

The Canadian Patient Safety Institute: Building a safer system and stronger culture of safety

A new institute is helping health care providers, governments, and organizations collaborate to ensure that patients receive the safest care possible.

ABSTRACT: The Canadian Patient Safety Institute (CPSI) was formed in 2003 to provide national leadership in building and advancing a safer health system in Canada. After the institute was founded, workshops were held across the country to identify regional and national priorities. In 2005, over 30 patient safety research and demonstration projects were selected to receive \$2.9 million in funding. CPSI is currently leading and coordinating the Safer Healthcare Now! campaign and working with organizations to assist them in their work on other patient safety initiatives. As well, CPSI is continuing to support numerous initiatives designed to meet medium- and long-term goals for improving patient safety.

The formation of the Canadian Patient Safety Institute (CPSI) was announced in December 2003 by the federal, provincial, and territorial ministers of health and funded as part of the government of Canada's 5-year commitment to spend \$10 million annually to develop strategies to support national patient safety initiatives. From this annual funding, \$2 million has been allocated for the ongoing development of the Canadian Medication Incident Reporting and Prevention System (CMIRPS) through the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Institute for Health Information (CIHI), in collaboration with Health Canada. Together, Health Canada, ISMP Canada, CIHI, and CPSI are in the process of integrating CMIRPS with the work of CPSI.

Founding an institute such as CPSI was a key recommendation of the National Steering Committee on Patient Safety, which was established by the Royal College of Physicians and Surgeons of Canada in collaboration with other health stakeholders. In the steering committee's final report, *Building a Safer System*, members

agreed that Canada needs an unprecedented level of collaboration across all sectors to ensure a coordinated and effective strategy for improving patient safety. Since its inception, CPSI has been building relationships, helping champion initiatives, and laying the groundwork for concerted and coordinated patient safety improvement in Canada, in accord with the institute's vision and mission statements:

CPSI Vision: We envision a Canadian health system where patients, providers, governments, and others work together to build and advance a safer health system; where providers take pride in their ability to deliver the safest and highest quality of care possible; and where every Canadian in need of health care can be confident that the care they receive is the safest in the world.

Mr Hassen is chief executive officer of the Canadian Patient Safety Institute (CPSI). Ms Hoffman is director of operations (Ontario to BC), CPSI. Mr Gebran is director of corporate services, CPSI. Ms Leonard is a senior advisor, CPSI. Ms Dyck is a communications advisor with Strategic Communications Ltd.

CPSI Mission: In working toward this broad vision for Canada's health system, the CPSI mission is to provide national leadership in building and advancing a safer Canadian health system.

The Canadian health care system has taken CPSI's call to action to heart. There is overwhelming concern and support from all sectors. CPSI's challenge now is to effectively seize the opportunities created by this support in order to fulfill the promise of real change.

Ensuring accountability

A key component of the CPSI organizational structure will be its members. In 2005, the call for members went out to national groups involved in health care, including federal, provincial, and territorial governments and key consumer groups. To date, 73 health care organizations have joined CPSI as members, including groups such as the Canadian Medical Association, the Canadian Nurses Association, the National Association of Pharmacy Regulatory Authorities, and Research Canada: An Alliance for Health Discovery. The voting members will ultimately hold CPSI accountable for all its operations by:

- Electing 9 of the 16 CPSI board directors.
- Receiving an annual accountability report from the board.
- Approving CPSI financial statements.
- Appointing auditors.
- Approving reports of the board.
- Addressing other CPSI matters.

The first member meeting was held in October 2005, during Halifax 5: The Canadian Healthcare Safety Symposium. The membership elected the first full CPSI board at that time (**Table 1**). One of the new board's first tasks has been to review and update CPSI's strategic plan.

Table 1. Board of Directors for Canadian Patient Safety Institute.

Dr John Wade, Chair, Dean Emeritus, Faculty of Medicine, University of Manitoba, Winnipeg, MB
Dr Doug Cochrane, Provincial Health Services Authority, Vancouver, BC
Dr John Cowell, Health Quality Council of Alberta, Calgary, AB
Dr Anne Matlow, The Hospital for Sick Children, Toronto, ON
Ms Kaaren Neufeld, St. Boniface General Hospital, Winnipeg, MB
Ms Wendy Nicklin, Canadian Council on Health Services Accreditation, Ottawa, ON
Dr James Nininger, Former CEO, Conference Board of Canada, Ottawa, ON
Dr Brian Postl, Winnipeg Regional Health Authority, Winnipeg, MB
Dr Denis Roy, Centre Hospitalier de l'Université de Montréal, Montréal, QC
Ms Bonnie Salsman, BMS Consultants, Halifax, NS
Mr Ian Shugart, Health Canada, Ottawa, ON
Mr Arnold Steinberg, Canadian Institute for Health Information, Ottawa, ON
Dr Paul Thomas, University of Manitoba, Winnipeg, MB
Mr George Tilley, Health Care Corporation of St. John's, St. John's, NL
Mr Ben Van den Assem, Department of Health and Social Services, Kugluktuk, NU
Mr John Wright, Government of Saskatchewan, Regina, SK

Laying the groundwork

During its formative stage, CPSI focused on building a foundation for the future of the organization and improving patient safety through leadership and collaboration. This approach is reflected in CPSI's guiding principles, which include:

- Involving patients, health care providers, and the public.
- Maintaining objectivity and credibility by operating independently.
- Collaborating with existing initiatives.
- Using evidence-based decisions.
- Being accountable to members, funding agencies/organizations, and the public.
- Conducting ongoing evaluations and assessments of its activities.

