Community Health Advisory Councils Report

“Community Perspectives of Patient Safety”

May 2006
Preface

This report contains the issues and ideas generated by the Community Health Advisory Councils over the course of 2 meetings held from January to April 2006. The Council members were asked to consider what risks to patient safety exist in the health care system, from their perspective. They were then asked to prioritize the patient safety issues and make suggestions for addressing them.

Section I: Report Summary, includes the common patient safety issues identified by the all of the Councils and rationale for why they considered them to be most important. This section also includes common suggestions by the Councils for addressing the priority issues.

To obtain information specific to each of the Councils, the full individual Council reports can be found in Section II. This section contains the complete discussions and suggestions that were made at the meetings of each of the Councils.

A Table listing all of the Councils’ priority patient safety issues can be found in Appendix A. Appendix B provides lists of Council members, Board liaisons, and staff that support the work of the Councils.

It is hoped that this will be useful to the WRHA Board, Program Teams, and funded agencies of the Winnipeg Regional Health Authority as they work to create safer environments and processes and address risks to patients and clients of the health care system.
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Section I

Report Summary
Introduction and Methodology

Priority issues and the Community Health Advisory Councils
In January 2006, the Board of the Winnipeg Regional Health Authority asked the Community Health Advisory Councils (CHAC’s) to provide community perspectives of patient safety, identify priority patient safety issues, and come up with suggestions to address them.

The role of the health advisory councils is to contribute community perspectives and suggestions to those health issues that are a priority to the Winnipeg Regional Health Authority. This particular issue is supported by the WRHA Board’s strategic goal of “delivering health care in a compassionate and respectful manner with a focus on safety, at healthcare facilities or at home by a range of healthcare providers. (The WRHA) will evolve a culture and system that focuses on learning and collaborative improvement where patient safety is the primary focus for all staff.”

(Winnipeg Regional Health Authority Strategic Plan, April 2005)

Population Health Framework
The Councils use a population health framework when exploring health issues - taking into consideration the social, environmental, economic, and other factors that impact on the health of a population. A population health approach helps us to identify factors that influence health, to analyze them, and to weigh their overall impact on our health.

During the initial discussions about what patient safety issues are important to them, members of the Councils were encouraged to consider risks to the well-being of patients across the continuum of health care services - from health promotion to primary care to acute care delivered in hospital settings, and the supportive and restorative elements of the health care system as well.
The Meetings
In the fall of 2005, members of the Patient Safety Team presented some background information about the patient safety movement and some of the major initiatives being undertaken at the WRHA.

At the first set of meetings in January and February, Council members participated in a brainstorming exercise to define and brainstorm “patient safety”. They were asked to think about what patient safety meant to them, what they felt it should include, and the values that should be the foundation of an approach to patient safety. The remainder of the meeting was spent in small discussion groups, sharing issues that they felt put patients at risk for emotional or physical harm in health care settings - from home to hospital.

At the second meeting of each Council, members participated in prioritization exercises to rank the patient safety issues. Small groups were again used, this time to generate ideas of how to address the top 3 or 4 patient safety issues of their Council. When exploring ideas of how to address the issues, Council members were asked to consider:
  - How can WRHA address the issue directly;
  - Partnerships that the WRHA should enter or strengthen with community groups, government departments, etc. to address the issue; and,
  - What lobby or advocacy work that the WRHA could carry out in order to address the issue.

Using the Councils’ work to support the work in patient safety currently undertaken by the WRHA
Each Council’s exploration of issues that impact the safety of patients across the continuum of health care services was unique, but almost all of the issues identified and many of the ideas generated to address them were similar. Council members, as residents of communities across the Winnipeg Health Region and consumers of health care services, provided perspectives and suggestions that can hopefully shed a little more light on this important topic. This report aims to support the work of healthcare providers, healthcare administrators, and the Board of the Winnipeg Regional Health Authority in providing quality care and ensuring patient safety.
What is patient safety?

Members of the Community Health Advisory Councils spent the first part of their initial meeting, sharing their thoughts about what patient safety meant to them, what concepts, outcomes and goals they felt were important to include, and the underlying values of patient safety.

One of the important themes brought forward was the belief that many patients and families have when interacting with health system – that it will make you better, that you will be looked after properly. Council members shared that perhaps this is a myth. The goal of patient safety is to ensure that the health system is safe so that people will regain their confidence in it.

Another major theme discussed was that when we’re unhealthy, we’re vulnerable and we need to be taken care of. Using the health system should simply be a process of regaining one’s health with minimal risk; that health care providers will ensure your care is not compromised. The goals of patient safety, according to members of the Councils, should be about reducing/preventing the number of errors and adverse events that occur and decreasing risk for patients, understanding that healthcare environments have inherent risks and dangers. Patients want to and should be treated safely and compassionately. Patient safety issues apply to settings ranging from home to hospital.

Council members felt that moving in this direction will require a cultural shift in how we think about patient safety in order to move to a non-blaming perspective.

Some of the values that Council members felt should create the foundation for ensuring patient safety were:

- Client focused, friendly environments
- Open communication
- Cultural safety, beliefs must be respected
- Care should not be compromised because of discrimination
- Awareness and respect
- Trust, and
- Inclusion of patients and family in care/empowerment
Priority Patient Safety Issues Identified by Each Council

Prioritizing the patient safety issues occurred at the second meetings of the Councils. The top issues are listed by Council below. For complete discussion notes of each Council, refer to section II.

Downtown/Point Douglas Council
1. No access or difficulty accessing primary care, programs, specialists, diagnostic tests.
2. Caring for most vulnerable patients and lack of patient advocacy.
3. Poor communication between health care providers and patients and between health care providers.
4. Discharge from hospital, documentation, medical records/charting, and need to create a culture of safety.

River East/Transcona Council
1. Waiting period for care, diagnostic tests, etc.
2. Poor communication between health care providers and patients and between health care providers, and medical records.
3. Long hours staff work and other staffing issues.
4. Caring for the most vulnerable patients.

River Heights/Fort Garry Council
1. System and human error - includes medication and documentation issues.
2. Need to create a culture of safety.
3. Caring for most vulnerable patients and lack of patient advocacy.
4. Poor communication between health care providers and patients and between health care providers.

Seven Oaks/Inkster Council
1. Infection.
2. Medication, prescriptions, and pharmacy.
3. Poor communication between health care providers and patients.
4. Long hours staff work and other staffing issues, including inadequate training.
St. Boniface/St. Vital Council
1. Medical records and coordination, communication between health care providers, and lack of use of technology that presently exists.
2. Poor communication between health care providers and patients and between health care providers, and lack of patient advocacy.
3. Need to create a culture of safety, long hours staff must work and other staffing issues, inadequate training, and infection control.
4. Caring for the most vulnerable patients.

St. James-Assiniboia/Assiniboine South Council
1. Poor communication, language and cultural barriers, medical records, and charting.
2. Medications, prescriptions, and pharmacy.
3. Waiting periods for care, diagnostic tests, etc.
4. Long hours staff must work and other staffing issues.

(See Appendix A for the Table Format of this information)
Top Patient Safety Priorities for all of the Councils with Discussion Points

1. Communication, Medical Records, and Charting
   - Communication between health care providers and patients and between health care providers must be a priority in all aspects of care.
   - Health care providers need to understand people, be culturally sensitive, and appreciate their needs and beliefs. They need to learn so that they don’t make mistakes in supporting them in culturally appropriate ways.
   - Communication is the key element to patient safety – health care providers must communicate clearly in plain language to patients and/or families.
   - Rushed doctor appointments and visits in hospital by physicians, etc. creates potential for communication problems, misunderstandings, and increases risk for patient.
   - Language and cultural barriers experienced by patients creates enormous risk of adverse events and patients who cannot understand what is happening to them, and can therefore not give legal consent.
   - Privacy laws (Personal Health Information Act) prohibits sharing of information between health care providers – especially between hospital staff and health care providers in the community.
   - Charting system is pretty outdated. Medical patient records (hard copies) cannot be readily updated and shared between health care providers. Record keeping/record sharing is disorganized and haphazard - results can go missing, huge time lags to get test results and records from other health care sites (including family physicians, pharmacies, clinics, etc.)
   - Patients and families are sometimes not clear about the roles of various health care providers and as a result, expectations of what care they will provide may be inappropriate - i.e. home care staff.

2. Medication, prescriptions, and pharmacy
   - Medication errors - wrong medication/over medication/wrong doses/interactions between medications (hospital to home)
• Medicine is getting more specialized – see a greater number of specialists (see a very narrow focus) – more tests, more prescriptions, more complex and less communication

• Wrong medication provided to individuals based on similarity of name and street - detected by patient

• Those with chronic and/or complex medical conditions are often on a number of different prescriptions - different dosages, taken at different times throughout the day - many opportunities for missing or overdosing.

• Contra-indications and overmedication - what programs exist to ensure health care teams know about all the medications taken?

• Seniors physical abilities affected by medications - ensure proper/best possible medications - more complicated health issues

• Little information given to people with new prescriptions.

3. Wait times for care, diagnostic tests, etc

• Not enough family physicians - especially for people with a lot of medical issues - with no doctor managing their care, people with chronic conditions like diabetes are instead going to walk in clinics - using Emergency Departments, or are waiting too long to access primary care/ or are not getting primary care at all - the result is that their condition could worsen and they could end up in an emergency department.

• Waiting times (referrals, surgery, diagnostics, etc.) is a patient safety issue - health conditions can worsen, or patients may not live long enough to get appropriate medical care.

4. Lack of Patient Advocacy

• The term, "patient" has a paternalistic view, while a "client" is a consumer of health care services and has choice. Many doctors don’t want patients to ask questions, but doctors should encourage questions and promote understanding of what care, prescriptions, etc. are needed.

• Need true client centered program - then patients will feel safe providing feedback

• Health care workers often appear overly eager to give prescriptions - patients not supported to be involved in own treatment plan - doctors just want to medicate, don’t want or resist patient participation.
• Ageism exists in the system - discriminate against older patients - “you’re older... you’ve lived a long life”
• Patients don’t have freedom to express concerns or their care will be compromised - feel powerless
• When people are ill - really ill, they need someone to advocate for them
• In hospitals - patients often medicated, confused - not always enough staff there to assist them - need extra family support
• Patients are alone with no one to advocate for them - isolated, vulnerable
• Patients often afraid to complain or share concerns with staff about their care.
• Hospitals are very confusing for patients and their families, poor communication between staff and patient/family - this takes power away from patients and creates risk.

