
NEWS RELEASE

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Ministry of Health Services
BC Patient Safety and Quality Council

OUTSTANDING CONTRIBUTIONS TO PATIENT CARE RECOGNIZED

VICTORIA – Seven teams from each of B.C.’s health authorities and one individual from Vancouver received BC Patient Safety and Quality Council awards for advancing patient safety and quality of care, announced Health Services Minister Kevin Falcon.

“Kudos to all of the health professionals who treat thousands of patients every single day,” said Falcon. “These awards recognize the efforts of teams throughout the province ensuring that patients receive safe, high-quality care.”

Excellence in Quality and Patient Safety recipients:

- Surgical Safety Collaborative, Fraser Health
- Falls Prevention Teams, Interior Health
- Managing Obstetrical Risk Efficiently, Northern Health
- John Ruedy Immunodeficiency Clinic, Providence Health Care
- Transfer of Care for Cardiac Surgical Patients from Cardiac OR to Pediatric Intensive Care Unit, Provincial Health Services Authority
- BC IHC Quality Assurance Program for Breast Cancer Biomarker Assessment, Vancouver Coastal Health Authority
- Admission Medication Reconciliation Program, Vancouver Island Health Authority

Leadership in Quality and Patient Safety recipient:

- Dr. Julian Marsden

The 2009 BC Patient Quality and Safety Awards recognize the dedication of those in the health field who have managed to implement new best practices in patient safety and quality improvement in addition to the daily demands of their profession.

“By working together, we can improve patient outcomes,” said Dr. Marsden, recipient of the Leadership in Patient Quality and Safety award. “And, ultimately, create a community of health-care professionals spanning different disciplines and geographical areas.”

Sponsored by the BC Patient Safety and Quality Council, the awards support the council’s objective to support health authorities and other service delivery partners in their continuous effort to improve the safety and quality of care.

“The winners of the BC Patient Quality and Safety awards exemplify the best of the best” said Dr. Doug Cochrane, BC Patient and Safety quality officer. “Through collaboration and innovation in the health-care profession, we continue to improve patient safety and maintain a high level of quality patient care.”

The council was created in 2008 to provide advice and make recommendations to the Minister of Health Services on matters related to patient safety and quality of care. By bringing health stakeholders together in a collaborative partnership, the council aims to promote best practices and inform a provincially co-ordinated patient safety and quality improvement framework.

Since 2001, the province has made many improvements to best practices in patient care, including expanding B.C.’s PharmaNet system to reduce medication errors and adverse events. In 2005, the Province announced \$10 million to continue to strengthen patient safety in B.C., including the BC Patient Safety Task Force (now the BC Patient Safety and Quality Council), the Provincial Infection Control Network and the first academic chair in patient safety at the University of British Columbia. In 2007, government announced one-time funding of \$2.3 million for a province-wide patient safety learning and reporting system.

Visit www.bcpsqc.ca for more information on the work of the BC Patient Safety and Quality Council.

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A backgrounder follows.

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BACKGROUND

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BC Patient Safety & Quality Council

EXCELLENCE AWARD RECIPIENTS

Fraser Health Surgical Safety Collaborative

The Surgical Safety Collaborative, launched at the end of 2007, involves ten teams working in hospitals across Fraser Health. The collaborative completed an improvement charter which established a set of evidence-based interventions to reduce the likelihood of infection following surgery.

These included:

- Providing antibiotics 60 minutes prior to surgical incision.
- Discontinuing those antibiotics within 24 hours after surgery ends.
- Clipping hair versus razor shaving.
- Keeping patients “warm” – as close to 36° as possible.
- Ensuring that the surgical team makes a final verification (surgical pause) of the correct procedure on the correct site and for the correct patient.

Over the course of 16 months, improvement was seen in all elements of the established interventions. Work to maintain the results and support a community of practice is ongoing.

Interior Health Falls Prevention Teams – Brookhaven Care Centre & Penticton Regional Hospital

In 2008, Brookhaven Care Centre in West Kelowna participated in the Safer Healthcare Now! National Collaborative on Falls in Long-Term Care. Over a one-year period, the team reduced the use of restraints by 53 per cent without an increase in falls among residents. The fall risk screening tool they developed is currently being implemented as the first regional fall prevention strategy.

Penticton Regional Hospital has succeeded in developing a comprehensive, multidisciplinary fall prevention program. During the initial year of the 2007 pilot program there were 43 per cent fewer falls and a 57 per cent reduction in the number of residents identified as having a high risk of falling. In the past year, the team continues to focus on improving their program, including expansion to other units within the hospital.

Both falls prevention teams are sharing their successes and challenges throughout Interior Health through the Acute Care Fall Prevention Community of Practice which meets monthly via teleconference.

Northern Health Managing Obstetrical Risk Efficiently (MORE^{OB})

Launched in 2006, the MORE^{OB} program is a comprehensive patient safety, professional development and performance improvement program for obstetrical healthcare providers. Activities within the program include environmental scans, patient satisfaction surveys, staying current with new evidence and best practices, participating in workshops and skills drills.

