News release

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Canadian Patient Safety Institute announces recipients of first research funding competition

Edmonton, AB – Today the Canadian Patient Safety Institute (CPSI) announced the results of its first research funding competition, with 28 patient safety-related research and demonstration projects selected as eligible for $1.9 million in available funding. With this announcement, CPSI takes another step forward in its efforts to build and advance a safer Canadian health system.

"It's clear, from the strong response to this, our first competition, that patient safety is front and centre in the minds of the Canadian healthcare system and research community," commented Dr. John Wade, Chair, CPSI Board of Directors. "One of the key strategies of CPSI is to increase the scope and scale of patient safety research in Canada," he continued. "This competition, and the selection of successful applicants and their projects, marks the first of many research initiatives that will make patient safety in Canadian healthcare the priority it needs to be."

Clearing a mailbox overflowing with project proposals arriving from across the country, CPSI and its Board made the decision to increase the original research funding of $1.5 million to $1.9 million.

"We were impressed by the strength of the applications and their eligibility," said CPSI Chief Executive Officer, Philip Hassen. "The phenomenal response to our call for submissions went far beyond our expectations, and demonstrates an irrefutable interest in and awareness of, patient safety in the minds of Canadians."

With funding available to support research topics in the two areas of Applied Health Services Research and Demonstration Projects, applicant teams have proposed research and demonstration projects in a variety of healthcare settings, including hospitals, community care, long-term care and home care, mental health and emergency medical services.

"We wanted to support research and demonstration projects on patient safety that involved a good cross-section of caregivers, researchers and administrators," explained Joe Gebran, CPSI's Director of Corporate Services. "The projects needed to demonstrate potential for measurable improvements in patient safety, be readily applied to other healthcare services, settings or jurisdictions and have a strong emphasis on the sharing of lessons across the system."

An independent panel of experts met in mid-October to review 57 applications, ultimately identifying 28 patient safety research and demonstration projects that exhibited the required level of scientific merit and potential benefit to the healthcare system.

"Patient safety is such a national, coast-to-coast-to-coast issue," states Hassen. "This competition actually arose from the meeting and collaboration, over a year ago, of CPSI, the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research, as we gathered a group of experts from across Canada to determine patient safety research priorities for the country. With these 28 projects, we are excited to be taking another important step."

About the Canadian Patient Safety Institute

The mission of the Canadian Patient Safety Institute (CPSI) is to provide national leadership in building and advancing a safer Canadian health system. In doing so, CPSI will focus its efforts in three areas:

- Defining patient safety issues in Canadian health care;
- Identifying leading practices and effective interventions; and
- Championing necessary change through partnerships, stakeholder engagement and transparent communication

Backgrounder attached

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Backgrounder

CPSI Request for Applications (RFA) Competition

2005 Highlights and Results

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A key strategy of CPSI is to increase the scope and scale of patient safety research in Canada. To that end, an inaugural research funding competition was held in 2005.

The objectives of the competition are to support research and demonstration projects on patient safety that:

- Involve interdisciplinary and/or multi-jurisdictional teams of researchers and healthcare administrators. Ideally, direct care providers, patients, and personal caregivers will be engaged in the project;
- Demonstrate potential for improvements in patient safety;
- Are readily applied to other health care services, settings or jurisdictions across Canada; and,
- Have a strong emphasis on knowledge transfer going beyond publication in peer-reviewed journals and presentations at scientific conferences.

The competition was very successful with very high responses: 327 mandatory registrations were received. Of those original expressing interest by registering, 125 submitted full applications. 57 of those applications passed an initial screening and were reviewed by an independent peer/merit review panel.

The peer/merit review panel met on October 17-18, 2005. Using the criteria outlined in the call for applications, the Panel rated applications on two dimensions – potential benefit to the health care system, and scientific feasibility and viability. The projects recommended for funding were assessed as providing significant potential benefit and having good scientific merit.

The review process resulted in 28 projects being recommended for funding. Due to the quality of the applications, the Board of Directors raised the funding from $1.5 million to $1.9 million.

The following projects are eligible for funding:

Theme 1: Applied Health Services Research Projects

Najib Ayas, University of British Columbia, Vancouver, BC

The impact of sleep deprivation, circadian misalignment, and sleep inertia on patient safety in the Intensive Care Unit – A Patient Simulator Study (L'impact de la privation de sommeil, de du désalignement circadien et de l'inertie du sommeil sur la sécurité des patients aux soins intensifs)

Régis Blais, University of Montreal, Montreal, QC

Le projet TOCSIN : Tableau organisationnel de contrôle et de suivi des infections nosocomiales (The TOCSIN Project: Organization chart for monitoring and follow-up of nosocomial infections)

Jerrald Dankoff, SMBD - Jewish General Hospital, Montreal, QC

Managing Patient Safety (MAPS I): Impact of clinical, organizational and patient factors on medical errors and adverse events in the delivery of emergency services (Gérer la sécurité des patients (MAPS 1) : Impact des facteurs cliniques, organisationnels et sanitaires sur les erreurs médicales et les événements indésirables dans la prestation des services d'urgence)

