

Economics of Patient Safety in Acute Care: Report Examining the Financial Cost of Adverse Events Released

Adverse events create a significant economic burden on the Canadian healthcare system. In an effort to understand the true financial costs of preventable adverse events, extensive research has been conducted to examine the economics of patient safety in acute care. The *Economics of Patient Safety in Acute Care* report, released on July 9, 2012, was funded by the Canadian Patient Safety Institute and led by principle investigators Dr. Edward Etchells, associate director of the University of Toronto Centre for Patient Safety, and Dr. Nicole Mittmann, of Sunnybrook Health Sciences Centre.

An article recently published in *BMJ Quality and Safety Journal*, titled “Comparative Economic Analyses of Patient Safety Improvement Strategies: A Systematic Review,” set the stage for the release of the report, highlighting the results from the literature review of economic studies related to patient safety improvement strategies. The full report provides more detail on the methods used in the study and explains the concepts associated with economics research.

The *Economics of Patient Safety in Acute Care* report includes the following:

- Estimates of the total economic burden of patient safety in acute care in Canada in 2009–2010
- Preliminary estimates of the cost of safety issues, including the cost per case of hospital-acquired infections (including nosocomial bloodstream infections), nosocomial falls, *Clostridium difficile*-associated disease, methicillin-resistant *Staphylococcus aureus* infections, vancomycin-resistant enterococci and surgical site infections
- Guidelines and a framework for performing or assessing economic research in patient safety
- Recommendations for future research in the economics of patient safety

The report reinforces the need to continually evaluate the costs of adverse events to the entire healthcare and social systems; however, more importantly it strongly advocates conducting methodologically sound research to determine the best interventions and strategies for improving patient safety.

For more information on the *Economics of Patient Safety in Acute Care* report, visit <http://www.patientsafetyinstitute.ca/English/research/commissionedResearch/EconomicsofPatientSafety/Pages/default.aspx>.

Harper Government Invests in Health Research

The Honourable Leona Aglukkaq, minister of health, recently confirmed funding to allow the Canadian Institute for Health Information (CIHI) to continue its work of providing reliable

data about the healthcare system: “Performance measurement and reporting are used in leading health systems around the world to drive change and innovation. Through organizations like CIHI, Canada has a strong foundation on which to build the development of comparable measures and performance reporting. Our government has announced its intention to provide record levels of long-term, stable funding for Canada’s health system,” said Minister Aglukkaq. “While we respect provincial and territorial jurisdiction, we can show leadership at the federal level by funding an organization like CIHI, to make sure we’re measuring results in the same way across the country. Sharing the results with Canadians helps increase transparency and accountability in healthcare.”

CIHI is an independent, not-for-profit corporation that provides essential information on Canada’s health system and the health of Canadians. Funded by federal, provincial and territorial governments, CIHI provides unbiased, credible and comparable information to enable health leaders to make better-informed decisions.

Canadian Researchers Discover Promising New Treatment for Ebola Infection

Researchers at the Public Health Agency of Canada’s National Microbiology Laboratory have developed a new and easy-to-manufacture treatment for Ebola infection, one of the world’s deadliest diseases. The findings were published in the *Science Translational Medicine* journal.

Zaire Ebola virus is one of the world’s most aggressive viruses. Up to 90% of infections result in death within days of exposure. As there is no approved Ebola vaccine to prevent infection, there is an urgent need for a treatment to improve survival rates after exposure. This new treatment can be effective when administered up to 48 hours after infection.

While Ebola does not naturally occur in Canada, there is always a small risk that it could be imported into Canada by an infected traveller. Having a safe and effective treatment option at the ready is important to protect Canadians from that risk.

Harper Government Invests in Aboriginal Health Research

The Honourable Leona Aglukkaq, minister of health, and the Honourable John Duncan, minister of Aboriginal affairs and Northern development have announced an investment of \$25 million in a new long-term Aboriginal health research initiative called Pathways to Health Equity for Aboriginal Peoples. The ministers also announced support for six major projects to study the best ways for health providers to collaborate with First Nations, Metis and Inuit to improve community wellness.

At the core of the Pathways initiative is a focus on finding ways to increase and adapt existing health research to the diverse needs of Aboriginal communities, where values, traditional

knowledge and history vary greatly. Researchers are expected to work closely with health stakeholders and partners in First Nations, Metis and Inuit communities. This will allow them to share knowledge and best practices in a respectful, co-operative way to foster changes in health policies and practices.

