

safer healthcare
now!



Quebec Campaign
*Together, let's improve
healthcare safety!*

EMBARGOED UNTIL MARCH 28, 2007, 12:00 PM EST.

Promising results from patient safety campaign in Canadian hospitals

Montreal (March 28, 2007) – Dr. Ross Baker of the University of Toronto, and one of Canada's leading authorities on patient safety, announced today that leading teams within the national *Safer Healthcare Now!* (SHN) campaign, and its partner campaign in Quebec – *Together, Let's Improve Healthcare Safety* – are reducing preventable injuries and deaths in Canadian hospitals. Dr. Baker reported that the incidence of adverse events such as healthcare-acquired infections and harm related to medication errors can be dramatically reduced through consistent implementation of evidence-based leading practices.

Preliminary results of the campaign's first phase indicate that real improvements in patient safety in Canadian hospitals are possible. Baker cautioned however, that "for patients in Canada to benefit fully from the *Safer Healthcare Now!* campaign, greater participation of healthcare providers across the country is needed, along with continued commitment to use these leading practices."

Launched in June 2005, the *Safer Healthcare Now!* campaign is the largest healthcare quality improvement initiative in this country's history. Over 600 healthcare teams, representing more than 180 healthcare organizations, are participating in this pan-Canadian campaign to reduce adverse events in hospitals. The Quebec campaign – *Together, Let's Improve Healthcare Safety* – was launched in Quebec in April 2006, and works in collaboration with the *Safer Healthcare Now!* campaign. To date, 30 teams representing 15 healthcare organizations have enrolled in Quebec. Teams in both campaigns are committed to improving outcomes for patients by implementing one of the following six targeted healthcare interventions:

- Deploy Rapid Response Teams (RRT) – at the first sign of patient decline
- Deliver reliable, evidence-based care for Acute Myocardial Infarction (AMI)– to prevent deaths from heart attack
- Prevent Adverse Drug Events (ADEs) – by implementing medication reconciliation (Med Rec)
- Prevent Central Line Infections (CLI)– by implementing a series of evidence-based steps to improve catheter insertion and maintenance
- Prevent Surgical Site Infections (SSI)– by taking steps before, during and after surgery to protect patients from unnecessary infections that can prolong hospital stays
- Prevent Ventilator-Associated Pneumonia (VAP) – protecting already vulnerable patients in intensive care units (ICU) from a life-threatening infection.

.../more

safer healthcare
now!



CENTRE HOSPITALIER DE
L'UNIVERSITÉ DE MONTRÉAL

Quebec Campaign
*Together, let's improve
healthcare safety!*

Some key results from the preliminary report indicate that:

- Hospital-acquired infections affect five to 15 percent of hospitalized patients and can lead to complications in 25 to 33 percent of those patients admitted to ICU's. One of the most common causes is pneumonia related to mechanical ventilation. Pneumonia has long been considered an occasional, but unavoidable consequence of spending time on a ventilator. A number of teams working to reduce ventilator-associated pneumonia (VAP) rates participate in both the SHN campaign and the Canadian ICU Collaborative. Some of these teams are reporting significant reductions, reducing VAP by 50 percent or more. Many teams have started measuring "time between infections" as VAP is now a rare event in their units. For example: South Shore District Health Authority, Bridgewater, NS, has had no cases of VAP in 14 months; Valley Regional Hospital, Kentville, NS – 9 months; Palliser Health Region, Medicine Hat, AB –20 months; St. Paul's Hospital, Saskatoon, SK – 10 months.
- Patients who develop surgical site infections have longer and costlier hospitalizations. They are twice as likely to die, 60 percent more likely to spend time in an ICU and more than five times more likely to be readmitted to the hospital. In Quebec alone, it is estimated that for 2005, the cost to treat patients who developed preventable surgical site infections was over \$10 million. By applying the Quebec model to Alberta data, where there were approximately 81,000 surgeries and three per cent of those patients experienced an infection, with the implementation of evidence-based practices, a 10 per cent reduction in infection rates would result in cost savings of \$ 4.4 million; and a 50 per cent reduction, would achieve cost savings of \$ 22 million. (Health Costing in Alberta, 2006 Annual Report) The Sunnybrook Health Sciences Centre in Toronto, Ontario has achieved a 35 percent reduction in surgical site infections in their cardiac surgery unit.
- Approximately 22 percent of patients who 'code' (cardiac or respiratory arrest) are successfully resuscitated. Specifically trained teams of health professionals, known as Rapid Response Teams (RRT), can intervene at the earliest sign of a potential problem to stabilize patients before they stop breathing or their hearts stop. Shortly after implementation of the RRT, Nova Scotia's Dartmouth General Hospital recorded a 30 percent drop in their number of code calls.
- Medication errors during hospitalization occur with disturbing frequency and over 50% of these occur when patient care is being transferred from one setting to another (Rozich & Resar, 2001). A medication reconciliation process, which involves the development and communication of a complete and accurate list of the medications a patient is currently taking, has been shown to significantly reduce these types of errors. Using this medication reconciliation process, *Safer healthcare Now!* teams across Canada are identifying and reducing discrepancies between the medications a patient is currently taking and what they should be taking as part of their plan of care.