Jeff Davis, BC Children's Hospital, Vancouver, BC

Multi-centred evaluation of forced-function Spinal Injection Safety System (SISS) in human subjects (Évaluation multicentrique du système de sécurité d'injection spinale sous pression chez les humains)

Liane Ginsburg, York University, Toronto, ON

Patient Safety Culture: Improving measurement and establishing links to patient safety activity (Culture de la sécurité des patients: amélioration de la mesure et établissement de liens à l'activité relative à la sécurité des patients)

Michael John, London Lab Services Group, London, ON

Enhancing patient safety by reducing Antibiotic Resistant Organism (ARO) transmission through a city-wide organizational approach (Améliorer la sécurité des patients en réduisant la transmission d'organismes résistant aux antibiotiques à l'aide d'une approche organisationnelle à travers toute la ville)

Lynn Johnston, Capital District Health Authority, Halifax, NS

Outcomes and risk factors for central venous catheter related bloodstream infections in critical care and haematopoietic stem cell transplant patients hospitalized in Canadian acute care hospitals (Résultats et facteurs de risque relatifs aux infections reliées aux cathéters intravasculaires centraux chez les patients aux soins intensifs et subissant une transplantation de cellules souches hématopoïétiques)

Theresa Kline, University of Calgary, Calgary, AB

Identifying and modeling relevant "Climate of Safety" variables at the individual-, group-, unit- and system-levels (Identification et modélisation des variables « Climat de sécurité » applicables à la personne, au groupe, à l'unité et au système)

Jean François Kozak, Providence Health Care, Vancouver, BC

Prevalence of adverse events among frail seniors in residential care (Prévalence des événements indésirables chez les personnes âgées fragiles aux soins en établissement)

Neil MacKinnon, Dalhousie University, Halifax, NS

Development of medication safety indicators (Élaboration d'indicateurs de sécurité des medicaments)

Maureen Markle-Reid, McMaster University, Hamilton, ON

The comparative effects and expense of a proactive, nurse-led multifactorial and interdisciplinary team approach to falls prevention for older at-risk home care clients (Les effets et dépenses comparatifs d'une approche proactive axée sur l'équipe interdisciplinaire et multifactorielle menée par une infirmière, relativement à la prévention des chutes chez les clients âgés à risque aux soins à domicile)

Jane McCusker, McGill University and St. Mary's Hospital, Montreal, QC

Organization of geriatric emergency department care: does it improve patient safety? (Organisation des soins d'urgence gériatriques : Améliore-t-elle la sécurité des patients?)

Johanne Monette, Institut Lady Davis, Jewish General Hospital, Montreal, QC

Optimisation de la gestion des symptômes psychologiques et comportementaux de la démence (SPCD) en centre d'hébergement et de soins de longue durée (CHSLD) (Optimizing psychological and behaviour symptoms of dementia (PBSD) in long-term care facilities)

Heather Predham, Health Care Corporation of St. John's, St. John's, NL

The influence of provider-to-provider communication practices on the occurrence of preventable post-discharge adverse events: A study of acute and community care professionals in the Eastern Regional Integrated Health Authority Authority (L'influence des pratiques de communication entre les fournisseurs sur la fréquence des événements indésirables évitables à la suite du congé : Étude sur les professionnels de santé communautaire dans la Eastern Regional Integrated Health Authority)

Laura Wagner, Baycrest Centre for Geriatric Care, Toronto, ON

An examination of documented fall risk and compliance to fall prevention interventions in Ontario long-term care (LTC) facilities (Un examen sur le risque des chutes documentées et sur la conformité des interventions en cas de prévention des chutes dans les établissements de soins prolongés en Ontario)

Karen Weisbaum, Queen's University, Kingston, ON

Striking a Balance: Facilitating access to patient safety data while protecting privacy through creation of a national harmonized standard (Réaliser un juste équilibre : améliorer l'accès aux données sur la sécurité des patients en protégeant les renseignements personnels par la création d'une norme harmonisée nationale)

Theme 2: Demonstration Projects

Yves Careau, Douglas Hospital, Montreal, QC

Implementing and using a systematic risk assessment scheme to increase patients' safety on a risk management unit for individuals with severe mental illness (Mise en oeuvre et utilisation d'un mécanisme d'évaluation des risques systématiques afin d'accroître la sécurité des patients dans le cadre d'une unité de gestion des risques pour les personnes atteintes d'une maladie mentale sévère)

Tony Easty, University Health Network, Toronto, ON

Developing and implementing an effective method for independent double checking of high risk clinical procedures (Élaboration et mise en oeuvre d'une méthode efficace pour la revérification indépendante des interventions cliniques à risque élevé)

Patricia Edney, University of Alberta, Edmonton, AB

Effectiveness of managed risk agreements in Western Canadian assisted living facilities (Efficacité des ententes sur la gestion des risques dans les résidences-services dans l'Ouest canadien)

Alan Forster, Ottawa Health Research Institute, Ottawa, ON

Can an interactive voice response system be used to identify post-discharge adverse events? (Un système de réponse vocale interactif est-il utile dans l'identification des événements indésirables à la suite du congé?)

