

Canada's Virtual Forum on Patient Safety and Quality Improvement

The inaugural Virtual Forum on Patient Safety and Quality Improvement provided 20 hours of presentations, discussions, videos and patient stories over the five-day program that was broadcast from October 31 to November 4, 2011. During the week, more than 2,000 unique registrants participated in the Forum, from some 700 sites in Canada and 17 countries around the world, saving 548 tonnes of CO₂ emissions by participating virtually.

"The Virtual Forum was a phenomenal achievement that demonstrated the power of conversation, the power of listening, the power of taking chances, and the power of being honest to make things different," says Hugh MacLeod, CEO of the Canadian Patient Safety Institute. "I encourage you to download the presentations and to use them during your learning to help push the patient safety and quality improvement agenda forward."

The Virtual Forum was recorded and [presentations are now available online](#) so that the learning can continue.

We are pleased to share this rich content and invite you to watch the sessions; click on the links to access the archived virtual presentations and PowerPoint slides.



Chris Hayes (Moderator); Dr. Michael Gardam (University Health Network); Martin Wale (Vancouver Island Health Authority) and Mark Wells (Alberta Union of Provincial Employees)

ADD YOUR VOICE TO THE CONVERSATION

The questions and comments received from the virtual audience contributed to the engaging, informative and compelling discussion on the timely and relevant topics. "We want to continue that conversation and invite you to be part of the discussion," adds MacLeod. "Share your thoughts on the Forum and what topics you would like to be included next year. Tell us about your patient safety and quality improvement successes and experiences. We want to learn from you and let others know about the work you are doing." Send an email to hughmacleod@cpsi-icsp.ca and continue the conversation around patient safety and quality improvement!

TO VIEW ARCHIVED PRESENTATIONS FROM CANADA'S FORUM ON PATIENT SAFETY AND QUALITY IMPROVEMENT, VISIT: WWW.GOWEBCASTING.COM/C1556

"This Forum has given me HOPE that patients and families will soon no longer have to fear the system that they put their trust and their loved ones in. Thank you all!"

DONNA DAVIS, PATIENTS FOR PATIENT SAFETY CANADA

PRESENTATION RECAPS

A VIEW FROM THE TOP: LEADERSHIP AND CULTURE

If you are looking for presentations from a leader's perspective on building a culture of patient safety and quality improvement, there are two sessions that are sure to resonate with you.

Four healthcare leaders share a candid and impactful overview of the perils and pearls of implementing patient safety and quality improvement initiatives in their organizations, reinforcing engagement and staying true to their vision for a transformation in culture to take place. In the session, [Senior Leadership: What does it take?](#), these healthcare leaders share their patient safety experiences and journeys: Chris Power (Capital District Health Authority), Vickie Kaminski (Eastern Health), Robert Howard (St. Michael's Hospital) and Rheta Fanizza (Saint Elizabeth Health Centre).



Leaders Panel Discussion (Chris Power, Capital District Health Authority; Dr. Robert Howard (St. Michael's Hospital); Vickie Kaminski, Eastern Health; and Rheta Fanizza, Saint Elizabeth Health Centre)

In the session [Health Quality Councils: Funding and research priorities](#), David Williams (Southlake Regional Health Centre) draws on his experience as an astronaut to emphasize how normalization of deviants and a culture of safety is critical for both space programs and healthcare. In their presentations and panel discussion, [Doug Cochrane](#) (British Columbia Patient Safety and Quality Council) and [Stéphane Robichaud](#) (New Brunswick Health Council), reinforce that a different approach and an inter-professional model is required to enhance a culture of safety.

PATIENT'S NARRATIVES

The Forum profiled six patient stories to accentuate the importance of including patients and their families in the patient safety agenda. These poignant and emotional narratives set the tone for embracing the patient experience and their commitment to improve safety for all patients.