Since Mr Phil Hassen became CEO of CPSI, he has spoken to dozens of groups across the country, making it clear that CPSI's collaborative approach is fundamental to improving patient safety. Wherever he goes, people (especially health care profession-

als) affirm their desire to be part of improving safety. They also express concern that patient safety will become another passing fad in health care. Mr Hassen and the staff of CPSI are working hard to make a lasting difference by ensuring that safety improvement efforts on the ground are supported and that proven safety procedures are integrated into daily operations.

Focusing nationally and regionally

To ensure that steps taken in the future address key patient safety issues and support rather than duplicate other initiatives, a series of consultations were held nationwide after CPSI was formed. At each provincial and territorial session, information was shared from the CPSI strategic business plan, and feedback was obtained from government representatives, professional associations, health organizations, and other health stakeholders, as well as from direct-care providers. The

sessions also focused on learning about local patient safety issues and relevant initiatives currently underway in each jurisdiction. Participants provided advice on how CPSI should prioritize its actions and resources.

During the December 2004 consultation held in British Columbia, CPSI staff were impressed by the efforts already being made to improve patient safety. Across the province, safety committees are being formed within organizations and work is being done by the BC Patient Safety Task Force. Related initiatives include improved reporting systems and the implementation of the ISMP Canada Hospital Medication Safety Self-Assessment Tool for reviewing and improving the safety of medication practices.

In BC and other regions, some key patient safety issues have been raised in consultative sessions:

- Impact of workload pressures and the complexity of care.
- Difficulty in coordinating and sustaining patient safety initiatives.
- Need for a stronger safety culture.
- Need for approaches to safety that focus on systems.
- Need to support leaders across the continuum.

Several common themes have emerged, including the need to ensure strong public involvement in CPSI's work, the importance of staying focused on a targeted number of key CPSI deliverables, and the relevance of demonstrating early successes to direct-care providers. CPSI has learned that it needs to be a source of information on practices and strategies to improve safety, and that it needs to support educators within the health system, and those who teach future health care professionals.

Table 2. Safer Healthcare Now! strategies.

The Safer Healthcare Now! campaign focuses on six strategies designed to reduce avoidable morbidity and mortality, as outlined by the Institute for Healthcare Improvement.

- Deploy rapid response teams to prevent deaths in patients who are progressively failing outside of the ICU.
- Deliver reliable, evidence-based care for acute myocardial infarction to prevent deaths from heart attack.
- Prevent adverse drug events (ADEs) by implementing medication reconciliation.
- Prevent central-line infections by implementing a set of evidence-based interventions in all patients requiring a central line.
- Prevent surgical-site infections by implementing a set of evidence-based interventions in all surgical patients.
- Prevent ventilator-associated pneumonia by implementing a set of interventions known as the "VAP bundle."

Taking action

Having determined that patient safety is a priority across the Canadian health care system, CPSI has developed its action plan (see www.patientsafetyinstitute.ca, under Corporate Documents). Creating opportunities to collaborate on education and research initiatives has been a priority, given the input from many stakeholders. CPSI has begun work with its partners to initiate efforts that make the biggest difference to patients and those providing the care.

One of these initiatives underway is Safer Healthcare Now!, a pan-Canadian, grassroots patient safety campaign aimed at reducing potentially preventable complications and deaths in Canadian hospitals. This is an extraordinarily successful "bottom up" campaign that has had a remarkable participation rate of about 75% of health care organizations across Canada in just 6 months. (The campaign was only recently initiated in Quebec, but enrolment in the province is already growing.)

In BC, all regional health authorities are participating and are being supported by a Western Node (westernnode@saferhealthcarenow.ca) based in Calgary, as well as by Dr Dan

Horvat, Provincial Coordinator, Safer Healthcare Now!, British Columbia, and Medical Director, Northern Interior. The goal of the campaign is to improve the safety of patient care through implementing practices that are evidence-based and known to reduce avoidable adverse events (**Table 2**). Sixty-one health organizations are supporting the campaign as partners, including the BC Patient Safety Task Force, the College of Registered Nurses of British Columbia, and the Fraser and Interior health authorities.

Safer Healthcare Now! is patterned after the 100,000 Lives campaign led by the Institute for Healthcare Improvement (IHI). With significant support from many organizations, including hospitals and health services (**Table 3**), Safer Healthcare Now! was launched in June 2005. CPSI now provides financial and coordination support to the campaign (**Table 4**), and hosts the campaign's web site (see www.saferhealthcarenow.ca). The CEO of CPSI, Mr Phil Hassen, also chairs the campaign's national steering committee (**Table 5**).