Chris Hayes, St. Michael's Hospital, Toronto, ON

A "Fast Hug" for improved patient safety and quality of care in the Intensive Care Unit (« Serrer rapidement dans ses bras » pour améliorer la sécurité des patients et la qualité des soins intensifs)

Vicki LeBlanc, University of Toronto and Ontario Air Ambulance, Toronto, ON

Effectiveness of simulation-based evaluations of paramedic performance (Efficacité des évaluations par la simulation du rendement des paramédics)

Michael Moffatt, Winnipeg Regional Health Authority, Winnipeg, MB

The utilization of high performance patient simulations to reduce medical error (L'utilisation des simulations à haute performance afin de réduire les erreurs médicales auprès des patients)

Kathryn Momtahan, University of Ottawa Heart Institute, Ottawa, ON

Using human factors and FMEA methods to evaluate labelling of injectables (ampoules) and the recently developed CSA Standards for Labelling (Utilisation des facteurs humains et des méthodes de la FMEA afin d'évaluer l'étiquetage des solutions injectables (ampoules) et les normes ACNOR récemment édictées relativement à l'étiquetage)

Rob Robson, Winnipeg Regional Health Authority, Winnipeg, MB

Meeting current challenges with today's technologies – an innovative approach to a CCO Intake process (Relever les défis actuels des technologies – une approche innovatrice concernant l'admission des incident critique)

Heather Sherrard, University of Ottawa Heart Institute, Ottawa, ON

Using technology to create a medication safety net (Utilisation de la technologie afin de créer un réseau de sécurité en matière de médicaments)

Rena van der Wal, Vancouver Coastal Health and the University of British Columbia, Vancouver, BC

Piloting a simulation-based learning package for nurses as a means to improving pre-code and code management of hospitalized patients (Pilotage d'une trousse d'apprentissage par la simulation à l'intention des infirmières afin d'améliorer la gestion pré-code et code chez les patients hospitalisés)

Karima Velji, Toronto Rehabilitation Institute, Toronto, ON

Enhancing effective team communication in patient safety (Renforcer la communication efficace entre les membres d'équipe en matière de sécurité des patients)

Summary:

- Provincial distribution of all applications recommended for funding:
  - British Columbia: 4; Alberta: 2; Manitoba: 2; Ontario: 12; Quebec: 5; Nova Scotia: 2; Newfoundland and Labrador: 1
- Projects eligible for funding requested between $9,300 to $100,000 from CPSI. The average amount requested from CPSI was approximately $67,000.
- The projects will be co-sponsored by numerous organizations across Canada. The co-sponsors will be contributing $2.4M to the 28 projects
- The distribution of applications recommended for funding span the health care continuum:
  - Acute care: 19 projects; mental health: 1 project; acute/community: 1 project; emergency medical services (paramedic): 1 project; home care: 1 project; long-term Care: 5 projects
- The project topics fall within the following general topic areas:
  - Communications, knowledge transfer – 10 projects
  - Environment, workplace – 2 projects
  - Incidence, prevalence, hazard appraisal, surveillance – 9 projects
  - Education, simulation models – 5 projects
  - Clinical – 2 projects

In future, CPSI will also be organizing workshops for researchers and healthcare administrators to assist them in strengthening applications for future patient safety research competitions.

Background on the Competition process

The competition involved two phases. A mandatory registration was required whereby potential applicants were required to present their research topics of interest, classified under one of the two following two stream (thematic) areas:

> **Applied Health Services Research:** New applied health services research describing issues in patient safety in Canadian jurisdictions. This stream included projects that will result in new knowledge on the magnitude, scope, and determinants of adverse events in Canadian jurisdictions.
>
> **Demonstration Projects:** Implementation of innovative demonstration projects for improving patient safety. This stream included projects that pilot innovative knowledge transfer or change management processes for the implementation of approaches, devices, practices, or systems that are evidence-based (i.e., have demonstrated an improvement in patient safety), but that are not yet broadly implemented in Canada.

327 mandatory registrations were received, showing overwhelming national interest in improving patient safety.

125 full applications were subsequently received for the Competition. In accordance with the criteria as outlined in the application instructions and the panel review process, the competition involved the following two stages in processing the applications:

Stage 1: Screening

Review of all applications considering the completeness of the application in satisfying the administrative requirements as well as the fit with the competition themes, streams, objectives, and required project criteria as outlined in the application process.

Stage 2: Peer/Merit Review

The Peer/Merit Review Panel (view the CPSI website at www.patientsafetyinstitute.ca for a complete listing) was composed of an equal mix of decision makers and researchers, each with varying backgrounds. The panel included expertise in the topic areas as presented in the applications identified as eligible for peer/merit review. Panel members represented all regions of Canada and included international representation. Two concurrent panel meetings were formatted to accommodate the applications to be reviewed. Dr. Charles Wright and Mr. William Roger were the panel co-chairs; both were instrumental in both the Triage and Peer/Merit Review Panel processes.