

THE **HIROC** CONNECTION

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THE PULSE OF THE COMMUNITY

How the Toronto Birth Centre maintains
a focus on partnership
and education

START YOUR ENGINES

How Markham Stouffville
Hospital's Safety Cup race is
driving a positive safety culture

BETTER OUTCOMES TOGETHER

At the 2019 HIROC Conference,
delegates look to the future
of data, communication, and
healthcare safety



Contents

- 03 From the CEO's Desk**
HIROC's 2020 Strategic Plan will take us in a bold new direction
- 04 The Pulse of the Community**
How the Toronto Birth Centre maintains a focus on partnership and education
- 06 A Partnership Rooted in Shared Values**
The AOM and HIROC celebrate not one, but two milestones
- 08 Better Outcomes Together**
At the 2019 HIROC Conference, delegates look to the future of data, communication, and healthcare safety
- 14 The Property Top Three**
Three ways to minimize risk at your facility
- 15 Introducing the New HIROC.com**
Coming Spring 2019
- 16 Start Your Engines!**
How Markham Stouffville Hospital's Safety Cup race is driving a positive safety culture
- 18 Ask a Lawyer**
When and how confidential patient information should be provided to the police

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Please visit our website at HIROC.com to see back issues of The HIROC Connection.

Top Trending Resources

21 Questions
Guidance for healthcare boards on what they should ask senior leaders about risk.

Drawing on strong ethical and evidence-based principles, HIROC, in collaboration with subscribers, has developed guiding questions to help boards of healthcare organizations carry out a critical governance function—the oversight of key organizational risks.

Strategic context
1 What are the organization's vision and strategic objectives and do they reflect the core message of delivering high-quality, safe care?
2 How does the board get the knowledge and experience necessary to oversee risk management in a healthcare organization?
Risk culture
3 What is the board doing to ensure open reporting up across the organization about potential risks and safety practices?
Risk management program
4 What is the organization's policy/plan/process for identifying, assessing and managing key risks?
5 How do senior leaders demonstrate ownership for key risks?
Key risks (patients & staff)
6 What are the most significant risks related to care?
7 What are the themes/trends among these patient complaints?
8 What are the most significant risks related to human resources?

Key risks (other)
9 What are the most significant risks related to finances?
10 What are the most significant risks related to leadership?
11 What are the most significant risks related to external relations?
12 What are the most significant risks related to information management/technology?
13 What are the most significant risks related to facilities/infrastructure?
14 What are the most significant risks related to regulatory compliance?
15 What are other significant risks (e.g. research, education)?
Risk management
16 How are decisions made on additional controls or actions required to manage key risks?

Risk prioritization
17 How do senior leaders determine top organizational risks and which risks to report to the board?
Risk reporting
18 What records are kept for key risks and how do these roll-ups and reports, effective reports for management and the board?
Crisis response
19 How does the organization plan for, respond to and learn from crises?
Assurance and evaluation
20 How is the board assured that controls for key risks are working?
21 How is the organization's risk management program evaluated?

A simplified risk management framework

© HIROC, 2018. For more information visit www.hiroc.com April 2018

Strategies for Improving Documentation
Lessons from Medical-Legal Claims

A Guide for Healthcare Providers and Administrators

Cyber Risk Management

A Guide for Healthcare Administrators and Risk Managers

Check out these and many other resources on HIROC.com today.



From the CEO's Desk

HIROC's 2020 Strategic Plan will take us in a bold new direction

It's been a whirlwind first half of the year - but very exciting nonetheless. This past April, we had the pleasure of hosting many of you in person and via live webcast at our annual HIROC Conference and AGM. This year's theme - Better Outcomes Together - touched upon a diverse set of topics. The day's sessions ranged from innovation in healthcare, the importance of team communication, and a subscriber's journey in reducing healthcare acquired pressure injuries - to name a few.

Starting on page 8, you'll find highlights from the day. Your feedback around this event has been fantastic. I understand many delegates are starting conversations at their own organizations to implement what they've learned - that's amazing, and exactly as intended.

During our board retreat in 2018, we heard from our special guest speaker Chris Power, CEO of CPSI. Chris talked about the huge amount of work we are all doing currently, and also about the long way we have to go before we make the inroads we need on the patient safety front.

Reducing harm and increasing healthcare safety in this country will call on our integrity, our grit, and our commitment. HIROC, along with our subscribers and partners, can make a difference - and we will.

We need to be bold in our commitment to co-creating safety, risk and insurance resources and products that positively impact those we have the privilege to serve.

In consultation with our valued subscribers and partners - we're putting the finishing touches on our ambitious HIROC 2020 Strategic Plan. As outlined in our 2018 Annual Review, our three pillars revolve around being bold with regard to:

- Turning the corner on patient safety
- Embracing a relentless customer focus
- Building innovation and agility

We're looking forward to sharing our entire strategic plan with you in the near future. Stay tuned to learn more about how we will put this plan into action in 2020, and where the healthcare community fits in.

