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Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

patient safety matters
leadership and coordination

Canadian Disclosure Guidelines — It's the right thing to do!

Disclosure announcement (March 18, 2008) - Disclosure Working Group members: Brent Windwick (Chair), Katharina Kovacs Burns, Carolyn Hoffman and Ward Flemons

The official launch of the *Canadian Disclosure Guidelines* was held on March 18, 2008, in conjunction with the Root Cause Analysis: *Train the Trainer* Workshop in Toronto, Ontario. Members of the Disclosure Working Group came together for the public release of this essential document. There was significant interest from news organizations, with about a dozen reporters, representing both the print and broadcast media present at the launch. It is clear that the public, healthcare providers and organizations are welcoming the guidance this document provides on the issue of disclosure.

According to the *Canadian Disclosure Guidelines*, an adverse event is one that "results in unintended harm to the patient, and is related to the care and/or services provided to the patient rather than to the patient's underlying medical condition."

When adverse events occur, the experience can be devastating for patients, families and the healthcare providers involved. And while it is true that disclosure of adverse events can improve ongoing patient care and may help reduce the likelihood that similar events will occur in the future, many healthcare providers feel unsure about how and what to disclose to patients when an adverse event occurs. Some healthcare providers may be hesitant to disclose anything due to fear and uncertainty regarding possible workplace, regulatory and legal ramifications.

Many professional codes of conduct already require disclosure to patients. Section 14 of the Canadian Medical Association Code of Ethics, for example, specifies to "take all reasonable steps to prevent harm to patients; should harm occur, disclose it to the patient." Various organizations across Canada, including the Health Quality Council of Alberta, Saskatchewan Health, Sunnybrook Health Sciences Centre, and Capital Health, Nova Scotia, have developed strong local initiatives to assist full disclosure across their jurisdictions. However, there has not been leadership on the process of disclosure at the pan-Canadian level.

Building capacity for open disclosure

The Canadian Patient Safety Institute (CPSI) has five advisory committees that were established to provide feedback and input into strategic initiatives in key areas of patient safety, one of which focuses on Legal and Regulatory Affairs. Among this advisory committee's first recommendations was that CPSI provide leadership and support for the development of the *Canadian Disclosure Guidelines*.

Since the spring of 2006, CPSI has provided support and coordination for the Disclosure Working Group, an inter-professional team of Canadian healthcare stakeholders responsible for developing the *Canadian Disclosure Guidelines.*

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Canadian Disclosure Guidelines

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These guidelines are intended to assist and support healthcare providers, working in inter-professional teams, organizations and regulators in developing and implementing disclosure policies, practices and training methods across Canada.

The objectives of the guidelines are to:

- facilitate patient/healthcare provider communications that respect and address the needs of patients and strengthen relationships;
- promote a clear and consistent approach to disclosure;
- promote inter-professional teamwork; and
- support learning from adverse events.

Disclosure Working Group members from across Canada joined with CPSI staff on March 18 in Toronto for the official launch of the *Canadian Disclosure Guidelines*. Pictured from L to R are: (Front Row) - Elaine Borg, Jill Taylor, Carolyn Hoffman, Dawn Vallet-MacDonald, Katharina Kovacs Burns, Sylvia Ralphs-Thibodeau, Erin Pollock; (Middle Row) - Beth Kiley, Philip Hassen, Heather McLaren, Paula Beard, Mary Marshall; (Back Row) - Aviva Rubin, Brent Windwick (Working Group Chair), Mike Boyce, Ward Flemons. A complete list of the Disclosure Working Group members is available online at: www.patientsafetyinstitute.ca/news/bkgrdrDisclosure.html

Introducing the *Canadian Disclosure Guidelines* will:

- increase awareness among patients and families of their rights to access all information about their healthcare, including the disclosure of adverse events when they occur;
- increase awareness among healthcare providers of their ethical, professional and moral obligation as well as existing policies for disclosure; and
- prompt organizational reflection on and review of existing policies and practices, with the opportunity to develop and implement new policies or practices for disclosure.

Why disclose?

Patient perspective

An emerging body of literature describes the patient's perspective on disclosure and the importance of being told whenever harm occurs. Patients want to know:

- facts about what happened;
- steps that were and will be taken to minimize the harm;
- initiatives to prevent similar events in the future; and
- that the care provider regrets what happened.

Patients may lose trust, or become anxious or fearful when they sense that information is being withheld, which may negatively affect the patient-provider relationship. Patients are often more understanding of the situation when there has been open disclosure.

Disclosing an adverse event to the patient shows respect, involves the patient in the clinical decision-making process and facilitates future safe and appropriate clinical care. Patients may also be more likely to initiate legal action when they believe that facts are withheld. Although patients may litigate for a number of reasons, effective communication and appropriate provision of care after an adverse event are also key factors influencing a patient's decision whether or not to initiate legal action.

Ethical and professional perspective

Healthcare providers have ethical and professional obligations to be open and honest when communicating with patients.

Healthcare organization perspective

Accreditation Canada (formerly known as the Canadian Council on Health Services Accreditation–CCHSA) supports healthcare organizations across Canada through the accreditation process by examining the quality of care and service organizations provide to their patients against established standards. To this end, CCHSA has developed Patient Safety Goals and Required Organizational Practices (ROPs) in order to address patient safety challenges. The ROP of an organization having a policy and process of disclosure of adverse events in place allows that organization to be one step closer to achieving the patient safety goal of creating a culture of safety.