- ▶▶ [Baby Sophia helped create policy change](#)
- ▶▶ [Claire inspires change after her passing](#)
- ▶▶ [Vance's passion for helping others lives on](#)
- ▶▶ [Terri encourages others to strengthen patient and provider teamwork](#)
- ▶▶ [Martha's legacy lives on](#)
- ▶▶ [Little Mataya gives the gift of change](#)

To view the patient narratives, click on the Forum links, or visit www.youtube.com/patientsafetycanada

CANADIAN PATIENT SAFETY INSTITUTE INITIATIVES

These short presentations provide an overview of Canadian Patient Safety Institute initiatives:

- ▶▶ [Patient Safety Classification](#) – five new words to describe patient harm
- ▶▶ [Patient Safety Education Program](#) – Canada – training trainers to deliver patient safety education
- ▶▶ [Disclosure Guidelines](#) – involving the patient and families in the Disclosure process
- ▶▶ [Improving Care Search Centre](#) – a repository of relevant information at your fingertip
- ▶▶ [Global Patient Safety Alerts](#) – an online resource with over 3400 recommended actions to help reduce risk
- ▶▶ [Safer Healthcare Now!](#) – evidence-based practices to improve safe care

PATIENT SAFETY CULTURE



Martin Hatlie (Partners for Patient Safety) notes that trustworthiness is a powerful concept emerging in patient safety discussions and to make transformational change in the healthcare culture, we can learn from patient safety stories. In the presentation [What is patient safety really?](#), Hatlie outlines an overarching model that identifies four domains of patient safety (recipients of care, providers, systems for therapeutic action and methods) and describes 11 elements that fall within these domains.

One way to advance a patient safety culture is to see errors not as individual, but as system errors we can improve on. In the [Creating a Just and Trusting Culture](#) session, Mark Fleming (Saint Mary's University) says that improvement involves changing our thinking and doing things differently. Learn how you can use the patient narratives as a tool at the team level to learn how your culture compares, especially when it comes to listening to patients.

Michael Millenson (Health Quality Advisors) says one way to change culture is with information in [Truth talk: We have a duty to the patient](#). Strong cultural change is manifested by being able to ask questions. To see things differently, we must see things we have not noticed before and ask questions we have not asked before.

DISCLOSURE – WHAT'S WORKING, WHAT'S NOT?

Recent revisions to apology legislation emphasize the importance of saying, "I'm sorry". The Canadian Patient Safety Institute released the updated [Canadian Disclosure Guidelines: Being Open with Patients and Families](#) during the Forum.

[Disclosure - What's working, what's not](#) stressed that disclosure is a process, not a single conversation and as an important first step, involve patients/families in the discussion, acknowledge their concerns and apologize. Presentations and a panel discussion focused on the importance of listening to patients/families and involving them in their care. Dale Nixon (Patients for Patient Safety Canada/Eastern Health) provides an emotional and courageous recount of her personal journey and the loss of her son, demonstrating the importance of being open with patients and their families. The panel discussion led by Rick Singleton (Eastern Health), provides further insight on disclosure with Carolyn Phillip (Fraser Health Authority), Bruce MacLeod (Alberta Health Services) and Catherine Gaulton (Capital District Health Authority).

The Manitoba Institute for Patient Safety [Self-Advocacy for Everyone \(SAFE\) Toolkit](#) provides clear and concise information on 13 patient safety topics, including patient rights, how to choose a patient advocate and how to talk with your doctor. The toolkit also includes a Leader's Guide so that it can be used as a resource in the community. Learn how this web-based resource promotes self-advocacy and patient safety in healthcare settings.



Virtual Forum Co-Chairs Hugh MacLeod and Cecilia Bloxom

MEDICATION SAFETY

Medication Reconciliation is a critical component of patient safety and a priority for many healthcare organizations. Sessions dedicated to engaging hearts and minds in medication safety include presentations by Marie Owen (CPSI) and Marg Colquhoun (ISMP-Canada) on the [national commitment to medication safety](#). Marie and Marg discuss actions taken for leadership accountability, interprofessional engagement, accreditation, *Safer Healthcare Now!* initiatives, Knowledge is the Best Medicine, the Imagination Challenge, the Cross Canada MedRec Check and next steps.

Collaborative programs for healthcare practitioners and consumers that provide information, tools and expertise to enhance the safety of medication use, and medication incident reporting systems are summarized in the [Canadian Medication Incident Reporting and Prevention System](#) (CMIRPS) session.