As we at HIROC look toward the next six months, we will continue reaching out to you. Our aim is to remain proactive with our advice and counsel, but more importantly to guide subscribers to the resources that can support your risk and insurance needs.

We will continue to challenge ourselves. Wherever we see ordinary, we will make extraordinary. And I challenge you to think about how we can take bold action together. Do let us know how HIROC can facilitate that action - we're here to help! ●

Catherine Gaulton is CEO, HIROC

The Pulse of the Community

How the Toronto Birth Centre maintains a focus on partnership and education

By Michelle Holden



Quilts commemorating the Three Sisters Accord between the Toronto Birth Centre, Women's College Hospital, and Seventh Generation Midwives Toronto.

At the Toronto Birth Centre, a long history of midwifery plays a role in programming and care delivery today. For Executive Director, Roberta Pike, looking to the past is, on one hand, about celebrating the advances since the regulation of Ontario midwifery 25 years ago. But it is also about honouring those midwives, especially Indigenous midwives, who practiced long before.

When asked what drew Ms. Pike to the Centre, she had a lot to say about community. Before becoming Executive Director of the Toronto Birth Centre, Ms. Pike was a social worker in Toronto's Indigenous community and coordinated homecare in Toronto. After, she spent a number of years with the Ontario Ministry of Health and Long-Term Care and the Ministry of Community and Social Services. "What I missed most during my time in government was feeling the pulse of the community," said Ms. Pike.

Ms. Pike was no stranger to midwifery before coming to the Centre. While in government, she worked with Tsi Non:we Ionnakeratstha Ona:grahsta, also known as the Six Nations Maternal and Child Centre – the first birth centre in Ontario. "From my experience working with Six Nations I knew that I wanted to have an Indigenous midwife for the birth of my first child," she said; "having my baby was a beautiful experience." What Ms. Pike values most about midwifery is how midwives work alongside the pregnant person. "They are experts in birthing out of hospital," she said, adding that midwifery, at the end of the day, is about clients' decisions and informed choice.

No two days

For Ms. Pike and her team, there is no such thing as a typical day at the Centre. From the birthing rooms downstairs, to the classroom upstairs – "You really can feel the energy in the space," she said.

Over 100 midwives practice out of the Centre, while 16 full and part-time staff keep things running smoothly.

The Toronto Birth Centre is also home to a number of students who rotate in and out on placements. For midwifery students, having access to labouring clients is a critical part of their education. However, Ms. Pike and the team are also focused on broadening the understanding of midwifery to other professional groups – which is why they also host students from programs like nutrition, social work and nursing. "They are learning from us, and we are definitely learning from them," said Ms. Pike, who loves to see students who want to suggest improvements and reflect deeply on their learning at the Centre.

Building trust

What sets the Centre apart in a busy city like Toronto is its focus on events and educational programming. Ms. Pike says that the driving force behind each event is to help build a safe space to connect communities. "As a relatively new organization, it takes time to build connections and gain peoples' trust," she said. They offer events tied to childbirth, pre- and post-

natal, seasonal feasts, but also health and wellness seminars. Knowing they can't do it alone, the Centre also rents and gives away free space to midwives, doulas, educators, community groups and other professional practitioners.



“There’s a thirst for more education about who we are as people – our bodies and how we’re

interconnected mentally, spiritually and emotionally,” said Ms. Pike. What they’ve found is that people want this information, but they’ll also bring their friends and families along and have a conversation. “That’s the ripple effect that we’re beginning to see.”

And the Centre’s admission numbers certainly tell this story. In the past two years, the Toronto Birth Centre has exceeded its funded numbers.

“It’s been phenomenal how much growth we’ve had year-over-year,” said Ms. Pike. As one of two government-funded birth centres in Ontario, their numbers reflect the growing need for more funding and additional centres. “I personally would like to see other birth centres established here in the city,” said Ms. Pike who explained that their Dundas St. East location is not necessarily an option for everyone across the GTA.

Partnering for safe care

On the subject of safe care, Ms. Pike says the Centre regularly reviews its policies and procedures, working toward constant improvement. “We definitely address all possible risks,” said Ms. Pike, using the example of slips and falls. “We have mats in place in the wet seasons, have wheelchairs for labouring clients, and we ensure the space is cleaned regularly to reduce this type of risk.”

In terms of process and safety, Ms. Pike says she owes a lot to those midwives and staff who played a role in setting the Centre up for success in its early days. The Centre celebrated its fifth anniversary this past February.

For HIROC, the relationship with both free-standing midwifery-led birth centres in Ontario is about more than just providing insurance, it’s a partnership. We work with the two organizations to offer guidance in the areas of risk and safety, and to collaborate on education initiatives.

“We are so proud of how far the Toronto Birth Centre has come since its inception,” said Joanna Noble, Supervisor, Knowledge Transfer at HIROC, adding that the Centre is an embedded asset within the urban Toronto health landscape. “Roberta and her team are always looking at ways to improve their service and care delivery to ensure pregnant people and families have access to safe and culturally respectful care.”