Robert Thirsk Appointed in New Position of Vice-President, Public, Government and Institute Affairs at CIHR



Dr. Alain Beaudet, president of the Canadian Institutes of Health Research (CIHR), recently announced the appointment of Dr. Robert Thirsk to the position of vice-president, public, government and institute affairs. Dr. Thirsk holds degrees in mechanical engineering from the University of Calgary and the Massachusetts Institute of Technology (MIT), a doctorate of medicine from McGill University and a master's of business administration from the MIT Sloan School of Management. He was selected for the Canadian Astronaut Program in 1983 and has flown on two space missions as a member of the Canadian Space Agency's astronaut corps.

Dr. Thirsk served as crew commander of two space mission simulations, including an 11-day undersea mission off of Key Largo, Florida. In 1996, he flew aboard the Space Shuttle Columbia with six international crewmates as part of the Life and Microgravity Spacelab Mission. This 17-day mission was devoted to the study of life and materials sciences, including experiments that investigated changes in plants, animals and humans under space flight conditions. In 2009, he launched aboard a Russian Soyuz spacecraft and became the first Canadian astronaut to complete a long-duration expedition aboard the International Space Station. As a member of the ISS Expedition 20/21 crew, he and his international crewmates performed multidisciplinary research, robotic operations, maintenance and repair work of station systems and payloads. During his career, Dr. Thirsk has performed hundreds of medical and scientific experiments, resulting in an impressive publication record.

In the newly created position of vice-president, public, government and institute affairs, Dr. Thirsk will provide CIHR with expert advice on all matters related to strategic relations, public and private sector partnerships, communication and public outreach. In this role, he will also be a key player in supporting the institutes to fulfill their respective mandates. He will ensure that CIHR's strategic relations and partnerships promote the advancement of health research and the strengthening of our healthcare system. Finally, as a member of Science Council, he will participate in the development, implementation and evaluation of CIHR's research and knowledge translation strategies.

New CEO for St. Joseph's Health Centre in Toronto



The Board of Directors of Toronto's St. Joseph's Health Centre has announced the appointment of Elizabeth (Liz) Buller as the Health Centre's new President and Chief Executive Officer (CEO). Liz will officially join the organization on September 17, 2012.

Liz is a values-based senior leader with extensive health care administration experience in the academic, community and faith-based hospital settings. She has more than 25 years of health care experience, including a background in emergency and critical care nursing and almost 20 years in senior leadership roles in healthcare.

Currently, she is the Executive Vice President of Clinical Operations and the Chief of Nursing & Professional Practice for the William Osler Health System (WOHS), one of Canada's largest multi-site community hospital corporations serving the growing and diverse communities of Brampton, Etobicoke and surrounding areas in the Greater Toronto Area (GTA). Prior to joining WOHS, Liz served as Senior Operating Officer for Vancouver Acute, a multi-site tertiary/quaternary academic health sciences centre serving the province of British Columbia within the Vancouver Coastal Health Authority, Canada's largest integrated health region.

Liz is a native of London, Ontario. She holds a Nursing Degree from McMaster University (magna cum laude), a Masters in Health Administration from the University of British Columbia, a Master of Arts in Leadership and Organizational Training from Royal Roads University in Victoria, B.C. and is a member of the Canadian College of Health Leaders (CCHL).

KPMG Appoints Mark Rochon to Its Global Healthcare Centre of Excellence



KPMG in Canada has announced the appointment of Mark Rochon as an associate in KPMG's Global Healthcare Centre of Excellence. Rochon was most recently interim president and chief executive officer (CEO) of the Ontario Hospital Association. He has an outstanding track record over the past 25 years, leading successful healthcare organizations, including having served as president and CEO, Toronto Rehabilitation Institute; CEO, Health Services Restructuring Commission; and president and CEO, Humber Memorial Hospital. Rochon has also held board chair positions with the Institute for Clinical Evaluative Sciences, Ontario Hospital Association and the Institute for Work and Health. He holds a bachelor of commerce degree from Queen's

University and a master's degree in health sciences in health administration from the University of Toronto, where he remains a member of adjunct faculty, Department of Health Policy, Management and Evaluation.

McKesson Foundation Announces Its 2011–2012 Canadian Regional Grants Recipients

The McKesson Foundation has announced the recipients of its 2011–2012 Regional Grants Program, following a Canada-wide campaign that each year provides a number of non-profit organizations with financial assistance to improve children- and youth-related health, education and poverty. McKesson Canada cares about the communities in which it operates and is deeply committed to building healthier and stronger communities by making a difference in the lives of children, youth and their families. The Canadian Regional Grants Program awarded close to a total of \$250,000 to charities in 2012.

