



Annual Report

November 2007 - March 2008



British Columbia
Patient Safety
& Learning System

The BC Patient Safety & Learning System would like to acknowledge funding support from Canada Health Infoway's Innovation and Adoption Program, the BC Ministry of Health Services and the participating BC Health Authorities.

The views expressed in this report do not necessarily reflect those of Canada Health Infoway, the BC Ministry of Health Services or the BC Health Authorities.

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Table of Contents

Message from Executive Sponsor and Provincial Director.....	4
BC Patient Safety & Learning System: Overview.....	6
HOW WE BEGAN	6
WHO WE ARE AND WHAT WE DO	7
OUR DESIRED OUTCOMES AND GOALS	8
OUR ORGANIZATIONAL STRUCTURE AND GOVERNANCE	10
SYSTEM INFRASTRUCTURE AND DATABASE.....	12
OUR APPROACH TO PROVINCIAL ROLLOUT	13
What We've Accomplished: Health Authority Implementations	14
FRASER HEALTH	14
INTERIOR HEALTH	15
PROVINCIAL HEALTH SERVICES AUTHORITY	15
VANCOUVER COASTAL HEALTH.....	16
What's Next	17
Financial Statement.....	18
Thank You.....	19

Message from Executive Sponsor and Provincial Director

Welcome to the first annual report for the BC Patient Safety & Learning System (BC PSLS).

The goal of BC PSLS is to **make healthcare safer** by facilitating shared learning and continuous system improvement. A key component of BC PSLS is a reporting tool that captures information on adverse events, good catches (near misses) and safety hazards and supports a collaborative, standardized approach to their management and analysis. But technology is not the primary focus of BC PSLS. Instead, reporting tools are used to facilitate and foster a **culture of safety** in the attitudes and beliefs of healthcare providers. In a strong safety culture, there is mutual trust between leaders and staff. Such a culture requires a non-blaming environment where event data are analyzed to allow safety improvement, not for individual punishment. Leaders trust staff to identify events and hazards, and reporters trust that leaders will thank them for reporting and follow-up with meaningful actions and improvements.

With this in mind, our approach to implementing BC PSLS is about more than just new information technology; it's about building trust and a commitment to safety and quality at all levels of healthcare.

Following the pilot and planning stages, we began provincial rollout in February 2008. By the end of March 2008, BC PSLS was already supporting learning and improvement efforts in patient safety at several acute care facilities in BC.

We are very pleased with the progress so far and commend the efforts of our talented BC PSLS Central Office and Central Implementation Team, which includes technical, training and communications leaders, project managers, change management specialists and configuration analysts.



Dr. Doug Cochrane



Ms. Annemarie Taylor

The success of this project also continues to rely on the dedication of Health Authority and local site leaders and safety champions, who ensure lasting change and commitment to safety and quality on the “front lines” of patient care delivery.

This report outlines the progress we have made this year implementing BC PSLs, and includes some highlights. We hope that it will provide you with a good understanding of what we have accomplished so far, and where we are headed.



D. Douglas Cochrane, MD, FRCS(C), FAAP
Chair, BC Patient Safety Task Force



Annemarie Taylor, RN, BScN, MA, CHE
Provincial Director, BC PSLs

“By providing health professionals with a system to identify concerns or incidents, we can ensure that patients have the safest environment where they receive care.”

Dr. Doug Cochrane

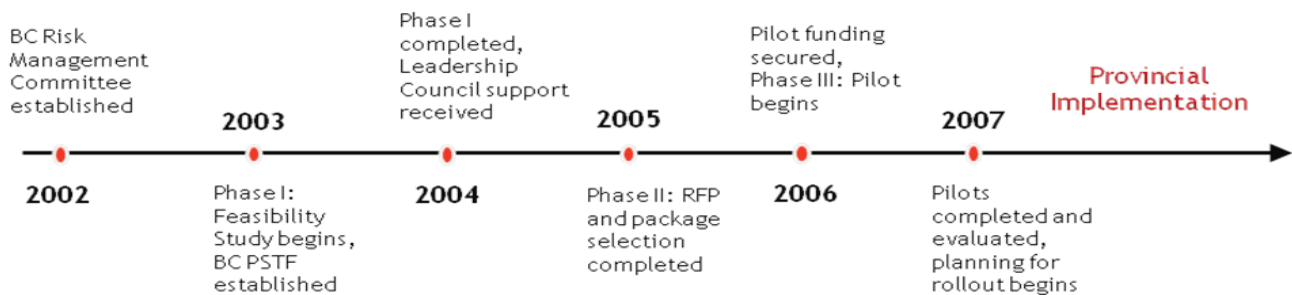
BC Patient Safety & Learning System: Overview