Four dynamic presentations are available on [medication safety](#) from a variety of perspectives. [Elaine Wong](#) (Children's Hospital of Eastern Ontario) reports on a national initiative to promote the safe use of opioids in paediatrics. [Allen Huang](#) (McGill University) describes the Right Rx research project to implement medication



reconciliation at discharge that ensures the right medications from hospital to home. [Lynn Hall](#) (Winchester District Memorial Hospital) describes how readmission rates and length of stay decreased after implementing a standardized medication reconciliation process. [Deb Gordon and Gail Hufty](#) (Alberta Health Services) outline their four-year journey to implement a coordinated medication reconciliation process province-wide.

SUPERBUGS/INFECTION CONTROL

In [Superbugs – super heroes](#), [Michael Gardam](#) (University Health Network) recaps the Canadian Positive Deviance Project and two unique concepts, positive deviance and liberating structures, that helped six hospitals act their way into a new way of thinking. Identifying positive outliers that already have the answers to complex problems and using social network mapping to visualize how relationships had changed, participants reduced superbugs by 56 per cent over the 18 month study.

Martin Wale (Vancouver Island Health Authority) demonstrates the benefit when you are not afraid to try new things, in [Changing the mindset on infection control](#). Infection prevention control practices that changed from a rule-based approach to a risk-based approach result in a sustainable 60 per cent reduction in patients on isolation precaution and sustainable savings in excess of \$6.5 million per year across the Health Authority.

[Valued employees value patients](#) provides clips from a documentary produced by the Alberta Union of Provincial Employees, as part of their efforts to engage and educate union members and the public about infection control and the importance of including housekeeping staff as part of the interdisciplinary team.

"The Virtual Forum was a courageous event and exceptional event. Starting each day with a patient experience set the tone and kept the reason for all improvement efforts and great care efforts at the forefront. Placing actual and potential harm in the open was powerful. By shaping the agenda of the forum, CPSI kept our challenge upfront while giving hope and inspiring movement. With hand hygiene videos you recognized the value, potential and energy of frontline staff across the county. It was great. Congratulations and thanks to all involved."

VIRTUAL FORUM PARTICIPANT

EN FRANÇAIS SEULEMENT

Five presentations broadcasted in French only are available:

- ▶▶ [Patient safety culture and governance](#) (Micheline Ste-Marie, Montreal Children's Hospital)
- ▶▶ [Quality Indicators on the Web](#) – Measurement, accountability and transparency to improving patient safety (Markirit Armutlu, Jewish General Hospital)
- ▶▶ [Medication Reconciliation in Long Term Care](#) (Marco Blanchet and Myriam Dion, Agence de la santé et des services sociaux des Laurentides)
- ▶▶ [Hand Hygiene](#) (Denny LaPorta, Hôpital General Juif, Université McGill)
- ▶▶ [Patient safety related Research](#) (Regis Blais, Université de Montréal)

ENVIRONMENT OF WORK AND CARE

- ▶▶ [Patient Safety in Primary Care](#) – understand the key issues, priorities and strategies in the primary care delivery model to address missed or delayed diagnosis, medication management and more.
- ▶▶ [Fatigue and Patient Safety](#) – The Canadian Nurses Association reports on a national research project with registered nurses in Ontario that looks at nurse fatigue.
- ▶▶ [Quality Worklife Quality Healthcare](#) – this initiative focuses on four directions to support better work life in healthcare: engagement; indicators (system, organizational and accreditation); knowledge exchange as a go-to resource; and priority actions (best-practice strategies).
- ▶▶ [Suicide Risk Assessment](#) – this guide provides an inventory of tools and risk assessment processes to increase understanding of warning signs and risk factors associated with suicide.
- ▶▶ [Pan Canadian Home Care Study](#) – this research project now underway will determine the prevalence, magnitude and type of adverse events related to home care in Canada.

Canadian Patient Safety Week

celebrates good healthcare starts with good communication



Health Sciences North/Horizon Santé-Nord (HSN) staff, from left, Melanie Hinton, Corinne Savignac, Debbie Barnard, Sylvie Baron, Yolande Bobbie pose in the patient risk demonstration room as part of Canadian Patient Safety Week.

How many potential safety risks can you spot? (Here's three: cigarette in patient's mouth, urine sample on food tray, bed rail down for sleeping patient).