Regional grant recipients for 2011–2012 included the following:

- Family Services of Greater Vancouver (\$7,500) – British Columbia
- Cerebral Palsy Association in Alberta (\$25,000) – Alberta
- Calgary Young Women's Christian Association (\$24,050) – Alberta
- Created 4 Me Early Learning Center Inc. (\$6,000) – Manitoba
- Canadian Centre for Child Protection Inc. (\$25,000) – Manitoba
- Davenport-Perth Neighbourhood and Community Health Centre (\$8,200) – Ontario
- Halton Food for Thought (\$15,000) – Ontario
- Kids Help Phone (\$21,245) – Ontario
- Yellow Brick House (\$25,000) – Ontario
- Pathways for Children, Youth and Families of York Region (\$19,900) – Ontario
- On Rock Ministries Inc. (\$11,000) – Quebec
- Peter Hall School Foundation (\$25,000) – Quebec
- Canadian National Institute for the Blind (\$20,000) – Newfoundland
- Halifax Developmental Centre for Early Learning (\$17,000) – Nova Scotia

For more information, visit: <http://www.mckesson.ca/en/corporate-citizenship/mckesson-foundation/archives>.

British Columbia Invests \$39 Million in Life Sciences

British Columbia will invest \$39 million in life sciences that will improve the lives of British Columbia families and support jobs

in the life sciences sector. The funding includes \$29 million for the Centre for Drug Research and Development, which builds on a previous investment of \$25 million in the centre. The funding will support the centre's five-year plan and its goal of bringing new drug therapies to the market, benefiting patients and families.

It also includes \$10 million for Genome BC, which will be directed specifically to health-related research projects. Specific projects will be determined by an internationally peer-reviewed competitive process; only the best applications get funded. The BC government has provided a total of \$187.5 million to Genome BC since 2001, including the new funding.

Alberta Names New Chief Medical Officer of Health



Dr. James Talbot has been appointed as Alberta's new chief medical officer of health. Dr. Talbot has been an associate clinical professor in the School of Public Health at the University of Alberta for the past eight years. Before joining Alberta Health, he served in various capacities in private practice, laboratory, hospital and governmental functions,

including associate medical officer of health at Capital Health, and chief medical officer of health for Nunavut. In addition to his medical degree, he has a PhD in biochemistry and has done extensive work in epidemiology and biostatistics.

The role of the chief medical officer of health is to promote and protect the health of all Albertans, under the authority of the Public Health Act. The chief medical officer of health is a member of the Alberta Health executive, and reports directly to the minister of health, advising on matters related to the health of Albertans. Dr. Talbot will also act as a liaison between the government and Alberta Health Services, medical officers of health and executive officers in the administration of the Public Health Act.

Alberta Pharmacists Opening the Door to Primary Care

As of July 1, Alberta pharmacists are being compensated by the government for providing the seven new services, which include administering drug injections and altering prescriptions based on a patient's health needs. This allows pharmacists to work to the full scope of their practice, while freeing up doctors' time to see more patients and handle more complex cases.

A transition team representing Alberta pharmacists has been working with Alberta Health to develop a pharmacy services framework to expand the number of services pharmacists can provide to Albertans. In addition to drug injections and prescription renewals and changes, Alberta pharmacists can now authorize medication in a medical emergency, create care plan to help Albertans understand and manage their medica-

tions better and, if the pharmacist has additional prescribing authority, prescribe medication.

The cost of expanding the services pharmacists can bill for is covered primarily from savings gained from the reduction of generic drug prices. On July 1, Alberta reduced what it pays for generic drugs from 45 to 35% of the cost of name brand drugs. The price reduction means Albertans will save on their out-of-pocket costs for generic drugs, and the Alberta government will save about \$85 million in 2012–2013.

Number of People Waiting Six Months for Surgery Is Down 56%

Saskatchewan health regions continue to make progress toward this year's target that by March 31, 2013, all Saskatchewan patients will have the choice of undergoing surgery within six months. The most current wait time information shows that as of April 30, 2012, the number of patients waiting more than six months for surgery was 4,663, down 56% since November 2007 and down 53% since the start of the Surgical Initiative in April 2010. The number of Saskatchewan patients waiting more than a year for surgery has dropped 82% since November 2007.

For the six-month period from November 1, 2011, to April 30, 2012, provincial statistics show that 89% of all patients who had surgery received it within six months, and 97% received their procedure within one year. The percentages include emergency surgeries, which typically are performed far sooner than elective surgeries.

The overall goal of the Saskatchewan Surgical Initiative is to improve surgical patients' experiences and to provide, by March 31, 2014, all patients with the option to have surgery within three months. More information about the Surgical Initiative can be found at www.health.gov.sk.ca/surgical-initiative. Wait times data are available at www.sasksurgery.ca.

