceuticals management and its relationship to patient safety. In the 2004 *10-Year Plan to Strengthen Healthcare*, first ministers directed ministers of health to establish a ministerial task force to develop and implement a national pharmaceuticals strategy. The strategy was to include actions to strengthen the evaluation of real-world drug safety and effectiveness, and to accelerate access to and reduce the costs of non-patented prescription drugs.

The Health Council has explored the issue of patient safety in many of our reports, including *The National Pharmaceuticals Strategy* (commentary plus status report) and *Optimal Prescribing and Medication Use in Canada: Challenges and Opportunities*. In June, we released a commissioned discussion paper, *Generic Drug Pricing and Access in Canada: What Are the Implications?* that presented options for governments who are seeking to reduce generic drug costs, thereby increasing access to required medications and improving patient compliance.

Our fall discussion paper on drug safety and effectiveness reveals what Canada is doing well, how other countries are approaching the monitoring and assessment of drugs that are entering or already on the market and what can be learned from one another. The paper suggests approaches for strengthening drug-surveillance activities. The Health Council sees the need for increasing the available evidence on drug safety and effectiveness and for improving the capacity to undertake high-quality research on post-market drug safety and effectiveness. These steps are crucial to achieving four goals: improved patient safety, reduced adverse reactions to medications, better health outcomes and enhanced sustainability of our health system.

The Health Council further believes that effective chronic disease management and primary healthcare reforms – aided by electronic health records for all Canadians – are needed to deliver the safest, most effective and most efficient care to patients. Our *Canadian Healthcare Matters* bulletins and our recent commentary on a national dialogue on primary healthcare reform explore these issues further. All reports can be found on our website at www.healthcouncilcanada.ca. We hope you join in the discussion there.

Along with the Canadian Patient Safety Institute and Accreditation Canada, we remain committed to helping create a safer, more accessible, high-quality and sustainable healthcare system for all Canadians. **HQ**

– **John G. Abbott**, chief executive officer, Health Council of Canada

Accreditation Canada

Accreditation Canada is once again proud to co-sponsor, with the Canadian Patient Safety Institute (CPSI) and the Health Council of Canada, this special issue of *Healthcare Quarterly*, Patient Safety Papers (the fifth in this series).

As you know, the focus of accreditation is quality improvement through the application of standards and performance measures, subsequently verified through an on-site visit by the survey team. Safety is an inherent component of quality. If an action taken is unsafe, clearly quality is jeopardized. Within the focus on patient safety, the required organizational practices (ROPs) were introduced in 2005. Initially, 21 ROPs were identified; in the subsequent years, additional ROPs have been added such that currently there are 34. Some are sector specific. It is important for each organization to understand which ROPs are relevant.

We recognize that some of the ROPs are easier to implement than others. In the information provided to client organizations, while we identify *what* is required we are not as prescriptive about *how* it should be accomplished. Depending on factors such as the context of your healthcare organization and the nature of your patient population, the strategies that you implement to achieve the ROP might be quite different from those of another organization, and equally acceptable. We have worked to balance the pace of introduction of each ROP – following significant research and consultation – with the capacity of the system to manage the requirement. There was significant improvement in ROP compliance from 2008 to 2009.

Over the past few years, there has been an increasing number of organizations pursuing the patient safety and quality agenda. Collaboration with key partners across Canada is essential and fundamental to all aspects of our work. We are committed to continuing to work collaboratively and to align our work with the health quality councils, other provincial organizations, government and national organizations such as CPSI, the Health Council of Canada, the Institute for Safe Medication Practices Canada and the Canadian Institute for Health Information. Minimizing duplication and optimizing consistency are key. The accreditation process must add value and contribute to enabling your organization to achieve your priorities.


One important strategic direction of Accreditation Canada has been to strengthen our role in the area of sharing knowledge. The release of *Qmentum Quarterly* several years ago has contributed to that end. Secondly, we have redesigned the leading practices section on our website. You will find it much improved and searchable by key words. New leading practices will be added to the database as they are confirmed. An updated ROP

handbook dated April 2010 is posted on our website. We continue to add content to improve communication and guidelines regarding each ROP. Your feedback regarding *Qmentum Quarterly*, leading practices, the ROP guidelines and any product or initiative from Accreditation Canada is welcome.

Given the introduction of Qmentum in 2008 and the three-year accreditation cycle, by the end of 2010, the majority of the Accreditation Canada client organizations will have experienced Qmentum. Early in 2011, we will conduct a thorough analysis of accreditation data (de-identified) and determine the trends, areas of strength and matters for improvement across Canada. This information will be shared with you and enable you to benchmark your own organization against this three-year national picture.

We send a sincere thank you to all of the authors who have contributed to this issue. It is within the application of this knowledge that the true value and impact will be realized. **HQ**


– **Wendy Nicklin**, president and chief executive officer, Accreditation Canada



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