When asked what plans Ms. Pike has for the Centre in the coming years, she focused on partnership and building deeper relationships with healthcare and educational institutions. “We all need to get better at partnering and sharing resources.”

The Centre has a longstanding partnership with St. Mike’s in Toronto, but also with Women’s College Hospital who was a vital partner in the establishment of the Centre. Ms. Pike also spoke of the Three Sisters Accord, between Seventh Generation Midwives Toronto and Women’s College Hospital. “The Accord is a formalized way of talking about our mutual values and goals and commitments to one another,” said Ms. Pike.

And as the only two Independent Health Facilities-funded birth centres in Ontario, Toronto and the Ottawa Birth and Wellness Centre have strong ties. Ms. Pike and Ottawa’s Executive Director Elyse Banham, work together with their Clinical Directors to ensure they are advocating for the needs of the two centres and for families across Ontario.

Ms. Pike says she feels blessed to work at the Toronto Birth Centre – mainly thanks to her staff. “I have to give huge credit to the people who work here,” she said. “Each and every one of them is not only passionate about the Centre, but they really love their job.” ●

Michelle Holden is Communications and Marketing Specialist, HIROC



A Partnership Rooted in Shared Values

The AOM and HIROC celebrate not one, but two milestones

By Philip De Souza

The Association of Ontario Midwives (AOM) and midwives across the province are valued subscribers, and one of HIROC's best examples of a positive and collaborative partnership.

This spring HIROC was honoured to celebrate with Ontario's midwives as they marked the 25th anniversary of publicly funded, regulated midwifery, and the restoration of Indigenous midwifery in Ontario.

"25 years is an amazing accomplishment – although, we all know, midwives have been providing an invaluable service for many more years than that," said HIROC Board Chair, Richard Wilson during the opening ceremonies of the Ontario Midwifery Conference.

"Our shared values – that of ensuring safe perinatal care – is what drives the passion within the entire team at HIROC," he added.

Bobbi Soderstrom, the AOM's Midwifery Insurance and Claims Advisor, shared a compelling story of how the AOM and HIROC joined forces. Soderstrom spoke about sitting down with HIROC after September 11, 2001, when the bottom fell out of the insurance market. "By the end of that meeting, I knew HIROC was committed to making it possible to partner with midwives and what an amazing shift it would be for the Association to be out of the commercial market and come on board as a subscriber to the Reciprocal."

Soderstrom also touted the shared values of both organizations as a difference-maker. "HIROC has

never tried to tell us what to do, but instead asks how they can support what midwives do," she said. "We see how closely aligned our values are during the development of risk management tools and when providing support to members." The AOM has been using HIROC's Risk Assessment Checklists (RAC) Program for four years now.

"We want to thank HIROC's CEO, Catherine Gaulton for continuing to embrace and champion midwifery in Canada and we want to acknowledge the collaborative leadership of HIROC staff," said Soderstrom as she closed her touching speech.

To mark this milestone, HIROC announced the start of an annual scholarship fund for students entering the Midwifery Education Program.

Congratulations midwives! ●

Philip De Souza is Director, Communications and Marketing, HIROC



Episode 12 with **Elizabeth Brandeis** President of the Board for the Association of Ontario Midwives



A podcast by **HIROC**



Better Outcomes Together

At the 2019 HIROC Conference, delegates look to the future of data, communication, and healthcare safety

By Philip De Souza and Michelle Holden

Dr. Sonny Kohli (Cloud DX), Dr. Mjaye Mazwi (SickKids), Dr. Anna Goldenberg (SickKids), Bill Simpson (Winterlight Labs), Pat Clifford (Southlake Regional Health Centre), Dr. Joel Dudley (Mount Sinai, New York City)

“What’s your moonshot?” asked Dr. Sonny Kohli, co-founder of Cloud DX. On April 29, Dr. Kohli moderated the Innovation Imperative panel at the HIROC Conference in Toronto. The panel challenged healthcare leaders in the audience to consider the coming wave of technology and interconnectedness. The big question is whether we embrace our ambitious projects and shoot for the moon today, or risk falling behind tomorrow.

“It’s amazing to see all these new data streams, that healthcare hasn’t seen before,” said panellist Bill Simpson, Science Liaison, from Toronto start-up, Winterlight Labs. “There are different ways to approach what should happen with that data, but largely, all organizations we partner with are looking to have better outcomes.”

Simpson shared examples of how Winterlight and their many collaborators are working to not only protect patient data, but also to assist organizations in identifying the tools they need. These tools could help to create more effective therapies for dementia, reduce re-admissions in hospitals, and identify issues earlier in a disease trajectory.

Dr. Anna Goldenberg, Chair, Biomedical Informatics and Artificial Intelligence at SickKids spoke to the critical importance of wearables and the data that can be gleaned. “It’s very important to bring wearables into clinical care,” she said. Dr. Goldenberg spoke to the many things that happen to us at home or at work that can provide valuable health information. “Getting this data will be very helpful in early detection, which is key to a better quality of life,” said Dr. Goldenberg.

