

THE **HIROC** CONNECTION

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SEEING DOUBLE: A NEW PROCESS FOR TWIN DELIVERIES

Boundary Trails Health Centre recognized
with 2018 Salus Global Patient Safety Award

THE POWER OF PARTNERSHIP

Driving change in healthcare
does not happen in silos

HELPING THE HELPERS

Keeping staff, patients and facilities safe
at Kingston Health Sciences Centre



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



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Huda Idrees
Founder and CEO, Dot Health



Episode 16
Alex Munter
President and CEO, CHEO



Helping the Helpers

Rocky Prosser on keeping staff, patients and facilities safe at Kingston Health Sciences Centre

Floods, fires, chemical spills, weapons... these are the types of calls Rocky Prosser has spent the last 30 years responding to. "I said I would give it five years," said Prosser talking about his first stint in healthcare back in 1990; "the rest is history."

Today Prosser is Director of Emergency Management, Security, and Life Safety at Kingston Health Sciences Centre, with similar responsibilities at Providence Care and Brockville General Hospital.

Responsible for the safety of over 10,000 staff, 1,000 patients, and the many visitors who walk

through the hospitals' doors each day, Prosser relies heavily on the 80 staff under his portfolio as well as departments like risk management.

I laughed and asked him how he has time to sleep at night – Prosser later told me about the years he spent working nine-to-five in healthcare and moonlighting as a member of Toronto's auxiliary police, then in the Army Reserve.

"It's just part of who I am to help other people," says Prosser, "to feel you can make a difference in someone else's day."

Much of that help comes in the form of planning and prevention, as well as looking outside of hospital walls. Prosser says he keeps tabs on what's happening in the community in terms of crime, events, large projects – anything that will affect the hospital. He works with Queen's University in preparation for their annual Homecoming. He has also been involved in planning for large events, like the Tragically Hip concert a few years back. Planning for a potential influx of patients is important, especially if you are the only trauma centre in the area, says Prosser.

For that, he relies heavily on partnerships – working closely with Facilities Management and Risk Management, external emergency management agencies, police services, infection control, and other stakeholders in the region. Insurance partners also play a part – “As one of our partners, HIROC provides direction and guidance when it's needed,” said Prosser.



Rocky Prosser, Director of Emergency Management, Security, and Life Safety at Kingston Health Sciences Centre

Over the course of his career, Prosser has had a long relationship with HIROC, moving throughout a number of subscriber organizations. Through the hospital's risk management team, Prosser and his team have never hesitated to reach out when they have needed sample resources on things like [hot work permits](#), or advice on a facility or safety issue. HIROC's [Risk Assessment Checklists \(RAC\) program](#) enables the organization to proactively assess many security and facility safety

areas against recommended mitigation strategies. They also value engineer-driven facility reviews and resources provided by FM Global, a property insurance partner of HIROC.

When I met Prosser he was delivering a talk at a [Spark Conferences event on emergency preparedness](#). Prosser shared lessons learned from a recent Code Silver at KHSC (person with a weapon). What impressed me during that first meeting, and still today, is the number of different issues at play when it comes to keeping people safe in a healthcare environment. In fact Prosser says he has heard from police officers that hospitals deal with more in a day than the average police department.

Prosser says one of the main differences between healthcare and other sectors is that when a security emergency is happening you have to defend in place. “In just about every other sector, you leave,” he says, “in hospitals you have to stay and figure it out.” Much of this comes from the need to protect patients who may not be able to walk out during an emergency.

When I asked Prosser if there is one incident that he thinks back on – something that reminds him why he does this important work – he said no, because frankly they've all left a mark.

He walked me through a number of stories from various hospitals he's worked at over the years which have all, at one point or another, kept him up at night. Like the time a 2.5-inch water pipe burst above an ICU, leaking down the walls and into the basement's electrical room. Or the time the junction point between an old and new roof caught fire. “The whole goal is to minimize risk as much as possible.”

