



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health *À l'écoute de notre santé*

ORIENTATION PACKAGE

Patient Safety Co-ordinating Committee (PSCC)

&

Patient Safety Action Network (PSAN)



PSCC/PSAN Volunteer Package Listing

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- Terms of Reference
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- Filing volunteer hours
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Summary: PSCC/PSAN

Structure

It is proposed to create two levels of involvement. One level is a core group of up to 8 patients/family/interested members of the public, who will take on the primary function of coordinating Patient Safety initiatives within the Winnipeg Regional Health Authority that will directly involve patients and families. This core group will have a fixed composition and fixed terms of office and will report directly to the Chief Patient Safety Officer. A working title for this group is the Patient Safety Coordinating Committee (PSCC). PSCC will determine the main projects and initiatives that will be undertaken in a given time period, in consultation with the CPSO. The Committee will have four individuals holding a 2-year term and four individuals holding a 3-year term to ensure experienced member overlap with new membership. A member of the WRHA Patient Safety Team will hold one of the two Co-Chair positions.

The other level is the Patient Safety Advisory Network (PSAN), which will represent a more fluid collection of working groups that will receive support and direction from PSCC and the WRHA Patient Safety team, and will work on specific projects or initiatives as determined by PSCC. As well, the PSAN will welcome the participation of other similar facility-based or program-based patient/family advisory groups that wish to collaborate with PSCC. PSAN will meet on a quarterly basis as determined by PSCC, to promote an exchange of ideas and experiences.



Mandate

The mission of PSCC and PSAN, respectively, is to promote and support healthcare system safety values and processes throughout the Region. The Committee and Network strive to promote respectful, effective partnerships among patients, families, professionals and the community that lead to increased understanding and cooperation between the respective groups towards ultimately increased Patient Safety. The Committee will drive the activities of the Network.

Intake Process

A structured interview process will be utilized to screen and accept potential members of both PSCC and PSAN. The process may include criminal record, child abuse registry, and reference checks for all potential members.

Various forms of recruitment, including internal advertising to healthcare providers for nominations of potential recruits, external advertising directly to patients and families through posters in WRHA-managed sites, the external WRHA website, the Patient Safety Post, and utilization of relationships with community organizations for potential candidates will be considered.



A fact sheet will be presented to all candidates at the end of the interview process, outlining such considerations as the mission and goals of the respective groups, membership eligibility requirements, benefits of involvement, expectations of members, meeting times and frequency, support offered (child care, parking, monetary compensation), time commitment (length of membership term, subcommittee work), and the training/orientation that will be provided.

Code of Conduct

With any set of new ‘rights’ comes a corresponding set of ‘responsibilities’.

Volunteers have the right:

- to be given meaningful opportunities for input and involvement in projects;
- to receive comprehensive and relevant information about structures, processes and other considerations regarding Patient Safety and its place in the overall delivery of health services in WRHA towards effective orientation;
- to be treated as equals with valuable perspectives to share;
- to receive effective and ongoing supervision and guidance;
- to receive timely and considerate responses to queries;
- to ongoing support and recognition for their contribution to advancing Patient Safety throughout the Region;
- to have their personal information/stories treated with respect in a confidential manner.



In return, volunteers agree:

- to carry out all activities and communications on behalf of fellow volunteers and the WRHA in a manner that maintains the good reputation of fellow volunteers and the organization, and its ability to make systemic improvements that contribute to greater safety of all patients accessing WRHA services;
- to adhere to the organizational policies and standards set out for volunteers and employees of the WRHA;
- to treat fellow committee/network members and WRHA employees with respect, patience, courtesy, dignity, and consideration at all times;
- to maintain a positive, appreciative, and committed approach to furthering the objectives consistent with systemic improvements for greater Patient Safety;
- to respect and maintain confidentiality with regard to Committee/Network business and/or the proprietary knowledge garnered regarding fellow Committee/Network members and improvement projects/activities;
- to hold oneself free of any interest, influence, or relationship regarding volunteer and/or organizational activities that could impair professional judgment or objectivity, or which in the reasonable view of the observer has that effect;
- to complete PHIA training and sign the WRHA PHIA pledge, as well as completing volunteer orientation as developed by the WRHA Patient Safety team.