Pat Clifford, Director of Innovation at Southlake Regional Health Centre, applauded his organization’s leadership – “We’ve been fortunate because our leadership have helped position us as an innovation hub,” he said. For Clifford and his team, this has been made possible by exposing all the players at Southlake (from clinicians to finance staff) to new ways of thinking, new technology, and new services that help drive safe care.

Clifford challenged the audience to think beyond the tool itself, “It’s really not about the widget, it’s more about what the widget does,” he said. “Does it help us change how we deliver care, can outcomes be improved, has the staff and patient experience improved.”

(Continued on page 10)

Speaker Spotlight



Dr. Joel Dudley, Mount Sinai, New York City



Anna Marrison, BLG Health Law Group



Barbara Collins and Trevor Hall, Humber River Hospital



David Collie, Electrical Safety Authority



Michelle Lindsay, Patient Story



Dave Millier, Quick Intelligence



Allison Lachaine and Marisa Vaglica, Joseph Brant Hospital



Greg Jones, Michael Garron Hospital; Paul Hassanally and Linda Boich, Niagara Health System





(Continued from page 8)

At Lab100 in New York City, Dr. Joel Dudley and his colleagues are focused on better integrating technology into the clinical environment and working toward disease prevention. “We collect over one million data points per patient encounter,” he said.

Dr. Dudley shared how his work includes capturing digital phenotypic data. “Right now it’s very sparse and messy data... there are huge limitations to catch this data in the moment,” he said. His model aims to pinpoint and map this critical information with the hope of preventing disease.

While the panellists considered these ambitious targets, everyone in the room was thinking about their own moonshot. Dr. Mjaye Mazwi, Staff Physician at SickKids, says that moonshot is about a change in mentality and how we approach problem solving. “If we can recognize that clinical research and clinical care are one and the same, we’ll be able to create all the right kinds of structure to unshackle researchers and innovators.”

At Southlake, Clifford and his team maintain a focus on the people involved – the teams, the communities and the patients. “The moonshot for acute care is massive transformation – engaging with communities and shifting to wellness.”

“He can’t win a game by himself”

While innovation took the driver’s seat early that morning, the HIROC conference was also buzzing with insights on Effective Teamwork and Communication – a session presented by Dr. Jeff Klassen, Emergency Physician at St. Boniface Hospital in Manitoba.

Dr. Klassen shared with delegates that on any given day, 1,600 hospital beds across Canada are full because of medical error. These are technologically-skilled and well-meaning individuals, so what happens? A part of the problem, says Dr. Klassen, is teamwork.

“We tend to focus so much on our job, rather than seeing how much we’re dependent on the person to our right, and who’s dependent on us,” said Dr. Klassen,

A podcast by **HIROC**



**Episode 13 with
Dr. Jeff Klassen
St. Boniface Hospital**

Dr. Jeff Klassen, St. Boniface Hospital

using his 'Connor McDavid Theory' to shoot the puck home – so to speak. "As good as Connor McDavid is, he can't win a game by himself."

St. Boniface has undergone a significant culture shift over the past few years with respect to teamwork – in large part due to the TeamSTEPPS program and a focus on psychological safety. The concept of psychological safety is the shared belief that it's okay to blurt out an idea, ask a question, take a step back, and think through ideas without ridicule.

Dr. Klassen's focus is grounded in Google's Project Aristotle, which found that individual character traits don't necessarily matter when it comes to high-functioning teams. It's more about being attuned to others – recognizing when someone is uncomfortable and asking them what's going on.

As much as Dr. Klassen's examples and analogies made the audience feel like 'Yes, we can do this!', he reinforced that it does take work. "Teamwork is not naturally going to happen, teams have to actively think about it and work towards it."

Welcome to the Command Centre

Dr. Klassen wasn't the only speaker who touched on improved communication. At the morning breakout session, delegates were privy to a presentation by Humber River Hospital on enhancing and monitoring safety.

One way that Humber has sought to improve safety and communication across the hospital is through its Command Centre. Barbara Collins, President and CEO, and Trevor Hall, Director, Quality and Patient Safety, walked delegates through the various phases of this project.

The Command Centre is about point-to-point communication and automation, freeing up time for staff to spend more patient-focused time at the bedside. "There is no hunting, no gathering, no running around," said Collins. With 26 screens and data being updated every four seconds, Collins says it's possible to know everything that is going on in the facility.

And it's evident that this dramatic uptake in technology is also improving patient flow. Collins says their

occupancy rate is currently 110 per cent but they don't use hallways.

Collins and Hall shared the next phases of the Command Centre project with delegates. We at HIROC are certainly excited to see where things go.

Stepping outside of our comfort zone

During the final keynote of the day, things got electric. In an effort to take delegates away from what they live and breathe every day, HIROC invited David Collie, President and CEO of the Electrical Safety Authority (ESA), to talk about harm reduction.

