

## Medication Reconciliation in Long-Term Care

### Making care safer and processes more effective

Medication reconciliation in long-term care (LTC) is evolving rapidly with over 88 LTC medication reconciliation teams across the country. There have been two very successful collaboratives - in the Atlantic and Western Nodes.

Implementing medication reconciliation improves communication, saves time, and reduces the potential for resident harm. Formal 'Best Possible Medication History' (BPMH) training, resulting in good information, leading to reconciliation and clarification of all discrepancies very early in the resident's stay, has enhanced resident safety and streamlined some care.

In this issue, two LTC facilities have shared their experiences. Inverary Manor in Inverness, Nova Scotia has developed a form to improve medication reconciliation on transfer to and from hospital; and Castleview Wychwood Towers, a long-term care agency in Ontario has used the "LEAN" strategy to optimize performance of care delivery systems by improving work processes and minimizing waste to implement medication reconciliation.

Since there are thousands of Canadian LTC facilities, if you have not already done so, we invite you to join *Safer Healthcare Now!* There is a wealth of material available which will reduce the amount of work required in 'reinventing the wheel' at each site.

For more information, visit the website: [http://www.saferhealthcarenow.ca/EN/Interventions/medrec\\_ltc/Pages/default.aspx](http://www.saferhealthcarenow.ca/EN/Interventions/medrec_ltc/Pages/default.aspx)

To learn about Accreditation Canada's expectations/requirements for medication reconciliation in 2010, join us for an online discussion on Wednesday, October 14, 2009.

To register, link to the WebEx:  
<https://cpsi-icsp.webex.com/mw03061/mywebex/default.do?siteurl=cpsi-icsp>



Phil Hassen, valued CEO of the Canadian Patient Safety Institute, is transitioning into "retirement" beginning in January 2010. Phil will remain deeply and personally committed to the Canadian Patient Safety Institute throughout this transition. Phil will continue his leadership position as president of the International Society for Quality and Safety in Health Care (ISQua) and his work with The Canadian Network for International Surgery.

Doug Cochrane, Board Chair, along with the Canadian Patient Safety Institute Board of Directors, have begun an extensive executive search for a new CEO. The Board is confident that with the Canadian Patient Safety Institute's national and international reputation an excellent candidate will be found. As an organization, the Canadian Patient Safety Institute continues to be recognized as a leader in patient safety. The success of the Canadian Patient Safety Institute can be attributed to the dedication and passion of the staff team. With Phil's continued stewardship, the transition will support the uninterrupted continuation of the Canadian Patient Safety Institute's work with partners in supporting patient safety in Canada.



Prevent Adverse Drug Events through Medication Reconciliation



## Antibiotic Resistant Organisms Getting Started Kit - new information and a new look

The Getting Started Kit (GSK) for Antibiotic resistant organisms (AROs) is currently being updated, to be posted to the ARO/Methicillin-resistant *Staphylococcus aureus* (MRSA) Community of Practice and the *Safer Healthcare Now!* website later this year.

The new GSK will direct readers to many excellent documents and resources available. Content will also be expanded to include *vancomycin-resistant enterococci* (VRE) and *Clostridium difficile* (C. difficile) infections.



The ARO measurements will be expanded to include other process measures. While the original measures are relevant, it has been a challenge for many organizations to collect data for those measures. In the new GSK, we will be offering a “measurement buffet”.

The new GSK will have more of a focus on social marketing, as well as behavioural processes and techniques, such as positive deviance and appreciative inquiry. The new GSK will be shorter, more concise and written in an amusing, easy-to-read, “Antibiotic Resistant Organisms for dummies” style.