Prosser says security principles and principles of patient care can sometimes conflict, making his job a little more difficult. “When I first proposed we install cameras in the early '90s, they [senior management] were reluctant: ‘You can't do that!’” Today, Prosser says, cameras are widely viewed as one of the ways to reduce risk – both from violence and theft and as an investigative tool.

In order to keep patients and staff safe, the building must also be safe. That's where proactivity comes

in around meeting fire and building codes and maintaining the facility. In order to accomplish this you require a strong collaborative relationship with Facilities Management and Risk. Planning is one aspect of ensuring that our buildings are safe; however without the support from senior leadership to transform plans into actionable responses, plans would be doomed to fail.

An area of focus of late for KHSC has been their proximity to Lake Ontario. “All our water runs into storm drains and back into the lake,” said Prosser; “if the lake floods, it pushes everything back up.” Now that Prosser and the team have an inter-professional/integrated flood plan in place, they are working on mitigation strategies, such as cement dikes around stairwells.

They are also focused on implementing exterior lock-down doors and upgrading fire doors. In all of these projects, the relationship with FM Global and HIROC is key.

This search for mitigation strategies is where Prosser shines.

“I'm at a place in my career where I get to plan – to look at roadblocks and figure out how we can provide a smooth road around them or through without disrupting staff.”

And to help staff, Prosser understands he has to know staff. That's why he rounds the Emergency Department at least twice a day to check in with nurses, doctors, and staff on the floor. He refers to staff as his partners in care.

“How do I help the helpers,” he said, “in order for them to be able to provide the best care they need to.” ●

By Michelle Holden, Communications & Marketing Specialist, HIROC



Seeing Double: A New Process for Twin Deliveries



Dr. Ashley Dyson and Dr. Sahar Alhayjaa with a number of families that were able to deliver their twins at BTHC.

Photo courtesy of Heather Coutts at Salus Global.

Boundary Trails Health Centre recognized with 2018 Salus Global Patient Safety Award

Until last year, a pregnant person expecting twins in the Winkler, Manitoba area would be required to travel to another community for delivery in a tertiary centre. Having to travel can be scary and unsettling for some. For high-risk patients, travel can also add risk for the patient and their baby.

Dr. Ashley Dyson and her team at the Boundary Trails Health Centre (BTHC) became far too familiar with this reality and wanted to improve the client experience by allowing more mothers to deliver close to home.

“Implementing twin deliveries is an opportunity to enhance patient-centred experiences. Keeping patients close to home and providing them with good

care is important for the accessibility of safe, high-quality care in the community,” said Dyson.

BTHC is considered a low-risk delivery site. However, with three obstetricians on staff alongside a very supportive labour and delivery team, Dr. Dyson felt that uncomplicated diamniotic dichorionic twin deliveries could safely be achieved at BTHC.

Working with moreOB

Bringing twin deliveries in-house meant the creation of new policies and training for staff. One of the first steps was to bring the idea to the Southern Health-Santé Sud’s Regional Medical Advisory Committee. An environmental survey demonstrated that BTHC would be able to provide this service and maintain safe care. Once the team had the go-ahead, a policy was created, reviewed by all teams involved, and approved by the region.

The twin-deliveries initiative was mostly driven by the BTHC Obstetrical Practice Group. This team knew the patients would have the best outcomes if staff were well trained to deliver twins and how to identify and know what to do in emergency situations. To address this need for specialized training, expertise was sought from Salus Global’s moreOB program.

HIROC, the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Canadian Medical Protective Association (CMPA) share equal ownership in Salus Global – a partnership rooted in the shared value of creating the safest healthcare system. moreOB, Salus Global’s flagship program, is designed to create a culture of patient safety in obstetrical units.



moreOB is being used in hospitals across Southern Health-Santé Sud and was initially brought to BTHC in 2013. In the past five years, the BTHC team has leveraged the program to enhance knowledge, communication and teamwork skills.

Training through simulation

The role that moreOB plays is centred around three pillars: interprofessional teamwork, a Continuous Quality Improvement (CQI) framework, and the application of validated and effective approaches (Simulation, Debriefing, etc.).