Changing Relationships

A member of the Committee or Network may resign at any time by submitting a written letter to one of the Co-Chairs.

Members of PSCC or PSAN who are no longer in agreement with the Code of Conduct, or who demonstrate their unwillingness or inability to apply the Code of Conduct will be invited to resign, after appropriate discussions have taken place with the leadership of PSCC. A member may be asked to leave the Committee or Network if it is in the best interest of Patient Safety activities and initiatives, as determined by the CPSO in conjunction with the Co-Chairs. A member who has missed three meetings without offering an explanation may also be invited to resign from the Committee or Network.

Whenever the relationship is changing between a volunteer and the Committee or Network, an opportunity to meet to discuss the situation will be offered, so that all parties may learn as much as possible from the experience.

In unusual circumstances, the status of a volunteer may change summarily when there has been gross misconduct or insubordination, theft of property or misuse of organizational materials or confidential information, abuse or mistreatment of clients, staff or fellow volunteers, failure to abide by organizational policies and procedures, or failure to satisfactorily perform assigned duties.



PATIENT SAFETY COORDINATING COMMITTEE & PATIENT SAFETY ACTION NETWORK (PSCC/PSAN)

Terms of Reference

Purpose:

To create a collaborative working relationship between the Winnipeg Regional Health Authority and the patients* and family members it serves through direct involvement in safety improvement projects.

Function:

- Recommend and advise upon initiatives designed to improve Patient Safety within the healthcare setting, and assist in implementation and spread where appropriate.
- Actively participate by way of consultation in the creation of the WRHA multi-year plan of Patient Safety initiatives.
- Facilitate a number of working groups on identified Patient Safety issues, such as models of patient education and empowerment.
- Perform other duties, as identified by the WRHA CPSO with approval from the WRHA Senior Management that will promote Patient Safety and/or quality improvement within the healthcare system.

Reporting Relationship/Accountability:

PSCC & PSAN will be accountable to the Chief Patient Safety Officer.

Membership:

Successful applicants will receive an orientation package to the WRHA and the roles of the Committee and Network, respectively. The membership of this Committee/Network will be composed of patients and family members who have received services within the WRHA Region, who will to the extent possible represent the diversity contained in the region (e.g., gender, age, race, socio-economic status and ethnicity). An application process will be advertised through various media, and interviews will rely in part on “story-telling” activities by the applicants. PSCC will consist of a maximum of eight (8) individuals with staggered terms for effective transition and succession. PSAN’s flexible structure will allow new membership to integrate continuously and without a maximum number of participants.



The selection criteria for members of the PSCC/PSAN will include such considerations as the desire and ability of applicants to participate collaboratively, population representation, and the acceptance of responsibilities and accountabilities to the WRHA. A six-month probationary period will be in place for all new volunteers and WRHA staff to determine the suitability of individuals for the Committee/Network and the mandate of activity of the Committee/Network for individual members.

The WRHA Leader, Patient Voice Facilitation will attend both PSCC and PSAN meetings and will have primary responsibility to support and facilitate the activities of the Committee, holding at least one of two co-chair positions. The Chief Patient Safety Officer will attend meetings as deemed necessary. Other WRHA representatives with responsibilities for the development and implementation of Patient Safety initiatives and programs may attend meetings at the request of the Committee or as needed.

Termination of Members:

The WRHA PSCC may, by notice in writing to a Member, terminate a member's inclusion on the Committee. Final decisions will lie with the CPSO.

Meeting Frequency:

The PSCC will meet a minimum of 8 times per year, more frequently as may be required. As a group, PSAN will meet at least 4 times per year. Individual workgroups made up of PSAN members may meet more often as the change initiative(s) in which they are engaged require. At least one meeting annually will bring both groups together.

Communications:

Written agendas and minutes of the previous meeting will be shared with members of their respective Committee at least one week in advance of the meeting date either by email or mail. Minutes will be taken at all meetings and centrally tracked and filed, and both respective groups can view each other's agendas and minutes.

* As used in the above context, "patient" refers to those people who would be identified within the healthcare system as a "patient", "client", and/or "resident".