5. Caring for the most Vulnerable Patients
• Vulnerable people - mental health clients in the community - the elderly don’t complain, make do - people living alone - isolated - language barriers/refugees, immigrants - mentally challenged - physically challenged - blind, deaf
• Vulnerable patients are at risk for incidents that compromise their safety - they often get lost in the shuffle.
• Many people do not have the support of extended family, so when family members become ill or hospitalized, more stress is put on the family and/or the patient does not get support

6. Infection
• Poor sanitation - home/hospital
• Lack of rethinking - retraining/infection control
• Breakouts of infections - staff careless/not washing hands
• At hospitals - confidentiality - patients would like not to have their names released - fewer visitors - reduce chance of infection
• Cleanliness/not washing hands
• Proper sterilization/unclean surrounds in hospitals, personal care homes, etc., need for better infection control
• Hospitals - germs and infection
Other patient safety issues identified as priorities by the councils

- Discharge from hospital without proper supports at home, before a patient is ready and resulting re-admission to hospital. (Seven Oaks and Inkster Council)
Common Suggestions to Address Patient Safety Priorities

Councils made similar suggestions to address priority patient safety issues. These suggestions are listed below. Councils stated overwhelming, the importance of communication in addressing risks to patient safety. These are noted below. Councils also brought forward unique approaches and ideas for addressing different aspects of patient safety. These suggestions are listed in Section II of the report, by Council.

1. Communication, Medical Records, and Charting
   • Communication should be a priority in all aspects of care.
   • WRHA needs to ensure that health care providers communicate clearly and simply with patients so that they can more fully understand their own condition and treatment plan -- develop a communication process that keeps patients and/or families more informed.
   • WRHA should have all health care staff clearly articulate their name/shift/role to patient/family.
   • WRHA needs to provide cultural awareness training for health care staff so that cross cultural misunderstandings decrease and potential for risks to patient’s safety also decreases.
   • WRHA needs to increase availability of translators to assist patients who are unable to communicate in English.
   • WRHA should standardize care plans/forms when someone is admitted/begins to receive care/discharged, etc. - should include information on medication, etc. that staff who come on shift can read and that patients/family can read as well.
     o Patient and/or family might not always see the same “face” but the information on the patient will be consistent.
   • WRHA needs to address the impact of PHIA (Personal Health Information Act) on patient safety and the sharing of information - PHIA needs to be reviewed/revised to determine how restricted sharing of information can create risks to patients’ safety and well-being.
     o PHIA also restricts family members’ access to patient information - needs to be revised to include family, especially at emergency departments.
• WRHA should develop new policy of following up with patients who have diagnostic tests done – either way, if results are positive or negative – patients should be empowered – “If you haven't heard from us in 2 weeks, you should contact your doctor”
  • WRHA should develop “patient passports” that people can use to record doctor’s appointments (including who you saw, specialists’ names), prescriptions, diagnostic tests, vaccinations, etc.
• WRHA should partner with the College of Physicians and Surgeons to share communication issues and ideas for addressing with members
• WRHA should partner with universities and colleges that train health care providers and encourage them to include more class time about good communication techniques with patients and their families

2. Medication, prescriptions, and pharmacy
• WRHA should ensure that there is thorough communication between shift changes at all health care sites, especially about medications for patients.
• WRHA should encourage the use of blister packs, larger print of prescription labels/information, plain language information
• WRHA should ensure that regular medication reviews are carried out by nurses, physicians, etc. regarding patient’s medication history.
• WRHA should develop a prescription/medication record card that people could keep and take with them to the hospital, doctor's appointments, etc. where they can document their medications
• To address medication errors, WRHA should ensure that supportive housing initiatives and personal care homes have skilled and appropriate staff to dispense medication to residents - and that it be done accurately
• WRHA needs to address “habituation” of people taking medications over a long period of time - and of the physical consequences of prolonged use of some medications - liver damage, sensitivity, allergic reactions, etc.
• WRHA should have public relations campaign - “Don't share your medications with others” to address this issue
• WRHA needs to partner with Manitoba Health to encourage fee-for-service physicians to address “habituation” issue of people taking medications over a long period of time - and of the physical consequences of prolonged use
3. Wait times for care, diagnostic tests, etc

- WRHA needs to address “waiting for care” at different stages
  - Shortage of family doctors
  - Inefficient use of staff
  - Emergency triage/doctors’ office - should have staff for urgent/emergent/patient reassessment

- WRHA should continue to educate the public about the misuse of emergency departments - promote individual’s responsibility to use health care centres appropriately - take personal notes, do your own research, record medications, and come to appointments, etc. prepared

- A central registry for diagnostic tests should be created - that prioritizes according to need, has staff that stays in touch with patients on the lists and are available for the public to contact

- WRHA should continue to promote the use of Health Links/Info Sante and individual responsibility

- WRHA should partner with the media for public education campaign - where to go for appropriate level of care - urgent vs emergent, using Health Links/Info Sante
  - WRHA needs to continue to promote prevention strategies to reduce demand on system - should increase investment in this area.
  - WRHA should increase investment in community-based services like home care that reduces stress on hospitals thereby reducing wait times for services.
  - Continue to develop “centres of excellence” and develop standards for wait lists - certain centres specialize in specific procedures.
  - Should centralize wait lists to address “gate keeper” mentality.
  - Make sure the right person is doing the right job - i.e. address over qualified people dealing with minor procedures/issues. There should be a greater utilization of nurse practitioners.
  - WRHA should make greater use of nurse practitioners.

- Suggest to Manitoba Health that audits of individuals be done to find individuals who regularly use emergency departments and walk in clinics - those people could then be contacted and helped to find a family doctor if they were interested - they would be told about the difference between receiving care at ER’s and having a family doctor who has knowledge of your medical history, receive more consistent care, and as a result would reduce potential errors that impact on patient safety
• Physician “hot line” – should have standardized questionnaire/screening/prioritizing that would increase their ability to locate a family physician in their neighbourhood/community - hot line needs to take responsibility for centralizing wait lists for finding individuals family physicians

4. Need for Patient Advocacy
• WRHA needs to acknowledge that empowering patients so that they can advocate for themselves will decrease patient safety risks overall
• Need to create an advocate position who is independent of the healthcare system (like the Children's Advocate) who is impartial, has sensitivity training and can investigate complaints
• WRHA should support the development and use of cultural liaisons in cultural communities so that we can learn about problems that newcomers are facing when interacting with the health care system and newcomers become more aware of how the system works and learn to advocate for themselves and their children
• WRHA needs to provide information for patients regarding who they should speak to if they have concerns about their care - WRHA needs to understand that patients may be afraid to share concerns because they feel it will impact on the care they receive
• It is a priority that health care workers empower and communicate better with patients and families
• The WRHA needs to develop an “anonymous” process that patients and families can share concerns/stories without having to state who they are
• WRHA needs to partner with cultural groups and encourage them to become involved assisting members of their community with advocacy regarding their experiences with the health system

5. Caring for the most Vulnerable Patients
• We need to be able to identify those vulnerable individuals and support them, such as Aboriginal Health Services
• Those patients who are least able to advocate for themselves (most vulnerable patients), need support from advocates:
  • Newcomer population who experience language and cultural barriers
• Children
• People experiencing mental health problems
• People with addictions
• People who have suffered strokes and other serious medical conditions
• WRHA should provide more information about the “Vulnerable Persons Protection Act” - this needs to be advocated as part of patient safety - this could be undertaken by the impartial ombudsman for patient safety role
• WRHA should have signage on the “Patient’s Bill of Rights” and the “Vulnerable Persons Protection Act” at all sites
• What about the needs/issues of those who have not shared their complaints, who have been silent?
  o Need an anonymous way to lodge a complaint so those who are fearful have a way to share their stories.

6. Infection
• WRHA needs to educate public about effects of over-prescribing antibiotics
• WRHA needs to address issue that some patients are very persuasive and demand antibiotics which might not be appropriate
• WRHA needs to address the careless behaviour of some staff -- don’t always wash hands or use latex gloves before working with patients
• WRHA needs to enforce proper infection control behaviour
• WRHA needs to partner with Manitoba Health to educate public about effects of over-prescribing antibiotics and to address issue that some patients can be very persuasive and demand antibiotics which might not be appropriate
• WRHA needs to partner with family physicians - to educate patients about use of antibiotics and infection control
• WRHA should use partnerships with school divisions to share information about infection control with schools and parents through newsletters, etc.
Section II

Reports by Council
Downtown and Point Douglas Council
Discussion Notes

(*Note: council members prioritized issues through exercise called "dot-mocracy" in which members assigned 3, 2, or 1 points to the patient safety issues they felt were most important - those that received highest numbers of points ranked highest)

1. No access, or difficulty accessing Primary Care, Waiting period for care, tests, access to programs (11 points*)
   • Not enough family physicians - especially for people with a lot of medical issues - with no doctor managing their care, people with chronic conditions like diabetes are instead going to walk in clinics - using Emergency Departments, or are waiting too long to access primary care/ or are not getting primary care at all - the result is that their condition could worsen and they could end up in an emergency department.
   • Many communities are left without doctors
   • There are lengthy waits for primary care - many people see different doctors each time.
   • Waiting times (referrals, surgery, diagnostics, etc.) is a patient safety issue - health conditions can worsen, or patient may not live long enough to get appropriate medical care.
   • Criteria for different health programs are too restrictive - many people don't qualify and end up with inadequate care. This puts them at increased risk.
   • Need timely access to appropriate health services.
   • Not enough resources for health promotion/disease prevention - like nutritionists, councillors, etc. which would keep people healthy and out of the system.
   • The current medical model is reactionary, not looking at the long term benefits of more health promotion and disease prevention.
   • Some people experience fear of stigmatization if they access mental health services and then do not get the care that they need.
   • Not enough treatment/detoxification centres or addictions counselling (i.e. Behavioural Health Foundation) for children/youth.
2. **Caring for patients – especially the most vulnerable, lack of patient advocacy, incidents that compromise patient safety** (10 points)

- Some patients in hospitals experience inappropriate room sharing that can result in emotional harm. For example, two postnatal patients – one with healthy baby, one with baby in neo-natal intensive care sharing a hospital room.
- The term, “patient” has a paternalistic view, while a “client” is a consumer of health care services and has choice. Many doctors don’t want patients to ask questions, but doctors should encourage questions and promote understanding of what care, prescriptions, etc. are needed.
- Family Physicians act as “gatekeepers” to services and diagnostic testing.
- Many treatments are inconclusive and/or inconsistent.
- Sometimes doctors make assumptions about people’s health issues – i.e. are gender biased. For example, because men have particular signs associated with heart attacks, the assumption is sometimes made that women would have the same signs – but in reality, their signs for heart attack are different than men’s.
- We should strive for client-focused friendly environments at all health care sites.
- There are many instances of disturbing incidents that cause physical/emotional harm in long term residential care. Many patients of long term residential care experience isolation, loneliness, and do not have enough supports. This puts them at increased risk for physical and emotional harm.
- Many people living with mental health issues fall through cracks and are at high risk for physical and mental harm, homelessness, etc.
- Many people do not have the support of an extended family, so when family members become ill or hospitalized, more stress is put on the family and/or the patient does not get support of family in the hospital. They are at higher risk for adverse events.
- Those raised by extended more formal family with elders tend to be more grounded/have “roots”, are more interconnected and care for one another.
- Some patients are more vulnerable like seniors.
- Need to change basic concept of health care and promotion of independent living for seniors -- to stay active. We will have healthy communities as a result.
3. **Poor Communication between healthcare providers and patients and between health providers themselves** (10 points)
   - Patients who experience language barriers, especially those with medical emergency that can't communicate with their doctor are at high risk.
   - Privacy issue of translators that know the patient they are translating for, and share information back in their community.
   - Not just language but cultural communication barriers as well.
   - Communication creates risks for safety of patients. Patients, family are often unaware of information exchanged from doctor to patient - treatment plan, follow ups, medications, care after surgery/hospital, etc.
   - New privacy laws prohibit sharing. Many health care providers misinterpret PHIA and are restrictive, afraid to share medical information with other health care providers.