A large part of moreOB’s involvement in the BTHC twin delivery initiative was education around policy and simulation. The simulations were about ensuring all staff were exposed to:

- Monitoring both babies
- Documenting
- Alerting the team (obstetrician, OR staff, anesthetist, etc.)
- Moving the patient to the OR
- Setting up for both vaginal delivery and cesarean section

Throughout the simulations, staff were able to ask questions and to engage in important discussions such as, *when* a cesarean section is required and *who*

makes the call. The goal is to facilitate education around the policy and open communication.

The simulations brought to light issues around the need for a shared understanding of roles between OR staff and obstetrical staff.

“The OR staff learned what is involved with vaginal births while the obstetrical staff learned more about what is involved with cesarean sections,” said Dr. Dyson. “Both teams now have a much better understanding of each other’s roles. This has fostered increased knowledge and respect between the two units.”

Overall, not only did the teams become more confident providing safe care to their patients, they also developed stronger interpersonal relationships and learned to appreciate the roles and responsibilities of each area.

Awarded for excellence

Since the program was implemented in 2018, BTHC has received positive feedback from the community and staff. As a result of their work and success regarding the initiative, BTHC was recognized with a Salus Global Patient Safety Award in May 2019. The BTHC team is proud to offer safe twin deliveries and provide excellent care for patients and their babies, while keeping families close to home.

“We are very proud of the work being done at Southern Health-Santé Sud,” said Catherine Gaulton, CEO of HIROC. “It’s amazing to see our subscribers innovate to create safer care settings through the moreOB program.”

Inspired by the BTHC initiative, two other Southern Health-Santé Sud sites are planning to implement obstetrical triage on their wards where moreOB simulations will also become a part of their standard training processes.

Congratulations Boundary Trails Health Centre!

By Vanessa Siemens Client Services Manager - Rehabilitation Services/Surgical/Obstetrics, Southern Health-Santé Sud, and Michelle Holden, Communications & Marketing Specialist, HIROC

The Power of Partnership

Driving change in healthcare does not happen in silos

Over the course of the past 24 months, the team at HIROC has been hard at work mapping out our 2020 and beyond Strategic Plan. This fall you'll see first-hand how, together, we plan on making an impact in healthcare.

In consultation and development of the new plan, it struck us that none of what we've accomplished so far would have been possible without the support of both our valued subscribers and our key partners.

Each and every one of the organizations we work with, and the many dedicated individuals, has embraced HIROC's vision of partnering to create the safest healthcare system.

Because we are so thankful to our partners, in this issue of Connection, and online, we are paying homage to a few of these organizations and the groundbreaking work they are doing.

For more on each of our partners and what's on the horizon, check out our full partner series on HIROC.com/news.



Institute for Safe Medication Practices Canada

With Carolyn Hoffman, President and CEO, ISMP Canada

How ISMP Canada came to be...

In the 1990s in North America, the term patient safety had started bubbling up. Until then, patient safety incidents were viewed through a "bad apple" lens – focusing on and blaming the healthcare provider for their error. Leaders began to realize that when individuals enter the system, it (the system) often creates challenges and risk. There was a growing awareness that blaming providers did not reduce the risk of the same or similar thing happening to other patients – that "we" could do better.

It was around this time that the concept of ISMP Canada was born. A 1999 Coroner's Inquest into the death of an infant from morphine toxicity recommended the creation of a non-profit organization similar to the American ISMP. Its role would be to collect and disseminate information on medication errors and to make recommendations for medication system improvements.

Founded by a small team of five, ISMP Canada was officially incorporated in 2000 as an independent sister organization to the American ISMP. Many of these amazing individuals are still with ISMP Canada today as employees, board members, and advisors.

Why partnerships are critical...

For ISMP Canada and HIROC, there's been a relationship since those

early days through ISMP Canada's first board – one of its Directors was Eleanor Morton, HIROC's Vice President of Risk Management at the time. Morton's approach was about doing the right thing for patient safety – if you can do something better, you should do it. Morton, past President & CEO David U, Professor John Senders, and others, embraced this approach with ISMP Canada's board and staff. Together they identified and worked to address emerging safety issues.

