

# THE HIROC EXPLORER

February 2010

Healthcare Insurance Reciprocal of Canada

Partnering to Create the Safest Healthcare System



## Recognizing Leading-Edge Initiatives

Ontario Hospital Association president and CEO Tom Closson and Health and Long-Term Care Minister Deb Matthews presented awards at the Celebrating Innovations in Health Care Expo, held in November at the Metro Toronto Convention Centre.

### Creating Partnerships

## Partners Launch Initiative Paving the Way for Standardized Bar-Coding on Medications

Will help reduce risk of human error, enhance patient safety, stakeholders say

By Natalie Hamilton

TORONTO - A nationwide effort to introduce standardized bar-coding on medications to improve patient safety in Canada was officially launched Feb. 3 at a press conference in Toronto.

The Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices Canada (ISMP Canada), together with GS1 Canada

and healthcare industry partners, announced that a consensus has been reached on a standard format for labelling medication packaging. The group is promoting automated drug identification in Canada using GS1 global bar-coding standards.

The initiative reduces the risk of human error and adverse drug-related events, thereby enhancing patient safety, stakeholders said.

"Our announcement is a

big first step," noted Pierrette Leonard, senior adviser, national partners, for CPSI.

"It's the first of many steps towards the development of a safer healthcare system."

Bar-coding allows for the tracking of medications from the point of manufacturing to the point of administering the medication to patients, according to GS1 Canada. Utilizing technology is crucial in the 21st century,

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### Creating Partnerships

## HIROC Sponsors Training Sessions Geared at Reducing Medical Errors

Manitoba welcomes root-cause analysis education

By Natalie Hamilton

The Healthcare Insurance Reciprocal of Canada (HIROC) is providing sponsorship support for upcoming training sessions in Manitoba geared at creating a safer healthcare system by reducing medical errors.

The Regional Health Authorities of  
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### Culture of Care

## Trillium Health Centre Embracing Grassroots Model to Decrease Number of Hospital-Associated Infections

'It's exciting to be part of something innovative like this,' says project lead

Healthcare workers are probably more inclined to use gloves if there's a box containing them in a convenient location and doctors are likely to remove their lab coats if there's a hook on which to hang them.

Both changing gloves and removing lab coats between patients can help reduce the spread of

See 'Trillium' page 4

### Creating Partnerships

## More Hospitals Likely to Install Prescription-Dispensing Kiosks

Aim to provide patient with quicker, safe access to medications, sources say

More patients in Ontario's hospitals could soon have access to a fast, safe way of getting their prescriptions filled through on-site kiosks as a result of a partnership between the Ontario Hospital Association (OHA) and PharmaTrust.

With live video pharmacist counselling, built-in safety features and 24-hour service, the kiosks are designed to be convenient for patients and efficient

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## Creating Partnerships



Stakeholders celebrate the launch of a Canada-wide effort for standardized bar-coding on medications. Pictured from left are senior vice-president of healthcare for GS1 Canada Alicia Duval, Institute for Safe Medication Practices president and CEO David U, regional director of pharmacy for Vancouver Coastal Health Authority and Providence Health Care Dr. Robin Ensom, Canadian Patient Safety Institute senior adviser national partners Pierrette Leonard, project lead Ian Sheppard and Carol Kushner, health policy analyst and board member of Patients for Patient Safety Canada.

## First of Many Steps to Developing Safer Healthcare System: CPSI

Continued from front

said David U, president and CEO of ISMP Canada.

“Relying only on human vigilance to ensure medication safety is not enough,” he said.

“With over 30,000 commercial drug products in the marketplace, there is a significant and overdue need for a co-ordinated approach to bar-coding pharmaceuticals in order to enable automated identification throughout the Canadian healthcare system.”

ISMP Canada and CPSI first highlighted the need for a pan-Canadian standard for bar-coding in a document published in July 2008.

The initiative is being guided by a national implementation committee and is being developed with the assistance of a 34-member task force representing six

sectors of healthcare.

Once implemented, commercial drug products on the Canadian market will all use the GS1 bar-coding system.

The Healthcare Insurance Reciprocal of Canada (HIROC) is supporting the project.

“We’re very pleased to be part of this,” Eleanor Morton, vice-president of risk management for HIROC, told *HIROC News*.