4. **Discharge from hospital, documentation/medical records and charting, lack of continuity of care, need to create a culture of safety** (6 points)
   - Inappropriate discharges happen. Are there methods for investigations into incidents? Reports and/or tracking of bounce backs? (patients that have to be re-hospitalized)
   - Need to learn more from medical errors
   - Sometime information is missed on hospital discharge papers.
     - Record keeping and record sharing is disorganized and haphazard - results of tests might be missing and there are huge time lags to get records from other hospitals, etc.
     - Prompt referrals and prompt follow-ups often do not happen.
     - Lack of continuity of care.
     - Problems with continuity between emergency department, physician, and consults, etc. arise if communication is poor.
   - Occurrence reports should be with frontline workers instead of at management/hospital level.
• Not enough follow-ups on complaints/filtering complaints to those who have first hand knowledge of incident.
• Need to make it easier for people to report mistakes. Disciplinary records are now public - College of Physicians and Surgeons.
• Nothing for patients to do when they feel that their concerns were not addressed. This process should be more transparent.

5. Lack of focus on health promotion and disease prevention (5 points)
• Health system not proactive. Should be educating kids at a young age about healthy lifestyle choices.
• “Your genes are the ammunition and your lifestyle is the trigger”.

6. Healthcare staff not adequately supported, bias and questionable accuracy of tests, assumptions, generalizing (3 points)
• Professionals are not always competent.
• Health care for men and health care for women is different, and yet this is often not the way physicians actually care for their patients
• Physicians act as gatekeepers to the health system.

The remaining patient safety issues (although not prioritized, these issues were still raised)
Medication/Prescriptions/Pharmacy
• Prescriptions
  o Poly-pharmacy - clashes between herbal/chemical
  o East versus West medicine
  o Appropriate labelling of pharmaceuticals
  o No main database for drugs prescribed
• There is a professional bias against holistic healing - not seeing it as complimentary - too big a gap between medical model and holistic approach
• Pharmacy dispensing information about medications and complications from mixing medications.
Environmental Safety, Infrastructure and maintenance of medical equipment, long hours/staffing issues
- Equipment aged, sub-standard and in ill repair – beds, wheelchairs
- Training issues with equipment.
- Aging population of nurses - will be a nursing shortage in coming years - changing demographics.

Security
- Violent incidents occur between patients and patients witnessing disturbing events (physical or emotional).
- Respect - violent/abusive incidents with patient versus patient in live in care situations
- Long term care - security is an issue - housing does not have adequate security after a certain hour - vulnerable

Patient safety issues in patients’ homes
- Safety issues living in community - downtown living
- Icy sidewalks - physical environment causes physical risk
- People have responsibility for own safety - ask for information, follow through on doctor’s health care providers treatment plan

Other risks to patient safety
- Socio economic Barriers - $, education, lifestyle
- Certain cultures relying too heavily on traditional healings
Downtown and Point Douglas Council
Recommendation Notes

1. No access, or difficulty accessing Primary Care, Waiting period for care, tests, access to programs

How WRHA can address directly
- We should strive for client-focused, friendly environments at all health care settings.
- WRHA needs to ensure that patients and families know what to do if they feel that their concerns were not addressed competently or adequately.
- WRHA needs to improve time it takes to get a referral and then ensure there are prompt follow-ups.
- WRHA needs to continue to promote prevention strategies to reduce demand on system - should increase investment in this area.
- Professional/patient ratios need to be considered.
- WRHA should increase investment in community-based services like home care that reduces stress on hospitals thereby reducing wait times for services.
- WRHA should continue to use data from community health assessments to identify gaps in the system.
- Continue to develop “centres of excellence” and develop standards for wait lists - certain centres specialize in specific procedures.
- Should centralize wait lists to address “gate keeper” mentality.
- Make sure the right person is doing the right job - i.e. address over qualified people dealing with minor procedures/issues. There should be a greater utilization of nurse practitioners.
- WRHA needs to develop more efficient scheduling and build flexibility into appointment schedules so people can get into see a doctor in a more timely fashion. If more efficient schedules were developed, people could see their physicians more quickly. This could result in decreased use of walk-in clinics and emergency departments for primary care.
- WRHA should make greater use of nurse practitioners.
- WRHA should have an awareness campaign that educates the public about the different costs/type of care given for the different services that they use - for example, the cost/type of care provided if you go to
emergency with a sore throat - difference if you use a walk in clinic, family doctor, etc.

Lobby or advocacy work to address

- WRHA should be lobbying provincial, federal, and municipal governments to address toxins in environment that are impacting the health of the population and putting stress on the health care system (this could decrease the prevalence of cancers).
- Lobby Manitoba Health - more doctors should be on salary instead of fee-for service - this would minimize over bookings and reduce wait times
- Need to lobby/advocate for food security and improve nutrition for families struggling economically
- Suggest Manitoba Health do an audit of individuals to find individuals who regularly use emergency departments and walk in clinics - those people could then be contacted and helped to find a family doctor if they were interested - they would be told about the difference between receiving care at ER's and having a family doctor who has knowledge of your medical history, receive more consistent care, and as a result would reduce potential errors that impact on patient safety
- Physician “hot line” - should have standardized questionnaire/screening/prioritizing that would increase their ability to locate a family physician in their neighbourhood/community - hot line needs to take responsibility for centralizing wait lists for finding individuals family physicians
- Should lobby Manitoba Health to develop education component that advocates the benefits to physicians at walk in clinics of developing rapport with repeat visitors - walk in clinic doctors become “family” doctors such that they see repeat patients wherever possible
- Manitoba Health develop a questionnaire for patients of walk in clinics - to determine how many have family doctors or not and provides information about how to find a family doctor to those who do not have one
- Lobby Manitoba Health to review fee structure for independent family doctors - fees should be outcome based - what kind of care they are providing for their patients
2. Caring for patients – especially the most vulnerable, lack of patient advocacy, incidents that compromise patient safety

How WRHA can address directly
- Need to create an advocate position who is independent of the healthcare system (like the Children’s Advocate) who is impartial, has sensitivity training and can investigate complaints
- Need to develop standards to learn from tracking of patient safety occurrences, incidents, near misses, and complaints
- Complaints need to be directed to the appropriate staff
- Need to avoid complaints going through the political arena/media because political solutions are not always the best for the system
- Has the tracking of errors been standardized? If not, it needs to be
- What about the needs/issues of those who have not shared their complaints, who have been silent?
- We need to be able to identify those vulnerable individuals and provide appropriate support - like Aboriginal Health Services
- Need an anonymous way to lodge a complaint so those who are fearful have a way to share their stories
- WRHA should have all sites increase their promotion of patient advocates and how patients can get in contact with them
- WRHA should carry out audits of patient charts to look specifically at prescriptions and check for contra-indications, etc. Greater use of electronic data bases is needed to improve access to patient’s medical information/history

3. Poor Communication between healthcare providers and patients and between health providers themselves

How WRHA can address directly
- Communication should begin at the grassroots level - public health nurses could attend community meetings (like William Whyte Residents Association) to act as a resource for individuals who may not be accessing the health system - especially those with mental health issues
• WRHA should have health outreach workers to help people find appropriate services and direct them to resources in their communities
• Address the issue of information that sometimes gets missed on hospital discharge papers
• Address the continuity of care issues arise; if there is poor communication between emergency departments, physicians, and referrals
• WRHA should standardize discharge summaries for all sites
• WRHA should develop “patient passports” that people can use to record doctor’s appointments (including who you saw, specialists’ names), prescriptions, diagnostic tests, vaccinations, etc. -
• Patients and their families need to be made aware of information exchanged, recommendations, follow ups, medications, care after surgery/hospital
• Should give “discharge summaries” to patients and their families so that when they are discharged from hospital they have a better sense of what happened and how to care for the individual - a staff should be listed as someone they can contact if they have any questions or if any issues arise
• “Informed Consent” needs to be redefined for vulnerable groups
• Electronic medical records are needed so that information can be readily shared between health care staff that has provided services for an individual - mental health, pharmacy, hospital staff, social workers, etc.
• Need to address the privacy “concerns” or misunderstandings of PHIA of some staff who will not share information that should be shared between health care providers

Partnerships that the WRHA should develop/strengthen to address
• WRHA should continue to work with the school divisions and share information with students about the importance of being involved in your own health care - advocating for yourself, asking questions, etc. so that as adults they will have more confidence relating to health care providers and navigating the system

Lobby or advocacy work to address
• Manitoba Health should improve their website - have more links to health information, services, etc.
• Manitoba Health should develop a Health Guide similar to the BC Health Guide – wealth of information of health conditions, when to get medical help, etc.
River East and Transcona Council
Discussion Notes

1. **Waiting for care, diagnostic tests** (12 points)
   - Wait times are too long - people are at risk of injuring themselves or their health situation turning becoming poorer as they wait to see their doctor, specialist, or have tests done

2. **Poor Communication between healthcare providers and patients and between health care providers, Medical Records, Charts** (10 points)
   - Communication Issues:
   - Barriers
   - Language
   - Communication should be a priority in all aspects of care
   - PHIA
   - Tolerance
   - Patients are unaware of how the health care system works
   - Poor co-ordination between client/family and system with an aging sometimes frail population
   - Information about medical condition/treatment is not always communicated in a meaningful way - plain language
   - PHIA – misinterpret – can’t share information with aides
   - Communication between health care providers and patients and/or families at hospital is very poor and confusing for patients and their families – takes away power from patients and creates risk of adverse events.
   - Poor communication between health care providers - hierarchy within the hospital - gaps between doctors, specialists, nurses, aides, etc. - knowledge management - poor
   - Poor communication between doctors and patients - compromises patient’s safety/care
   - Patients/families are unclear how health care referral system works - confusing
   - Documentation
   - Results on wrong chart
• Lack of documentation to maintain consistency in care

2. **Long Hours healthcare staff must work/staffing issues** (10 points)
• Relationships - professionals
• Professionals stressed - this impacts on patient safety/care - poor life/work balance
• There is a high turnover of health workers
• Many patients/clients have different health care worker every time (14 in one week) - care not consistent, confusing to clients.