Look for the new MRSA Getting Started Kit on the *Safer Healthcare Now!* website: [www.saferhealthcarenow.ca/EN/Interventions/aro\\_mrsa/Pages/gsk.aspx](http://www.saferhealthcarenow.ca/EN/Interventions/aro_mrsa/Pages/gsk.aspx)

## Inverary Manor and Inverness Consolidated

Continued from page 2

Information on the left side of the form is provided by the facility that is transferring the resident, compiling the complete, current medication list and signed-off by a nurse. The original form is then signed-off by the receiving facility. Upon discharge, the original form is completed, with the right side of the form used as the physician’s orders by checking off columns to continue, discontinue or write in a new order. This part of the form must be signed by the physician.

“The form is very user friendly and the information we need is now very clear,” says Jeanette Cameron. “The fact that we jointly developed the form has eased implementation and it is a win-win for all. Both facilities love the new form and the goals set out for the project have been met. Manor staff are now better informed and a “most current medication list” is now generated using the information provided on the form.”



Debbie LeLievre, Unit Manager  
Inverness Consolidated Memorial Hospital



Jeanette Cameron, Director of Resident Care  
Inverary Manor

## Castleview Wychwood takes innovative approach to improve work processes in medication reconciliation

*This article is provided by the City of Toronto Long-Term Care Homes and Services Division (Castleview Wychwood Towers)*

Castleview Wychwood Towers (CWT), a long term care agency in Ontario, used the Kaizen “LEAN” strategy to eliminate wasteful activities and create flow in their end-to-end processes. They focused on optimizing the performance of “care delivery systems” by improving work processes and minimizing waste to implement medication reconciliation (Med Rec).

The first activity was to identify the steps in the current processes of medication reconciliation and the resident admission process at CWT. There were two groups: Team “A” - Admission/ Re-Admission; and Team “B” - Best Possible Medication History (BPMH). A Values Stream Map for the process of medication reconciliation was created. We quantified waste in processes including resident time, wait time and first time quality for each process.

Once this was completed, opportunities and ideas for improvement were identified.

One of the key pieces of learning is that long-term care is dependent on many other organizations to work in partnership before improvements can be made, (e.g. Community Care Access Centre (CCAC) and hospitals) in medication reconciliation.

### Implementation

A Med Rec Steering Committee was formed and meets on a monthly basis to work on the LEAN Action Plans. The Med Rec team has implemented a new medication reconciliation form and process for every resident arriving on the unit. They track quality measures in the following areas:

- Quality
- *Safer Healthcare Now!*
- Time
- Linkages to the CCAC and St. Joseph’s Health Care Centre to improve the transfer information regarding residents’ medication and clinical histories.



Conversations with CCAC and St. Joseph’s have begun to discuss links between facilities and inter-transfer issues related to the medication and clinical histories of residents.

The experience at Castleview is demonstrating a reduction in the time spent in medication-related problem-solving immediately after the resident admission. As is the case in acute care, a key learning in LTC is the benefit of strong physician support - it seems consistently worth the effort to engage a physician in medication reconciliation from the beginning.



Creating a Value Stream Map for the process of Medication Reconciliation



Ontario Node Safety Improvement Advisor Clara Ballantine maps the BPMH Process

## Onward to New Horizons: Partnering for Client Safety in the Medication Reconciliation in Homecare Pilot Project

by Deborah Conrad, VON Canada and Olavo Fernandes, ISMP Canada

Project Coordinators, *Safer Healthcare Now!* Medication Reconciliation in Homecare Pilot Project

Adverse drug events (ADEs) are occurring at an alarming rate across all sectors of healthcare. At the core of this problem is miscommunication and fragmented care processes (Institute of Medicine Report, 2007). Medication reconciliation is one strategic initiative to address and combat these issues. While implementation is well underway in acute and long-term care settings, homecare is the next critical horizon to address the gaps in medication information transfer to enhance coordinated care and optimize client safety.

The homecare environment is a particularly high risk, complex and challenging environment in which clients are vulnerable to medication discrepancies. In light of this, the Canadian Patient Safety Institute, *Safer Healthcare Now!*, Institute for Safe Medication Practices Canada (ISMP Canada), and the Victorian Order of Nurses Canada (VON Canada) are partnering on the medication reconciliation homecare pilot (September 2008 to December 2009).