HOW WE BEGAN

In 2002, the Health Care Protection Program, which provides insurance for the BC healthcare system, established the BC Risk Management Committee. Representatives from the BC Health Authorities quickly identified the need for better ways to identify, respond to and learn from adverse events and other safety issues, and began to work together to identify a provincial solution. In 2003, the BC Ministry of Health (MoH) established the BC Patient Safety Task Force (PSTF) to identify and examine patient safety issues within the BC Health Authorities, and to lead change initiatives aimed at making healthcare safer for British Columbians. PSTF quickly became a champion of the concept of a provincial adverse event reporting and management system and made the BC Patient Safety & Learning System (BC PSLS) one of its key initiatives.

BC PSLS is being closely observed by the Canadian Patient Safety Institute (CPSI) and patient safety leaders in other provinces, as it is the first system of its kind in Canada where patient safety event reporting and learning are being addressed on a province-wide scale.

The overall project timeline and key milestones are represented below.



WHO WE ARE AND WHAT WE DO

The BC Patient Safety & Learning System (BC PSLS) represents an important means of influencing patient safety in the province. BC PSLS aims to foster a culture of safety and shared learning by implementing web-based tools that enable the collection, analysis and trending of adverse event data. These tools will help BC Health Authorities to focus their efforts on reducing adverse events and measure the success of these initiatives to demonstrate their effectiveness. Ultimately, BC PSLS aims to reduce the extra bed days and additional costs associated with adverse events and to help bolster public confidence in BC's healthcare system.

BC PSLS has received funding from Canada Health Infoway, the BC Ministry of Health and the participating Health Authorities. It is an initiative of the BC Patient Safety Task Force (PSTF) and is a collaborative effort of the BC Health Authorities and the Health Care Protection Program.

Although the initial focus of BC PSLS is on acute care settings, it will eventually be used across the healthcare system and continuum of care – from hospitals and long term care facilities to home care and community services – and will engage care providers and recipients. The Provincial Health Services Authority (PHSA) has been a leader in the initiative since its beginnings in 2002. Following a successful pilot in 2007, PHSA established a provincial BC PSLS Central Office and infrastructure to enable spread of the system across BC, which has now begun. Working in collaboration with others, PHSA is committed to a provincial solution and promoting improvement at the provincial level.

Although BC PSLS employs a web-based reporting and learning tool, it is not simply an information technology implementation effort but a significant change initiative and an opportunity to influence safety awareness and practices across the province.

Some believe that an effective reporting system is the cornerstone of safe practice and, within a hospital or other health-care organization, a measure of progress towards achieving a safety culture. At a minimum, reporting can help identify hazards and risks, and provide information as to where the system is breaking down. This can help target improvement efforts and systems changes to reduce the likelihood of injury to future patients.

World Alliance for Patient Safety 2005

OUR DESIRED OUTCOMES AND GOALS

Quality patient care

A key attribute of quality care is *safety*. The primary goal of the BC PSLS initiative is to ensure safer healthcare in order to improve quality of care and outcomes for patients. At the individual patient level, changes to clinical practice and proactive, preventive actions to improve safety will be based on investigation outcomes managed in BC PSLS and analysis of aggregate BC PSLS data.

Sustainable, affordable, publicly-funded health system

A coordinated approach to patient safety across the BC Health Authorities will facilitate sharing and analysis of event-related information and identify trends and issues with respect to patient safety. By better managing these events, significant benefits will be realized by avoiding costs associated with patient harm and freeing up human and financial resources required to manage patient safety issues. Reduced costs ranging from unplanned readmissions or home visits for patients suffering care-related harm to complex complaints and legal actions taken against Health Authorities should be clearly visible. By investing in improvements to patient safety, BC's Health Authorities are essentially increasing capacity and saving costs through the avoidance of risk and non-productive activities.

“The implementation of BC PSLS serves as a culture carrier as it gives us the opportunity to focus the attention of healthcare providers and leaders on patient safety and what they can do to foster a just and learning culture.”