Application of the Guidelines

The *Canadian Disclosure Guidelines* were developed for use throughout the continuum of care, as disclosure is the right thing to do for every patient, client or resident, regardless of the healthcare setting. The Disclosure Working Group envisioned the guidelines as a reference document to guide organizations when they are developing disclosure guidelines for their selected care setting. The 'Particular Circumstances' section in the guidelines outlines issues related to specific settings and circumstances.

The Canadian Disclosure Guidelines are posted to the CPSI website: www.patientsafetyinstitute.ca

References:

Canadian Medical Association. CMA Code of Ethics. 2004. Retrieved January 25, 2008 from *www.policybase.cma.ca/PolicyPDF/PD04-06.pdf*

Disclosure Working Group. Canadian Disclosure Guidelines. Edmonton, AB: Canadian Patient Safety Institute; 2008. *www.patientsafetyinstitute.ca/index.html*

Accreditation Canada (formerly known as the Canadian Council on Health Services Accreditation–CCHSA). Patient safety goals and ROPs. Accessed January 17, 2008 from: *www.cchsa-ccass.ca/default.aspx?page=139*

So what does literacy have to do with safety?

by Linda Shohet, PhD
Executive Director, The Centre for Literacy of Quebec

Read this:

Tsom stneitap ohw evah yregrus od llew. Tub semitemos stneitap teg snoitcefni. Siht sneppah ot tuoba 3 tuo fo 100 stneitap ohw evah yregrus. Snoitcefni retfa yregrus nac dael ot rehto smelborp. Semitemos, stneitap evah ot yats regnol ni eht latipsoh . Ylerar, stneitap eid morf snoitcefni. Stneitap dna rieht ylimaf srebmem nac pleh rewol eht ksir fo noitcefni retfa yregrus. Ereh era emos syaw...

Source: IHI, Fact Sheet for Patients and Their Family Members

If you found it difficult to read, you have just had an experience that is faced regularly by up to half the Canadian adult population. Most educated adults find it surprising and even unbelievable that an industrialized country like Canada (and other Western countries) has a literacy problem. More recently, we have been told that levels of "health literacy" are even lower than general literacy levels.

A 2008 study released by the Canadian Council on Learning suggested that "60 per cent of adult Canadians lack the capacity to obtain, understand, and act upon health information and services and to make appropriate health decisions on their own." [1]

Who are these people? Do you know them? Yes, absolutely. We all do.

They are people with limited education, those with learning disabilities, seniors with deteriorating physical and mental capacities, immigrants who do not speak English or French, or immigrants who are not literate in their mother tongue.

It is easy to see how a literacy barrier could translate to questions of patient safety. Yet, the connection has not been widely recognized. While social and economic disparities and cultural competence have been linked to safety for some time, although mainly addressed in silos, health literacy has tended to be examined as a stand-alone issue.

This article will suggest that healthcare providers must begin to look at literacy as a part of a holistic set of interrelated factors that affect patients' access to information, ability to communicate, and hence their degree of risk/safety levels of healthcare.

The background for this discussion entails defining the concepts of literacy and health literacy and summarizing some recent studies that connect them to safety.

New concepts of literacy

Until twenty years ago, literacy had not been identified as a problem outside developing countries. UNESCO regularly publicized adult literacy rates using the surrogate measures of years of schooling. In the 1980s, a new methodology was developed to assess adult literacy directly by presenting selected tasks that occur in everyday life to a sample of adults between the ages of 16 and 65, and asking them to answer questions as well as fill in a demographic survey.

Linda Shohet
The Centre for Literacy of Quebec

Using this method, comparative international surveys were carried out in 1994 and 2003 (IALS and IALSS). The concept of literacy was redefined from being an absolute state of literacy/illiteracy to being a continuum of skills to decode and use print at increasingly complex levels of understanding.

The skills were described as levels from 1 to 5, with Level 1 being the ability to merely decode simple text with minimal understanding. Level 3 was identified as the level of most text in our print-saturated society.

The findings from both surveys showed that almost half of all adult Canadians fell below level 3, with considerable variation across the country and across population groups. Seniors made up the largest proportion of people at Level 1.

The current definition of literacy is by no means uncontested. The international surveys defined it only as reading print. In a multi-media 21st century, others are defining it more broadly, for example, as "a complex set of abilities needed to understand and use the dominant symbol systems of a culture – alphabets, numbers, visual icons – for personal and community development. The nature of these abilities, and the demand for them, vary from one context to another...."[2]

Nevertheless, for healthcare providers, either of these definitions suggests that current means of communicating health information are problematic for many individuals. Print is still the dominant medium for health communication in Canada (over 90 per cent of information and materials), and even materials on the web are heavily print-based. Many of these materials are written at Levels 4 and 5 on the new scale.

Health literacy examines the interface between literacy when people are dealing with health issues. The 2003 International Adult Literacy and Skills Survey used a sub-set of over 100 health-related questions (about prevention, navigating systems, managing self-care and more) to reach the conclusion that over 60 per cent of Canadians have difficulty.