“It’s a very important initiative that will indeed improve patient safety in Canada.”

The Canadian Institute for Health Information estimates that medication errors impact more than one million patients each year.

Of that number, more than 700 patients die every year in Canada, as a result of preventable medication mistakes.

## Stay informed.

Go to [www.hiroc.com](http://www.hiroc.com) for daily stories about building a safer healthcare system.

Share your story by calling the newsroom at **800-294-0051** or e-mail [webmaster@axiomnews.ca](mailto:webmaster@axiomnews.ca).

## Patient Safety

# New Electronic Health System Provides ‘An Added Layer of Safety’

Toronto East General using computerized records, bar-code technology

By Natalie Hamilton

With a quick digital scan of a hospital identification band, healthcare providers at a busy city hospital can now instantly pull up a patient’s chart and medication dosing schedule.

Built-in bar codes, which are now part of the bands, also allow nurses to electronically confirm a patient’s identity.

Meanwhile doctors, instead of writing out prescriptions and notes by hand, use computers to enter information into an electronic patient chart. The goal is to reduce transcription errors.

The recent introduction of electronic health technology is intended to complement current patient-safety practices at Toronto East General Hospital (TEGH), says Robert Lee, manager of clinical informatics.

“It’s an added layer of safety,” Lee says.

“We’re doing this for patient safety and ensuring

our patients have the best experience possible at Toronto East General Hospital.”

The hospital launched the use of Computerized Provider Order Entry (CPOE) and Electronic Medication Administration Record (eMAR) on Nov. 24, 2009.

CPOE enables clinicians to enter their orders directly into the electronic patient record, allowing for immediate transmission of information to other departments.

“Electronic entries activate clinical alerts of potential adverse effects due to drug interactions, allergies and duplicate therapy to enhance safe-prescribing practices,” TEGH says.

The eMAR incorporates a person’s medication orders with an automatic schedule for nurses, prompting them when to give the medications.

The eMAR system also encompasses the patient identification bar-code technology and improves the

availability of administration information to the care team, the hospital says.

The electronic health system was designed by clinicians and enabled by information-technology professionals.

Having input from clinicians, the appropriate equipment, buy-in from staff and providing adequate training and support are some of the elements that have made the implementation a success so far, says Lee.

The hospital invested in equipment such as new medical carts containing portable computers and technology-equipped work stations.

TEGH has designated a project manager to evaluate the benefits of implementing the electronic health system.

Lee says the hospital is looking to capture tangible data, hoping to report such benefits as a reduction in medication errors, improved turnaround times, and both workload and cost efficiencies.

## Creating Partnerships

# Technology Allows Pharmacists More Patient Time

Continued from front

for hospitals, according to a press release.

The OHA and PharmaTrust will collaborate on the installation of the telepharmacy prescription-dispensing kiosks.

“The OHA is working to build a high-performing, integrated and sustainable healthcare system and this new partnership with PharmaTrust MedCentre service will help hospitals provide improved patient access to needed medications and enhanced medication management support,” says Tom Closson, president and CEO of the OHA, in a recent news release.

Patients insert their prescription into a machine, pick up the handset and interact

with a pharmacist via two-way video conferencing. Security features verify prescription authenticity and accuracy.

Dr. Sharon Domb, medical director of the department of family and community medicine at Toronto’s Sunnybrook Health Sciences Centre, says the kiosk has ultimately served her department well in the year since it has been installed.

Safety measures including radio-frequency identification tags on each medication package, along with photographs and the weighing of each medication package, make the kiosk a safe choice for patients, she says.

“They’ve had no medication errors,” Domb says.

“Everything is pre-

packaged,” she adds.

The kiosk best serves patients who are looking to fill one medication and is also helpful in hospitals where on-site pharmacies aren’t open 24 hours a day.

According to PharmaTrust, using video-conference technology allows pharmacists to spend more time with patients.

Each time a medication is dispensed, the MedCentre automatically sends a record to the prescribing physician. Patients also receive reminder notices to refill prescriptions.

“These communications will help address issues such as adverse drug reactions and non-compliance,” adds Peter Suma, chief operating officer and co-founder of the company. —NH

## Patient Safety Forum

CPSI is hosting the second annual Forum on Patient Safety and Quality Improvement April 12-14 in Toronto, with the theme Improving Safety Across the Continuum.