Patient Safety 101

Patient Safety is interested in the reduction of preventable harm to patients. There are many organizations worldwide, including the WRHA (Winnipeg Regional Health Authority) that are working towards the reduction of preventable harm to patients. In addition these organizations are interested in learning from those instances when patients are harmed. Increasing understanding of patient safety has come to realize that harm does not often result from one person doing one thing wrong. In fact we know that errors occur because a number of things go wrong often involving more than one person. By examining more than one individual or one aspect of care we are adopting a way of thinking termed “systems thinking”. This type of thinking asks us to think of the healthcare system as a complex interconnected network.

Knowing that no one aspect or individual is responsible for harm reaching a patient leads us to realize it is not beneficial to try to blame one individual if something goes wrong in a patient’s care. What we need to do is look towards the big picture to understand what has happened, what needs to change and what recommendations we need to make to assist that change to occur.

While it is understandable that when a loved one is harmed by the healthcare system individuals may want to blame the individual that they feel is responsible for that harm, we in Patient Safety believe that this does not help us to learn. It is very rare that a healthcare worker will go to work on any given day with the intention to harm those patients in their care. Most healthcare workers are good people whose intention is to facilitate healing. It is important to recognize that when patients are harmed by the healthcare system, not only the patient and families suffer but also the healthcare workers too. Thus we need to support patients, families and healthcare workers.

When healthcare providers and patients/families engage in conversations amongst themselves and with each other that are blame-focused it inhibits open avenues of dialogue. People shut down and stop talking to each other in a meaningful way as a result of those types of conversations. We on the Patient Safety team at the WRHA are interested in helping healthcare providers and patients/families



to move away from a blaming way of thinking towards a more open dialogue that allows people to share what has happened, how we might learn from this and then take the recommendations made to make meaningful changes in the healthcare system.

This is not always as easy as it sounds. We live in a society that emphasizes the need to punish individuals who hurt others. It should not surprise us that both those in the healthcare field and those who utilize their services have bought into this type of thinking. It is our job in Patient Safety to try to educate not only healthcare providers but also patients and families about the need to move away from focusing on blame to being open and to sharing their experiences so that we may learn from them.

From what others have researched and learned from reviewing instances of harm, the Patient Safety movement has developed initiatives that they feel move us closer to the goal of making the healthcare system safer. One study done here in Canada by Baker and Norton (2004) clearly showed the need for urgency in facilitating change in the healthcare system. In their study, they found that approximately 2 people were dying in Canada every hour from preventable adverse events. Due to the fact that not all areas of healthcare were examined it is thought that really the number is more likely 2-4 deaths per hour. This is the equivalent of the number of people that died in Ontario from the SARS event occurring everyday in Canada.

The Winnipeg Regional Health Authority Patient Safety team is involved in implementing the “Regional Integrated Patient Safety Strategy” (RIPSS). WRHA Senior Management approved a comprehensive action plan to manage and learn from things that go wrong and a patient is harmed. This strategy has four main areas of focus; **promoting culture change, the direct involvement of patients, learning from clinical practice and promoting change in care delivery.**

Promoting culture change looks to move away from a culture of blame, fear and retribution, to one of safety, that invites open discussions of incidents, where questions can be asked and improvements can be made. Some examples of initiatives that have been put in place include; executive walkarounds, safety surveys (staff), safety huddles, safety briefings, Patient Safety simulations, transparent reporting



of Critical Incidents, a comprehensive training program for disclosure conversations, patient faculty presentations, Patient Safety Week, a hand hygiene campaign and Bill 17 (amendments to The Evidence Act and The Regional Health Authority Act).

In implementing the strategy that seeks to have **direct involvement of patients** the WRHA has formed the Patient Safety Coordinating Committee (PSCC) and the Patient Safety Action Network (PSAN). This Committee and Network structure seeks to improve relationships between healthcare providers and patients/family members. PSCC & PSAN has been involved in a number of projects, such as providing input on the redesign of an emergency department, accessing patient records, and increasing accessibility of patient representatives in acute care facilities. Members sit on or have sat on the Patient Safety & Quality Research Committee (P&Q Committee) which reviews all Critical Incidents that occur within the WRHA, the steering committee for the CI/PHCC Demo Project (which evolved into our Critical Incident Reporting and Support Line), on various hiring committees for WRHA patient safety employees, and the Regional Medication Reconciliation Project. Members have also participated in educational presentations to healthcare workers (nurses, doctors, healthcare aides, healthcare personnel) and healthcare students (nurses, medical students, healthcare aides, & dietetic interns). These presentations are aimed at educating people about Patient Safety. PSCC is co-chaired by a Committee member & the WRHA Lead Patient Voice Facilitator.