Literacy, health and safety

Definitions of "health literacy" have tended to place it in terms of individual abilities. A typical definition reads:

> ***Health literacy*** is the wide range of skills and competencies that people develop to seek out, comprehend, evaluate, and use health information and concepts to make informed choices, reduce health risks, and increase quality of life.[3]

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[1] www.ccl-cca.ca/CCL/Reports/Other+Reports/HealthLiteracy.htm

[2] The Centre for Literacy of Quebec (www.centreforliteracy.qc.ca)

[3] Zarcadoolas, Cristina; Pleasant, Andrew F.; Greer, David S. Advancing Health Literacy: A Framework for Understanding and Action, John Wiley & Sons, Inc., 2006

So what does literacy have to do with safety?

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However, in 2004, the U.S. Institutes of Medicine expanded the range of concern in its groundbreaking report *Health Literacy: A Prescription to End Confusion* by saying that:

> *...health literacy **goes beyond the individual**. It also depends upon the skills, preferences, and expectations of health information providers: our doctors, nurses, administrators, home health workers, the media, and many others. Health literacy arises from a coming together of education, health services, and social and cultural factors, and combines research and practice from different fields.*

The previous year a major U.S. study on patient safety, entitled *Patient Safety Initiative: Interim report to the Senate Committee on Appropriations (2003),* identified communication as the #1 root cause of adverse events.[4] The same agency concluded in 2004 that low reading skill and poor health are related.[5] These studies shifted attention to the role of professionals and the organization of health systems in contributing to the barriers faced by so many individuals.

From this perspective, momentum has been building to place literacy in a larger context and examine how it relates to all the other determinants of health. There is growing awareness that major changes have to be undertaken at the level of practice and policy. Individuals neither can, nor should carry the sole responsibility to improve the health literacy capacities.

In 2007, the American Joint Commission published a report outlining a strategy to address health literacy and protect patient safety. It included 35 recommendations for action. Health literacy measures were incorporated into the Joint Commission JCAHO accreditation.[6] We have not yet seen similar action in the CCHSA accreditation program in Canada, but this would be an important gesture to raise health literacy further up the patient safety agenda.

In October 2007, Halifax 7 offered a workshop on health literacy that launched a conversation among attendees about next steps.

At the beginning of March, the Canadian Public Health Association published a report with a strong call for action after an Expert Panel assessed the state of health literacy in Canada for more than a year through literature and field reviews. The reviews found many promising practices, but few sustained ones, and very limited evaluation of outcomes. The panel chose to present a vision of "health-literate Canada", rather than a definition of health literacy, as its point of departure. It imagines a time when:

> *All people in Canada have the capacity, opportunities and support they need to obtain and use health information effectively, to act as informed partners in the care of themselves, their families and communities, and to manage interactions in a variety of settings that affect health and well-being.*[7]

The full report suggests the need for a pan-Canadian agenda that meshes with overlapping initiatives in health and related fields. Mme. Monique Bégin, a member of the Expert Panel, noted early in the investigation that: "Canada is a country of pilot projects." The Panel recommends that we move beyond pilot projects to a sustained program of action-research that will allow us to compare initiatives and to build a body of evidence about which health literacy practices will produce what outcomes.

Further information on health literacy can be accessed from the health literacy page at www.centreforliteracy.qc.ca. All sources in this article and many more are linked to that site.

[4] www.ahrq.gov/qual/pscongrpt/psini2.htm - RootCauses

[5] *Literacy and Health Outcomes Summary* www.ahrq.gov/clinic/epcsums/litsum.pdf

[6] 'What Did the Doctor Say?:' Improving Health Literacy to Protect Patient Safety" at www.jointcommission.org/

[7] Rootman, Irving, & Gordon-El-Bihbety, Deborah. *Executive Summary, A Vision for a Health-Literate Canada, Report of the Expert Panel on Health Literacy*, Canadian Public Health Association 2008

Resident safety in long-term care

While the patient safety movement is growing in momentum, the focus to date has primarily been on acute care settings. Long-term care (LTC) is a key healthcare sector with its own unique set of risk and safety issues. To date, there is little literature written about resident safety or adverse event prevention in LTC settings. In 2007, CPSI, in collaboration with Capital Health (Edmonton) and CapitalCare (Edmonton), jointly identified a knowledge gap in the current understanding of safety in the LTC sector. The two organizations commissioned researchers to review the current scientific literature on resident safety in long-term care, and to survey long-term care stakeholders from across the country - including frontline staff, senior management, policy makers, researchers, and family members.

The Background Paper*, Safety in Long-Term Care Settings: Broadening the Patient Safety Agenda to Include Long-Term Care Services*, prepared by Dr. Laura Wagner and Ms. Tiana Rust (PhD Candidate), was publicly released on February 25, 2008, to coincide with the 2008 *Enhancing Safety in Home, Community and Long Term Care* conference held in Edmonton.

The study concludes that despite the abundance of scientific literature examining quality and patient safety in long-term care, there are numerous limitations with existing studies and very few have been conducted in Canada. This has left a considerable knowledge gap regarding patient safety in Canadian long-term care settings. The literature search resulted in only nine published Canadian studies which focus primarily on medication errors and infection control issues. However, CPSI is currently funding five studies examining various safety issues in LTC.