The sixth annual Canadian Patient Safety Week held October 31 to November 4, 2011, demonstrated the passion, energy, enthusiasm and commitment of healthcare providers across the country to provide safe care for their patients, clients and residents. Over 1,100 registrants from all provinces and territories marked Canadian Patient Safety Week by spreading the message: *Good healthcare starts with good communication.*

"Thank you to all who participated by promoting the conversation, ASK.LISTEN.TALK," says Hugh MacLeod, CEO of the Canadian Patient Safety Institute. "Your efforts made Canadian Patient Safety Week 2011 a resounding success."

Healthcare organizations across the country celebrated Canadian Patient Safety Week with parades, displays, poster contests, galas, education sessions and much more. Many used Twitter, YouTube and Facebook to share patient safety information with their communities. We are pleased to share highlights of some of the activities and comments we received. We hope that they will inspire your ongoing patient safety initiatives.

Our team strives to provide our community with the best evidence based and compassionate care possible and CPSI's tools supports this focus.

JOHN E. SHORT, NURSE MANAGER/CLINICAL EDUCATOR,
 NORTHERN HAIDA GWAII HOSPITAL



Covenant Health Camrose Hospital display

ORILLIA SOLIDERS' MEMORIAL HOSPITAL (OSMH) published an article in their local newspaper to feature patient safety as a 'shared commitment' between patients, families, visitors, hospital staff and physicians. The article listed five key things you could do to promote patient safety while at the hospital and explained the use of Glo Audits, a special light to ensure effective room cleaning to reduce the spread of infections. The local television station ran a story featuring the hospital's housekeeping staff doing Glo Audits. "Canadian Patient Safety Week provided an opportunity for us to focus exclusively on patient safety, and to feature best practices – including those of our own OSMH teams," says Sean Bisschop, Quality & Patient Safety Coordinator.



UBC Pharmacy students celebrate CPSW

TILLSONBURG DISTRICT MEMORIAL HOSPITAL (TDMH) worked with their local high school's video production program to create a hand hygiene video, *Clean Hand Blitz*, which included various departments, nursing and support teams in addition to the hospital's CEO, volunteers, students and a very animated physician demonstrating hand cleaning. The accompanying music track was recorded by a small group of hospital team members in the high school's music department. "We wanted to engage and involve all departments and teams in a fun activity to promote proper hand hygiene that would help improve our rates of compliance," says Kelly Verhoeve, Executive Leader Patient Services. TDMH also held lunch and learn sessions, based on "Who Wants to be a Millionaire," with patient safety and infection control related questions. The game hosts were dressed as E.coli and a hand sanitizer dispenser.

"WHAT'S THE SCOOP ON POOP?" was an interactive educational session at Burnaby Hospital, for staff to learn about best practices to reduce the incidence and transmission of C. difficile. The topics covered included antimicrobial stewardship, room accommodation, contact precautions, hand hygiene, stool specimen identification and proper use of personal protective equipment. "Chocolate bars were used to create mock stool samples," says Jennifer DeForrest, CDI Improvement Champion/ Site Leader. "It was a fun and creative way to promote infection control and patient safety."



Burnaby Hospital's mock stool samples – a creative use of chocolate!

Patients are our most important partners in the advancement of medical knowledge and it is our obligation to protect their wellbeing.

GAZAL VAKILI, CLINICAL RESEARCH MANAGER,
 CANADIAN CENTRE FOR CLINICAL TRIALS

Patient safety is central to every aspect of health care delivery!

CAROLYN YOUNG, COMMUNICATIONS COORDINATOR,
 HEALTH COUNCIL OF CANADA

People are our world's most precious commodity! In giving the safest care possible; we are giving the best life possible.

ANITA TERRY, ADMINISTRATIVE ASSISTANT,
 BONNYVILLE HEALTHCARE CENTER



Covenant Health (Edmonton General Hospital) Micro Bee Managers – What's growing on your Gloves?

TEAMS AT COVENANT HEALTH displayed poster boards on patient safety for residents and visitors at seven locations across Alberta. The posters provided a myriad of information to promote hand hygiene, medication safety, infection control, fall prevention, and the importance of communication. "There were a variety of contributors for the unique displays, and some were produced with the creative help and input from Covenant Health patients and residents, who provided some 'words of wisdom,'" says Meaghan Ellis, Clinical Quality Consultant/Accreditation Specialist.