During Collie's first week on the job, a child was electrocuted after he climbed a hydro poll. For ESA, there was nothing they technically did wrong, but harm did take place. This signalled to Collie, that the things we spend most of our days on are probably not the things that have an impact on harm reduction.

So Collie and his team went straight for the data and identified five key harms that account for 75 per cent of electrical fatalities in the province – and since then, they've been shifting their focus to reducing harm in these areas.

This strategy wasn't immediately met with organization-wide support. "We were changing the way they were delivering safety," said Collie, who admitted that it took some time to adopt a new culture.

Collie and the ESA also learned to leverage partnership – an example of this is their work with the burn unit at Sunnybrook Health Sciences Centre. "When our system fails and someone does have an electrical injury, we want to make sure that care is there," said Collie.

Throughout all of the sessions at the 2019 HIROC Conference was the common thread of safety and teamwork – ultimately reinforcing the belief that better outcomes are possible when we work together. Just like Connor McDavid, we can't win the game by ourselves. ●

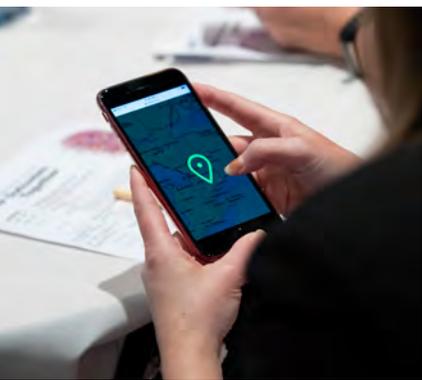
Michelle Holden is Communications and Marketing Specialist, HIROC

Philip De Souza is Director, Communications and Marketing, HIROC



“Thank you for opening the day with a patient story.”

“Great diversity of sessions this year.”



“Fantastic conference – I left feeling empowered about risk!”





Thank you to all attendees, speakers and HIROC staff for another successful and memorable conference.

The Property Top Three

Three ways to minimize risk at your facility

From small facilities to large hospitals, every organization should be thinking about facility maintenance and risk mitigation. Property incidents can happen without warning and can result in costly claims.

To help, each year FM Global visits HIROC subscribers across the country to tour facilities and review processes. Depending on the size and the type of facility, a number of recommendations may be made.

To make things easy, we've distilled our data to identify three things that organizations should consider to help mitigate facility risks.

1 Develop a Water Leakage Emergency Response Plan

With water being the number one loss driver for healthcare organizations, responding to leaks should be a priority. Ensuring that leaks are promptly identified, isolated and repaired is key to minimizing the extent of the damage.

A comprehensive water leakage plan can help you prepare. This plan should include:

- Preventative maintenance (such as labelling critical isolation valves, and verifying drains are free of debris)
- A contact list for designated team members (facilities personnel, security and janitorial staff)
- Regular drills to review response procedures
- Actions and materials for restoration (such as a cart with absorbent socks, squeegees, dryers and fans)
- Contact information for a restoration contractor

Download a sample *Water Leakage Emergency Response Plan* on HIROC.com.

2 Contractor Management for Hot Work

While we don't yet know what caused the Notre-Dame Cathedral fire, events like these allow us to reflect on best practices. A leading source of ignition, and an area we should maintain focus, is hot work management.

To mitigate this risk, ensure any contractors and facilities personnel follow a structured hot work management process, complete with precautions, action items and fire watch. The process should also include a fire monitoring period after the work is finished.

To learn more about hot work, review the FM Global resource *Understanding the Hazard - Hot Work* and HIROC's *Hot Work Management Risk Note*. Both resources can be found on HIROC.com.

3 Sprinkler Maintenance and Testing

Automatic sprinkler protection is the best defense against a fire in its early stages. Organizations with sprinkler systems have a major advantage when it comes to mitigating fire damage. However, even facilities with sprinklers are at risk if they are not in proper working order. Failing to control a fire in the first few minutes can result in a catastrophic loss of property and an inability to resume normal operations.