"All those we interviewed by phone or in roundtable discussion articulated with great passion and candor what they feel are the most pressing concerns with patient safety," says the paper's co-author Dr. Laura Wagner, a gerontological nursing research scientist at Baycrest Geriatric Health Care System in Toronto. "They spoke of their own experiences as nurses, managers, policymakers, or as family members of loved ones receiving care. Collectively they identified priority issues and strategies for improvement."

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New interventions to improve patient safety

Four new interventions were launched as part of the *Safer Healthcare Now!* (SHN) campaign at the National Learning Series, in Winnipeg, on April 2, 2008. The new interventions were rolled out to some 400 healthcare providers attending the conference and another 60 sites participated via webcast.

Philip Hassen, Chair of the SHN National Steering Committee and Chief Executive Officer of the Canadian Patient Safety Institute - the campaign secretariat - reconfirmed the continuation of the initial six interventions (launched in 2005), to reduce death and injury to patients in acute-care settings and introduced the four new interventions, two of which focus on residents in facilities providing long-term care.

A Breakthrough Collaborative Series has been established with the aim of reducing the number of falls and injury from falls for residents in facilities providing long-term care. Dr. Irmajean Bajnok, Director of International Affairs and Best Practice Guidelines Programs of the Registered Nurses' Association of Ontario (RNA) will lead the falls intervention. "Injuries from falls compromise health and quality of life for older persons," says Dr. Bajnok. "Collectively we can use knowledge, skills and experience to develop a falls prevention strategy to reduce the number of falls and injuries from falls."

Medication Reconciliation to prevent adverse drug events (ADEs) will be expanded to include long-term care settings. The Institute for Safe Medication Practices Canada (ISMP Canada) will lead this intervention, building on the process developed for acute-care teams. "Medication Reconciliation is an effective process to reduce adverse drug events and potential harm associated with the miscommunication of medication information as patients/clients/residents transfer among healthcare settings," says Marg Colquhoun, Project Leader, ISMP Canada.

Dr. Michael Gardam of the University Health Network, in Toronto, will lead the implementation of the intervention to prevent harm from antibiotic-resistant organisms, specifically Methicillin-resistant Staphylococcus aureus (MRSA). "We know how to control MRSA, but it is one thing to know how to do something and a much more difficult task to actually put knowledge into practice and effect change," says Dr. Gardam. "To fight the spread of germs involves everyone: staff, patients and visitors."

Evidence-based best practice guidelines to ensure that general surgery and hip fracture surgery patients receive appropriate thromboprophylaxis to prevent deep vein thrombosis (DVT) and pulmonary embolism (PE) will be implemented under the Venous thromboembolism (VTE) intervention. Dr. William Geerts, an international expert in thromboembolism, along with Sunnybrook Health Sciences Centre in Toronto, will lead the VTE intervention. "The use of thromboprophylaxis has unequivocally been shown to reduce DVT and PE, contributors to longer hospital stays and increased costs to our medical system," says Dr. Geerts.

The *Safer Healthcare Now!* campaign is the largest healthcare quality improvement initiative underway in Canada to reduce the number of deaths and injuries related to preventable adverse events. Currently, there are over 850 teams, representing more than 220 hospitals, health regions and other healthcare delivery organizations are implementing one or more of the interventions. The Quebec campaign, launched in April 2006, works in collaboration with the SHN campaign. To date, 46 teams are part of the "*Together, Let's Improve Healthcare Safety!*" campaign in Quebec.

For more information on the SHN campaign, visit the website: www.saferhealthcarenow.ca, or www.soinsplussecuritairesmaintenant.ca

Resident Safety in Long-Term Care

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Pressure ulcers, medication issues, falls, resident aggression and infections are common concerns in nursing home environments. However, the study identified staffing/human resources and communication as the top two priorities with the potential to affect safety in long-term care. With staffing/human resources, the most frequent concerns raised were staff skills not meeting the increasing clinical complexity of residents, and the recruitment and retention of staff. Communication concerns related to several areas: inter-professional communication, family engagement, care planning, transitions in care settings, change management, disclosure of incidents/adverse events, and medication issues.

The study recommends that all long-term care facilities establish a concerns resolution process involving management, residents and families; education for staff on appropriate disclosure; and the establishment of processes for communication that ensure continuity of care. Training and leadership development for management was highlighted as a key recommendation for the continued creation of a culture of safety in long-term care environments.

"We now have a blueprint of informed opinion identifying what we need to think about," says Tiana Rust, the report's co-author and doctoral candidate in the Department of Psychology at the University of Alberta. "The next steps are to build the research capacity to accurately identify the issues specific to Canada, recommend priority actions, and collaborate with stakeholders and decision makers to implement these consistently in long-term care settings across the country."