Annemarie Taylor

Short to medium-term goals for BC PSLS include:

- Improved event reporting, leading to specific actions to reduce or eliminate safety problems
- Timely feedback to users and leaders
- More efficient reporting and safety event management
- Improved teamwork and communication
- An accessible source of data for analysis and learning

Long-term goals for BC PSLS include:

- Improved sharing of information
- Enhanced productivity
- More effective use of resources
- Reduced costs associated with adverse events
- A culture of safety and learning



Organizations are usually informed of serious or critical incidents that occur, but are often not aware of less serious events, good catches and hazards. Reports of these events allow us to look "below the surface" and offer excellent opportunities for learning and improvement before anyone is harmed.

OUR ORGANIZATIONAL STRUCTURE AND GOVERNANCE

Supported by a unique Participation Agreement between the Provincial Health Services Authority (PHSA) and the participating Health Authorities, BC PSLs has an inclusive governance structure. To effectively manage and administer BC PSLs operations, a committee structure (pictured at the right) forms the governance model.

The Steering Committee is responsible for the overall strategic vision and direction of the BC PSLs and Central Office. PHSA has been appointed as the initial Central Office and currently has a team of five personnel:

- Provincial Director
- Provincial Communications Coordinator/Administrative Manager
- Provincial Lead, Business Application Delivery
- Provincial Lead, Application Analysis
- Provincial Lead, Training & Change Management

The provincial advisory committees - Patient Safety/Risk Management Leaders Committee, Collaborative Working Group - work with Central Office to develop and optimize the use of BC PSLs on behalf of participating Health Authorities. Specialty groups inform the work of Central Office in areas such as emergency care, critical care and patient/family reporting.

The Central Implementation Team (CIT) is a temporary set of resources established to support and lead system implementation within the Health Authorities. Each Health Authority has a Project Manager to provide expert advice and guidance. Initially, the CIT takes on the bulk of the implementation work, then through a deliberate knowledge transfer effort, enables the Health Authority to move forward with ongoing support from Central Office.



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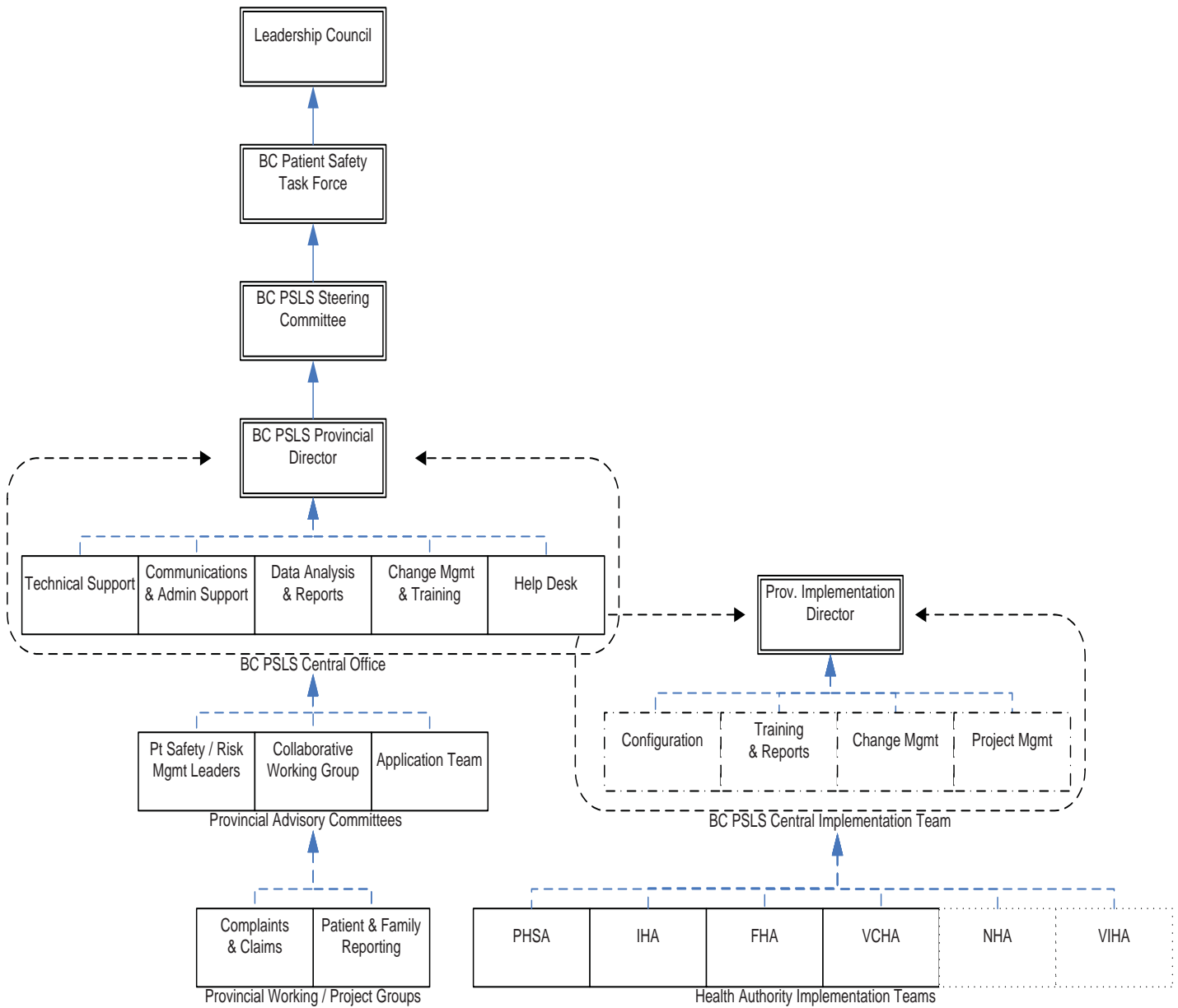