Today HIROC still has a connection with ISMP Canada's board, and there is a strong CEO-CEO relationship based on mentorship and collaboration. The two organizations partner to identify safety risks and to share resources and expertise across the healthcare system.



Ontario Hospital Association

With Annie Tobias, Vice-President Learning and Engagement, OHA

How OHA came to be...

Since its inception in 1924, the OHA has influenced and helped shape healthcare policy in Ontario. The Trustees who formed the association had one primary aim: to improve standards in the delivery of healthcare. They pioneered a results-oriented, patient-focused philosophy that remains a cornerstone of the OHA to this day.

The OHA is the voice of the province's 141 public hospitals. It serves hospitals through advocacy, learning and engagement, labour relations and data and analytics

to build a better health system. We achieve this by conducting evidence-based research, convening members and partners, developing relevant value, and encouraging responsible dialogue. This year, the OHA celebrates 95 years of providing services to its members, to the healthcare system in Ontario and ultimately to patients.

Why partnerships are critical...

The OHA's purpose is to serve Ontario's hospitals to build a better health system. Hospitals cannot achieve this goal alone. The notion of 'collective impact', and the value derived from diverse partners aligned to a common purpose, will be more effective than if every organization attempts to make this happen on their own. Given the current state of system transformation and upcoming care

integration initiatives, partnerships are essential for building a health system where all players are focused on the patient in a coherent way.

The OHA's partnerships allow us to co-develop opportunities and to delve into sector-wide issues and challenges and identify actionable ways forward. Our partnership with HIROC stands front and center as exemplary. Leaders within our respective organizations maintain an open, candid dialogue. And there are multiple opportunities to collaborate on programs and to benefit from each other's expertise and research. For example, OHA's longstanding partnership with HIROC reinforces the importance of considering risk in all aspects of this integrated environment, risk is more important than ever within the four hospital walls as well as through the continuum of care.

Choosing Wisely Canada

Choosing Wisely Canada

With Dr. Wendy Levinson, Chair, Choosing Wisely Canada

How Choosing Wisely Canada came to be...

Choosing Wisely Canada launched on April 2, 2014, to help clinicians and patients engage in conversations about the harms of unnecessary tests and treatments. The campaign is part of a global movement that began in the United States in 2012, which now spans 20 countries across five continents.

In the past five years, Choosing Wisely Canada has partnered with over 70 national societies representing different professions and clinical specialties. These societies have developed over 350 recommendations that identify tests and treatments commonly used in

each specialty that are not supported by evidence and could expose patients to harm.

Choosing Wisely Canada also partners with a wide range of medical associations, health system as well as patient organizations to help put these recommendations into practice.

Why partnerships are critical...

Tackling overuse requires clinician leadership as well as a sustained commitment from many healthcare system stakeholders. Choosing Wisely Canada's significant impact to date is in large part to all the committed campaign partners including patients, clinicians, and healthcare organizations who have stepped up to take leadership on overuse. Building on this momentum, Choosing Wisely Canada is excited to deepen its efforts on reducing unnecessary tests and treatments and continue improvements to the quality and safety of patient care.



Advancing Senior Care

AdvantAge Ontario

With Lisa Levin, CEO, AdvantAge Ontario

How AdvantAge Ontario come to be...

In 1919, a small group of committed individuals, fueled by a desire to improve care for seniors, came together to form the Association of Managers of the Homes for Aged and Infirm. At this early meeting, superintendents, matrons and county representatives from Haldimand, Lincoln, Welland, and Wentworth counties met to create a formal group to support each other and share ideas. From these humble beginnings came the strong, vibrant association that AdvantAge Ontario is today. Now, as we celebrate an incredible 100 years of serving our not-for-profit members, we are proud of our history and we will continue to advance senior care.

Why partnerships are critical...

