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News & Views

The Patient Safety Mandate

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The spotlight is increasingly on patient safety, quality assurance and risk management. How can you roll these three evolving mandates together into one meaningful portfolio? What are some key design features that you need to pinpoint?

Key Features of a Comprehensive Patient Safety, Quality & Risk Management System

Determining your goals is the first step to developing strategic direction and a functional framework. This is particularly the case now, as LHIN's are unfolding at the governance level. What do **you** need in order to make **your** system work for **you**? How will you decide? Who will approve the decisions? With your steering committee in place, you are ready to plan your system.

The major planning imperative is compliance with legal, medical, accreditation and professional requirements and standards. Legal requirements are found in statute and common law, and determining which ones apply and how they apply to you, are issues best determined in consultation with legal counsel. One element, for example, that forms part of a comprehensive patient safety system, is quality of care reviews. These may be conducted via the legally prescribed process under the *Quality of Care Information Protection Act (QCIPA)* when indicated. Medical considerations include a number of initiatives that impact patient safety. Canada's "Safer Healthcare Now" strategy is one that builds on the U.S. "100,000 Lives" campaign. CCHSA services, including their defined patient safety goals and organizational practices, along with professional licensing body standards and other standards (e.g., the OHA's Patient Safety Support Service, Hospital Scorecard, balanced scorecards) may be considered during the planning phase. Many elements of a comprehensive system, e.g. disclosure, draw from several of the above.

Planning is the time to consult with others, to benchmark, and to develop the indicators that are most meaningful in the circumstances. It is the time to build in accountability, and to ensure that the major challenge – change management – is addressed. A change management plan is crucial; some things will change as time goes on, and planning advance how to address them affords enhanced ability to control them when they occur.

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Designing the System

Many factors can impact on the design of a comprehensive system. Communication is key. While system components such as communication and rapidly changing technology come easily to mind, others, such as human and cultural factors, educational and systems features, may escape ready notice. Tools such as questionnaires and surveys may help bring these to the fore.

Some consideration may also be given, during the design phase, to the potential use of such strategies as root cause analysis, and failure modes and effects analysis. The former is usually considered a reactive technique employed retroactively following an adverse or sentinel event to learn "what happened" and is frequently associated with risk management. The latter is generally perceived as a proactive strategy used to learn "where a process might fail" and is more commonly associated with the quality side of the coin.

Once designed, the system needs to be rolled out strategically. An initial pilot is usually followed, after any challenges have been corrected, by implementation on a staged basis. Follow-up evaluation and continuous monitoring are critical to ensuring that a coherent system is sustained.

This necessarily very brief overview touches on only a few of the many elements to be considered in the design of a comprehensive and effective patient safety, quality and risk management system, and needs to be supplemented by the many resources available.

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