The full report is available on the CPSI's website.[1] A summary of the report was recently published in the Patient Safety Papers issue of Healthcare Quarterly.[2]

[1] Wagner, Laura M. and Rust, Tiana B. Safety in long-term care settings: broadening the patient safety agenda to include long-term care services. Edmonton, AB: Canadian Patient Safety Institute; 2008. Available from: www.patientsafetyinstitute.ca/uploadedFiles/LTC_paper.pdf

[2] Rust, Tiana B., Wagner, Laura M., Hoffman, Carolyn, Rowe, Marguerite, and Neumann, Iris. Broadening the patient safety agenda to include safety in long-term care. *Healthcare Quarterly, Patient Safety Papers.* 2008; 11 (Sp): 31-34. Available from: www.longwoods.com/product.php?productid=19646&cat=538&page=1

CPSI Research Competition

The research program at CPSI is driven by current patient safety issues and the need to create knowledge in areas that drive and enable improvements to patient safety in Canada's healthcare system. The 2007 CPSI Research Competition was launched in early September 2007 with a November application deadline. CPSI received 40 applications for this competition, each of which were subject to administrative and relevancy screening; 26 applications were forwarded to the peer review panel. The panel met in February 2008 to review, rate and provide their recommendations for funding. There were eight applications recommended for funding by the panel with very significant potential benefit for patient safety and high scientific merit.

CPSI is pleased to offer funding to these applicants for research to advance patient safety knowledge in important areas of discovery. This funding will augment the matched funding contribution from their co-sponsors. The following research proposals are eligible for funding:

Improving the Safety of Ambulatory Intravenous Chemotherapy in Canada
Team Leads: Dr. Anthony Easty, University Health Network, Ontario; and Dr. Anthony Fields, Alberta Cancer Board, Alberta

Networking for Patient Safety: An Organizational Approach to Improving Adverse Event Reporting and Safety Culture
Team Leads: Dr. Chris W. Hayes, St. Michael's Hospital, Ontario; and Mrs. Ella Ferris, St. Michael's Hospital, Ontario

Development of a Screening Strategy for Community-Based Adverse Drug Related Events in the Emergency Department
Team Lead: Ms. Corinne Michèle Hohl, University of British Columbia / Vancouver General Hospital, British Columbia

Physical Compatibility of Drug Infusions used in Canadian Intensive Care Units: A Program of Research
Team Lead: Dr. Salmaan Kanji, Ottawa Health Research Institute / The Ottawa Hospital, Ontario

Exploration of Near Misses in Mental Health Settings
Team Leads: Dr. Kathleen MacMillan, Humber Institute of Technology & Advanced Learning, Ontario; and Ms. Janice Dusek, Whitby Mental Health Centre, Ontario

Evaluation of an Innovative Disclosure Initiative in a Regional Health System
Team Lead: Ms. Sharon Nettleton, Calgary Health Region, Alberta

Mitigation of Interruption Effects on Delivery of Routine High-Risk Medical Procedures Through the Design and Implementation of Effective Interventions
Team Leads: Ms. Patricia Leean Trbovich, University Health Network, Ontario and Dr. Doris Howell, University Health Network, Ontario

Using SBAR to communicate falls risk and management in inter-professional rehabilitation teams
Team Leads: Dr. Karima Velji, Toronto Rehabilitation Institute, Ontario; and Dr. G. Ross Baker, University of Toronto, Ontario

CPSI Board Update

The *CPSI 2008-09 Action Plan and Budget* were approved by the CPSI Board at a meeting held in Edmonton, March 27-28. The plan outlines the operational activities being undertaken over the fiscal year towards achieving the strategies outlined in the *CPSI 2008-13 Strategic Plan*.

The renewal of funding from Health Canada was also discussed. A five-year funding agreement for 2008-13 was approved by the CPSI Board and has been sent to the office of federal Health Minister Tony Clement for final signing.

Governance was a recurring theme at the two-day meeting. On the evening of March 27, Governance Committee Chair Dr. Jim Nininger led a presentation and discussion on 'Becoming a High Performance Board' at a joint meeting of the Capital Health, Edmonton, and CPSI Boards and Executive. The following morning, he made a second presentation on governance that also included a preview of "Community for Excellence in Health Governance", a website he is working with others to develop. Marie Owen, CPSI Director of Operations and Project Manager Sandi Kossey followed with a presentation on "Healthcare Boards' Responsibility and Accountability for Patient Safety".

A draft copy of the Canadian Adverse Event Reporting and Learning System (CAERLS) Consultation Paper was submitted to the Board for review and feedback before the document is finalized.

The Board was also informed that the March 18 event held in Toronto to release the Canadian Disclosure Guidelines was very successful. Media coverage included a front-page story in the Globe & Mail, extensive national television and radio news coverage, plus numerous follow-up media inquiries related to specific adverse events in various regions of Canada.

The next meeting of the CPSI Board is planned for June 12-13 in Saskatoon.

"Big-Dot" Patient Safety measures

CPSI and the Canadian Institute for Health Information (CIHI) have partnered to commission an environmental scan on "big-dot" patient safety measures in non-acute care settings. The scan is intended to broadly cover the areas of primary healthcare, mental health, rehabilitation, extended or chronic care, long-term care, home care, and, potentially, emergency departments. The scan will involve a systematic review on the development of "big dot" quality and safety measures as well as a series of interviews with experts in the development of such measures, current users, and potential users of these types of measures in the Canadian and international context. The results of this scan will be available in October 2008.

Canadian Patient Safety Week

2008 focus: Medication Reconciliation

CPSI is pleased to announce that Canadian Patient Safety Week (CPSW) 2008 will take place September 29 - October 4 with a theme focused on medication reconciliation: ***Knowledge is the Best Medicine. Ask. Talk. Listen.***

This year's theme applies to many healthcare settings and builds on fundamental and key communication elements of the previous campaign. The goal of this week is to raise awareness across Canada about patient safety issues, related programs and projects focusing on medication reconciliation - at national, regional and local/organizational levels.