THE GOVERNMENT OF PRINCE EDWARD ISLAND personalized print ads for their daily newspaper profiling ASK.LISTEN.TALK -- Don't Hold Back posters. "The print campaign was supported by radio advertisements, a *Talking Health column* and feature articles on the website to highlight some of the great work that staff are doing to improve quality and safety," says Karen McCaffrey, Patient Safety Coordinator.

Because making hospitals 'patient safe' is one of my primary objectives in patient care after practicing GREAT Family Medicine.

DR. WILL SAWYER, PHYSICIAN, SHARONVILLE FAMILY MEDICINE

THE CANADIAN PATIENT SAFETY INSTITUTE sent over 1,050 packages to healthcare organizations across Canada, distributing 20,000 posters, 20,000 table tent cards and more than 100,000 newspapers to help promote the theme, ASK.LISTEN.TALK. – *Don't hold back! Ask questions. Listen closely. Talk openly.* Canadian Patient Safety Week was endorsed by 48 healthcare organizations and supported by thousands of healthcare providers.

Let's keep the energy and momentum going throughout the year. We welcome your feedback and would like to hear why you celebrate Canadian Patient Safety Week, as well as your ideas and thoughts for next year's campaign. Send an email to cpsw@cpsi-icsp.ca

In all things, safety is our number one concern and we can never be too informed, too diligent or too prepared for any safety issue.

BEVERLY SCHURMAN-POWER, LPN, INFECTION CONTROL DESIGNATE & JOSH COMMITTEE CO-CHAIR, DEBERT COURT - SHANNEX LTC.FACILITY

TO LEARN MORE ABOUT CANADIAN PATIENT SAFETY WEEK ACTIVITIES, VISIT WWW.ASKLISTENTALK.CA AND CLICK ON THE TAB: WHAT'S HAPPENING ACROSS THE COUNTRY?

AND THE WINNERS ARE...

HAND HYGIENE VIDEO COMPETITION

The Canadian Patient Safety Institute salutes the organizations that submitted videos to the *Hand Hygiene Video Competition*. The enthusiasm, creativity and commitment of healthcare providers were evident in the 14 videos, produced as a fun and innovative way to promote and demonstrate effective hand hygiene. The videos were viewed 2,924 times on Facebook and 550 times on YouTube.

The winning video selected by the Hand Hygiene Faculty was an Infection Control project, entitled *SICK TEAM*, to emphasize the right way to wash your hands that created much excitement and energy around *Thunder Bay Regional Hospital*. "Kids break down barriers, so we put out a casting call, inviting hospital staff to have their kids audition for the video," says Hilary McIver, the hospital's Infection Control Manager. "The kids were so excited that they told their friends they were going to be movie stars. When the kids came up with ideas, we captured them while filming." Twenty-two kids participated in the tryout and seven, ranging in age from six to 10 years, were selected to appear in the video. The five-minute video was produced internally and filmed over three days with two cameras and an extensive support crew. The kids featured joined hospital staff at a red carpet premiere profiling the winning video and outtakes. The video was posted to the hospital intranet and is now part of staff orientation. "We are very proud of the video," says McIver. "It was a great opportunity to get staff engaged and it is something that we can reuse over and over again."

In total, 1,025 votes were cast and 1,080 comments posted in this close competition and *Mrs. A* was the video selected by viewers and receiving the most votes on Facebook. The video was produced as a side project for a summer student, Amanda Houze, hired to do a hand hygiene audit to determine deficiencies in hand hygiene practices at *Chatham-Kent Health Alliance*. This detective themed

five-minute video, created with a 1950s feel, took about two weeks to produce and another 10 days to edit. "There was a buzz around the hospital while we were shooting the video," says Carol Turner, Infection Prevention and Control Coordinator. "It was a great way to get staff engaged and boost morale." The staff at Chatham-Kent promoted their video on the hospital website with a link to Facebook and YouTube and encouraged friends and colleagues to vote for their video. They also contacted the local media and told them about the project, asking the local community to support their video submission. "The video helped to bring staff together in non-clinical way, involving many people across the organization from a variety of disciplines," says Turner.

Thank you to all who participated and congratulations to our winners!

TO VIEW THE HAND HYGIENE VIDEOS, VISIT:



www.facebook.com/patientsafety?sk=videos



www.youtube.com/patientsafetycanada

www.patientsafetyinstitute.ca
or call 1-866-421-6933

