

Economics of Patient Safety in Acute Care – Report Examining the Financial Cost of Adverse Events Released July 2012

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 report, *Economics of Patient Safety in Acute Care*, released on July 9, 2012, was funded by the Canadian Patient Safety Institute and led by principal investigators Dr. Edward Etchells, associate director of the University of Toronto Centre for Patient Safety, and Dr. Nicole Mittmann, of Sunnybrook Health Sciences Centre.

A paper recently published in the *BMJ Quality and Safety Journal*, entitled “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.

Economics of Patient Safety in Acute Care includes:

- 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 (CDAD);
 - Methicillin-resistant *Staphylococcus aureus* (MRSA) infections;
 - Vancomycin-resistant enterococci (VRE); and
 - Surgical site infections (SSI).
- 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 system. More importantly, it strongly advocates conducting methodologically sound research to determine the best interventions and strategies for improving patient safety.

For more information on *Economics of Patient*

Safety in Acute Care, visit <http://www.patient-safetyinstitute.ca/English/research/commissionedResearch/EconomicsofPatientSafety/Pages/default.aspx>.

New Nurse Consultant Responsible for Professional Practice and Health Policy Joins ICN Staff

The International Council of Nurses has announced that Yukiko Kusano, RN, MSc, a nurse and program specialist with international experience, has joined the staff of the International Council of Nurses (ICN) as a consultant for nursing and health policy. She will assume the position formerly held by Dr. Tesfa Ghebrehiwet, RN, PhD, who retires on July 31 following 18 years with ICN.

Ms. Kusano has worked in Japan as a school nurse and a hospital nurse. Her international experience includes working as a nurse with *Médecins du monde* (France) in Liberia and as a health delegate and head of a sub-office for the Japanese Red Cross Society in Indonesia. Other positions include acting as a program coordinator in Vietnam for Save the Children, Japan and as a technical officer for the World Health Organization, Geneva, Switzerland.

She earned a baccalaureate degree in nursing from the National Institution for Academic Degrees in Tokyo, Japan and a master's degree in public health in developing countries from the London School of Hygiene and Tropical Medicine in the United Kingdom.

Canadian Nurses Association Installs 45th President: Barb Mildon of Whitby, Ontario



Photo credit: Teckles Photography

Barb Mildon, RN, PhD, was officially installed as the 45th president of the Canadian Nurses Association (CNA) at the closing ceremonies of its highly successful biennial convention in Vancouver. As president, she will represent 146,788

registered nurse members across Canada.

Mildon is currently vice-president of professional practice and research and chief nurse executive at the Ontario Shores Centre for Mental Health Sciences in Whitby, Ontario. As past president of the Community Health Nurses Association of Canada, she led the development of national standards of practice for community health

nursing, which resulted in CNA's recognition of community health nursing as a specialty practice and inclusion in CNA's certification program.

Federal 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, Métis 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, Métis and Inuit communities. This will allow them to share knowledge and best practices in a respectful, cooperative 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 in medicine from McGill University and a master's degree

in 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.

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 CIHR's Science Council, he will participate in the development, implementation and evaluation of CIHR's research and knowledge translation strategies.

MEDEC Appoints Peter Robertson as Chair of the MEDEC Board of Directors

MEDEC, Canada's Medical Technology Companies, recently welcomed Peter Robertson as chair of the MEDEC Board of Directors. Peter Robertson is vice-president and general manager of GE Healthcare Canada.

Peter Robertson follows the successful two-and-a-half-year tenure of James Wilson, president of Brancorth Medical. At GE Healthcare, Peter is responsible for raising the company's profile across Canada by offering transformational medical technologies and services that are shaping a new age of patient care. Peter joined GE Healthcare in 1985 as its national sales manager and advanced through a series of senior roles in sales, marketing and operations. He became general manager of diagnostic imaging in September 2006, and assumed his current position in May 2008.

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 of the Ontario Hospital Association.

Mark Rochon 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. He has also held board chair positions with the Institute for Clinical Evaluative Sciences, Ontario Hospital Association and the Institute for Work and Health.

He has a baccalaureate degree in commerce 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 Canadawide campaign that each year provides a number of non-profit organizations with financial assistance to improve child- 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:

- Created 4 Me Early Learning Center Inc. (\$6,000) – Manitoba
- Family Services of Greater Vancouver (\$7,500) – British Columbia
- Cerebral Palsy Association in Alberta (\$25,000) – Alberta
- Canadian Centre for Child Protection Inc. (\$25,000) – Manitoba
- Calgary Young Women's Christian Association (YWCA of Calgary) (\$24,050) – Alberta
- 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
- The Canadian National Institute for the Blind (\$20,000) – Newfoundland and Labrador
- Halifax Developmental Centre for Early Learning (\$17,000) – Nova Scotia

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

BC 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 (CDRD), 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 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 last

eight years. Before joining Alberta Health, he served in various capacities in private practice and in 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 doctorate 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

Starting July 1, Alberta pharmacists will be 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 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 that 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 plans to help Albertans understand and manage their medications better and, if the pharmacist has additional prescribing authority, prescribe medication.

The cost of expanding the services for which pharmacists can bill will be covered primarily from savings gained from the reduction of generic drug prices. Effective July 1, Alberta reduced what it pays for generic drugs from 45% of the cost of name-brand drugs to 35%. 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 2012/13.

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

Saskatchewan health regions continue to make progress towards 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 all patients with the option of having surgery within three months by March 31, 2014.

More information about the Surgical Initiative can be found at www.health.gov.sk.ca/surgical-initiative. Wait time data are available at www.sasksurgery.ca.

Manitoba 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, 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 appoint the new chief executive officers.

The permanent boards will look for ways to streamline administration; focus on provincial priorities, such as ensuring all Manitobans have access to a family doctor; and work to strengthen local community involvement in healthcare.

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 Hospital. Professor Brown has served as assistant deputy minister in both the Health System Strategy Division in Ontario's Ministry of Health and Long-Term Care and in the Science and Research Division of Ontario's Ministry of Research and Innovation. His work in government has 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 doctoral degree 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.

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

Ontario hospitals are providing safer patient care as a result of the province's mandatory reporting of *Clostridium 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 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 *C. difficile* infection 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

The province is consulting Nova Scotians on updated legislation that will strengthen and protect Nova Scotia's healthcare system.

An updated *Health Services and Insurance Act* will

- 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 Services Insurance plan; and
- strengthen the province's role in health human resources planning.

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

New Chief, Professional Practice and Nursing at SickKids



In June, Pam Hubley was appointed chief, professional practice and Nursing at The Hospital for Sick Children. In this role, Pam will provide executive leadership to the professional practice and nursing portfolios.

Pam has held the interim chief, professional practice and nursing position since March 2012, having previously served as associate chief, nursing practice at SickKids since 2004. She has made many significant contributions to SickKids, to nursing practice and the profession in general, since becoming a staff nurse in 1987. Pam holds a bachelor of science degree from the University of Western Ontario, and an acute care nurse practitioner diploma, as well as a master of science in nursing administration from the University of Toronto. Pam has demonstrated a life-long commitment to continuous learning and professional development and recently completed a fellowship for nurse executives at Wharton Business School.

Since 2007, Pam has been an assistant professor at the University of Toronto, and instructor, at the Ryerson Polytechnical University in addition to holding memberships on several advisory boards and committees throughout the community.