Working with a Canadian Patient Safety Week Advisory Committee comprised of healthcare and communications professionals from such organizations as the Healthcare Insurance Reciprocal of Canada, the Institute for Safe Medication Practices Canada, provincial Health Quality Councils, and regional health authorities, CPSI has already begun to plan and produce new materials for this year's event.

Several tools and resources, such as the CPSW poster and presentation slides, are already available for use by CPSW leaders on the CPSW website, and more are being added weekly. In addition, the CPSW Online Store is up and running, with several products such as CPSW mugs, calendars and pens, available for purchase to help CPSW leaders and their teams promote the week.

CPSI and the CPSW Advisory Committee recognize that the success of a national campaign such as this one would be impossible without its many volunteer leaders and team members, who help make the week come alive in regions across the country. We encourage all healthcare professionals to help us bring attention to patient safety issues related to medication reconciliation in Canada by leading the campaign in your healthcare organization or facility. All individuals who register as leaders by June 15 will receive a gift package of products you can use to help promote the week.

To access CPSW tools and resources and to register as a Leader for the 4th annual CPSW, go to www.patientsafetyinstitute.ca and click on the CPSW tab in the left hand navigation.

For further information about Canadian Patient Safety Week, or how you can become involved, email Kelly Bowman at kbowman@cpsi-icsp.ca

Mental Health and Patient Safety

CPSI and the Ontario Hospital Association (OHA) have jointly identified a significant gap in the current understanding of patient safety in the mental health sector. A coordinated and collaborative approach to exploring and addressing the need for new knowledge in this field has been undertaken.

A Mental Health and Patient Safety Advisory Committee, comprised of researchers and decision makers in the areas of patient safety and/or mental health, has been appointed. CPSI and OHA representatives are participating as members and will provide project support to the team. Members of this national advisory committee include:

Glenna Raymond, Chair
President and Chief Executive Officer
Whitby Mental Health Centre

Lynda Bond
Director for Research, Quality and Performance Improvement
BC Mental Health and Addiction Service

Dr. Linda S. Courey
Director, Mental Health Services
Cape Breton District Health Authority

Pat Fryer
Consultant, Risk Management and Patient Safety
Former Director of Quality, Risk Management, Patient Safety and Infection Control
Centre for Addiction and Mental Health

Elaine Santa Mina
Associate Professor, School of Nursing
Ryerson University

Dr. George D. Watson
Executive Medical Director
Alberta Mental Health Board

Cheryl Williams
Program Director, Mental Health and Chaplaincy
Rouge Valley Health System

Marie Owen, Sandi Kossey and Orvie Dingwall
Canadian Patient Safety Institute

Cyrelle Muskat and Michelle Caplan
Ontario Hospital Association

For more information on the Advisory Committee, go to: www.patientsafetyinstitute.ca/news/announcementMentalHealth.html

The OHA and CPSI have also commissioned research to develop a background paper that will discuss the issue of patient safety as it applies to the mental health sector. The focus of the research will be on the issues of mental health and patient safety in the healthcare system with a focus on hospital and community-based care. Dr. Tracey Brickell, British Columbia Mental Health and Addiction Services (BCMHAS), will lead this study with a team of research scientists and assistants. In addition to key informant interviews, an invitational roundtable discussion will be held on September 18, to assist in the development of the paper. The OHA is also planning to host a one-day conference on mental health and patient safety in conjunction with this event.

The link for information on the research paper, is: www.patientsafetyinstitute.ca/research/mentalHealthPaper.html

Patient Safety Papers #3 – 2008

This *Healthcare Quarterly* Special Issue (Volume 11) is a publication devoted to patient safety across Canada. We express our sincere appreciation and congratulations to the many organizations and individuals who have contributed to the development of this pre-eminent annual journal. Our thanks go to the many health professionals who contributed articles; to the health organizations and companies who provided support through advertising; to CPSI staff involved in its production; to Ross Baker, Editor and the Editorial Board members; and finally to the staff of Longwoods Publishing for producing yet another high quality and attractive publication.

CPSI, the Health Council of Canada, and the Canadian Council on Health Services Accreditation are sponsors of this issue. Copies are being distributed to subscribers across Canada.

The publication is also available online at: www.patientsafetypapers.com

This and that

Safety indicators for Medication Use

An article, Development of Canadian Safety Indicators for Medication Use, was recently published in a recent issue of Healthcare Quarterly (Special Issue, 2008). Reports of preventable illness due to medication errors are widespread in Canada. However, quantifying the magnitude of the problem has been hampered by a lack of measurement tools. Canadian-specific indicators, or performance measures, of safe medication use do not exist. The objective of this study was to develop a set of Canadian consensus-based indicators for the safe use of medication for both in-patient and outpatient settings. The resulting 20 medication-use safety indicators are diverse in scope and should be applicable in a variety of practice settings. These indicators provide clinicians and decision-makers with valuable tools to assess the safety of medication-use systems. This study was funded by a grant from the Canadian Patient Safety Institute.