Province Appoints Permanent Boards to Guide New, Merged Regional Health Authorities

Permanent boards of directors have been named for Manitoba's five new, merged regional health authorities (RHAs). The chairs of the new boards are Doug Lauvstad, Northern RHA; Margaret MacDonald, Western RHA; Denise Harder, Southern RHA; Diane Kelly, Interlake-Eastern RHA; and Dr. John Wade, for the new, merged Winnipeg-Churchill health region. All board members were selected from those who served on the previous 11 RHA boards. Through the merger process, 81 RHA board positions have been eliminated.

The new boards have taken over from temporary interim boards that were in place for less than a month to oversee the establishment of the newly merged RHAs, begin merging the corporate structures and appointing the new CEOs. The permanent boards will look for ways to streamline administration, focus

on provincial priorities, such as ensuring that all Manitobans have access to a family doctor, and work to strengthen local community involvement in healthcare, the minister said.

Adalsteinn Brown Appointed Director of Institute of Health Policy, Management and Evaluation



Professor Adalsteinn Brown was named director of the University of Toronto's Institute of Health Policy, Management and Evaluation for a five-year term that commenced July 1, 2012. Brown is a professor in the Institute of Health Policy, Management and Evaluation, and in the Dalla Lana School of Public Health. He has held the inaugural chair

in public health policy at the Dalla Lana School of Public Health and is appointed as scientist in the Keenan Research Centre of the Li Ka Shing Knowledge Institute at St. Michael's. Professor Brown has served as assistant deputy minister, both in the Health System Strategy Division in Ontario's Ministry of Health and Long-Term Care and in the Science and Research Division in Ontario's Ministry of Research and Innovation. His work in government spanned quality improvement, cancer screening, the promotion of evidence-based policy in health and renewing the government's innovation agenda.

Professor Brown graduated magna cum laude from Harvard and received his DPhil from the Department of Public Health and Primary Care at the University of Oxford, where he was a Rhodes Scholar. He has received awards for innovation, entrepreneurship and leadership from public and private sector organizations.

World-Renowned Researcher to Lead Heart Institute Research Enterprise

The University of Ottawa Heart Institute is pleased to announce the appointment of Dr. Peter Liu as its new scientific director. Dr. Liu will work with the members of the institute, its various stakeholders and the broader national and international research communities to enhance the excellence and impact of the Heart Institute's research enterprise.

As the inaugural director of the Heart and Stroke/Richard Lewar Centre of Excellence at the University of Toronto, Dr. Liu successfully fostered collaboration among researchers from various institutions, while increasing the impact of publications. He also held the position of scientific director of the Institute of Circulatory and Respiratory Health at CIHR. Dr. Liu currently sits on the Science and Policy Council for the World Heart Federation and is the director of several large-scale international research programs.

With over 350 peer-reviewed publications, many in the most celebrated journals in the world, and his publications cited over

20,000 times, Dr. Liu has been recognized with numerous awards, including both the Research Achievement Award and the Life Time Achievement Award of the Canadian Cardiovascular Society, the Rick Gallop Award of the Heart and Stroke Foundation and, most recently, the Institute of Circulatory and Respiratory Health Distinguished Lecture Award of CIHR.

Ontario's Patient Safety Initiative Means 1,970 Fewer Cases of *C. difficile*

Ontario hospitals are providing safer patient care as a result of the province's mandatory reporting of *Clostridium difficile* (*C. difficile*) infection rates. The Institute for Clinical Evaluative Sciences (ICES) has found that mandatory public reporting is associated with a significant decrease in the rate of the disease. According to a newly released ICES report, *C. difficile* infection rates in Ontario's hospitals decreased by 26.7% between September 2008, when reporting began, and March 2010. The study also found that there are 1,970 fewer patients with *C. difficile* infections per year in Ontario.

All Ontario hospitals and the Ministry of Health and Long-Term Care publicly post *C. difficile* infection rates on their websites. Public reporting enables hospitals to monitor these rates to ensure that the most appropriate infection control measures and highest possible standards of patient safety can be maintained.

Nova Scotia Government Invites Input on Health Services and Insurance Act

Nova Scotia is consulting its citizens on updated legislation that will strengthen and protect its healthcare system. An updated Health Services and Insurance Act will accomplish the following:

- Introduce a new appeals board for patients
- Support collaborative models of care
- Prevent queue jumping
- Support alternative funding arrangements for healthcare providers
- Eliminate extra billing and user fees
- Give the minister of health and wellness access to an advisory committee of experts, if needed
- Improve the dispute resolution process with providers around issues of compensation
- Limit direct billing
- Eliminate reimbursements for services provided outside the Medical Service Insurance plan
- Strengthen the province's role in health human resource planning

Consultation with healthcare providers and the public will help the province further develop this important legislation. **HQ**

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