## Dashboard Drives Performance

Alberta Health Services is introducing a new Quality and Patient Safety Dashboard that measures 26 quality- and safety-related indicators and drives improvement throughout the health system.

## Healthy Workplaces in Action

The Quality Worklife Quality Healthcare Collaborative is hosting its summit in Ottawa Feb. 25-26, providing presentations and workshops aimed at enhancing patient outcomes.

Culture of Care

# N.S. Pharmacy the First to Implement Cutting-Edge Medication Safety Equipment

*Further installations of cMDM underway across Canada*

By Deron Hamel

A Nova Scotia pharmacy is the first Canadian site to implement a cutting-edge device that photographs and verifies the contents of medication packaging, in an effort to mitigate the risk of medication error.

Musquodoboit Harbour, N.S.-based Forest Hill Drug Mart, which also has operations in London, Ont., has introduced the Compact Medication Detection Machine (cMDM) to enhance patient safety for its clientele, largely consisting of long-term care homes.

Long-term care homes receive medications for their clientele in long cellophane strips that come out of packaging machines. Pharmacists then have to check the packaging to verify people are receiving the correct medication, which is not only time consuming, it can also lead to potential medication error, explains Ben Szuuts, sales manager for Winnipeg-based Manrex Ltd., the company distributing the cMDM.

By using the cMDM, pharmacists can take

medication strips and run them through the machine, which photographs each pouch and compares them to images stored in the machine's database, flagging any errors on a computer screen for the pharmacist to see.

Szuuts tells

*HIROC News*

that while the cMDM is new to Canada, it has been used internationally for seven years.

Canadian healthcare providers are quickly expressing interest in obtaining the cMDM to enhance patient safety, he says, adding that installations are underway at sites in British Columbia, the Maritimes and Manitoba.

From a patient-safety standpoint, Szuuts says pharmacies dispensing large amounts of medications to healthcare facilities can greatly reduce the risk of medication error by using the cMDM.

"These pouches need to be checked properly and we need to have professional documentation — a digital

image stored of each of those pouches — because, as it is right now, we are relying on the initials of a pharmacist on a piece of paper without any proof of what's in those pouches," says Szuuts.



*Pictured above: the Compact Medication Detection Machine*

"The long-term effect (of utilizing the cMDM) is that we will have professional documentation of every single medication that has ever been dispensed to a client in Canada with the absolute elimination of medication error in that dispensing process."

Culture of Care

# UHN's Control Strategies Help Decrease MRSA Infection

*3 sites see 25-68% decline in hospital-acquired superbug*

By Deron Hamel

Successful control strategies developed by the University Health Network (UHN) have resulted in a decrease of methicillin-resistant staphylococcus aureus (MRSA) infection at its three sites, despite an increase of patients admitted with the superbug, which causes skin infections.

The strategies include enhanced hand-hygiene compliance, applications of antibacterial ointment and chlorhexidine, discharge surveillance, improved housekeeping measures and

a hospital incident report system alerting the hospital team when patients contract MRSA infection.

These interventions have helped Toronto General Hospital, Princess Margaret Hospital and Toronto Western Hospital decrease hospital-acquired MRSA infection by 68, 58 and 25 per cent, respectively, says Dr. Michael Gardam, the lead for Safer Healthcare Now's (SHN) antibiotic resistant organisms MRSA intervention, in a report published on SHN's website.

The article notes these declines in hospital-acquired MRSA infection have occurred despite an upswing in the number of patients admitted to UHN sites with MRSA infection.

Before the current control strategy was created the rate of MRSA infection at UHN sites was two patients infected for every one patient admitted with MRSA.

Today, that rate is one patient acquiring MRSA infection for every four patients admitted to UHN sites colonized with MRSA.

# More Subscribers Utilizing Technology to Complement Patient-Safety Initiatives

*HIROC supporting use of standardized bar-coding on medications*

From filling a prescription at a medication-dispensing kiosk to built-in bar codes on hospital identification bands and pharmaceuticals, technology is at the root of many recent patient-safety initiatives.