The overall goal of the pilot is to develop a framework that assists homecare providers to integrate a medication reconciliation process into their care delivery. Additional homecare pilot objectives include: development of an effective and appropriate definition and process for medication reconciliation in this setting; development and testing of appropriate tools, guides, measures and processes; identification and sharing of key challenges, successes and lessons learned; as well as the development of a "Getting Started" Kit.



### Prevent Adverse Drug Events through Medication Reconciliation

Data on four core measures is being collected by 15 teams from across the country in order to identify areas for improvement, trends, and also to validate the need for medication reconciliation in this sector. Measures include: the percentage of eligible clients with a best possible medication history (BPMH); time to complete the BPMH; percentage of eligible clients with at least one discrepancy that requires clarification; and characterization of discrepancies.

To date, the pilot sample population contains 611 clients from across the nation. The data shows that 45.2 per cent of these clients have at least one discrepancy that requires investigation.

Practical factors unique to the homecare sector have emerged during this pilot, along with effective strategies to manage them. The many and varied home service delivery environments across Canada are providing a diverse set of challenges. Of primary importance is the need to address interagency, institutional and interdisciplinary communication in a manner that provides meaningful and accurate medication information for clients and their families.

Clinicians on all 15 teams have persevered to implement and sustain medication reconciliation for eligible clients. Positive feedback on the medication reconciliation process and tools has been received from both clinicians and clients.

Lindsay Bellavance R.N. from VON Perth-Huron shares a client experience: "I was seeing a client twice daily with severe orthostatic hypotension in which VON was to monitor her blood pressure and provide nursing support. The client was finding it difficult to cope and unable to live her life normally due to extreme dizzy spells when standing/walking. Through medication reconciliation, I realized that she was on multiple blood pressure medications that required reassessment. Her family doctor was notified and there was a change made to her medication regime. Her blood pressure stabilized and she no longer requires any nursing visits."

For more information on the great work being done on this pilot, or to share ideas please feel free to contact:

**Debbie Conrad**—

[debbie.conrad@von.ca](mailto:debbie.conrad@von.ca)

**Catherine Butler**—

[catherine.butler@von.ca](mailto:catherine.butler@von.ca)

**Olavo Fernandes**—

[olavo.fernandes@uhn.on.ca](mailto:olavo.fernandes@uhn.on.ca)

**Alice Watt**—

[awatt@ismp-canada.org](mailto:awatt@ismp-canada.org)

/or visit the *Safer Healthcare Now!* Medication Reconciliation Communities of Practice at: <http://tools.patientsafetyinstitute.ca/Communities/MedRec/default.aspx>

## Safer Healthcare Now! Quebec Campaign has a new home

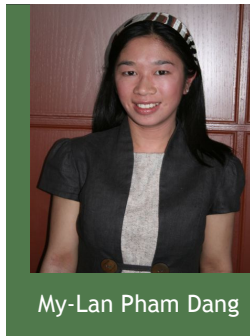


Hôpital général juif  
Jewish General Hospital

The Jewish General Hospital is the new lead for the Quebec Campaign, *“Ensemble, améliorons la prestation sécuritaire des soins de santé!”*.

To support the Quebec teams, we welcome Safety and Improvement Advisors Chantal Bellerose, Paule Bernier and Caroline Robitaille; and Marjorie Jeune, Administrative Assistant to the Quebec Campaign.

On behalf of *Safer Healthcare Now!*, we want to express our sincere thanks to Dr. Anne Lemay, Campaign Leader along with My-Lan Pham-Dang, Safety Improvement Advisor and Catherine Bouchard, Administrative Assistant, for their hard work, dedication, and leadership in supporting all the Quebec teams. The success of the Quebec Campaign to date would not have been possible without the dedication and leadership from Anne and her team and the strong support received from the CHUM.



My-Lan Pham Dang

Former Safety Improvement Advisor, My-Lan Pham Dang, has decided to stay with the CHUM. We thank My-Lan for her contributions to the Quebec Campaign. She worked tirelessly to advance *Safer Healthcare Now!* in Quebec. My-Lan will be greatly missed.