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BC PSLS Governance Structure

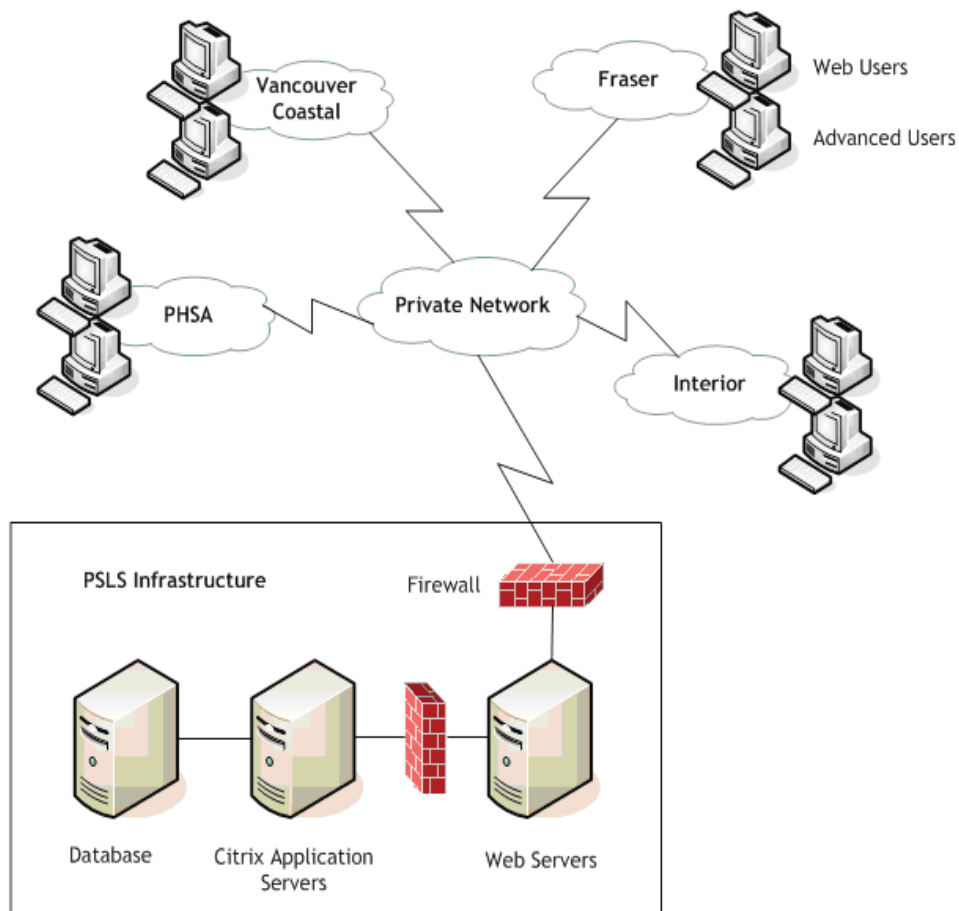


SYSTEM INFRASTRUCTURE AND DATABASE

BC PSLs uses Datix software (www.datix.co.uk)

The system hardware, software and connectivity infrastructure are housed on the campus of the Children's & Women's Health Centre of BC, and are supported by the Central Office technical team and PHSA's IM/IT Department.