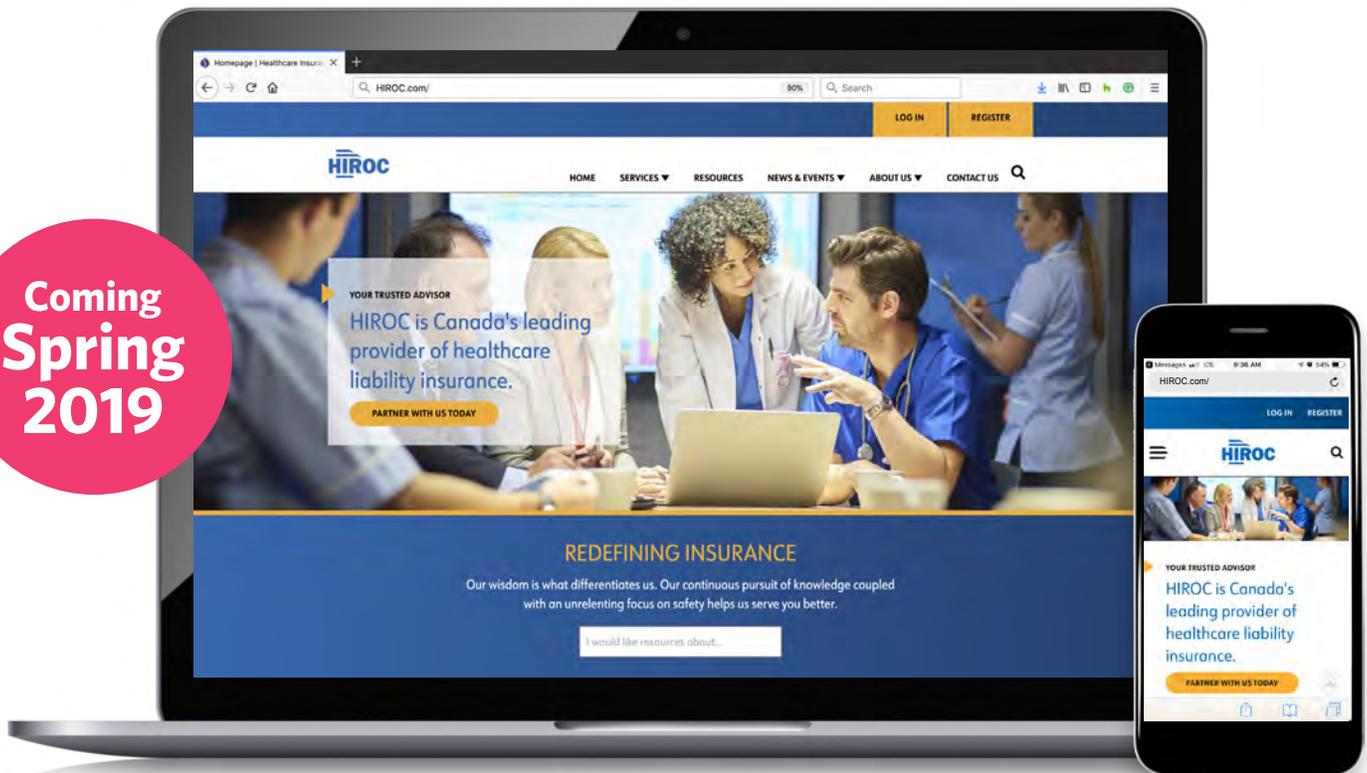
In order to verify these systems are in service and ready to respond as needed, a comprehensive testing and maintenance program should be in place. This should include regular checks, alarm testing and exercising of critical valves.

To learn more about system testing and maintenance, review the FM Global resource, *Lack of Inspection, Testing and Maintenance of Water-Based Fire Protection Systems* on HIROC.com.

For more information on these and other facility recommendations, contact Jean Asuncion (jasuncion@hiroc.com), Engineering Liaison Associate at HIROC ●

Introducing the New HIROC.com

Coming
Spring
2019



We know our subscribers visit HIROC.com to capture new resources, and to absorb and share information with peers. We also know our site visitors want to keep up to date with what's new and trending in the healthcare safety and insurance sectors. Whether it's through our news stories or our award-winning Healthcare Change Makers podcast – our site is a living, breathing reflection of the world we're living in.