On Feb. 3, The Canadian Patient Safety Institute (CPSI) and the Institute for Safe Medication Practices Canada (ISMP Canada), together with GS1 Canada and healthcare industry partners, introduced a nationwide effort to use bar codes aimed at reducing transcribing and dispensing errors. A consensus has been reached on a standard format for labelling medication packaging. The group is promoting automated drug identification in Canada using GS1 global bar-coding standards. Once implemented, commercial drug products on the Canadian market will all use the GS1 bar-coding system.

The Healthcare Insurance Reciprocal of Canada (HIROC) is supporting the project.

"We're very pleased to be part of this," said Eleanor Morton, vice-president of risk management for HIROC.

"It's a very important initiative that will indeed improve patient safety in Canada."

Meanwhile, Toronto East General Hospital (TEGH) recently announced it is making use of bar-coding technology. The hospital has incorporated bar codes into identification bands that allow nurses to electronically confirm a patient's identity.

In addition, clinicians use technology to enter their orders directly into an electronic patient record, allowing for immediate transmission of information to other departments. TEGH says these measures create "an added layer of safety."

In other news, the Ontario Hospital Association and PharmaTrust recently embarked on a partnership to allow for the installation of more prescription-dispensing kiosks in Ontario hospitals. With live video pharmacist counselling, built-in safety features and 24-hour service, the kiosks are designed to be convenient for patients and efficient for hospitals. Patients insert their prescription into a machine, pick up the handset and interact with a pharmacist via two-way video conferencing. Security features verify prescription authenticity and accuracy. Safety measures including radio-frequency identification tags on each medication package, along with photographs and the weighing of each medication package.

While technology can't replace humans or eliminate errors completely in any of these cases, the premise behind many of the patient-safety efforts is using computerized processes to complement human practices and reduce the chance for mistakes. The measures are all aimed at creating a safer healthcare system and the motivation is coming from the right place.

## THE HIROC EXPLORER

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## VTE Prevention Hospital Award

Safer Healthcare Now will recognize three Canadian hospitals making significant commitments to stop the formation of venous thromboembolism (VTE). Apply at [www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca).

## Videos Enhance Safety

Winnipeg Health Sciences Centre is enhancing patient safety and mitigating the risk of adverse events using short videos that demonstrate proper procedure when "near-miss events" occur.

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## Creating a Safety Culture

Astronaut and aquanaut Dr. Dave Williams outlined nine necessities for creating a safety culture during his presentation at HealthAchieve 2009.

“Creating a culture is all about creating shared attitudes,” Williams said. “Team spirit is what allows you to create a culture of safety.”

The session was sponsored by the Healthcare Insurance Reciprocal of Canada (HIROC). Read the story by visiting the news archives at [www.hiroc.com](http://www.hiroc.com).

## Creating Partnerships

# Training Creates Sustainable Model for Safety Culture

Continued from front Manitoba (RHAM) Quality and Risk Network is hosting a provincial initiative that brings the Canadian Patient Safety Institute (CPSI) to the province to provide root-cause analysis (RCA) training.

RCA education identifies the factors in healthcare that contribute to errors and the training helps participants make system improvements.

Basic training is being held May 31 and advanced train-the-trainer sessions are lined up for June 1-2.

HIROC is one of the event’s sponsors. Others include the Manitoba Institute for Patient Safety and the regional health authorities.

Lending its support towards the training is a natural fit for HIROC, the organization says.

“As an insurer, HIROC

regularly partners with subscribers to better understand the underlying causes and drivers behind claims and adverse events,” the reciprocal says.

“As such, we fully support the efforts of the RHAM Quality and Risk Network in bringing RCA training support to Manitoba. We are particularly excited by the fact that this training is aimed at giving individuals the skills to further train others in RCA fundamentals, thus creating a sustainable model for supporting a culture of safety in their organizations.

“HIROC’s vision is ‘partnering to create the safest healthcare system’. Our support is simply another reflection of our commitment to healthcare safety in this regard.”

The training takes place in Winnipeg.

## Join HIROC to Create the Safest Healthcare System



HIROC is working with partners across the country to build a new culture of patient safety. Join us by:

- Taking part in our cooperative insurance coverages
- Participating in our risk management programs
- Partnering with others to advance patient safety

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## Patient Safety

# North Bay Hospital Trials OR Checklist

Reporting on the use of safe surgery checklists becomes mandatory this summer

By Natalie Hamilton

North Bay General Hospital (NBGH) is taking the initiative now to trial an operating room checklist for patient safety before its use becomes mandatory this summer in Ontario hospitals.