The patient safety data is stored on a single shared database, which is managed and secured by Central Office. To meet confidentiality requirements, each participating Health Authority has access to only its own data, with access enabled and restricted by security permissions within the Datix application.



OUR APPROACH TO PROVINCIAL ROLLOUT

Planning for the provincial rollout began in the fall of 2007. Building on the success of the pilot phase, a centralized implementation approach was developed to promote sustainable change. Standardized tools, methods, materials and messages are used for each implementation, while still allowing customization to reflect the unique culture and characteristics of each Health Authority.

Key components of the implementation approach include:

- **Stakeholder assessment and engagement**

Tools are used to assess leadership knowledge of patient safety and BC PSLs prior to beginning implementation planning at a site and a plan is then developed to engage key stakeholders – groups and individuals – in the implementation effort.

- **Readiness assessment**

Identifying existing safety practices – Safety Huddles, Executive Walkrounds, PDSA quality improvement initiatives – and safety-related policies are part of readiness assessment. The gap between current and desired safety event management practices is also an important indicator of readiness for implementation of BC PSLs.

- **Education and training**

Materials reflect the findings of assessment activities, and are reviewed and revised at the end of each training cycle, then published to the provincial SharePoint site to promote shared use and reduce duplication of effort. To augment classroom training and support remote sites, e-learning modules have been developed on patient safety, safety culture and reporting for front-line staff and managers, along with videos demonstrating forms completion and a “practice” version of BC PSLs. A train-the-trainer approach establishes Safety Champions in the clinical areas to offer ongoing support to front-line users.

- **Communications**

Incorporating the findings of assessment activities to create tailored and targeted messages, a well-planned, multimedia campaign raises awareness of patient safety and BC PSLs with posters, websites, T-shirts, buttons, incentives, prize draws and kiosks.

- **Evaluation**

Evaluation is embedded at each stage of implementation. Operational indicators are reviewed regularly to determine reporting rates and identify areas for additional education. Electronic surveys are used to obtain quick feedback on aspects of implementation.

What We've Accomplished: Health Authority Implementations

One of the major achievements of BC PSLS this year was the creation of a provincial Participation Agreement. The signing of the Agreement in March 2008 by the Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH) represented the culmination of months of discussions to move towards a mutually acceptable arrangement, and secured commitments for funding and involvement in the provincial rollout. The Agreement established BC PSLS as a provincial program, which was then subscribed to by Interior and Fraser Health Authorities. The Agreement sets a solid foundation to facilitate the ongoing collaboration of the Health Authorities on a large-scale change initiative.

This section provides some details about the current status of the provincial rollout in each of the four Health Authorities currently participating.

FRASER HEALTH

In March 2008, with support from new CEO Dr. Nigel Murray, Fraser Health announced that Delta Hospital would be the first of its sites to implement BC PSLS in April 2008, with training activities beginning at the end of the month.



“BC PSLS is a key component of our strategy to promote learning and continuous improvement, and an important step towards creating a safe environment for health care providers to report safety events without fear of blame.”

Cathy Weir, Director
Quality Improvement & Patient Safety
Fraser Health

INTERIOR HEALTH

Interior Health was one of two Health Authorities to have sites Go Live with BC PSLS this year. Royal Inland Hospital began using the system in March 2008, followed by Kootenay Boundary Regional Hospital, East Kootenay Regional Hospital and Penticton Regional Hospital in March 2008.

“(BC PSLS) makes front-line staff feel that by reporting incidents, near misses, as well as hazards or concerns, they can play a significant part in making health care safer.”