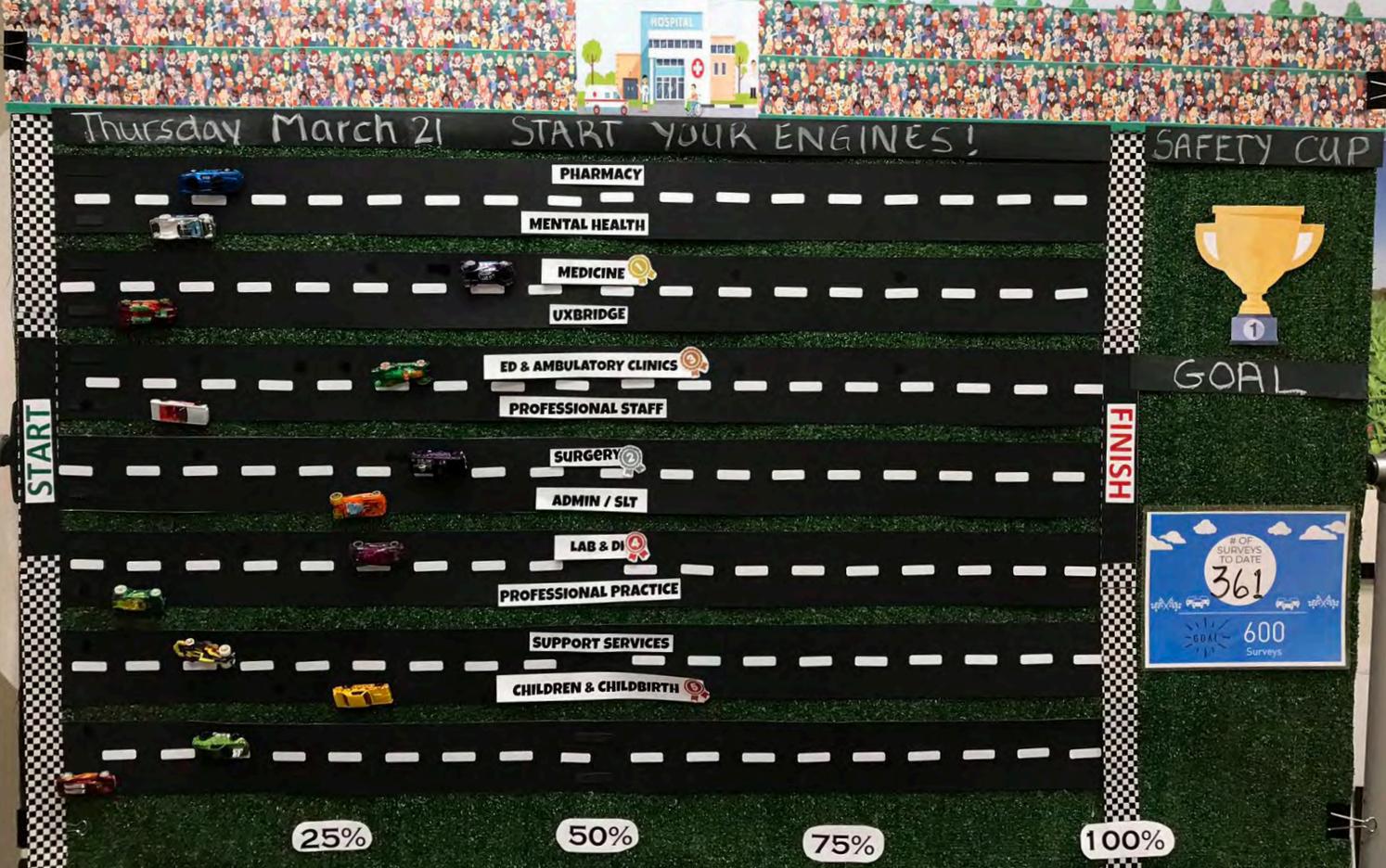
Here are a few of the changes you'll see on the new HIROC.com.

- **World-class tools in one spot.** Our resource library features over 350 resources to help navigate your patient safety journey and respond to your risk management and insurance needs.
- **A more robust search.** There are now multiple ways to search our site. Whether it's through the main site search icon at the top-right corner of your screen, or on the Resources page – you have options.
- **Easy to use Member Portal Links.** Once subscribers are logged in, all the necessary links will be in one drop-down. Your login and password credentials from the old HIROC.com will stay the same.

As you begin to use the site, we will be reaching out to subscribers to find out how we can evolve further. Our ultimate goal is to ensure the site meets the needs of all of our subscribers.

If you have any questions about the site, reach out to us at inquiries@hiroc.com.





Start Your Engines!

How Markham Stouffville Hospital's Safety Cup race is driving a positive safety culture

By Marc Aiello

Every day for nearly a month, patients, staff, physicians and volunteers at Markham Stouffville Hospital (MSH) walked by a model racetrack with the words "START YOUR ENGINES!" written across the top - an unusual sight for those who weren't in the know.

Attached to a large rolling whiteboard, the racetrack was surrounded by fake plastic grass, an excited two-dimensional crowd, and a checkered finish line. It also featured 12 separate lanes with toy cars belonging to each of the hospital's departments fiercely competing for the coveted Safety Cup.

What's the Safety Cup?

The Safety Cup is the brainchild of MSH's Quality and Safety (Q&S) team, spearheaded by Karen Chapman, Manager of Patient Safety. The model racetrack was

built to both inspire and showcase the units that had completed the most Safety Culture Surveys to reach the hospital's ultimate goal of 600 responses. It was a fun and effective way to not only spread awareness, but also to improve current processes and strengthen the safety culture within the hospital's community.

The Safety Culture Survey is a standard, confidential questionnaire created for our healthcare system by Accreditation Canada. *"Senior management has a clear picture of the risk associated with patient care"* and *"My organization effectively balances the need for patient safety and the need for productivity"* are two examples of queries found on the survey. The results are meant to help inform strategies regarding safety culture and general work-life at the hospital.

Though safety culture improvement at MSH was the survey's primary purpose, the project itself went

beyond that for the Q&S team. It was also about engaging frontline staff while showing them that they are valued, appreciated, and heard.

“Our Quality and Safety team knows that anytime we can make it fun, it will make engaging our team easier,” says Barb Steed, Executive VP of Patient Services and Chief Practice Officer. “Luckily, we have lots of healthy competition here, and when people heard of the racing concept and a chance to win a trophy, we knew there would be plenty of interest.”