The hospital’s OR team is using a 30-point checklist.

Safety checklists, commonly used in the aviation industry and more recently introduced into healthcare, aim to reduce the potential for adverse events by asking questions and verifying information before, during and after surgery.

Hospitals will be required to report publicly on compliance with the use of safe surgery checklists twice a year. Public reporting for this particular patient safety indicator begins July 31.

NBGH began using the list at the end of January, which

includes verifying the administration of antibiotics at the appropriate time, checking blood supply and determining if the patient has any allergies.

The hospital says the OR team sees the checklist as an opportunity to improve patient safety.

“This is one more step that the peri-operative team is introducing to ensure the safety and well-being of our patients in the operating room,” says Tiziana Silveri, vice-president of surgery/maternal child care centres, in a news release.

“Many of the checks were done previously, but the checklist allows the team to formalize this process as well as involving the patient and team in the discussion.”

The checklist is designed to reduce the risks of surgery by improving anaesthetic practices, preventing infection

and encouraging communication among surgical team members, the hospital says.

Safe Surgery Saves Lives is an initiative of the World Health Organization (WHO).

As part of the campaign for safer surgery, eight healthcare centres around the world took part in piloting a checklist in their operating rooms.

According to WHO, preliminary results from 1,000 patients in the eight pilot sites indicated the checklist nearly doubled the likelihood that patients would receive proven standards of surgical care.

In October 2009, the Ontario government announced that all hospitals with ORs would be required to use the safe surgery checklist, developed by Canadian Patient Safety Institute and adapted from WHO.

## Culture of Care

# Trillium One of 6 Hospitals in Positive Deviance Project

Continued from front hospital-associated infections. How to make it easier for healthcare professionals to adopt these practices are some of the learnings acquired when infection-prevention and control issues are addressed on the front lines.

Trillium Health Centre is embracing a bottom-up approach aimed at finding solutions to reduce the number of healthcare-associated infections, particularly methicillin-resistant staphylococcus aureus and C. difficile, at its sites in the western GTA.

Trillium is participating in the Canadian Positive Deviance (PD) Project, a pilot involving six hospitals.

PD targets cultural change from the grassroots level, assuming people who work on the front lines know the realities of a problem and might have ideas and solutions to overcome the issues.

Louise Koyanagi, the PD pilot site lead for Trillium, says the hospital was intrigued by the PD project and applied to take part in the initiative which is supported by the Canadian Patient Safety Institute; the

Ontario Agency for Health Protection and Promotion; Becton, Dickinson and Company; the Western Node of Safer Healthcare Now and the BC Patient Safety & Quality Council.

“We liked the idea of involving front-line staff, developing solutions and facilitating change,” says Koyanagi.

“It was a very practical approach to problem-solving.”

It’s an innovative way to address issues in infection prevention and control and has the potential to blossom into other areas as well, she adds.

Being in the relatively early stages of the project, Trillium has held luncheon kickoffs and unit-based meetings about PD.

Trillium’s PD group, consisting of four nurses, an infection-prevention and control employee and a representative from the national support team, will begin having conversations in February with front-line staff in various units of the hospital.

The team will seek input about what’s working and what’s necessary to achieve improvement and also look for those “a-ha” examples, such as the location of a box

of gloves or the installation of a coat hook on a door.

From there, the Trillium PD team will be looking to identify units where staff members are particularly interested in embracing the initiative.

As a participant in the PD project, Trillium supplies the national project team with baseline data about infection rates and the use of personal protective equipment.

The ultimate goal is to see positive changes as a result of implementing PD practices. Koyanagi says she envisions broader benefits of being involved in the project.

“This could perhaps be a cultural change across Canadian hospitals. It’s exciting to be part of something innovative like this.”

Vancouver General Hospital, Kelowna General Hospital in B.C., Winnipeg Health Sciences Centre, Toronto East General Hospital and Joseph Brant Memorial Hospital in Burlington, Ont., are the other hospitals participating in the project. —NH

Visit [www.positivedeviance.ca](http://www.positivedeviance.ca) to learn more about the project.