4. **Caring for Patients, especially most vulnerable** (9 points)
• Need competency - giver and receiver
• Health care workers do not spend adequate time with patients
• Poor bedside manner
• Healthcare aides (hospital) given very little information about each patient - don’t know what could happen with the patient
• Need true client centered program - then patient will feel safe providing feedback
• Health care workers often appear overly eager to give prescriptions - patients not supported to be involved in own treatment plan - doctors just want to medicate/don’t want/resist patient participating
• Doctors not spending time to “check in” with patient at appointments (what prescriptions are you on, etc)
• Ageism exists in the system - discriminate against older patients - “you’re older... you’ve lived a long life”
• Vulnerable people - mental health clients in the community - the elderly don’t complain, make do - people living alone - isolated - language barrier/refugees, immigrants - mentally challenged - physically challenged - blind, deaf

4. **Lack of patient advocacy, patients and families not empowered** (9 points)
• Patient-alone, no one to advocate for them - isolated, vulnerable
• Patients often afraid to complain share concerns with staff about their care.
• Hospitals are very confusing for patients and their families, poor communication between staff and patient/family - this takes power away from patients and creates risk.
• Patients/family cannot question doctors/specialists. This can delay treatment and create risk
• Role of family advocating on behalf of patient to ensure they're safe - hospital staff make it difficult

6. Medication/Prescriptions/Pharmacy (3 points)
• Medication side effects
• Adverse reactions
• Drug interactions
• Poly-pharmacy
• Cost of drugs - may not buy expensive medication
• Medication - errors
• Risks - side effects of medication not always considered (could be worse than initial health problem) and some are addictive/others could cause serious issues - kidney failure

7. Discharge from hospital (2 points)
• Disconnect of system - acute - primary care - home care
• Communication between acute - community

8. Need to create a culture of safety (1 point)
• Beliefs
• Assertiveness
• Assumptions
• Confidence
• Respect

Remaining issues did not receive any points (although not prioritized, these issues were still raised)
Health Care staff not adequately trained
• education

Infection
• environment - air quality - infections
Healthcare staff not trained adequately
- Education and awareness
- Cultural
- With regard to specific care
- Collaboration - client centred care - respect
- Home care - lack of education/necessary skills - workers - difficult for clients and workers
- Don't get training to look after patients with special needs

Accuracy of Diagnostic Tests
- Diagnostics
- Test results to wrong person
- Test errors - results, wrong tests done
- Internet - tool for self diagnosis?!?! - reliability of web sources is questionable

Environmental Safety
- Obstructions - clear pathways, clutter
- Feedback and communication ie further assistance, occupational therapy - aids for daily living
- Poor lighting

Privacy/Confidentiality
- PHIA

Infrastructure and maintenance of medical equipment
- Infrastructure (all health care institution)
- Building maintenance
- Size rooms/foyers is tight.
- Equipment - maintenance process
- Policies and procedures - may help or limiting effect/factor (ie snow clearing, floor washing, whatever)
- Hospital - in hospital injuries - ensuring that environment is safe for patient - simple things - equipment/bed functions properly

Security
- Security (security staff, other staff, personal sense of safety)
- Overcrowding of person and personal effects
- Staffing (adequate levels - training of staff - personal/staff perception of self safety)
- Not feeling safe - patient/safety - visitors that threaten patient safety - how security deals with
- Informing medical staff of situation - would they discriminate against her? - need to care for entire family
- Personal safety of self
  - vulnerable
  - dignity and integrity (the right to personhood within the system)
- Inmates in hospital

**Other risks to patient safety**
- Transportation
- Community transportation - driving, hand-transit re food medication
- Economic security
River East and Transcona Council
Recommendation Notes

1. Waiting for care/diagnostic tests

How WRHA can address directly
- WRHA needs to address “waiting for care” at different stages
  - Shortage of family doctors
  - Inefficient use of staff
  - Emergency triage/doctors’ office - should have staff for urgent/emergent/patient reassessment
- WRHA should promote the use of nurse practitioners in emergency departments
- WRHA should re-evaluate “efficiency” models of care and patient reassessment
- WRHA should promote personal and compassionate approach (professional behaviour) of health care staff and address disrespectful behaviour towards patients
- WRHA should continue to educate the public about the misuse of emergency departments - promote individual’s responsibility to use health care centres appropriately - take personal notes, do your own research, record medications, and come to appointments, etc. prepared
- WRHA needs to address record keeping gaps and transfer and distribution
- A central registry for diagnostic tests should be created - that prioritizes according to need, has staff that stays in touch with patients on the lists and are available for the public to contact
- WRHA should continue to promote the use of Health Links and individual responsibility

Partnerships that the WRHA should develop/strengthen to address
- Should partner with Age and Opportunity re: volunteer recruitment and training of volunteers
- WRHA should develop partnerships with advocacy groups, education groups, patient advocacy groups for families, volunteers, support networks, groups
• WRHA should partner with the media for public education campaign - where to go for appropriate level of care - urgent vs emergent, using Health Links/Info Sante

Lobby or advocacy work to address
• WRHA should lobby corporations to offer health awareness/promotion programs for employees, build incentives for becoming/staying healthy and active, provide opportunities for exercise, etc. - indirectly, this will impact the wait lists if increasing numbers of the public get healthy and stay out of the system and off wait lists

2. Communication, Medical Records, Charting
How WRHA can address directly
• Communication should be a priority in all aspects of care
• Patients and/or families confused about who to ask for information - should be told who will be able to answer any questions about patient - nurse, doctor, etc.
• Healthcare providers need to share more information up front with patient and/or family about patient
• WRHA should standardize care plans/forms when someone is admitted/begins to receive care/discharged, etc. - should include information on medication, etc. that staff who come on shift can read and that patients/family can read as well
  • Patients/families might not always see the same “face” but the information on the patient will be consistent
  • Standardized form might help with misinterpretation or fear associated with the personal health information act (PHIA)
  • Add accountability - patient/family take part or contribute to what is in the care plan
  • Needs to be a “living” document as condition of the patient can change
• WRHA needs to ensure that health care staff at all sites deliver consistent message to patient and/or family - there are too many forms
• WRHA should ensure that family of patient has contact name and number of staff that they can contact to get updated information about the patient
• Need electronic medical records - a smart system that will red flag allergies, tests that have already been done, etc.
• WRHA should be creative and develop information for the public in a variety of mediums and languages - to inform people about health issues/conditions, health promotion, etc. - for example, DVD's, information on website, spoken information (in a variety of languages), videos (using actors to deliver the message - more interesting)

• WRHA should consider "medical cards" that are currently being used in VA hospitals in the U.S. - these are swiped and provide updated information on blood pressure, medications, etc. - they provide a level of detail that is needed to prevent adverse events/have updated medical information for health care staff

• People should be empowered to be more aware of their own health condition/care/medications, etc. - and as a result, be more able to tell health care providers if they're getting the wrong pill, experiencing changes in their physical, mental health, etc.

• WRHA needs to address issue of improving communication between health care providers - need to work more collaboratively together

• People need to begin to be screened for different conditions at different stages in their life - educational campaign

• WRHA needs to address the language barriers that many people experience - a definite patient safety issue if communication between health care providers and patients can not happen - patients need to understand what is happening, give informed consent, understand care and treatment plans, etc. - this is an issue of respect for different cultures and languages

• WRHA should develop educational and health promotion material in different languages

• WRHA should have all healthcare providers provide information about who they are/their role/what they are going to do - for all patients - they should ask permission to carryout different procedures, tests, etc. and information for why they are being done

Partnerships that the WRHA should develop/strengthen to address

• WRHA should partner with different cultural groups from across the health region to provide feedback on educational and health promotion material

2. Long Hours healthcare staff must work/staffing issues
How WRHA can address directly

- WRHA needs to address recruitment and retention issues of health care staff
- WRHA needs to help their staff get more control over their work life - re: scheduling of shifts, vacation, overtime, etc.
- WRHA should address nurse-patient ratio - this is a concern
- WRHA should promote shift in work culture - re: overtime - try and decrease the amount of overtime staff works and/or get flex time/time off and should establish a maximum number of overtime hours - mandatory overtime should be stopped
- WRHA should promote health care as an honourable profession - to make it attractive and appealing to the broader population - males, young people
- WRHA should promote nursing career - it is more than just bedside nursing - management opportunities, etc.
- WRHA - through evaluation, quality assurance, and effective systems - determine if individual staff are working effectively within the system, and whether or not the system is serving individuals effectively
- WRHA should address the need for more effective communication within the systems - to the public and to staff from Board of Directors, management
- WRHA should promote team approach to health care - and the use of different care structures/staffing - like nurse practitioners, physician assistants, etc.
- WRHA should explore how to utilize foreign trained doctors/nurses/other health care staff - how to facilitate their entry into the system without having them be entirely re-trained

Partnerships that the WRHA should develop/strengthen to address

- WRHA should develop partnerships with the professional health colleges, training institutions, Manitoba Health
- WRHA should partner with the media to report positive aspects/stories in health care
- WRHA needs the support of unions for more creative and innovative ideas re: staffing issues - unions are sometimes too rigid and inhibit the flow of creative ideas to solve staffing issues
Lobby or advocacy work to address
- WRHA should lobby provincial and federal governments for new models of health care - this is a WRHA responsibility as well
River Heights and Fort Garry Council
Discussion Notes

*These issues apply to hospital, home settings (i.e. home care, those who are alone/without family and/or support)

1. **System and Human Error - Documentation, Medication, etc.** (20 points)
   - Medical Records, Charts, Documentation
     - Those with chronic conditions - seeing many, many different health care providers - full time job to document/discrepancies between what they tell you
     - Physician documentation (writing clarity)
   - Medication/Prescriptions/Pharmacy
     - Medication errors - wrong medication/over medication/wrong does/interactions between medications (hospital to home)
     - Medicine is getting more specialized - see a greater number of specialists (see a very narrow focus) - more tests, more prescriptions, more complex and less communication
     - Herbal medications mixed with prescriptions can be dangerous
     - Issues specific to seniors and those with mental health issues and prescriptions - over medication, not enough information, unsure whether they've taken medications or not - extra risk when they are living alone
   - Medication errors
   - Poly-pharmacy
   - Incorrect medication dispensed by pharmacy (checks and balances to ensure accuracy)
   - Wrong medication provided to individual based on similarity of name and street - detected by patient
   - Contra-indications and overmedication - what programs exist to ensure health care team knows about all the medications taken?
   - Seniors physical abilities affected by medications - ensure proper/best possible medications - more complicated health issues
2. **Need to create a culture of safety** (19 points)
   - Is patient safety appropriately dealt with by the WRHA (who may be in conflict of interest) or should delegated impartial body outside of health?
   - Human error - institution should have systems in place to minimize or prevent - what happens when errors are made
   - Leaders in safety developed excellent automated systems (i.e. aeronautics) - technology is programmed to minimize human error
   - Not true transparency because of PHIA - are patients aware when someone's made an error
   - Mechanisms in place for patients to report adverse events but many patients don't know about it
   - More Canadian Research required