### Quebec campaign:

*Together, let's improve  
Healthcare safety!*

Ms. Markirit Armutlu will lead the work of the Quebec Campaign as it continues to grow and expand in Quebec and

across Canada. Markirit was an active member of the *Safer Healthcare Now!* National Falls Collaborative, providing clinical and quality improvement expertise to teams.

Markirit is an Occupational Therapist by profession, with a B.Sc. (OT) from McGill, and a Graduate Degree in Administration and a M. Sc. (Bioethics) also from McGill. Since 2000, Markirit has been working full-time in the field of Quality & Risk Management, Patient Safety and Accreditation. She held the position of Quality & Risk Management Coordinator at St. Mary's Hospital from 2000 to 2009. After 24 years with St. Mary's Hospital, she joined the Jewish General Hospital in March 2009, as their new Quality Program Coordinator, overseeing their Quality Improvement, Risk Management, Patient Safety, Patient Satisfaction and Accreditation programs.

Along with her experience in healthcare, Markirit has a keen personal and professional interest in patient safety. She is a trainer for the Quebec Health Ministry for both Human Factors in Patient Safety, and a trainer for new members of Risk Management Committees in Healthcare. She is a member of the Ministerial Committee - Le comité des utilisateurs de l'actif du Système d'information sur la sécurité des soins et des services (SISSS) having played a key role in the provincial adoption of a severity rating for adverse events, the development of the provincial adverse events reporting tools and web-based adverse events reporting systems.

## Quebec Campaign Contacts

Quebec Campaign:  
*“Together, Let's Improve Healthcare Safety!”*  
c/o Jewish General Hospital  
3755, Ch. de la Cote-Ste-Catherine  
Montreal (Quebec) H3T 1E2  
Tél: (514) 340-8222  
Fax: (514) 340-7958

**Markirit Armutlu**  
Quebec Campaign Leader  
Phone : (514) 340-8222 ext 3679  
marmutlu@jgh.mcgill.ca

**Chantal Bellerose**  
Safety and Improvement Advisor  
Phone (514) 340-8222 / ext 6705  
cbellerose@jgh.mcgill.ca

**Paule Bernier**  
Safety and Improvement Advisor  
Phone (514) 340-8222 ext 6705  
pbernier@jgh.mcgill.ca

**Caroline Robitaille**  
Safety and Improvement Advisor  
Phone (514) 340 8222 ext 6704  
crobaille@jgh.mcgill.ca

**Marjorie Jeune**  
Administrative Assistant  
Phone (514) 340-8222 ext 6704  
mjeune@jgh.mcgill.ca

## Need a little help?

Are you new to *Safer Healthcare Now!*, struggling with implementing your intervention, challenged with *Safer Healthcare Now!* measures, having difficulty reaching your goals? It sounds like you could use a mentor.

Mentor organizations for Rapid Response Team, Acute Myocardial Infarction, and Medication Reconciliation in acute care are now available.



### Acute Myocardial Infarction

- Eastern Health: Health Sciences Center Site
- New Brunswick Heart Health
- Saskatoon Health Region
- South Lake Regional Health Centre
- Western Health



### Rapid Response Teams

- Dartmouth General Hospital
- Queensway Carleton Hospital



### Medication Reconciliation

- Hospital for Sick Children
- Markham Stouffville Hospital
- The Moncton Hospital
- The University Health Network
- Dryden Regional Health Centre

These organizations have demonstrated excellence in their success with implementing patient safety initiatives and are ready to share their experiences with you and answer your questions.

*Safer Healthcare Now!* thanks all mentor organization for their ongoing commitment and dedication to patient safety.