Long-term care, and more broadly senior care, cannot be delivered effectively alone. It takes a wide range

of partners and stakeholders to work together to help our members deliver the very best care at the bedside. Just as a long-term care home requires a team of care experts to support the seniors they look after, the Association, and our members, benefit the most by working together with other associations, with government, and with our commercial members.

Our mission is to represent and support our members in providing a continuum of quality not-for-profit long-term care, seniors' community services and housing. And we value and believe in shared learning and collaboration, recognizing excellence, and an integrated health delivery system. We realize our mission and these values by working closely with our members and our partners.

We are fortunate to count HIROC as a long-standing member of our Association, and we are grateful for the support that they provide. We are particularly appreciative of HIROC's regular presence at our annual Convention. And we value HIROC's support of our annual Awards program, including our Leadership Award, which helps us to recognize excellence in not-for-profit senior care. By working together to recognize the achievements of the senior care sector, we are collaboratively setting the standard for delivering outstanding care.



The Canadian Patient Safety Institute

With Chris Power, CEO, CPSI

How CPSI came to be...

The genesis of CPSI began in the late '90s and in the early 2000s as the result of a rallying cry led by dedicated individuals working within the healthcare system who couldn't experience one more incident of a patient being harmed.

On the heels of the U.S. Institute of Medicine report, "To Err is Human", in 1999, and the concurrent *Canadian Adverse Events Study*, Health Canada established the National Steering Committee on Patient Safety. It was a notable group of key stakeholders such as clinicians, healthcare leaders, academics, researchers, and policy makers from across the country. The committee developed a series of recommendations for establishing a national integrated patient safety strategy for Canada, and the number one recommendation in their report was the establishment of a Canadian patient safety institute.

The report was accepted. In 2003, the federal government announced funding and the Canadian Patient Safety Institute opened its doors in 2004.

Why partnerships are critical...

People expect and deserve safe, high-quality healthcare and patient safety is everyone's responsibility. At CPSI, our aims are to demonstrate what works in patient safety and to strengthen commitment for patient safety throughout the system, since we know that's how improvements can be sustained and have an even greater collective impact.

At the end of the day, we are the only national organization with a sole mandate on patient safety so we're here to raise awareness and remind every single person that they have a role to play. We are fortunate to have HIROC's support with its risk management focus, helping to drive improvements at the organizational level. We can collaborate on joint presentations or initiatives, ensuring that we are able to further amplify our shared vision to create a safer healthcare system.

On September 17 CPSI will be leading the first-ever World Patient Safety Day. Find out how you can take part at patientsafetyinstitute.ca.

Longwoods.com

Longwoods Publishing

With Matt Hart, CEO, Longwoods

How Longwoods came to be...

Longwoods got its start as a marketing organization working on annual reports and case studies. Anton Hart, the founding CEO of Longwoods Publishing, was made aware that there was a content gap in the Canadian market for healthcare administrators, who at the time

were relying on best practices and content coming from the U.S. and U.K. After research and interviews with healthcare leaders, Anton was able to confirm there was a market and desire for Canadian content.

In 1997, after more than a year of planning, the first journal focusing on healthcare administration and best practices was launched. It was originally titled Hospital Quarterly, but was later changed to Healthcare Quarterly to better reflect the content and readership of the journal.

Since that time, Longwoods has gained national and international recognition with journals focusing on best