To access a copy of the article, visit the website: www.longwoods.com/product.php?productid=19604

Advancing patient safety in anesthesia

The Canadian Anesthesiologists' Society (CAS) held a Patient Safety Symposium in conjunction with its Annual General Meeting in Calgary, Alberta (June 2007). The Symposium focused on Anesthesia Information Management Systems (AIMS). To highlight and support the efforts of CAS in advancing patient safety in anesthesia, the Canadian Patient Safety Institute is providing access to the entire Symposium on the web.

To access the presentations, go to: www.patientsafetyinstitute.ca/news/anesthesia Symposium.html

Patient Simulation:
An educational tool for safety

Patient simulation is a key learning tool to provide healthcare professionals and other healthcare providers with training on real-life healthcare situations in simulated environments. Health providers and teams learn to deal with various healthcare interventions before they occur in real life. Patient simulations promote teamwork, increased competence in patient care and avoidance of patient safety risks.

"As an innovative education strategy for healthcare providers, simulating healthcare events offers several benefits to both healthcare providers and patients," says Philip Hassen, CEO of CPSI. "Patient simulation enhances teamwork among various disciplines, augments the clinical skills of professionals, and offers improvements for overall patient care and patient safety."

Over the past couple of years, the Canadian Patient Safety Institute has worked with simulation and education leaders from across the country to begin identifying ways to advance the use of simulation as a means for patient safety improvement. In November 2007, on behalf of the simulation community, CPSI was successful in securing funding through a grant from Health Canada on a project entitled ***Patient Simulation: An Educational Tool for Safety***. The purpose of this grant is to provide a pan-Canadian structure for coordinating simulation efforts and to promote simulation as an important means to educate inter-professional healthcare teams.

To kick-start the launch of a national coordinating group for simulation, CPSI conducted a Patient Simulation Needs Assessment, where participants were asked to share their views on topics such as governance, educational support and business needs required for a national group of this nature. The survey concluded on April 9, 2008. Results will be analyzed and collated with a final report available in early May 2008. In addition, a national consensus meeting of educators and simulation leaders was held on March 31, 2008 to identify means for better incorporating simulation into the educational training of healthcare clinicians.

People in patient safety

Marie Owen, Director of Operations

Marie Owen joined CPSI in February, as Director of Operations. As part of her portfolio, Marie is responsible for the SHN campaign.

"Quality and safety have been the focus of my career for some time now and I believe that *Safer Healthcare Now!* is the ideal vehicle to move initiatives across this country, to really make a difference to the people we serve," says Marie. "I am excited and proud to be part of this campaign and I look forward to working with the Nodes and our SHN partners in their efforts to improve the safety of our healthcare system."

Marie worked in a number of acute-care hospitals in Ontario before moving to Edmonton, where she worked as a clinical nurse specialist in critical care. She then worked as an educator, as well as in administration for a small rural facility. Most recently, she was responsible for quality improvement and patient safety within a regional health authority in Alberta.

Marie is a surveyor for the Canadian Council on Health Services Accreditation (CCHSA), conducting peer reviews of healthcare organizations across Canada. Her international work with CCHSA has taken her to Ireland, the Caribbean and the Middle East.

Marie graduated from St. Joseph's School of Nursing in Guelph, Ontario. She holds a Masters degree in Nursing from the University of Alberta.

Anne MacLaurin, SHN Project Manager

Anne MacLaurin is the new Project Manager for the *Safer Healthcare Now!* campaign.

Anne is excited about the opportunity to work with a small group of dedicated, committed employees who are at the core of patient safety in Canada. "SHN has effected so much change in such a short time; I am thrilled to be part of this exciting, but challenging journey to advance patient safety," says Anne.

Anne has held various positions during her career, as staff nurse with the IWK Health Center in Halifax and the Prince County Hospital in PEI; clinical instructor for the University of Prince Edward Island; and Utilization Coordinator for the Provincial Health Services Authority. She was first introduced to the *Safer Healthcare Now!* campaign through her work as the Quality/Risk Coordinator, with the PEI Department of Health.

Anne holds a B.Sc. in nursing from St. Francis Xavier University and completed her masters of nursing studies through Dalhousie University in 2007. The clinical focus of her graduate work was in the care of ill children and their families.

Anne will be working between Edmonton and PEI over the next few months and will make the move to Edmonton this summer, with her eight-year-old son, Christopher.

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People in patient safety

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Laurel Taylor, Director of Operations

Laurel Taylor will be joining CPSI in May 2008, as the Director of Operations, based at the CPSI office in Ottawa. Laurel holds a PhD in Organizational Analysis, with a dissertation in "*Contemporary Physician Practice Patterns: Insights from Institutional Theory*" from the University of Alberta, where she also obtained degrees in engineering (BSc) and business (MBA).

Dr. Taylor was a 2005-06 Canadian Harkness Associate in Healthcare Policy and most recently Assistant Professor, McGill University, in the Departments of Medicine, Neurology and Neurosurgery. She was a member of the Medical Office of the Twenty-first Century (MOXXI) project team. In this innovative research team, she was responsible for project management and partner liaisons, while simultaneously pursuing a research stream testing the efficacy of technology integration into medical practice as a means to improve the safety and quality of patient care.