### Finding a mentor is easy!

1. Identify a mentor by reviewing the mentor profiles available on the Intervention specific Community of Practice (AMI, RRT or MED REC) <http://tools.patientsafetyinstitute.ca/Pages/welcome.aspx>
2. Choose an organization that you feel can best help you achieve your goals.
3. To request the selected mentor organization, potential mentees need to email the intervention contact listed on the top of the mentor profile:

**Acute Myocardial Infarction:**  
Dannie Currie  
[curried@cbdha.nshealth.ca](mailto:curried@cbdha.nshealth.ca)

**Rapid Response Teams:**  
Leanne Couves  
[lcouves@telus.net](mailto:lcouves@telus.net)

**Medication Reconciliation:**  
Alice Watt  
[awatt@ismp-canada.org](mailto:awatt@ismp-canada.org)

Upon confirming the mentor's availability, the intervention contact will connect the mentor and mentee organizations.

### Role of a *Safer Healthcare Now!* mentor

The *Safer Healthcare Now!* mentor will provide support, advice, clinical expertise, and implementation strategies to teams seeking assistance.

### Interested in being a mentor?

If you would like to be a mentor organization, please contact Anne MacLaurin [amaclaurin@cpsi-icsp.ca](mailto:amaclaurin@cpsi-icsp.ca) for more information.

## Safer Healthcare Now! consultations

*Safer Healthcare Now!* began in 2005 as a time-limited campaign that is now recognized as an invaluable resource for many healthcare providers. Over the past four years, we've built a solid infrastructure and loyal following across the country. *Safer Healthcare Now!* would not be where it is today without our many funders and partners. However, the initiative ultimately succeeded because of you -- the healthcare professionals who believe in safer patient care.

As we evolve, our goal is to remain relevant to your needs. A survey was recently conducted to gather much needed input on the future direction for *Safer Healthcare Now!*, our mission and vision. Further consultation with key stakeholders is now underway to gain invaluable insight. Results of the survey and consultations will be provided later this year.

## Keeping Your Boat Afloat!

Submitted by: *Tanis Rollefstad, Safety and Improvement Advisor, Western Node, Safer Healthcare Now!*

*This article is based on a presentation, Keeping Your Boat Afloat, on September 2, 2009, a workshop funded by: Manitoba Institute for Patient Safety and the Western Node for Safer Healthcare Now!*

International experts are discussing how we can spread good practices to our entire health system. This is no easy feat. At a recent Manitoba Workshop “**Keeping Your Boat Afloat**”, some key items were discussed on spreading practices of medication reconciliation (Med Rec).

### A Great Product - Well Tested

The National Health Services (NHS) in the United Kingdom (UK) analysed projects over the last 10 years and found that those that were successful were those who invested time up front to create a great product. Dealing with the tension between needing time to test and pushing to get results is a constant struggle. How did the NHS deal with this? Lynn Mayer, from NHS’s Institute for Innovation and Improvement, suggests using “sparklers” - keeping leaders informed of successes along the way while you are taking time to test and perfect your product and process.

### Knowing Your Target Audience

Since spread is about people - the key learning in social marketing techniques are essential when you are trying to spread. Sarah Fraser, a noted spread expert in the UK, suggests that in order for change to be implemented you have to know about the change and you have to have a reason to conduct the change before you make the decision to implement. Thus, “making a case” from each target audiences perspective is key once the change has been widely communicated.

### Data, Data, Data ... Who cares?!

“Making the case” is not only about numbers. For making the message effective - we must translate data to the cultural environment, contextualize the data, and humanize through stories. In essence we must catch the “heart of people”.

### Choosing Methods of Engagement

Whether you spread for coverage or completeness - you must make conscious decisions that take into account your objectives in spread and what makes sense for your organization. For example, does it make sense to implement admission Med Rec across all areas if you have one or two in patient units and the rest are distant satellite facilities? Instead, spread to where it makes sense for your organization. Ensure that there is will and energy vs. a blanket rollout across an organization without considering other critical pieces.

### Providing a Platform for Continual Learning

The one common thread of knowledge from international experts on spread is that networking and learning from one

another is the most influential spread agent. Key elements of a network<sup>1</sup> are:

- Welcomes everyone, and harnesses their energy;
- Values asking vs. sharing ;
- Engaging leaders; and
- Sets shared aims.