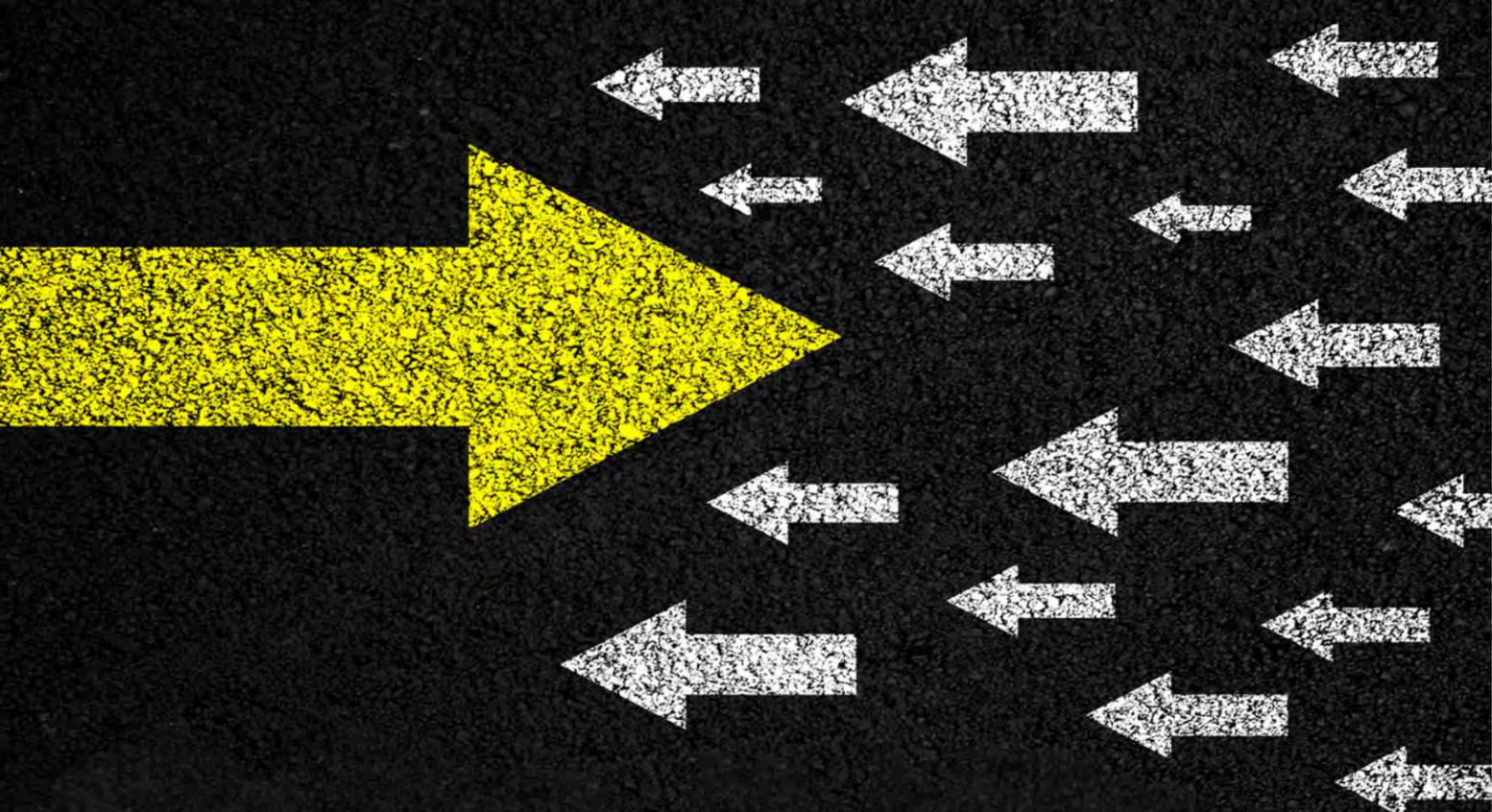
practice, policy, nursing, healthcare administration and more.

Why partnerships are critical...

Partnerships are an extension of yourself or your organization. Understanding our partners' goals, objectives and mandates helps to expand Longwoods' understanding of the system and requirements. Having partners assists Longwoods in strengthening the broader healthcare community. The more people and organizations we are able to partner with, the better we can assist the community.

Having a partner like HIROC is only a benefit to Longwoods. HIROC is a front-runner when it comes to creating a safer healthcare system, especially in terms of knowledge transfer. Working with HIROC has helped Longwoods to understand different aspects of the healthcare system, with a focus on risk management and insurance.

Our objective is to foster better healthcare, so if Longwoods can assist partners like HIROC in reaching their goals, we are working toward a better system together. ●



Getting Comfortable with Change

Preparing healthcare boards to govern in a dynamic environment

If you've ever wanted a crash course on governance and building an effective healthcare board, look no further than the Ontario Hospital Association (OHA). This past May, the OHA held its annual Advanced Board Program for the Health Care Sector: Governing in a Dynamic Environment.