Dr. Taylor's continuing research interests include: understanding predictors for adoption and utilization of technology in primary care; identifying facilitators and barriers to the integration of decision support tools into community care practices and for patient self-management; identifying methods for the use of data warehouses in the management of hospital-acquired infections; and, evaluating the impact of communities of practice and e-technologies as strategies to create collaborative partnerships between community and professional health stakeholders.

She has been a leading instructor in McGill's annual *Health Challenge: Integrating Management and Medicine* workshop for graduating MD-MBA students. She is also active in promoting management education for physicians and is currently a co-investigator for a unique and important clinical trial testing the value of leadership and management education for medical residents.

Janice McVeety, Project Manager

Janice McVeety is a registered nurse with an honour's degree in psychology and a master's degree in health administration. She started working as a project manager with the Canadian Patient Safety Institute in March 2008.

Janice has played a role in healthcare for over 25 years. Prior to joining CPSI, Janice worked at the Ottawa Hospital as a Clinical Manager for several units in the Women's Health sector. Janice has a passion for patient safety that has been demonstrated through her work in developing a rapid response team for obstetrical emergencies, hospital infant security and her research and subsequent co-published paper regarding the Canadian nurse's perceptions of patient safety in hospitals. During her career, Janice also worked as a program analyst providing assistance in strategic planning and decision-making for the Ottawa Hospital through operational support related to finances, utilization performance and clinical/quality reporting systems.

As a Project Manager with CPSI, Janice's primary role will be in the management and coordination of projects associated with the education and professional development sector. She will be identifying leading practices, the development of safety competencies and promoting their integration into education and training programs. Janice will be contributing to the Executive Patient Safety Series, the Canadian Patient Safety Officer Course and Canada's Hand Hygiene Campaign.

Kelly Bowman, Communications Officer

Kelly Bowman joined CPSI in January 2008, as Communications Officer, after completing her studies in communications at the University of Ottawa.

In her role, Kelly works collaboratively with CPSI staff, stakeholders and partners to help keep key audiences informed of CPSI's initiatives and activities through the development of key messages, contributing to CPSI publications, helping to maintain and writing content for CPSI websites and developing and fostering relationships with the media. Kelly's responsibilities also include media monitoring and working closely with graphic designers in the development and production of CPSI publications and promotional items.

Currently, Kelly leads the planning and development of Canadian Patient Safety Week, a national annual week that takes place in the fall of each year.

Prior to her studies at the University of Ottawa, Kelly contributed to various publications in Ontario and Newfoundland as a freelance writer and editor. Kelly also holds a Bachelor of Arts from Memorial University, Newfoundland, where she studied English and Biology.

Upcoming events

Patient Safety Congress: Two days that will make a difference to the safety of patients (ExCel London – May 22-23, 2008) - Health Service Journal and the Nursing Times have teamed up with the NPSA, the NHS Institute for Innovation and Improvement, the Health Foundation and Microsoft to develop this Patient Safety Congress. www.patientsafetycongress.co.uk

Diagnostic Error in Medicine (Phoenix, AZ – May 31-June 1, 2008) - The meeting is co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the American Medical Informatics Association (AMIA). The goal of this meeting is to better understand the variety of factors that lead to diagnostic error, and to discuss interventions that might mitigate the problem in the future. The conference will coincide with a special issue on diagnostic error in the American Journal of Medicine. www.amia.org/meetings/s08/dem.asp

The 26th International System Safety Conference (Vancouver, BC – August 25-29, 2008) - This conference brings practitioners and foremost thought-leaders of the system safety discipline together for an exchange of ideas, knowledge and experiences. www.system-safety.org/~issc2008/

Engaging with Physicians in a Shared Quality Agenda (Boston, Mass. - September 8-9, 2008) - Led by James Reinertsen, MD, Bill Rupp, MD, and Alice Gosfield, JD, this two-day seminar will help you align quality and safety agendas of physicians with those of your organization. www.ihi.org/IHI/Programs/ConferencesAndSeminars/EngagingwithPhysiciansSeptember08.htm

2008 Canadian Patient Safety Week (CPSW) (September 29-October 4, 2008) - The theme this year is focused on medication reconciliation: **Knowledge is the Best Medicine. Ask. Talk. Listen.** www.patientsafetyweek.ca

Halifax 8: The Canadian Healthcare Safety Symposium - Healthcare and the Law (Winnipeg, MB – October 23-25, 2008) - The Halifax 8 Symposium continues the tradition as Canada's unique meeting of individuals and organizations with a desire to improve healthcare safety and enhance the overall quality of our healthcare system. The Symposium helps provide a better understanding of the phenomena of health system hazards, the behaviors of patients and healthcare providers, environmental and organizational factors, and the role of regulators. www.buksa.com/halifax/index.htm

CPSI Annual Meeting (Winnipeg, MB – during Halifax 8) - Open to Voting Members of the Canadian Patient Safety Institute. www.patientsafetyinstitute.ca

2008 National Forum on Quality Improvement in Healthcare (Nashville, Tennessee -December 8-11, 2008) - The National Forum is the premier "meeting place" for people committed to the mission of improving healthcare. This annual event draws over 6,500 health care leaders from around the world in person and thousands more via satellite broadcast. www.ihi.org/IHI/Programs/ConferencesAndSeminars/20thNationalForumonQualityImprovement.html

The CPSI Team

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