The program has seen improved statistics on the number of labour inductions, mothers who received an epidural, use of intermittent auscultation (listening using a stethoscope), number of caesarean-section deliveries, and newborns with cord blood gases after delivery.

Providence Health Care John Ruedy Immunodeficiency Clinic

In partnership with Vancouver Coastal Health and the UBC Skills Enhancement Program, the BC Centre for Excellence in HIV/AIDS developed a program to help physician's access state-of-the-art HIV/AIDS medical education. The program is offered through the John Ruedy Immunodeficiency Clinic (IDC) at St. Paul's Hospital. Through the adoption of a patient registry, the IDC has made significant improvements in screening and immunizations.

In 2005, the registry showed that only 30 per cent of patients were being screened and receiving immunization as recommended. As of December 2008 the following improvements were seen:

- 57 per cent increase in documented Syphilis Screening.
- 57 per cent increase in documented Pneumococcal vaccination rates.
- 67 per cent increase in patients (female) with a documented Cervical Pap Smear.
- 55 per cent increase in documented chest x-rays.
- 61 per cent increase in patients with >200 CD4s with a documented TB Skin Test.

The interdisciplinary IDC team is committed to achieving a target of 95 per cent for all of these measures. This model of service delivery and clinical quality has served as a framework of innovation for others within Providence Health Care.

**Provincial Health Services Authority
Transfer of Care for Cardiac Surgical Patients from Cardiac OR to Pediatric Intensive
Care Unit, BC Children's Hospital**

The BC Children's Hospital provides expert care for the province's most seriously ill or injured children. Prior to this initiative, there were delays in transferring a patient from the operating room (OR) to the pediatric intensive care unit (PICU) as beds were not always ready. The following changes were developed to achieve safe and efficient patient handover:

- Determination of best practice for post-operative transfer of care;
- Identification and implementation of standardized processes;
- Creation of support tools to assist staff in these standardized processes;
- Elimination of redundancy; and
- Clarification/definition of roles and responsibilities for all team members.

A plan for sharing these standards of care with other surgical teams has been developed.

**Vancouver Coastal Health Authority
B.C. IHC Quality Assurance Program for Breast Cancer Biomarker Assessment**

The B.C. Immunohistochemistry Testing (IHC) Quality Assurance Program, led by Dr. Blake Gilks, Dr. Robert Wolber and Mr. John Garratt, is the first program of its type and scope in the world. The program provides every hospital laboratory in the province with better outcomes of breast biopsy testing.

In the 1990's microscopic testing of breast biopsies was developed called IHC testing. By the late 1990's, the method for placing up to 500 tiny portions of different patient tumours (tissue microarrays) on a single microscopic test slide was developed.

Dr. Gilks immediately realized using tissue microarrays could provide the means of assuring good performance of IHC tests. Using frozen tissue biopsies, Dr. Gilks and his team were able to confirm how well the new IHC tests performed. From their own research and knowledge from the research of other organizations, the team initiated the Quality Assurance Program. A possible national program could ultimately benefit women across Canada.

**Vancouver Island Health Authority
Admission Medication Reconciliation Program**

Royal Jubilee and Victoria General Hospital are participating in a program during the patient admission process, which reconciles a patient's home medications upon admission to the hospital for surgery. The medication reconciliation program has demonstrated a 96 per cent decrease in unintentional medication discrepancies.

Currently, a multi-disciplinary team has been formed to begin the process of implementing medication reconciliation at the Royal Jubilee Emergency Department to improve patient safety when transitioning patients to another facility or back into the community.

LEADERSHIP AWARD RECIPIENT

Dr. Julian Marsden

Dr. Marsden has been a member of the emergency department at St. Paul's Hospital (SPH) since 1992. In 1994, he was appointed a clinical instructor in the UBC department of family practice, and was the emergency-family medicine residency program director from 1996-2006.

Dr. Marsden was integral in launching the provincial Evidence to Excellence (E2E) project, aiming to accelerate improvements in clinical and operational practices in emergency departments across the province. With colleagues at UBC and SPH, and funding provided by the Ministry of Health Services, he developed a plan for how to share knowledge and expertise across the province.

The expected benefits include:

- Increased capacity of the emergency department, reduction in physician's time, and the ability of emergency departments to respond to changes in demand and other stresses.
- Ensure adherence to evidence-based practice despite disparate sites, and improvement in patient outcomes.
- Create a community of interdisciplinary emergency staff across B.C. who share knowledge and guidance that respects multiple sites.
- Improve access to care and quality of care through the implementation of cost-effective strategies.
- Create consistent performance indicators to determine implementation success.
- Provide evaluation reports of the implementation strategies and their effectiveness.

There are approximately 33 teams from 26 emergency departments across B.C. participating in the project.

As chair of E2E, he has been the driving force behind the project. He has embraced technology to connect clinicians and administrators across the province. He is a firm believer that rural sites should be enabled to tap into resources not currently available to them to improve the quality of care for their patients.

Dr. Marsden's vision, passion and leadership have enabled him to link this broad community, the university and the ministry in such a successful partnership. He is leading the way in promoting the idea that emergency department staff do not work in a vacuum and need to work together to improve patient care.

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