Board members from healthcare organizations across Ontario came together to share in learnings on topics like the role of patients on boards, the relationship between board chair and CEO, risk oversight, and crisis management.

I was impressed – walking away from day one with the feeling that everyone in the room was 100 per cent engaged. They were honest about things they didn't know and things they could do better – and they were asking questions about how to get there.

Questions like, is it necessarily a bad thing to see directors and managers moving from one organization

to the next? Dr. Jack Kitts, President and CEO of The Ottawa Hospital, sees this as a potential positive. During a panel discussion with his Board Chair Katherine Cotton, Kitts said he likes to see leaders sink their teeth in local hospitals across the region – this experience is invaluable.

Cotton provided board members in the room her views on the critical nature of agenda planning. “The most important job of the Chair is the agenda,” she said, noting that you have to find a delicate balance in terms of time and order of topics. Cotton says that no board meeting should be longer than five hours.

Cotton also spoke to how boards must ensure bad news rises – a whistleblowing process being just one method for this. She said boards need to have processes in place so that those who speak up remain anonymous and are protected, this goes for staff or patients and families.

Patient partnerships

What it means to bring patients to the table was another topic of conversation on day one. Attendees heard from Julie Drury, Strategic Lead – Patient Partnerships for the Canadian Foundation for Health Improvement (CFHI). Drury says the first thing leadership teams need to do is reframe how they see patients – we need to move from the wording of engagement to partnership. Today's patients are looking to share in planning, decision making, and to work as partners in policy and program development.

One suggestion that Drury offered the Directors in the room is to consider having a compensation framework for patient and family advisors – especially those who hold meetings between 9 and 5, or have single parents in their group.

Drury also says we should be mindful in how we select patient advisors – comparing their selection to that of new board members. “You're giving them [board members] background and training – patients need this as well to be able to act with fiduciary duties.”

She also spoke about organizations who share emotional and heavy patient stories with their boards. “You can't just bring a patient to your board without context and preparation,” said Drury. “You have to help onboard all parties so they know what they are going to hear about and why.”

Drury reinforced that there are resources out there to help organizations who may not be clear on how to include patient leadership as part of their governance structure. “Ontario Health will be led and guided by the involvement of patient partners,” said Drury.

Keeping an eye on top risks

Polly Stevens, Chief Strategy and Learning Officer at HIROC offered delegates a perspective on risk management and why it is critical that boards pay attention to risks that their organizations are facing. “A great starting point is to focus on risks that directly affect your vision,” said Stevens; “for example, what might affect your organization's ability to deliver high-quality care.”

Stevens shared [HIROC's 21 Questions resource](#) with attendees. Developed in partnership with HIROC subscribers, 21 Questions is all about the questions that board members should be asking about risk. For example, boards should have a conversation about what they are doing to encourage speaking up across the organization about potential risks and unsafe practices.

Richard Leblanc, facilitator of the session and Professor of Governance, Law & Ethics at York University echoed what Stevens had to say. He added how critical it is for boards to talk about internal controls for each risk and whether they are actually working. Leblanc says the days of paper-based management programs are done; organizations should be investing in technology and allowing their board to see risks in this way.

Stevens shared that subscribers, and their boards, can leverage [HIROC's Risk Register](#) application to help collate and report on key organizational risks.

What's in a board

The day's fantastic overview of what it means to be a healthcare board member in the 21st century would not have been complete without the perspective of the OHA's Annie Tobias and Lina Pallotta, who presented the OHA's matrix for composing a high-functioning board.

Tobias, Vice President of Learning and Engagement, and Pallotta, Director of Learning and Engagement, echoed the sentiments of Cotton from earlier in the day – every seat matters on a board so organizations must make sure they have the right people. They also shared a few simple and effective techniques for developing and nurturing a board – for example, ensuring that new directors have a mentor on the board.

