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CANADIAN COUNCIL ON HEALTH SERVICES ACCREDITATION LONG TERM CARE AND SENIORS BRANCH PATIENT SAFETY SURVEY CULTURE REPORT

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, August 10, 2006, from the Commissioner of Community Services, Housing and Health Services:

1. RECOMMENDATION

It is recommended that:

1. The following report regarding the Canadian Council on Health Services Accreditation's (CCHSA) Patient Safety Culture Assessment Project and the results of the Patient Safety Survey conducted by the CCHSA, in which the Long Term Care and Seniors Branch (LTCSB) participated, is received.

2. PURPOSE

This report is provided to Committee and Council, as the governing body of the LTCSB to facilitate their responsibility for ensuring that the programs and services delivered by the LTCSB are in compliance with applicable legislation and standards for the provision of health and long term care services. Specifically the report provides details about the patient/client safety survey and the organizational/staff culture and attitudes towards patient/client safety in the LTCSB.

3. BACKGROUND

The CCHSA is a national organization that assists health care organizations across Canada to examine and improve the quality of care and services they provide to their patients, residents and clients. The LTCSB is a fully accredited member of the CCHSA.

Accreditation provides an independent third party assessment of the standards of care and services being provided. That assessment is achieved through a comprehensive evaluation of programs and services, conducted by specially trained health care professionals, to determine the organization's level of compliance against national standards that have been established by CCHSA.

The CCHSA, the Ministry of Health and Long-Term Care, and Health Canada have all made patient safety a higher priority and have developed new patient safety protocols and expectations for health care providers. These protocols and expectations are predicated on the following objectives and outcomes:

- No patient should be harmed as a consequence of their experience with Canada's health system.
- No family should experience the pain and frustration of caring for a loved one who is harmed as a result of an adverse event.
- No provider should feel that reporting an adverse event will compromise their career.

The CCHSA has a patient safety goal to "create a culture of safety within all accredited healthcare organizations". Part of this goal involved launching a Patient Safety Culture Assessment Project. CCHSA believes that one way to promote safety in organizations is to study the patient/client safety culture. Studying the safety culture of an organization can provide valuable insight into the attitudes towards patient safety. It can also provide knowledge of areas of patient safety that are already strong, as well as areas that require improvement and provide a baseline with which to compare future projects.

4. ANALYSIS AND OPTIONS

4.1 Patient Safety Culture Assessment Project

The CCHSA launched the Patient Safety Culture Assessment Project in April 2005. The survey CCHSA used was the Patient Safety Climate in Healthcare Organizations survey tool that was developed by the Centre for Health Policy and Centre for Primary Care and Outcomes Research at Stanford University in California.

Nationwide, 30 organizations, including the LTCSB, participated in CCHSA's Patient Safety Culture Research Project and 4,965 health care workers from those organizations responded to the survey. These organizations represented a cross section of the health care sectors such as rehabilitation centres, long-term care centres, general hospitals, home care centres, children's hospitals, and regional health authorities. Geographically, there was a good representation from all corners of Canada, including the northern Canada. Within each organization, a wide spectrum of job classifications was encouraged to participate, from clinical staff, to support services, to administration services and management. A wide spectrum of work areas within the clinical context was also evaluated.

The survey consists of 38 closed-ended questions, all which give the rating choices of NA, Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. There were also 11 reverse-scored questions in the survey. In the reverse scored questions, to agree or strongly agree identifies that a problem may exist. Participants in each organization were allowed to confidentially fill out the online survey by means of a unique username and password.

4.2 Overall Survey Results

CCHSA provided both overall cumulative data and organization-specific data reports back to all participating organizations. Results of this survey show that most organizations are paying attention and incorporating patient safety as part of their

organizational culture. Organizations are teaching patient safety procedures and goals to new employees within their first six months of employment work. Many staff reported that they felt reassured within their organizations. For example, most respondents indicated that if they make a mistake, they do not need to try to hide it. Most also felt that they would not suffer negative consequences if they reported a patient safety problem. The majority of staff also reported that they felt that patient safety decision-making was being made by the most qualified people to do so.

The overall results of this survey indicate that adequate patient safety culture exists, but also shows that there is room for improvement. Overall, 39% of respondents indicated that there is a lack of adequate resources dedicated to patient safety. Forty percent of participants also reported that senior management is not always aware of the kinds of risks that are associated with patient care. There report found that minimal effort is given to recognizing safety through achievement rewards and incentives. A significant number of respondents also reported that that doctors and nurses have the potential to hide serious mistakes.

Since each organization is unique, the results of this survey were given to the organization directly to be evaluated, interpreted, and communicated by the Patient Safety Culture Assessment (PSCA) team within each organization. Each PSCA team was encouraged to design and implement a follow-up process that was in line with their own organization's vision and goals.

4.3 York Region's LTCSB Survey Results

The results of the Patient Safety Climate in Healthcare Organizations survey indicate that an above average patient safety culture exists within the LTCSB. In most areas, the staff in the LTCSB demonstrated an enhanced level of understanding and awareness of patient safety and rated the Branch's patient/client safety culture higher than the other health care organizations that participated in the study. For example, while only 61% of study respondents indicated that they are provided with adequate resources (personnel, budget and equipment) to provide safe patient/client care, 75% of the staff in the LTCSB reported that they were provided with adequate resources.

Overall 70% of the survey respondents indicated that Senior Management in their organization provided a climate that promotes patient/client safety, whereas the rating for the LTCSB was 81%. In response to the question, 'compared to other organizations in this area, this organization cares more about the quality of patient/client care it provides', 75% of the staff in the LTCSB reported that they strongly agreed/agreed with that statement as compared to the national average of 51%. Nationally, 63% of respondents indicated that overall the level of patient/client safety was improving in their organization, in the LTCSB, 76% of staff reported that it was improving. These results are very encouraging and indicative that the LTCSB is demonstrating both a good level of compliance with the required organizational practices and the leadership necessary to promote and create an environment of positive client safety in the organization.

4.4 Future Directions and Plans

Given the importance of patient safety, CCHSA has incorporated patient safety criteria and required organizational practices into the revised standards for all future accreditation surveys. This movement will put more focus on making patient safety a strategic priority or goal within all health service organizations.

In addition to completing the survey, the LTCSB has created a taskforce to review all areas of patient safety and the new standards for required organizational practice. Future responsibilities of this group include: completion of a safety focused prospective analysis, review of safety related CCHSA standards, re-administration of the patient safety survey to measure improvements and the development of a comprehensive education plan for staff, residents and families.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

6. LOCAL MUNICIPAL IMPACT

The results of the Patient/Client Safety Survey provides confirmation that the LTCSB places appropriate emphasis on safety in the delivery of health services for the residents of local municipalities receiving our services.

7. CONCLUSION

The results of the Patient Safety Culture staff survey confirm that the LTCSB is providing appropriate emphasis on patient/client safety, which contributes to high quality long term care services and a safe environment for the clients of the Branch. The study found that in most areas, the staff in the LTCSB demonstrated an enhanced level of understanding and awareness of patient/client safety and reported higher positive organizational cultural attributes than the other health care organizations that participated in the study. These results also indicate that the Branch is demonstrating the required organizational practices and leadership necessary to promote and create an environment of positive client safety in our organization.

The Senior Management Group has reviewed this report.