Another collaborative project for CPSI involves working with Dr Doug Cochrane, chair of the BC Patient Safety Task Force, and other partners

to plan Halifax 6: The Canadian Healthcare Safety Symposium (19–21 October 2006 in Vancouver and available by webcast).

In the medium term, CPSI's goals will include preventing hospital-acquired infections; studying medication practices and misdiagnosis in acute care settings; preventing problems related to medications, falls, and bed sores in long-term care; and ensuring patient safety in home care and other community care settings. In the long term, CPSI will be working to create a culture of change and moving away from the need to blame individuals in response to critical incidents. CPSI will also be working collaboratively to develop effective reporting systems to comprehensively analyze the root causes of adverse events and to address the need for national alerts and advice on patient safety issues in the health care system.

Collaborating across Canada

An initiative to ensure that Canadian health organizations collaborate and share key findings on patient safety is currently in the development phase. The organizations involved include CPSI, the Canadian Council on Health Services Accreditation, Canada Health Infoway, the Canadian Institute for Health Information, the Canadian Institutes of Health Research, the Canadian Health Services Research Foundation, the Health Council of Canada, the Public Health Agency of Canada, and Statistics Canada. All those involved see collaboration as critical in light of the interdependence of health organizations. To support collaboration, CPSI has signed a letter of understanding with the Canadian Council on Health Services Accreditation to formalize and recognize their relationship, and is in the process of signing similar agreements with other organizations.

A critical component of the advancement of patient safety, and the attainment of CPSI's goals, is the research initiatives that will be undertaken in the coming years. In 2005, CPSI initiated numerous approaches to augment the scope and scale of patient safety research in Canada. In collaboration

board to raise the funding allocated to this initiative from \$1.5 million to \$1.9 million.

CPSI also partnered with the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research in 2005 to augment their existing competitions

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with the Canadian Institutes of Health Research and the Canadian Health Services Research Foundation, CPSI hosted a meeting in February 2005, where leading patient safety researchers and decision-makers identified high-priority research areas. The organizers were impressed with the interest decision-makers, researchers, and other stakeholders showed in broadening and deepening patient safety research in Canada. There was a strong sense that advances could be made quickly, especially with strong collaboration among professionals, disciplines, and organizations.

Arising from this initiative, CPSI launched its own grants competition in 2005. In response, 125 applications were submitted, 327 projects were registered, and 28 projects were recommended for funding. The quality and volume of applications led the CPSI

Table 3. Organizations participating in Safer Healthcare Now! by region, as of July 2006.

• Atlantic:	26
• Ontario:	94
• Quebec:	5
• Western (including 10 BC organizations):	41
Total:	166

Table 4. Teams participating in Safer Healthcare Now! as of July 2006.

• Deploy Rapid Response Teams:	47
• Improve Care for Acute Myocardial Infarction:	86
• Prevent Adverse Drug Events through Medication Reconciliation:	149
• Prevent Central-Line-Associated Bloodstream Infection:	49
• Prevent Surgical-Site Infection:	80
• Prevent Ventilator-Associated Pneumonia:	70
Total:	481

CPSI will be working to create a culture of change and moving away from the need to blame individuals in response to critical incidents.

with a patient safety focus. As a result, approximately \$500 000 was allocated to each organization in 2005 to expand their patient safety research programs.

In a field that is growing as rapidly as patient safety, keeping in touch with what is happening and staying relevant is a challenge. To assist in this, CPSI has established advisory committees in research and evaluation, education and professional development, health system innovation, information and communications, and

legal and regulatory affairs.

An undertaking such as CPSI does not succeed without a lot of hard work. The patient safety movement owes a debt of gratitude to everyone who helped make the institute a reality. In the long term, it is going to take people in every part of the health system to build a stronger culture of safety. With this support, CPSI believes that the Canadian health system will be safer at the end of the institute's first 5-year mandate, and will continue to

improve as more is learned.

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Competing interests

None declared.



Table 5. National steering committee for Safer Healthcare Now!

- Mr Phil Hassen, Chair, Canadian Patient Safety Institute
- Dr Ross Baker, University of Toronto
- Dr Don Berwick, Institute for Healthcare Improvement (Honorary Member)
- Mr Jordan Bohnen, Institute for Healthcare Improvement
- Ms Theresa Fillatre, Capital Health, Halifax
- Dr Ward Flemons, Calgary Health Region
- Mr Su Huynh, Canadian Council on Health Services Accreditation
- Ms Anne Lemay, Centre hospitalier de l'Université de Montréal
- Ms Cynthia Majewski, Quality Healthcare Network
- Mr Joe McCannon, Institute for Healthcare Improvement
- Dr Peter Norton, University of Calgary
- Ms Elaine Orrbine, Canadian Association of Paediatric Health Centres
- Dr Dean Sandham, University of Manitoba
- Mr David U, Institute for Safe Medication Practices Canada
- Ms Marlies van Dijk, Western Node
- Dr Jennifer Zelmer, Canadian Institute for Health Information