The OHA's Advanced Board Program for the Health Care Sector takes place annually and is a fantastic way to engage directors on the challenges that healthcare boards face. As a sponsor of this event, HIROC cannot emphasize enough the value of having a strong board, one that is aligned with an organization's goals, vision, and of course, its risks. ●

By Philip De Souza, Director, Communications & Marketing, HIROC

Mandatory Reporting of Serious ADRs and MDIs by Hospitals

Modules developed by ISMP Canada, HSO, and CPSI are helping to integrate reporting into hospital processes



Reporting adverse drug reactions (ADRs) and medical device incidents (MDIs) is vital to patient safety. But how many clinicians, patients and families know how to report and what to report?

A new law was introduced to improve reporting and, in the process, give Health Canada more information about the safety of drugs and medical devices. The *Protecting Canadians from Unsafe Drugs Act*, also known as Vanessa's Law, honours the memory of Vanessa Young, who died at the age of 15 due to a heart problem after being prescribed cisapride. Starting December 16, 2019, it will be mandatory for hospitals to report serious ADRs and MDIs to Health Canada.

"Vanessa's Law improves Health Canada's ability to collect safety information and thereby improve the safety of drugs and medical devices used by Canadians," said ISMP Canada CEO Carolyn Hoffman.

Three organizations – the Institute for Safe Medication Practices Canada (ISMP Canada), Health Standards Organization (HSO), and the Canadian Patient Safety Institute (CPSI) – have been working on a joint venture to assist Health Canada in promoting the requirements for mandatory reporting. In July,

four PowerPoint modules were made available to provide background information on the Law and support healthcare providers, educators, patients and families in the reporting of serious ADRs and MDIs.

"What is unique about this program is that the PowerPoint modules can be used for individual learning or they can be downloaded and incorporated into presentations, orientation and other education activities," said Sylvia Hyland, Vice President Operations and Privacy Officer at ISMP Canada. "Based on the principle that the best people to communicate information about Vanessa's Law are those closest to their audience, we encourage using some or all of the PowerPoint slides depending on the needs of the audience."

One of the first groups to start using the



Vanessa Young

modules was Patients for Patient Safety Canada (PFPS), a patient-led program. "We recognized that the modules have important information for patients and families about reporting of serious ADRs and MDIs" says Maryann Murray, member of PFPS. "Being able to customize the materials to meet the needs of our own audience was very helpful."

In 2016, 1 in 143 Canadian seniors were hospitalized due to harmful effects of their medications. "Identifying a serious ADR or MDI requires a high level of suspicion, clinical awareness and patient dialogue," says Ms. Hyland. "These educational materials will help to integrate reporting into hospital processes."

There are 4 downloadable PowerPoint modules containing core content for healthcare professionals, educators, patients and their families to explain, describe or promote the reporting of serious ADRs and MDIs.

The PowerPoint presentation prepared by Patients for Patient Safety Canada is available on the [ISMP Canada website](http://www.ismpcanada.ca).

If you have questions about how to use the educational materials for your specific audience, please contact:

ISMP Canada: info@ismpcanada.ca,

HSO: <https://healthstandards.org/>

CPSI: info@cpsi-icsp.ca.

If you have questions about Vanessa's Law and the mandatory reporting requirements, please contact: hc.canada.vigilance.sc@canada.ca ●



Serious ADRs and MDIs occur in hospitals, emergency departments, and people's homes – but the events are significantly underreported.

A **serious adverse drug reaction (ADR)** is a noxious and unintended response to a drug that occurs at any dose and that:

- requires in-patient hospitalization or prolongation of existing hospitalization,
- causes congenital malformation,
- results in persistent or significant disability or incapacity,
- is life-threatening, or
- results in death.

A **medical device incident (MDI)** is an incident related to a failure of a medical device or a deterioration in its effectiveness, or any inadequacy in its labelling or in its directions for use that has led to the death or a serious deterioration in the state of health of a patient, user, or other person, or could do so were it to recur.

<https://www.ismp-canada.org/mandatory-reporting/>

Class is in session!



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