.../more

safer healthcare
now!



Quebec Campaign
*Together, let's improve
healthcare safety!*

“Early results of the first phase of the campaign have established that a better quality of care and improved patient outcomes are possible, and achievable,” said Dr. Baker. “These indicators show that the SHN interventions can reduce harm to patients. With more participation, full implementation of the interventions, and all hospitals measuring and reporting results, we can make a difference and reduce the incidence of injuries and deaths related to adverse events.”

“Despite the best efforts of health professionals dedicated to providing the best care for their patients, when it comes to patient safety, our hospitals are not as safe as they could be,” said Philip Hassen, Chair of the SHN National Steering Committee and CEO of the Canadian Patient Safety Institute, the campaign secretariat. “Leading teams within the campaign are proving that dramatic improvements can be made – that a better quality of care is possible – the status quo is no longer acceptable.”

“Awareness of patient safety provides a focus for changes in practice that will significantly reduce the number of needless injuries and deaths through adverse events,” added Hassen. “A commitment to the evidence-based practices outlined in the SHN campaign can improve patient safety within our hospitals. This awareness, together with an increased commitment from Governments, CEOs, Boards, and other senior leaders; and strong clinical leadership, especially among physicians, will help to assure Canadian patients that our hospitals are safe.”

“Healthcare professionals across Canada have committed to providing a better quality of care for their patients,” said Hassen. “Patients are encouraged to learn more about *Safer Healthcare Now!* and to ask their local health organization about their participation in the campaign.”

About *Safer Healthcare Now!*

The *Safer Healthcare Now!* campaign, and *Together, Let's Improve Healthcare Safety* in Quebec are modeled on the Institute for Healthcare Improvement's (IHI) *100,000 Lives* campaign in the United States. Both the U.S. and Canadian campaigns focus on six evidence-based strategies to improve targeted areas of care. The Canadian National Steering Committee, composed of patient safety leaders in Canada, consulted with IHI to gain valuable insights into how to plan and coordinate a national campaign.

Teams are supported by the Atlantic, Ontario and Western nodes, as well as the Quebec campaign (*Together, Let's Improve Healthcare Safety*) and three clinical supports: the Canadian Intensive Care Unit Collaborative, the Institute for Safe Medication Practices Canada, and the Canadian Association of Paediatric Health Centres.

Phase 1 of the *Safer Healthcare Now!* campaign does not end here. Teams will continue to improve the quality of care for their patients and spread these practices throughout their organizations. In the coming months, the campaign's National Steering Committee will be examining additional interventions that could be implemented in other healthcare settings, such as long-term or community care. These interventions will be announced in June and the next phase of the campaign will formally be launched in the fall.

.../more

safer healthcare
now!



Quebec Campaign
*Together, let's improve
healthcare safety!*

- 30 -

For further information on the six interventions, please refer to the Backgrounder and view video files of leading team success stories on the *Safer Healthcare Now!* website:
www.saferhealthcarenow.ca

Contact:

John Tuckwell
Communications Manager
Canadian Patient Safety Institute
T: (780) 409-8090
C: (780) 718-4841
jtuckwell@cpsi-icsp.ca

Vanda Killeen
Communications Officer
Canadian Patient Safety Institute
T: (780) 409-8090
vkilleen@cpsi-icsp.ca

Cristiane Doherty
Senior Consultant
Delta Media Inc.
T: (613) 233-9191
1-888-473-3582
cristiane@deltamedia.ca

Nathalie Forgue
Communications Advisor
Centre Hospitalier de l'Université de Montréal
T: (514) 860-8000 ext. 15380
Nathalie.forgue.chum@ssss.gouv.qc.ca