

Events & Programs

UPCOMING IMPROVEMENT OPPORTUNITIES

Visit www.saferhealthcarenow.ca for more information to or register for any of these programs.

FALLS FACILITATED LEARNING SERIES

October 2011 - March 2012

The Canadian Patient Safety Institute and *Safer Healthcare Now!* in partnership with the Registered Nurses' Association of Ontario invites you to participate in the Falls Facilitated Learning Series, designed to assist organizations that are working on reducing falls and injuries from falls either on their own or who were previously enrolled in the Prevention of Falls in Long Term Care (2008-2009) or Falls Virtual Learning (2010-2011) collaborative series and who require support to sustain and keep up these quality improvement efforts.

Sustaining change requires an evaluation of quality improvement strategies to help identify strengths and limitations in initiatives and help predict and increase the likelihood of sustaining change for reducing falls and injury from falls. The Falls Facilitated Learning Series will help organizations gain knowledge on sustaining change!

Teams will be supported by WebEx and networking with other participants and will have access to Faculty, a group of experts in falls prevention and sustainability.

Cost: \$350 plus tax per team.

STOP INFECTIONS NOW COLLABORATIVE

November 2011 - May 2013

MRSA, VRE, and C. difficile are three bacteria commonly found in Canadian healthcare settings. They can cause symptoms ranging from asymptomatic colonization to septic shock and death.

Each year about 8,000 Canadians die from healthcare-associated infections; 220,000 others get infected. Treatment is more costly than prevention; estimated costs for 2004 were \$82 million. Costs are estimated at \$129 million for 2010. That's \$12,216 per infected MRSA patients per year due to prolonged hospitalization, special control measures, expensive treatments and extensive surveillance.

The STOP Infections Now Collaborative will help participating institutions improve compliance with evidence based strategies to reduce healthcare-associated infections; including hand hygiene, environmental cleaning, and surveillance. Liberating structures (including positive deviance) and the model for improvement will be used to engage people in changing behaviors and promote a culture change that fosters ownership and participation.

Participants will attend seven virtual learning sessions, in addition to monthly support calls and an additional six month period of ongoing support.

Cost: \$1000 plus tax per team.

DELIRIUM AND MEDICATION RECONCILIATION COLLABORATIVE

October 2011 - September 2012

Delirium and adverse drug events can have a significant impact on a patient's life. There is a wealth of research in improving the care of critically ill patients with delirium and on how to prevent adverse drug events. However, healthcare does not always reliably transfer evidence into practice and processes frequently fail despite the best intentions of a dedicated and highly skilled workforce. Our system, which intends to heal, often does just the opposite, leading to unintended harm for patients.

Participation in the Delirium and Medication Reconciliation Collaborative can contribute to the achievement of your delirium and medication reconciliation goals.

This Collaborative brings together teams that share a commitment to making significant and rapid changes to achieve results. It provides the structure, topic expertise and proven methods to create lasting improvement. Participants attend three learning sessions (two virtual sessions plus one face-to-face session) and are supported by expert faculty between sessions.

This initiative is open to all inter-professional teams in the intensive care unit.

Cost: \$750 plus tax per team.