Wrae Hill, Director
Quality & Patient Safety
Interior Health



PROVINCIAL HEALTH SERVICES AUTHORITY

Planning for PHSA implementation of BC PSLS began in the fall of 2007, immediately after the conclusion of the three month pilot project in the Neonatal Intensive Care Unit of BC Women’s Hospital. On February 25, 2008 BC Children’s and BC Women’s Hospitals became the first sites in the province to Go Live with BC PSLS.

“BC PSLS supports our goals of having an organizational culture focused on safety and the prevention of errors, a focus on process improvement rather than assigning blame and the effective collection, analysis, and application of data.”

Georgene Miller, Corporate Director
Medical Affairs, Quality, Safety & Risk Mgmt.
Provincial Health Services Authority



VANCOUVER COASTAL HEALTH

VCH was an active participant in the pilot phase, implementing BC PSLs in the Vascular and General Surgery inpatient unit at Vancouver General Hospital (VGH). Having completed significant system configuration work and launched the Claims module in Vancouver Acute, additional sites at VGH will Go Live with the safety events module in spring 2008.



“BC PSLs provides for much better communication and collaboration concerning many kinds of events, helping staff and leaders to improve safety and quality for patients, staff and others.”

Darren Kopetsky, Regional Director
Client Relations & Risk Management
Vancouver Coastal Health

Did you know?

There are more deaths in hospital from adverse events than deaths from breast cancer, motor vehicle accidents and HIV combined.



What's Next

The provincial rollout of BC PSLS will continue and expand to several sites in four BC Health Authorities over the next year. We will continue to improve on our implementation approach and seek feedback from leaders and front-line staff as to how we can improve the system.

Other activities will include:

- **Expand use of modules**

The Datix software package that forms the basis of BC PSLS offers functionality in addition to safety event reporting. For example, the Actions module allows corrective steps identified during the root cause analysis of a critical incident to be managed and tracked to ensure timely system improvements. Use of the Complaints and Claims modules will also continue to expand over the next year.

- **Extend rollout to other healthcare system sectors**

We plan to focus initial stages of the provincial rollout on acute care sites, but other sites such as residential care, community, laboratory and pharmacy will also soon be implemented.

- **Develop summary reports**

To date, our main focus has been on promoting adoption of the new system by users and promoting sustainable change. Now that data is being collected, our scope will expand to include a greater emphasis on the development and provision of summary reports at all levels to enable quality improvement actions.

- **Engage other BC Health Authorities**

We will continue in our efforts to assist the remaining BC Health Authorities in overcoming obstacles and understanding the benefits of the shared BC PSLS solution.

Financial Statement

Between November 1, 2007, when BC PSLs Central Office was established, and March 31, 2008, funding was provided by the BC Ministry of Health. In addition to contributing nearly \$1.4M in 2007/08 to support Phase 1 of the provincial rollout, the Ministry committed a further \$806,000 to Phase 2 to support Central Office and pay software license fees in 2008/09. The allocation of 2007/08 funding is given in the following table.

The participating Health Authorities also committed substantial funds to support their own implementation efforts in 2007/08.

Phase 1 (November 2007 – March 2008)	Budget	Actual
Central Office	\$364 000	\$321 039
Central Implementation Team	\$500 000	\$522 403
HA Project Managers	\$480 000	\$471 076
Analysis Software	\$50 000	\$52 064
TOTAL	\$1 394 000	\$1 366 582

The most important knowledge in the field of patient safety is how to prevent harm to patients during treatment and care. The fundamental role of patient safety reporting systems is to enhance patient safety by learning from failures of the health-care system. We know that most problems are not just a series of random, unconnected one-off events. We know that healthcare errors are provoked by weak systems and often have common root causes which can be generalized and corrected. Although each event is unique, there are likely to be similarities and patterns in sources of risk which may otherwise go unnoticed if incidents are not reported and analysed.

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Thank You

BC PSLS would not have come to be a reality without the support, dedication and encouragement of many people and organizations through the stages of the project. We want to take this opportunity to recognize their contributions. Some individuals played more than one role; for the sake of brevity, each person is listed only once. We hope we have not missed anyone!

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Murray Ramsden	Chief Executive Officer, IHA
Cathy Ulrich	Chief Executive Officer, NHA
Howard Waldner	President & Chief Executive Officer, VIHA

BC PATIENT SAFETY TASK FORCE

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Janice Butler	Director, Client Services – Core Government & Crowns, Health Care Protection Program
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