We must have a continual feedback loop on spread initiatives, because when it stops making “sense” it will need to be “tweaked”. Therefore, we must ensure that we have some measurement in place. The four large areas of measurement are:



- awareness of the change;
- adoption of the change;
- outcome of the change; and
- progress of the change.

Presentations and proceedings from the workshop are posted to the website: [www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca) under “Events and Calls”.

<sup>1</sup> J. McCannon, R.J. Perla, “Learning Networks for Sustainable, Large-Scale Improvement, The Joint Commission Journal on Quality and Patient Safety, May 2009, Vol 35,

1. Awareness of the change
  - Reflects spread of communication
2. Adoption of the Change
  - Reflects the integrity of the adoption
3. Outcome of the Change
  - Reflects the evidence of better ideas
4. Progress of the Change
  - Reflects the places and stage of the adoption

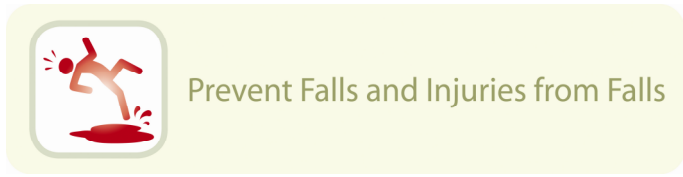
**Develop Measures in 4 Categories**  
For the Big picture on Spread

## Falls Prevention Community of Practice - now open to all!

The Falls Prevention Communities of Practice is now open to the wider healthcare community, for those in long-term care, acute care and community practice!

The Falls Communities of Practice recently transitioned from a closed Community for the National Collaborative on the Prevention of Falls in Long-Term Care, an initiative launched by *Safer Healthcare Now!* and the Registered Nurses' Association of Ontario in May 2008. The Collaborative, which ran for 12 months, engaged 31 long-term care facilities from across Canada to decrease the number of falls, and reduce fall injuries in residents living in long-term care settings across Canada.



Since the Collaborative celebrated its Closing Congress, the networking and learning that the participating improvement teams enjoyed is now open to others interested in this critical patient safety issue.

Join the Falls Prevention Communities of Practice to receive support from an expert faculty, gain knowledge from presentations given by guest speakers over the course of the Collaborative and learn from a network of long-term care facilities that have already implemented a variety of quality improvement strategies.

You can also share your experiences and post questions on the discussion board - gain ideas for your quality improvement activities from others across the country who share a common interest in falls prevention.

Communities of Practice is where you can find information about knowledge exchange opportunities that include national webinars that will highlight nationally known expert speakers on falls prevention, and provides the link for online data submission to the *Safer Healthcare Now!* Central Measurement Team.

A Falls Prevention Getting Started Kit, based on evidence-based tests of change, is being developed by the Registered Nurses' Association of Ontario and will be available for download on the Communities of Practice and the *Safer Healthcare Now!* website later this year. The Getting Started Kit will support quality improvement teams across the country as they address falls and fall injuries in long-term care, acute care and community settings.

### Thank you, Merci, Grazie, Obrigado, Gracias, Danke



Martha Twidale

Many thanks to Martha Twidale for her leadership and contributions to the Falls Collaborative. Martha is now studying at the University of Toronto for a MA in International Relations. Chelsea Morka from the Registered Nurses' Association of Ontario (RNAO) will be taking over the Falls Prevention project and helping to complete the Getting Started Kit.



Olavo Fernandes

ISMP Canada and *Safer Healthcare Now!* thank Dr. Olavo Fernandes for his many contributions to medication reconciliation and *Safer Healthcare Now!* teams during his secondment to ISMP Canada over the past year.

Congratulations are also extended to Olavo on his new position as Clinical Director of Pharmacy at the University Health Network in Toronto, Ontario. Olavo will continue to be a member of the Med Rec Faculty and an active supporter of Med Rec teams in Canada.