3. **Caring for Patients, especially most vulnerable and lack of patient advocacy** (14 points)
   - Increased vulnerability of patients
   - Physician sensitivity to patient needs/concerns - the system must be sensitive
   - Vulnerability of patients based on inability to deal with after patient/procedure needs
   - Vulnerable (physically/mental disability/elderly) are at risk for incidents that compromise their safety - get lost in the shuffle
   - When people are ill - really ill, they need someone to advocate for them
   - In hospitals - patients often medicated, confused - not always staff there to assist them - need extra family support
   - Mental/emotional illness issues
     patient anxiety related to medical procedure(s) and necessary support requirements
   - Assistance with getting out of bed (nurses too busy - quality of life/dignity issues)
   - #1 factor - quality of care - at Nursing Homes/Hospitals
   - Mental/emotional illness issues
   - Vulnerable (physically/mental disability/elderly) are at risk for incidents that compromise their safety - get lost in the shuffle
   - Advocacy
   - Who is/are there official advocates for patients who require them
• Will complaints affect delivery of care?
• Who do you discuss complaints with?
• Some people don’t have anyone advocating on their behalf and are more vulnerable to errors
• Education of and patient involvement in treatment - know what they are taking - understand they should take all their meds with them to hospital

4. Poor Communication between healthcare providers and patients and between health care providers (11 points)
• Communication - doctor/health care providers need to hear from their patients/not just physical issues but emotional ones too - doctor’s don’t have enough time
• PHIA - not easy to access information when you need to, some health care providers misinterpret privacy legislation and may not give information to family, other health care providers when they could
• Communication - patients might not fully understand what the doctor has told them
• Communication key element to safety - listening activity
• People being diagnosed and then sent home without any information/support from family doctors

5. Waiting for care/diagnostic tests, long hours and other staffing issues, need for more training (8 points)
• Very little time, big expectations, huge waiting lists
• Risk associated with waiting for specialists, tests, etc. (shortage of doctors)
• Wait times in emergency in terms of ambulance arrival - importance of triage - organization - assessment of severity and needs, fast tracking
• Waiting times creating risk because condition deteriorates
• Staff coverage for accidental physical harm due to job requirements (insurance issues)
• Mental health system - staff asked to stay overtime - tired, stressed, not effective
• Workload/stress experienced by health care providers - not giving best care they can/more mistakes will happen
• Staff - adequate staff (increase numbers of support staff) - educated staff - support for staff
• Staffing requirements
• Improper techniques by health care providers- lack of competency
• Fast paced education for health care professionals not conducive to high standards

6. **Patient safety issues in patients' homes and Home Care** (2 points)
   • Home Care
   • Assessment procedures to determine who receives home care and based on what conditions (severity)
   • Pre and post homecare evaluation - on site visit for evaluation
   • Home visits to assess need for further support - identify at risk individuals

**The remaining issues did not receive any points (although not prioritized, these issues were still raised)**

**Discharge from hospital**
• No time after surgery to educate patients/do post op work with them - discharge out into community without proper knowledge
• Continuity of Care Issues
• From hospital (discharge)
• Support mechanisms
• Discharge involvement
• Continuity issues

**Infection**
• Low numbers of staff - come into work sick
• Infection - visiting hours - not restrictive, visitors not asked to clean hands etc.
• People are traveling more, moved to Canada from over the world - exposed to many diseases

**Accuracy of Diagnostic Tests**
• Misinterpretation of test results - including pathology
Security
• Safety of patient property at hospitals
• People off the street can take advantage of patients
• Security issues - staff recognition tags

Environmental Safety, Infrastructure and maintenance of medical equipment
• Access to hospital location for visit/procedure - construction/parking issues
• Physical safety issues
• Bed rails/usage
• Proper usage of walkers and wheelchairs

Patient Safety Issues in personal care homes
• Mental/emotional illness issues
• Standards - are the standards for private facilities the same as for hospitals? - Are patient safety standards in home care the same as in hospital?

Other risks to patient safety
• Only allowed minimum amount of more expensive supplies
• Involvement of other institutions in public health, issue re prevention (ie. Influenza, West Nile virus, mental health)
1. **System and Human Error – Documentation, Medication, etc.**

How can this be addressed by the WRHA?

- WRHA needs to do a better job of preventing mistakes from happening and developing a fair process of accountability after mistakes occur.
- To address medication errors, WRHA should ensure that supportive housing initiatives and personal care homes have skilled and appropriate staff to dispense medication to residents - and that it be done accurately.
- WRHA should encourage the increased use of blister packs for prescriptions for all patients – this will help with missed medications or the accidental overdose of medications - “Did I take my pill today? Or, did I give my child their pill this morning?”
- WRHA needs to address issue that more errors in dispensing occur at the end of lengthy work shifts, that staffing/lengthy shifts can increase the possibility of errors overall.
- WRHA needs to address "habituation" of people taking medications over a long period of time - and of the physical consequences of prolonged use of some medications - liver damage, sensitivity, allergic reactions, etc.
- WRHA should have public relations campaign - “Don't share your medications with others” to address this issue.
- To address errors in diagnosis, the WRHA should review pathology/diagnostic systems and consider if changes to reduce misinterpretation errors need to be made.
- WRHA should develop new policy of following up with patients who have diagnostic tests done - either way, if results are positive or negative - patients should be empowered - "If you haven't heard from us in 2 weeks, you should contact your doctor”
- Improvements in information technology - the development of electronic medical records - could improve the sharing of information between health care providers and between health care providers and patients.
- To address charting and documentation errors - WRHA should enforce a policy that health care providers write clearly, legibly and use...
appropriate language - they have a responsibility to do this - could be trained in university programs and through professional associations - like the College and Physicians and Surgeons

What partnerships should the WRHA consider to address this issue?
• WRHA needs to partner with Manitoba Health to encourage fee for service physicians to address “habituation” issue of people taking medications over a long period of time - and of the physical consequences of prolonged use
• To address charting and documentation errors - WRHA should enforce a policy that health care providers write clearly, legibly and use appropriate language - they have a responsibility to do this - could be trained in university programs and through professional associations - like the College and Physicians and Surgeons

2. Need to create a culture of safety

How can this be addressed by the WRHA?
• Public understands that human errors happen - the WRHA should ensure steps take place after an error is made - accountability, governance must be established to provide a series of initiatives to account for these mistakes
  o Are they in a conflict of interest to recognize the mistake?
  o Need to create advocacy within hospitals to follow-up - identify mistakes, etc. - do all hospitals do this?
  o Results need to be shared with patient/caregiver/family
• WRHA needs to ensure that every hospital and site is accountable - through the development of appropriate policy and processes - like the establishment of an ombudsman position that is separate from the hospital/site infrastructure (regional/provincial) for any care institution - clinics, personal care homes - i.e. office of the ombudsman for patient safety
• Ombudsman could be part of an advocacy plan - post error process - to review incidents
• WRHA needs to address the impact of PHIA (Personal Health Information Act) on patient safety and the sharing of information -
PHIA needs to be reviewed/revised to determine how restricted sharing of information can create risks to patients' safety and well-being

- PHIA also restricts family members’ access to patient information - needs to be revised to include family, especially at emergency departments

- WRHA should be more transparent with regards to patient rights - and provide information at all sites

- WRHA should provide more information about the “Vulnerable Persons Protection Act” - this needs to be advocated as part of patient safety - this could be undertaken by the impartial ombudsman for patient safety role

- WRHA should have signage on the “Patient’s Bill of Rights” and the “Vulnerable Persons Protection Act” at all sites

- WRHA should provide access to patients of their files from their doctor’s office and/or hospital upon entrance into clinics, hospitals, home care, institutions, etc.

- WRHA should address security issue - anyone can just walk into a hospital, personal care home, etc. - security should be enhanced at entries - culture of safety should begin when you enter a site

- WRHA should involve families of patients as part of a patient’s safety - give family information on medication, etc.

- Patients and their families should be working with the WRHA to provide all with the same information

- WRHA needs to accelerate the integration of information systems - electronic medical records

- WRHA needs to encourage improved communication between health care sites, health care providers, families, and patients

- WRHA should increase standards and implement stricter standards for training of home care aides to reduce risks for patients receiving home care

What partnerships should the WRHA consider to address this issue?

- WRHA should partner with University of Manitoba, Canadian Institute for Health Research, Manitoba Patient Safety Council, and Consumer Protection Agency (patients are consumers) and Justice Institutes to address patient safety issues through collaborative work
3. Caring for Patients, especially most vulnerable and lack of patient advocacy

How can this be addressed by the WRHA?

- WRHA needs to improve communication between health care providers and patients and families
- WRHA should develop patient advocate positions to assist patients in navigating the health system - cover all steps involved in tests, diagnostics, treatment, etc. - all inclusive process - the breast cancer screening program has the ability to do this for their patients
  - Each advocate would have a particular case load
  - Advocates may only be assigned for particular health issues
  - When need is identified for a particular patient - advocate is assigned immediately
  - Advocate assists patient with continuous access to all health services required
  - Advocates would have hands-on, user friendly experience of the system that could benefit patients
  - Mentorship links with individuals that have been through the system - individual patient preference will affect their choice of advocate characteristics
  - Pair up patients with the appropriate/sensitive advocate (patient’s choice)
  - Need to determine qualifications and training for advocates
- WRHA needs to provide information and increase patient awareness of the availability of advocates and/or assistance that could be provided to the patient - (for example, there are posters at Health Sciences Centre)
- Is there a process for officially documenting a complaint and getting feedback to patient/family in a timely manner?
- WRHA needs to standardize the complaints and advocacy processes for all sites (similar to the Winnipeg health care directive)
- WRHA should develop permanent liaison positions in the hospitals and for home care program - to facilitate between patients, families, and health care providers
- WRHA should hire Aboriginal Elders to advocate/provide support to Aboriginal patients
WRHA should ensure that tests are available to patients - not just depending on what list they are on or their knowledge of the system.

What partnerships should the WRHA consider to address this issue?

- WRHA should partner with members of clergy and chaplains - who can advocate for patients - provide funding for this
- WRHA should partner with organizations like the Kidney Foundation, Cancer Care Manitoba, Liver Foundation, Heart and Stroke, etc. that provide support/advocacy for patients
Seven Oaks and Inkster Council
Discussion Notes

1. **Infection** (9 points)
   - Poor sanitation - home/hospital
   - Lack of rethinking - retraining/infection control
   - Breakouts of infections - careless/not washing hands
   - At hospitals - confidentiality - patients would like not to have their names released - fewer visitors - reduce chance of infection
   - Cleanliness/not washing hands

2. **Medication/Prescriptions/Pharmacy** (9 points)
   - Pharmaceutical Issues - includes all services/areas - safety (to be determined)
   - Getting correct drugs/prescriptions
   - Overlapping - side effect - prescriptions from home, more at hospital (poly-pharmacy) - contraindications of prescribed/natural remedies
   - Little education for patient - like taking medications

3. **Poor Communication between healthcare provider and patient** (7 points)
   - Language barriers
   - Cultural barriers - language barriers, cultural beliefs - not communicated
   - Expectations - of home care patient/client - and health care worker

4. **Long Hours healthcare staff must work/staffing issues/Healthcare staff not trained adequately** (7 points)
   - Staffing shortages
   - Staff not appropriately used (healthcare/hospital)
   - Staff shortages of trained personnel in all areas/services
   - Lack of evaluation of home care staff
   - Staff accountability/monitoring of staff/duties (home care)
   - Staff have little or inappropriate training
• Are some members of health care staff qualified to deliver the care?