In the next quadrant of RIPSS, we seek to **learn from clinical practice**. The Patient Safety team is working to incorporate this learning by reviewing and revising the entire process used when a Critical Incident (CI) occurs. Included in this review and subsequent revision is the current disclosure policy. Both the reporting of a CI and the process of disclosure have recently changed with the introduction of Bill 17 into legislation here in Manitoba. Bill 17 dictates the process, including the timeframe and content, of how a CI should be reported as well as to whom we must disclose.

After CIs are investigated, recommendations are made.. In the past and even now, recommendations often look to more operational things like telling staff to not do something or suggesting more education rather than looking at why staff are doing some tasks in a specific manner or how the system educates healthcare providers, which would be more “systems” oriented. This is still an ongoing



challenge in terms of recommendations and the focus of them. Our Consultants within the Patient Safety Team of the WRHA looks to assist the culture shift to a more systems-thinking one, by making recommendations that are more system-wide in their scope.

The Patient Safety team is also interested in promoting a “Patient Safety SWAT team methodology. This means that the team promotes the idea of small well-trained Patient Safety specialist teams that go in to investigate and deal with Critical Incidents. It may only be a single individual or it may be a few people who make up the Critical Incident Review Committee (CIRC). These individuals as well as others are involved in ongoing training (New Lens, CI Investigator Certification, and Disclosure of Unanticipated Medical Outcomes Workshops) whereby they learn how to investigate and make recommendations using a systems framework. By providing training in systems analysis and processes, the ‘culture’ will shift in not only the content and scope of investigations but also the outcome of recommendations.

The plan is to share these de-identified CIs (no identifying information as to the individual, facility or healthcare providers) and their recommendations with other healthcare providers, other organizations and individuals in Patient Safety so that we may learn from our past mistakes. This will partly address the dissemination of the learning from CIs.

Another avenue where we are attempting to learn from clinical experience is through the formation of the Patient Safety & Quality Research Committee (P & Q). P & Q allows the WRHA to “close the loop” on learning from CIs. Not only are we on the Patient Safety team collecting data from these incidents but we are also analyzing it. In addition, we are investigating CIs and sharing that learning, at least with the facilities involved and the patients and or family members. Also recommendations are made for change. P & Q’s purpose is to take the in-depth analysis of CIs that occur in the region and set up appropriate and useful mechanisms intent on learning and changing practices to the extent that it becomes a part of the daily workings of the WRHA. The role of the Committee is one of leadership and guidance. Two members of the PSCC/PSAN attend the P&Q meetings.



The last quadrant of RIPSS is aimed at **promoting change in care delivery**. One of the main initiatives within this quadrant is the regional Medication Reconciliation Project (MedRec). Under the Canadian initiative of Safer Health Care Now!, an on-going Canadian campaign launched in 2005, the project is dedicated to improving Patient Safety through implementing six main interventions in patient care; improved care for acute myocardial infarction, prevention of central line-associated bloodstream infection, prevention of adverse drug events by implementing medication reconciliation, creation rapid response teams, prevention of surgical site infection, and prevention of ventilator-associated pneumonia.). The WRHA decided to work on a Medication Reconciliation project, which seeks to reconcile the medications that individuals are taking outside the hospital with the medication that is prescribed while in an acute care facility. As a patient you would be asked what medications (prescription and over the counter) you are taking, the dosage and the frequency when you enter a hospital. This information is then used when physicians prescribe medication while you are staying within the facility. This will decrease the number of adverse drug reactions patients have as a result of two or more drugs interacting with each other in an unexpected or unknown manner. Also, the medication reconciliation is done again to look at incorporating the newly prescribed medication with the medications taken at home upon discharge from the hospital. The patient then knows what drugs to continue to take and which ones to dispose of, helping to prevent a potential adverse drug event from occurring.