From March 18 onwards, staff were updated about who was in the lead at the start of each day to motivate them. There were many different ways to access the survey, with it being available online, accessible via QR code, and physically with paper copies.

Members of the hospital’s Patient Experience Participants (PEP) program assisted in the project, using tablets to bring information and details to staff and patients. PEPs are patients or their family member(s) who – in a volunteer capacity – work with hospital staff and physicians, sharing their ideas, perspectives, and experiences to help improve the overall patient experience.

In the winners’ circle

MSH’s surgery team was the big winners of the inaugural Safety Cup competition. They’ll have their department team name engraved on one of the Safety Cup’s nine plaques which line its bottom. After announcing the winner on April 8, the trophy was filled with a bounty of delicious chocolate and shared with everyone in the surgical unit.

“One of the organization’s main goals with this initiative was to increase the response rate from the previous survey in 2017,” says Chapman. “The target was 600 survey responses – we got 903.”

That wasn’t the only evidence of the project’s massive success. Another one of the goals was to increase the physician participation response rate, and they did so by almost 400 per cent.

“Seeing our directors and managers rallying their teams together, including physicians, was really

special,” says Chapman. “They went out there, promoted the project and encouraged their staff to participate enthusiastically.”

The excitement of the challenge and daily promotion stoked the competitive spirit of MSH staff, leading to many day-to-day discussions on safety and what could be done to better it.

Learning to improve the safety culture

After all survey responses are collected, they are thoroughly analyzed to find areas and opportunities to improve safety culture.

“As someone with a background in risk, I certainly have an awareness of how important a good safety culture is, so we work closely with our Risk team and HIROC’s Risk Assessment Checklists post-survey,” says Chapman. “We review the responses and learn where we need to focus. For example, if we find a particular issue, we take a look to see if it’s a risk organizationally.”

An example of an issue identified in past Safety Culture Surveys was MSH’s improving the reporting process of safety concerns in a just culture environment. That has been actioned by the Q&S team’s next project called Speak up for Safety. This campaign will focus on the importance of hospital staff, patients and physicians speaking up and bringing forward safety concerns more proactively, while creating a safe environment for reporting.

“With this new project, we want staff to know they’re concerns are being heard. So when a survey question asks ‘does someone follow-up?’ we want to hear ‘yes they do,’” says Chapman.

“We want to make it easier for people to participate. We’re dedicated to promoting, improving and demonstrating we learn from what people tell us,” says Steed. “Engagement is critical. If you’re not engaged in the problem, then you’re not engaged in the solution either.” ●

Marc Aiello is Communications and Marketing Coordinator, HIROC

Ask a Lawyer



Q. I am an Emergency Department (ED) nurse. Occasionally, police attend at the ED and request patient blood or urine samples from hospital staff (usually because the patient is suspected of drunk driving). We have been instructed by the hospital to not provide samples or results to the police without a search warrant. Is this really necessary? What is wrong with cooperating with police? If the patient was drunk aren't the police entitled to this information?

A. Your question is very timely as the Ontario Court of Appeal recently released a decision, *R. v. Campbell*, which deals with this very scenario.

In the early morning hours of October 27, 2014, Brynn Campbell was involved in a head-on collision which killed the other driver, an 83-year-old woman. Although Campbell showed no signs of impairment, blood and urine samples taken at the hospital for medical purposes revealed that Campbell's blood alcohol level was well over the legal limit. The police subsequently obtained a warrant to seize Campbell's blood and urine samples and charged her with drunk driving causing death.

At trial, Campbell argued that the warrant the police used to obtain her blood and urine samples was improper and, as such, the samples should be excluded from evidence. The central issue was the evidence the police relied upon to obtain the warrant. In obtaining the warrant, a police officer claimed that he "overheard" a nurse indicate that Campbell's blood alcohol level was over the legal limit. However, Campbell's father testified that the police officer specifically asked a nurse for the results and that the nurse advised him of the results prior to a warrant being obtained.

At trial, Campbell was acquitted. The Court accepted the evidence of Campbell's father and concluded that the officer had asked for the samples and that the nurse provided them without any authority to do so: "In effect, the police had the answers and then justified their actions after-the-fact by getting a warrant".

The Court of Appeal subsequently upheld Campbell's acquittal stating that the "police intentionally obtained information from hospital staff in breach of medical confidentiality, and relied on that information to obtain a warrant that otherwise could not have been issued". The Court of Appeal further stated that "To admit the evidence in this case would permit police to obtain evidence illegally, and ... attempt to justify this action by getting a warrant".

In summary, patients are entitled to confidentiality, and blood and urine samples (and other patient information) should only be provided to the police if the patient consents or the police possess a warrant. As the risk in doing otherwise is that the improperly-obtained evidence will be excluded from trial, resulting in an acquittal, the best way you can cooperate with the police is to insist on a warrant if they do not have the patient's consent. ●

Gordon Slemko is General Counsel for HIROC



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