5. **Waiting for care, diagnostic tests** (7 points)
   • Prompt and accurate diagnosis
   • Response time
   • Waiting list
   • Can't access health care resources - your safety is jeopardized

6. **Caring for Patients, especially most vulnerable** (3 points)
   • Abuse
   • Patient comfort/privacy
   • Healthcare worker sensitivity
   • Abuse - protection of patients in care
   • Shift of responsibilities from specialists to doctors (or reverse) and doctor’s leaving treatment decisions to patients to make related to health, when the patient is not prepared (not enough information) to make the change
   • Home Care
   • Staff unable to spend allotted time with clients
   • Treatment of health care worker by clients
   • No treatment for bed sores

7. **Need to create a culture of safety** (3 points)
   • Safe storage
   • Prompt diagnostic services
   • Setting patient safety standards ensuring that those standards are followed/met
   • Patient ID
   • Accuracy with surgery - sites
   • Mix-ups with patient information/patient names
   • Daily checklist - good idea
8. **Lack of patient advocacy, patients and families not empowered** (1 point)
   - Patients afraid to share concerns when they are being cared for/won’t complain if their safety is jeopardized
   - Patients/families are not aware of who to share complaint with

9. **Privacy/Confidentiality** (1 point)
   - At hospitals - confidentiality - patients would like not to have their names released - fewer visitors - reduce chance of infection
   - Home Care - privacy
   - Issues that transcend all settings - confidentiality - homecare - concerns about workers sharing information - lack of trust/privacy

10. **Accuracy of Diagnostic Tests** (1 point)
    - Need for accurate diagnosis - degree of confidence in diagnosis - doctors control over patients - second opinion not encouraged - can’t go from one specialist to another

**The remaining issues did not receive any points (although not prioritized, these issues were still raised)**

**Discharge from hospital**
   - When patient is released from hospital - are they safe to go home?
   - Is their home environment safe? (what about people who want to go home? -may not tell the truth) - day surgery, ER, etc./post and pre operative procedures

**Patient Safety Issues in personal care homes**
   - Not enough staff - one nurse for 40 patients - puts patient at risk
   - Cases of abuse/neglect - patient does not want to complain
   - Social: not enough activities - not enough staff to assist those that require assistance
   - Some people sit all day

**Patient safety issues in patients’ homes**
   - Falls at home
• What about food security of patients at home? - People may be receiving medical care, but unable to cook/or afford meal delivery

Other risks to patient safety
• "Falls" - includes all services/areas
• Little education for patients - like taking medications
• Ideas to address issues -- paramedics - treat and provide options for care (when appropriate) - don't necessarily need to go to ER - extending triage
• Emergency medical contact "pages"
Seven Oaks and Inkster Council
Recommendation Notes

1. Infection – antibiotic resistant infection and infection outbreaks at hospitals

How can this be addressed by the WRHA?
- WRHA needs to educate public about effects of over-prescribing antibiotics
- WRHA needs to address issue that some patients very persuasive and demand antibiotics which might not be appropriate
- WRHA needs to acknowledge the tricky ethical balance - that as the population increases, the potential for infection increases - WRHA needs to plan for this
- WRHA needs to address the careless behaviour of some staff -- don’t always wash hands or use latex gloves before working with patients
- WRHA needs to enforce proper infection control behaviour
- WRHA needs to address that in some hospitals staff are not working together as a team - but team approach is essential for everyone to buy into infection control program - need to break down hierarchy in hospitals
- WRHA needs to speed up decision-making process re: infection control and get buy in from hospital boards
- WRHA should address the need to change in hospital culture
- Council identifies that culture shift is happening – with younger doctors being more open to hearing from patients (requests to wash hands etc.)

What partnerships should the WRHA consider to address this issue?
- WRHA needs to partner with Manitoba Health to educate public about effects of over-prescribing antibiotics and to address issue that some patients can be very persuasive and demand antibiotics which might not be appropriate
- WRHA needs to partner with family physicians - to educate patients about use of antibiotics and infection control
- WRHA should use partnerships with school divisions to share information about infection control with schools and parents through newsletters, etc.
• WRHA needs to partner with personal care homes, home care, and clinics to educate patients about use of antibiotics and infection control

2. Medication/Prescriptions/Pharmacy

How can this be addressed by the WRHA?
• Council identifies that a good system of checks/balances currently exists within the health system re: prescribing medications and giving medications to patients at sites
• WRHA needs to educate doctors and pharmacists within the system to see things from patient’s perspective
• WRHA needs to educate patients about use of medications and to not share left over medications with others

What partnerships should the WRHA consider to address this issue?
• WRHA should partner with pharmaceutical association to address patient safety issues related to medication
• WRHA needs to partner with physicians to address medication errors, etc.
• WRHA needs to partner with seniors groups to get information out about medication errors and patient safety

3. Poor Communication between healthcare providers and patients

How can this be addressed by the WRHA?
• WRHA needs to ensure that health care providers communicate clearly and simply with patients so that they can more fully understand their own condition and treatment plan
• WRHA needs to encourage health care providers to talk to not at patients and to actively listen to the patients
• WRHA needs to provide cultural awareness training for health care staff so that cross cultural misunderstandings decrease and potential for risks to patient’s safety also decreases
• WRHA needs to develop communication system that keep patients more informed
• WRHA needs to find ways to give more power to patients
• WRHA needs to increase availability of translators to assist patients who are unable to communicate in English

What partnerships should the WRHA consider to address this issue?
• WRHA should partner with the College of Physicians and Surgeons to share communication issues and ideas for addressing them with members
• WRHA should partner with universities and colleges that train health care providers and encourage them to include more class time about good communication techniques with patients and their families
• WRHA needs to partner with cultural groups and encourage them to become involved assisting members of their community with advocacy regarding their experiences with the health system

4. Long Hours healthcare staff must work/staffing issues/Healthcare staff not trained adequately

How can this be addressed by the WRHA?
• WRHA should increase staffing hours of MRI’s to decrease waiting times for diagnostic tests
• WRHA should increase the number of after hours shifts for nurses
• WRHA needs to address shortage of physicians
• WRHA needs to ensure that evaluation/standards of services/benchmarking are in place for all health care providers and staff at sites
• WRHA should set up evaluation for home care staff so that patients are able to evaluate their home care staff
• WRHA should ensure that home care staff are accountable - share information with clients about role and duties of home care staff

What partnerships should the WRHA consider to address this issue?
• WRHA should work with Unions, to review contracts and encourage more creativity regarding scheduling of shifts – to reduce lengths of shifts and numbers of long shifts worked consecutively of nurses and physicians
In what ways can the WRHA advocate for change in other departments, etc.?

- To address shortage of physicians, WRHA should advocate for a reduction in income tax for doctors - provincial tax rates are high, and physicians are going to other provinces as a result
1. **Medical Records and Coordination/Communication between healthcare providers/lack of use of technology in health care**
   (18 points)
   - Need for continuous communication/coordination between healthcare services
   - Links not adequate between healthcare settings - hospital/pharmacy/family physicians/clinics
   - Lack of communication/duplication of services
   - Patient information/records not accessible - if patient needs to recount what the doctor has told them, they may not have full picture
   - Lack of communication between community health agencies
   - Health system has not used technology - lagged way behind - but, using smart pumps - excellent new technology

2. **Poor Communication between healthcare provider and patient/lack of patient advocacy/patients and families not empowered/stigma**
   (16 points)
   - Without full background picture/history of a patient as a result of poor communication between health care providers, doctors make diagnosis, treatment decisions without the complete picture
   - Demographic and cultural changes are occurring quickly - health care workforce does not reflect changes in demographics
   - Language and culture - poor or lack of communication
   - Multi-cultural/multi-lingual - lack of culture sensitivity and understanding of different cultures/different languages - may not communicate well enough
   - Clear communication in every aspect
   - Between all stakeholders, doctors, nurses, patients, healthcare workers, administration
   - Doctors -- authoritative figures - patients afraid to voice concerns
   - Patient advocate, health care providers - need to understand the impact of words, written documentation/follow-up
• Health care workers must listen to and respect the patient advocate, for example with elderly
  • across the healthcare continuum
  • patient should have the opportunity for private time with healthcare worker
• Patient and family rights
  • listening to family and patient
  • inform of complaint process
• “God” complex - of some doctors don't want to listen to patients' concerns/their input(review options for treatment/care
• “Ombudsman” position (independent) - non-hospital where people can share concerns/experience - people don't feel comfortable with HSC, etc. affiliated advocate
• Patients don't have freedom to express concerns or their care will be compromised - feel powerless
• Stigma associated with some illnesses impacts patient care (ie lack of patient self-identification of issues)
• Lack of adequate information and training of patients -- ie scooters on the streets - people putting themselves in danger

3. Need to create a culture of safety/Long Hours and staffing issues/training/infection control (14 points)
• Creating a culture of safety across the health care spectrum (i.e. choking/CPR, basic knowledge for all employees)
• Patient safety competencies/quality assurance measures - all areas, high risk, fire, risk management framework for patient safety
• Identification practices - for example, wrist band, to surgery
• Reassessing and evaluating care/modify if required (ie administering medication to clients in private homes)
• When issues identified that create risk - multi-system/big, expensive - not dealt with immediately
• Mechanism to respond to error/so that staff will report - and everyone can learn from this
• Shift work, medical residents, etc. - hours really long - put patients at risk
• If they don't have proper equipment./training to move people - patients are at risk - either they don't move them (at risk for
bedsores, pneumonia, gangrene, etc.) or at risk for injury – both patients and staff
• Proper sterilization/unclean surrounds in hospitals, personal care homes, etc – infection control
• Hospitals – germs and infection

4. **Caring for Patients, especially most vulnerable** (5 points)
• Customer service (good manners)
• Identify yourself to patients (who you are and what your job is)
• Being fully present to the patient
• Attitudes towards patients/ageism – don’t listen to older people/their complaints
• Doctors and other healthcare providers don’t spend adequate time with patients
• Healthcare providers – too little time spent with patients to understand all of their issues
• Some family doctors – one issue or rushing – not looking at whole picture
• Best practice – are we doing best practice in caring for patients? Are we keeping up – in community/in hospital?

5. **Discharge from hospital** (1 point)
• Public health – early discharge of new mothers – leads to high risks in early days – are they prepared enough to go home
• Discharge process – linking hospital to community health services – home care, physicians etc.
  • No way to know if proper follow up occurred
  • Lack of patient tracking
• Early discharge – patients getting bad care leave too early – safety issue at home
• Discharge – should be transparent/lack of follow up
The remaining issues did not receive any points (although not prioritized, these issues were still raised)

**Medication/Prescriptions/Pharmacy**
- Medication errors
- Hospitals, patient misunderstanding - pharmacy errors
- Allergic and other reactions to medication
- Mental health patients, seniors, etc. may switch medications without reviewing all prescriptions - poly-pharmacy - medication errors

**Primary Care Structure**
- Primary care funding model that encourages single issue focus
- People without proper access to primary care end up in ER - ER becomes overwhelmed which creates risks to those who really need attention
  - Patients are at risk - not being treated appropriately because of system - fee-for-service
- Access to primary care - if unable to access - risks to patients

**Other risks to patient safety**
- Gender issues
- Not aggressive enough therapy
St. Boniface and St. Vital Council
Recommendation Notes

1. Medical Records and Coordination/Communication between healthcare providers/lack of use of technology in health care

How can this be addressed by the WRHA?