In conclusion, it is clear the Winnipeg Regional Health Authority is committed to Patient Safety and reducing harm to patients. This is not an area that will see quick change. What we will see are small incremental changes that have the potential over time to effect substantial change to the health care system. This work not only requires the active involvement of healthcare providers but also patients and their families. Together we have the power to make system wide changes, which will improve Patient Safety.



VOLUNTEER HOUR SUBMISSION FORM

PSCC/PSAN

Name of Volunteer: _____

Date	Description of meeting/event	Hours attended
<u>Total number of volunteer hours</u>		



PSCC/PSAN VOLUNTEER REGISTRATION FORM

Date: _____

Please tell us about yourself

Mr. Ms. Mrs. Miss

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Address: _____ Apt. No. _____ City/Town: _____

Province _____ Postal Code _____ E-Mail: _____

Phone: Home _____ Business _____ Other cell/fax): _____

I prefer to receive calls at: Home Business Best Time: _____

Your volunteer work

Have you ever applied to volunteer with the WRHA before? No Yes When?

Have you ever attended an education session and completed a pledge form concerning the Personal Health Information Act (PHIA)? No Yes Not Sure

Who would you like us to contact in case of an emergency?

Name: _____ Phone: Home Work Cellular

I hereby authorize the Winnipeg Regional Health Authority to maintain this information in their records and release and absolve them from all liability that may otherwise accrue by reason of their keeping this information and using it for their purpose.

Signature of Applicant: _____ Date: _____



Personal Health Information Act (PHIA)

All volunteers must attend the PHIA training session, which is two hours in length and then sign a Personal Health Information Pledge of Confidentiality prior to attending any PSCC or PSAN meetings. A Patient Safety Team member conducts this training session. At the end of the session you will be asked to sign the Confidentiality form. Refusal to attend the training or sign the form will result in denial to participate in PSCC or PSAN.

Speaking to the Media

The Winnipeg Regional Health Authority (WRHA) has a policy that outlines who can speak to the media. The Policy number is 10.30.020. It can be found in its entirety at:

<http://home.wrha.mb.ca/corp/media/index.php>

In this policy it states: “Only those designated by the WRHA Director of Media Relations or the Site/Facility Communications Representative are authorized to represent the WRHA or any of its sites/facilities to the Media.”

All volunteers are expected to adhere to all WRHA policies and procedures. All of these policies can be found at: <http://home.wrha.mb.ca/corp/index.php> Scroll down and select “Policies”.



COMMUNICATION/CONFIDENTIALITY/EXPECATION OF MEMBERS

I have read and understood:

- PSCC/PSAN terms of reference
- Expectations of PSCC/PSAN members

I understand that as a PSCC/PSAN member I will be expected to attend all meetings as set out in the terms of reference.

I understand that as a PSCC/PSAN member I might be asked to participate in public speaking to healthcare providers and community organizations or sit as a representative on various committees. I agree to maintain confidentiality regarding information shared during these meetings and interactions. I also agree to follow the PSCC/PSAN expectations of members in all my volunteer Patient Safety activities and communications.

I understand that as a PSCC/PSAN member I will be representing the Patient Safety team and the WRHA as I work together with the public and agencies. I will be respectful with open and transparent communication within the guidelines and expectations of members. I also agree to follow all WRHA policies.

I understand and accept that at any time the above criteria has not been met, my standing as a member may be terminated in writing by the WRHA Patient Safety Support Staff.

Date signed: _____

PSCC/PSAN Member's Name (print name): _____

PSCC/PSAN Member's Signature: _____

Witness (print name): _____

Witness signature: _____



Patient Safety Resources and Reading Material

Patient Safety Links

[Agency for Healthcare Research and Quality](#)

[American Hospital Association](#)

[American Medical Association](#)

[American Society for Healthcare Risk Management](#)

[American Society of Health System Pharmacists](#)

[Canadian Adverse Events Study](#)

[Canadian Council on Health Services Accreditation](#)

[Canadian Patient Safety Institute](#)

[Centers for Disease Control](#)

[Communicating HealthCare](#)

[Consumers Advancing Patient Safety \(CAPS\)](#)

[Institute for Alternative Futures](#)

[Institute for Family-Centered Care](#)

[Institute for Healthcare Improvement](#)

[Institute for Safe Medication Practices](#)



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