## Canadian Patient Safety Week encourages you to *Ask. Listen. Talk.*

*Ask. Listen. Talk.* - is the message the Canadian Patient Safety Institute and hundreds of organizations across Canada are promoting to healthcare professionals, patients and their families as part of Canadian Patient Safety Week, November 2 to 6, 2009.



**Canadian Patient Safety Week**

**Semaine nationale de  
la sécurité des patients**

As you know between 9,000 and 24,000 Canadians die each year from preventable adverse events in healthcare. The goal of Canadian Patient Safety Week is to increase awareness of patient safety issues and share information about best practices in patient safety.

As part of Canadian Patient Safety Week, we encourage you to spread the message that *Good healthcare starts with good communication.* ASK more questions, LISTEN to the answers and TALK openly about concerns with your patients, their families and other healthcare professionals.

### Get involved

Plans are well underway across the country for Canadian Patient Safety Week. Hundreds of healthcare professionals and organizations have already registered to help bring Canadian Patient Safety Week to their organizations -- register now at: [www.asklistentalk.ca](http://www.asklistentalk.ca)

The Canadian Patient Safety Institute will help to make it easier for you by providing posters, templates, presentation ideas, media support and much more to help make this week a success. These materials are posted to the website: [www.asklistentalk.ca](http://www.asklistentalk.ca) Once you've registered, you will be added to the Canadian Patient Safety Week mailing list and will receive updates.

This year, all registered participants will receive - free-of-charge - posters, table tents and CPSI's patient safety newspaper filled with patient safety tips, articles on hand hygiene and a patient story illustrating the importance of communication in healthcare.

Promotional items such as pens and t-shirts are also available for purchase in the Canadian Patient Safety Week Online Store.

By simply looking around your facility and celebrating what your organization is doing in the area of patient safety- whether it's encouraging optimal hand hygiene practices, highlighting your participation in the *Safer Healthcare Now!* interventions, or encouraging your patients to speak up and ask more questions - you will be helping to bring awareness of patient safety to your organization and community. Remember - don't just think it, say it. *Good healthcare starts with good communication.*

For more information on Canadian Patient Safety Week and how you can become involved visit [www.asklistentalk.ca](http://www.asklistentalk.ca) or email: [cpsw@cpsi-icsp.ca](mailto:cpsw@cpsi-icsp.ca)

## Key contacts

### Atlantic Node

Node Leader: Theresa Fillatre  
SIA: Dannie Currie  
Phone 902.221.4719  
Fax 902.481.5803  
[atlanticnode@saferhealthcarenow.ca](mailto:atlanticnode@saferhealthcarenow.ca)

### Ontario Node

Node Leader: Cynthia Majewski  
SIA: Clara Ballantine  
Phone 416.351.3761  
Fax 416.351.3762  
[ontarionode@saferhealthcarenow.ca](mailto:ontarionode@saferhealthcarenow.ca)

### Western Node

Node Leader: Marlies van Dijk  
SIA: Tanis Rollefstad  
BC Patient Safety and Quality Council  
Representative: Christina Krause  
Phone 403.521-7106  
Fax 403.297.8258  
[westernnode@saferhealthcarenow.ca](mailto:westernnode@saferhealthcarenow.ca)

### Quebec Campaign – “*Together, let's improve healthcare safety!*” (TLIHCS)

Campaign Leader: Markirit Armutlu  
SIAs : Chantal Bellerose, Paule Bernier and Caroline Robitaille  
Phone: (514) 340-8222 / Local 3679  
Fax: (514) 340-7958  
[quebec@soinsplussecuritairesmaintenant.ca](mailto:quebec@soinsplussecuritairesmaintenant.ca)

### Canadian Patient Safety Institute

Project Manager: Anne MacLaurin  
Phone 780.498.7254  
Fax 780.409.8098  
[amaclaurin@cpsi-icsp.ca](mailto:amaclaurin@cpsi-icsp.ca)



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