- WRHA needs to use make use of more technology in health care - especially electronic medical records
- WRHA needs to develop electronic medical records that would allow for - real time lab results, pharmacy information, etc. throughout the region -- include private pharmacies as well on the system
- The full continuum of health care system needs to be on-line (private, hospital etc.) -- will decrease duplication errors of data entry, drug side effects, etc.
- WRHA needs to ensure accountability in the system
- WRHA needs to address patient safety in holistic way - not errors “one issue” at a time
- WRHA needs to improve communication about basic services and expectations of tests/procedures - this could be done using phone recordings
- WRHA needs to ensure that communication between health care providers is improved across the health continuum - including health care aides and home care staff
- The WRHA needs to standardize information systems throughout (access of information)
- The WRHA should fund and train staff - to continue to ensure standardization through system -- Manitoba Health needs to support this
- The WRHA should ensure that health provider information re available services and programs is accessible for the public - this could involve the potential expansion of the Provincial Call Centre (Health Links/Info Sante)
- The WRHA needs to expand patient advocacy concept - all sites/services (hospital and community). Consider providing advocates who speak multiple languages - this needs to be promoted so that consumers are aware of the service
• The WRHA needs to ensure access to interpreters and translators - there is a possible role for Information Technology within the WRHA and all its community partners
• WRHA needs to acknowledge need for and work towards developing a workforce that is reflective of changing demographics
• The WRHA should have computers available at all sites (hospital and community) so that the public is able to access information about services programs - could be set up as kiosks (need to ensure that computer literacy is addressed and that information is available in a variety of languages)

What partnerships should the WRHA consider to address this issue?
• WRHA should lobby/partner with the Manitoba Pharmacy Association and private pharmacies to be part of on-line medical records system for health care
• The WRHA should fund and train staff - to continue to ensure standardization through system -- Manitoba Health needs to support this
• The WRHA needs to ensure access to interpreters and translators - there is a possible role for Information Technology within the WRHA and all its community partners

2. Poor Communication between healthcare provider and patient/lack of patient advocacy/patients and families not empowered/stigma

How can this be addressed by the WRHA?
• WRHA needs to address that communication and language barriers create significant patient safety risks
• WRHA needs to better inform patients and families about processes that exist in all facilities - where they can put forward their concerns
• WRHA also needs to ensure patients that if they share concerns about their care that their care will not be compromised - they also need to ensure that these processes will not put patients’ care at risk
• More and more immigrants are coming into the city and are experiencing language and cultural barriers - by not understanding information from health care providers - they are at risk
• WRHA should support the development and use of cultural liaisons in cultural communities so that we can learn about problems that newcomers are facing when interacting with the health care system and newcomers become more aware of how the system works and learn to advocate for themselves and their children.

• To address communication issues between doctors and patients - especially elderly patients who often can not remember post surgery information or what was said during physician appointments - should be provided with paper copies of instructions post surgery and what was discussed, etc. at appointments with physicians (WRHA will need to partner with Manitoba Health to encourage fee-for-service physicians to take part).

• Patients should receive follow up from their health care providers (sooner that six weeks) that includes written information and contact information.

• WRHA needs to acknowledge that empowering patients so that they can advocate for themselves will decrease patient safety risks overall.

• WRHA needs to support initiatives that reach out to newcomers - create comfortable drop in environment - where people will eventually feel able to share experiences, etc. with health system - empowers them to advocate for own healthcare/ children's (ask for interpreters, etc.)

• WRHA needs to improve communication between doctors/health care workers and patients and families:
  - Families don't know how to get/who to get information from regarding family members
  - Need to ensure that a member of the healthcare team reaches out to family
  - Signage in room
  - Especially important for people who have suffered strokes, etc.
  - Many cultures - trait - not asking questions to people in authority
  - Use of interpreters for patients who don't speak English/French (patient needs to ask for it)

• WRHA needs to provide information for patients regarding who they should speak to if they have concerns about their care - WRHA needs to understand that patients may be afraid to share concerns because they feel it will impact on the care they receive.

• It is a priority that health care workers empower and communicate better with patients and families.
• Those patients who are least able to advocate for themselves, need support from advocates
  • Cultural groups - language barrier
  • Children
  • People with mental health issues
  • People with addictions
  • People who have suffered strokes or other serious medical conditions

• The WRHA needs to develop an “anonymous” process that patients and families can share concerns/stories without having to state who they are

What partnerships should the WRHA consider to address this issue?
• To address communication issues between doctors and patients - especially elderly patients who often can not remember post surgery information or what was said during physician appointments - should be provided with paper copies of instructions post surgery and what was discussed, etc. at appointments with physicians (WRHA will need to partner with Manitoba Health to encourage fee for service physicians to take part)

3. Need to Create a Culture of Safety/Long Hours and Staffing Issues/Training/Infection Control

How can this be addressed by the WRHA?
• WRHA needs to provide staff training about creating a culture of safety and their role in that new culture
• WRHA should provide ongoing support for continued competency training for staff
• WRHA needs to ensure system has more open communication and open disclosure of errors - this will lead to more opportunities for correction
• WRHA needs to address “system errors”
• WRHA needs to address fear of staff in reporting errors, the liability presents a threat to staff
• WRHA needs to support staff through this process of becoming more open
• WRHA should offer different types of training that is evidence based, to help staff more fully understand patient safety issues
• WRHA needs to address issue that long working hours, double shifts, etc. does not create a safe environment for patients - for example, medical residents lengthy working hours compromise patient safety
• WRHA needs to offer quality assurance training for staff
• WRHA needs to continue with quality assurance programs
• WRHA needs to promote that safety is part of quality, that it is everyone’s responsibility
• WRHA needs to ensure that their vision, values, mission reflect safety and staff understand these - should also be reflected in policies and procedures
• WRHA needs to provide sufficient time and support for staff to attend patient safety training, quality training, etc.
• Quality and safety should be on all agendas
• WRHA should create a framework for sharing ideas/solutions between sites - promote an arena to share
• WRHA needs to promote transparency (needs dedicated resources to share information across the system) - within organizations and across the system - advocate for improved sharing - such as good practices - hold system wide - sharing sessions/forums - “safety” sessions
• WRHA needs to use external expertise to provide objective reviews as necessary

What partnerships should the WRHA consider to address this issue?
• Opportunities to partner with Fire Department and others to support safe environments
• External partners can also help with staff training (i.e. fire department, EMO)
• Partner with the University regarding training demands
• Share ideas/best practices between regional health authorities - ensure promotion of patient safety provincially
• Share ideas/best practices with First Nations and Inuit Health Branch to ensure promotion to patient safety for Aboriginal community
St. James-Assiniboia and Assiniboine South Council
Discussion Notes

1. Poor Communication, language and cultural barriers, medical records, charting (17 points)
   - Poor communication between care givers and patients/family - sometimes ER/different departments
   - Sometimes care givers talk to family instead of patient who is ill
   - Patient and family not sure of roles of health care professionals - will my family doctor be at the hospital? Who is responsible for what?
   - Language barriers
   - Foreign trained doctors - some with culture backgrounds - will not talk to wife- some have stereotypical/discrimination attitudes towards people with disabilities, etc./other cultures
   - Charting system - pretty outdated - not computerized - faster for reporting - shift changes - easier to read the information - inconsistent method of charting by doctor's

2. Medication/Prescriptions/Pharmacy (12 points)
   - Dispensing of drugs - wrong doses, over medicated, stop taking
   - Interactions between prescription/non prescription drugs

3. Waiting for care, diagnostic tests (11 points)
   - Waitlists - for community programs often really long (2 years) - personal care homes/after hospital
   - The length of time you wait to get health service can pose risk to safety of patient

4. Long Hours healthcare staff must work/staffing issues (6 points)
   - Doctor/nurse shifts too long - can't function after 10 hours - increase chance of errors
• “Danger” times - midnight - 6 a.m. - few staff/tired, patients don't have an advocate/family member there to help/support them
• Doctors not listening to patients - didn't know patient well enough (not taking time - poor communication, don't believe patient/take patient seriously)

5. Patient safety issues in patients' homes and Home Care (5 points)
• People with serious illness living in their homes - some can not be left alone - home care staff left/next one didn't show up (15 minutes late) - lack of sensitivity/flexibility when treating clients in their home - risks to physical health and mental health - some become very isolated
• When you have acute problem - no more care at hospital - difficult to follow through with doctor's instruction when at home
• Home care - only deal with "physical" - don't deal with anything else
• Lots of people caught between - not quite well enough to be at home, not sick enough to be in the hospital (Alzheimer’s patient taking care of spouse with congestive heart failure) - at high risk for being re-hospitalized (then they are separated)
• Homecare staff doesn't necessarily explain enough to patient after surgery, etc.
• Home care professions - not necessarily following up with patients to see how they are doing - lack of time
• Difficult to identify home care staff - no uniform - jeans/t-shirt - everyone wears long white coat - confusing

Remaining issues did not receive any points (although not prioritized, these issues were still raised)

Discharge from hospital
• Communication - after hospital care - with home care -lack of discharge planning - day hospital's - patients - lots of changes - physical etc. - increase chance of injury, depression, family/caregiver stress - put more stress on home care workers
• Movement from institutional care to community - many left without resources
• Insensitivity - put patients in rooms together that compromise the emotional well-being of a patient - maternity ward
Caring for Patients, especially most vulnerable
- We’re vulnerable when we’re ill – more vulnerable when no one to advocate for them
- People with disabilities – often don’t talk directly to them
- Insensitivity – put patients in rooms together that compromise the emotional well-being of a patient – maternity ward
- Doctors not listening to patients – didn’t know patient well enough (not taking time – poor communication, don’t believe patient/take patient seriously)
- Patient – rings bell in hospital room – no one comes
- Mental health – suicide rate really high – increased drugs and alcohol use

Accuracy of Diagnostic Tests
- Improper diagnosis/analysis

Environmental Safety
- Patient’s environment

Accessing resources and programs in the community
- People are unaware of what services are out there – a risk to their safety (lengthy wait times to access services/programs)
- Are there adequate Manitoba Health services? (i.e. eating disorders clinics, etc.)
St. James-Assiniboia and Assiniboine South Recommendation Notes

1. Poor Communication, language and cultural barriers, medical records, charting

How can this be addressed by the WRHA?
• How pervasive an issue is it? (Low frequency and low risk, as long as communicating with patient)
• WRHA should train health care staff in cultural health care related issues.
• Re: medical records and charting, WRHA should move towards a single computerized file with standards for documenting for all disciplines/all sites, including general practitioners - they should receive a subsidy for participating
• Re: communication between emergency departments and general practitioners - should establish “reverse consent” - inform if don't want record shared, otherwise information will be shared automatically
• Health care staff should be supported to balance patient’s right to control personal health information with support from family - would be very valuable - need to clarify boundary
• Health care staff should get support from ethics specialists for more difficult and common situations
• Patients/families not sure of roles of different health care staff - WRHA needs dress code that assists in identifying staff role based on what uniform they are wearing
• WRHA should have all health care staff clearly articulate their name/shift/role to patient/family
• WRHA should have all healthcare roles clearly stated to patients/family at admission - for example, the role of general practitioner vs. emergency physician - could have an information card for patient with roles clearly outlined

What partnerships should the WRHA consider to address this issue?
• WRHA should partner with cultural organizations to assist with cultural training of staff.
• Partner with Manitoba Health, College of Registered Nurses of Manitoba, College of Physicians and Surgeons – to assist in advocating, identifying priority of medical records

2. Medication/Prescriptions/Pharmacy

How can this be addressed by the WRHA?
• Mistakes regarding the dispensing of drugs – wrong drug, overdose, missed dose, etc – this can occur at home, hospital, personal care homes, pharmacist could make initial mistake, could be a systems issue (caused by unclear directions, wrong dosage, unclear hand writing by physician)
• Pharmacies often do not adequate privacy - customer may not ask the questions they would like to because of this
• Difficult to ask in doctor's office because of limited time of appointment
• WRHA should ensure sign off or check off along the process – ie. When medication is prepared, when delivery of prescription occurs, before and after it is given
• WRHA should ensure that there is thorough communication between shift changes at all health care sites
• WRHA should encourage the use of blister packs, larger print of prescription labels/information, that the information is in plain language
• WRHA should insist that physicians write clearly on prescriptions
• WRHA should ensure that information on medication recalls, contra-indications, etc. be communicated to operating rooms, nurses, pharmacists and patients, and in newsletters for various professions
• WRHA should ensure that regular medication reviews are carried out for patients by nurses, physicians, etc.
• WRHA should develop educational resources for the public that provides ideas for what questions people should ask their doctors
• WRHA should provide information on what other alternatives to medication are available – active living, diet, etc.
• WRHA should develop a prescription/medication record card that people could keep and take with them to the hospital, doctor's appointments, etc. where they can document their medications
• WRHA should fund community-based nutritionists, and fitness counsellors that the public could use (to show that alternatives to
prescription medications are supported and offered to the public at no cost)

What partnerships should the WRHA consider to address this issue?
• WRHA should partner with pharmacies and encourage them to develop private space so that customers may ask questions/receive information about their prescription

In what ways can the WRHA advocate for change in other departments, etc.?
• WRHA should lobby pharmacies that information indicating the type of medical condition being treated is on the label - as many customers/patients may be on a number of different prescriptions
• WRHA should lobby pharmaceutical companies that create pressure and incentives to promote their drugs - this needs to be examined, need to create a regulation regarding this practice

3. Waiting for care, diagnostic tests

How can this be addressed by the WRHA?
• WRHA should use indicators before placing patients on waitlists - that help to determine where a person should be placed on a particular waitlist - queuing theory - “predictors” for outcomes based on consequences of length of wait for a particular procedure, diagnostic test, etc.
• Determining how long a patient should wait is more difficult when they have complex health conditions - diabetes, heart disease, etc. - WRHA should make use of technology/software that can be used to determine possible health outcomes for patients on waitlists - this could be used to determine placement on waitlist
• Health system does a good job with emergency situations - surgery is done when needed, etc. - they need to do a better job with middle and lower priority patients
• People need to be informed how to advocate for themselves on waitlists
• There are patient safety risks for those who wait for procedures - falls, injuring themselves, etc.
• WRHA should put more money into screening - catching things early - save money on costly surgery/treatment, improve patients' quality of life - early detection would decrease waits because there will be fewer really ill people waiting in the long run
• Need to educate people to become more aware of changes in their own health, so that they can get checked by physician and catch things early
• Should make people aware that drug company-sponsored studies of the effectiveness of their drugs are not scientific and are in fact very biased - risk to safety of patients prescribed these "tested" drugs
• WRHA should make optimal use of health care staff and their skills - use of nurses, nurse practitioners - need to finally settle the turf wars between professions in order to do this
Appendix A
## CHAC Priority Patient Safety Issues Table

<table>
<thead>
<tr>
<th>Priority of Issue</th>
<th>Downtown/ Point Douglas</th>
<th>River East/ Transcona</th>
<th>River Heights/ Fort Garry</th>
<th>Seven Oaks/ Inkster</th>
<th>St. Boniface/ St. Vital</th>
<th>St. James-Assiniboia/ Assiniboine South</th>
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<tbody>
<tr>
<td>Priority #1</td>
<td>No access or difficulty accessing primary care, waits for tests</td>
<td>Waiting period for care, diagnostic tests, etc.</td>
<td>System and human error - includes medication, documentation</td>
<td>Infection</td>
<td>Medical records and coordination, communication between health care providers, and lack of use of technology</td>
<td>Poor communication, language and cultural barriers, medical records, charting</td>
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<tr>
<td>Priority #2</td>
<td>Caring for most vulnerable patients, lack of patient advocacy</td>
<td>Poor communication between health providers and patients and between health care providers, medical records</td>
<td>Need to create a culture of safety</td>
<td>Medications, prescriptions, and pharmacy</td>
<td>Poor communication between health providers and patients, lack of patient advocacy, patients and families not empowered</td>
<td>Medications, prescriptions, and pharmacy</td>
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<tr>
<td>Priority #3</td>
<td>Poor communication between health providers and patient and between health care providers</td>
<td>Long hours health care staff work, other staffing issues</td>
<td>Caring for most vulnerable patients, lack of patient advocacy</td>
<td>Poor communication between health providers and patients</td>
<td>Need to create a culture of safety, long hours staff must work and other staffing issues, inadequate training, infection control</td>
<td>Waiting period for care, diagnostic tests, etc.</td>
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<td>Cont'd</td>
<td>Downtown/Point Douglas</td>
<td>River East/Transcona</td>
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<td><strong>Priority #4</strong></td>
<td>Discharge from hospital, documentation medical records and charting, need to create a culture of patient safety</td>
<td>Caring for most vulnerable patients</td>
<td>Poor communication between health providers and patients and between health care providers</td>
<td>Long hours health care staff work, other staffing issues, including inadequate training</td>
<td>Caring for most vulnerable patients</td>
<td>Long hours health care staff work, other staffing issues</td>
</tr>
</tbody>
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Appendix B

Acknowledgements
Members of the Community Health Advisory Councils
Board Liaisons to the Councils
Support Staff for Councils
Members of Community Health Advisory Councils
2005-06

**Downtown/Point Douglas Council**
- Ron Adamik (Vice Chair)
- Mary Jane Eason
- Luba Fedorkiw
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- Michael Schwandt
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- Gela Stach
- Audra Taylor

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- John Kub
- Christa Massey
- Pam McKechnie
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- Grace Page
- Brian Olynik
- Margaret Rauliuk
- Jim Small
- Rishi Srivastava
- Janice Stuyck
- Dawn Tyson
- Monika Woods

**River Heights/Fort Garry Council**
- Tedros Bezabeh
- Kristine Christoph
- Vera Derenchuk
- Angela Hanischuk
- Lena Hozaima (Chair)
- David Hurford
- Caprice Kehler
- Patti Malchy
- Bob Marks
- Douglas McGiffin (Vice Chair)
- Susan Morrow
- Ruth Rachlis
- Charlotte Westdal
<table>
<thead>
<tr>
<th><strong>Seven Oaks/Inkster Council</strong></th>
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<tbody>
<tr>
<td>Rose Baker</td>
<td>Linda Luch-Galbraith</td>
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<tr>
<td>Louise Evaschesen</td>
<td>Andria Mudry (Co-chair)</td>
</tr>
<tr>
<td>Al Friesen</td>
<td>Jay Nayak (Co-chair)</td>
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<tr>
<td>Laura Horodecki</td>
<td>Emily Reimer</td>
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<tr>
<td>Ron Keller</td>
<td>MaryAnn Rosenbloom</td>
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<tr>
<td>Cecile Leblanc</td>
<td>Ivan Sabesky</td>
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<tr>
<td>Janice Lovelace</td>
<td>Richard Zabolotny</td>
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<thead>
<tr>
<th><strong>St. Boniface/St. Vital Council</strong></th>
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<tbody>
<tr>
<td>Sandy Bell</td>
<td>Gerry McDonald</td>
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<tr>
<td>Cathy Byard</td>
<td>Gary McPherson</td>
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<tr>
<td>Kathleen Clouston</td>
<td>David Patton</td>
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<tr>
<td>David Dandeneau</td>
<td>Cindy Pizzi (Chair)</td>
</tr>
<tr>
<td>Stephan Dorge</td>
<td>Jerry Ross</td>
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<tr>
<td>Audrey Gordon</td>
<td>Dr. Chandu Shah (Vice Chair)</td>
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<tr>
<th><strong>St. James-Assiniboia/Assiniboine South Council</strong></th>
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<tbody>
<tr>
<td>D'Arcy Bain</td>
<td>Elizabeth Ptaznik</td>
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<tr>
<td>Jody Berscheid</td>
<td>Keely Richmond</td>
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<tr>
<td>Doreen Cote</td>
<td>Bob Robinson</td>
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<tr>
<td>Catherine Elder</td>
<td>Karyn Rogers</td>
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<tr>
<td>Ashley Hinther</td>
<td>Vijay Sankar (Co-chair)</td>
</tr>
<tr>
<td>Mona Linton</td>
<td>Jason Sneath</td>
</tr>
<tr>
<td>Joyce MacMartin</td>
<td>Neil Upham</td>
</tr>
<tr>
<td>Tim McIsaac (Co-chair)</td>
<td>&quot;Willow&quot; (Tim's guide dog)</td>
</tr>
</tbody>
</table>
**WRHA Board Liaisons** (non-voting members of Councils)

Belinda VandenBroeck  Downtown/Point Douglas  
Carolyn Strutt  River East/Transcona  
Allan Fineblit  River Heights/Fort Garry  
Ben Zaidman  Seven Oaks/Inkster  
Father Fred Olds  St. Boniface/St. Vital  
Lorraine Sigurdson  St. James-Assiniboia/Assiniboine South

**Volunteer Assistants to Councils**

Kathleen Clouston  River Heights/Fort Garry  
Jan Miller  St. Boniface/St. Vital  
Chasity Remillard  Downtown/Point Douglas  
Brett Shenback  Seven Oaks/Inkster

**Support Staff for Councils**

Colleen Schneider  Manager, CHAC’s  
Jeanette Edwards  Director, Community Development  
Cathy Hay  Administrative Assistant  
Karen Cyr  Manager, Volunteer Program

**Community Area Directors** (non-voting members of Councils)

Joan Dawkins  Downtown/Point Douglas  
Debra Vanance  River East/Transcona  
Elliette Alec  River Heights/Fort Garry  
Carmen Hemmersbach  Seven Oaks/Inkster  
Susan Stratford  St. Boniface/St. Vital  
Anita Moore  St. James-Assiniboia/Assiniboine South